

# Congress of the United States

## House of Representatives

COMMITTEE ON OVERSIGHT AND GOVERNMENT REFORM

2157 RAYBURN HOUSE OFFICE BUILDING

WASHINGTON, DC 20515-6143

MAJORITY (202) 225-5074  
MINORITY (202) 225-5051  
<https://oversight.house.gov>

February 20, 2025

The Honorable Pete Hegseth  
Secretary  
U.S. Department of Defense  
1000 Defense Pentagon  
Washington, DC 20301

Dear Secretary Hegseth:

The Committee on Oversight and Government Reform is investigating the Department of Defense's (Department) inadequate measures under the Biden Administration to provide legally required care for federal civilian employees suffering from Havana Syndrome and other anomalous health incidents (AHIs). The Department's medical facilities generally treat military personnel, including those suffering from AHIs, but the 2022 National Defense Authorization Act expanded the scope of the Department's responsibilities and mandated that it provide treatment to qualified U.S. civilian government employees and family members impacted by AHIs.<sup>1</sup> In 2024, however, the Government Accountability Office (GAO) issued a report assessing the Department's compliance with the expanded AHI mandate.<sup>2</sup> The report noted significant shortcomings in patient access to the Department's health systems and in the implementation of an AHI patient registry.<sup>3</sup> Further, federal civilian employees have reported substantially impaired access to timely and appropriate medical care.<sup>4</sup> The Committee seeks information about the Biden Administration's shortcomings in complying with the law and the current Administration's plan to implement GAO's recommendations moving forward.

The GAO report outlines the symptoms and impact of AHIs, providing an account of how these health incidents have affected federal employees and their families:

---

<sup>1</sup> National Defense Authorization Act for Fiscal Year 2022, Pub. L. No. 117-81, § 732, 135 Stat. 1797 (2021) [hereinafter "2022 NDAA"].

<sup>2</sup> U.S. GOVERNMENT ACCOUNTABILITY OFFICE, GAO-24-106593, HAVANA SYNDROME: BETTER PATIENT COMMUNICATION AND MONITORING OF KEY DOD TASKS NEEDED TO BETTER ENSURE TIMELY TREATMENT (July 29, 2024) [hereinafter "GAO Report"].

<sup>3</sup> *Id.* at 12, 28.

<sup>4</sup> H. SELECT COMM. ON INTELLIGENCE, INVESTIGATING THE INTELLIGENCE COMMUNITY'S CONCLUSIONS ON ANOMALOUS HEALTH INCIDENTS: IS THE INTELLIGENCE COMMUNITY HIDING THE REAL REASON FOR THIS PHENOMENON?, at 9 [hereinafter "House Intel. Report"] (Dec. 5, 2024); S. SELECT COMM. ON INTELLIGENCE, REVIEW OF CIA'S EFFORTS TO PROVIDE FACILITATED MEDICAL CARE AND BENEFITS FOR INDIVIDUALS AFFECTED BY ANOMALOUS HEALTH INCIDENTS, at 5 [hereinafter "Senate Intel. Report"] (Dec. 27, 2024); and GAO Report, at 13.

In 2016, Department of State employees at the U.S. Embassy in Havana, Cuba, began experiencing a sudden onset of symptoms. These included vertigo, imbalance, blurry vision, tinnitus, headache, hearing loss, nausea, and cognitive dysfunction. Although there are reports that predate these incidents, the media originally called these phenomena Havana Syndrome, as they were the first to garner public attention. Such events have affected U.S. government employees, military servicemembers, and their families in countries around the world, and are now referred to as anomalous health incidents (AHI) by the U.S. government.<sup>5</sup>

Due to the unique and challenging nature of AHIs, many civilian government employees struggled to receive consistent and transparent access to medical care.<sup>6</sup> In response, the 2022 NDAA allowed these employees to seek treatment at the Department's National Intrepid Center of Excellence (NICoE), a facility that was already in existence but had previously only served military personnel, as well as at other suitable military treatment facilities.<sup>7</sup> Despite this expansion of access, problems persist.

The GAO examined the Department's ongoing efforts to manage care for civilian government employees diagnosed with AHIs.<sup>8</sup> GAO analysts interviewed 65 government employees from the Department, Central Intelligence Agency, State Department, and the Federal Bureau of Investigation who were qualified for AHI medical care provided by the Department.<sup>9</sup> GAO analysts found these government employees had not received clear guidance on how to navigate the Department's Military Health System (MHS).<sup>10</sup> Many of those interviewed also claimed they had faced difficulties getting appointments at military hospitals.<sup>11</sup> According to GAO, "[s]ome patients stated they had waited so long for a response from the NICoE that they had essentially given up on the Military Health System and were pursuing treatment in the civilian sector."<sup>12</sup> Further, GAO found the Department inadequately implemented its mandate to maintain a registry of AHI patients to facilitate research and treatment improvements; as of the report's release, only 33 of the 334 individuals qualified for MHS care were included in the registry.<sup>13</sup> GAO is not alone in expressing concern for federal civilian employees suffering from AHIs' access to treatment. In December 2024, a House Permanent Select Committee on Intelligence report stated that "[e]ffective systems for medical care, especially long-term care maintenance, are lacking for U.S. Government employees, particularly non-military personnel."<sup>14</sup>

---

<sup>5</sup> GAO Report, *supra* n. 2, at 1.

<sup>6</sup> Senate Intel. Report, *supra* n. 4.

<sup>7</sup> 2022 NDAA, *supra* n. 1.

<sup>8</sup> GAO Report, *supra* n. 2, at 8, 12.

<sup>9</sup> *Id.* at 2.

<sup>10</sup> *Id.* at 13.

<sup>11</sup> *Id.*

<sup>12</sup> *Id.* at 18.

<sup>13</sup> *Id.* at 28.

<sup>14</sup> House Intel. Report, *supra* n. 4.

The Honorable Pete Hegseth

February 20, 2025

Page 3 of 3

To address the shortcomings identified in its report, GAO provided the Department with several recommendations: (1) develop clear guidance to explain the MHS, (2) create a formal channel to communicate information about AHI care to patients, (3) fully establish the AHI Care Coordination Cell to streamline the care experience for AHI patients, and (4) ensure the maximum number of patients are added to the AHI trauma registry to improve data analysis and implement systems to monitor these activities.<sup>15</sup>

The Committee supports the Department's new initiative of "restoring the warrior ethos, rebuilding our military, and reestablishing deterrence."<sup>16</sup> In addition to that important mission, the Committee seeks to ensure the Department's focus includes the healthcare needs of both military personnel and federal civilian employees when they return home from protecting our nation, recognizing their essential contributions to our national security.

The Committee seeks a staff-level briefing on this matter to better understand the previous Administration's shortfalls and the Trump Administration's path forward. To schedule the briefing, please contact Committee on Oversight and Government Reform staff at (202) 225-5074.

The Committee on Oversight and Government Reform is the principal oversight committee of the U.S. House of Representatives and has broad authority to investigate "any matter" at "any time" under House Rule X. Thank you for your attention to this important matter.

Sincerely,



James Comer

Chairman

Committee on Oversight and Government Reform

cc: The Honorable Gerald Connolly, Ranking Member  
Committee on Oversight and Government Reform

---

<sup>15</sup> GAO Report, *supra* n. 2, at 30-31.

<sup>16</sup> Press Release, U.S. Dep't of Defense, Secretary Hegseth's Message to the Force (Jan. 25, 2025).