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ARE U.S. OFFICIALS UNDER SILENT ATTACK?

The Havana Syndrome first affected spies and diplomats in Cuba. Now it has spread to the White House.

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There have been at least a hundred and thirty possible cases around the world. Illustration by Timo Lenzen

uring the final weeks of the Trump Administration, a senior official on the National Security Council sat at his desk in the Eisenhower Executive Office Building, across from the West Wing, on the White House grounds. It was mid-November, and he had recently returned from a work trip abroad. At the end of the day, he left the building and headed toward his car, which was parked a few hundred yards away, along the Ellipse, between the White House and the Washington Monument. As he walked, he began to hear a ringing in his ears. His body went numb, and he had trouble controlling the movement of his legs and his fingers. Trying to speak to a passerby, he had difficulty forming words. “It came on very suddenly,” the official recalled later, while describing the experience to a colleague. “In a matter of about seven minutes, I went from feeling completely fine to thinking, Oh, something’s not right, to being very, very worried and actually thinking I was going to die.”

He fell to the ground before he reached his car, and realized that he was in no condition to drive. Instead, he made his way to Constitution Avenue, where he hoped to hail a taxi. He managed to open the Lyft app on his phone, and ordered a driver, who took him to the hospital. When he arrived at the emergency room, the official thought, I’m probably not walking out of here.

He approached the reception desk. “Are you on drugs?” a doctor asked him.

The official shook his head. He was led to an examination room. Hospital staff found his White House identification card in his pocket, and three cell phones, one of which they used to call his wife. They thought he might be having a stroke, but an MRI ruled it out. Blood tests also turned up nothing unusual. The official, who was in his mid-thirties, had no preexisting conditions. The doctors were at a loss, but told him they suspected that he had suffered a “massive migraine with aura.”

It took about two hours for his speech to begin to return. When he checked out of the hospital, the next day, he still had a pounding headache, but was soon able to go back to work. Several days later, a colleague called him to discuss suspected cases of the Havana Syndrome, a mysterious ailment that had first affected dozens of U.S. officials in Cuba, and which now appeared to be spreading. The N.S.C. official didn’t think that he was suffering from the Havana Syndrome; it seemed outlandish that someone would be struck while on the grounds of the White House. But, as his colleague

described some of the more severe cases that had been reported, it occurred to the official that this might be his problem. “Look, this is probably nothing,” he told his colleague, “but what you described sounds kind of like what happened to me.”

Three years ago, my colleague Jon Lee Anderson and I published a piece in *The New Yorker* about the first Havana Syndrome incidents among C.I.A. and State Department employees. Beginning in December, 2016, officials described being bombarded by waves of pressure in their heads. Some said they heard sounds resembling an immense swarm of cicadas, following them from room to room—but when they opened a door to the outside the sounds abruptly stopped. A few reported feeling as if they were standing in an invisible beam of energy. The aftereffects ranged: debilitating headaches; tinnitus; loss of vision and hearing; vertigo; brain fog; loss of balance and muscle control. For some, the symptoms went away quickly; for others, they have persisted. The experiences have varied to such an extent that government doctors have struggled to form a coherent diagnosis, and many of the patients have been met with skepticism both inside and outside the government.

One of the most convincing early cases involved a senior C.I.A. officer who had flown to Cuba, in secret, to meet with colleagues there. In her room at the Hotel Nacional, in August, 2017, the officer awoke with a start to a low humming noise and a feeling of intense pressure in her head. She asked a colleague who came to her room if he heard anything, but he did not. A few days later, after she returned to C.I.A. headquarters, she began to have trouble with her eyesight and her balance, making it impossible to read or to drive. At the time, the officer was the highest-ranking member of the C.I.A. to become ill with the syndrome. The incident persuaded Mike Pompeo, the C.I.A. director, to shut down the agency’s station in Havana, and Rex Tillerson, the Secretary of State, followed suit, pulling U.S. diplomats out of the country. Some government employees, who were uninjured and invested in their assignments, considered the withdrawal an overreaction. The result was confusion, division, and anger.

