

Sawbones 380: Havana Syndrome

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Clint: Sawbones is a show about medical history, and nothing the hosts say should be taken as medical advice or opinion. It's for fun. Can't you just have fun for an hour and not try to diagnose your mystery boil? We think you've earned it. Just sit back, relax and enjoy a moment of distraction from that weird growth. You're worth it.

[theme music plays]

Justin: Hello everybody and welcome to Sawbones, a marital tour of misguided medicine. I'm your co-host, Justin McElroy.

Sydnee: And I'm Sydnee McElroy.

Justin: Sydnee, what have you got on the docket for me today? What have you got? I'm ready to learn. I got my thinking cap on, I got my stinking cap off. I don't even know why I bought it, honestly, it seems like you're going to get a lot of use out of a stinking cap but I didn't even think through it.

Sydnee: Well, when you go into Spencer's you hate to leave empty-handed.

Justin: Yeah, that's true. And my drinking cap, well that's in my back pocket because the weekend is just around the corner. But for right now my thinking cap is on. And my shrinking cap has not been invented yet. I have some diagrams I'd like to show you.

Sydnee: Okay, let's just do-

Justin: Doctor Zolinski and I have made a lot of progress on the shrinking cap.

Sydnee: Let's just do this episode of Sawbones, instead.

Justin: That sounds like a good start.

Sydnee: Let's do that. So, there's a lot of stuff going on, currently, event-wise, related to medicine, but we've done episodes on most of that stuff. I know, we got some emails like, "You should talk about Ivermectin."

There is an episode on Ivermectin if you'd like to listen to that.

Justin: We gotcha.

Sydnee: It does not treat or cure COVID. Please do not take it for COVID. Please do not take horse medicines ever, for anything. Ever. Please.

Justin: Ever.

Sydnee: So, that's covered in another episode. Masks should be worn and are great. And we did that in another episode.

Justin: Yeah.

Sydnee: We even put that in a book.

Justin: Been banging on that one for a while.

Sydnee: [laughs] But that's out there. So I've found something else in the news that there was some recent reports about that I didn't know anything about. It has nothing to do with COVID, not that it's not important to keep talking about COVID, but we'll take a break this week.

And thank you Paige for sending us an email to bring it to my attention that, hey, this might make a good episode, because I read an article about it and it didn't occur to me immediately.

But, Justin, have you heard of Havana Syndrome?

Justin: When you do this it's always a little bit tricky, because you know you know that you talked to me about it beforehand.

Sydnee: Before I asked you the other day, 'Have you heard of Havana Syndrome?', had you?

Justin: Never!

Sydnee: Okay. first of all, I don't really want to keep calling it that, even though like, I wanted to put that name out there because if you've heard of this, that is what it's most well-known as. And so I want— context, you know.

And that is what, if you read any of the recent news articles about it, reports about it, that's what they are calling it in all the articles. So this is what they're talking about.

We should probably try to call them "anomalous health incidents" but that seems—

Justin: That's a little... You know that's less catchy though.

Sydnee: Well, they didn't... First of all, they haven't all happened in Havana, so even though the first ones I'll talk to you about happened in Havana, they did not all happen in Havana. And second, I just don't think it's nice to name diseases after places.

Justin: That's true.

Sydnee: You know? Like are you ever going to take a vacation to the Ebola River?

Justin: No.

Sydnee: Right? That's not fair.

Justin: No, but-

Sydnee: You know? That the river is saddled with that forever.

Justin: I probably wouldn't do that anyway. I mean, I don't travel much right now at all, Sydnee. I don't know if you've heard, but...

Sydnee: I don't mean now. I just mean generally. Like you shouldn't, if you can-

Justin: It's just nice-

Sydnee: ...don't name things after places because then it-

Justin: It's hard to shut something like that off.

Sydnee: Right? Because then the place gets that connotation forever, and it might not be something that you want.

Justin: Got it, yeah.

Sydnee: Right. So anyway-

Justin: Can we keep calling it that with the understanding that we shouldn't be calling it that? Because anom... amol... anomol...

Sydnee: I don't have a better-

Justin: Anomomolous health... Anomomolous health incidents.

Sydnee: Well, anomalous health incident also isn't specific to this. You could say a lot of things are anomalous health incidents, I suppose.

Justin: This is my problem with it, the language isn't specific.

