



PERSONNEL AND
READINESS

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

JAN 13 2023

Chair
Subcommittee on Defense
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

Dear Chair:

The Department's response to House Report 117-88, page 9, accompanying H.R. 4432, the Department of Defense (DoD) Appropriations Bill, 2022, "Anomalous Health Incidents/Havana Syndrome," is enclosed.

The report outlines key actions the DoD has taken to improve access and medical care for both DoD and interagency personnel who have experienced an anomalous health incident. In collaboration with its interagency partners, the Department remains committed to ensuring that affected individuals receive appropriate medical care as quickly as possible, without unnecessary delays, administrative obstacles, or inconsistent access to treatment.

Thank you for your continued strong support for the health and well-being of our Service members, civilian employees, and their families. I am sending similar letters to the other congressional defense and intelligence committees.

Sincerely,

A handwritten signature in black ink, appearing to read "Gilbert R. Cisneros, Jr.", written in a cursive style.

Gilbert R. Cisneros, Jr.

Enclosure:
As stated

cc:
Ranking Member



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Chair
Subcommittee on Defense
Committee on Appropriations
United States Senate
Washington, DC 20510

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U.S. House of Representatives
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United States Senate
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PERSONNEL AND
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JAN 13 2023

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Select Committee on Intelligence
United States Senate
Washington, DC 20510

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Permanent Select Committee on Intelligence
U.S. House of Representatives
Washington, DC 20515

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Report to Congressional Defense and Intelligence Committees



Anomalous Health Incidents/Havana Syndrome

The estimated cost of this report or study for the Department of Defense is approximately \$2,000 for the 2022 Fiscal Year. This includes \$1,200 in expenses and \$800 in DoD labor.

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Introduction

This report is in response to House Report 117–88, page 9, accompanying H.R. 4432, the Department of Defense (DoD) Appropriations Bill, 2022, “Anomalous Health Incidents/Havana Syndrome,” which requests that the Secretary of Defense (SecDef) provide a report to the congressional defense and intelligence committees on the prompt provision of adequate medical care and related support to personnel affected by anomalous health incidents (AHIs), as well as any affected family members. Requested elements of the report include:

- (1) The roles and responsibilities of the DoD, and those of the interagency, in evaluating and treating impacted personnel;
- (2) The plan for the DoD to better manage incidences of care to more effectively and efficiently treat patients based on geography and health conditions; and
- (3) The resources required by the DoD to ensure adequate evaluation and treatment of impacted personnel, including the most appropriate model by which interagency partners reimburse the DoD for medical services provided to interagency personnel.

Executive Summary

The SecDef takes very seriously the safety, health, and welfare of personnel serving around the globe in defense of our values and freedoms. In response to the threat posed by AHIs, and as part of a broader Government-wide effort, the DoD remains committed to ensuring that affected individuals receive appropriate medical care as quickly as possible, without unnecessary delays, administrative obstacles, or inconsistent access to treatment.

To this end, the DoD has accelerated its efforts to improve access and medical care for both DoD and interagency personnel who have experienced an AHI. Specific actions taken to date and further detailed in this report include:

- The SecDef-directed establishment of a Cross Functional Team (CFT) for AHI.
- The publication of updated clinical guidance for the evaluation and treatment of AHIs.
- The National Intrepid Center of Excellence (NICoE)-led identification and refinement of the resources required to evaluate and treat AHI patients.
- The development of DoD guidance, pursuant to section 732 of Public Law 117–81, as amended by section 1044 of Public Law 117–263, for providing access to Military Health System (MHS) military medical treatment facilities (MTFs) for “covered individuals”, defined as “current and former employees of the Government and their family members and current and former members of the Armed Forces and their family members,” who may have been impacted by an AHI.

Collectively, these actions address the requested elements of the report to Congress on AHI/Havana Syndrome, as requested in House Report 117–81, accompanying H.R. 4432, the DoD Appropriations Bill for 2022.

Roles and Responsibilities of the DoD, and those of the Interagency, in Evaluating and Treating Impacted Personnel

In a memorandum dated February 14, 2022, the SecDef directed the establishment of a CFT to more effectively coordinate the wide-range of AHI-related activities being conducted across the DoD as well as ensure its efforts were synchronized with those of the President's AHI Interagency Coordinator.

At the interagency level, coordination has been conducted through the National Security Council. Through this forum, the interagency has developed and adopted a standardized AHI acute assessment tool that continues to be refined as our collective knowledge of AHI evolves. As a result, interagency partners now collect the same core medical information as part of patient assessments and initial evaluations for all suspected AHI cases. The collection of standardized medical information at this early stage, in turn, helps inform the provision of subsequent medical treatments, to include more specialized services.