After the events in Cuba, there were a few potentially related incidents that the C.I.A. tried to handle internally; one of these involved an intelligence officer who, in late 2017, woke up in a hotel room in Moscow with severe vertigo. (A C.I.A. doctor told him, “This isn’t it,” referring to the Havana Syndrome.) It wasn’t until the summer of 2020, more than a year after two White House staff

members reported Havana Syndrome-like episodes, that their bosses decided to conduct a government-wide analysis, essentially reopening a cold case.

They have discovered that what began with several dozen spies and diplomats in Havana now encompasses more than a hundred and thirty possible cases, from Colombia to Kyrgyzstan and Uzbekistan to Austria, in addition to the United States and other countries. At least four of the cases involve Trump White House officials, two of whom say they had episodes on the Ellipse. The C.I.A. accounts for some fifty cases. The rest are mostly U.S. military and State Department personnel and their family members.

Top officials in both the Trump and the Biden Administrations privately suspect that Russia is responsible for the Havana Syndrome. Their working hypothesis is that agents of the G.R.U., the Russian military's intelligence service, have been aiming microwave-radiation devices at U.S. officials to collect intelligence from their computers and cell phones, and that these devices can cause serious harm to the people they target. Yet during the past four years U.S. intelligence agencies have been unable to find any evidence to back up this theory, let alone sufficient proof to publicly accuse Russia. "Intelligence is an imperfect science," a U.S. intelligence official told me. "It's what you know, and it can change in a blink of an eye." There is still disagreement about how to refer to the incidents. Privately, officials characterize them as "attacks." Publicly, they refer to them as "anomalous health incidents."

In late May, 2019, a large group of White House officials checked into an InterContinental Hotel in London, where they prepared for President Donald Trump's state visit. Before dawn on the day of Trump's arrival, Sandra Adams, a mid-level White House staffer, collected a sheaf of documents that had arrived overnight for her team, and had a quick breakfast in the hotel dining room. When she returned to her room, overlooking Green Park, she pulled open the curtains and settled into a chair to read. Suddenly, a ringing sound, annoying at first, then distinctly painful, seemed to envelop her. When she left the room, her ears continued ringing.

Later in the trip, she invited a more junior White House staff member, Adrian Banks, to hang out with her in her hotel room before the two went to dinner. (The names Sandra Adams and Adrian Banks are pseudonyms.) As they chatted on the couch, Adams again heard the sound, and felt an

acute pressure in her head, as did Banks. They rushed out of the room and into the hallway, where the sound and the pressure subsided. But for the rest of the trip both officials suffered migraines.

When the delegation returned to Washington, Adams described the incident to a special White House office responsible for tracking security threats. She was told that what had happened to Banks and her was classified, which meant that they were not supposed to tell anyone, including their doctors, about their experience in London. They visited doctors at the White House Medical Unit, who thought that Adams and Banks were suffering from ordinary headaches and sinus infections that had potentially been brought on by stress. The doctors suggested that they take ibuprofen and decongestants and get some rest. As the weeks passed, Adams's ears and lymph nodes became more swollen, her migraines grew worse, and she felt as if she had strep throat. Banks continued to have headaches, too. Their symptoms persisted despite repeated visits to private physicians and urgent-care clinics. Adams told a colleague, "No one seemed to take it seriously."

In the cramped warrens of the West Wing, Adams and Banks would often cross paths with Charles Kupperman, the deputy national-security adviser and a veteran of the Reagan White House. In 1978, Kupperman, a hard-liner in Russian affairs, wrote an article cautioning Americans that "the ability of the U.S. to defend itself is in doubt" because of the "size, sophistication and rate of growth of Soviet military power." When the Soviet Union collapsed, in 1991, he was the president of Xsirius Superconductivity, a company working on the use of microwave technology to allow helicopters to detect radiation from air-defense radar systems.

