REVIEW OF CIA'S EFFORTS TO PROVIDE FACILITATED MEDICAL CARE AND BENEFITS FOR INDIVIDUALS AFFECTED BY ANOMALOUS HEALTH INCIDENTS

AUDITS AND PROJECTS REPORT 24-01

SELECT COMMITTTEE ON INTELLIGENCE

UNITED STATES SENATE

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INTRODUCTION

The Senate Select Committee on Intelligence (the Committee) has been conducting oversight of the Intelligence Community's (IC) response to anomalous health incidents (AHIs) since it first became aware of U.S. government (USG) personnel, including from the Central Intelligence Agency (CIA), reporting suspicious health incidents in a foreign location in late 2016 and early 2017. Many, though not all, of these incident reports included similar sensory phenomenon (e.g., sounds, directional pressure) and symptoms (e.g., tinnitus, headaches, balance issues, dizziness, and cognitive challenges). Since that time, there have been hundreds of incidents reported globally as possible AHIs by USG employees, dependents, and contractors. Many of these reports come from CIA employees and other CIA-affiliated personnel.

Although initial reports led many inside and outside the U.S. government to believe that foreign adversaries were attacking USG personnel with an acoustic or directed energy device that caused traumatic brain injury-like symptoms, subsequent intelligence analysis has cast doubt on that hypothesis. Yet much remains unknown about AHIs. As the U.S. government's investigative and research efforts into AHIs continue, the Committee is committed to ensuring that IC personnel who report an AHI have access to appropriate facilitated medical care and effective mechanisms to seek the financial compensation and other benefits they may be eligible for under federal law.

To that end, the Committee tasked its non-partisan Audits and Projects staff with reviewing the effectiveness of CIA's efforts to provide facilitated medical care, financial compensation, and other benefits to current and former CIA employees, contractors, and dependents who reported AHIs ("AHI reporters"). This review culminated in a classified report that the Committee will issue in early 2025. This unclassified report summarizes the findings of the classified report.

The report is based largely off testimonial evidence provided by CIA officials, other USG officials, medical professionals who provided care to AHI reporters as part of a facilitated medical care program, and AHI reporters. When possible, the Committee attempted to corroborate and/or supplement the testimonial evidence provided with data and documentation. However, in some instances, Committee staff were not able to resolve certain discrepancies in the information provided for this review. The Committee also notes that the experiences of the AHI reporters who spoke with the Committee for this review are not necessarily representative of the experiences of all AHI reporters at CIA. Regardless, the Committee assesses the concerns raised by this portion of the workforce are illustrative of the challenges that many AHI reporters faced in seeking facilitated care and compensation, and they demand CIA's attention.

FINDINGS

I. The unknown nature of AHIs and AHI analytic efforts complicated CIA's organizational response to reported incidents

One question that has plagued both the IC's attribution efforts and efforts to provide medical care and compensation for AHI reporters is the most elemental of questions: what is an AHI? Specifically, the question of how to identify which of the reported AHIs are truly anomalous incidents potentially caused by a foreign adversary or other external source, and which are naturally occurring medical conditions or otherwise explainable by environmental or social

factors, has been extremely difficult. While medical providers may be able to effectively treat individuals' symptoms without knowing the underlying cause, the question is weightier for CIA and the AHI reporters themselves, since the existence of and access to facilitated medical care, benefits, and compensation has been largely predicated upon the hypothesis that AHIs are caused by a foreign actor "attack" that require the USG to take care of its personnel injured in the line of duty rather than by naturally occurring medical conditions that should be addressed through private health care channels.

The foreign adversary "attack" hypothesis formed after the first AHIs were reported from Cuba. The "attack" hypothesis also contributed to initial assessments that AHIs were synonymous with traumatic brain injuries (TBIs), since the first medical personnel to examine the AHI reporters from Cuba noted that they presented with signs and symptoms analogous to a TBI. Given the lack of intelligence on AHIs at the time, CIA adopted the "attack" and TBI hypotheses as its working organizational position. This working position led CIA leadership to believe they had to take action to facilitate medical care and provide certain benefits for their personnel. This hypothesis also drove Congress to act, including by passing the *Helping American Victims Afflicted by Neurological Attacks (HAVANA) Act of 2021*—which solidified the connection between AHIs and brain injuries.[1]

However, CIA's initial organizational position was based on real-time reports, initial medical assessments, and incomplete information rather than finished intelligence analysis. After an extensive effort to collect and analyze intelligence pertaining to AHI reports, CIA—and the IC more broadly—established an analytic line that AHIs were not likely the result of foreign adversary "attacks." Most notably, the March 2023 Intelligence Community Assessment concluded, with varying degrees of confidence, that it was "very unlikely" or "unlikely" a foreign adversary was responsible for reported AHIs.[2] This analytic line influenced CIA's organizational position on AHIs and became one of several factors that affected how the Agency provided facilitated medical care and other benefits.

While the evolution in CIA's organizational posture and position was gradual, the Committee assesses that CIA's January 2022 interim assessment on AHIs was an inflection point; around that time, CIA made multiple concrete modifications to AHI-related programs and policies that coincided with, and in some cases were influenced by, this analytic line.

