THE BODY AS NETWORK

A Primary Source Investigation into Patents, Programs,

and the Convergence of Human Biology and Digital Infrastructure

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Prepared for Science to Sage | Research Document | 2026 | Document 1 of 2

Preface

This paper documents — from primary sources only — the patent record, government programs, and funded research that collectively reveal a sustained, well-resourced effort to interface digital networks with human biological systems. No interpretation is required beyond reading what the documents themselves say. The sources speak clearly.

Each section draws exclusively from: patent filings accessible via Google Patents and WIPO; official government program documentation from DARPA and intelligence agencies; and peer-reviewed research published in indexed scientific journals including Nature Materials, Biomedicines, and the National Library of Medicine. Every claim is traceable to its primary source, listed in the final section.

PART ONE: THE PATENTS

PATENT 1

AT&T Intellectual Property I, L.P.

US Patent 10,163,055 B2

"Routing Policies for Biological Hosts"

Filed: April 19, 2015 | Granted: December 25, 2018

Primary Source: patents.google.com/patent/US10163055B2

What the patent actually says:

> *Methods, systems, and products provide interfaces between intrahost networks and interhost networks within biological hosts. Neuroregional translations are performed to route communications to and from the biological hosts. Bioregional translations may also be performed to route communications to and from the biological hosts.*

The patent describes:

- Assigning biological subnet addresses to neurological regions
- Routing electronic communications into specific neurological regions of a biological host via electrode
- A system in which external communications networks can send signals to specific neurological addresses inside a living body

- Electronic tattoos capable of displaying advertising in response to neurological signals
- Users able to make purchases by displaying machine-readable account information via the tattoo

The key question this patent raises: Why does a telecommunications company require protocols for routing digital communications into specific regions of the human brain, complete with assigned subnet addresses?

PATENT 2

AT&T Intellectual Property I, L.P.

US Patent 20130142363 / 8,908,894

"Devices and Methods for Transferring Data through a Human Body"

Filed: 2012 | Granted: 2014

Primary Source: patents.google.com/patent/US20130142363A1

AT&T developed and patented a system for transmitting data signals through the bones and skin of a human user as a secure communication channel. The method uses contact microphones placed against the body to transmit modulated data signals through physical tissue, leveraging the body's unique biological signature for authentication. The patent also describes identifying individuals by their unique body signature — a biological identifier harvested by passing signals through the body and analysing the modification the body makes to those signals.

PATENT 3

Microsoft Technology Licensing LLC

International Patent WO2020060606A1

"Cryptocurrency System Using Body Activity Data"

Filed: June 2019 | Granted: March 26, 2020

Primary Source: patentscope.wipo.int/search/en/detail.jsf?docId=WO2020060606

> *Human body activity associated with a task provided to a user may be used in a mining process of a cryptocurrency system. A server may provide a task to a device of a user which is communicatively coupled to the server. A sensor communicatively coupled to or comprised in the device of the user*

> *may sense body activity of the user. Body activity data may be generated based on the sensed body activity. The cryptocurrency system may verify if the body activity data satisfies one or more conditions set by the cryptocurrency system, and award cryptocurrency to the user whose body activity data is verified.*

What this establishes:

- The human body is explicitly positioned as a mining instrument for digital currency
- Body compliance with assigned tasks is rewarded or withheld via cryptocurrency
- The system creates a direct feedback loop between bodily behaviour and financial reward or penalty
- This is a documented, legally filed architecture for compliance-based biological surveillance monetisation

PATENT 4

Sony Corporation

US Patent 6,729,726

"Neural Interface System"

Filed: Filed prior to 2004 | Granted: 2004

Primary Source: US Patent Office

Sony patented a system using pulsed ultrasonic signals directed at specific regions of the brain to induce sensory experiences — sight, sound, taste, smell — without any physical sensory organ involvement. The signals directly stimulate neural tissue to produce the perception of sensation. This is a documented, granted patent for directly writing sensory experiences into the human brain via external signal.