Sydnee: And I don't have a better name—

Justin: Could we get it started?

Sydnee: ... for it.

Justin: Maybe we can just start with Havana Syndrome and then move from there, because we've already called it that.

Sydnee: My apologies to Havana. Recently it was reported that Vice President Kamala Harris, had— she's doing an overseas trip, and it was briefly delayed. There was a pause. It was like a couple hours, so not a big incident in the grand scheme of things, for the Vice President.

But the reason that it was delayed is a little more interesting. There were some, what were reported as, anomalous health incidents, that occurred in Hanoi, which is where she was headed, from Singapore.

And so, because of these incidents they paused the trip, decided there was no concern for the Vice President or any of her staff. It did not affect anyone associated with the Vice President.

Justin: Gotcha.

Sydnee: And so she continued on her trip. But because of that Havana Syndrome was put in the news and trending and now here we are. Because I had no idea what it was. I'd never heard of it. I'd never heard of the phrase.

So, it only dates back to 2016. That's why I feel weird. It feels weird to me that I'm not more aware of this because it has all happened in recent years, and there was a lot of media coverage of it initially, perhaps, it seems like.

So, in 2016 there was a diplomat at the American embassy in Cuba who had an odd health incident, okay?

Justin: Mm hmm.

Sydnee: It occurred when she was actually in her home, not in the embassy itself, but in her home there in Havana. And she was standing in her kitchen and she began to experience this severe headache and pressure in her head.

A lot of these descriptions will sound like waves of pressure.

Justin: Okay.

Sydnee: She didn't think much of it. Tried to, "Eh, it's a headache, I'll sleep it off." But the next morning it was still there, and she also began to have some memory issues, some vertigo, balance-type issues, some trouble walking and processing information. She mentioned she couldn't read a cereal box that morning, like the back of a cereal box.

Justin: Hm. Weird.

Sydnee: So these sorts of non-specific, very upsetting symptoms, but not really pointing to one specific thing.

The symptoms persisted, but she didn't tell anybody at first because she liked her job. She didn't want to get sent home. But she would eventually learn that she was not alone, because around this same time period three CIA officers in Cuba would have similar symptoms.

And this is all towards the end of 2016 and into 2017. And they would send, actually a couple of people would go back to the US, and they sent a couple replacement CIA officers who also had these symptoms, right?

Justin: Mm hmm.

Sydnee: Many tended to describe this in a similar sort of progression.

Justin: Okay.

Sydnee: You have some sort of pressure, like I said, some people said it was like waves of pressure in your head, or just an intense pressure in your head.

But many said that right before that started, they also had an auditory symptom, meaning they heard something. They heard a very strange sound. And the sound was described sometimes like machine-like, like a grinding type of sound, a course sound, a rough sound.

Other people described it like a buzzing, like cicadas. It was compared to a bunch of crickets or cicadas or something like that several times.

Justin: Like that horrible bird you showed me.

Sydnee: What does that sound like?

Justin: Remember, it sounded kind of like a machine gun.

Sydnee: That does sound machine-gun like.

Justin: What was it called?

Sydnee: The shoe...bill... right?

Justin: Shoebill. Oh, god.

Sydnee: Yeah.

Justin: [shudders]

Sydnee: [laughs]

Justin: Ugh, guys, don't google that one.

Sydnee: The shoebill... stork?

Justin: Bad.

Sydnee: Is that what it was?

Justin: The shoebill bird, it's just bad, don't look.

Sydnee: Shoebill...

Justin: Don't look.

Sydnee: You should look at it.

Justin: This is a spooky bird, guys.

Sydnee: I like this bird. This bird has personality. This bird's going places.

Justin: [laughs]

Sydnee: This bird has a point of view.

Anyway, back to Havana Syndrome. So they would have this sound, and then they would have this pressure, and then some of these neurological symptoms that I described are pretty similar, although some had more severe issues than others, and for some it persisted much longer. Whereas for others it was very transient, right?

Justin: Mm hmm.

Sydnee: So kind of a range in terms of that. The CIA and the State Department, as these individuals started coming forward and reporting to their bosses, their superior officers, whatever, this is happening, they started trying to put together, "What is this? What do we need to

investigate? Where could this be coming from? Is this something someone's doing? Is it some sort of espionage attack type thing? A poison? A toxin?"

Justin: Are we being targeted?