At the DoD level, the memorandum establishing the CFT also clarified and expanded upon the respective roles and responsibilities of the numerous Office of the Secretary of Defense and DoD Components heads tasked with responding to AHI. This included the Under Secretary of Defense for Personnel and Readiness, under whom responsibility for the following activities for evaluating and treating AHI patients was aligned:

- Dissemination of information to DoD personnel on how to seek evaluation and medical care.
- Development and update of distributed clinical guidance on screening, assessment, evaluation, and diagnosis of affected personnel to align, as appropriate, with agreed-upon interagency processes.
- Establishment of necessary processes and procedures to treat AHI patients at NICOE and the larger Intrepid Spirit Center (ISC) network, and other appropriate military medical treatment facilities as required, on a space-available basis in accordance with section 732 of Public Law 117–81.
- Establishment and maintenance of a clinical registry leveraging best practices from the Joint Trauma System to aggregate all appropriate data on personnel from the Department and other Federal departments and agencies who utilize the MHS after being affected by an AHI, or showing signs of related Acquired Idiopathic Neurological Syndrome or other AHI-related harm.
- Development of the necessary categorical approvals or streamlined processes to accelerate the provision of appropriate medical treatment and, when needed, access to

rehabilitative care, within the MHS, consistent with applicable law, for authorized DoD and other Government personnel, and their dependents, who may have been affected by AHIs.

- Collection and analysis of data to support clinical care for personnel and inform research and intelligence efforts related to AHI.
- Development of a long-term plan in accordance with applicable law, consistent with broader Government plans, which leverages potential partnerships with academic and public/private institutions as appropriate.

Plan to Better Manage Care and More Effectively and Efficiently Treat Patients Based on Geography and Health Conditions

The DoD continues to implement measures to better manage care and more effectively and efficiently treat patients based on geography and health conditions. In recognition of the challenges posed by geography, the DoD has developed comprehensive, MHS-level guidance for all MTFs worldwide. This includes detailed guidance initially issued by the Defense Health Agency (DHA) in August 2021, and updated in September 2022, for the evaluation and treatment of suspected cases of AHI. Key content includes:

- A user-friendly provider algorithm for suspected AHIs, which outlines the overall process for evaluation, treatment, and referral. The algorithm includes guidance on ICD-10 coding.
- Detailed instructions on how to access the Progressive Return to Activity (PRA) tool, a clinical tool used following the initial evaluation of a suspected AHI. In addition to providing guidance on primary care management for commonly occurring symptoms such as headache, dizziness, sleep, and cognitive complaints, the PRA tool also provides specialty referral guidelines.
- Detailed instructions on how to access the new DHA Form 244, “Anomalous Health Incident (AHI) Acute Assessment,” which provides a multi-domain assessment in relevant areas such as cognitive, vestibular, and oculomotor functioning. DHA Form 244 provides a more extensive assessment and supplants use of the Military Acute Concussion Evaluation 2 cited in previous guidance. Training modules on how to use the DHA Form 244 have also been developed and are readily available.
- Contact information for the AHI Call Center at Walter Reed National Military Medical Center, for consultation and/or to arrange a more in-depth evaluation at the NICoE or other ISC network facility.
- Answers to frequently asked questions on AHI for both healthcare providers as well as patients and families are included in addition to security classification considerations in order to understand the different levels of classification related to AHI.

Resources Required to Ensure Adequate Evaluation and Treatment of Impacted Personnel

To date, most personnel affected by an AHI have been successfully treated in the outpatient setting, utilizing primary care services. Patients who do not respond effectively to initial medical management, however, may be referred to the closest Traumatic Brain Injury clinic, ISC facility, or the NICoE. For evaluating and treating this cohort of patients, an array of specialized rehabilitative care resources may be required. Commonly used specialties include neurology, physical therapy, psychology, and wellness/art therapy. Less utilized specialties include ear/nose/throat, sleep neurology, and cognitive remediation. In some cases, pediatric services may also be needed for family members of affected personnel. Collectively, these specialized services are used to treat more common AHI symptoms such as headache, vestibular/balance issues, sleep, ear pain/hearing, cognitive concerns, and irritability/anger.

The Most Appropriate Model by which Interagency Partners Reimburse the DoD for Medical Services Provided to Interagency Personnel

Section 732 of the National Defense Authorization Act for Fiscal Year 2022 (Public Law 117–81) requires that the SecDef provide medical support for employees of the Government and their family members who the SecDef determines are experiencing symptoms of AHI on a nonreimbursable basis, subject to space availability. The SecDef is responsible for providing timely access for medical assessment and follow-on medical treatment at the NICoE, ISC, or an appropriate MTF for individuals diagnosed with an AHI condition or related affliction on a space available basis.

Conclusion

In support of the SecDef's unwavering commitment to take care of DoD and other Government personnel impacted by AHI, the DoD has undertaken substantive actions to ensure that affected individuals receive appropriate medical care as quickly as possible, without unnecessary delays, administrative obstacles, or inconsistent access to treatment. Specific actions taken to date and outlined in this report include:

- The SecDef-directed establishment of a CFT for AHI.
- The publication of updated clinical guidance for the evaluation and treatment of AHIs.
- The NICoE-led identification and refinement of the resources required to evaluate and treat AHI patients.
- The development of DoD guidance, pursuant to section 732 of Public Law 117–81, as amended by section 1044 of Public Law 117-263, for providing access to MTFs “covered individuals”, defined as “current and former employees of the Government and their family members and current and former members of the Armed Forces and their family members,” who may have been impacted by an AHI.

Building upon these advancements, the DoD will continue to develop, refine, and evolve medical care for AHI affected individuals, ensuring the Government's most important asset, its workforce and their family members, are provided world-class medical care.