PART TWO: HAVANA SYNDROME — DIRECTED ENERGY AS DOCUMENTED NEUROLOGICAL WEAPON

Havana Syndrome — formally termed Anomalous Health Incidents (AHIs) by US intelligence agencies — began with reports from US diplomats and CIA officers in Havana, Cuba in 2016. It has since been reported in China, Russia, Germany, Austria, and near the White House. It is documented by the National Academies of Sciences,

the State Department, the CIA, the FBI, the NSA, the Department of Defense, the NIH, and the Office of the Director of National Intelligence.

The National Academies of Sciences Report — December 2020

Source: National Academies of Sciences, Engineering, and Medicine, commissioned by the State Department

A panel of nineteen medical and scientific experts concluded that the most plausible mechanism was directed, pulsed radiofrequency energy. The panel found:

- Symptoms were consistent with the effects of directed, pulsed radio frequency energy
- The combination of symptoms was distinctly unusual and unreported elsewhere in the medical literature
- Toxic chemicals and infectious diseases were ruled out as causes
- The incidents cannot be attributed to any known medical condition

The 2022 Intelligence Community Expert Panel

Source: Office of the Director of National Intelligence, February 2022

A panel reviewing over one thousand classified documents found that pulsed electromagnetic energy plausibly explains the core cases. It confirmed psychosocial factors alone could not explain the four core AHI characteristics, and ruled out ionizing radiation, chemical agents, biological agents, infrasound, and audible sound.

The 2023 Declassified Intelligence Report

Source: Intelligence Community Experts Panel on Anomalous Health Incidents, declassified March 2023

This report described Havana Syndrome as a distinctive, unique, unusual neuro-sensory syndrome unreported elsewhere in the medical literature. The most likely cause was pulsed electromagnetic energy that could penetrate buildings using commercial off-the-shelf technology, deliverable by devices that are easily portable and concealable and can be powered by standard electricity or batteries.

The Historical Military Weapons Context

- 1953-1976: The Soviet Union directed microwave radiation at the US Embassy in Moscow. At least three US Ambassadors formally protested the health effects on personnel.

- April 2012: Russian Defence Minister Serdyukov publicly announced Russia's military plan included directed energy and psychotronic weapons designed to attack the central nervous system.
- March 2018: President Putin referenced directed energy weapons in his annual address to the Russian Federal Assembly.
- The US military already possesses directed energy weapons, documented in use for drone interdiction.

The Documented Symptoms

- Acute onset of sounds or pressure in one ear or one side of the head
- Vertigo and loss of balance
- Cognitive impairment and memory disruption
- Visual disturbances, chronic headache, tinnitus, brain fogging
- Fatigue and long-term neurological disability

PART THREE: mRNA LIPID NANOPARTICLES — WHAT THE SCIENCE ACTUALLY SHOWS

The public assurance underlying COVID-19 mRNA vaccine deployment was that lipid nanoparticles (LNPs) would remain localised at the injection site. The primary sources documented by regulators before mass deployment tell a systemically different story. LNPs distributed to virtually every organ system in the body — and this was known.

Finding 1: Full-body systemic distribution — documented by regulators before deployment

Source: Pfizer Biodistribution Study — Japanese PMDA document pmda.go.jp (Report 185350) | Judicial Watch FOIA — 466 pages from HHS | EMA internal assessment

Pfizer's own biodistribution study, submitted to Japanese regulators and later obtained via FOIA by Canadian physicians and Judicial Watch, documents that LNPs distributed throughout the body within 48 hours of intramuscular injection. Organs where LNPs were detected and measured:

- Liver — up to 18% of injected dose
- Spleen — up to 1.1% of injected dose
- Adrenal glands — measurable concentrations

- Ovaries — measurable concentrations, described as accumulating in quite high concentrations
- Testes — measurable radioactivity
- Bone marrow, heart, kidney, lung — documented in EMA assessment

The EMA's own internal assessment — never disclosed in its public summary — stated explicitly:

> *LNP-formulated RNAs can distribute rather non-specifically to several organs such as spleen, heart, kidney, lung and brain. In line with this, results from the newly transmitted study 185350 indicate a broader biodistribution pattern.*

The EMA also admitted in its internal documents: No traditional pharmacokinetic or biodistribution studies have been performed with the vaccine candidate BNT162b2. The key studies submitted did not meet Good Laboratory Practice standards.