Kupperman joined the N.S.C. staff in April, 2018, as a top policy aide to John Bolton, Trump's national-security adviser. Early in his tenure, Kupperman told Bolton that he wanted to take on the Havana Syndrome and "drive it into the ground." He had no proof, but he was convinced that the Russians were behind the attacks, and that they were using technology that the K.G.B. had devised during the Cold War. "The Russians have a very good capability in microwave weaponry," Kupperman told me.

The victims in Cuba had been spies and diplomats, so the Havana Syndrome investigation was being led by the C.I.A. and the State Department. In the spring of 2018, both agencies were in a period of transition; Trump fired Tillerson and nominated Pompeo to replace him as Secretary of State, and

Gina Haspel succeeded Pompeo as the director of the C.I.A. She and her deputy, Vaughn Bishop, visited the White House for meetings, and Kupperman would pull them aside to discuss the Havana Syndrome, with which he had become obsessed. He pressed them for information, but they repeatedly told him that they didn't have "anything new." The intelligence agencies, Kupperman said, "didn't really make it a priority to use all of their resources and accesses to figure this out as quickly as they could." He added, of Haspel, "She was skeptical that it was real, and, once she was, the rest of that organization took its cue."

Haspel wasn't the only one who seemed unconvinced. After the initial incidents in Havana, the F.B.I. sent a team of agents to the city to try to figure out what might be causing the illnesses. They found no dispositive evidence of any attacks, although by the time they arrived the theoretical perpetrators would have had ample opportunity to conceal any evidence of wrongdoing. In addition, profilers with the F.B.I.'s Behavioral Analysis Unit conducted assessments of the victims. The unit presented its findings to State Department officials, including John Sullivan, a Deputy Secretary and the head of a task force that the department had set up to look into the syndrome. The profilers' assessment was that the victims were suffering from a mass psychogenic illness, a condition in which a group of people, often thinking that they have been exposed to something dangerous, begin to feel sick at the same time.

But, when a State Department official asked how many victims the profilers had interviewed, the unit explained that it hadn't spoken to any of them directly. The unit's conclusions were based on transcripts of previous interviews that the F.B.I. had done with the patients, and on "patient histories" compiled by the victims' doctors, including neuropsychologists and other specialists, who had already ruled out the idea of a mass psychogenic illness: many of the victims didn't know about the other people who were sick, and their bodies couldn't have feigned some of the symptoms they were exhibiting.

Bolton, like Kupperman, believed that the Havana Syndrome was real, and he initially thought that either Russia or China was responsible. By the summer of 2018, he'd landed on Russia; more possible cases were reported by U.S. diplomats at the consulate in Guangzhou, and Bolton didn't think that the Chinese would take such action on their home turf. Bolton told me that Pompeo said, "I've looked at this since the Administration started. Nobody can figure out what's going on." Bolton then met with officials from the C.I.A. "They couldn't reach agreement on who did it," Bolton told me.

“In fact, they couldn’t reach agreement on whether it was real.” He went on, “I told them, ‘Look, as far as I am concerned, the fact that we had this happen not just in Cuba—though that was the biggest collection of cases—but in China, it seems to me this ought to be a high priority.’ And they said, ‘We’re still working on it.’”

Kupperman was promoted to deputy national-security adviser in January, 2019, at which point he received access to the government’s most sensitive intelligence programs. He told his C.I.A. briefer to show him any new intelligence regarding the Havana Syndrome, but he was given few updates. As far as he could tell, the C.I.A. had found very little since he joined the Administration.

