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# INSPECTOR GENERAL

*U.S. Department of Defense*

MARCH 9, 2023



## Evaluation of the DoD's Response to Anomalous Health Incidents, or "Havana Syndrome"

Controlled by: Evaluations

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INTEGRITY ★ INDEPENDENCE ★ EXCELLENCE

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# (U) Results in Brief

## *(U) Evaluation of the DoD's Response to Anomalous Health Incidents, or "Havana Syndrome"*

**(U) March 9, 2023**

### **(U) Objective**

(U) The objective of this evaluation was to determine the extent to which the DoD developed guidance and implemented procedures to identify and evaluate DoD personnel who may have Anomalous Health Incidents, also known as "Havana Syndrome."

### **(U) Background**

(U) In 2016, Department of State employees assigned to the U.S. Embassy in Havana, Cuba, began reporting a sudden onset of symptoms, including headaches, pain, nausea, disequilibrium (unsteadiness or vertigo), and hearing loss, commonly referred to as Anomalous Health Incidents (AHI), or "Havana Syndrome." According to a Secretary of Defense memorandum dated September 15, 2021, the DoD categorizes the previously described symptoms as AHI. Since 2016, as many as 200 U.S. Government employees in numerous countries reported suspected AHI.

### **(U) Finding**

(U) The DoD improved its AHI coordination through reorganizing its central AHI response team and increasing the number of personnel allocated to that team; however, the DoD can still improve the integration of its response, the timeliness of access to the Military Health System for U.S. Government civilians, and the consistency of the classification of AHI-related information.

### **(U) Findings (cont'd)**

(U) The DoD has not fully integrated and optimized its execution of response to AHI because:

- (U) the DoD's AHI Cross-Functional Team lacks the authority to fully execute the DoD's response to AHI;
- (U) DoD Instruction 6025.23 does not establish a maximum allowable processing time for authorizing access to medical care for AHI-affected individuals through the Secretarial Designee process; and
- (U) the DoD has not published a comprehensive Security Classification Guide for AHI-related information.

### **(U) Recommendations**

(U) We recommend that the Secretary of Defense designate:

- (U) an executive agent with the authority to direct all DoD Components in the DoD's response to AHI; and
- (U) the Office of the Under Secretary of Defense for Policy as the Principal Staff Assistant, with the Cross-Functional Team assisting in developing policy and guidance to streamline the transition of management for AHI to the Secretary of Defense's designated Executive Agent.

(U) We also recommend that the Under Secretary of Defense for Personnel and Readiness revise DoD Instruction 6025.23 to formalize timelines for the Secretarial Designee process so the duration of time from receipt of the initial request to final signature does not exceed 14 calendar days.

(U) We recommend that the Under Secretary of Defense for Intelligence and Security review and update any applicable counterintelligence guidance and policy documents, including DoD Instruction C-5240.08 and DoD Instruction 5240.04, to address AHI-related information and counterintelligence investigation requirements; and provide information security advice to the Office of the Under Secretary of Defense for Policy for the development of a Security Classification Guide for AHI.



# (U) Results in Brief

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*(U) Evaluation of the DoD's Response to Anomalous Health Incidents, or "Havana Syndrome"*

## (U) Management Comments and our Response

(U) Department leaders who responded agreed to take actions that meet the intent of our recommendations. The Assistant Secretary of Defense (Homeland Defense and Hemispheric Affairs), on behalf of the Secretary of Defense, did not respond to the recommendations in the report. Therefore, we request comments on the final report within 30 days.

(U) Please see the Recommendations Table on the next page for the status of recommendations.

***(U) Recommendations Table***

(U) Management	Recommendations Unresolved	Recommendations Resolved	Recommendations Closed
Secretary of Defense	1.a, 1.b		
Under Secretary of Defense for Personnel and Readiness		2	
Under Secretary of Defense for Intelligence and Security		3	(U)

(U) Please provide Management Comments by April 9, 2023.

**(U) Note:** The following categories are used to describe agency management's comments to individual recommendations.

- **(U) Unresolved** – Management has not agreed to implement the recommendation or has not proposed actions that will address the recommendation.
- **(U) Resolved** – Management agreed to implement the recommendation or has proposed actions that will address the underlying finding that generated the recommendation.
- **(U) Closed** – DoD OIG verified that the agreed upon corrective actions were implemented.

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**OFFICE OF INSPECTOR GENERAL**  
**DEPARTMENT OF DEFENSE**  
4800 MARK CENTER DRIVE  
ALEXANDRIA, VIRGINIA 22350-1500

March 9, 2023

MEMORANDUM FOR SECRETARY OF DEFENSE  
UNDER SECRETARY OF DEFENSE FOR POLICY  
UNDER SECRETARY OF DEFENSE FOR PERSONNEL  
AND READINESS  
UNDER SECRETARY OF DEFENSE FOR INTELLIGENCE  
AND SECURITY

SUBJECT: (U) Evaluation of the DoD's Response to Anomalous Health Incidents,  
or "Havana Syndrome" (Report No. DoDIG-054-2023)

(U) This final report provides the results of the DoD Office of Inspector General's evaluation. We previously provided copies of the draft report and requested written comments on the recommendations. We considered management's comments on the draft report when preparing the final report. These comments are included in the report.

(U) The Under Secretary of Defense for Personnel and Readiness agreed to address Recommendation 2. Therefore, we consider this recommendation resolved and open.

(U) The Acting Director (Defense Intelligence, Counterintelligence, Law Enforcement, and Security), on behalf of the Under Secretary of Defense for Intelligence and Security, agreed to address Recommendation 3. Therefore, we consider the recommendation resolved and open.

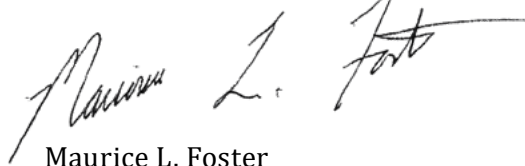
(U) As discussed in the Recommendations, Management Comments, and Our Response section of this report, we will close the recommendations when the Under Secretary of Defense for Personnel and Readiness and the Under Secretary of Defense for Intelligence and Security provide documentation that the guidance, policies, and procedures addressing the recommendations have been established and implemented.

(U) This report contains recommendations that we consider unresolved. Recommendations 1.a and 1.b are unresolved because the Assistant Secretary of Defense (Homeland Defense and Hemispheric Affairs), on behalf of the Secretary of Defense, did not provide a response to the report despite being given substantial extensions of time. Therefore, as discussed in the Recommendations, Management Comments, and Our Response section of this report, these recommendations will remain open. We will track these recommendations until we reach an agreement on the actions you will take to address the recommendations and you have submitted adequate documentation showing that all agreed-upon actions are completed.

(U) DoD Instruction 7650.03 requires that recommendations be resolved promptly. Therefore, within 30 days please provide us your response concerning specific actions in process or alternative corrective actions proposed in the recommendations.

(U) If you have any questions or would like to meet to discuss the evaluation, please contact [REDACTED] We appreciate the cooperation and assistance received during the evaluation.

FOR THE INSPECTOR GENERAL:

A handwritten signature in black ink, appearing to read "Maurice L. Foster", with a long horizontal flourish extending to the right.

