

## Sawbones 574: Second Update – 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!

["Medicines" by The Taxpayers 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:** Was that to fast?

**Sydnee:** No, I don't think so—

**Justin:** I feel like too professional and too slick. You know what I mean? Like Don Imus on MSNBC!

**Sydnee:** But don't think about it. I broke—I don't—I didn't tell you this. I broke, on Still Buffering, I broke my thing. I can't do it.

**Justin:** Did you—oh, yeah, yeah, yeah, I've done that before, I've—

**Sydnee:** It's broken right now.

**Justin:** So, that'll happen. That'll happen from time to time. If you do enough podcasts, eventually, you'll start in an intro on a different podcast. And you'll like—I don't know how this one ends. [chuckles] I don't know how to end this one.

**Sydnee:** I didn't do the wrong one, I forget the words I say, like the articles.

**Justin:** Oh.

**Sydnee:** Like little ones. Did I say "the" or "a" or "our" or "your" or...

**Justin:** Yeah.

**Sydnee:** But it's broken, I—it'll come back. It's broken right now.

**Justin:** When you lose—that's kind of like losing your mantra and the—when you are in that place, it's usually a time you need to return to your teacher. And have him or her or them work through mantra with you, to help you reclaim that.

**Sydnee:** Who's my podcast teacher?

**Justin:** Well, obviously, Sydnee—

**Sydnee:** [chuckles] Go ahead, say it. I know you're gonna say it.

**Justin:** Well, just like everybody else, it's Mark Maron.

**Sydnee:** Oh?

**Justin:** Yeah. [titters]

**Sydnee:** I thought you were gonna say you.

**Justin:** I was going to, but then the look you were gonna give me, it just wasn't worth it.

**Sydnee:** I mean, I guess it's better than you saying Joe Rogan.

**Justin:** Welcome to Sawbones! This is an update. We're gonna—I don't—we bloviated for like a minute. Listen, we—this is the—we've never done this, I don't think. This is another update. We're up—

**Sydnee:** Double. Double update.

**Justin:** Double update. We're updating again about Havana syndrome. And I don't want—I don't know—will this update be before the up—I'll leave it up to Rachel. If this update will be before the last update, or that update will be excised for a new—but though, we'll have to include that update within this like Russian nesting doll. [chuckles] This matryoshka doll of podcasting.

**Sydnee:** Well, that's very—that's appropriate.

**Justin:** Isn't it? Isn't it just?

**Sydnee:** It is very appropriate. The meaty episode is the first one. That's where we explain what Havana syndrome is.

**Justin:** All right, sounds good, Syd!

[transition sound effect plays]

**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 I have 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. [chuckles]

**Sydnee:** Okay, let's just do—

**Justin:** Dr. 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! [chuckles]

**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, so... 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:** [chuckles] 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.

**Justin:** Mm-hm.

**Sydnee:** And thank you, Paige, for sending us an email, to bring it to my attention that like, 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 like 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. And 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.

**Justin:** Mm-hm.

**Sydnee:** And that is what, if you read—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 try and—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 know... 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... [chuckles]

**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. [titters] Recently, it was reported that Vice President Kamala Harris had her—she had—she's doing an overseas trip, and it was briefly delayed.

**Justin:** Mm-hm.

**Sydnee:** Just like, 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 had never heard of it. I had 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.

**Justin:** Mm-hm.

**Sydnee:** And there was a lot of, I think, 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-hm.

**Sydnee:** It occurred when she was actually in her home, not in the embassy itself, but in her home there, in Havana.

**Justin:** Mm-hm.

**Sydnee:** And she was standing in her kitchen, and she began to experience this severe headache and pressure in her head.

**Justin:** Okay.

**Sydnee:** 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 like sort of processing information. Like 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, you know, very upsetting symptoms, but not really pointing to one specific thing. The symptoms persisted, but she didn't tell anybody at first, because she didn't... she liked her job.

**Justin:** Yeah.

**Sydnee:** 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-hm.

**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 a—like 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 like.

