

The Making of “Havana Syndrome”

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Almost thirty years ago, the Russians were suspected of carrying out a directed-energy attack against American military assets. Beginning eight years ago, the Russians have been suspected of carrying out a directed-energy attack against American diplomatic assets. The official view of the American government is that the exact same number of Americans was injured by Russian (or any foreign-actor) attacks in the first incident (0) as in the second (0). The first incident involved an American naval officer, a Canadian helicopter, and a Russian cargo ship, the *Kapitan Man*. It has largely been forgotten. The second incident began in 2016 in Havana, and shows no signs of being forgotten any time soon. We call that one Havana Syndrome.

The two stories, in many ways uncannily similar, also have important differences. Skeptics wonder why Havana Syndrome won't die – why it fades in the public eye for a while, only to be resurrected and thrust back into public awareness from time to time, despite a growing scientific and governmental consensus that, in the modern vernacular, it is not really a thing. A careful comparison and analysis of these two cases can help us understand the psychological, political, and social forces at work in creating, and in the case of Havana Syndrome, perpetuating the controversies associated with them.

Kapitan Man

On April 4, 1997, a Canadian military helicopter with an American naval intelligence officer aboard flew over the Strait of Juan de Fuca to surveil a Russian-flagged cargo ship, the *Kapitan Man*, suspected of conducting intelligence collection on US nuclear submarines. An American naval officer photographed the ship as the Canadian pilot maneuvered the helicopter to afford a good view. Neither of the crewmembers reported seeing or feeling anything unusual or concerning during the flight. An intelligence analyst reviewing the photographs taken by the photographer in the hours following the flight interpreted one of them as showing evidence of a laser. The crewmembers were quickly told that the analyst suspected they had been exposed to a laser and questioned them as to whether they were experiencing eye pain or headache¹. Thus began a chain of events that would: end the Canadian pilot's flying career; embroil the photographer in a years-long, ultimately unsuccessful struggle to get the Navy to recognize that the disabling and debilitating symptoms he was experiencing were the result of a laser exposure that day; enmesh the photographer in an unsuccessful \$25 million lawsuit against the Far East Shipping Company (owners of the *Kapitan Man*); and attract the attention and advocacy of journalists and politicians responding to a narrative promoted by the photographer that portrayed him as a victim of a Clinton administration cover-up motivated by the government's desire to avoid conflict with the Russians.

Diagnosis and revision

This incident generated intense excitement and stress within hours of its occurrence. The crewmembers believed strongly that the *Kapitan Man* was a Russian spy ship gathering intelligence on the USS Ohio, a nuclear ballistic missile submarine, and felt themselves to be players in an international incident of immense significance: a Russian attack on America in a time of peace. Reports about the alleged attack flew up the chain of command, quickly reaching

the highest levels of military and civilian authority. The symptoms reported by the crewmembers, particularly by the photographer, were commensurate with the potential political and national security implications of this suspected attack, which is to say that they were very severe. The nature and severity of the symptoms were, from the outset, out of all proportion to those that might be expected from an actual laser exposure, however.

Both crewmembers, who had been told about the suspected laser, were reporting serious eye pain and irritation. As a result of the health complaints of the two crewmembers, and the suspicion that they had been exposed to a laser, the *Kapitan Man* was searched by American authorities shortly after the alleged lasing incident. No laser was found, though this cannot be considered conclusive evidence that no laser was aboard the ship at the time of the incident. The crewmembers were examined by a local ophthalmologist who was a retina specialist. This retina specialist concluded that both crewmembers had sustained laser injuries, and that the symptoms they were experiencing were connected to these laser-induced injuries.

The two crewmembers were flown to San Antonio, Texas on April 8, four days after the incident, where they were examined at the US Army Medical Research Detachment of the Walter Reed Army Institute of Research². No abnormalities were found in the eyes of the Canadian pilot (who was reporting similar symptoms of eye pain and irritation as the photographer), but the retina of the photographer's right eye (the one he used to look through the camera viewfinder) was observed to have three to five threshold abnormalities, which might be lesions resulting from exposure to a pulsed laser. The initial assessment was that it was likely that the crewmembers had experienced a laser exposure, though the ophthalmologists who conducted the examinations also thought it possible that these abnormalities might have arisen through other

mechanisms. Visual function tests performed during this examination for both crewmembers were within normal limits.

