

Potential health effects associated with exposure to Unidentified Anomalous Phenomena (UAP)

A literature review

August 2025
Unhidden Foundation



"A disease known is half cured"

Attributed to Thomas Fuller, Physician

Table of Contents

TABLE OF CONTENTS	3
FOREWORD – DR JACQUES VALLÉE	5
PERSONAL PREFACE – DR DANIEL WEAVER	6
EXECUTIVE SUMMARY	7
1. INTRODUCTION	9
1.1 The modern era of UAP studies	9
1.2 Medical issues related to UAP	11
1.3 Methodology and approach	13
1.4 Research held by U.S. Government agencies and not available to civilian doctors	13
1.5 Areas outside the scope of this report	14
1.6 About the Unhidden Foundation ('uNHIDDEN')	15
1.7 Acknowledgements	16
2. UAP SIGHTINGS AND ENCOUNTERS	16
2.1 Valensole (1965)	17
2.2 Falcon Lake (1967)	17
2.3 Colares (1977)	18
2.4 Cash-Landrum (1980)	19
2.5 Rendlesham (1980)	20
2.6 Schuessler Catalog of UFO-Related Human Physiological Effects	22
2.7 Encounters with craft of different shapes	23
3. PHYSIOLOGICAL SYMPTOMS AND THEIR POSSIBLE MECHANISMS	25
3.1 Electromagnetic radiation field effects (EMR field effects)	25
3.2 Brain injuries and the caudate putamen	30
3.3 Seizure-like symptoms	33
3.4 Wounds	35
3.5 Infections	37
3.6 Autoimmune Disease	38
3.7 Medical implants	39

4. PSYCHOLOGICAL ASPECTS OF UAP ENCOUNTERS 40

5. CONCLUSION AND NEXT STEPS 44

APPENDIX A: SCHUESSLER CATALOG OF UFO-RELATED HUMAN PHYSIOLOGICAL EFFECTS –
SYMPTOMS AND EFFECTS RANKED BY FREQUENCY 46

Foreword – Dr Jacques Vallée

A few clicks on your computer opens up an email with three separate incidents. Children at play have been scared, one of them 'paralysed', as a strange round craft flew over; a truck driver had to park by the side of the road because a very bright light blinded him; a cop rushing to clear an alert became disoriented as he came close to a round machine, returning to the station three hours late with bleeding cuts and missing time.

For decades, such reports have accumulated in files across many countries. The objects in question have gone, leaving few traces and no perpetrator to arrest. So the matter rests, classified as 'phenomena' under the newspeak terminology of 'UAP'. So do the witnesses who felt injured.

Western doctors know too much – they already have words, procedures and ready cures. The blinded truck driver gets collyre [eye drops] and recovers his sight. The paralysed kid receives camphor massages from his grandmother. These are good outcomes, well-tested procedures that do no harm. But what about the cop with surgical-looking cuts and missing time? His statement doesn't fit a convenient diagnosis. Most likely, he'll recover but suspicions will linger. His boss will advise him to drop the story and stay away from reporters.

Witnesses have sometimes told me they did not dare tell doctors what had happened to them, so they made up a story to account for their complaint – never very convincing. Since the majority of cases never get reported officially, particularly among the weirder categories, authorities have found it convenient to ignore them. There is no job description as 'UAP Symptoms and Complications Specialist'. The overwhelming majority of sightings come from members of the public who have no chain of command that could properly capture their predicament.

For many years, ufologists have been the first responders in most civilian cases – an enormous burden left to volunteers following up cases on their own time and money. Beyond the initial medical insult, witnesses often report psychological effects: amnesia, sleep disturbances, personality changes, dreams and nightmares. Families are disturbed; divorces are not rare.

Over the last fifty years, a few skilled doctors have spent serious time studying the symptoms and sequelae of remarkable UAP cases, with diagnoses ranging from benign to lethal. They did it under HIPAA and generally pro bono, keeping proper records. But even under ideal conditions, there are pitfalls. Witnesses come out of nowhere – where are their medical records? What did the UAP encounter change, if anything?

A stable, long-term model is needed. The classified database projects jump from one trendy idea to another and lose focus, becoming mere property with vague proprietary credentials. In congressional hearings, lawmakers hear about jets and rockets that please the crowd, but medical information tends to be scary in the UAP field and gets relegated to the background.

Before a general view can be reliably constructed, we need independent sources and serious work. Hence this report.

