NATIONAL INTELLIGENCE COUNCIL

INTELLIGENCE COMMUNITY ASSESSMENT

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Updated Assessment of Anomalous Health Incidents

This Intelligence Community Assessment was prepared under the auspices of the National Intelligence Officer (NIO) for Counterintelligence. It was drafted by the National Intelligence Council with contributions from the Intelligence Community.

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Scope Note: *This IC-coordinated Intelligence Community Assessment addresses the question of whether one or more foreign actors bears responsibility, either deliberately or unintentionally, for causing anomalous health incidents (AHIs) reported by US Government officials across multiple agencies since 2016. The ICA was written in response to senior US policymaker interest and updates the IC's previous assessment on AHIs published in January 2022.*

Since US officials first reported AHIs in Havana, Cuba in late 2016, the IC has sought to understand whether these events can be attributed to a foreign actor and a deliberate external mechanism. The IC pursued three separate lines of inquiry: the first encompassed work determining whether available data points to the involvement of a foreign adversary in the incidents; the second focused on the feasibility and existence of deliberate mechanisms that an adversary might use against US personnel to cause AHIs; and the third evaluated whether medical analysis can help determine if an outside actor is involved in the broad range of phenomena and symptoms associated with AHIs. **Based on the results of these three lines of inquiry, most IC agencies have concluded that it is "very unlikely" a foreign adversary is responsible for the reported AHIs. IC agencies have varying confidence levels, with two agencies at moderate-to-high confidence while three are at moderate confidence. Two agencies judge it is "unlikely" an adversary was responsible for AHIs and they do so with low confidence based on collection gaps and their review of the same evidence.**

- Five agencies judge that available intelligence consistently points against the involvement of US adversaries in causing the reported incidents. Agencies employed an array of collection and investigative efforts that spanned hundreds of reported incidents—within the United States and abroad—and explored a range of potential indicators of hostile activity, from identifying suspicious persons near incident sites to searching for a pattern among affected personnel. These efforts could not identify an adversary as being responsible for any incident and in some key cases, IC agencies and partners had comprehensive information on the location where an AHI occurred but found no evidence of adversary activity. Most IC agencies judge it is very unlikely a foreign adversary played a role, although confidence in the judgment related to this line of inquiry varies, with two agencies having moderate-to-high confidence; three agencies having moderate confidence; and one agency abstaining. One agency judges it is only unlikely a foreign adversary played a role and has only low confidence in this judgment. This reflects its view that the evidence is less compelling because the IC has failed to detect some adversaries' activities.

- A review of intelligence reporting, open-source information, and scientific and medical literature about foreign weapons and research programs, as well as engagement with researchers inside and outside the US Government have led IC agencies to judge that there is no credible evidence that a foreign adversary has a weapon or collection device that is causing AHIs. As a result, most agencies assess that deliberate causal mechanisms are very unlikely to have caused the sensory phenomena and adverse symptoms associated with AHIs but with varying confidence levels. Two agencies have high confidence in this judgment while three agencies have moderate confidence. Two agencies judge that deliberate causal mechanisms are unlikely to have caused AHIs and have low confidence because they judge that radiofrequency (RF) energy is a plausible cause for AHIs, based in part on the findings of the IC Expert Panel and the results of research by some US laboratories. All agencies acknowledge the value of additional research on potential adversary capabilities in the RF field, in part because

there continues to be a scientific debate on whether this could result in a weapon that could produce the symptoms seen in some of the reported AHI cases.

- IC agencies assess that medical analysis of AHIs has evolved since the first reported incidents in ways that point away from adversary involvement. While initial medical studies concluded AHIs represented a novel medical syndrome or consistent pattern of injuries similar to traumatic brain injury (TBI), a combination of medical and academic critiques pointed to methodological limitations in that work. Furthermore, the JASON panel's review of preliminary data from a National Institutes of Health (NIH) longitudinal study on AHIs in 2021 does not convey a consistent set of physical injuries, including neurologic injuries such as TBI. This shift is notable because the initial medical opinions formed a central part of the IC hypothesis that US personnel had sustained injuries that were unlikely to be explained by natural or environmental factors and shaped the IC's approach to AHIs. Medical research is ongoing but currently appears consistent with the conclusions emerging from the IC's analysis of foreign involvement and potential causal mechanisms. Five agencies have moderate confidence in this judgment while one agency abstains. One agency has low confidence because the NIH findings have yet to be published.