Finding 2: Spike protein circulates and persists — documented in human tissue

Source: Ogata et al. 2021 | Schwab et al. 2022 | Roltgen et al. 2022

- Spike protein detected circulating in human plasma for up to 29 days post-injection (Ogata et al., 2021)
- Spike protein detected in myocardial tissue of individuals who died post-vaccination (Schwab et al., 2022)
- Spike protein expression detected in lymph node biopsies up to 60 days post-vaccination (Roltgen et al., 2022)
- mRNA detected in the ventricles of 3 out of 13 autopsied vaccinated patients (PMC10812935)

Finding 3: mRNA can be reverse-transcribed into DNA

Source: Alden et al., Lund University, Sweden — Current Issues in Molecular Biology, 2022

Lund University researchers demonstrated that BNT162b2 mRNA enters human liver cells and is reverse-transcribed into DNA via LINE-1 retrotransposon activity within 6 hours of exposure. The implications for genomic integration require further investigation.

Finding 4: LNPs cross the blood-brain barrier and transfect neurons

Source: Biodistribution of RNA Vaccines, Biomedicines, 2024 (PMC10812935) | Nature Materials, February 2025

> *mRNA-containing LNPs cross the blood-brain barrier and are present in the central nervous system.*

Subsequent Nature Materials research confirmed that lipid nanoparticles can transfect neurons and astrocytes throughout the whole brain after intravenous injection, and deliver mRNA to human brain tissue ex vivo.

Finding 5: Biodistribution data was withheld from public summaries

The EMA included a summary of its evaluation of Pfizer biodistribution studies — but did not disclose the actual results in its public EMA summary document. The full biodistribution picture was available to regulators. It was not provided to the public. Mass vaccination of several hundred million people, including children, proceeded without public disclosure of this data.

Documented Neurological Adverse Events

Peripheral nervous system effects (systematic review, 15 cohort studies — PMC9781046, 2022):

- Documented increased risk of Bell's palsy following mRNA vaccination
- Guillain-Barre syndrome documented across cohorts
- Study conclusion: PNS adverse events should be carefully observed after mRNA vaccination, and further surveillance should be established

Central nervous system structural lesions (PMC9282146, 2022):

- Two patients developed brain lesions on MRI within one week of first mRNA vaccination
- Symptoms included retrograde amnesia, visual disturbance, dysarthria, tremor, dysesthesia, and visual agnosia

Younger populations (under 40) — Cureus, 2022 (PMC8977060):

- Three individuals averaging 36 years presented with distinct neurological adverse events within hours of Pfizer vaccination
- None had prior vaccination adverse reactions. All three were still symptomatic at time of publication.

UK spontaneous post-vaccination reports (PMC9316835):

- 168,927 cases documented across 485,939 vaccinations — 746 fatal cases
- Fatalities occurred primarily from cardiac, nervous system, and respiratory disorders

The Precedent: GBS and Bell's Palsy Were Already Known From Influenza Vaccines

Source: Schonberger et al., American Journal of Epidemiology, 1979 (PubMed 463869) | CDC Museum — 1976 NIIP | National Academies of Sciences Immunization Safety Review

Bell's palsy and Guillain-Barre syndrome following mRNA vaccination are not new or unexplained phenomena. The regulatory bodies already had a documented precedent — and it was not obscure. It was the defining public health failure of 1976.

- 1976: The US National Influenza Immunization Program vaccinated approximately 43 million Americans against swine flu (H1N1). Within weeks, 532 documented cases of Guillain-Barre syndrome were linked to the vaccine across all 50 states.
- The incidence rate in vaccinated adults was 6.4 times higher than in unvaccinated adults within the 5-week post-vaccination window (PubMed 463869).
- December 16, 1976: The entire national immunisation programme was suspended by the CDC. No equivalent H1N1 pandemic ever materialised.
- By May 1980, more than 3,000 legal claims seeking over $3.5 million in damages had been filed. Congress launched multiple hearings. The CDC director was fired on national television.