Maurice L. Foster  
Acting Assistant Inspector General for Evaluations  
Programs, Combatant Commands, and Overseas  
Contingency Operations



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## (U) Introduction

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### (U) Objective

(U) The objective of this evaluation was to determine the extent to which the DoD developed guidance and implemented procedures to identify and evaluate DoD personnel who may have Anomalous Health Incidents (AHI), also known as “Havana Syndrome.”

### (U) Background

(U) In 2016, Department of State employees assigned to the U.S. Embassy in Havana, Cuba, began reporting a sudden onset of symptoms, including headaches, pain, nausea, disequilibrium (unsteadiness or vertigo), and hearing loss. The public and media commonly refer to these health incidents as Havana Syndrome, due to the origin of the first reported cases. According to a September 2021 Secretary of Defense (SecDef) memorandum, the DoD categorizes the previously described symptoms as AHI.<sup>1</sup> Since 2016, AHI have affected as many as 200 employees of the Department of State, the Central Intelligence Agency, and the DoD in Cuba, the United States, and numerous other countries, including Austria, China, Colombia, Georgia, Germany, India, Poland, Russia, Uzbekistan, and Vietnam.

### (U) *The DoD’s Response to AHI*

~~(CUI)~~ In January 2021, the Acting SecDef established the Emerging Threats Cell (ETC) within the Office of the Under Secretary of Defense for Policy (OUSD[P]).

[REDACTED]

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<sup>1</sup> (U) Secretary of Defense Memorandum, “Anomalous Health Incidents,” September 15, 2021.

<sup>2</sup> (U) The Defense Intelligence and Security Enterprise refers to the organizations, infrastructure, and measures, including policies, processes, procedures, and products of the Intelligence, Counterintelligence, and Security Components of the Joint Staff, combatant commands, Military Departments, and other DoD elements, that perform national intelligence, defense intelligence, counterintelligence, and security functions, as well as those organizations under the authority, direction, and control of the Under Secretary of Defense for Intelligence and Security.

(U) The National Defense Authorization Act (NDAA) for FY 2022 required the SecDef to create a cross-functional team (CFT) to coordinate the DoD's efforts to address AHI, using the authority provided in the FY 2017 NDAA.<sup>3</sup> The FY 2017 NDAA gave the SecDef the authority to establish CFTs to address critical objectives and outputs. On February 14, 2022, the SecDef authorized the creation of the DoD's CFT for AHI to supersede the ETC and operate under the authority of the USD(P).<sup>4</sup> The SecDef memorandum directed the CFT to coordinate the full range of concerns associated with AHI, including:

- (U) ensuring that DoD personnel and dependents affected by AHI have access to timely medical care, consistent with law and DoD policy;
- (U) integrating DoD-wide research efforts to attribute the underlying causes of AHI and supporting the development of operational concepts to prevent and respond to such incidents; and
- (U) orchestrating and facilitating DoD AHI efforts.

(U) Section 911 of the FY 2017 NDAA identifies the following core purposes of cross-functional teams:

- (U) providing for effective collaboration and integration across organizational and functional boundaries of the DoD;
- (U) developing recommendations for comprehensive and fully integrated policies, strategies, plans, and resourcing decisions;
- (U) deciding cross-functional issues, to the extent authorized by the SecDef and within parameters established by the SecDef; and
- (U) providing oversight for and supervising the implementation of approved policies, strategies, plans, and resourcing decisions approved by the SecDef.

(U) The SecDef's February 2022 CFT memorandum assigned responsibility to the USD(P), in coordination with other cognizant DoD Component heads, to integrate DoD-wide research efforts to attribute the underlying causes of AHI and support the development of operational concepts to prevent and respond to such incidents. The SecDef tasked the USD(P) to serve as the CFT Principal Staff Assistant to the SecDef responsible for the integration of AHI activities across the DoD. The SecDef also directed the USD(P), as the CFT lead, to select the Military Deputy for the CFT from candidates provided by the Secretaries of the Military Departments.

<sup>3</sup> (U) Public Law 117–81, “National Defense Authorization Act for Fiscal Year 2022,” section 910, December 27, 2021. Public Law 114–328, “National Defense Authorization Act for Fiscal Year 2017,” section 911(c), December 23, 2016.

<sup>4</sup> (U) secretary of Defense Memorandum, “Establishing a Cross-Functional Team for Anomalous Health Incidents,” February 14, 2022.

(U) The SecDef's CFT memorandum further instructed the USD(P) to designate an individual with appropriate experience and knowledge of AHI issues as the AHI Agency Coordination Lead (ACL), consistent with, and to perform the duties provided in, section 6603 of the FY 2022 NDAA.<sup>5</sup> The ACL's role is to oversee CFT activities on behalf of the USD(P). In a memorandum to all DoD personnel on April 11, 2022, the SecDef designated the Assistant Secretary of Defense (Homeland Defense and Hemispheric Affairs) as the ACL.<sup>6</sup> According to that memorandum, the role of the ACL is to synchronize the DoD's efforts with those of the AHI interagency coordinator.

### ***(U) The DoD Uses the Secretarial Designee Process to Authorize Medical Treatment for AHI-Affected Individuals***

~~(CUI)~~ Section 732 of the FY 2022 NDAA requires the DoD to provide AHI-affected Government employees and their family members with timely access to medical assessment and treatment at the National Intrepid Center of Excellence, an Intrepid Spirit Center, or an appropriate military medical treatment facility.<sup>7</sup> The DoD uses the Secretarial Designee (SECDES) process to authorize treatment for AHI-affected individuals in the DoD Military Health System (MHS). Sections 732(b) and 732(c) of the FY 2022 NDAA require the SecDef to provide a process for Government employees and their family members to receive timely access to medical assessment and treatment for AHI, subject to space availability, through the MHS. However, section 732(c) does not delineate the process for Government employees and family members to receive treatment in the MHS when they are not otherwise eligible for care in the MHS. [REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED] Individuals who are not already eligible for care through the MHS must request access to the MHS through the SECDES process to receive a medical assessment and follow-on treatment in the MHS.

<sup>5</sup> (U) Public Law 117-81, "National Defense Authorization Act for Fiscal Year 2022," section 6603(b), December 27, 2021.

<sup>6</sup> (U) Secretary of Defense memorandum, "Update to the force regarding anomalous health incidents," April 11, 2022.

<sup>7</sup> (U) Public Law 117-81, "National Defense Authorization Act for Fiscal Year 2022," section 732, February 11, 2022.



(U) The SECDES process, as defined in DoD Instruction (DoDI) 6025.23, is an authority by which non-military Government employees and their family members can access care through the MHS, with AHI-related SECDES authorizations renewed annually.<sup>8</sup> The Under Secretary of Defense for Personnel and Readiness (USD[P&R]) is the SECDES approval authority. Each AHI-affected individual requires SECDES authorization, and the SECDES package must originate from the component or agency that employs the AHI-affected individual. OUSD(P&R) officials stated that once the SECDES packages are submitted by the originating component or agency, the package requires signature by the USD(P&R). According to officials at the OUSD(P&R), the USD(P&R) assigned the staffing of SECDES packages to the Office of the Assistant Secretary of Defense (Health Affairs) (OASD[HA]), with the Office of General Counsel, the Joint Staff, and the Office of the Under Secretary of Defense (Comptroller) required to coordinate on the packages. According to section 732 of the FY 2022 NDAA, treatment for AHI in the MHS is subject to space availability, so the Defense Health Agency (DHA) also coordinates the staffing of SECDES packages for AHI-affected individuals.