As part of its review, the IC identified critical assumptions surrounding the initial AHIs reported in Cuba from 2016 to 2018, which framed the IC's understanding of this phenomenon, but were not borne out by subsequent medical and technical analysis. In light of this and the evidence that points away from a foreign adversary, causal mechanism, or unique syndrome linked to AHIs, IC agencies assess that symptoms reported by US personnel were probably the result of factors that did not involve a foreign adversary, such as preexisting conditions, conventional illnesses, and environmental factors. IC confidence in this explanation is bolstered by the fact that we identified medical, environmental, and social factors that plausibly can explain many AHIs reported by US officials. Three agencies have high confidence in this portion of the assessment while three other agencies have moderate confidence. One agency has low confidence because it judges that it is unclear how many reported incidents were influenced by dynamics not directly related to adversary activity such as hypervigilance. All IC agencies agree that US personnel sincerely and honestly reported their experiences, including those that were painful or traumatic, particularly given the framing of AHIs as possible attacks by an unknown mechanism that could cause permanent harm such as brain damage.

The IC considered a range of other possibilities we deemed less likely, and identified types of information that, if found, would prompt us to revisit our assessment, such as new medical analysis that identified a syndrome linked to affected personnel or the identification of a specific device that both caused the harmful effects described in AHI reports and was fielded by an adversary during the timeframe of the incidents.

[redacted] [redacted] IC Targeting and Collection Efforts Point Away From Adversary Involvement in Anomalous Health Incidents

[redacted] IC agencies conducted a range of targeting and investigative efforts that drove new intelligence collection to help determine whether a foreign actor was directing activities causing anomalous health incidents (AHI), to identify any technologies causing those incidents, and to establish a connection between a foreign actor and a causal mechanism at incident locations. Despite intensive and comprehensive efforts, the IC has not identified any compelling leads that have withstood scrutiny and point to foreign actors perpetrating AHIs. The following examples are representative but not all-inclusive of the range of efforts the IC undertook to identify possible causes of AHI reports.

[redacted]

EFFORTS TARGETING FOREIGN ADVERSARIES

Determine whether a foreign adversary is directing activities causing AHIs

Forensically examined devices, including phones and laptops, which were reported to have anomalies in tandem with reported AHIs. These reviews sought to identify indicators of compromise, malware, or tampering, and often sought to recreate the reported anomaly.

Reviewed names of US Government personnel in open source, leaked, and compromised materials to identify any correlation with individuals who reported AHIs.

Opened a full criminal investigation to investigate possible assault on US Government officials.[a]

[redacted] Collected reflections among US adversaries about AHIs.

[redacted]

[redacted] Conducted a red team activity with IC operations experts to develop new ways for the IC to identify any foreign operations causing AHIs.

Opened full investigation into a third-country official to determine validity of potential reported knowledge of Russian involvement in AHI.[a]

[redacted]

Opened a full counterintelligence investigation to investigate possible attribution of reported AHIs to an adversarial service.[a]

[redacted]

Queried FBI technical holdings [redacted]

[redacted]

[redacted]

Opened full investigation to determine if [redacted] were targeting [redacted] [redacted] while they were receiving treatment in the United States.[a]

Queried and analyzed petabytes of technical data to identify possible foreign links to AHI reports.

[redacted]

[redacted] Investigated whether cellular interrogation devices were utilized [redacted] to identify possible atypical network activity.

a. [redacted] *FBI-specific activity in the United States.*

[redacted] *Source derived from the IC's AHI-related investigative efforts as well as intelligence and open-source reporting.*

[redacted]

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[redacted] [redacted] IC Targeting and Collection Efforts Point Away From Adversary Involvement in Anomalous Health Incidents

[redacted]

EFFORTS TARGETING FOREIGN ADVERSARIES *(continued)*

Determine whether a foreign adversary is directing activities causing AHIs

[redacted] Conducted trend analysis to identify trends among personnel reporting AHIs that would indicate a foreign adversary was targeting specific US personnel.