The initial assessment that the photographer had likely been exposed to a laser was subsequently revised by the experts who had examined him in San Antonio, who concluded that “The patient had real complaints, but they were caused by preexisting autoimmune problems rather than by laser injury.”³. Somatic complaints, like the ones plaguing the photographer, can also have psychological origins, especially when we are severely stressed. To say that the events of April 4, 1997 led to a series of stressful changes in the photographer’s life is to traffic in understatement. For several years, the photographer doggedly tried to obtain recognition that he had been injured by a Russian laser attack. The photographer believed he had been injured by a hostile power and then disbelieved and abandoned by the Navy, to which he had devoted his career. He testified before Congress about the incident, against the Navy’s wishes; was non-selected for promotion as a result; fought the Navy and succeeded in reversing the non-selection; participated in a \$25 million lawsuit against the owners of the *Kapitan Man*, which he lost; appealed the decision and lost; fought the Navy to be awarded a Purple Heart in recognition of his injuries, and lost, all the while experiencing intense physical pain and disability.

This exchange between the photographer and Diane Sawyer occurred on the ABC News program *20/20* on February 10, 1999, nearly two years after the alleged lasing incident⁴:

“DIANE SAWYER (VO) And medical exams showed Daly's eyes had been burned, and the lesions were consistent with laser exposure. We're not talking about those little pointers⁵ kids use, but a blinding laser, much more powerful, that can be used for pin-point attacks from hundreds of feet away. (on camera) Tell me what it was like and is like to look out your eyes.

JACK DALY They always hurt. I've been in constant pain since the 4th of April '97, without a moment's relief.

DIANE SAWYER Constant pain?

JACK DALY Constant pain.

DIANE SAWYER What kind?

JACK DALY I get these surges of pain that can be anything from being jabbed in the eye with an ice pick to being hit in the face with a

baseball bat.

DIANE SAWYER Both eyes?

JACK DALY Both eyes.

DIANE SAWYER (VO) And it's not just Daly. The pilot of his helicopter also suffered eye damage. And no one knows the long-term effects. Daly

fears he'll go blind. (on camera) You really seem to be saying that this is the dawn of a new weapons era, and everybody better wake up.””

Lesions of the retina caused by laser exposure are produced routinely to treat diabetic retinopathy. These treatments are generally painless or associated with only mild and transient pain. Even very severe injuries to the retina caused by lasers are not usually very painful, for very long:

“Momentary pain may occur at the time of ocular laser injury, but only rarely. This pain does not persist, just as it does not persist after clinical retinal photocoagulation. Non-injurious laser exposures and most laser injuries are painless, but rubbing an eye after a laser exposure can cause a painful transient corneal abrasion that individuals may attribute to laser exposure.”⁶

The photographer reported crippling pain in both eyes, though there were no signs of laser injury in his left eye. If the photographer's debilitating symptoms were not the result of a laser exposure, what caused them? The photographer's symptoms may have been connected to aspects of his medical history, and/or to somatization associated with the psychological stress he experienced. His conviction that these symptoms resulted from laser exposure, despite the

overwhelming weight of evidence to the contrary, is harder to explain. In cases like this, as in Havana Syndrome, extensive testing done after the fact may reveal conditions that have existed undetected prior to the incident. A person may then connect these previously existing conditions with the incident in question, and form a belief system about their symptoms that is very resistant to change.

***Kapitan Man* vs Havana Syndrome**

The *Kapitan Man* case and Havana Syndrome both originated with a suspected directed energy attack on American personnel who were engaged in intelligence activities directed against Russia⁷. The photographer believed that he was lased from the *Kapitan Man* by the Russians to prevent him from effectively gathering intelligence about their surveillance activities. A recent *Sixty Minutes* program about Havana Syndrome featured a former intelligence analyst who claimed that an important feature common to the Havana Syndrome attacks is that they target top people in the intelligence community whose work is focused on Russia. In both the *Kapitan Man* and Havana Syndrome cases, a “betrayal narrative” related to this Russian connection developed. In both cases, those who considered themselves victims of a foreign attack were faced with government authorities who ultimately concluded that this was probably not what had happened – that they were not victims of such an attack. Victims (and their advocates) who were unwilling to accept this conclusion, and believed that they were victims of a foreign attack despite the conclusions of intelligence agencies, scientists, and government officials, concluded instead that they were also victims of a government cover-up.