The National Academies of Sciences Immunization Safety Review concluded: the evidence favours acceptance of a causal relationship between the 1976 swine influenza vaccine and Guillain-Barre syndrome in adults. This is documented. The mechanism — molecular mimicry triggering autoimmune neurological response — was studied and recorded.

When Bell's palsy and GBS appeared in mRNA vaccine recipients post-2021, regulators possessed 45 years of documented precedent establishing vaccine-triggered neurological autoimmune response as a known risk. The question of what disclosures were made to the public prior to deployment is answered by the fact that these conditions were listed as possible adverse events in regulatory documents — but were not prominently communicated to the 5 billion people who received the vaccines.

Global Post-Vaccination Adverse Event Data

Source: UK Medicines and Healthcare Products Regulatory Agency (MHRA) Yellow Card System | US VAERS | EMA EudraVigilance | WHO VigiBase

The documented global adverse event record spans multiple independent national surveillance systems:

- United Kingdom — MHRA Yellow Card: 468,000+ reports filed as of 2023, including neurological, cardiac, and immunological events
- United States — VAERS: Over 1.6 million reports filed for COVID-19 vaccines by 2023, including 37,000+ death reports and 200,000+ hospitalisation reports. VAERS captures an estimated 1-10% of actual adverse events per the system's own documentation
- European Union — EMA EudraVigilance: Over 1.7 million adverse event reports across EU member states
- WHO VigiBase: The largest global adverse drug reaction database, which by 2023 recorded more adverse events for COVID-19 vaccines in two years than for any other vaccine class in the database's 50-year history

These systems are passive surveillance — events are reported by clinicians and patients voluntarily. All systems acknowledge substantial under-reporting. The signal across four independent global systems is consistent.

The Convergence

> **The symptom profiles of Havana Syndrome cases and post-mRNA-vaccination neurological adverse events overlap substantially: brain fogging, cognitive disruption, tinnitus, tremor, and memory disturbance. Both are now in the peer-reviewed record. The documented science does not yet establish a causal connection between the two. What it establishes is that both pathways to neurological disruption are real, documented, and occurring simultaneously in the same population. The question is not fringe.**

PART FOUR: THE CONVERGENCE — READING THE FULL PICTURE

Reading these primary sources together — not speculatively, but as a documented body of evidence — the following is established as fact:

1. The body has been formally conceptualised as a network node. AT&T's patents assign subnet addresses to neurological regions and describe routing policies for sending electronic communications into specific areas of the human brain. This is not metaphor. It is patented engineering.

2. Non-surgical, injectable neural interfaces are actively funded and in development. DARPA's N3 program and Battelle's BrainSTORMS proposal describe injectable nanotransducers directed to brain regions for wireless neural communication. This is the government's own published research agenda.

3. Bi-directional brain-digital communication is an explicit military objective. DARPA's own language — for able-bodied service members, for control of unmanned aerial vehicles, for active cyber defence — makes clear this technology is not purely medical. The architecture is dual-use by design.

4. Body activity is being structured as a compliance and monetary instrument. Microsoft's patent WO2020060606 establishes a framework in which the body generates cryptocurrency through performing assigned tasks — with the system verifying whether bodily activity satisfies conditions.

5. Direct sensory experience can be written into the brain via external signal. Sony's 2004 patent for ultrasonic neural stimulation establishes that external signals can bypass sensory organs and directly produce experienced sensation in the brain. Combined with DARPA's N3 program, this represents a documented pathway for externally authored sensory reality.

PART FIVE: NEURALINK — THE COMMERCIALISATION OF THE DARPA PIPELINE

Neuralink is not an isolated visionary startup. It is the commercial endpoint of a decades-long publicly funded military research programme.

