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First Class Mail and Email

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Abstract: *A growing population across the United States and globally reports a consistent cluster of symptoms—including directed-energy sensations, involuntary physiological responses, auditory phenomena without acoustic sources, and perceived surveillance. Whether these experiences reflect conditions not yet clinically understood, environmental or technological factors not yet accounted for, or something else entirely is the question this letter asks the American Medical Association to evaluate. We respectfully petition the AMA to determine whether systematic inquiry into this symptom cluster, referred to here as the “Global Symptom Phenomenon,” is warranted and to apply the ethical and scientific standards that guide the practice of medicine in making that determination.*

Dear Sir:

A Note from Our Community: This letter was in part inspired by those members of our community that have experienced involuntary psychiatric commitment and compelled psychiatric medication. It raised questions in our minds about whether the diagnostic process had been as thorough as it might have been. It brought into sharp relief, for all of us, how much is at stake in the space between uncertainty and conclusion and why the question of how medicine responds to this community matters so deeply to us. We are not clinicians and we make no judgment on what should have happened in any individual case. This letter is directed at the institution we believe is best positioned to respond to the diagnostic process question.

The Scale of Things

Thousands of individuals across the United States, and tens of thousands globally, describe a strikingly similar constellation of physical and perceptual symptoms. These individuals come from all walks of life, all professions, and all demographic groups. Many are cognitively intact and socially functional. Many have struggled to receive a thorough or satisfying clinical response. We ask that these people be taken seriously as a Global Symptom Phenomenon, that the breadth of what is being reported be treated as a question worth asking, rather than a question already answered.

Without institutional support of any kind and no backing from any medical or governmental body, with no public legitimacy, members of this population have independently formed structured support networks across the country and around the world. They hold regularly scheduled conference calls. They maintain consistent meeting cadences. They develop and share resource libraries. They coordinate sustained public awareness campaigns directed at scientific and governmental institutions in a manner considered rationally functional.

An Unasked Question

The first observable fact is the scale and geographic breadth of what is being reported. Tens of thousands of individuals across dozens of countries speaking different languages, living in different cultures, with no coordination among them are independently describing what amounts to the same experience: the sensation of being targeted by external sources of directed energy, producing physical, auditory, and neurological symptoms. We do not ask you to accept that this is what is happening to them. We only ask that you register what it means when these many people, this widely distributed, describe the same thing. **It is a pattern that demands a question be asked of the pattern itself.**

Medical research papers have gained notoriety and praise for scouring the globe and finding a single digit number of patients presenting similar symptoms, establishing a new syndrome with a new perspective and an experimental opportunity to compare individual medical records and refine diagnoses. In the United States alone, we can

easily fill the seats of a baseball park with patients presenting similar symptoms. We go unobserved and efforts to call attention to ourselves are considered so much symptomatic babble.

The second observable fact is that technology that would make such experiences physically possible is not hypothetical, nor abstract, and it is not completely classified. It is documented, in publicly available literature, in peer-reviewed engineering and defense research, and in the acknowledged programs of governments including our own. We are not scientists, and we are not presenting this documentation as proof of anything. We are pointing out that it exists. Scientists who look for it will find it, and that its existence means that the category of "implausible" cannot be applied to Global Symptom Phenomenon without first having looked into the existing technology. This plausibility, at minimum, has documentation in the public record. Whether it is operative in these cases is for investigating scientists to determine, preferably before diagnosis.

Those two facts together — the scale of Global Symptom Phenomenon and the documented existence of plausible mechanisms — produce what we believe is a straightforward logical conclusion, and it is the central argument of this letter: **if one has not researched the available documentation, one cannot in good conscience have concluded that these reports lack a plausible external basis. And if one has not investigated what so many people are reporting before rendering a clinical judgment about their mental state, one has not applied the scientific method, and the proper practice of medicine is diminished.** We do not say this as a rebuke. We share a fear with you. The AMA is uniquely positioned to take these facts seriously. They are unarguably better equipped than we are to determine what responsible clinical engagement with this population looks like, and we trust entirely in that professional judgment. What we ask -- and we believe we are entitled to ask, as members of the public this institution serves -- is simply that the experiences we are describing be treated as a possibility that something is happening which medicine does not yet fully understand, and that it be held alongside other possibilities.

The Hippocratic Oath

We recognize that medicine must work within established frameworks, and we have no wish to ask physicians to operate outside the standards that govern their practice. The Hippocratic Oath is not a ceremonial relic. It is a binding ethical commitment that this institution has championed throughout its history. "First, do no harm" is not just a guideline. We ask this body to consider, with full seriousness, whether the experiences our members have described are consistent with it. Involuntary commitment is harm. Forced medication is harm. **Rendering of a conclusion where there has not yet been an inquiry is harm.** Acting on a conclusion uninvestigated to the point of diagnoses and prescription is pause for great concern. We say this not to blame but because it is true, and because we believe the AMA would agree that it is true.

The history of medicine includes conditions that were dismissed for years before being recognized: Gulf War illness, Lyme disease, multiple chemical sensitivity, and, most recently, Havana Syndrome. Havana Syndrome was recognized through the documented experiences of U.S. government personnel that led to formal acknowledgment that directed energy could plausibly account for neurological and perceptual symptoms of the kind our community describes. In each of those cases, the harm was not only in the original cause of the symptoms but in the period of dismissal itself, when people who were suffering were told that their suffering was not real. That harm is also medical harm and falls within the scope of the Hippocratic Oath.

We ask the AMA to do what the Hippocratic tradition has always asked of medicine when confronted with suffering it does not yet understand: to look, rather than to conclude; to investigate, rather than to suppress; and to treat every patient who presents these symptoms as a person whose experience deserves a genuine and open-minded diagnostic response, not a reflexive categorical one. That is the entirety of what we are asking. We believe it is exactly what the Hippocratic Oath has always required.

As Group Leader of the Chicago TI Support Group, affiliated with PACTS International (<https://pactsntl.org>), I want to note that our group is willing to meet in person at your

Chicago office if you would like clarification of any point in this letter or wish to address any doubts about us directly. Members of our Chicago group have testimonial accounts of involuntary psychiatric placement and compelled medication and may be willing to provide them as well. We stand ready to assist in any way that supports a thoughtful and informed evaluation of the issues presented here.

We are grateful for your time and for the seriousness with which we trust this letter is received. We do not know whose hands it will reach, but we have written it with the hope that it reaches people who care about the questions it raises.

Thank you, sincerely, for your consideration.
Respectfully submitted,

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cc: U.S. Congress
Media Organizations
Patient-Advocacy Networks

FORMAL PETITION

Submitted to the American Medical Association

Submitted by: Richard Sensenbrenner

We, the undersigned, respectfully petition the American Medical Association to take the following actions regarding the symptom cluster referred to in the attached letter as the “Global Symptom Phenomenon”:

- 1. Commission an independent, peer-reviewed scientific study** into the full range of symptoms reported by individuals who identify as Targeted Individuals.
- 2. Establish a formal AMA task force**—including physicians, physicists, neurologists, engineers, and bioethicists—to evaluate whether current diagnostic criteria adequately account for potential technological or environmental factors.
- 3. Consider issuing guidance for clinicians** who encounter patients presenting this symptom cluster, including whether existing clinical resources support thorough and thoughtful engagement.
- 4. Assess whether current medical training and awareness resources** adequately prepare clinicians to respond to this population with curiosity, care, and open-minded diagnostic practice, and determine what improvements may be warranted.
- 5. Open a formal channel of communication** with patient-advocacy organizations to ensure that patient experiences inform both diagnostic and research processes.

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