Then, in June, Sandra Adams and Adrian Banks told Kupperman about what had happened to them in London. He had no doubt they were telling the truth. Kupperman told Bolton and officials at the C.I.A., hoping that they would reassess the threat now that there appeared to be two White House victims. William Happer, a former N.S.C. official and an expert on radiation propagation, who was involved in the discussions, said that his C.I.A. colleagues didn’t know what to make of the new cases. “There was only anecdotal, fuzzy information,” Happer told me. “The problem was the lack of really good data. We didn’t have very much.”

There was one tangible result. When Bolton and his delegation returned to London, they stayed at a Marriott.

Often, when a person suffers a concussion or another form of head trauma, biomarkers indicating damaged brain tissue are detectable in the blood soon after the initial injury. When the first set of C.I.A. victims cropped up in Cuba, medical personnel at the U.S. Embassy in Havana drew their blood and placed the samples in a refrigerator. Researchers planned to check the samples for blood biomarkers. But in September, 2017, when Hurricane Irma hit Cuba, the Embassy lost power, and the refrigerated samples were spoiled.

The opportunity to do blood tests was lost, but specialists at the University of Pennsylvania's Center for Brain Injury and Repair have been able to use MRIs to study the brains of forty Havana Syndrome patients. They found no signs of physical impact to the victims' skulls—it was as if the victims had “a concussion without a concussion,” one specialist told me—but the team found signs consistent with damage to the patients' brains: the volume of white matter was smaller than in a similar group of healthy adults, which indicated that something structural in the brain had been affected.

At the White House, Adams and Banks continued to experience symptoms. Kupperman lobbied to have them evaluated by State Department doctors who had examined other suspected victims of the Havana Syndrome in Cuba and in China. A few months after the incident in London, the doctors checked Banks's and Adams's vision, balance, hearing, and cognitive skills, in a series of tests known as the Havana Protocol. Adams listed the symptoms that had persisted: migraines, swollen lymph nodes, and sore throat. A doctor told her, referring to the Havana victims, “Whatever you heard, those are not the same symptoms as the rest of the cohort.” Adams left with the distinct impression that the doctor wanted her to believe that she had “imagined the experience” in London.

Banks saw a different doctor at the State Department. After the tests for balance and cognition, the doctor said, “You passed.” Banks tried to explain that some days were better than others, and that on bad days the pain was more severe. “I was having a good day,” Banks told a colleague. But the doctor was skeptical. Adams and Banks reported back to Kupperman. “They said, ‘We know our bodies and we know these symptoms and it's not normal,’ ” he recalled. “Nobody did any serious medical diagnostics, which is just appalling.” Bolton was frustrated, too. “But, after a while, there really wasn't much more I could do,” he told me. “You can say to somebody only so many times, ‘What's the cause?’, and then have them reply, ‘I don't know.’ ” His takeaway was that C.I.A. officials believed the Havana Syndrome was an incoherent collection of psychosomatic reports, groupthink, and “disparate mental conditions.” He told me, “They just weren't going to pursue it.”

Bolton and Kupperman had limited influence outside the N.S.C. They didn't think they could direct the Bureau of Medical Services at the State Department to give Adams and Banks MRIs, or that they could force the C.I.A. to pursue the investigation more aggressively. Also, this was the Trump Administration. Turnover was high. “When agencies disagreed with something, they had a very easy out,” a former White House official told me. “Just wait a few months.”

By September, 2019, Bolton was out. Kupperman followed soon afterward, but before he left he gave his files on the Havana Syndrome to Matthew Pottinger, the new deputy national-security adviser. “You probably will have your own priorities, but this is one you need to keep track of,” Kupperman told him. “We had individuals that were impacted by this.”

That November, Adams, who lives in Virginia, was walking her dog with a friend, when she noticed that an S.U.V. was parked near her house, and that a man on the other side of the street seemed to be following her. As she stood across from him, she felt an intense pain in her head, which made her double over. She also heard a sharp, high-pitched ringing noise, which was completely different from the sound she had heard in London. Adams’s friend heard it, too, and felt the pressure in her head, though not as acutely. Adams reported the incident to White House security officials. This time, they were very concerned. Robert O’Brien, the new national-security adviser, thought that high-level officials like him, and Cabinet members, were relatively safe, but that other government employees—special assistants, schedulers, diplomats—who had access to valuable information by the nature of their jobs, were the main targets of whoever or whatever was causing the syndrome.