Sydnee: Yeah. is this something someone's doing, or is this just some weird, random illness?

Justin: A prank. Is it the Joker? You know, this one kind of sounds like the Joker.

Sydnee: The thing is, that's really interesting about this, is that at the same time this sort of mysterious thing was happening in Havana, you have to understand, this is the end of 2016 into 2017. Trump has just been elected President, and then assumes the presidency.

Justin: With this guy again.

Sydnee: [laughs]

Justin: Eugh.

Sydnee: Yeah.

Justin: Thought we were done talking about this guy.

Sydnee: Ugh. It's going to be a long time before we get over all that, hun. Plus, Castro had just died in late 2016, right? Soon after the American election.

Justin: Mm hmm. I wasn't aware that had happened, that's a heck of a way to break it to me, but go ahead.

Sydnee: You didn't know that happened back in 2016?

Justin: Wasn't paying very close attention, had our own problems homefront, didn't we?

Sydnee: Well, yeah.

Justin: Didn't notice old Castro...

Sydnee: A lot of time has elapsed since then for you to-

Justin: ... shuffled off.

Sydnee: Anyway. So-

Justin: Is there a new Castro?

Sydnee: There was for a while and then I... Are you really asking me about the political situation in Cuba?

Justin: I'm sorry, I didn't mean to... I don't want to get too in the weeds. [laughs]

Sydnee: Anyway. So nobody knew what this meant for Cuban-American relationships at that time. Like what is-

Justin: Which had been tenuous for quite some time.

Sydnee: Yes.

Justin: I do know this.

Sydnee: And had changed, hopefully in a positive direction, many thought, under the Obama presidency. And then with Trump assuming the presidency, there was a lot of thought... I think there was one quote I read in an article where the last meeting between representatives from the Obama Administration with officials from Cuba were like, "Listen, these new people are nothing like us, so we don't know. Good luck. Godspeed. We don't know."

A lot was up in the air, is the point. And I am not an expert in international affairs, but I think it is fair to say that this was a very tenuous relationship anyway, nobody knew exactly where it was going to go and this shifted a lot.

And in the middle of all this, all of the sudden we have all of these CIA and State Department people from the US who are in Havana who are having these weird, debilitating symptoms, okay?

So, they brought an ENT specialist from the US to evaluate the victims. They didn't want to go with anybody who was in Havana because they didn't trust anybody. I mean, it's the CIA. they didn't trust anybody there. They wanted somebody from the US who was a specialist to come in.

He evaluated them, and he said, "I think I am seeing some degree of brain damage in these individuals."

Justin: Sheesh.

Sydnee: It was called at one point, and this phrase would kind of stick with it, "a concussion without a concussion." The results of a concussion

without any concussion having occurred, right? Because they didn't experience any head trauma.

Justin: Okay.

Sydnee: Throughout the spring and summer of that year, of 2017, the number of cases kept climbing as they're trying to figure out, what do we do about this? What sort of treatments or therapy? What can happen? What's causing it?

Nobody really knew and there were more people experiencing these, depending on who you asked, either symptoms or attacks, is what some began to refer to them as.

Justin: Yikes.

Sydnee: Right?

Justin: Intense.

Sydnee: When they talked to, when they briefed, agents and diplomats as to what to do about this, here's what's going on and here's what you can do, they would tell them things like, quote, "Get off the X."

Justin: Get off the X?

Sydnee: Meaning, we think you are standing in a targeted spot, so move and get away from whatever is attacking you.

Justin: Holy crap, this is wild.

Sydnee: Right? This is a wild story. This sounds like a movie. This does not sound like real life.

Justin: Doesn't sound real, yeah.

Sydnee: One was told, like, try to get behind a concrete wall.

Justin: Because we don't know where it's coming... Maybe that'll stop it?

Sydnee: Yes. So obviously they were being instructed as if this was some sort of attacking mechanism of some sort, that was targeting them, not necessarily that it was an illness that was already... You know? Like it was something outside, external, that you could get away from, as opposed to something already in their body, like a toxin or a poison or some other sort of illness of some sort.

So anyway, as the symptoms persisted, and for some progressed to things like hearing loss, there was one victim of this that had to use a hearing aid, eventually, the decision was made that we need to take these people out of Havana, send them somewhere to get comprehensive evaluations, testing, and put together, from a team of doctors, what the heck is happening.