The Committee also notes that AHI reports began to decrease rapidly around October 2021, which decreased the demand signal for facilitated medical care and some other benefits and likely also contributed to CIA's changing organizational posture on AHIs.

While the Committee understands why CIA would modify its organizational position on AHIs in response to new intelligence and other information, the Committee also notes that CIA's current position is complicated by the fact that the Intelligence Community Assessment is not definitive

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[1] *Helping American Victims Afflicted by Neurological Attacks Act of 2021*, Pub. L. No. 117-46, 135 Stat. 391 (Oct. 8, 2021).

[2] National Intelligence Council, *Updated Assessment of Anomalous Health Incidents*, ICA 2023-02286-B (Mar. 1, 2023). Accessed on Oct. 1, 2024 at https://dni.gov/files/ODNI/documents/assessments/Updated_Assessment_of_Anomalous_Health_Incidents.pdf.

or final and recognizes that, if new information comes to light, the IC's assessment could shift. In the press release accompanying the Intelligence Community Assessment, Director of National Intelligence Avril Haines acknowledged that IC agencies have gaps in their knowledge given the challenges of collecting on foreign adversaries.[3] Despite this uncertainty, the Committee notes that CIA started rolling back AHI-focused efforts more than a year before its dedicated investigative effort was complete and the March 2023 Intelligence Community Assessment was issued.

Seven years after the first AHI reports in Havana, during which time the IC engaged in sustained intelligence collection and analysis efforts and medical personnel conducted various types of clinical research studies on AHI reporters, there remains no definitive answer to the question "what is an AHI?" However, there is now broad acknowledgement across the U.S. government, medical, and research communities that not all of the reported AHIs have the same cause—and that many reported AHIs are likely attributable to naturally occurring medical conditions, environmental exposures, or psycho-social factors.

In sum, the absence of a clear case definition for AHIs, uncertainty surrounding the origin of AHIs, and CIA's evolving organizational position have greatly complicated CIA's ability to consistently and transparently facilitate medical care, provide compensation and other benefits, and communicate clearly about AHIs to the workforce. These challenges will be detailed throughout the remaining findings in the report.

II. CIA facilitated AHI-related medical care for nearly 100 CIA-affiliated incidents, but many individuals faced obstacles to timely and sufficient care

CIA lacks a holistic, organic infrastructure and legal authorities analogous to DOD's military health system. However, due to the unique and challenging circumstances of AHIs, CIA took concerted action to facilitate medical care, including evaluation and treatment, for many CIA employees, dependents, and contractors at various external and nongovernment medical facilities ("facilitated treatment programs"), such as Walter Reed's National Intrepid Center of Excellence and several other medical facilities, including some within the greater Washington D.C. metropolitan area. The Committee notes that much of this care was provided in the middle of the COVID-19 pandemic, which presented compounding challenges for CIA medical officers trying to facilitate this care. However, the Committee assesses that AHI reporters' ease of access to facilitated treatment programs, as well as the care they received, also depended on several variables, including when and where they reported an AHI (e.g., in a foreign or domestic location), and how the timing of their reports aligned with CIA's preparedness to respond and its evolving organizational posture and position on AHIs.

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[3] Avril D. Haines, *Director of National Intelligence Statement on the Intelligence Community Assessment on AHIs*, Office of the Director of National Intelligence News Release No. 2-23 (Mar. 1, 2023). Accessed on Oct. 1, 2024 at https://dni.gov/index.php/newsroom/press-releases/press-releases-2023/3674-dni.statement-on-the-intelligence-community-assessment-on-ahis-1692377389.

Despite CIA's actions to establish facilitated medical treatment options, many AHI reporters experienced delayed, denied, or pre-conditioned care. For example, some AHI reporters:

- experienced long wait times to access facilitated treatment options;
- were denied facilitated care by a CIA care adjudication board;
- perceived that their access to facilitated medical care was contingent on their willingness to participate in a NIH clinical research study;
- felt undue pressure to provide their medical records to CIA in order to gain access to facilitated medical care, and were resistant because they feared the Agency would "weaponize" their information or try to use the records to "discredit" their AHI reports, such as by "pinning" their AHI experience on a minor pre-existing condition; and,
- felt that CIA tried to discourage them from seeking facilitated care, particularly as CIA's organizational position on AHIs evolved.

Finally, domestic AHI reporters as a group faced unique challenges accessing facilitated care compared to overseas reporters.

In some cases, these obstacles stemmed from factors not entirely within CIA's control, such as long wait times for DOD to grant Secretarial Designation approval or spikes in AHI reporting that overwhelmed the capacity of the facilitated treatment programs.[4]

However, the Committee assesses that some of the challenges noted above are due, in part, to the fact that CIA has not established clear and documented policies, guidance, and criteria for how it refers AHI reporters to facilitated treatment programs, including who would be referred, under what conditions, and to which facility. This exacerbated the already-vexing situation and led to a lack of clarity and consistency in how facilitated treatment was provided.