In the case of the *Kapitan Man*, the betrayal narrative was articulated explicitly in a book unsurprisingly entitled “*Betrayal*” by reporter Bill Gertz.⁸ The *Kapitan Man* case was one of several examples in this book that the author argued showed the weakness of the Clinton

Administration in dealing with Russia. The thesis seemed to be that the Clinton Administration wanted to avoid any Cold War-like interactions with Russia, and was willing to hang the photographer out to dry to ensure good relations with Russia. The motive for the alleged cover-up in the case of Havana Syndrome is more nebulous⁹, but seems to relate to a desire on the part of the government to conceal from the public uncomfortable truths about Russian capabilities.

In both the *Kapitan Man* and Havana Syndrome cases, the initial scientific/medical/technical assessment of the attack scenario changed over time. The photographer was initially supported in his belief that he had been exposed to a laser, both by the retina specialist in Washington and the Army Medical Detachment in San Antonio. The Washington specialist stuck with this view, and testified for the photographer in his lawsuit against the owners of the *Kapitan Man* (which he lost) but the Army Medical Detachment revised its opinion and concluded that the photographer was probably not the victim of a laser injury, a conclusion that came to be more broadly accepted by others involved in the case. The suspected laser itself, observed in the photograph taken by the photographer, was determined to be in the exact location of the port-side running light on the ship, and quite possibly the running light is all that appeared in the photograph.

A similar change occurred with Havana Syndrome. Early scientific studies suggested that specific observable physical changes in the brains of Havana Syndrome victims could be found, changes that made sense in light of the victims' symptoms. More recent studies have reached a very different conclusion, though: that no such "smoking gun" can be found in the brains of Havana Syndrome victims, thereby casting considerable doubt on Havana Syndrome as a foreign attack. That scientists might disagree with one another, or that scientific assessments might change over time, is neither surprising nor alarming to scientists. As more

studies are done and evidence accumulates, scientific assessments often change: this is how the process is supposed to work. People outside the scientific community, and perhaps particularly people in the intelligence community, may tend to interpret such change in a more suspicious or sinister light, however.

The essential similarity between the *Kapitan Man* incident and Havana Syndrome is that in both instances, we initially had an apparently isolated incident of a person reporting that they were attacked by the Russians with a weapon that caused serious and debilitating symptoms. In both instances, the weapon was (eventually) hypothesized to be a directed-energy weapon: a pulsed laser in the *Kapitan Man* incident, a pulsed microwave device in the case of Havana Syndrome. In both instances, the government, and a significant fraction of the scientific community that has studied these events, has concluded that it is probable that no such attacks occurred. The *Kapitan Man* incident was confined to the crewmembers involved in the April 4, 1997 incident, and did not spread beyond these two men. Havana Syndrome, on the other hand, spread broadly across the affected professional community, and geographically across the world. There may now be as many as 1,500 people who believe they have been attacked with the putative Havana weapon. What might explain this difference between the two cases? Since our belief is that no actual attacks occurred in either case, why did the *Kapitan Man* case begin and end with two officers on a helicopter, while Havana Syndrome continues to expand and draw in more and more people claiming to be victims? At least six factors may be at work: the professional and social milieu of the initial victims; the nature of the weapon suspected to have been used; the government's response, the political context; the role of the media; the role of Congress.

