



# DEFENSE INTELLIGENCE AGENCY

WASHINGTON, D.C. 20340-5100



FOIA-00368-2021  
February 20, 2024

U-24-9090/IMO-2 (FOIA)

Mr. John Greenwald  
27305 W. Live Oak Rd., Suite #1203  
Castaic, CA 91384

Dear Mr. Greenwald,

This responds to your Freedom of Information Act (FOIA) request, dated August 25, 2021, that you submitted to the Defense Intelligence Agency (DIA) for: ***Copies of records (which includes videos/photos), electronic or otherwise, of all reports, memos, assessments, intelligence records, etc., that pertain to the "HAVANA SYNDROME." I agree to limit the scope of my request to records dated 2016 through to the date of processing this request.*** I apologize for the delay in responding to your request as DIA continues its efforts to eliminate the large backlog of pending requests.

A search of DIA's systems of records located one document (6 pages) responsive to your request.

Upon review, while considering the foreseeable harm standard, I have determined that some portions of the document must be withheld in part from disclosure pursuant to the FOIA. The withheld portions are exempt from release pursuant to Exemptions 1, 3, and 6 of the FOIA, 5 U.S.C. § 552 (b)(1), (b)(3), and (b)(6). Exemption 1 applies to information properly classified under the criteria of Executive Order 13526. Exemption 3 applies to information specifically exempted by a statute establishing particular criteria for withholding. The applicable statutes are 10 U.S.C. § 424 and 50 U.S.C. § 3024(i). Statute 10 U.S.C. § 424 protects the identity of DIA employees, the organizational structure of the agency, and any function of DIA. Statute 50 U.S.C. § 3024(i) protects intelligence sources and methods. Exemption 6 applies to information which if released would constitute an unwarranted invasion of the personal privacy of other individuals. DIA has not withheld any reasonably segregable non-exempt portions of the records.

If you have additional questions/concerns you may:

Contact the FOIA Public Liaison	Email: <a href="mailto:FOIA1@dodis.mil">FOIA1@dodis.mil</a> Phone: 301-394-6253
File an administrative appeal (must be submitted within 90 days of the date on the letter) please contact us via one of the following and use FOIA-00368-2021 when referencing your case)	Email: <a href="mailto:FOIA1@dodis.mil">FOIA1@dodis.mil</a> Mail: Defense Intelligence Agency ATTN: IMO-2C (FOIA) 7400 Pentagon Washington, DC 20301-7400

For mediation services, you may contact the Office of Government Information Services (OGIS) at the National Archives and Records Administration to inquire

Email: [ogis@nara.gov](mailto:ogis@nara.gov) Phone: 202-741-5770  
Toll-Free 1-877-684-6448 Facsimile: 202-741-5769  
Mail: Office of Government Information Services  
National Archives and Records Administration  
8601 Adelphi Road-OGIS  
College Park, MD 20740-6001

Sincerely,


Angela B. Howard  
for

Cheryl Cross-Davison  
Chief, Records and Open Government

Enclosure

This document is made available through the declassification efforts  
and research of John Greenewald, Jr., creator of:

# The Black Vault



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# DEFENSE INTELLIGENCE DIGEST

(b)(3):50  
USC 3024(i)

(TS) [ (b)(3):10 USC 424; (b)(3):50 USC 3024(i) ]  
[ (b)(1); Sec. 1.4(c) ]

18 May 2021

(TS) [ (b)(3):10 USC 424; (b)(3):50 USC 3024(i) ]  
[ (b)(1); Sec. 1.4(c); Sec. 1.4(e) ]

### (U) **Havana Syndrome: Research Unable To Provide Plausible Mechanisms**

(TS) [ (b)(3):10 USC 424; (b)(3):50 USC 3024(i) ] *Havana Syndrome refers to the unexplained symptoms, including but not limited to dizziness, nausea, and impaired concentration and balance, experienced by U.S. Embassy personnel in Havana, Cuba in 2016, and other—possibly related—incidents worldwide, according to an open-source report from a medical journal. Plausible mechanisms for the experienced symptoms of Havana Syndrome include directed radio frequency energy or EMR, chemical toxicants, infectious disease, or a combination of causes, according to the same report.*

[ (b)(1); Sec. 1.4(c) ]

- (TS) [ (b)(3):10 USC 424; (b)(3):50 USC 3024(i) ]  
 [ (b)(1); Sec. 1.4(c) ]  
 BChE is found throughout the body and detoxifies a broad variety of poisons, including nerve agents, narcotics, and pharmaceuticals, according to open-source reporting from medical publications.

