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NATIONAL INTELLIGENCE COUNCIL



10 January 2025

ICA 2025-00008-B

Updated Assessment of Anomalous Health Incidents, as of December 2024

This Intelligence Community Assessment was prepared under the auspices of the National Intelligence Officer (NIO) for Counterintelligence. It was drafted by the National Intelligence Council with contributions from the Intelligence Community.

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Executive Summary

Scope Note: *This Intelligence Community (IC)-drafted and coordinated Intelligence Community Assessment (ICA) addresses the IC's evaluation of new information possibly related to anomalous health incidents (AHIs) since the publication of the ICA Updated Assessment of Anomalous Health Incidents, ICA 2023-02286, on 1 March 2023.*

In line with the 2023 Intelligence Community Assessment (ICA), most of the IC continues to assess that it is “very unlikely” a foreign adversary is responsible for the events reported as possible anomalous health incidents (AHIs). IC components base this overall judgment on updates to the three lines of inquiry identified in the 2023 ICA: (1) whether collection either indicates a foreign actor was seeking to target US Government (USG) personnel who reported events as possible AHIs or links a foreign actor to events reported as possible AHIs; (2) the feasibility and existence of a deliberate causal mechanism, such as a pulsed RF energy weapon or prototype device, that could cause the types of symptoms and sensory phenomena reported as possible AHIs; and (3) the state and reliability of medical analysis on whether at least some of the USG personnel reporting AHIs had a common set of physical injuries.

- In judging that it is “very unlikely” that a foreign actor is responsible, five IC components place emphasis on sensitive intelligence reporting continuing to point away from foreign involvement in AHIs, the IC's investigations of key incidents reported as possible AHIs, and a review of foreign intelligence and research regarding the development of novel weapons. Two components still have moderate-to-high confidence in this judgment, and three components still have moderate confidence. These components also judge it is “very unlikely” a foreign actor has used a novel weapon or prototype device to harm even a subset of the USG personnel or dependents who reported medical symptoms or sensory phenomena as AHIs.
- In contrast, one IC component judges there is a “roughly even chance” a foreign actor has used a novel weapon or prototype device to harm a small, undetermined subset of the USG personnel or dependents who reported medical symptoms or sensory phenomena as AHIs. Another IC component judges there is a “roughly even chance” a foreign actor has developed a novel weapon or prototype device that could have harmed a small, undetermined subset of the USG personnel or dependents who reported medical symptoms or sensory phenomena as AHIs. However, this component continues to assess it is unlikely a foreign actor has deployed such a weapon in any events reported as possible AHIs. Both of these IC components have low confidence in these judgments. These shifts are based on reporting they evaluate to indicate that foreign actors are making progress in scientific research and weapons development.

In support of this updated assessment, IC components each revisited the three lines of inquiry they considered in 2023, identifying judgments and confidence levels about each. All IC components agree that most of the new intelligence was consistent with the judgments reached in the 2023 ICA but new reporting led two components to shift their assessments about whether a foreign actor has a capability that could cause biological effects consistent with some of the symptoms reported as possible AHIs. This shift consequently led two IC components to subtly change their overall judgment about whether a foreign actor might have played a role in a small number of events.

- **Foreign Actors:** IC components continue to assess that it is either “very unlikely” or “unlikely” that any foreign actor caused any of the events reported as possible AHIs because intelligence reporting points away from key US adversaries being involved, and IC targeting, collection, and investigations have not linked any foreign actor to any reported incident. Five IC components assess it is “very unlikely,” and one component judges that it is “unlikely.” One IC component abstains. In reaffirming their judgments from 2023, IC components note that details from events newly reported as possible AHIs and intelligence reporting the IC has collected since March 2023 point away from foreign actors being responsible. This intelligence picture is consistent with the body of information considered in the last ICA published in 2023 and all IC components agree that years of IC collection, targeting, and analytic efforts have not surfaced compelling intelligence reporting that ties a foreign actor to any specific event reported as a possible AHI.
- **Foreign Actor Capability:** Five IC components continue to assess it is “very unlikely” a foreign actor has a capability, such as a pulsed radiofrequency (RF) energy weapon or prototype device, to cause the symptoms and sensory phenomena associated with events reported as possible AHIs. Two IC components have changed their judgments since 2023 based on new reporting that they evaluated to indicate that foreign directed-energy research programs have been making progress. One component assesses it is “likely” a foreign actor has an RF antipersonnel capability and that this capability can cause biological effects consistent with some of the symptoms reported as possible AHIs. The other component assesses there is a “roughly even chance” that a foreign actor has a capability that could have caused some of the experiences reported as possible AHIs. For all IC components, this supporting judgment takes into account two factors: foreign adversary research and development of novel weapons, especially those using RF energy; and the scientific possibility of that research being able to harm humans in ways that are consistent with the symptoms and sensations reported as possible AHIs.
- **Medical Research:** The IC continues to assess that medical research indicates that US personnel and dependents reporting possible AHIs do not have a consistent set of physical injuries, based on research published in 2024 from the National Institutes of Health (NIH) that reaffirms prior medical analysis. One component abstains.

No IC component calls into question the experiences or suffering of USG personnel and dependents. All components recognize that USG personnel and dependents experienced genuine, sometimes painful and traumatic, physical symptoms and sensory phenomena and honestly and sincerely reported those events as possible AHIs.