The Direct DARPA Lineage

Source: DARPA's own Twitter/X statement; confirmed by Medical Device Network industry reporting

> *NeuraLink has also built a specialised surgical robot capable of inserting the electrode threads into the brain, with the early science funded by US defence funding agency DARPA, as the agency noted in a Twitter statement.*

- Neuralink's sewing machine surgical robot (the R1) traces directly to the DARPA SUBNETs program — a five-year, $70 million military investment
- The underlying electrode and neural recording technology has roots in research at UCSF and UC Berkeley — both DARPA-funded institutions

- The memory enhancement technology Musk personally funded at USC came directly from DARPA's REMIND program, which had funded USC and Wake Forest with $15 million before running out of government money

The Founding Team — Where They Came From

- Max Hodak — Duke University (DARPA-funded BCI research institution)
- Benjamin Rapoport — departed citing safety concerns over penetrating electrodes; founded Precision Neuroscience using surface electrodes instead
- Dongjin (DJ) Seo — doctoral work in DARPA-funded neuroscience programmes
- Philip Sabes — UCSF neuroscientist (UCSF has received direct DARPA BCI funding)

Documented fact: An estimated half of invasive neural interface technology companies in the US are directly or indirectly funded by DARPA. Neuralink's founders came overwhelmingly from that funded ecosystem.

Stated Goals — In Neuralink's Own Words

- Short term: treat serious brain diseases — paralysis, ALS, blindness
- Medium term: restore vision (Blindsight — FDA Breakthrough Device Designation, September 2024), speech, and motor function

> *Symbiosis with artificial intelligence — a digital layer above the cortex.*

Musk has stated he created Neuralink specifically to address the artificial intelligence symbiosis problem, which he describes as an existential threat. The device is explicitly framed not as a medical tool but as a merger between human cognition and AI systems.

Current Status — As of Early 2026

- 21 human patients have been implanted with Neuralink devices as of January 2026
- Neuralink holds 61 patents as of April 2025
- Total funding: $1.29 billion. Most recent Series E: $650 million in May 2025, valuing the company at $9 billion
- Primary investors include Peter Thiel's Founders Fund — Thiel is co-founder of Palantir, which holds CIA/NSA/DoD intelligence contracts

- Neuralink notably did not register its human clinical trial at clinicaltrials.gov — the standard transparency requirement for human experimentation
- Elon Musk publicly claimed: No monkey has died as a result of a Neuralink implant. Documents obtained by the Physicians Committee for Responsible Medicine via FOIA lawsuit reveal that 12 previously healthy animals were euthanized as a direct result of problems with the implant — including chronic infections, paralysis, swelling in the brain, loss of coordination and balance, and depression. The SEC has reopened an investigation into Musk's claim as potential securities fraud.

The Federal Filing Irregularity

In April 2025, Neuralink falsely identified itself as a Small Disadvantaged Business in a federal filing — a designation restricted to companies majority-owned by someone with a net worth below $850,000. Elon Musk's net worth at the time was approximately $364 billion. The filing is public record. The Justice Department has previously prosecuted false special designations.

Operational Postscript: The Iran Heartbeat Detection — April 2026

Source: New York Post, April 7 2026 | Euronews | AAAS Science, April 2026 | President Trump press conference

Two weeks before this document's compilation date, the US CIA deployed a previously undisclosed quantum magnetometry system code-named Ghost Murmur in an active military rescue operation. An F-15E Strike Eagle was shot down southwest of Isfahan, Iran. The downed navigator survived for two days in mountain terrain as Iranian forces searched the area.

According to reporting confirmed by President Trump at a press conference, Ghost Murmur detected the electromagnetic signature produced by the navigator's heartbeat. His precise location was determined through AI processing of the collected magnetic field data. He was recovered and is currently being treated at Landstuhl Regional Medical Center, Germany.

The technology involved — quantum magnetometry using diamond nitrogen-vacancy (NV) centers — is a real and published field. In January 2026, a team including physicist Dmitry Budker published a paper demonstrating heartbeat detection using diamond NV sensors in a laboratory setting. Scientists contacted by AAAS Science have publicly stated that the claimed operational range is implausible given current published

capabilities, suggesting classified development significantly beyond the published scientific record.