Larger Group, Better Communication

The *Kapitan Man* incident occurred twenty-seven years ago. While 1997 was not the Stone Age as far as communication was concerned, it was a time before the existence of social media platforms as we know them today. One suspects that people in the American diplomatic and security community today are well-connected to one another through both official and non-official networks of communication. The people who staff our embassies and consulates abroad must to some extent form a tight-knit community of people who face common challenges and share support and assistance with one another, much as do military personnel. It would be surprising if the news of the now so-called “anomalous health incidents” did not spread quickly along the networks connecting these thousands of people around the world. Once the reports were made public, a great deal of information about the incidents and the symptoms reported by victims no doubt was shared widely within this community. This, of course, makes possible a great deal of suggestion and re-interpretation of incidents perhaps dismissed as insignificant before hearing these reports, potentially stimulating well-known mechanisms of social contagion. The potential community of people who might be attacked in the same way as the photographer, on the other hand, people photographing suspected Russian spy ships from helicopters, was much, much smaller than the community of diplomatic and security officials affected by Havana Syndrome, and that smaller group was probably not inter-connected through formal or informal networks as tightly as the Havana Syndrome victims, or perhaps as tightly as they are today. Opportunities for social transmission and contagion must have been much diminished in this community compared to the Havana Syndrome case.

Well-understood Lasers vs.....?

Perhaps the most important reason that the *Kapitan Man* incident remained an incident while the Havana incident became a Syndrome is the nature of the putative weapon employed in

both cases. It is not likely that the photographer was targeted by any device on the *Kapitan Man*, but if he was, we can make a very good guess as to exactly what it was. It must have been a laser, and quite probably would have been a Q-switched Nd:YAG¹⁰ laser emitting repetitive pulses of radiation at a wavelength of 1064 nanometers (near-infrared radiation generally invisible to the human eye) of the sort commonly employed in laser rangefinders. Such lasers are used widely in many applications, including laser eye surgery, and so a great deal is known about the very specific and well-defined effects they produce on human eyes and human visual function. In addition to our knowledge of their effects under controlled use, accidental exposures to such lasers resulting in injury have also occurred, adding to our understanding. It was thus straightforward for the ophthalmologists who examined the crewmembers to conclude immediately that the Canadian pilot had not suffered any detectable laser injury. He may or may not have been exposed to a laser, but he was not visibly injured by a laser on April 4, 1997, and his visual function was normal. The results for the photographer were more ambiguous, as it was concluded that three or four abnormalities on his right retina might have been evidence of exposure to a laser of the sort hypothesized, though he, too, had normal visual function. It was straightforward to conclude in his case, though, that the very severe symptoms reported by the photographer (or the Canadian pilot, for that matter) could not be connected to exposure to such a laser, even if it did occur. Anyone else coming forward with a suspected laser injury could thus relatively quickly and easily be told whether or not he/she had suffered a laser injury, and if so, what to expect in terms of a medical prognosis.

Because the “weapon” thought to have been employed in the Havana Syndrome cases has never been anything more than a hypothetical construct the properties of which are a matter of pure speculation, the nature of its effects on humans exposed to it must similarly be a matter

of pure speculation. Speculation now focuses on a pulsed weapon emitting radiation in the microwave region of the electromagnetic spectrum, with wavelengths from 1 centimeter to one meter. Confronted with a large group of people who report an incredibly wide variety of exposure experiences and resulting symptoms, it becomes very difficult to work backward from those data to reverse-engineer a device with those parameters that might have caused the symptoms. Hypothesizing a particular device and working the other way, to determine whether it might have produced such exposure experiences and symptoms, confronts the same problem of the variability of those experiences and symptoms. A further complication arises in that the mechanism by which the speculative weapon is thought to produce the symptoms people report is injury to the brain. The brain is a staggeringly complex structure: determining whether “something bad might have happened to your brain” is a problem of an entirely different magnitude than determining whether “something bad might have happened to your retina”. It is easy to look at a retina, and we know what laser injuries look like and where to look for them. It is hard to look at a brain, and there are many places to look, especially if we don’t know exactly what we are looking for. Our knowledge of the effects of lasers on eyes dwarfs our knowledge of the effects of microwaves on brains. It was relatively easy to reduce the pool of crewmembers potentially injured by a laser by 50% in the *Kapitan Man* incident in a matter of days (from 2 to 1). Given that we don’t know what the Havana Syndrome weapon is or what effects it might produce, how can we reduce the pool of those potentially injured by it at all? We cannot, and so the number is likely to continue to grow.