### ***(U) The DoD's Security Classification Guidance for AHI Focuses on Research, Development, Test, and Evaluation Content***

(U) A security classification guide (SCG) is a record of original classification decisions used as a source document when creating derivatively classified documents. The purpose of security classification guidance is to communicate classification decisions and provide a means for uniform derivative classification and consistent application of classification decisions. This is critical to ensure that all users of the information apply the same level of protection and duration of classification for similar information. The DoD's SCG efforts for AHI currently focus on clinical research and research, development, test, and evaluation (RDT&E) aspects.<sup>9</sup> DoD Manual 5200.45 states, "Classification management procedures call for the timely issuance of comprehensive guidance regarding classification of information concerning any system, plan, program, project, or mission" under the jurisdiction of an Original Classification Authority.<sup>10</sup> Additionally, DoD Manual 5200.45 states that the USD(I&S) must oversee the DoD Information Security Program, which includes the development, distribution, maintenance, revision, and cancellation of SCGs.

<sup>8</sup> (U) DoDI 6025.23, "Health Care Eligibility Under the Secretarial Designee Program and Related Special Authorities," September 16, 2011, Incorporating Change 2, Effective May 28, 2020.

<sup>9</sup> (U) For the purposes of this report, we use "clinical research" to describe research studies performed on individuals aimed at determining whether new treatments are safe and effective, including in vestibular, ocular, cognitive, neurological, and auditory domains.

<sup>10</sup> (U) DoD Manual 5200.45, "Instructions for Developing a Security Classification Guide," April 2, 2013 (Incorporating Change 2, September 15, 2020).

(U) The Under Secretary of Defense for Research and Engineering (USD[R&E]) published an Interim SCG in a November 5, 2021 memorandum. The Interim SCG identifies both the clinical research and the RDT&E aspects, methodologies, and technologies deemed critical to developing the DoD's current and future response capability to AHI and the injuries associated with AHI that require specified and prioritized protection.<sup>11</sup> The USD(R&E) published an update to the Interim SCG in a March 22, 2022 memorandum. That memorandum, "Clarifying Certain Elements of Information in the Interim Security Classification Guidance for Anomalous Health Incidents, Including Acquired Idiopathic Neurological Syndrome," provides updated guidance on AHI in the clinical research and RDT&E aspects. Both the Interim SCG and the update to the Interim SCG provide specific guidance for classifying RDT&E AHI-related information.<sup>12</sup>

<sup>11</sup> (U) Under Secretary of Defense Memorandum, "Interim Security Classification guidance for anomalous health incidents, including acquired idiopathic neurological syndrome," november 5, 2021.

<sup>12</sup> (U) Under Secretary of Defense Memorandum, "Clarifying Certain Elements of Information in the Interim Security Classification Guidance for Anomalous Health Incidents, Including Acquired Idiopathic Neurological Syndrome," March 22, 2022.

## (U) Finding

### (U) The DoD Improved Its Coordination of AHI, but Can Improve the Integration of Its Response, the Timeliness of Access to Care, and the Consistency of AHI Classification

~~(CUI)~~ The DoD improved its AHI coordination through restructuring the OUSD(P)'s central AHI response team and increasing personnel allocated to that team; however, the DoD can improve the integration of its response, the timeliness of access to the MHS for Government civilians, and review and update applicable security classification guidance for classifying AHI-information. The evolution of the DoD's centralized management of AHI has increased coordination among the DoD Components to integrate the DoD's research, counterintelligence (CI), and medical responses to AHI. The DoD's central management of AHI evolved from the Emerging Threats Cell (ETC) [REDACTED] to the Cross-Functional Team (CFT) for AHI with 11 individuals detailed from 11 DoD Components, as of October 21, 2022.

(U) Despite increasing the number of personnel, the CFT has not been able to integrate multiple DoD Components' efforts into a comprehensive response to AHI. This occurred because the CFT lacks the authority to integrate the DoD's AHI response when the response involves intelligence, including CI debriefings and investigations, or involves RDT&E and acquisition requirements.

(U) The DoD can also improve the timeliness of access to medical treatment by codifying and shortening the SECDES process to authorize access to the MHS for Government employees and their families. Officials from the National Intrepid Center of Excellence, OUSD(P), and Defense Intelligence Agency told us that the SECDES process has taken 4 to 6 weeks to complete in the past. This occurred because DoDI 6025.23 does not establish a maximum allowable processing time for authorizing access to care via the SECDES process.

~~(CUI)~~ In addition, the DoD does not have a standardized, comprehensive SCG that encompasses research, CI, and medical information related to AHI. The SecDef's February 2022 CFT memorandum requires the USD(I&S) to coordinate with appropriate CI elements to develop and update related classification guidelines. The USD(R&E) published an Interim SCG in November 2021 that addressed clinical research and RDT&E aspects of AHI, but this Interim SCG does not include CI or medical aspects. [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

<sup>13</sup> (U) DoDI C-5240.08, "CI Security Classification Guide (U)," November 28, 2011.

(U) DoDI 5240.04, "CI Investigations," April 1, 2016, Incorporating Change 2, Effective September 18, 2020.

(U) As a result, the DoD may not be able to fully integrate DoD-wide research efforts to identify the underlying causes of AHI and support the development of operational concepts to prevent and respond to AHI, provide timely medical care to AHI-affected individuals, or classify and share AHI-related information with relevant stakeholders.

## **(U) The DoD Improved the Coordination of Its Response to AHI**

~~(CUI)~~ The DoD improved its coordination in response to AHI by restructuring its oversight organization and increasing personnel. The evolution of the DoD's management of AHI, from the ETC to the CFT, has improved coordination by enlarging the size and subject matter expertise of the team dedicated to the DoD's response to AHI. At its conclusion, [REDACTED]

[REDACTED] The SecDef's February 2022 CFT memorandum authorized at least 11 full-time individuals, plus a Military Deputy, on 1-year details from their office of assignment to support the CFT on a non-reimbursable basis. As of May 2022, only four full-time individuals were supporting the CFT. By October 2022, 11 individuals were working full-time for the CFT, alongside the newly added Major General from the U.S. Marine Corps, who serves as the Military Deputy to the USD(P) for the CFT, in addition to the ACL.<sup>14</sup> The individuals currently supporting the CFT full time come from the following DoD organizations: the OUSD(P), OUSD(I&S), [REDACTED]

[REDACTED] DHA, Army, Navy, Air Force, Naval Criminal Investigative Service, Defense Intelligence Agency (DIA), National Security Agency, and Joint Staff.

(U) Additionally, officials from the DIA and the National Intrepid Center of Excellence told us that their organizations have improved their coordination for submitting SECDES packages for AHI-affected individuals because of an increased familiarity with the SECDES process. A senior official at DIA told us that prior to December 2020, officials did not know how the SECDES administrative process worked. DIA and National Intrepid Center of Excellence officials stated that their increased familiarity with the SECDES process and the administrative requirements, along with an understanding of who is able to sign the SECDES request, improved the submissions of SECDES packages from interagency and DoD Components to the OUSD(P&R).

<sup>14</sup> (U) The Major General serves as the Military Deputy to the USD(P) for the CFT, as required by section 910 of the FY 2022 NDAA.