Jacques F. Vallée
Paris, 23 June 2025

Personal Preface – Dr Daniel Weaver

As a primary care physician, my role includes remaining alert to emerging issues that could affect patient health – even those arising from areas not yet fully understood, scientifically established or clearly addressed in existing guidance. In recent years, growing attention has been paid to Unidentified Anomalous Phenomena (UAP) and the concept of Non-Human Intelligence (NHI). While much about these topics remains speculative, credible testimony and limited official disclosures have prompted wider scrutiny. One aspect that appears underexplored is the range of potential implications for public health.

This document does not attempt to draw conclusions where evidence is lacking. Rather, it seeks to carefully examine the reported health-related effects – physiological, psychological and environmental – that may be associated with allegedly anomalous encounters or exposures. The aim is to promote thoughtful, evidence-informed consideration and dialogue about these issues within the scope of clinical practice, without presuming definitive causes or mechanisms.

Dr Daniel Weaver, BSc, MBCh

June 2025

Executive Summary

Public interest in Unidentified Anomalous Phenomena (UAP) surged after a 2017 *New York Times* article revealed that the U.S. Government had secretly investigated them for years. In June 2021, the Office of the Director of National Intelligence (ODNI) published an unclassified report confirming that some UAP are physical objects that exhibit unusual flight characteristics and pose a genuine risk to aviation safety. Senior officials – including former presidents and intelligence leaders – have also confirmed that UAP are real objects with unknown origins. As President Obama noted:

“...there’s footage and records of objects in the skies, that we don’t know exactly what they are”.

This confirmation is not limited to the U.S. In the UK, a study for the Ministry of Defence (MOD), the Condign Report, based on 10,000 MOD-collected sightings and released under the Freedom of Information Act in 2006, stated:

“That UAP exist is indisputable”.

There is also strong evidence that UAP cause physical, physiological and psychological effects on humans. A 2010 report, commissioned by the U.S. Defense Intelligence Agency (DIA) – titled *Anomalous Acute and Subacute Field Effects on Human and Biological Tissues* and produced by the Advanced Aerospace Weapon System Applications Program (AAWSAP) – concluded that humans have been injured by close encounters with UAP, primarily due to heating effects from radio frequency (RF) electromagnetic radiation (EMR) in the 300 MHz–30 GHz range. It stated:

“Based on historical cases, humans have been found to have been injured from exposures to anomalous vehicles, especially airborne, and when in relatively close proximity”.

An annex to the AAWSAP Report summarises John F. Schuessler’s 1996 catalogue of 87 UAP-related physiological effects, including paralysis, burns, nosebleeds and time loss – not all easily explained by RF radiation.

Skinwalkers at the Pentagon, authored by senior AAWSAP figures, presents case studies linking UAP exposure to autoimmune conditions such as rheumatoid arthritis, Hashimoto’s thyroiditis and lupus – sometimes affecting both witnesses and their families. Termed the ‘hitchhiker effect’, this suggests a poorly understood transference mechanism. While the authors stress the number of cases are small and offer hypotheses rather than proof, the book – essentially an account of the AAWSAP programme – implies that health impacts were a significant focus of its research. This in turn suggests the existence of further government-funded studies not yet made public.

There are also a number of publicly-known UAP cases, such as Falcon Lake (1967) and Cash-Landrum (1980), where the witnesses describe a range of physical and physiological symptoms. In 2024, the Sol Foundation, a UAP-related think tank, issued a report on *Anomalous Health Threats* that identified possible harm from exotic toxic materials or biological agents linked to UAP encounters.

In April 2024, uNHIDDEN published a White Paper on the mental health impact of UAP encounters and disclosure, highlighting the stigma and misdiagnosis often faced by experiencers. Many avoid seeking help due to fear of being labelled mentally ill. Clinicians may dismiss accounts as sleep paralysis or false memory, leaving patients unsupported. Yet such

events can be deeply affecting – De la Torre (2023) describes the "*non-pathological obsessive thinking*" and profound mental engagement that occurs to people after UAP experiences.

More needs to be done to legitimise the development and provision of care to people directly or indirectly affected by UAP encounters. What is needed is a change of attitude in society as a whole – to roll back the stigma that prevents proper, professional discussions.

Nothing in this report should be taken as a comment on the origin or nature of the anomalous encounter giving rise to the symptoms in question. Specifically, uNHIDDEN has no knowledge of any unambiguous evidence for the existence of Non-Human Intelligence (NHI), nor are we here to gather information about the origins of UAP sightings or the technology involved. Our role is to educate and help provide care to people affected.