So they were all sent to the Center for Brain Injury and Repair at the University of Pennsylvania, and a team of doctors was tasked with, get all the data, analyze it, come up with what in the world could cause this, whatever this syndrome is. Whatever is happening in these individuals.

Meanwhile, the number of attacks grew to 21. And first, they began to develop— and this is sort of, other than the fact that when there is an illness it's important to figure out what it is, and what's causing it, and how do we treat or prevent or whatever, on the other part of this is the international situation.

As these attack numbers were growing, the US sort of retaliated in a sense, although against who, I don't know, or for what, we didn't know.

Justin: The rays?

Sydnee: They kind of would retaliate by ordering Cuban officials out of their embassy in the US. So like, "Well, there were two more attacks, so we're sending two more Cuban diplomats back to Cuba."

And, "Oh, there were even more attacks, so we're going to order 15 of your Cuban officials back to Cuba. You know what I mean? Like this was sort of the US policy, of the way of showing, "If this continues, there will be repercussions" and these were the repercussions.

There were also, in this same time, and this story is like a slower burn, it took a while to develop. There were 12 Canadian officials who also, according to the US at the time, experienced symptoms. Initially Canada was like, "Hey, we're actually pretty cool with Cuba. We don't have beef. I know you guys have beef, but we're not trying to be a part of that. So we don't really want any of this mess."

Now, later there would be, like, these Canadian officials would be evaluated and there would be financial reimbursement for their pain and suffering and treatment and stuff.

So there was stuff going on, but initially it was very much an America/Cuba thing.

Justin: But there were some Canadians caught in the proverbial crossfire?

Sydnee: Yeah, there were Canadians who experienced this syndrome.

Justin: I mean, I understand targeting Americans, for sure. But like... Canadians? Now they've gone too far.

Sydnee: Have you seen their flavors of KD?

Justin: Have you seen all the different flavors of KD these people have? Have you even seen Martin Short, you know? Shania Twain.

Sydnee: I know. I love Canada. You don't have to convince me. Which, maybe that was part of the initial reaction from Canada, like "Everybody loves us. Nobody would—"

Justin: "Yeah, who would do this?"

Sydnee: "This can't be right. This can't be right."

Justin: "It's gotta be aliens."

Sydnee: But it wasn't just American officials, it was also Canadian officials.

Then on top of all that, an American official working in China, at the American consulate there, reported similar symptoms. And then everybody really started becoming concerned. It led to the examination of like 15 individuals in China who may have been affected, you know.

And so, really people started to sort of freak out over what was going on. Eventually the team in Pennsylvania, the team of doctors that was examining all the original victims of the symptoms would public their findings in the Journal of the American Medical Association, JAMA, so a respected medical journal.

And they concluded that not everybody they evaluated did have symptoms. For instance, of the 15 individuals in China they said only one they really thought fit the same syndrome.

So some of these people were having something like that but didn't fall within the umbrella of what they considered an anomalous health incident, Havana Syndrome, whatever you want to call it.

Justin: It's anomolomolous but not anomolomolomous enough.

Sydnee: [laughs] Not anomalous in this way. Anomalous in a different way. But that they had suffered, somehow, some sort of traumatic brain injury, some sort of concussion. It affected their neural pathways. They

called it a brain network disorder. And there was a lot of theorizing at that point from them and other medical entities and government entities as to what might cause that specific pattern of brain network disorder. But nobody... like, they didn't give a definitive reason, right?

And you have to also know, in this evaluation, they looked for toxins. They looked for poisons. They looked for other sorts of contagious illnesses. All those other things that you might try to rule out. They looked for that stuff and they couldn't find a distinct causative agent that they could conclusively blame it on.

But there were a lot of theories. And that's what I'm going to tell you about next. But first, let's go to the billing department.

Justin: I was just getting in... Ugh. Let's go.

[ad break]

Justin: Alright, Syd, you had invited me into your parlor room and you were just about to crack this nut wide open.

Sydnee: I'm not. Spoilers: I'm not. No one has.

Justin: I'll try to relax a little bit then.

Sydnee: But there were a lot of interesting... and again, none of this... This all sounds like science fiction, it doesn't-

Justin: Yeah, none of this sounds real.

Sydnee: But these were the theories that people started coming up with.

Justin: Okay.

Sydnee: A directed beam of microwave radiation was the first thought.