Pottinger, an expert on China, had served on the N.S.C. since 2017. He said that when he first got wind of the cases in Havana he thought that North Korea might be the culprit. But a government expert told him, “This is Russia’s M.O.” Pottinger knew Adams and Banks from various White House trips. He’d noticed that Banks seemed to suffer on flights they’d taken together. When he moved into Kupperman’s office in the West Wing, he began running into both of them on a regular basis. “You can’t ignore it when it’s people you see walking in the hallway every day,” he told me.

O’Brien and Pottinger both thought that the problem needed a new set of eyes—from the Pentagon. According to a former Trump Administration official, O’Brien thought that “it wouldn’t hurt for the C.I.A. to have some competition.” In March, 2020, O’Brien and Pottinger asked Mark Vandroff, a retired Navy officer who served as the senior director for defense policy at the N.S.C., to convene a series of meetings on the Havana Syndrome, which would be attended by officials from the Pentagon and other government agencies.

The timing was inauspicious. Government agencies were struggling to operate at full capacity during the pandemic, and officials, working partly from home, didn’t always have access to secure

communications that would allow them to deal with classified materials. In general, the agencies were hesitant to share information with one another. “A lot of agencies stovepiped their data to protect employees’ privacy,” Bill Evanina, who until this year served as the director of the National Counterintelligence and Security Center, or N.C.S.C., told me. This was especially true of the C.I.A., which needed to protect the identities of any officers working undercover. “There was really no way to ascertain the depth and breadth of the potential issue,” Evanina said.

Even the data that could be shared was wildly inconsistent. The agencies had their own internal tallies of possible Havana Syndrome cases, but there was no common set of criteria for determining what counted as a case and what did not. “Every agency had their own idea of where to put the bar,” a former N.S.C. official told me. The agencies came up with a more standardized set of criteria, and the N.C.S.C. compiled reports of possible cases across the government. (Members of the N.C.S.C. have a high level of security clearance, which made the C.I.A. more comfortable sharing information with them.)

In the fall of 2020, Vandroff and his colleagues were shocked by the new cases that came rolling in. One of the most dramatic episodes involved a U.S. military officer stationed in a country with a large Russian presence. As the officer pulled his car into a busy intersection, he suddenly felt as though his head were going to explode. His two-year-old son, in a car seat in the back, started screaming. As the officer sped out of the intersection, the pressure in his head ceased, and his son went quiet. A remarkably similar incident was reported by a C.I.A. officer who was stationed in the same city, and who had no connection to the military officer.

Geolocation data, which is based on signals from electronic devices, indicated that both victims had been in the vicinity of G.R.U. vehicles when they began experiencing symptoms. Some officials believed that this was a smoking gun, and were annoyed by what they saw as the C.I.A.’s and the State Department’s reluctance to call out the Russians. “We’ve talked enough about this,” Chris Miller, the acting Secretary of Defense, said. “Let’s get after it. I mean, this is bullshit. Something’s going on. I thought we were well beyond the phase where we thought it was an unexplained mania or any shit like that.”

The Pentagon assembled its own task force. Part of Miller’s goal was to draw up “response options”—actions that the U.S. could take to deter Russia from targeting American officials. He and his allies

wanted U.S. spies to harass and intimidate their Russian counterparts with various tactics—slashing G.R.U. officers' tires, for example, or leaving threatening messages for them in their homes and in their cars. But career professionals at the Pentagon objected, saying that the C.I.A. still wasn't certain that the Russians were responsible. "You're not going to jack up another major power, certainly not publicly, and you're not going to do something retaliatory unless you've really got the goods," the former N.S.C. official told me. More than four years have passed since the initial incidents in Havana, and the government still doesn't have the goods.