## **(U) The DoD Can Improve the Integration of its Response to AHI**

(U) The CFT is responsible for the integration of AHI activities across the DoD, consistent with the requirements of section 910 of the FY 2022 NDAA.<sup>15</sup> The ACL oversees the day-to-day activities of the CFT on behalf of the USD(P) and performs the duties provided in section 6603 of the FY 2022 NDAA. A senior OUSD(I&S) official told us that the DIA Director is the statutory Defense CI Manager and provides centralized management of DoD CI activities, as required in DoD Directive 5240.02.<sup>16</sup> On December 13, 2021, the USD(I&S) redefined this position as the Defense Intelligence Enterprise Manager, and a senior OUSD(I&S) official told us that the DIA is staffed for that mission. However, OUSD(P) and Military Department CI organizations officials told us of difficulties in coordinating and standardizing the DoD's CI response to AHI across Military Department CI organizations. Moreover, the DoD does not have a component or organization with the authority to integrate the DoD's AHI response across the aspects of intelligence, CI, clinical research, RDT&E, medical treatment, and acquisition requirements.

### ***(U) The CFT Is Unable to Integrate or Execute the DoD's Intelligence and CI Response to AHI***

(U) [REDACTED]

[REDACTED]

(U) Senior officials at the OUSD(P), Military Department CI organizations, and National CI Task Force told us that the CFT is unable to fully integrate the DoD's CI response to AHI. As a result, the National CI Task Force has been functioning as the clearinghouse for AHI reporting, and ensures that the reports it receives are

<sup>15</sup> (U) Public Law 117-81.

<sup>16</sup> (U) DoD Directive 5240.02, "Counterintelligence (CI)," Incorporating Change 1, Effective May 16, 2018.



(U) referred to the appropriate agency. The CFT depends on the Military Department CI organizations, DIA, National CI Task Force, and interagency<sup>17</sup> partners to inform the CFT when those organizations receive an AHI report. Senior officials at the OUSD(P) and the Military Department CI organizations told us that the CFT does not have the authority to direct CI investigations or reporting, but instead relies on its internal subject matter experts and the relationships with the Military Department CI organizations and DIA to receive timely CI reports. Neither the SecDef's CFT memorandum, section 911 of the FY 2017 NDAA, nor the FY 2022 NDAA grants the CFT the authority to execute or direct actions by DoD Components to respond to AHI. As a result, the DoD's CI response to AHI is not fully integrated across the Components.

(U) Neither the ACL nor the CFT is able to execute the DoD's CI response to AHI. The Military Department CI organizations provide overall CI support to each DoD Component headquarters, and neither the CFT nor the ACL can direct the Military Department CI organizations to execute CI investigations. The Military Department CI organizations are the only DoD organizations authorized to conduct CI investigations, according to DoDI O-5240.10.<sup>18</sup> The SecDef's CFT memorandum from February 2022 states that the ACL, in conjunction with the Military Deputy, has day-to-day oversight of the CFT on behalf of the USD(P), who serves as the CFT Principal Staff Assistant. The ACL also has the responsibility to coordinate across the DoD and the interagency to support the DoD's and the whole-of-government's response to AHI. According to section 6603(b) of the FY 2022 NDAA, the ACL's role is to synchronize the DoD's efforts with those of the AHI Interagency Coordinator. However, section 6603(b) does not grant the ACL the authorities to fully manage and execute the DoD's response to AHI across research, CI, and medical aspects, as the statute focuses on interagency coordination and congressional reporting requirements.

### ***(U) The CFT Is Unable to Integrate the DoD's RDT&E and Acquisition Requirements for AHI***

(U) The CFT lacks the authority to coordinate and integrate the AHI RDT&E and acquisition requirements. CFT officials told us that they participated in multiple discussions about potential causes and symptoms of AHI, and that each time RDT&E officials described ongoing DoD RDT&E activities that the CFT officials did not know existed. CFT officials cannot integrate RDT&E and acquisition requirements with CI and medical aspects if they are not aware of ongoing DoD efforts.

<sup>17</sup> (U) The United States Government Compendium of Interagency and Associated Terms, July 2018, defines "interagency" as "of or pertaining to United States Government agencies and departments, including the Department of Defense."

<sup>18</sup> (U) DoDI O-5240.10, "Counterintelligence (CI) in the DoD Components," April 27, 2020.

## **(U) The DoD Can Improve the Timeliness of Access to Care**

(U) The DoD has provided access to medical treatment to AHI-affected individuals since 2020; however, the DoD can improve the timeliness of access to medical treatment by codifying, standardizing, and shortening the SECDES process to authorize access to DoD medical care for Government employees and their family members. AHI-affected individuals can receive medical assessment and treatment through the DoD's MHS via the SECDES process, but the time from request to authorization of care is not standard, consistent, or codified in policy. As a result, AHI-affected individuals have experienced delays in receiving SECDES authorization, potentially delaying MHS medical assessment and treatment for AHI. Based upon the data we received from the OUSD(P&R), since April 2021 for AHI-affected individuals who requested SECDES authorization, the OUSD(P&R) averaged 24 days to process SECDES packages. The DoD can standardize and shorten the SECDES process for authorizing AHI-affected individuals' medical treatment within the MHS, thereby improving timely access to care.

### ***(U) Government Employees Require SECDES Authorization for Access to the MHS***

(U) AHI-affected Government employees and their dependents have the right to receive treatment via the MHS, subject to space availability, according to section 732 of the FY 2022 NDAA. To achieve this, all AHI-affected individuals who are not covered under section 1074, title 10, United States Code (10 U.S.C. § 1074), "Medical and dental care for members and certain former members," or who are not otherwise TRICARE beneficiaries must receive SECDES authorization to receive the treatment to which they are entitled.<sup>19</sup>

(CUI) [REDACTED]

Although SECDES is currently the only avenue for AHI-affected Government employees and their family members to receive care via the MHS, DoDI 6025.23 states that SECDES status is to be employed "very sparingly." According to OASD(HA) data we received, as of August 2022, the USD(P&R) had authorized treatment through the SECDES process at least 122 times since 2020.

<sup>19</sup> (U) Guardsmen and reservists on active duty would qualify under 10 U.S.C. § 1074, "Medical and dental care for members and certain former members," January 3, 2012.

### ***(U) The DoD's SECDES Completion Process Is Prone to Delays***

(U) Multiple DoD officials told us that the SECDES process has taken 4 to 6 weeks to complete in the past. National Intrepid Center of Excellence personnel stated that they, in coordination with other medical and government agencies, have helped reduce this timeframe by leveraging their existing relationship with the OUSD(P&R), stating that securing SECDES now takes 14 to 15 days in most cases. Multiple DoD officials who have been involved in the SECDES process at different DoD Components discussed the poorly understood approval process and unspecific language in SECDES guidance that resulted in delays.

(U) The OUSD(P&R) tasked the OASD(HA) with staffing all SECDES packages before signature. Currently, one individual at the OASD(HA) is authorized and trained to staff SECDES packages for coordination and approval prior to signature by the USD(P&R). This reliance on a single individual creates a vulnerability within the SECDES process that can lead to delays in authorizing access to care for AHI-affected individuals.

(U) To illustrate the risk of having only one authorized and trained individual to staff SECDES packages, we experienced a 7-week delay in the receipt of documents requested from the OUSD(P&R) and the OASD(HA). First, the OASD(HA) authorized a 1-week staffing gap, wherein the individual who staffed the SECDES packages left the OASD(HA) on June 15, 2022, and that person's replacement began in-processing on June 21, 2022. We requested complete SECDES packages from the OASD(HA) on June 16, 2022, but after 7 weeks, the data we received as of August 9, 2022, were incomplete and contained significant discrepancies. We based our analysis on those portions of the data that we validated as accurate and complete.