Justin: Yep.

Sydnee: So there was some sort of device. People thought it could be small enough that it could be in a van, maybe, parked outside the places where individuals were.

And I should say, as far as where were people when this happened, they were either in their homes, in the embassy, or in hotels in the area. There were a couple hotels specifically that had repeated attacks at those hotels.

Justin: Okay.

Sydnee: And it's important to note that all the other people around them, generally speaking, I'll give you one example where this wasn't true, but generally speaking, all the other people around them did not experience any symptoms. It was just that one person. So, it would have to be a very targeted beam of microwave radiation.

Also, radiofrequency/microwave radiation was another theory. So different kinds of, you know, this is the physics stuff, different kinds of beams that can be pointed at people and cause some sort of brain damage, basically.

There were also, some people were like, "Well, I still think it was a toxin, like an organophosphate poisoning" kind of thing, although that was thought to be pretty unlikely because they should have found something. They did extensive testing on all these individuals and never found any evidence of that.

There was an argument made that some pieces of the puzzle that we're putting together as the constellation of symptoms should not be included. Specifically, the sound. So this really threw people. What is this sound that they're hearing? Whether it's a machine-like, or the cicada type or whatever.

There was one paper published that said, "Actually, it is... they're just crickets." there's a specific type of, it was either a Jamaican field cricket or an Indies short-tailed cricket, that was in the area at the time and makes a very loud, distinctive noise. And they thought this is what they were hearing.

Justin: Hmm. Okay.

Sydnee: Like, they just happened to hear that and then had those symptoms and connected the two when, if they had just asked somebody else in the room, "Are you hearing that?", they would have said, "Oh yeah. I hear that."

[laughs] I know!

Justin: That's so bizarre.

Sydnee: And the people who wrote the paper said, "Now, we don't know what the rest of this is all about. We're just saying that we think the sound actually was crickets."

Justin: That is wild.

Sydnee: Somebody proposed some sort of sonic weapon. Or an ultrasound signal.

There was the idea that maybe this is a mass psychogenic illness, which we've talked about examples of those on the show before. But it is true, as they pointed out— and there's a whole book written from an expert on mass psychogenic illness and an expert in neurology who make their case in an entire book that this is a mass psychogenic illness, and this is not an attack of any kind.

Justin: We've covered things like that, like if you remember the dancing plague, that's one of those. Or we—

Sydnee: The laughing epidemic, or laughing plague, they called it.

Justin: Yeah.

Sydnee: Yes. There are some of these were, especially considering that their argument is, as this progressed, a lot of the agents who experienced it and officials who experienced it, had been briefed on it prior to experiencing it.

Justin: Mm—hmm. Yeah.

Sydnee: And the thought is, and again, this is not, and I don't know the answer and when you suggest this there are people who get very angry. So I'm just putting that out there, this is an incredibly controversial point.

Because the doctors from the University of Pennsylvania said, "Absolutely not. It is not mass psychogenic illness. It is absolutely not that. It is something physical, we just don't know what it is."

But these other professionals said, "No, no, no. We really do think that's what it is and these people are experiencing these symptoms. Their description is real, they are feeling this way, they are having these symptoms. We just see a different cause, and it's psychogenic in nature."

So, this not to say that anybody is lying. It's very different than malingering. These are not people who are intentionally trying to lie and get out of work.

Justin: I gotcha.

Sydnee: Many of these people love their jobs, and were veterans of many years in that job, and had no reason to want to leave it.

So, because of all this, the CDC was instructed by Congress to investigate in 2018. And the report that followed, which was called the "Cuba

Unexplained Events Investigation Final Report”, which you can find now because—

Justin: [reading to himself] Cuba Unexplained Events Investigation... I was hoping for an acronym and I didn't get it.

Sydnee: Nah, nothing good. There was a FOIA request that I found the result of eventually that unearthed the entire report.

But they really didn't arrive at a final conclusion. What they said was the symptoms, the history, it's all so spread out. Because people, a lot of people, didn't come forward right after they experience the symptoms at first.

They would hear about other people having similar symptoms and then come forward and say, “Actually, I had that three months ago” or whatever. You know?

Justin: Yeah.

Sydnee: So it became very difficult to... When you start doing what would be— what you'd want to do in this case is a retrospective case study, right?

Justin: Right.