**Sydnee:** That does sound machine gun like.

**Justin:** What was it called?

**Sydnee:** The shoebill, right?

**Justin:** Shoebill! Oh, god.

**Sydnee:** Yeah.

**Justin:** *Hoah!*

**Sydnee:** [titters]

**Justin:** Oh, 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:** [chuckles]

**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-hm.

**Sydnee:** So like 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, like this is happening—

**Justin:** Mm-hm.

**Sydnee:** They started trying to put together, what could—what is this? What do we need to like investigate? Where could this be coming from? Is this something someone's doing? Is it some sort of espionage attack type thing? Like poison, a toxin?

**Justin:** Are we being targeted?

**Sydnee:** Yeah, are we—is this—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:** And what's—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 like this is the end of 2016 into 2017. Trump has just been elected president, and then assumes the presidency.

**Justin:** This guy again...

**Sydnee:** [titters] Yeah. Plus, Castro had just died in late 2016, right?

**Justin:** Mm-hm.

**Sydnee:** Soon after the American election.

**Justin:** Mm-hm. 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:** I wasn't paying very close attention. We had our own problems homefront, didn't we?

**Sydnee:** Hm, well, yeah.

**Justin:** Didn't notice old Castro.

**Sydnee:** A lot of time has elapsed since then—

**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.

[both chuckle]

**Sydnee:** Anyway! So, nobody knew what this meant for Cuban-American relationships—

**Justin:** Yes.

**Sydnee:** Relation like 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.

**Justin:** Mm-hm.

**Sydnee:** And then with Trump assuming the presidency, there was a lot of thought like... I think like there was one quote I read in an article where they—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... we don't know. Good luck. Godspeed. We don't know." [titters]

There was—a lot was up in the air, is the point. And I am not an expert on international affairs, but I think it is fair to say that like 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 a 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... they didn't trust anybody. I mean, it's the CIA, they don't—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 like, "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."

**Justin:** Okay.

**Sydnee:** 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 like agents and diplomats as to like what to do about this, here's what's going on and here's what you can do, they would tell them things like, "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, Syd!

**Sydnee:** Right! Right? This is a wild story. This does not sound—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—like, 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.

**Justin:** Mm-hm.

**Sydnee:** 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 like comprehensive evaluations, testing, and put together, like 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 like 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, like were—they began to develop—and this is sort of other than the fact that it is, you know, 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.

**Justin:** Mm-hm.

**Sydnee:** On the other part of this is like 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.

[titters] 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 just—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 kind of like, "Hey, we're actually pretty cool with Cuba.

Like, 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 like... like financial, you know, reimbursement for their pain and suffering and treatment and stuff.

**Justin:** I under—

**Sydnee:** So like, there was stuff going on, but like initially it was very much an America-Cuba thing.

**Justin:** But the canay—but there were some Canadians caught in the proverbial crossfire.

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

**Justin:** I mean, I understand—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 that—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 publish 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.

Like for instance, of the 15 individuals in China, they said only one they really thought fit the same syndrome. So like 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:** Anomol—it's anamlmlmless, but not anamlmlmlmless enough.

**Sydnee:** [chuckles] 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.

**Justin:** Mm-hm.

**Sydnee:** 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 like, in this evaluation, they looked for toxins, they looked for poisons, they looked for other sorts of like 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, you know, that they could conclusively blame it on, right?

**Justin:** Mm-hm.

**Sydnee:** 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 it—ugh, let's go.

[theme music plays]

[ad reads]

**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.

**Justin:** Oh.

**Sydnee:** 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:** Yeah.

**Sydnee:** So, there was some sort of device. People thought like it could be small enough that it could be in a van maybe, like parked outside the places where individuals were. And I should say like, as far as where were people when this happened, they were either in their homes, in the embassy, or in hotels in the area.

**Justin:** Mm-hm.

**Sydnee:** There were a couple hotels specifically that had like 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.

**Justin:** Right.

**Sydnee:** 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 like we're putting together as the constellation of symptoms should not be included. Specifically, the sound. So, this really threw people like, what is this sound that they're hearing? Whether it's a machine-like—

**Justin:** The cicada-type, machine—

**Sydnee:** 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:** Mm-hm. 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 like, "Are you hearing that?" They would have said, "Oh, yeah, I hear that." [chuckles] 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 like 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 like the dancing plague.

**Sydnee:** Mm-hm.

**Justin:** That's one of those. Or we—

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

**Justin:** Yeah.

**Sydnee:** Yes. There are some of these where, especially considering that like 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-hm. Yeah.