While monthly AHI reports from CIA-affiliated individuals peaked in the fall of 2021 and have declined markedly since then, the Committee nevertheless assesses that CIA may not be well-postured to respond to future AHI reports and to facilitate quick, accessible, high-quality medical care for those who need it, particularly in the case of another AHI cluster. Among other concerns, the U.S. government's process for reporting, investigating, and adjudicating new AHI reports is unclear, and CIA has moved away from an AHI-specific framing towards a broader focus on "counterintelligence-related health incidents," which includes AHIs and other types of health incidents potentially associated with foreign intelligence activities (e.g., poisonings, drink-spiking.) CIA is also no longer conducting AHI baseline medical assessments or post-AHI medical assessments, the future of its facilitated treatment options is unclear, and there are ongoing questions about what type of long-term medical care the existing cohort of AHI reporters may need for their chronic conditions. The Committee assesses that counterintelligence-related health incidents will be around for a long time, so CIA needs a sustained posture to address such incidents and to improve its medical tradecraft. CIA should be more organizationally prepared for the possibility that a large volume of AHI reports—or similar types of threats to the workforce—could arise in the future and overwhelm CIA's

[4] The DOD Secretarial Designation process authorizes DOD to provide medical care for non-DOD beneficiaries in emergency situations.

capacity to respond on a case-by-case basis by, among other things, developing appropriate written policies and comprehensive plans for how it would respond to such threats.

Finally, AHIs have presented CIA's medical organizations with unprecedented challenges, and the Committee recognizes that many medical officers, support staff, and case managers have responded to AHI reporters' needs in the best way that they knew how given the complexity of the situation. In late 2020, CIA established a temporary AHI cell to coordinate all aspects of CIA's response to AHIs, including medical care, collection, and analysis. CIA's Center for Global Health Services has integrated some capabilities from this AHI cell that will be beneficial going forward, such as its case management systems. However, the Center for Global Health Services has not deliberately and systematically conducted a lessons learned review of CIA's AHI medical response, to include documenting lessons learned, best practices, areas of challenge, impacts to the workforce, and actions needed to better prepare the organization to respond to future threats to the workforce. It is critical for CIA to undertake a comprehensive lessons learned review and document its findings to inform its response to future threats to its workforce—AHI or otherwise.

III. **AHI clinical research studies have identified unexplained clusters of symptoms, but CIA has stopped collecting clinical data on AHIs while DOD research efforts continue**

There have been various clinical research efforts designed to advance the USG's understanding of AHIs. All of these studies have identified unexplained clusters of symptoms, but all of these efforts have also been inconclusive and have faced limitations that augur for additional research—even the NIH study, which the ICA referenced as a key factor underpinning its analytic judgment.

The IC's understanding of AHIs is based, in part, on several cornerstone clinical research studies on AHI reporters, including a study from the University of Miami, two studies from the University of Pennsylvania, and two studies from NIH. All of these studies indicate that, at the group level, AHI reporters have clusters of symptoms and diagnoses that cannot be easily explained.

The University of Miami and the University of Pennsylvania (UPenn) studies found that AHI reporters had a range of reported symptoms and clinical findings suggestive of a brain injury. UPenn's unpublished research—which UPenn officials said they did not try to publish because they felt that a USG researcher tried to publicly "undermine" their findings—found that all of the group-level differences were driven by a subset of the AHI population in treatment. The ICA questioned the validity of the studies' findings due to medical and academic critiques of their methodologies. Concerns about the UPenn study indicated a need for more methodologically robust research, leading to the initiation of the NIH study.

The NIH study found that AHI reporters did not show significant differences in *most* tests of auditory, vestibular, cognitive, or visual function from controls that would indicate a brain injury occurred. However, its data also indicated that a segment of the AHI population did differ from the control group in two notable areas. Specifically, the NIH data revealed that 28% of AHI

reporters had presented with functional neurological disorders, specifically persistent postural perceptual dizziness (PPPD), compared to only one of the controls. The NIH study also found that 25% of the AHI population had cataracts in contrast to zero controls.[5]

The ICA used preliminary findings from the NIH study as a key factor underpinning its analytic judgement, noting that the study does not substantiate the existence of a novel medical syndrome among AHI individuals who reported AHI incidents and that data do not indicate that AHI reporters experienced a consistent set of physical injuries such as TBI. Thus, by inference, AHIs could not have been caused by a foreign adversary because there was no clinical evidence that AHI reporters, at the group level, differed in any meaningful way from the control population. However, the Committee notes that a notable portion of AHI participants in the NIH study had unexplained PPPD and cataracts. While the exact causes of PPPD are unknown, the condition is often triggered by an acute insult or injury to the vestibular system. The lead NIH researcher told Committee staff that they do not know what caused PPPD in the AHI reporters, but that "the presence of PPPD could be consistent with a directed energy etiology for AHIs." Notably, the NIH study was suspended in August 2024 due to complaints from participants that CIA had coerced their participation in the study, among other reasons.

Recently, DOD has initiated several new clinical research efforts with the goal of addressing previous research limitations, collecting enough data to develop a usable case definition for AHIs, and providing insight into potential treatment pathways. For example, the Defense Health Agency will be conducting a research study to analyze data from AHI patients who have been treated in the military health system. This research protocol consists of three lines of effort: (1) a retrospective interrogation of existing patient data; (2) a continuation of the NIH research study; and (3) prospective studies on new AHI cases to test criteria and develop diagnostic tools. CIA has not yet signed a Memorandum of Agreement with the Defense Health Agency allowing its personnel's historical data to be included in the study. Because CIA employees and other affiliated personnel comprise an important part of AHI medical data, not including them in the registry could significantly hamper research efforts.