(b)(3):50  
USC 3024(i)



(b)(3):10 USC 424; (b)(3):50 USC 3024(i) [redacted]  
(b)(1); Sec. 1.4(c) [redacted]

(b)(3):50 USC 3024(i)

(b)(3):10 USC 424; (b)(3):50 USC 3024(i) [redacted]  
(b)(1); Sec. 1.4(c) [redacted]  
IL-6 is a critical mediator of diverse bodily functions, and its alteration has been linked to chronic inflammation, cancer, gastrointestinal distress, fever, and a host of other diseases, according to an open-source report from a medical journal. [redacted]  
(b)(1); Sec. 1.4(c) [redacted]

(b)(3):10 USC 424; (b)(3):50 USC 3024(i) [redacted]  
(b)(1); Sec. 1.4(c) [redacted]

(b)(3):10 USC 424; (b)(3):50 USC 3024(i) [redacted]  
(b)(1); Sec. 1.4(c) [redacted]  
Lowering BChE levels requires secondary chemical exposure for adverse health effects to occur, according to open-source medical publications on individuals possessing minimal BChE levels with more susceptibility to effects from nerve agents, certain narcotics, and pharmaceuticals. [redacted]

(b)(1); Sec. 1.4(c) [redacted]  
The following opportunities, listed in no particular order, may reduce the biological effect to military personnel exposed to EMR that targeted specific biological markers.

(S//NF) **Medical Countermeasures.** Medical countermeasures, such as BChE, atropine, scopolamine, and oximes, which are used to mitigate the adverse health effects of nerve agents, (b)(1); Sec. 1.4(c) [redacted]  
judging from an open-source report. [redacted]  
(b)(1); Sec. 1.4(c) [redacted]  
The drug pyridostigmine was issued as a pre-treatment to protect soldiers in the Persian Gulf War from a future nerve agent exposure and is likely to provide similar protection before nerve agent exposure after EMR, judging from the same open-source report.

(b)(3):50 USC 3024(i)



(b)(3):10 USC 424; (b)(3):50 USC 3024(i) [redacted] (b)(1); Sec. 1.4(c) [redacted] (b)(3):50 USC 3024(i)

(b)(3):10 USC 424; (b)(3):50 USC 3024(i) **Clinical Diagnostics.** Diagnostic kits are available that measure BChE, IL-6, and fibroblast cells, according to open-source academic reporting. [redacted] (b)(1); Sec. 1.4(c) [redacted] Effective monitoring and identified changes to baseline levels of BChE, IL-6, and fibroblasts are likely to provide indications and warning of exposure and future susceptibility if a secondary exposure is suspected, judging from open-source reporting.

(b)(3):10 USC 424 **Combined Exposure and Biomarker Research.** Animal research on the health effects and biomarkers of combined or dual-exposures, including directed energy and chemicals, [redacted] (b)(1); Sec. 1.4(e) [redacted] judging from an open-source National Academy of Science report. [redacted] (b)(1); Sec. 1.4(e) [redacted] according to the same report.

(b)(3):10 USC 424; (b)(3):50 USC 3024(i) (b)(1); Sec. 1.4(c) [redacted] (b)(3):10 USC 424; (b)(3):50 USC 3024(i) [redacted] (b)(1); Sec. 1.4(c) [redacted] and open-source reporting. [redacted] (b)(3):10 USC 424; (b)(3):50 USC 3024(i)

IDENTIFIED RESEARCH	ANTICIPATED HEALTH HAZARDS	MILITARY MEDICAL DIFFICULTIES	OPPORTUNITIES FOR MITIGATION
(b)(3):10 USC 424; (b)(3):50 USC 3024(i)	Lower levels of enzyme available for scavenging certain toxic compounds  Altered Immune response, inflammation, GI distress, cancer, reduces wound healing	More susceptibility to a broad array of compounds hinders ability to predict secondary exposure  Fewer quantities required for lethal effects for secondary exposure complicates diagnosis and attribution.  More chemical antidotes necessary for same level of exposures  Delayed effects that cause unexplained illness hinders attribution  Inability for body to properly heal its wounds undermines effective medical treatment	Diagnostic markers can measure BChE levels. If detection levels progressively decrease from a baseline assessment and nerve agent threat is suspected, administration of prophylactic countermeasures are able to mitigate a secondary exposure.  Blood markers are altered based on alterations of IL-6, which are identifiable  Diagnostic markers and imaging are able to detect fibroblast activity for certain conditions



(b)(3):10 USC 424; (b)(3):50 USC 3024(i) [ ]  
(b)(1); Sec. 1.4(c) [ ]

(b)(3):50 USC 3024(i)

(b)(3):10 USC 424 [ ]

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The next 2 pages are redacted in full under exemption (b)(1) 1.4(c), (b)(3) Statute 10 U.S.C. 424 & Statute 50 U.S.C. 3024(i).

(b)(3):50 USC 3024(i)