(U) We analyzed 122 complete SECDES packages from April 2021 to April 2022, provided by the OASD(HA). Of these 122 complete SECDES packages, the process from onset to completion ranged from 7 to 81 days. Table 1 shows the breakout of the SECDES packages over time and the processing days. On average, the OASD(HA) took 24 days to process SECDES packages, while the median number of days to process packages was 22.

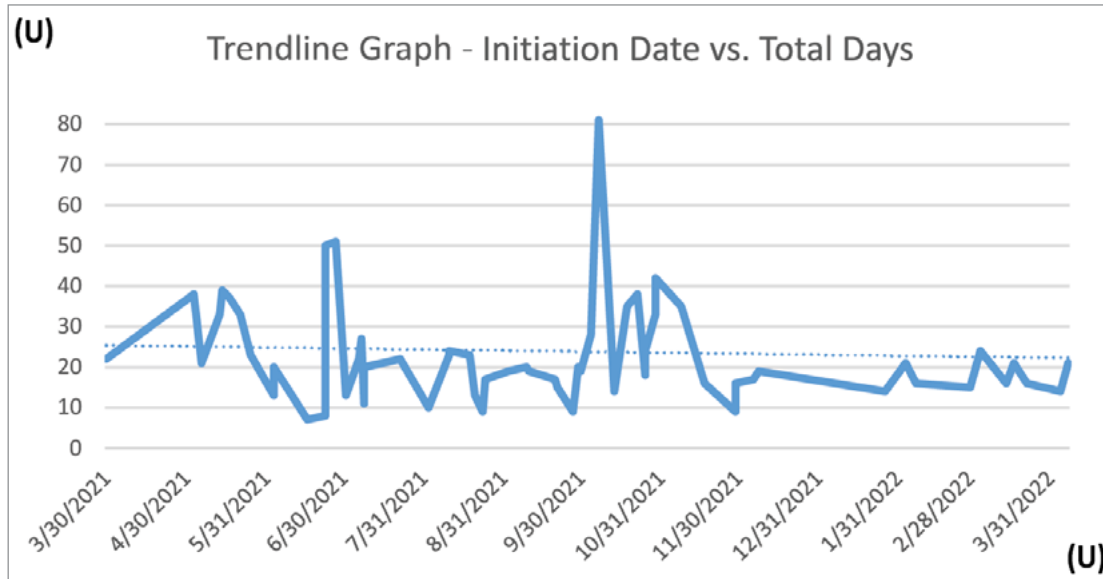
*(U) Table 1. Validated SECDES Packages and Timelines (2021 through April 2022)*

AHI-affected SECDES Individuals Processed	Shortest Processing Time (Days)	Longest Processing Time (Days)
122	7 days	81 days

(U) Source: The DoD OIG.

(U) The graph at Figure 1 shows the date of the request from the originating agency, the total days to process, and a trend line showing only slight improvement over a 1-year period in average total processing days, from 25 days in April 2021 to 24 days in April 2022.

(U) Figure 1. Validated SECDES Packages Processing Times and Trend Line



(U) Source: The DoD OIG.

(U) We received incomplete data for an additional 42 SECDES packages, which we could not validate. Of those packages, five dated back to 2020, and others were marked as renewals, but the OASD(HA) did not include the initial packages. We received a data table from the OASD(HA), with information we could not validate, that indicated the total number of AHI-related SECDES packages was 175, with the most recent dated June 2022. This data table stated that the OASD(HA) staffed 2 packages in 2020; 141 in 2021; and 32 in 2022, as of July 2022. We were unable to validate the data in that data table as accurate.

(U) An OASD(HA) official told us that the office considers 2 weeks an acceptable length of time to process the SECDES packages from receipt to signature by the USD(P&R). Senior officials at the National Intrepid Center of Excellence stated that 4 to 6 weeks for completing SECDES packages delays providing care to AHI-affected individuals. A senior official from DIA told us that the SECDES timeline for AHI-affected individuals to receive care is too long and is the result of administrative delays.

(U) Without codification of SECDES completion timelines in policy, AHI-affected Government employees and their families may experience delays in receiving medical treatment through the MHS to which they are entitled under section 732(b) of the FY 2022 NDAA. National Intrepid Center of Excellence personnel stated that the DoD needed to formalize the SECDES process.

## **(U) CI Security Classification Guides Have Not Been Updated to Include AHI**

(U) The DoD does not have a standardized, comprehensive SCG for AHI-related information across research, CI, and medical aspects. The USD(R&E) published an Interim SCG for AHI on November 5, 2021, that identified the clinical research and RDT&E aspects, methodologies, and technologies deemed critical to the DoD's current and future response capability to the injuries associated with AHI.<sup>20</sup> The Interim SCG is not comprehensive and does not include classification guidance outside of clinical research and RDT&E aspects. Likewise, the USD(R&E)'s March 22, 2022 update to the Interim SCG memorandum clarifies aspects of the Interim SCG, but does not expand classification guidance beyond the clinical research and RDT&E aspects of AHI. Neither the Interim SCG nor the clarifying memorandum provides guidance on classifying AHI-related information in the medical or CI aspects of the DoD's response to AHI. However, neither OUSD(I&S) nor the CFT has developed or updated existing CI SCGs and policy documents, including DoD Instruction C-5240.08 and DoDI 5240.04, to include AHI-related CI investigation requirements. Without updated CI policy and SCGs to reflect relevant AHI-related CI information, DoD Components do not have clear guidance to ensure consistent classification decisions and uniform derivative classification.

## ***(U) The DoD's Lack of an Updated CI SCG Is Causing Classification and Sharing Challenges***

(U) A senior DoD official told us that a comprehensive SCG to communicate classification decisions, promote uniform derivative classification, and provide guidance for consistent application of classification decisions would improve communication and standardization for AHI stakeholders. Senior officials from the OUSD(P) and U.S. Special Operations Command told us that much of the AHI data are being over-classified. Often, AHI-related RDT&E and CI data are classified at the Top Secret level. DoD officials working in those fields have the appropriate clearances to access the data. However, clinicians and medical professionals treating AHI-affected individuals cannot access this information. Clinicians and

<sup>20</sup> (U) Under Secretary of Defense Memorandum, "Interim Security Classification guidance for anomalous health incidents, including acquired idiopathic neurological syndrome," november 5, 2021.



(U) medical professionals who are treating AHI-affected individuals at the DHA, the National Intrepid Center of Excellence, the Intrepid Spirit Centers, and within the MHS often do not possess high-level security clearances. As a result, relevant AHI-related information that clinicians and medical professionals could use to treat AHI-affected individuals more effectively is not accessible.

***(U) The OUSD(I&S) Has Not Reviewed and Updated CI Security Classification Guides for AHI, as Required by the SecDef***

~~(CUI)~~ Despite being directed by the SecDef, the OUSD(I&S) has not reviewed or updated CI SCGs to include AHI-related information. The CFT memorandum from the SecDef, dated February 14, 2022, specifically lays out the responsibilities for different DoD Components in their support of the CFT. [REDACTED]

[REDACTED]. Despite this requirement, a senior official at the OUSD(I&S) stated that the office is not developing a comprehensive standalone SCG for AHI. However, a senior OUSD(I&S) official told us that the DoD CI SCG is DoDI C-5240.08. That OUSD(I&S) official told us that AHI is a reportable CI anomaly and subsequent CI activities conducted in response to a reported AHI are classified per DoDI C-5240.08.