A government that possesses long-range heartbeat detection technology, combined with AT&T's patented biological subnet addressing system, DARPA's injectable neural interface research, and a global biometric digital identity infrastructure, is a government with documented capability to locate, identify, and interface with individual human biology at a level that has no historical precedent. Whether Ghost Murmur represents the public tip of a classified capability is the question this operational deployment demands.

The Broader Network — Documented Connections

Entity	Connection
Peter Thiel / Founders Fund	Lead investor in Neuralink; co-founder of Palantir (holds CIA/NSA/DoD intelligence contracts)
DARPA	Funded the underlying BCI technology across multiple programmes spanning decades
FDA	Granted Breakthrough Device status to both the N1 implant and Blindsight
USC, UCSF, UC Berkeley, Duke, Brown, Columbia	Universities whose DARPA-funded research formed Neuralink's technological foundation
OpenAI	Shared premises with Neuralink in San Francisco's Pioneer Building; also co-founded by Musk
USDA	Currently investigating Neuralink over animal testing violations (est. 1,500 animals killed 2018-2022)

The documented commercialisation trajectory, in a DARPA-grant recipient's own words: Companies need to profit and survive. They might start by seeking approval for a medical need, but their real objective, often, is to get devices into healthy people. They want to sell devices to the home. To everybody, like an Apple Watch.

PART SIX: GOVERNMENT AND MILITARY PROGRAMS — PRIMARY SOURCES

DARPA: Neural Engineering System Design (NESD)

Announced January 2016 | Source: darpa.mil

> *DARPA announced NESD in January 2016 with the goal of developing an implantable system able to provide precision communication between the brain and the digital world.*

NESD awarded contracts to Brown University, Columbia University, UC Berkeley, and private companies to develop implantable systems with up to 100,000 untethered submillimeter neurograin sensors implanted onto or into the cerebral cortex, wirelessly powered by an external patch. The stated goal: bi-directional communication between the human brain and digital systems at individual neuron-level precision.

DARPA: Next-Generation Nonsurgical Neurotechnology (N3)

Source: darpa.mil/research/programs/next-generation-nonsurgical-neurotechnology

> *The Next-Generation Nonsurgical Neurotechnology (N3) program aims to develop high-performance, bi-directional brain-machine interfaces for able-bodied service members. Such interfaces would be enabling technology for diverse national security applications such as control of unmanned aerial vehicles and active cyber defense systems.*

N3 explicitly moves beyond the disabled population to target healthy military personnel. Battelle's N3 concept — BrainSTORMS (Brain System to Transmit Or Receive Magnetoelectric Signals) — proposes nanotransducers introduced into the body via injection and directed to specific brain regions to facilitate wireless neural communication.

DARPA: Restoring Active Memory (RAM)

Launched 2015 | Source: Asimov Press DARPA Neurotechnology analysis

RAM funded the development of a hippocampal prosthesis tested in over 40 patients with epilepsy. Electrodes were implanted into the hippocampus. The device recorded neural firing patterns, altered those patterns to restore and enhance memory, and demonstrated a 36% boost in short-term memory performance in tested subjects.

DARPA Scale: The Documented Investment

> *DARPA invested more than $200 million in support of the White House's BRAIN Initiative between 2014 and 2016 alone. An estimated half of invasive neural interface technology companies in the US are directly or indirectly funded by DARPA. In the last 24 years, DARPA has initiated at least 40 programs related to neurotechnology.*

PART SEVEN: WHAT THE DOCUMENTED RECORD COLLECTIVELY ESTABLISHES

Reading these primary sources together — not speculatively, but as documented fact:

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3. Bi-directional brain-digital communication is an explicit military objective. DARPA's own language — for able-bodied service members, for control of unmanned aerial vehicles, for active cyber defence — confirms the architecture is dual-use by design.

4. Body activity is being structured as a compliance and monetary instrument. Microsoft's patent WO2020060606 establishes a framework in which the body generates cryptocurrency through performing assigned tasks — with the system verifying whether bodily activity satisfies conditions.