Sent targeted requests for collection [redacted]

EFFORTS TO IDENTIFY A CAUSAL MECHANISM

Determine if a foreign adversary has fielded an artificial mechanism that is capable of producing the range of reported symptoms and phenomenon

[redacted] Reviewed Dark Web sites to identify any possible AHI leads.

[redacted] Reviewed thousands of website virtual submissions of information that individuals believed might be linked to AHIs.

Reviewed dozens of audio and video recordings that reporting individuals have associated with their incident to identify possible sources of sound and any foreign weapon or collection systems that might be involved.

[redacted]

[redacted] Developed and deployed multiple sensors and detection devices to analyze potential signals of interest. Reviewed petabytes of data.

Evaluated the feasibility of remote operations that could cause phenomena and symptoms described in AHI reports.

Created hundreds of products analyzing the geographic and physical infrastructure attributes at the locations of reported AHIs. [redacted]

Reviewed a range of open-source and classified information about research and technologies, including those related to radiofrequency energy, that were theorized as possible causes of the symptoms and phenomena described in AHI reports.

Sent targeted requests for collection [redacted]

[redacted] Conducted robust open-source research [redacted] on a range of topics related to AHIs.

Queried FBI technical holdings [redacted]

[redacted] Searched [redacted] using a keyword list [redacted] related to possible AHI-relevant technologies and symptoms.

[redacted]

a [redacted] *FBI-specific activity in the United States.*

[redacted]

[redacted] IC Targeting and Collection Efforts Point Away From Adversary Involvement in Anomalous Health Incidents

[redacted]

EFFORTS TO INVESTIGATE INCIDENTS

Determine if we can connect a foreign adversary and a causal mechanism at incident locations

Conducted hundreds of interviews with US Government officers who reported AHIs.

Created hundreds of products analyzing the geographic and physical infrastructure attributes at the locations of reported AHIs. [redacted]

[redacted] Reviewed CCTV footage around and inside reported incident locations, as feasible, to identify nearby pedestrians, vehicles, or anomalies that could be indicative of directed energy.

Created digital and physical 3D scale models of incident locations in order to support investigations, hypothesis testing, and force protection measures. [redacted]

[redacted]

[redacted]

Analyzed floorplans, hand-held photos, positioning of furniture and electronics, and overlays of elevation data, relevant environmental factors, and visual obstructions to examine the physical environment in which a reported incident occurred.

[redacted] Conducted cross-incident analysis to identify and investigate any commonalities among incident locations.

[redacted]

Conducted 3D mapping and line-of-sight analysis on AHI locations globally. Based on the findings of this analysis, identified key buildings of interest [redacted]

[redacted]

[redacted] conducted research in classified holdings to [redacted] assess possible involvement in AHIs.

[redacted]

Performed hundreds of site surveys and technical investigations of residences and hotel rooms. [redacted]

[redacted] Collected relevant data around reported incidents and reviewed classified holdings to assess possible involvement in AHIs

[redacted] Reviewed [redacted] to identify anomalous activity, communications, or individuals that could be involved.

[redacted]

a [redacted] *FBI-specific activity in the United States.*

[redacted]

[redacted] IC Targeting and Collection Efforts Point Away From Adversary Involvement in Anomalous Health Incidents

[redacted]

EFFORTS TO INVESTIGATE INCIDENTS *(continued)*

Determine if we can connect a foreign adversary and a causal mechanism at incident locations

[redacted] Identified individuals, buildings, companies, and vehicles near incident locations; ran license plates and reviewed classified holdings to assess possible involvement in AHIs.