**Sydnee:** And the thought is—and again, this is not—and I don't—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 you know, it's psychogenic in nature. So, this is 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:** I was hoping for an acronym and I didn't get it.

**Sydnee:** Nah, nothing good. They did—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 experienced the symptoms at first. Like, 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.

**Justin:** Mm-hm.

**Sydnee:** 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? I mean that's—and that's just the—

**Justin:** I'm sure—and then like you said, you're being briefed on these things.

**Sydnee:** Mm-hm.

**Justin:** You're probably like pretty vigilant for that, right? Like 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 said—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 like 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 like occasional headaches or fatigue, or hearing problems forever.

**Justin:** Mm-hm.

**Sydnee:** 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? [chuckles]

**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 things. And 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 the—I don't think anybody would say the Trump administration had the same views as the Obama administration on... well, anything.

**Justin:** Mm-hm.

**Sydnee:** 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.

**Justin:** Mm-hm.

**Sydnee:** 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, Georgia, Taiwan, Australia, Columbia, Kyrgyzstan, Uzbekistan, Austria, all over the place, okay?

**Justin:** Okay.

**Sydnee:** So, that—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 DC. And then in November of 2020, another incident occurred very close, on the Ellipse, the lawn that's like to the south of the White House.

Another incident occurred there. And so this became very concerning, right? To US officials. Like, 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 *weapon* that we don't know about, that close to the White House.

**Justin:** Yeah.

**Sydnee:** Obviously at that point, there was a—there was a lot of concern. There was this one, too, like an 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. [chuckles] This is where that connection will come.

**Justin:** Mm-hm.

**Sydnee:** 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? Obviously—

**Justin:** I don't know?

**Sydnee:** Trump blamed Cuba. Cuba adamantly denied that they were doing any of this. And a lot of people at the time sort of said like this isn't, I guess—and I don't, again, this is not my area of expertise, but I guess the idea of them like attacking American officials and diplomats, to harm them was less common—like that is a less common thing. Like 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 watching each other. Like, collecting info on each other is just sort of accepted within the... espionage community?

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

[both chuckle]

**Justin:** Or they are spying on each other.

**Sydnee:** But the idea that they were like 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—we're not doing anything."

**Justin:** Yeah.

**Sydnee:** 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.

**Sydnee:** So, Russia was—

**Justin:** 100%! [chuckles]

**Sydnee:** Everyone's leading—initially the—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 like why they thought it was Russia, I can't find anybody who's arguing anything more than, "Well, it just seems like Russia."

**Justin:** Feels like Russia—it's got a Russian vibe to it! [chuckles]

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

**Justin:** Mm-hm.

**Sydnee:** There were all these theories of like, well, maybe it was like 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. But like it's being—all these countries are being accused of doing something when we don't even know 100% 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, you know, DC, because that was so upsetting to everybody. And this has been—

**Justin:** [chuckles] Sorry, I just saw the acronym.

**Sydnee:** The act that was passed?

**Justin:** Yeah.

**Sydnee:** So, yes, so, 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—

[both chuckle]

**Sydnee:** Was passed in 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. And I think this was like bipartisan, full—like passed unanimously or something, like huge support.

**Justin:** Mm-hm.

**Sydnee:** Anyway. So you know, I don't know what I—you know, I tried to read this as a physician with like 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, that a lot of the doctors who felt like there was like some sort of damage that had occurred, like actual like 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 like 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, that their argument was very much

that, well, you can see those changes though, after trauma. Like after emotional trauma, after psychological trauma.

**Justin:** Mm-hm.

**Sydnee:** 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:** Like 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 or—it's very difficult, it's—so, it's tough. And that's not me arguing that it is mass psychogenic illness, because I don't know. 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 are really having some—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—

**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:** [chuckles] Are you scared now? Did I freak you out?

**Justin:** I'm scared! Anybody could blast me with this thing!

**Sydnee:** I don't think—

**Justin:** This van beam!

**Sydnee:** I read—I read like one article where it was like a civilian saying that they had had some symptoms, and that they called like the government to say like, "Hey, I had those too." And they were like, "We're not really interested in any civilians who are..." So like, 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. [chuckles] Like—

**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 like, everybody who is part of these studies is affiliated somehow with the government. But there may be accounts of people who aren't. Well, 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.