DOD's Uniformed Services University is also working to launch a "Point of Injury" AHI Prospective Study. This study will be led by a team of doctors who will seek to collect medical data on a reported AHI from any USG agency within 72 hours of an event, anywhere in the world. This study is intended to fill a major gap in AHI clinical studies by collecting data in the acute stage. CIA officials told Committee staff that DOD has not yet briefed them on this effort, so CIA has not shared information with its employees about how to participate.

Finally, CIA has halted its own internal clinical research efforts related to AHIs. Specifically, the Agency stopped promoting pre-AHI baseline medical assessments in December 2021 and

[5] NIH officials told Committee staff that the study did not reflect whether the AHI population with cataracts developed those cataracts before or after experiencing an AHI; NIH officials noted that AHI participants may have had asymptomatic cataracts prior to their AHI. The study did not track the number of control patients who might have had asymptomatic cataracts, as the controls did not see an ophthalmologist during the study. However, zero control patients reported having cataracts.

stopped conducting post-AHI medical assessments in January 2022. As a result, CIA may be missing out on important clinical data that could advance its understanding of AHIs.

Collectively, the research efforts discussed in this section are vital to advance the U.S. government's understanding of, and response to, AHIs. Such research is necessary to support the development of a case definition, identify potential diagnostic tools and treatment protocols, develop potential countermeasures, support the IC's broader analytic investigation, and refine eligibility criteria for AHI-related facilitated medical care and benefits, including HAVANA Act payments. The IC in general, and CIA in particular, should continue to support such efforts.

IV. CIA has provided benefits and compensation to many AHI reporters, but ease of access to these programs has been inconsistent and affected by CIA's organizational position on AHIs

CIA-affiliated AHI reporters are eligible for various benefits to help with their conditions. Some of these—such as the Overseas Medical Benefits Program[6] and the *Federal Employees Compensation Act* (FECA—also known as workers' compensation)—provide support to all USG employees, whereas others—such as the Expanded Care Program, and Agency leave policies—are specific to CIA. CIA often utilizes Agency-specific policies and programs to supplement USG-wide programs or address a gap in these programs. However, the Committee assesses that CIA began limiting access to certain AHI-related benefits in late 2021 and early 2022—more than a year before the Intelligence Community Assessment was issued.

CIA modified the Overseas Medical Benefits Program to enable the use of its benefits for overseas AHI reporters in 2017 and established a benefits program for domestic AHI reporters in 2021 to address their acute-stage medical needs.[7] However, CIA only provided these benefits to a few domestic AHI reporters before suspending the program in late 2021. It also suspended the modifications to Overseas Medical Benefits Program in March 2022. CIA officials told Committee staff that they could reactivate the Overseas Medical Benefits Program policy changes and the domestic program benefits if "necessary," although it is not clear under what conditions they would do so. CIA also provided excused absence leave to many AHI reporters to aid their treatment and recovery, but the Committee assesses that these leave policies were considerably more generous for those who reported AHIs in the first foreign location than for those AHI reporters who came after, and these policies were not well documented or communicated.

AHI reporters are eligible to apply for Department of Labor (DOL)-administered workers' compensation, which is the U.S. government's "exclusive remedy" to provide medical care and

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[6] The Overseas Medical Benefits Program is a Department of State program that provides medical benefits, secondary payer benefits for out-of-pocket medical expenses for employees and eligible family members under certain conditions, and leave benefits to employees, contract employees, eligible detailees, and eligible family members injured or ill while on an overseas assignment. Under 50 U.S.C. § 3505(b)(1), CIA is authorized to pay allowances and benefits comparable to those paid to members of the Foreign Service, which enables CIA to utilize the Overseas Medical Benefit Program authorities.

[7] This program was an internal CIA benefits program that provided benefits analogous to the Overseas Medical Benefits Program for CIA personnel who reported AHIs domestically.

financial compensation to injured workers. DOL recognized that workers' compensation was a poor fit for AHIs given their unclear origin, but took steps to facilitate access for AHI reporters. Specifically, DOL issued guidance to simplify the process, introduce more consistency across the U.S. government, and ease the "burden of proof" for applicants.[8] For instance, this guidance established that if the employing agency certified that a reported AHI occurred, or did not contest the employee's assertion that it occurred, then the employee was deemed to have met the Fact of Injury-Factual element of a workers' compensation claim.[9]

However, support from an employee's home agency remains important to substantiate a workers' compensation claim. Yet as of December 31, 2023, CIA had not concurred with the Fact of Injury-Factual element of any AHI reporters' workers' compensation claim since the reports from the first foreign location, consistent with its analytic line that AHIs are very unlikely to be attributable to a foreign adversary. Moreover, CIA has chosen to weigh in on every Fact of Injury-Factual element of AHI reporters' workers' compensation claim since the reports from the first foreign location, even though the Agency is not required to do so and many USG agencies do not. Finally, DOL officials told Committee staff that CIA has often not provided claims examiners access to all documentation necessary to robustly adjudicate claims. Collectively, this resulted in AHI reporters from CIA having lower approval rates for workers' compensation claims than AHI reporters from other USG agencies—only 21% of CIA AHI applicants had been approved for workers' compensation as of December 31, 2023, in contrast to 67% of AHI applicants from other USG agencies, in aggregate.