There have been developments outside the government, however. In December, 2020, Pottinger convened a meeting in which top officials were briefed by a Stanford University professor of medicine and microbiology named David Relman, who had served as the chairman of a committee formed by the National Academy of Sciences to study the Havana Syndrome. Relman's committee issued a report in which it concluded that the symptoms of many of the victims were consistent with exposure to pulsed microwave radiation. The report also mentioned Russia in the context of the country's long history of experimentation with microwave technology. Though the language in the report was carefully hedged, Pottinger said, "that was the first thing that anybody could look at and hold tangibly and say, 'At least now we know it's not pesticides.'"

After Joe Biden was elected, his transition team was briefed by Vandroff and other officials on the Havana Syndrome mystery. Members of the incoming Administration were alarmed by what they learned. During the Senate confirmation hearing of William Burns, Biden's nominee for C.I.A. director, Burns described the Havana Syndrome cases as "attacks." Though he subsequently became more circumspect in public, calling them "anomalous health incidents," Burns, who served twice in Moscow as a leading diplomat, has privately told his colleagues in the Administration and members of Congress that he believes these were attacks, potentially employing directed-energy devices designed to collect intelligence, and that these devices could cause harm to human beings. Burns, who believes that the C.I.A. failed to direct enough intelligence resources to the investigation under Trump, has assembled a new "targeting team" of senior analysts and operators, to try to answer two questions as quickly as possible: What is causing this, and who is responsible?

Burns's team considers the geolocation data a possible lead, though it's hardly conclusive. There have been only a handful of cases in which G.R.U. vehicles were found nearby, and all of them have

occurred in countries where it is common for G.R.U. operatives to tail American officials as they're leaving their homes or U.S. Embassy grounds.

U.S. national-security agencies have a program under way to develop effective countermeasures. They are currently looking into what it might take to build a device that can cause brain injuries similar to those which have been observed in Havana Syndrome patients. As part of that effort, scientists at a military laboratory are planning on exposing primates to pulsed microwave radiation and then studying their brains.

Relman, the Stanford professor, has advised that government agencies start collecting blood samples from their employees on a regular basis, so that, if any of them get sick, doctors can test for anomalies. The C.I.A. has also expanded the number of doctors devoted to treating possible Havana Syndrome victims. "We're throwing the best analysts and operators that we have at this problem," Burns recently told members of Congress. "We're making it amongst the highest priorities we have for collection. But I can't tell you with a straight face that I know conclusively today what caused this and who's responsible."

For four years, C.I.A. analysts knew that Trump and his closest political allies didn't want to see intelligence that pointed a critical finger at Russia. But President Biden is more willing to call out Vladimir Putin. Burns has reassured analysts that, regardless of what they find, they shouldn't fear a backlash from the Biden White House. Several of Biden's top advisers have said, in closed-door meetings, that they believe the C.I.A. will eventually be able to trace the Havana Syndrome to Russia.

In 2020, Adrian Banks visited the doctors at the University of Pennsylvania, who found "suspected scar tissue and damage to the ear, possibly caused by significant sinus and ear infections." More recently, Banks has been diagnosed as having hearing loss, and told a colleague, "I have ringing in my ear and pressure changes. I have migraines frequently. I get dizzy. I am still struggling." Adams, too, is still experiencing health problems.

The N.S.C. official who fell ill in November, 2020, on the White House grounds continues to suffer, on occasion, from "excruciating" migraines and cognitive problems, including difficulty with his memory. "What is so incredibly frustrating and demoralizing about the experience is the lack of

definitiveness,” he told a colleague. “At the end of the day, I can’t prove this happened to me. But the uncertainty, the derailment, the ongoing effects personally and to my career—those are real.” ♦

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