**Sydnee:** But like—

**Justin:** That is truly wild.

**Sydnee:** 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.

[break]

**Justin:** As we mentioned at the beginning, before we wrap up here, we did want to talk about—this has been back in the news again, Havana syndrome. We saw it popping up in headlines, especially since, for various reasons, diplomacy has taken a forefront in the global conversation recently. And Havana syndrome has been popping up.

**Sydnee:** That's true, Justin. I mentioned that we, you know, in very recent months have had more investigation, more interest into looking into the causes of Havana syndrome. In October, as I mentioned, President Biden signed the Helping American Victims Afflicted by Neurological Attacks Act. Can you... it's... remember? I already said this.

**Justin:** It's Havana.

**Sydnee:** It's Havana.

**Justin:** Okay, good.

**Sydnee:** Now you know it. Now you know it now.

**Justin:** Yeah. It's really good.

**Sydnee:** Yeah, that was really good.

**Justin:** It's a clean one.

**Sydnee:** I know. To provide for compensation, for people who have experienced the symptoms. And then they had like a special committee looking into possible causes, like investigating it. It was an effort from multiple agencies, like the Department of Defense and the CIA, and all these groups were looking into like what is behind it. And in part, if you really think about it, you know, this is sort of predictable, if you're going to compensate people who have experienced this, you have to define who those people are.

**Justin:** Right, right.

**Sydnee:** And so, part of that, part of the job of this, I don't want to say detective group—[chuckles]

**Justin:** But that's what they are. It's okay.

**Sydnee:** It's like a—they're like a Scooby-Doo gang.

**Justin:** Yes! Basically.

**Sydnee:** Mystery solving crew.

**Justin:** Yeah.

**Sydnee:** Part of their job was going to be to say, "Actually, you didn't have that." Because otherwise you have to give everybody benefits who said they had it.

**Justin:** Right, it's—

**Sydnee:** Everybody can have it, so—

**Justin:** You can't prove it, because we don't really understand it.

**Sydnee:** Exactly. So, I feel like this popped back into the news recently because of that controversy. You started hearing some reports about like

what the CIA was thinking about this, and some people got upset about those results. Because it's all kind of preliminary, too, it's important to say. So, the first thing that emerged, there were some stories that the CIA was reporting that they did not feel that this was any sort of coordinated attack.

**Justin:** Okay.

**Sydnee:** Specifically, as we had talked about, there was a lot of thought like... man, this is very timely, doesn't this seem like something Russia would do?

**Justin:** Mm-hm.

**Sydnee:** And everybody sort of thought like, yeah, this feels—

**Justin:** Feels Russian.

**Sydnee:** Feels Russian. And the CIA is kind of like, "Eh, we don't really think that this is anything—" Like, this isn't some coordinated conspiracy or attack from another country or something like that. Like, they feel like that was not it. Now, a lot of people were immediately like, "Yeah, the CIA doesn't know what they're talking about."

**Justin:** [chuckles]

**Sydnee:** Basically, they felt like, in part, it undermined their experience.

**Justin:** Mm-hm.

**Sydnee:** Like, they're having these symptoms, and to have that—and I should note that the CIA wasn't saying this doesn't exist—

**Justin:** It was deciding who did and did not have it.

**Sydnee:** They had done—this investigation has involved, you know, interviewing thousands of people who are experiencing symptoms. And a lot of people, according to the report—and I am just—I am just telling you what

is being reported. I have not interviewed any of these people. [chuckles] I am not—I am not sharing my medical opinion.

**Justin:** Right.

**Sydnee:** This is just purely what has been released. The feeling was that many, many, many of those people, their symptoms could be attributed to something else.

**Justin:** Okay.

**Sydnee:** To another medical condition, something environmental... something, right? So, a lot of them were kind of removed from the pool of possible victims. Now, they did say there were cases of people who experienced something that they could not attribute to another medical condition, or some sort of like psychosocial stress or something.

**Justin:** Okay.

**Sydnee:** I mean, that was part of it. We're not saying this isn't real.

**Justin:** We're just saying that some people—we—in our opinion.

**Sydnee:** The majority of people who are experiencing this, you could attribute it to something else. And there still is a subset of people we can't explain.