Some CIA AHI reporters with reportedly severe injuries told Committee staff that being denied workers' compensation has prevented them from seeking disability benefits and led them to retire early, apply for medical disability retirement, cobble together various types of leave (including Leave Without Pay), or work through their injuries.

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[8] Specifically, DOL issued FECA Bulletin 22-03 in January 2022 with guidance to claims examiners for how to process AHI claims. *See* DOL, *Processing Claims for Anomalous Health Incidents (AHI) Under the Federal Employees Compensation Act (FECA),* FECA Bulletin NO. 22-03 (Jan. 12, 2022).

[9] In general, to substantiate a workers' compensation claim, a claimant has to establish that they sustained a personal injury while in the performance of duty. For a claim to be accepted, it must meet five basic elements:

1. **Timeliness of filing.** An employee generally has three years from the date of injury (for a traumatic injury) or from the date that an employee realizes they have a workplace injury (for an occupational disease filing).
2. **Individual is a federal civilian employee.** Contractors and family members of USG employees are not covered under the FECA process.
3. **Fact of Injury.** Fact of injury has two parts and both are required to meet the requirements of this element.
    i. **(U) Fact of Injury-Factual.** This refers to establishing that a specific injury or accident occurred. Both the employee and the employing agency provide statements regarding the alleged injury.
    ii. **(U) Fact of Injury-Medical.** A medical condition must be diagnosed in connection with an injury. The applicant's medical provider certifies the medical aspect of the injury.
4. **Performance of Duty.** This element requires that an injury and/or medical condition must have arisen during the course of employment *and* within the scope of compensable work factors. In other words, the injury is considered to have occurred for activities for which the person is employed.
5. **Causal Relationship**. This element requires that the Fact of Injury-Factual and Fact of Injury-Medical be causally related, i.e. that the work-related injury caused, aggravated, accelerated or precipitated the claimed condition. This step rules out pre-existing conditions that could explain the reported injury.

Because of the concerns DOL officials noted during the Committee's review, DOL's approach to adjudicating CIA AHI reporters' workers' compensation claims has recently changed. Specifically, CIA officials told Committee staff that a number of AHI reporters have been approved for AHI workers' compensation claims since December 31, 2023—the cutoff date for this review's quantitative data collection and analysis. A DOL official explained that DOL, in partnership with CIA, has taken "significant steps" to properly review and adjudicate CIA AHI reporters' workers' compensation claims. DOL's efforts have included offering targeted guidance and discussion, inviting questions from CIA's Workers Compensation Division staff and providing "thorough, policy-backed responses" and "enhancing the scrutiny" with which DOL assesses CIA's preliminary decisions.

In contrast to its position on workers' compensation, CIA has generally made its Expanded Care Program more accessible to AHI reporters. The original Expanded Care Program process required applicants to provide documentation substantiating the circumstances of their injury—which many AHI reporters told Committee staff was an impossible bar to meet, given the unknown nature of their AHIs—and no AHI reporters other than the cohort from the first foreign location were approved for the program under the original process. However, the new Expanded Care Program process, which took effect in May 2023, lowered the threshold for entry, resulting in relatively high approval rates for claims adjudicated under the revised criteria. As of December 31, 2023, more CIA AHI reporters had been approved for Expanded Care Program; all but one of these reporters have also received *HAVANA Act* payments.

However, AHI reporters have cited several challenges with aspects of the new Expanded Care Program process. For example, some AHI reporters face challenges getting physicians to fill out the Eligibility Questionnaire for Injuries to the Brain form, which is required to finalize an Expanded Care Program application. Specifically, some AHI reporters have struggled to get their medical providers to attest that the AHI reporter experienced a TBI or "acute onset of new, persistent, partially or totally disabling neurologic symptoms" demonstrated by imaging studies or other exams and that required active medical treatment for 12 months or more. Challenges with this form have prevented many AHI reporters from finalizing an application to the program, and approximately 30% of all Expanded Care Program applications were pending as of December 31, 2023 due, in part, to these challenges.

In addition, the Expanded Care Program's requirement that an AHI reporter generally undergo 12 months of active medical treatment before being eligible for the Expanded Care Program delays AHI reporters from accessing the program's case management services, medical reimbursement benefits, and adjustment of monthly compensation for those on workers' compensation total disability. This is a notable contrast to CIA's handling of all other Agency applicants to the program for conventional injuries, who can apply for the Expanded Care Program immediately after their injury.

CIA has made good progress in implementing *HAVANA Act* authorities as compared to other USG agencies. Congress has recently further facilitated access by adopting a provision in the *National Defense Authorization Act for Fiscal Year 2024* clarifying that AHI reporters do not have to first seek workers' compensation benefits before applying for a *HAVANA Act* payment

and adopting another provision in the same bill enabling CIA to make more timely payments by permitting the Agency to use reprogrammed funds to make *HAVANA Act* payments.