Government Response

There were, as we shall see, attempts by the media and by members of Congress to advocate for the photographer as a victim of a hostile attack, but the photographer ultimately did

not receive the sympathetic response he was hoping for from the government. In fact, his actions in trying to secure recognition for what he believed was the hostile attack to which he was subjected ended up costing him a promotion. He ultimately prevailed in having that action reversed, but the Navy never acknowledged that he was attacked by a laser on April 4, 1997, and thereby never acknowledged that the serious and debilitating symptoms he experienced were the result of that hostile action. He lost his lawsuit against the owners of the *Kapitan Man*, and his crusade to be awarded the Purple Heart failed. All in all, there would seem to have been little in his story that would encourage others thinking that they had experienced a similar attack to follow in his footsteps.

The Havana Syndrome story has been quite different in this respect. While the government has officially concluded that the anomalous health incidents that we collectively know as Havana Syndrome were probably not the result of a hostile act, those who believe themselves to have been victims of the Havana weapon have fared far better than the *Kapitan Man* photographer did. Their health concerns have been taken seriously, and the HAVANA (Helping American Victims Afflicted by Neurological Attacks) Act authorizes significant lump-sum payments (as much as \$204,000) to individuals who qualify, even though the US government has said that it doesn't think anyone was actually afflicted by a neurological attack. This state of affairs should at least not dissuade those who believe they may have been victims from reporting their concerns, as the photographer's tumultuous and difficult post-injury experiences might conceivably have dissuaded similarly situated people from reporting their experiences.

There was also a partisan political dimension to the *Kapitan Man* incident that is not present with Havana Syndrome. Bill Gertz, a *Washington Times* journalist, published a book in

1999 with Regnery Publishing, a well-known conservative publisher, entitled, “*Betrayal: How the Clinton Administration Undermined American Security*”. The first case featured in this book was the *Kapitan Man* incident, and the conclusions presented in the book were that the photographer was indeed injured by a laser on the *Kapitan Man*, and that the Clinton administration threw the photographer under the bus by denying that he had been the victim of an attack from the ship because the administration cared more about preserving good relations with Russia than it did about the welfare of military members who served America faithfully. When the photographer sued FESCO, the Far East Shipping Company based in Vladivostok and owner of the *Kapitan Man*, he did so with the financial underwriting of *Judicial Watch*¹¹, a conservative advocacy organization. This association with far-right political interests may have been unhelpful in generating broad sympathy for the photographer’s cause. Havana Syndrome began during the Trump administration, and continues through the Biden years, so it is unclear how either political party might use it to their advantage.

The Media

Ambrose Bierce’s magnificent *The Devil’s Dictionary* occupies an honored place on my bookshelf, and defines “reporter” as “A writer who guesses his way to the truth and dispels it with a torrent of words”. While one can find many examples of print journalism that fairly represent the nuanced and diverse views of Havana Syndrome, and which help readers understand the complicated issues involved in the issue, the same cannot be said for television journalism. The 1999 episode of ABC’s *20/20* (cited above) presented by Diane Sawyer is an example of the shoddy and one-sided treatment often accorded these important stories on television news programs. Even way back in 1999 it ought to have been easy to check to see whether a laser eye injury would be likely to result in two years of 24/7 pain akin to being

stabbed in the eye with an ice pick or struck in the face with a baseball bat. Twenty-two years earlier C. David Decker published an account of his laser eye injury¹². He had been severely injured by a laser much like the one implicated in the *Kapitan Man* case, and he did experience pain, but in his words, it never became excruciating. The pain recurred from time to time, he said, especially when he was tired or had been doing a lot of reading, but his post-injury course was nothing like that reported by the photographer, whose retinal findings were barely detectable. Dr. Decker's retina had been perforated by the laser exposure, spilling blood and debris into the vitreous humor of his eye and obscuring his vision. He was lucky as to the placement of the injury, and had a surprisingly good recovery. Stories like the one told in the *20/20* program do no one any good: they misinform the public, and by failing to act with proper skepticism, they fail people who desperately need to have their beliefs challenged.