**Justin:** Hm.

**Sydnee:** And we do not believe that whatever is causing it, this subset of people is—that it's some sort of coordinated attack.

**Justin:** Okay.

**Sydnee:** Which would be different, I guess, than like one-off sort of... I don't use the words "terrorist element," but I mean I guess that's what we're talking about. Like a, like... lone wolf?

**Justin:** Whoa.

**Sydnee:** I don't know. [chuckles]

**Justin:** Sydnee, are you saying it's a lone wolf?

**Sydnee:** But I'm *not* saying it's a lone wolf.

**Justin:** I've waited for a lone wolf on this show for over 300 episodes?

**Sydnee:** [chuckles] I'm not saying that. I am saying that like—that just because it's not a whole country doing it, doesn't mean somebody's not doing something. Does that make sense?

**Justin:** Yes, I guess so.

**Sydnee:** [chuckles]

**Justin:** It could also be Skunk Works, you know, real black ops stuff.

**Sydnee:** [chuckles] So, part of—

**Justin:** Lone wolves maybe.

**Sydnee:** So, the thought is that maybe there really is some sort of... electromagnetic weapon that is being used. As I say—I know how this sounds.

**Justin:** [laughs]

**Sydnee:** Is it some sort of—

**Justin:** Awesome? Thrilling?

**Sydnee:** Is it some sort of directed energy device?

**Justin:** Energy beam, like a death ray.

**Sydnee:** We're not—we're not necessarily ruling that out at this point.

**Justin:** Okay.

**Sydnee:** Okay? [chuckles] We're still kind of there. Like, just because we don't think that Russia is attacking us in whole, doesn't mean that that's not happening. And I was reading, I was like, is this something that has happened before? And like, I guess there were times like where the Soviets were attacking the US embassy with like microwave radiation. So, I guess that is—that is something that can happen. But that is kind of—that was the controversy that's come out in the news. So, the CIA sort of came out and said it isn't a big conspiracy, and a lot of these cases probably are not an anomalous health incident. They are something that we can explain.

**Justin:** Mm-hm.

**Sydnee:** And then a lot of people got upset about that, and felt like it was being sort of brushed under the rug maybe, or underestimated. And then there was some clarity that like there's still stuff we don't understand, there still could be some sort of... directed energy weapon.

[both chuckle]

**Justin:** You have a hard time talking about cool stuff, Sydnee. I don't know what's wrong with you.

**Sydnee:** It just feels very sci-fi and fake, and I know it's not. I'm just saying like, as I say it—which I think is what a lot of the victims of this are struggling with. When you say that out loud, people look at you and go, "I'm sorry, what?"

**Justin:** "Say again?"

**Sydnee:** "What do you think, like a—like a sonic screwdriver attacked you? Like, what are you saying?"

**Justin:** [chuckles]

**Sydnee:** But like, they haven't ruled that out. Just because it sounds far-fetched, doesn't mean—I mean... look at the times we're living in. [chuckles]

**Justin:** Yeah, right, that's true.

**Sydnee:** So, those are sort of the updates. They're still, I mean, they're still looking into this stuff. Like, it's not like they concluded the whole investigation and everything was done. I guess that 60 Minutes did a big—I didn't watch 60 Minutes for this. I'm sorry. I don't have 60 minutes to go watch 60 Minutes. [chuckles]

**Justin:** I think it's like 44, so—

**Sydnee:** Really?

**Justin:** Yeah. Because of commercial breaks.

**Sydnee:** But there was like a big 60 Minutes report, because in addition to these new things being released from the CIA, there were also a number of White House employees, White House officials under the Trump administration who have since come forward and said like, "I experienced some of this stuff in the White House. Like, I experienced—" I mean like, I think there was something going on that we weren't addressing. So, you know, that's scary.

**Justin:** [chuckles] So there you have it.

**Sydnee:** [chuckles]

[break]

**Justin:** Okay, so, what's happening now? Sorry about all—hello, welcome back. We're in 2026.

**Sydnee:** Thank you, here we are, here—we are in 2026, we're in March of 2026. Everything is different. [chuckles] Sorry if you're in the past and we just found out. Anyway, so, we kind of left it off that the consensus opinion, and this is what our last update on Havana syndrome said, is that this is probably a mass psychogenic illness.