(U) As of October 21, 2022, neither the OUSD(I&S) nor the AHI CFT had updated existing CI SCGs for AHI. DoD Manual 5200.45 requires timely issuance of comprehensive guidance regarding classification of information concerning any system, plan, program, project, or mission under the jurisdiction of the original classification authority, the unauthorized disclosure of which could reasonably cause damage to national security. Moreover, DoD Manual 5200.45 states, "It is essential that a classification guide identify the specific items of information and the levels of protection required, as well as the time periods for which protection must be provided," and "a classification guide will be issued as early as practical in the life cycle of the classified system, plan, program, project, or mission."

(U) Senior DoD officials stated that a comprehensive SCG for AHI would be very helpful. Officials at various DoD Components we spoke to gave different accounts about which Component is responsible for developing and publishing an SCG for AHI. Senior officials from the OUSD(P) told us that they believe that the OUSD(I&S) officials know about the requirement to publish an SCG for AHI. Senior officials at the OUSD(P) told us that they believe the SecDef's CFT memorandum from February 2022 places full responsibility on the OUSD(I&S). However, a senior official with the OUSD(I&S) told us that OUSD(I&S) officials understood the CFT to be responsible for creating an SCG. In July 2022, senior officials at the OUSD(I&S) told us that they are unaware of any OUSD(I&S) effort toward developing an SCG for AHI.

## **(U) The DoD May Not Be Able to Identify Causes, Provide Timely Access to Medical Care, or Consistently Classify Information**

(U) While the DoD improved coordination in response to AHI, the DoD is not executing an integrated response to AHI. The existing CFT has the authority to assist the DoD in developing policy and in coordinating, orchestrating, and facilitating across the Components. However, the CFT does not have authority to direct and integrate a comprehensive response to AHI. The ACL's role is to synchronize the DoD's efforts with interagency partners and provide updates to the SecDef and Congress.<sup>21</sup> Because of the CFT's and ACL's limited authorities, the DoD lacks a central authority to coordinate and execute the DoD's response to AHI.

(U) The DoD is not consistently providing timely access to medical care to AHI-affected individuals. The SECDES process provides authorization for access to the MHS by AHI-affected Government employees, but no existing policy or guidance codifies the timeline for processing the SECDES packages. Because the OUSD(P&R) has not included a completion timeline in DoDI 6025.23, AHI-affected Government employees have experienced delays in accessing medical care through the MHS.

~~(U)~~ The DoD is not communicating clear guidance on classifying AHI-related information. The existing AHI Interim SCG provides guidance only on clinical research and RDT&E aspects of AHI. [REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]

## **(U) Recommendations, Management Comments, and Our Response**

### **(U) Recommendation 1**

(U) We recommend that the Secretary of Defense:

- a. **(U) Designate an executive agent with the authority to direct all DoD Components in the DoD's response to Anomalous Health Incidents.**<sup>22</sup>

<sup>21</sup> (U) Public Law 117-81, "National Defense Authorization Act for Fiscal Year 2022," section 6603(b), December 27, 2021.

<sup>22</sup> (U) DoD Directive 5101.01, DoD Executive Agent, February 7, 2022, paragraph 1.2, subparagraph f: "Unless expressly assigned in Secretary of Defense or Deputy Secretary of Defense guidance, DoD EA designations do not imply a resource requirement, precedence, priority for funding, or the authority to direct actions by a DoD or OSD Component not otherwise under the authority, direction, or control of the DoD EA."

- b. **(U) Designate the Office of the Under Secretary of Defense for Policy as the Principal Staff Assistant, with the Cross-Functional Team assisting in developing policy and guidance to streamline the transition of management for Anomalous Health Incidents to the Secretary of Defense's designated Executive Agent.**

### ***(U) Management Comments Required***

(U) The Assistant Secretary of Defense (Homeland Defense and Hemispheric Affairs), on behalf of the Secretary of Defense, did not respond to the recommendations in the report. Therefore, these recommendations are unresolved. We request that the Secretary of Defense or his designee provide comments on the final report within 30 days.

### ***(U) Recommendation 2***

**(U) We recommend that the Under Secretary of Defense for Personnel and Readiness revise DoD Instruction 6025.23 to formalize timelines for the Secretarial Designee process so the duration of time from receipt of the initial request to final signature does not exceed 14 calendar days.**

### ***(U) Under Secretary of Defense for Personnel and Readiness Comments***

(U) The Under Secretary of Defense for Personnel and Readiness agreed with the recommendation. However, rather than revising DoD Instruction 6025.23, the Assistant Secretary of Defense (Health Affairs) will issue internal guidance to streamline the processing of AHI Secretarial Designee requests, outlining discrete steps, and including metrics. These efforts will ensure that the Office of the Under Secretary of Defense for Personnel and Readiness can complete the Secretarial Designee approval process within 14 calendar days from the time the request is received by the Office of the Assistant Secretary of Defense (Health Affairs).

### ***(U) Our Response***

(U) Comments from the Under Secretary of Defense for Personnel and Readiness addressed the specifics of the recommendation; therefore, the recommendation is resolved, but will remain open. We will close the recommendation when the Office of the Assistant Secretary of Defense (Health Affairs) publishes guidance streamlining the process for AHI-related Secretarial Designee requests from a requesting agency to meet the 14-day approval timeline.

***(U) Recommendation 3***

**(U) We recommend that the Under Secretary of Defense for Intelligence and Security review and update any applicable counterintelligence guidance and policy documents, including DoD Instruction C-5240.08 and DoD Instruction 5240.04, to address Anomalous Health Incident-related information and counterintelligence investigation requirements; and provide information security advice to the Office of the Under Secretary of Defense for Policy for the development of a Security Classification Guide for Anomalous Health Incidents.**

***(U) Under Secretary of Defense for Intelligence and Security Comments***

(U) The Acting Director (Defense Intelligence Counterintelligence, Law Enforcement, and Security), on behalf of the Under Secretary of Defense for Intelligence and Security, partially agreed with the recommendation. The Acting Director requested a minor rewording of the recommendation to reflect the relative responsibilities of the Offices of the Under Secretary of Defense for Intelligence and Security and the Under Secretary of Defense for Policy. The Acting Director agreed to update any applicable counterintelligence guidance and policy documents to address AHI-related information and provide information security advice to the Office of the Under Secretary of Defense for Policy for the development of a Security Classification Guide for AHI.

***(U) Our Response***

(U) Comments from the Acting Director (Defense Intelligence Counterintelligence, Law Enforcement, and Security) addressed the specifics of the recommendation, the minor rewording of which we accepted. Therefore, the recommendation is resolved, but will remain open. We will close the recommendation when the Office of the Under Secretary of Defense for Intelligence and Security provides documentation that relevant policy and guidance documents have been reviewed and updated.

## (U) Appendix

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### (U) Scope and Methodology

(U) We conducted this evaluation from January 2022 through August 2022 in accordance with the “Quality Standards for Inspection and Evaluation,” published in December 2020 by the Council of the Inspectors General on Integrity and Efficiency. Those standards require that we adequately plan the evaluation to ensure that objectives are met and that we perform the evaluation to obtain sufficient, competent, and relevant evidence to support the findings, conclusions, and recommendations. We believe that the evidence obtained was sufficient, competent, and relevant to lead a reasonable person to sustain the findings, conclusions, and recommendations.