Finally, the Committee found that the relationship between workers' compensation and the Expanded Care Program creates challenges for both CIA and AHI reporters. CIA is now in an untenable position wherein it does not concur with the facts reported in its employees' workers' compensation claims for an AHI, but often does approve Expanded Care program claims for the same AHI report. The Committee recognizes that Congress likely influenced this inconsistent policy position by encouraging CIA to implement its Expanded Care Program authorities and issue *HAVANA Act* payments, but also notes that this inconsistency is unsustainable. Several CIA AHI reporters told Committee staff, for instance, that they have used their Expanded Care Program approvals to appeal their workers' compensation denials.

V. **CIA's AHI response hampered by communication and messaging challenges**

CIA's communication about its facilitated medical care, benefit, and compensation programs was a significant point of concern for AHI reporters. Many of the AHI reporters Committee staff interviewed cited communication challenges related to medical care and compensation programs.

These AHI reporters told Committee staff that CIA did not consistently provide adequate and timely information about medical care, benefits, and compensation programs, which the Committee assesses is due, in part, to frequent changes in programs. AHI reporters also expressed concern about a lack of proactive and timely communication from case managers, difficulty getting information in writing, and unclear and potentially misleading communications about the NIH study, among other things. Additionally, the Committee assesses that CIA's failure to establish clear and consistent referral policies for facilitated care programs hindered its ability to transparently communicate with AHI reporters about these programs and who was eligible. In the absence of sufficient official communication from CIA, AHI reporters filled the void with information gained through informal AHI support networks—but this information was not always accurate. As a result of these challenges, some AHI reporters experienced delayed or denied access to facilitated care programs, inconsistent access to benefits due to ad hoc decision-making at many levels of the Agency, confusion or reluctance to apply for compensation programs, and increased stress and frustration, among other issues.

More broadly, CIA has struggled with messaging around AHIs as its organizational position evolved from the original "attack" narrative—which CIA officials later said harmed the AHI population by leading people to believe that their disparate health conditions were attributable to a foreign adversary—to its current position, based on the March 2023 Intelligence Community Assessment, that it is "very unlikely" that a foreign adversary is responsible for AHIs and that most AHIs are likely the result of medical, social, and environmental factors. While the attack narrative began as a hypothesis asserted by AHI reporters and those who responded to the initial AHI reports, and then echoed by the media and senior leaders, CIA initially took several actions that cemented this framing and that continue to have ripple effects even now. CIA medical officers told Committee staff that, looking back, they did not believe that the illnesses of the first

cohort of AHI reporters were psychogenic, but they acknowledged that the attack framing led people to believe that their disparate health issues were part of a coordinated attack.

In 2021, officials from CIA's AHI cell that was investigating AHIs said that they were charged with the task of overcoming the significant "anchoring and confirmation bias" lingering from the early attack and subsequent TBI narratives, and noted that this bias had affected the workforce and influenced congressional overseers and the general public. Since then, CIA has taken various steps to signal to the workforce that its original attack narrative was incorrect, including its analytic conclusions as expressed in the March 2023 Intelligence Community Assessment. Several CIA AHI reporters said that they viewed these steps as CIA trying to "close the book on AHIs."

This report does not assess the veracity of either narrative, and the Committee recognizes that some evolution is to be expected given the nature of the incidents. However, the Committee assesses that CIA's communication about the incidents was often reactionary and poorly coordinated, resulting in portions of its workforce becoming polarized, emotional, and distrustful. The Committee also assesses that CIA bears much of the responsibility for these communication challenges, as the Agency failed at many turns to develop a clear, coordinated, and consistent policy for communicating on this topic with its workforce. Moreover, CIA has never undertaken a comprehensive organizational review of its communications and messaging on the AHI issue, including how they have affected the workforce. The findings of such a review could prove useful in addressing some of the harm that has been done to the workforce related to AHIs and in better preparing CIA for future scenarios in which the Agency has to communicate with its workforce about an ambiguous and/or emotionally-charged topic.

VI. **CIA's response to AHIs has negatively affected AHI reporters and led to a trust deficit with portions of its workforce**

The Committee assesses that CIA's response to AHIs has had negative effects on the morale and wellbeing of many AHI reporters and has contributed to a trust deficit between CIA and portions of its workforce. Specifically, the Committee assesses that there were tensions between the AHI cell's role investigating the source of AHIs and the role it played adjudicating requests for medical care and/or benefits. For example, CIA's analysis disconfirming the "attack" hypothesis coincided with, and in some cases influenced, the availability of medical treatment and certain compensation benefits. Unlike at many other USG agencies, CIA's counterintelligence analysts were given a voice in processes that informed care and benefit decisions. The Committee assesses that, since CIA's analytic position is that it is "very unlikely" that a foreign adversary is responsible for reported AHIs, then counterintelligence analysts' involvement in such determinations has made it difficult at times for AHI reporters' claims to be adjudicated on their individual merits.

Additionally, many AHI reporters experienced a significant moral injury as a result of how they perceived CIA's treatment of them. Medical providers who Committee staff spoke with from each of the facilitated medical treatment facilities raised this issue and noted its effect on

patients' recoveries, including patients' increased stress about not being believed and feeling that they had to advocate for themselves.