All IC components continue to acknowledge that it cannot rule out the possibility that a small number of events reported as possible AHIs were caused by a foreign actor because the IC could not examine every location where an AHI was reported. Consistent with their judgments in 2023, five IC components assess such a scenario would be most likely if a foreign actor used a mechanism based on well-established scientific principles designed for harassment, such as an acoustic device or an incapacitating but nonlethal chemical agent, rather than a novel weapon.

The IC will continue to collect and analyze information that might reveal a foreign effort to harm USG personnel and their dependents and will update its findings as appropriate. The IC will focus on collecting on foreign actor weapons programs; investigating health incidents with a counterintelligence (CI) nexus; providing intelligence support to USG-affiliated labs conducting biological effects research; monitoring USG lab findings on potential causal mechanisms; and examining any additional medical studies. The IC is supporting USG-affiliated lab research on whether RF signals can cause bioeffects consistent with those reported as possible AHIs. The majority of results have historically shown no harmful bioeffects; however more recent, limited studies have produced mixed preliminary results. In support of the IC’s efforts to produce this assessment, the Department of Defense (DOD) organized a workshop during which USG-

affiliated scientists briefed their ongoing and completed research, but deferred to the IC on what research to address in this product. The IC chose to only evaluate published findings in this ICA and will incorporate additional research into its findings when the labs have completed testing and published results.

As the IC did in 2023, the IC identified scenarios on how our analysis could be wrong. The IC collaborated with analysts with no prior experience working this topic to identify four possible scenarios: (1) a covert intelligence activity evading detection; (2) a scientific breakthrough that circumvents Western scientific and ethical standards; (3) critical medical symptoms relevant for the IC to evaluate were hidden amid more common symptoms; and (4) early, naturally-caused incidents inspired an adversary to develop a harassment device as part of a deception campaign.

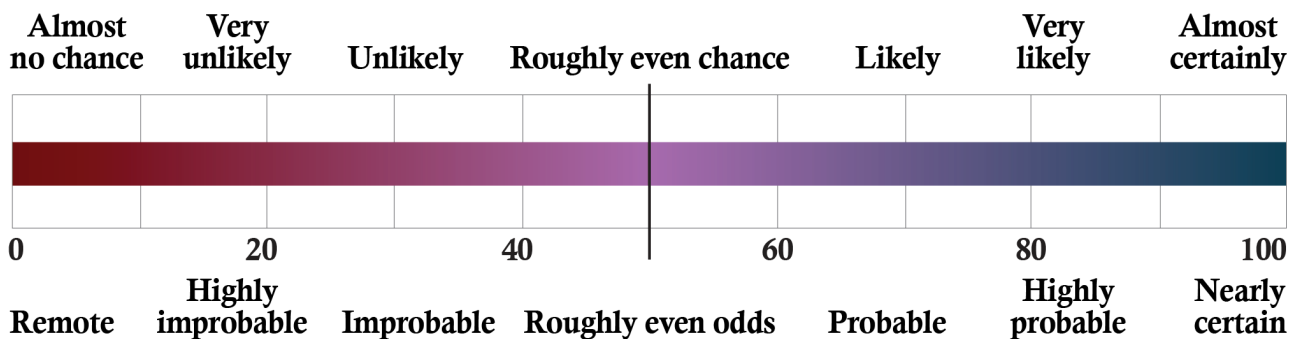
(U) Estimative Language

(U) Estimative language consists of two elements: judgment about the likelihood of developments or events occurring and levels of confidence in the sources and analytic reasoning supporting the judgments. Judgments are not intended to imply that we have proof that shows something to be a fact. Assessments are based on collected information, which is often incomplete or fragmentary, as well as logic, argumentation, and precedents.

(U) Judgments of Likelihood

(U) The chart below approximates how judgments of likelihood correlate with percentages. Unless otherwise stated, the Intelligence Community's judgments are not derived via statistical analysis. Phrases such as "we judge" and "we assess"—and terms such as "probable" and "likely"—convey analytical assessments.

Percent



(U) Confidence in our Judgments

(U) Confidence levels provide assessments of timeliness, consistency, and extent of intelligence and open source reporting that supports judgments. They also take into account the analytic argumentation, the depth of relevant expertise; the degree to which assumptions underlie analysis; and the scope of information gaps.

(U) **We ascribe high, moderate, or low confidence to assessments:**

- (U) **High confidence** generally indicates that judgments are based on sound analytic argumentation and high-quality consistent reporting from multiple sources, including clandestinely obtained documents; clandestine and open source reporting; and in-depth expertise; it also indicates we have few intelligence gaps; have few assumptions underlying the analytic line; have found potential for deception to be low; and we have examined long-standing analytic judgments held by the IC and considered alternatives. For most intelligence topics, it will not be appropriate to claim high confidence for judgments that forecast out a number of years. High confidence in a judgment does not imply that the assessment is a fact or a certainty; such judgments might be wrong even though we have a higher degree of certainty that they are accurate.
- (U) **Moderate confidence** generally means that the information is credibly sourced and plausible but not of sufficient quality or corroborated sufficiently to warrant a higher level of confidence. There may, for example, be information that cuts in a different direction. We have in-depth expertise on the topic, but we may acknowledge assumptions that underlie our analysis and some information gaps; there may be minor analytic differences within the IC, as well as moderate potential for deception.
- (U) **Low confidence** generally means that the information's credibility and/or plausibility is uncertain, that the information is fragmented, dated, or poorly corroborated, or that reliability of the sources is questionable. There may be analytic differences within the IC, several significant information gaps, high potential for deception or numerous assumptions that must be made to draw analytic conclusions. In the case of low confidence, we are forced to use current data to project out in time, making a higher level of confidence impossible.