(U) The scope of this project was the DoD’s efforts to develop guidance and implement procedures to identify and evaluate DoD personnel who may have AHI. The scope included laws, policies, memoranda, procedures, processes, and activities the DoD developed and implemented to identify and evaluate AHI-affected individuals. The team reviewed and analyzed data from OASD(HA) for individuals requesting access to the DoD MHS via the SECDES process from January 2020 to August 2022.

(U) The team conducted interviews with officials from the following organizations: OUSD(P), OUSD(P&R), OUSD(I&S), U.S. Special Operations Command, DHA, Defense Intelligence Agency, the Center, and the CFT. The team traveled to DHA headquarters in Falls Church, Virginia; the Center in Bethesda, Maryland; the National CI Task Force at the Applied Research Laboratory for Intelligence-Security in College Park, Maryland; NCIS headquarters at the Russell-Knox Building in Quantico, Virginia; and Defense Intelligence Agency headquarters on Joint Base Anacostia-Bolling in Washington, D.C.

(U) This report was reviewed by the DoD Components associated with this oversight project to identify whether any of their reported information should be safeguarded and marked in accordance with the DoD CUI Program. In preparing and marking this report, we considered any comments submitted by the DoD Components about the CUI treatment of their information. If the DoD Components failed to provide any or sufficient comments about the CUI treatment of their information, we marked the report based on our assessment of the available information.

### (U) Use of Computer-Processed Data

(U) We did not use computer-processed data to perform this evaluation.



## (U) Prior Coverage

(U) Unrestricted Government Accountability Office (GAO) reports can be accessed at <http://www.gao.gov>.

### (U) GAO

(U) GAO-20-312, “More Progress Needed for DOD to Meet Outstanding Statutory Requirements to Improve Collaboration,” January 2020

(U) Section 911(c) of the FY 2017 NDAA directed the Secretary of Defense to issue an organizational strategy that identified critical objectives that span multiple functional boundaries, establish cross-functional teams to support this strategy, and provide related guidance and training. The GAO found that the DoD took actions to complete three statutory requirements of section 911(c) of the NDAA for FY 2017 (issue organizational strategy, streamline the Office of the Secretary of Defense, and issue guidance on cross-functional teams). However, the DoD had not completed three remaining requirements (provide training on cross-functional teams, provide training for presidential appointees, and report on the successes and failures of cross-functional teams). As relates to this project, section 911(c) of the FY 2017 NDAA instructs the Secretary of Defense to establish “cross-functional teams to address critical objectives and output for such teams as are determined to be appropriate.” The OUSD(P) published a memorandum in February 2022 converting the ETC into a cross-functional team, whose purpose is to take the lead on the DoD’s response to AHL.

### (U) GAO

(U) GAO-18-615, “Reported Injuries to U.S. Personnel in Cuba: State Should Revise Policies to Ensure Appropriate Internal Communication of Relevant Incidents Report to Congressional Requesters,” July 2018

(U) The GAO found that the Department of State’s Accountability Review Board policy did not ensure that the responsible office—State’s Office of Management Policy, Rightsizing, and Innovation—was made aware of incidents that may meet the board’s statute criteria, such as U.S. personnel experiencing Havana Syndrome symptoms in Cuba. The GAO recommended that State revise its policies to define responsibilities for internal communication to the Office of Management Policy, Rightsizing, and Innovation of relevant incidents. State concurred with GAO’s recommendation.

**(U) GAO**

(U) GAO-18-695T, "Testimony Before the Subcommittee on the Western Hemisphere, Committee on Foreign Affairs, House of Representatives: Reported Injuries to U.S. Personnel in Cuba: Preliminary Observations on State's Response and Management Challenges," September 6, 2018

(U) Statement of the Acting Director, International Affairs and Trade, on the Department of State's response to GAO-18-615. The Acting Director stated that the Department of State's office responsible for the Accountability Review Board process became aware of incidents in Cuba after media reports in August 2017, 1 year from when the initial AHI symptoms were reported. GAO identified three management challenges: (1) mitigating the risk to U.S. personnel posed by the unexplained incidents, (2) caring for affected personnel and family members, and (3) communicating within the Department of State and with external stakeholders. The Acting Director addressed each management challenge by:

(U) (1) Establishing a baseline in medical assessments for those heading to Havana, Cuba, to help determine if Havana Syndrome occurred after departure;

(U) (2) Referring Department of State personnel and their families to the University of Pennsylvania for evaluations and care; and

(U) (3) Establishing a Health Incidents Response Task Force to regularly communicate with internal and external stakeholders.

## (U) Management Comments

### (U) Under Secretary of Defense for Personnel and Readiness



PERSONNEL AND  
READINESS

UNDER SECRETARY OF DEFENSE  
4000 DEFENSE PENTAGON  
WASHINGTON, D.C. 20301-4000

DEC 21 2022

MEMORANDUM FOR INSPECTOR GENERAL OF THE DEPARTMENT OF DEFENSE

SUBJECT: Review of the Department of Defense Inspector General Draft Report, "Evaluation of the DoD's Response to Anomalous Health Incidents, or 'Havana Syndrome,'" (Project No. D2022-DEV000-0047.000)

This is the DoD response to Recommendation #2 to the DoD Inspector General draft report, "Evaluation of the DoD's Response to Anomalous Health Incidents, or 'Havana Syndrome,'" (Project No. D2022-DEV000-0047.000).

I acknowledge receipt and concur with Recommendation #2 of the evaluation (attached), with the caveat that in lieu of revising DoD Instruction 6025.23, "Health Care Eligibility Under the Secretarial Designee (SECDDES) Program and Related Special Authorities," the Assistant Secretary of Defense for Health Affairs will issue internal process guidance to the Office of the Assistant Secretary of Defense for Health Affairs (OASD(HA)) and Defense Health Agency streamlining the processing of anomalous health incident SECDDES requests received from a requesting agency. The guidance will outline discrete steps, and will include metrics, to track compliance to ensure secretarial designee approval occurs within 14 calendar days from the time the request is received by OASD(HA) to approval by the Under Secretary of Defense for Personnel and Readiness, wherever possible.

My point of contact for this issue is [REDACTED]

Gilbert R. Cisneros, Jr.