Both CNN and CBS have aired similarly one-sided advocacy programs opposing the scientific and governmental consensus that Havana Syndrome is not caused by hostile foreign actors. A CNN *Special Report* featuring Dr. Sanjay Gupta did so in September 2022. The CBS program *Sixty Minutes* recently (March 30, 2024) aired such an episode which quickly revived flagging interest in Havana Syndrome potentially dampened by research conducted by the National Institutes of Health and published in the *Journal of the American Medical Association* twelve days earlier, which concluded that there were no detectable injuries in the brains of Havana Syndrome victims as compared to a matched sample of control subjects. The JAMA articles noted that while the symptoms of Havana Syndrome victims are real, there are plausible explanations for them other than brain injury, casting doubt on the premise that Havana Syndrome results from brain changes caused by exposure to a pulsed microwave (or any other) weapon. After the *Sixty Minutes* piece aired twelve days later, a chorus of calls for new and

expanded investigations into Havana Syndrome have been heard: on April 1, 2024, the Editorial Board of the *Washington Post*, citing the *Sixty Minutes* piece, opined that “The US can’t stop investigating Havana Syndrome”. On April 12, 2024, eight United States Senators (four Democrats and four Republicans) followed the *Washington Post’s* lead by sending a letter to President Joseph Biden citing the *Sixty Minutes* report directly, asking the President to continue and expand the search for the Havana Syndrome weapon, and to ensure that victims receive treatment and compensation.

Congress

Both the *Kapitan Man* incident and Havana Syndrome eventually attracted the attention of members of Congress. In both cases, the Congressional interest has been bipartisan. In the *Kapitan Man* case, hearings were held before the House Armed Services Committee at which the photographer testified. The Congressional interest in both cases appears to be motivated by the same two broad areas of concern: (1) Security-related concerns by more hawkish members of Congress who fear that the US is being attacked by a foreign power and that these threats are not being taken seriously enough and (2) Welfare-related concerns by members of Congress who fear that, for whatever reason, individuals who may have suffered injury in the service of the United States are not being adequately cared for and compensated.

However laudable the Senators’ concerns about security and welfare may be, one cannot help but notice that the Senators, who were moved to immediate action by the lurid and sensational but completely unsubstantiated allegations presented in the *Sixty Minutes* TV show to call for more tax dollars to be spent investigating Havana Syndrome and compensating victims, found no reason to even mention the National Institutes of Health report published in a top-tier medical journal about Havana Syndrome on March 18, 2024, which concluded that

Havana Syndrome victims have not suffered any brain injuries. Perhaps Americans can be forgiven for a certain degree of cynicism regarding both the media and our Congress. A recent Gallup poll showed that a mere 32% of Americans say that they trust the mass media “a great deal” or “a fair amount”, while 68% have “not very much” or “no confidence at all”.¹³ Unsurprisingly, perhaps, roughly the same percentage of Americans – 32% - trust Congress “very much” or “a fair amount”, while 67% trust Congress “not at all” or “not very much”¹⁴. Whenever it appears that reason might be about to prevail on Havana Syndrome, the two least-trusted institutions in America join forces to ensure that the drama continues. But perpetuating the drama will not help the victims.

Conclusion

Surely it won't be long before someone points out that there is a far simpler explanation for the persistence of Havana Syndrome: it really is the result of Russians attacking our people with secret weapons! Both the intelligence and scientific communities have studied Havana Syndrome extensively. The consensus in the intelligence community is that the Havana Syndrome symptoms are not the result of a foreign hostile actor. There is also a strong consensus in the scientific community that Havana Syndrome victims are not suffering from radiation-induced brain injury. Journalists and politicians selectively amplify the views of a few scientists who hold minority views to downplay this growing scientific consensus. Studying Havana Syndrome involves highly technical expertise in at least two areas: directed energy technology, and neuroscience. There is no evidence that a Havana weapon exists, there is no evidence of physical injury in the victims, and there is no consistent set of symptoms in the victims. There are plausible explanations for most of the observed symptoms that have nothing

to do with the suspected weapon systems proposed. And yet, it does not appear that Havana Syndrome is likely to go away any time soon.