Sydnee: You have these things that happened in the past and you do a case study where you just explain each... Kind of report on it and try to draw conclusions based on that.

The problem with that is that there's a lot of bias in those. Our memories are not perfect. Trying to put together when you knew what and when you experienced what, and do you think it sounded just like a cicada because you later heard somebody else say that and then...

Justin: Right. Right, right, right.

Sydnee: You know? And that's just the—

Justin: I'm sure, and then like you said, you're being briefed on these things. You're probably like, pretty vigilant for that, right? Hypervigilant for that, I would think.

Sydnee: Yes. Exactly. And so they said, “You know, we can't identify a mechanism. We don't know...” They did put a case definition together, like, “We do think we know, whatever this is, what it looks like.”

There are two phases, they felt. The first had headache, pressure, confusion, the auditory symptom, whatever it is. Vision issues, balance issues, nausea. And then at some point later on, you would continue to have some of the balance issues and maybe they would worsen or inner-ear type issues and then some cognitive effects, like memory issues or processing issues, that kind of thing.

Justin: Okay.

Sydnee: They went over everybody and said, "Not everybody who has reported these symptoms actually fits this definition, but some of them do." And then they shrugged and said, "I mean, we need more data. We could set up a prospective case study where, if new cases come in, we could study them as they come in. But like, we don't really know what to do with this data."

Justin: As near as we can tell, is this doing permanent sort of damage or is this more of a transient thing?

Sydnee: It was different for different individuals. For some it was transient, for some they continued... even if the majority of their symptoms eased, they continued to have occasional headaches or fatigue or hearing problems forever. So it was variable.

After the initial cases in Havana, the US government finally decided to reduce its diplomatic presence in Havana. So, we were sending Cuban diplomats back to Cuba at this point. The government decides, in August of 2017, "We need to pull our people out of the embassy there. Not all of them, but a lot of them."

So they greatly reduced the number of diplomats there. And Trump even made a statement at that point that he thought Cuba was responsible for the attacks in October of that year.

Justin: Now, was that the opinion of the US government, well-researched by some of our top people? Or was it just Trump on the toilet, just firing one off?

Sydnee: He could have been tweeting, yeah, for all I know.

And then the Canadian diplomats would eventually be evaluated and have evidence of some of these same sorts of things. They actually reduced their diplomatic presence there in 2019.

And a lot of the reason that this was happening, and again, it's a very complicated time, because I don't think anybody would say the Trump administration had the same views as the Obama administration on... well, anything. And definitely not Cuba and what to do next.

But because of this, there was this argument, this sort of theme, “Our people aren’t safe there. And if we can’t protect them, what are we doing there, and if we’re getting harmed, get our people out of there.”

Justin: Right.

Sydnee: That became like a recurring theme through a lot of these, especially with Rex Tillerson. That was a lot of Rex Tillerson’s argument, was “Well, just get `em out of there. Why are we even there? Just bring `em all home. Forget it. Forget it. We need to get out of Havana.”

As this is happening, cases are going to continue to occur outside of Havana. So American diplomats, members of the intelligence community, members of the US military, are beginning to report attacks starting in late 2017, all over the world. Moscow, Poland, Taiwan, Australia, Columbia, Kyrgyzstan, Uzbekistan, Austria, all over the place, okay?

Justin: Okay.

Sydnee: Which is why Havana Syndrome is not completely accurate.

Justin: Right.

Sydnee: So, we have all of these reports from all over the place. The most worrisome in terms of the US government came in 2019 when a White House official experienced similar symptoms when they were walking their dog where they lived in their Virginia suburb of D.C. And then in November of 2020, another incident occurred very close, on the Ellipse, the lawn that’s to the south of the White House, another incident occurred there.

And so this became very concerning, right, to US officials. Now we’re having people experiencing these symptoms that, I mean, at least the Trump administration felt was an attack of some sort with some sort of [hesitantly] weapon that we don’t know about, that close to the White House.

Obviously at that point there was a lot of concern. There was this one, too, anonymous account of a military official in some country that was not identified, but it was a country that was noted to have a strong Russian intelligence presence as well. [laughs] This is where that connection will come. Where he claims that he pulled into an intersection and while he was waiting at a red light, he began to experience these symptoms very intensely, like the pressure and the pain, it all hit him all at once and his two-year old was in the back seat and just started screaming.