Attachment:  
As stated

## (U) Under Secretary of Defense for Intelligence and Security



INTELLIGENCE  
AND SECURITY

~~CUI~~  
OFFICE OF THE UNDER SECRETARY OF DEFENSE  
5000 DEFENSE PENTAGON  
WASHINGTON, DC 20301-5000

December 6, 2022

MEMORANDUM FOR INSPECTOR GENERAL OF THE DEPARTMENT OF DEFENSE

SUBJECT: Evaluation of the DoD's Response to Anomalous Health Incidents, or "Havana Syndrome" (Project No. D2022-DEV000-0047.000)

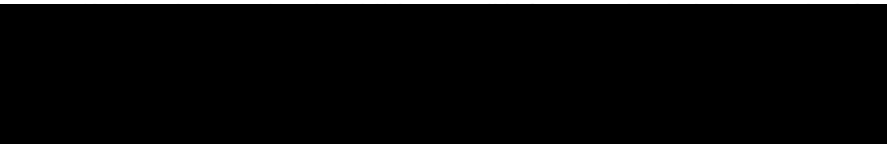
(U) Thank you for the opportunity to review and provide comments on Recommendation 3 of the subject report. As currently drafted, Recommendation 3 reads:

*(U) We recommend that the Under Secretary of Defense for Intelligence and Security, in coordination with the Office of the Under Secretary of Defense for Policy, develop and update relevant Security Classification Guides and counterintelligence guidance and policy documents, including DoD Instruction C-5240.08 and DoD Instruction 5240.04, to include AHI-related information and counterintelligence investigation requirements.*

(U) I partially agree with Recommendation 3 and request you modify it to read:

*(U) We recommend the Under Secretary of Defense for Intelligence and Security review and update any applicable counterintelligence guidance and policy documents, including DoD Instruction C-5240.08 and DoD Instruction 5240.04, to address AHI-related information and counterintelligence investigation requirements, and provide information security advice to the Office of the Under Secretary of Defense for Policy for the development of a Security Classification Guide for AHI.*

(U) The reason for the modification is that the USD(I&S) is the proponent for DoD Manual 5200.45, "Instructions for Developing Security Classification Guides." This manual is applicable to "OSD, the Military Departments, the Office of the Chairman of the Joint Chiefs of Staff and the Joint Staff, the Combatant Commands, the Office of the Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other organizational entities within the DoD (hereinafter referred to collectively as the 'DoD Components')." Therefore, this policy is applicable to the AHI Cross-Functional Team (CFT) – an organizational entity operating under the authority of the Under Secretary of Defense for Policy (USD(P)) as the CFT principal staff assistant to the Secretary of Defense.



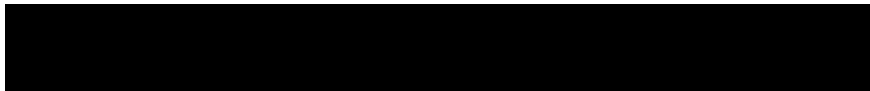
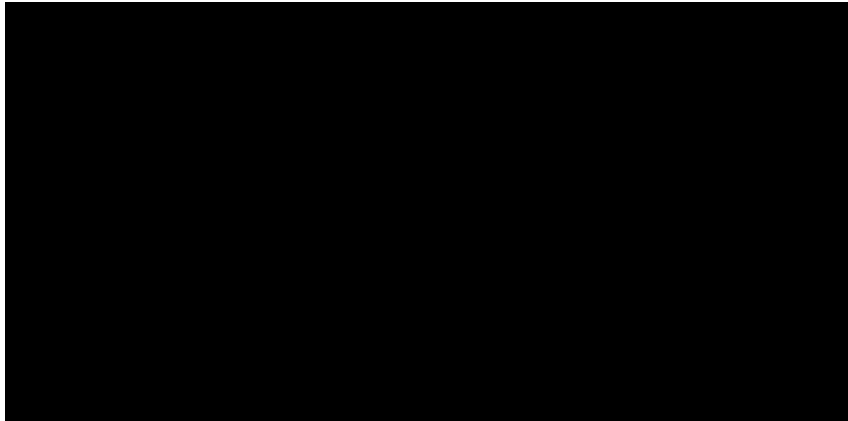
(U) With respect to the remainder of Recommendation 3, we will review and update any counterintelligence (CI) guidance and policy documents, as appropriate, to improve the DoD CI response to a reported AHI.

Controlled by: OUSD(I&S)/CL&S  
CUI Category: Intelligence  
Disseminations: FEDCON

~~CUI~~

## (U) Under Secretary of Defense for Intelligence and Security (cont'd)

~~CUI~~



(U) My staff is available to discuss our proposed modification in greater detail with your team if needed. For assistance regarding Information Security policy and advice please contact



DIXSON,JOHN  
P [redacted]

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John P. Dixon  
Acting Director for Defense Intelligence  
Counterintelligence, Law Enforcement,  
& Security

~~CUI~~

## (U) Acronyms and Abbreviations

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(U) ACL	Agency Coordination Lead
(U) AHI	Anomalous Health Incidents
(U) ASD(HA)	Assistant Secretary of Defense (Health Affairs)
(U) CFT	Cross-Functional Team
(U) CI	Counterintelligence (lowercase in text)
(U) DHA	Defense Health Agency
(U) DIA	Defense Intelligence Agency
(U) DoDI	DoD Instruction
(U) ETC	Emerging Threats Cell
(U) MHS	Military Health System
(U) NDAA	National Defense Authorization Act
(U) OASD(HA)	Office of the Assistant Secretary of Defense (Health Affairs)
(U) OUSD(I&S)	Office of the Under Secretary of Defense for Intelligence and Security
(U) OUSD(P)	Office of the Under Secretary of Defense for Policy
(U) OUSD(P&R)	Office of the Under Secretary of Defense for Personnel and Readiness
(U) RDT&E	Research, Development, Test, and Evaluation (lowercase in text)
(U) SCG	Security Classification Guide (lowercase in text)
(U) SecDef	Secretary of Defense
(U) SECDES	Secretarial Designee
(U) USD(P&R)	Under Secretary of Defense for Personnel and Readiness
(U) USD(P)	Under Secretary of Defense for Policy
(U) USD(I&S)	Under Secretary of Defense for Intelligence and Security
(U) USD(R&E)	Under Secretary of Defense for Research and Engineering

## (U) Glossary

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**(U) Anomalous Health Incidents.** Sudden and troubling sensory events such as sounds, pressure, or heat concurrently or immediately preceding the sudden onset of symptoms such as headaches, pain, nausea, or disequilibrium (unsteadiness or vertigo).

**(U) Defense Intelligence Enterprise.** The organizations, infrastructure, and measures, including policies, processes, procedures, and products, of the intelligence, counterintelligence, and security components of each of the following: (1) the Department of Defense; (2) the Joint Staff; (3) the combatant commands; (4) the Military Departments; (5) other elements of the DoD that perform national intelligence, defense intelligence, intelligence-related, counterintelligence, or security functions.

**(U) Derivative classification.** The incorporating, paraphrasing, restating, or generating in new form information that is already classified, and marking the newly developed material consistent with the classification markings that apply to the source information.

**(U) DoD Component.** The Office of the Secretary of Defense (OSD), the Military Departments, the Chairman of the Joint Chiefs of Staff and the Joint Staff, the combatant commands, the DoD Office of Inspector General, the Defense Agencies, DoD field activities, and all other organizational entities within the DoD.

**(U) Military Department Counterintelligence Organization.** The three DoD counterintelligence entities designated by the Office of the Under Secretary of Defense for Intelligence and Security: Army Counterintelligence Office, Air Force Office of Special Investigations, and Naval Criminal Investigative Service.

**(U) Military Health System.** The Military Health System is a network of military medical treatment facilities operated by the DoD to provide healthcare to active duty, Reserve, and retired U.S. military personnel and their dependents.

**(U) National Counterintelligence Task Force.** Co-led by three agencies-FBI, DoD, and Other Government Agencies, the National Counterintelligence Task Force has representation from over 30 agencies and coordinates and leads whole of government efforts in counterintelligence.

**(U) Original Classification Authority.** An individual authorized in writing, either by the President, the Vice President, or by agency heads or other officials designated by the President, to originally classify information in the first instance.

**(U) TRICARE.** The health care program for uniformed Service members, retirees, and their families around the world.



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## **Whistleblower Protection**

### **U.S. DEPARTMENT OF DEFENSE**

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