**Justin:** Mm-hm.

**Sydnee:** That this is—that this—they're not connected to some sort of attack or weapon or device from a foreign adversary, that this is not intentional, that the, you know, the CIA concluded in the last report that was done. They didn't even, you know, they stopped calling it Havana syndrome, they were anomalous health incidents. And they were basically saying like, you know, a lot of the things you're experiencing, you probably need to talk to somebody and you need help, but—

**Justin:** Yeah, but it's not a—

**Sydnee:** Yeah.

**Justin:** Something.

**Sydnee:** But we don't need to worry that somebody's out there attacking us with some sort of secret James Bond-like weapon. And that was the last we heard, until 60 Minutes, at CBS, they just did a report this past week.

**Justin:** Yeah.

**Sydnee:** On Havana syndrome. And to be fair, I should—I should—

**Justin:** Ahi. Now it's Ahi. Right?

**Sydnee:** Ahi. [chuckles]

**Justin:** Ahi.

**Sydnee:** Ahi. No, it's Havana syndrome to them.

**Justin:** Oh, okay.

**Sydnee:** Because there are—there were investigators at CBS and working through 60 Minutes and through another news outlet, The Insider, they have all been kind of working on this for a long time. Like this is not—like there's

a book coming out later this year from two of these reporters about Havana syndrome. So, this is clearly an area of interest.

**Justin:** Maybe another update, we'll have to—

**Sydnee:** Yes. [titters] And they have been following any kind of—because there continues to be this sort of controversy, is it real? Well, I shouldn't say "is it real." Is it actually an attack by some sort of weapon that is producing physical symptoms, or is it a psychiatric condition, that also needs help, but we don't need to look for like an adversary?

**Justin:** Right.

**Sydnee:** This is ongoing, and there is allegedly still dispute within the CIA. And even the report that finally said, no, this is mass psychogenic illness, there continues to be question. And even like physicians who came forward and said, "That's not the conclusion I came to. I was part of that, and that wasn't actually what I said." So, there's been this sort of like rumbling.

And then 60 Minutes puts out this piece this past week and says, not only do we now know that it was caused by some sort of miniaturized microwave weapon—so, if you remember what I said in the original episode, is that the theory was that if we use some sort of microwave... I don't wanna say gun, ray gun... Remember we used to say "blaster" instead of "gun," so we didn't say "gun." [chuckles]

**Justin:** Yeah.

**Sydnee:** Some sort of—

**Justin:** Mic—

**Sydnee:** Microwave—

**Justin:** Say microwave—

**Sydnee:** Blaster.

**Justin:** Blaster.

**Sydnee:** They—

**Justin:** I've been thinking—I—in my head, I started calling it, because it's like they're—I'm thinking of it like a radio dial, where they're like tuning it in and frying your brain. So, I think of it as the ahi tuna. That's what I started calling it in my head.

**Sydnee:** You can call it that.

**Justin:** Okay.

**Sydnee:** But the thought was that, in order to be a long-range weapon, basically, it would have to be very large. And so, it wouldn't be something that you could conceal. Well, allegedly, there is a small microwave weapon.

**Justin:** Mm-hm.

**Sydnee:** We know that it exists because the US purchased it last year on the black market through the Department of Homeland Security, using Pentagon funding.

**Justin:** Mm-hm.

**Sydnee:** We bought it from a Russian crime syndicate.

**Justin:** Okay. Yup. Normal. So, we got it on the Silk Road. We bought a... brain laser, from the Russians. Good.

**Sydnee:** Uh-huh. And we have been testing it for the last year, on animals, to see—specifically rats and sheep, to see if it does the things to them that people with Havana syndrome say they experienced.

**Justin:** Okay. And where are we at on that?

**Sydnee:** Well, what—according to 60 Minutes, yes, it does. And this is—like we—like solved.

**Justin:** Yeah.

**Sydnee:** Puzzle solved.

**Justin:** It's this. It's this crazy brain-frying laser beam.

**Sydnee:** Yes, that there is a very small, easily concealable microwave weapon that does not create heat, so it's not like a microwave oven, okay? It doesn't use a lot of power, and the range is several 100 feet. It can penetrate windows and drywall. While it is not all Russian in origin, there are components of it that are definitely Russian. And that it pro—the programming of it, it's the software, that's what everybody keeps saying, shapes a unique electromagnetic wave that rises and falls abruptly and pulses rapidly.