And he sped out of the intersection and all the symptoms went away and his two year-old was fine.

Justin: That's weird.

Sydnee: It's weird.

Justin: This is all so weird.

Sydnee: This past year we have noted, like in 2021, there have been several different incidents in Vienna. So it seems to be that was the new hotspot, so to speak. But then even more recently there were a couple cases in Berlin, and now Hanoi just this past week.

So, what is happening?

Justin: I don't know!

Sydnee: Obviously, Trump blamed Cuba. Cuba adamantly denied that they were doing any of this. And a lot of people at the time sort of said, this isn't... I guess, and I don't, again, this is not my area of expertise, but I guess the idea of them attacking American officials and diplomats to harm them was less common... that is a less common thing.

There's definitely, I guess, all the spies spy on each other, like everybody's listening to each other.

Justin: Spying, everybody's spying on everybody, yeah.

Sydnee: Everybody's listening to each other, everybody's watching each other. Collecting info on each other is just sort of accepted within the espionage community.

Justin: They're always either paying somebody, the Scorpions, to write Winds of Change, or they are—

Sydnee: [laughs]

Justin: [laughs] Or they are spying on each other.

Sydnee: But the idea that they were targeting with this sort of intent to harm, I guess, seemed less common. And so a lot of people weren't convinced that Cuba was doing anything. And the Cuban officials said, "Absolutely we're not doing anything."

There was also, Cuba helped the US for a while try to investigate whether there was a third party involved, like another country who was coming into Havana and harming American diplomats and officials.

Justin: You mean the Russians, right? Because it's definitely the Russians. A hundred percent.

Sydnee: So Russia was everyone's leading— Initially Russia and China were thrown out as the two possible perpetrators. Russia was what everybody seemed to think.

Justin: Yeah, they like to get a little spicier, I think.

Sydnee: Well, in terms of why they thought it was Russia, I can't find anybody who's arguing anything more than, "Well, it just seems like—"

Justin: Feels like Russia, it's got a Russian vibe to it.

Sydnee: "... Russia." Like, it feels like Russia. That was really what it seems like a lot of people in the intelligence community were saying, "Well, I mean, it kind of feels like Russia."

But there's no evidence of any of this because we don't even know that it was a thing being done, right? Like, we don't have a weapon that we're looking for, a device.

There were all these theories of, maybe it was a listening device that is malfunctioning and causing problems. So maybe that's why nobody knows about it, because like, "Well yeah, we've got bugs all over the place but we're not trying to hurt you. But maybe it's a bug that also hurts you but you didn't know?"

This all seems like a stretch.

Justin: That's a lot.

Sydnee: But all these countries are being accused of doing something when we don't even know a hundred percent that something was done.

Justin: Right.

Sydnee: Right? Last December the CIA had an official task force created to investigate the incidents, in response largely to the ones that happened in DC, because that was so upsetting to everybody.

Justin: [laughs]

Sydnee: And this has been—

Justin: Sorry, I just saw the acronym.

Sydnee: The act that was passed?

Justin: Yeah.

Sydnee: So yes, the CIA has a task force, this past December it was created. This has been expanded since then. People have been added from the State Department and other federal agencies to help. Biden has made this one of his priorities too.

And in June, the Helping American Victims Afflicted by Neurological Attacks—

Justin: HAVANA.

Sydnee: ... Act—

Justin: [laughs]

Sydnee: ... was passing Congress.

Justin: [laughs] Now we can say that Havana Syndrome is not a reference to the Cuban capital, but rather a—

Sydnee: The act that was passed.

Justin: Yeah.

Sydnee: Yes. To provide financial assistance to those affected by it. I think this was bipartisan, full support, passed unanimously or something, huge support.

Anyway, so you know, I don't know what... I tried to read this as, like, a physician with a— from that medical standpoint, what does this sound like?

Justin: Yeah.

Sydnee: I am not familiar with any of these kinds of devices or weapons or whatever you'd want to call them that could cause that. I'm not saying that's impossible, because it's outside my area, but certainly I've never read or seen that.

There were, I should mention, a lot of the doctors who felt like there was some sort of damage that had occurred, like actual, you could see, they did these functional MRIs and saw these changes, and that's how they based it.

They said, "Well, I mean, we're seeing damaged neural pathways on these MRIs. So this isn't... We know something happened, because we can see it", right? That was a lot of the basis.