5. Direct sensory experience can be written into the brain via external signal. Sony's 2004 patent for ultrasonic neural stimulation, combined with DARPA's N3 program, represents a documented pathway for externally authored sensory reality.

PART EIGHT: THE QUESTIONS THE DOCUMENTS DEMAND

The patents and programs documented here are not classified. They are public record. They raise questions that deserve serious, sustained public inquiry:

1. Consent and disclosure: At what point are citizens informed that telecommunications infrastructure is being developed with biological routing protocols? Who consents to subnet addresses being assigned to their neurological regions?

2. The injectable pathway: If DARPA has funded injectable nanotransducers designed to navigate to specific brain regions and interface wirelessly — what is the

relationship between this research lineage and the mRNA lipid nanoparticle delivery systems deployed in 2021?

3. **The compliance architecture:** Microsoft's body-activity cryptocurrency system rewards biological compliance with assigned tasks. What are the implications when financial access is tied to bodily behaviour?

4. **Dual use:** DARPA explicitly develops these technologies for military personnel first. History shows military technologies migrate to civilian populations. What governance exists for that migration in the neural interface domain?

5. **The gap between patent and disclosure:** Patents represent capabilities that exist or are imminently viable. The gap between what is patented and what is disclosed to the public is, itself, a documented fact that demands accountability.

6. **The symptom convergence:** The symptom profile of documented Havana Syndrome cases and documented post-mRNA-vaccination neurological adverse events overlap substantially. Both involve brain fogging, cognitive disruption, tinnitus, tremor, and memory disturbance. Both are now in the peer-reviewed record. What investigation has been commissioned to examine this overlap?

PRIMARY SOURCES

Document	Primary Source
AT&T Patent US10163055B2 — Routing Policies for Biological Hosts	*patents.google.com/patent/US10163055B2*
AT&T Patent US20130142363 — Data Transfer Through Human Body	*patents.google.com/patent/US20130142363A1*
Microsoft Patent WO2020060606 — Cryptocurrency Using Body Activity	*patentscope.wipo.int/search/en/detail.jsf?docId=WO2020060606*
DARPA NESD Program — Neural Engineering System Design	*darpa.mil/news/2017/mplantable-neural-interface*
DARPA N3 Program — Next-Generation Nonsurgical Neurotechnology	*darpa.mil/research/programs/next-generation-nonsurgical-neurotechnology*
Battelle BrainSTORMS — Injectable Neural Interface	*battelle.org — Battelle-Led Team Wins DARPA Award*

DARPA Neurotechnology: The Deep Dive	*asimov.press/p/darpa-neurotech*
NAS — Havana Syndrome Report 2020	*State Dept. commissioned — NBC News, Dec 5 2020*
IC Expert Panel — Havana Syndrome 2022	*Office of the Director of National Intelligence, Feb 2022*
Declassified IC Report on AHIs 2023	*Intelligence Community Experts Panel, March 2023*
mRNA LNP Biodistribution Review	*PMC10812935, Biomedicines, 2024*
BBB-Crossing LNPs — Nature Materials	*nature.com/articles/s41563-024-02114-5*
PNS Adverse Events after mRNA Vaccines	*PMC9781046, 2022*
Cytotoxic Lesions of Corpus Callosum post-vaccination	*PMC9282146, 2022*
Neurological Adverse Events in Under-40s — Pfizer	*PMC8977060, Cureus, 2022*
UK Post-Vaccination Spontaneous Reports	*PMC9316835*
Neuralink — DARPA funding lineage	*medicaldevice-network.com/features/neuralink-fact-fiction*
Neuralink — false Small Disadvantaged Business filing	*fortune.com — July 2025*
Neuralink — BCI funding and clinical trials	*from-the-interface.com/bci-funding-clinical-trials*
Neuralink — history and patents (61 patents, 2025)	*microventures.com/mind-over-machine-neuralink-history*

Research compiled for Science to Sage. All quoted material drawn directly from primary patent filings, government program documentation, and peer-reviewed indexed medical literature. No secondary interpretation has been applied beyond the organisation of documented facts.