**Justin:** And it's—so—oh, my... it's a phaser!

**Sydnee:** [chuckles]

**Justin:** It's a phaser set on stun! Honey, this is it! Do you know how close we are to first contact?! Listen, pretty soon there's gonna be a rocket, and we're gonna about to make first contact. You're—okay, listen...

**Sydnee:** I don't know what you're talking about.

**Justin:** A phaser is a handheld device, right? In the world of Star Trek.

**Sydnee:** Okay.

**Justin:** That they—you point at people, and you can set on kill, hm? But this is the Federation we're talking about, Starfleet were like the good guys, right? So, we—they set it on stun, usually. But if you think about it, like range of several 100 feet, shoots a beam, fries your brains up real good. It's a phaser!

**Sydnee:** Well, I guess, yes.

**Justin:** Okay, go on.

**Sydnee:** But it's not thermal energy.

**Justin:** Yeah, no, phase—yeah, I mean like you could use a—listen...

**Sydnee:** It's like pulsed electromagnetic energy that disrupts. It's kind of—it does what your neurons do, it's just wrong.

**Justin:** If you're asking me if you could crank a phaser a weird way and burn a hole through metal? Sure. Yeah, probably. But like, I'm just saying you can also set it to stun. You gotta start somewhere.

**Sydnee:** The problem—so, what is giving this validity is, one, the way this—

**Justin:** Star Trek. Gene Roddenberry and his incredible imagination.

**Sydnee:** Star Trek.

**Justin:** I mean, and 60 years of science fiction excellence gives it validity. Why does Star Trek need validity?

**Sydnee:** It is a fair point that science fiction often predicts, you know... stuff that we make later—

**Justin:** You know that's why flip phones are the way that they are? Because of the tricorder designs.

**Sydnee:** Yes. So, I mean, this is true. This is true. That advancements in science and technology—yes, sci-fi predicts. Here's what—this is like a bombshell thing, right? Like the fact that I read this and it wasn't—

**Justin:** No, a bomb is a bomb. A phaser is more of an electromagnetic—now, if you're talking about photon torpedoes, those are a different kettle of fish.

**Sydnee:** I read this and I was like, what is everybody saying about it? Because like I have like several different news apps on my phone, and I

went to them, and none of them were talking about it. And so, then I started thinking, why is—this is huge, but maybe it's just that we've done two podcast episodes on it, so it's huge to us.

But this feels like a huge thing for multiple reasons. One, the CIA and the US government had kind of dismissed all of these individuals who were suffering from Havana syndrome. And now that, you know, if this is accurate, that's wrong. Two, a weapon like this we didn't think was possible.

We thought the way the weapon worked was indeed plausible, like that was in the initial reporting on it and investigation of it. But the thought was that it would have to be this gigantic thing and we would notice it. So, a miniaturized version we didn't think was possible, but apparently it is, if this is true. Three, the government has known this for over a year and has been hiding it from us.

**Justin:** Wait! Our government?!

**Sydnee:** And four—

**Justin:** The one that we live in has been hiding this from us?! This government?!

**Sydnee:** The implications are that if it's came—if it came from Russia, and at least was partially Russian in origin, then was Russia attacking US intelligence officials with this weapon? Is that what we are...

**Justin:** There's no way of doing that. We've got to let that one slide.

**Sydnee:** Right. Well, I mean, that's what I'm saying. The implications of this—

**Justin:** Can't get all worked up about it.

**Sydnee:** From 60 Minutes and CBS are gigantic.

**Justin:** Yeah.

**Sydnee:** And the fact that it's not being widely covered by other news agencies is interesting. And makes it all—like it calls a lot into question. And I will say, the sources for this reporting are confidential. The main former CIA official that they interviewed is anonymous, like uses a different name. So, we don't have external validation right now. We have inside sources who are anonymous.

And I'm not saying so then we—then that's not true. I'm just saying we have not validated it with secondary or tertiary sources that say, yeah, what that person is saying is indeed true. We don't know. We haven't seen the weapon ourselves, we haven't talked—we haven't been in the lab, we haven't seen the sheep. None of that has happened.