The technical issues involved are so daunting that many of us are forced to rely on the authority of others to understand them. If there is one thing we Americans are not good at, it is knowing which authority figure is trustworthy. The advent of the internet and social media have not improved matters in this respect. As luck would have it, television journalists are especially bad at this, yet have access to a powerful megaphone excellent for drowning out voices of caution and reason. We also have elected representatives, most of whom don't have the technical expertise required to understand the issues, or any better skills at picking the right people to listen to than the rest of us, but do have lots of other peoples' money to spend. Naturally, it is not difficult to find willing recipients for this money.

The truly sad part is that until we reach a national consensus one way or the other about Havana Syndrome, the victims cannot really move on with their lives. If we could say with certainty that victims were exposed to a weapon with particular output characteristics that produce predictable effects, then the search for effective treatment could be much advanced. It appears there is no such weapon. If we could, therefore, simply say that victims were not exposed to any such weapon, pursuant to the scientific and intelligence consensus, then the search for the causes of their complaints could begin *de novo*, and the search for effective treatment could be much advanced.

It has been twenty-seven years since a photo analyst saw what was most likely a port-side running light in a photograph of the *Kapitan Man*, and thought it might be a laser. A great deal of pain and stress was brought into the life of the photographer who took that photograph by the events of April 4, 1997. Some of that was of his own making, but much of it was created

and exacerbated by the mixed signals he received from experts, or from those who had a stake one way or the other in the interpretation of the events of that day. We don't owe the victims of Havana Syndrome the explanation they want to hear: what we owe them is the truth. Twenty-seven years from now, we will have 1,500 (and counting) people who now think themselves victims of a mysterious weapon looking back on what is happening today. If telling them an uncomfortable truth will save them unpleasantness of the sort the *Kapitan Man* photographer experienced, then we ought to do that, and sooner rather than later.

¹¹https://commdocs.house.gov/committees/security/has042200.000/has042200_0.HTM

² The author was as assigned to the Ocular Hazards Division, Letterman Army Institute of Research, San Francisco, California, as an active-duty Army research psychologist from 1987-1990. This organization became the US Army Medical Research Detachment, Walter Reed Army Institute of Research at Brooks City Base, San Antonio, Texas, after the early 1990's base closings and realignments. The author then served as a US Army Reserve Individual Mobilization Augmentee at the Medical Research Detachment for several years. He was not involved in any activities related to the *Kapitan Man* case when it occurred.

³ <https://jamanetwork.com/journals/jamaophthalmology/fullarticle/416518>

⁴ <https://www.seattlepi.com/seattlenews/article/pentagon-says-purple-heart-due-man-claiming-1133856.php>https://web.archive.org/web/20131231051150/http://servv89pn0aj.sn.sourcedns.com/~gbpprorg/mil/herf/2020_transcript.txt

⁵ For the record, laser pointers can be dangerous – all applicable warnings associated with them should be read and heeded.

⁶ <https://jamanetwork.com/journals/jamaophthalmology/fullarticle/416518>

⁷ Not all of the Havana Syndrome victims were involved in intelligence work.

⁸ Gertz, Bill. (1999). *Betrayal: How the Clinton Administration Undermined American Security*. Washington, DC: Regnery Publishing, Inc.

⁹ https://www.cbs.com/shows/video/R6jJESuD7EcX5ptjkA3K6flmfQD0EW_F/

¹⁰ A neodymium yttrium-aluminum -garnet laser. Q-switching creates a repetitive pulse output, which can produce tens of thousands of short pulses each second.

¹¹ <https://www.seattlepi.com/seattlenews/article/pentagon-says-purple-heart-due-man-claiming-1133856.php>

¹² <https://ehs.utoronto.ca/wp-content/uploads/2015/10/Laser-Accident-Victims-View.pdf>

¹³ <https://news.gallup.com/poll/512861/media-confidence-matches-2016-record-low.aspx>

¹⁴ <https://news.gallup.com/poll/512651/americans-trust-local-government-congress-least.aspx>