What's tough is that the people who wrote the book about mass psychogenic illness, is that their argument was very much that, "Well, you can see those changes, though, after trauma. Like, after emotional trauma, after psychological trauma." People who experience mass psychogenic illness also have these changes on MRI because the brain is really complex, it's really complicated.

And if you are experiencing these symptoms and especially if you become convinced that you have been attacked by something—

Justin: It can have a traumatic effect on you.

Sydnee: It has a traumatic effect on the brain. I mean, it's all linked, right?

Justin: Yeah.

Sydnee: The way we feel, and our mental health and our physical health and the things we experience physically as well as emotionally. It's all connected, and so to tease it out with one imaging study, it's very difficult. So it's tough.

And that's not me arguing that it is mass psychogenic illness, because I don't know. I will say that from the accounts of the individuals who had these experiences, and I think the vast majority are anonymous, because some of them might still be working in those super-secret jobs, they are really experiencing something. They really did have symptoms or really continue to have some sorts of symptoms. That I do not doubt.

Now, what caused them? I have no... It's a mystery. It's a very strange mystery. But it's this weird, mysterious thing that happened and is continuing to happen and has hugely impacted American foreign policy.

Justin: Yeah. And we don't know, this is so weird.

Sydnee: And we don't have a medical explanation for it. Maybe something will come from all these investigations that are happening this year, but I don't know.

Justin: That's so strange.

Sydnee: It's very strange. And I would say that we have more pressing matters to attend to, what with the pandemic.

Justin: Yeah, but like... I dunno. Maybe this laser is like the scariest thing... Who knows?

Sydnee: Are you scared now? Did I freak you out?

Justin: Now I'm scared anybody could blast me with this thing!

Sydnee: I don't think—

Justin: This van beam.

Sydnee: I read like one article where it was like a civilian saying that they had had some symptoms and that they called the government to say, "Hey, I had those too!"

And they were like, "We're not really interested in any civilians who are..." So I don't know—

Justin: They don't want it to catch... Well, I mean, then you could start to get into like... Then the waters would get truly muddy, right? Because then you could... Maybe you could have a hybrid where it is a real thing that is happening and also a mass psychogenic illness.

Sydnee: Well, but I mean it was really weird, because it seems to be very targeted at intelligence officials, military officers. There was like a... One was a doctor, but he was also employed by... I don't, the embassy or the CIA, somebody, he was associated.

So everybody who is part of these studies is affiliated somehow with the government, but there may be accounts of people who aren't. And some were family members, I should say. That's not entirely true. Some were the family members who were in the area of people who were affected.

Justin: That's wild. That is truly wild.

Sydnee: But like, I don't know. It's a very... Obviously we have a lot more questions than answers with this. But that is what that is, that's why it's in the news. It was something to think about.

There's something to think about and talk about and discuss that isn't COVID for a little bit, how about that?

Justin: There you go.

Hey, thanks so much for listening to our podcast, we hope you've enjoyed yourself. Thanks to the taxpayers for the use of their song *Medicines* as the intro and outro of our program.

We've got a book, it's called *The Sawbones Book*, find it in paperback or hardback wherever fine books are sold. We appreciate you picking up a copy of that if you haven't already. It's an audiobook too if you want to listen to... Finally experience the thrill of listening to Sydnee and I talk about medical history.

Sydnee: Please get vaccinated if you haven't.

Justin: Yeah, if you haven't gotten vaccinated, just go grab that real quick and then call someone you think might be vaccine hesitant and try to reassure them that vaccines are safe and effective.

Sydnee: Those conversations do work, I read your emails, we've gotten emails from people who have been able to talk their reluctant friends and family members into it, and I applaud you, I congratulate you, and I encourage you to keep up the hard work. I talked two people into the vaccine yesterday.

Justin: Nice job Sydnee.

Sydnee: Yeah, so, don't give up.

Justin: That's right folks, she finally got me.

Sydnee: [laughs] But don't give up, and wear a mask.

Justin: Yeah.

Sydnee: Case numbers are rising out there. Wear a mask, get your vaccine, encourage others.

Justin: That's going to do it for us this week on *Sawbones*. Be sure to join us again next week. Until then, my name is Justin McElroy.

Sydnee: I'm Sydnee McElroy.

Justin: And as always, don't drill a hole in your head.

[theme music plays]

[chord]

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