Distrust of CIA has been a common theme among AHI reporters the Committee interviewed. Many of the AHI reporters with whom Committee staff spoke for this review expressed some degree of distrust of the Agency, including some who perceived that their career was negatively impacted for reporting an AHI or seeking support related to their AHI. AHI reporters' distrust took many forms. For example, many AHI reporters who spoke to Committee staff did not trust CIA to act toward them in good faith, which led to them frequently question the motives behind CIA's actions. This distrust was further reinforced by poor communication and a lack of transparency. AHI reporters' distrust also stemmed from their concerns that CIA's analytic effort on AHIs has not been objective. More than a dozen individuals who spoke to Committee staff questioned the objectivity of CIA's analytic line on AHIs, its analytic tradecraft, or the soundness of its findings. Finally, AHI reporters have also cited "stigma" or fear associated with reporting or talking about AHIs, which could have a chilling effect on future AHI reporting. The Committee assesses that CIA could benefit from an examination of how its response to AHIs has impacted its workforce, to include issues of morale and trust.

CONCLUSIONS

As noted throughout this report, AHIs are a vexing problem that defy an easy solution. This Committee recognizes that the uncertainty surrounding AHIs created a challenging environment for the U.S. government in general and the CIA in particular to operate in—both in terms of intelligence collection and analysis and in caring for affected personnel. CIA deserves credit for standing up facilitated medical care and benefit programs under these conditions.

While the IC has assessed that it is "very unlikely" or "unlikely" that AHIs are attributable to foreign adversary attacks, there remain many unanswered questions about these incidents given information and research gaps. Moreover, U.S. adversaries are likely developing directed energy technologies that may plausibly explain some of the reported symptoms commonly associated with AHIs. Finally, USG personnel *do* continue to report AHIs—though at a much lower rate than in 2021.

Given all this, the Committee's position is that the IC must remain objective and must continue to actively collect intelligence, conduct analysis, and pursue information that could shed light on AHI reports in general and foreign adversary emerging technologies, to include directed energy weapons in particular. USG agencies and laboratories should also continue research to both (1) understand emerging technologies that could produce the signs and symptoms described by AHI reporters and (2) identify potential biological markers of AHIs. The IC should fully support these research efforts.

It can take years or even decades for some medical mysteries—such as Gulf War Syndrome or the health effects of Agent Orange—to be solved. This Committee does not want the IC to repeat previous USG mistakes of withholding medical care and other support because it does not yet fully understand the mysterious health conditions its personnel are reporting. Thus, this Committee urges CIA to maintain access to facilitated medical care and benefit programs for

employees and other affiliated personnel who have reported an AHI previously or who may report an AHI in the future—regardless of its current analytic line—and to adopt several guiding principles while doing so:

1. Good program management best practices—identify clear eligibility criteria for programs and document policies and procedures, and develop robust and consistent record-keeping protocols;
2. Mitigate potential tensions between CIA's intelligence collection and analytic responsibilities and its responsibility to care for its workforce—given all that remains unknown about AHIs, err on the side of caution and defer to an AHI reporter's account of their incident unless CIA has definitive evidence to the contrary, consistent with other USG agencies' handling of AHI reports; create reasonable firewalls between CIA's intelligence collection and analytic investigation into AHIs and its handling of employees' individual AHI reports;
3. Equity and consistency—ensure AHI reporters have similar access to benefit programs such as workers' compensation and Expanded Care Program that other CIA employees and affiliated personnel enjoy, and that they have access regardless of location or other variables; and
4. Transparency with the workforce—communicate clearly and frequently to bolster trust and improve morale.

The Committee is making numerous specific recommendations to CIA in response to its findings in this report and that are rooted in these guiding principles.

Finally, the Committee wants to emphasize that CIA's facilitated medical care and benefit programs need not be locked in stone. As the U.S. government learns more about AHIs, CIA can and should modify both the programs and benefits offered as well as the eligibility criteria and application processes for those programs. In the meantime, as research continues, the IC must err on the side of providing more facilitated medical care and support to it employees and other affiliated personnel rather than less. This should be the default position for all of CIA's AHI-related efforts.

RECOMMENDATIONS FOR CIA

1. CIA should develop written policies for medical care and benefit programs associated with AHIs and other counterintelligence-related health incidents that include clear eligibility criteria and adjudication processes for determining how access to such programs will be provided to individuals who seek these benefits. These policies should be made available to CIA employees and the congressional intelligence committees. As research into AHIs progresses, CIA should periodically review these policies to ensure that these benefit programs and the criteria used to determine eligibility reflect the U.S. government's latest understanding of AHIs. Specifically:

    a. CIA should develop a written policy for how it will provide access to facilitated medical care programs for those with reported AHIs or other counterintelligence-

related health incidents that clearly details the criteria, evaluations, and processes that CIA will use to make such determinations.

b. CIA should develop a written policy that details the Overseas Medical Benefit Program benefits that are available to AHI reporters or others affected by counterintelligence-related health incidents, including the:
    i. circumstances under which the Overseas Medical Benefit Program policy modifications that were previously made for AHI reporters will again take effect; and
    ii. criteria and processes that CIA will use to determine who is eligible for Overseas Medical Benefit Program benefits related to AHIs or other counterintelligence-related health incidents.
c. CIA should develop a written policy that details the benefits that are available to domestic AHI reporters, including the criteria and processes that CIA will use to determine who is eligible for such benefits.
d. CIA should develop a written leave policy specific to individuals affected by AHIs or other counterintelligence health incidents that details the types and amounts of leave available to individuals affected by such incidents for treatment and recovery, including the criteria and processes that CIA will use in making determinations about who is eligible and details regarding how such leave can be used.

