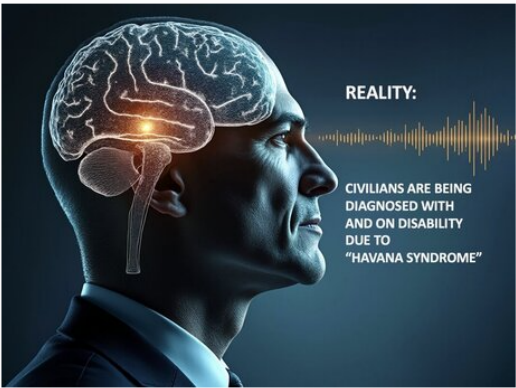


Hello, my name is Len Ber MD.

I am a retired Medical Doctor who spent the last 30 years in the executive positions in the pharmaceutical and nutraceutical industries. I am one of the few civilians who was given the same diagnosis by the same group of physicians as the US Embassy personnel medevac'd from Cuba. All my attacks are domestic, highly debilitating, and resulted in my disability and early retirement. My diagnosis was further verified by a world-leading expert on neuroweapons Dr. Giordano of the Georgetown University in DC, and forwarded for further investigation to the DOD. Neither FBI nor DOD has been investigating my diagnosed case. I am one of the Plaintiffs in the historic lawsuit "Targeted Justice v. Garland". I am a Board Member, and Global Medical Leader for Targeted Justice, inc. a non-profit 501(c)(3) organization.



**SUMMARY:**

"Havana Syndrome" is an obsolete name for Non-Kinetic Brain Injury (Injury due to intentional directed pulsed electromagnetic energy exposure). As opposed to a concussion, or mTBI (mild traumatic brain injury), there are no physical objects moving, only the energy is moving, thus, the term "non-kinetic".

Non-Kinetic Brain injury (NKBI) has not been added to the ICD-10 (most recent version of the International Classification of Diseases) yet. The closest classification code for this type of injury is S06.9X0A:Brain/intracranial injury, other, unspecified, without loss of consciousness. For the chronic condition that develops, the code is C93.49\*\* - Other specified encephalopathy. This code can be useful when the clinician diagnoses CTE (Chronic Traumatic Encephalopathy) due to non-kinetic EM energy exposure. It also provides room for more specific descriptors.

In Military Medicine, the diagnosis of UBI, or Unconventionally Acquired Brain Injury is attributed to intentional directed energy exposure. *See PDF below published in the Summer of 2021.*

The Government's preferred term used in conjunction with this condition is AHl (Anomalous Health Incident). However, it is a misnomer because it describes an event, rather than a medical condition.

Another term, NeuroStrike, has been proposed by Robert McCreight (*first in a blog in 2019, and later, in an article in The Small Wars Journal in September 2022 – see PDFs below*). Once again, Neurostrike is not a name for a medical condition, but rather a term used to describe an event such as AHl.

There are two dozen cases of Non-Kinetic Brain Injury among the Department of State and the CIA employees that were indisputably diagnosed by Dr. Hoffer and his group at the University of Miami, further referred to as The Havana Cohort. The authenticity of these validated cases have not been questioned by the Medical and/or the Intelligence Community, and are most plausibly attributed to "intentional exposure to directed pulsed electromagnetic energy in the microwave range."

The US Government has not recognized a single civilian case of NKBI (except for some family members who accompanied federal employees on their missions overseas). There are multiple reports of AHIs that took place on US soil. These cases have also been diagnosed.

It is important to understand that NKBI is an overarching diagnosis for what we used to colloquially call "Havana Syndrome". Vestibular damage, cognitive impairment, behavioral changes are sequelae (consequences, manifestations, complications, or attributes) of NKBI.

Despite the perception that the symptoms of Non-Kinetic Brain Injury are general and non-specific, it has been established that the combination of its core of characteristics is distinctly unusual, is unreported elsewhere in the medical literature, and has not been associated with a specific neurological abnormality, and thus manifesting a novel medical condition.

**KEY FINDINGS AND PUBLICATION (MOSTLY) IN THE CHRONOLOGICAL ORDER:**

## **Homo Interruptis, with Len Ber MD**

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Recently, Dr. Giordano has been active on LinkedIn where I intercepted a post on DARPA's N3 Technology which I am summarizing below:

1. N3 stands for **Next-Generation Nonsurgical Nanotechnology**.
2. N3 is aimed to develop vast array of nanoscalar sensing and transmitting brain-computational interfaces (BCIs).
3. The system works much like WiFi in that it's all about parsing signal from the "noise floor" of the brain.
4. Sensing and Transmitting dynamics involve "reading from" and "writing into" brain processes of cognition, emotions and behavior.
5. "Biocybersecurity-by-design" is paramount for N3 and all neurotech; Pandora's jar has been open.
6. This is fundamentally "Mind Reading" and "Mind Control". 7. The need for a reality check is now!

Link to the original post by Dr. Giordano:

[https://www.linkedin.com/posts/dr-james-giordano-8454476\\_neurotechnology-nanotechnology-bci-activity-7257220210108067841-TwgB](https://www.linkedin.com/posts/dr-james-giordano-8454476_neurotechnology-nanotechnology-bci-activity-7257220210108067841-TwgB)

Link to the same post on the Institute for Biodefense Research webpage:

<https://biodefenseresearch.org/darpas-n3-the-future-of-non-surgical-brain-interfaces/>