[redacted]

Conducted a technical survey [redacted] including review of the feasibility of an external signal specifically impacting a small localized area.[a]

Opened full investigation regarding potential assault on US Government officials [redacted]

Served legal process in support of the full counterintelligence investigation [redacted]

Conducted countersurveillance in support of FBI investigative activities.[a]

a. [redacted] *FBI-specific activity in the United States.*

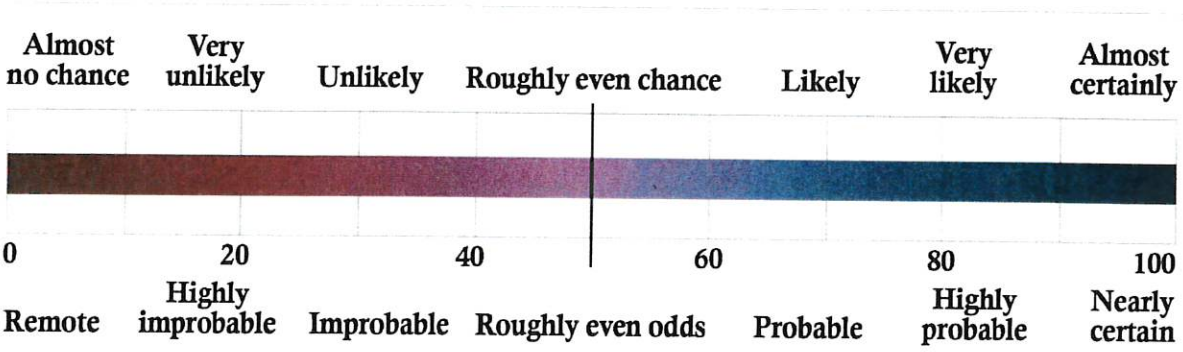
[redacted]

(U) Estimative Language

(U) Estimative language consists of two elements: judgment about the likelihood of developments or events occurring and levels of confidence in the sources and analytic reasoning supporting the judgments. Judgments are not intended to imply that we have proof that shows something to be a fact. Assessments are based on collected information, which is often incomplete or fragmentary, as well as logic, argumentation, and precedents.

(U) Judgments of Likelihood

(U) The chart below approximates how judgments of likelihood correlate with percentages. Unless otherwise stated, the Intelligence Community's judgments are not derived via statistical analysis. Phrases such as "we judge" and "we assess"—and terms such as "probable" and "likely"—convey analytical assessments.



(U) Confidence in our Judgments

(U) Confidence levels provide assessments of timeliness, consistency, and extent of intelligence and open source reporting that supports judgments. They also take into account the analytic argumentation, the depth of relevant expertise; the degree to which assumptions underlie analysis; and the scope of information gaps.

(U) **We ascribe high, moderate, or low confidence to assessments**:

- (U) **High confidence** generally indicates that judgments are based on sound analytic argumentation and high-quality consistent reporting from multiple sources, including clandestinely obtained documents; clandestine and open source reporting; and in-depth expertise; it also indicates we have few intelligence gaps; have few assumptions underlying the analytic line; have found potential for deception to be low; and we have examined long-standing analytic judgments held by the IC and considered alternatives. For most intelligence topics, it will not be appropriate to claim high confidence for judgments that forecast out a number of years. High confidence in a judgment does not imply that the assessment is a fact or a certainty; such judgments might be wrong even though we have a higher degree of certainty that they are accurate.

- (U) **Moderate confidence** generally means that the information is credibly sourced and plausible but not of sufficient quality or corroborated sufficiently to warrant a higher level of confidence. There may, for example, be information that cuts in a different direction. We have in-depth expertise on the topic, but we may acknowledge assumptions that underlie our analysis and some information gaps; there may be minor analytic differences within the IC, as well as moderate potential for deception.

- (U) **Low confidence** generally means that the information's credibility and/or plausibility is uncertain, that the information is fragmented, dated, or poorly corroborated, or that reliability of the sources is questionable. There may be analytic differences within the IC, several significant information gaps, high potential for deception or numerous assumptions that must be made to draw analytic conclusions. In the case of low confidence, we are forced to use current data to project out in time, making a higher level of confidence impossible.