

ATTACKS ON U.S. DIPLOMATS IN CUBA: RESPONSE AND OVERSIGHT

TESTIMONY OF
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BEFORE
THE SUBCOMMITTEE ON WESTERN HEMISPHERE, TRANSNATIONAL
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GLOBAL WOMEN'S ISSUES
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Chairman Rubio, Ranking Member Menendez, and Distinguished Members of the Committee:

Thank you for the opportunity to testify on the Department's response to the recent health attacks in Havana. I will be describing the evolution of the medical response and what we currently know about the health effects.

From the individual and public health perspective, managing this evolving situation is challenging. Mission personnel describe a multitude of symptoms, many of which are not easily quantifiable and not easily attributable to a specific cause. The sharing of information that occurs in a small, tight-knit community has helped identify more affected personnel, but, as typically is the case with any community outbreak, also can complicate an epidemiological investigation. However, the most challenging factor is the lack of certainty about the causative agent and, therefore, the precise mechanism of the injuries suffered.

Individuals first visited our medical unit in Embassy Havana in late December 2016 and January 2017 reporting various symptoms including headache, ear pain, dizziness, and hearing problems. They associated the onset of these

symptoms to their exposures with unusual sounds or auditory sensations. Various descriptions were given: “a high pitched beam of sound”; an “incapacitating sound”; a “baffling sensation” akin to driving with the windows partially open in a car; or just an intense pressure in one ear. Since the symptoms first reported primarily affected auditory functions, an otolaryngologist at the University of Miami, highly experienced in evaluating acoustic injuries in military personnel, was identified to perform additional assessments.

Between February and April of last year, this specialist evaluated eighty members of the Embassy community. Of the individuals evaluated in this initial tranche, sixteen were identified to have symptoms and medically verifiable clinical findings of some combination similar to what might be seen in patients following mild traumatic brain injury or concussion.

In early July, my office convened a panel of academic experts to review the case histories and the test results gathered to date. Although the assembled group identified that some of the symptoms and findings could be caused by other things such as viral illnesses, previous head trauma, aging, and even stress, the consensus was that the patterns of injuries that had so far been noted were most likely related to trauma from a non-natural source.

In light of the emerging clinical parallels to mild traumatic brain injury, the nationally-recognized brain injury center at the University of Pennsylvania was identified to provide detailed reevaluations of employees with prior exposures and to evaluate Embassy community members who reported new exposures. As a result of further evaluations begun in late August, additional individuals with exposures that occurred prior to April 24 were added to the list of confirmed cases. Two other individuals who reported exposures that occurred in mid-August 2017 were also medically confirmed as cases, bringing the total number of cases to 24.

I would like to now describe the health effects identified so far. While the descriptions of the reported auditory sensations have varied, all medically-confirmed cases have described some combination of the following symptoms beginning within minutes to hours of the event: sharp, localized ear pain; dull unilateral headache; tinnitus in one ear; vertigo; visual focusing issues;

disorientation; nausea; and extreme fatigue. In many of the patients, the acute symptoms resolved within days to weeks, but other health issues emerged that were more persistent. These have included: cognitive problems, including difficulty with concentration, working memory, and attention; recurrent headache; high-frequency unilateral hearing loss; sleep disturbance; and imbalance walking. As in the acute phase, the duration and severity of these later symptoms have varied widely.

Defining the prognosis for the confirmed cases is extremely difficult since no precise analogue for this possibly novel syndrome exists. Some patients remain symptomatic months after their exposures. The persistent symptoms have improved to varying degrees in all individuals, some after extended rehabilitative therapy, some over time without treatment. Ten of the 24 patients have returned to either full or part-time work, while others continue to receive treatment with an anticipation of return to duty. However, at this time we are unable to state whether or not the injuries may result in adverse long-term consequences to the individuals' future health or functional abilities.

All government personnel who travel to Havana on official duty now receive a detailed medical briefing and are encouraged to undergo pre-deployment screening including baseline audiograms and neurocognitive testing. We have formally requested assistance from the Centers for Disease Control for performing a broader epidemiological analysis and providing appropriate medical information to the American public. Discussions have also been held with the National Institute of Neurological Disorders and Stroke at the National Institutes of Health regarding its participation in the ongoing medical investigation.

I look forward to your questions.