**Justin:** That's great. And you can still be surprised, you know?

**Sydnee:** Right? [chuckles]

**Justin:** That's really special.

**Sydnee:** But I will say that there was a report from CNN back in January, that did say the Pentagon bought a device that may be linked to Havana syndrome. So like, there was some reporting on this earlier this year that I guess we all missed, it just, 60 Minutes did this big thing on it. There also, I will say, was an article that came out just a couple hours ago on Barstool Sports that said the piece 60 Minutes ran this week—past weekend on Havana syndrome was absolutely terrifying, and said the US government bought a Russian brain frying ray gun and didn't tell anybody.

**Justin:** Yeah.

**Sydnee:** Which is all true. I will just put this little caveat on it. So, this is wild. It could mean that it is the result of the weapon that we theorize, that we didn't think could exist, but did exist. And that some sort of foreign adversary—we don't know who, right?

Anybody could have had this weapon, if it does exist. Some sort of foreign adversary intentionally attacked these individuals and their families, the people around them, with this weapon. That would be what this would imply.

I will say, and there are several other outlets that are pointing this out, because there's not a lot of reporting on it yet, one, this is going to come up, I think there are going to be some congressional hearings with the CIA director in a week or so.

This is going to come up. There are several members of Congress who have always believed Havana syndrome is caused by a foreign adversary, and they are going to be drilling in on this. So, a lot more conversation is going to be happening about this.

**Justin:** Yeah.

**Sydnee:** It's causing a lot of fracturing within the CIA. It's pitting people who have always believed in this against those who have defended that it—there's no—as I keep saying, there's no there-there. There's no there-there. It's nothing. It is also coming from CBS, which I think we should note, is now headed up by Barry Weiss.

**Justin:** Mm-hm.

**Sydnee:** And this sort of reporting—

**Justin:** Mr. Deep voice, the love meister himself.

**Sydnee:** No, no. That is not—[chuckles]

**Justin:** Love his stuff.

**Sydnee:** Not Barry White.

**Justin:** Oh.

**Sydnee:** Barry Weiss. I do think it is worth noting that some have asked the question, is—it is—it is a convenient time...

**Justin:** Anything. Just anything to talk about.

**Sydnee:** It is a convenient moment to pull this out—for the federal government, for the Trump administration. It's a convenient moment to begin to pin these sort of actions, these sort of offensive actions, on whatever nation maybe you want to target next. And maybe Havana syndrome is named for Havana, Cuba.

**Justin:** Mm-hm.

**Sydnee:** And maybe there's been a lot of talk from the Trump administration about Cuba. I think that that is—I think all of this needs to be considered as we move forward and critically assess this new information.

**Justin:** And you know what?

**Sydnee:** It's all wild! As I read it, I really, my brain is exploding. I don't know how to comprehend that this weapon exists, that it was being used, and that we're just finding out about it, and it's not all over. I don't know how this isn't everything that we're talking about. Like, why is—why is nobody talk—why is nobody talking about this? [chuckles]

**Justin:** I don't understand. It's wild, it's absolutely wild.

**Sydnee:** It was on 60 Minutes! Wasn't that like the—when I was growing up, 60 Minutes was the boring news! It was like the boring grown-up news. You watched 60 Minutes—

**Justin:** Phasers are real news.

**Sydnee:** Yes!

**Justin:** Yeah.

**Sydnee:** There's a ray gun. We bought it from Russia. We bought it from the Russian mob, and we've been testing it on sheep for a year.

**Justin:** Thank you so much for listening to Sawbones.

[both chuckle]

**Justin:** Thanks to the Taxpayers for the use of their song "Medicines" as the intro and out of our program. Thanks to you for listening. Hey, I want to—I want to ask, my little brother, Griffin, came out with a Choose Your Own Adventure book that he wrote all on his own, called The Stowaway. Choose Your Own Adventure, The Stowaway.

If you remember that franchise from when you were younger, it's still cranking along, and Griff wrote a new one. It's for readers eight to 11, but I think pretty much anybody is going to enjoy it. So, it's 10 bucks. You can go to [bit.ly/griffinstowaway](http://bit.ly/griffinstowaway), or buy it in a store, a local bookstore. That's going to do it for us for this week, until next time. My name is Justin McElroy.

**Sydnee:** I'm Sydnee McElroy.

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

["Medicines" by The Taxpayers plays]

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