2. CIA should conduct a comprehensive organizational assessment of CIA's response to reported AHIs to identify lessons learned, best practices, areas of challenge, effects on the workforce, and actions needed to better prepare the organization to respond to future threats to the workforce. The results of this review should be made available to CIA employees and to the congressional intelligence committees. Specific focus areas of this review should include:
    a. CIA's medical response to AHIs and associated support provided to AHI reporters;
    b. CIA's communication with AHI reporters about care and benefit programs;
    c. CIA's messaging to the workforce about AHIs; and,
    d. AHI-related workforce impact, morale, and trust.

3. CIA's Center for Global Health Services should develop and document a comprehensive and resource-informed plan for how it will provide, facilitate, and/or support medical evaluations and acute and long-term care for individuals affected by AHIs or counterintelligence-related health incidents, including contingency plans for responding to clusters or other larger-scale incidents. This plan should also consider additional actions CIA could take to facilitate communication between AHI reporters and their private medical providers. This plan should be informed by CIA's policies for counterintelligence-related incidents, including AHIs, and comprehensive internal review, and be provided to the congressional intelligence committees.

4. CIA should establish a voluntary baseline evaluation for AHIs and other counterintelligence-related health incidents that includes relevant biomarkers and is integrated into its entry-on-duty and permanent change-of-station medical exams. The data from these evaluations

should become part of the individual's medical file for their personal clinical reference. Data could also be used to support ongoing research efforts (with individual consent). CIA should update these baseline exams as the U.S. government learns more about conditions associated with AHIs or other counterintelligence-related health incidents, including the relevant biomarkers.

5. CIA should re-establish and offer a standard post-AHI evaluation to all AHI reporters who request one. This evaluation should be aligned to the baseline evaluation for comparative data purposes. The data from these evaluations should become part of the individual's medical file for their personal clinical reference. Data could also be used to support ongoing research efforts (with individual consent). CIA should update these post-AHI evaluations as the U.S. government learns more about conditions associated with AHIs, including the relevant biomarkers.

6. CIA should establish a Memorandum of Agreement with the Defense Health Agency to enable CIA-affiliated personnel to voluntarily provide their medical data to DOD to support its AHI-related research—including, but not limited to, the Joint Trauma Registry.

7. CIA should develop written policies, procedures, and criteria for informing and referring willing CIA-affiliated personnel who report an AHI through Agency channels to USG research efforts into AHIs, such as DOD's "Point of Injury" AHI Prospective Study or any other USG study.

8. Given the unknown nature of AHIs and consistent with the practice of several other USG agencies, CIA should adopt a more neutral policy regarding its Fact of Injury-Factual input for AHI-related workers' compensation claims. This could include adopting a policy of not weighing in on the Fact of Injury-Factual component of the claim unless CIA has definitive evidence that a reported AHI is due to pre-existing or naturally occurring medical conditions or environmental factors.

9. CIA should revise Expanded Care Program regulations to enable CIA-affiliated individuals to immediately apply to the program after experiencing an AHI in order for them to access case management services, secondary medical payer benefits, and adjustment of monthly compensation for those on workers' compensation total disability, and then subsequently apply for a *HAVANA Act* payment after 12 months of treatment if the individual meets the criteria for a "qualifying injury to the brain" at that time.

10. CIA should develop a comprehensive, consolidated, and easily accessible listing of AHI-related care and benefit programs that CIA employees and contractors may be eligible for, including links to related policies, points of contact, frequently asked questions by program, and any other additional information needed for the individuals to access these programs.

    a. Within the information pertaining to workers' compensation, CIA should make clear to all employees that they do not have to have experienced an AHI in a government facility to be eligible to apply for workers' compensation benefits.

b. Within the information pertaining to Expanded Care Program, CIA should clearly communicate to applicants that all diagnostic codes pertaining to their AHI must be listed on the application form, and that they are able to submit application forms from more than one physician.

11. CIA should develop an unclassified, comprehensive, and consolidated packet of materials for dependents, former employees and contractors, and any other individual without access to CIA's internal system that provides information about the AHI-related care and benefit programs that they may be eligible for, including related policies, cover-consistent points of contact, frequently asked questions by program, and any other additional information needed for the individuals to access these programs.

POTENTIAL ACTIONS FOR CONGRESSIONAL CONSIDERATION

1. Congress could consider codifying into law the two FECA bulletins pertaining to AHI-related claims—specifically FECA Bulletin 22-03 and FECA Bulletin 24-04—to ensure the guidance facilitating access to workers' compensation for AHI reporters cannot be easily revoked.

2. Congress could consider amending Expanded Care Program authorities to enable CIA employees to bypass workers' compensation and apply directly to Expanded Care Program for AHI-related medical conditions.

3. Congress could consider amending Expanded Care Program authorities to enable CIA to provide an adjustment of monthly compensation for CIA-affiliated personnel who are deemed totally disabled in connection with their AHI under the auspices of any federal disability program, including workers' compensation, medical disability retirement, and Social Security.