This report has been prepared and signed off by the uNHIDDEN Medical Advisory Board, made up of doctors and clinical psychologists. It has also been reviewed by the uNHIDDEN Academic Research Group, made up of academic psychologists and sociologists. uNHIDDEN wholeheartedly welcomes constructive comments, suggestions, additions and corrections, which should be sent to contact@unhidden.org. We can then incorporate them in a second, updated edition.

Conclusions and next steps

This report presents credible evidence that UAP encounters can cause physical, physiological and psychological harm, with electromagnetic radiation often a likely mechanism. Yet most medical professionals remain unaware of how to recognise or respond to such cases, and key research conducted under U.S. Government programmes remains classified.

To address this, we recommend independent research, clinical training and the creation of specialist referral pathways. Greater transparency and cooperation between military and civilian health systems is urgently needed. Above all, UAP must be recognised as a legitimate public health issue that must be tackled with scientific rigour – and those affected must be treated with care and respect.

In summary:

1. **UAP are real** – and this has been confirmed by the U.S. Government and in reports for the UK Government.
2. **UAP can cause harm to human health** – and this has also been confirmed by U.S. Government-commissioned research.
3. **Radio frequency EMR** (especially UHF and microwave radiation) **appears to be the main mechanism of injury**, but there are also reports of autoimmune conditions, wounds and psychological trauma.
4. **Civilians lack access to knowledge about the health effects of UAP.** More independent medical research is urgently needed, and previous U.S. Government research held by agencies such as the DIA should be released, provided this does not compromise national security.

This report is not medical advice; individuals should seek care from qualified clinicians.

1. Introduction

1.1 The modern era of UAP studies

The modern era of developments around Unidentified Anomalous Phenomena (UAP) was catalysed by a December 2017 *New York Times* article by Leslie Kean, Ralph Blumenthal and Helene Cooper.¹ *Glowing Auras and Black Money: The Pentagon's Mysterious U.F.O. Program* revealed that, contrary to previous public denials, the U.S. Government had been actively investigating UAP for years. The program discussed was referred to as the Advanced Aerospace Threat Identification Program (AATIP); however, it has since become clear that the underlying and more comprehensive effort was the Advanced Aerospace Weapon System Applications Program (AAWSAP). Administered by the Defense Intelligence Agency (DIA) and contracted to Bigelow Aerospace Advanced Space Studies (BAASS), AAWSAP was likely the most extensive UAP-related research initiative ever funded by the U.S. Government.² AATIP, in contrast, was a narrower effort that evolved from AAWSAP and focused more explicitly on military threat assessment.

In June 2021, the Office of the Director of National Intelligence (ODNI) published an unclassified report confirming that the U.S. Government was actively studying UAP, and that some UAP are physical objects that exhibit unusual flight characteristics and pose a genuine risk to aviation safety.³

Comments about UAP also began emerging through more mainstream media. Former President Barack Obama confirmed the reality of UAP sightings in 2021 when he said:

*"What is true, and I'm actually being serious here, is that there are, there's footage and records of objects in the skies, that we don't know exactly what they are. We can't explain how they moved, their trajectory. They did not have an easily explainable pattern. And so, you know, I think that people still take seriously trying to investigate and figure out what that is".*⁴

Former National Security Adviser, H. J. McMaster, said something similar in September 2024 when he described some phenomena as *"inexplicable"*.⁵ President Donald Trump also referred to UAP in October 2024 where he recounted interviewing pilots who claimed they saw round objects moving rapidly through the sky.⁶

¹ Cooper, H., Blumenthal, R. & Kean, L. (2017, 16th December). *Glowing auras and 'black money': The Pentagon's mysterious U.F.O. program*. The New York Times. <https://www.nytimes.com/2017/12/16/us/politics/pentagon-program-ufo-harry-reid.html>

² Lacatski, J., Kelleher, C. & Knapp, G. (2021). *Skinwalkers at the Pentagon: An insiders' account of the secret government UFO program*. RTMA Publishing.

³ Office of the Director of National Intelligence. (2021, 25th June). *Preliminary assessment: Unidentified aerial phenomena*. <https://www.dni.gov/files/ODNI/documents/assessments/Preliminary-Assessment-UAP-20210625.pdf>

⁴ Cillizza, C. (2021, 19th May). *Barack Obama just said something very interesting about UFOs*. CNN. <https://edition.cnn.com/2021/05/19/politics/barack-obama-ufos/index.html>

⁵ McHardy, M. (2024, 7th September). *Donald Trump's ex-national security adviser on UFO reports: 'Inexplicable'*. Newsweek. <https://www.newsweek.com/ufo-sightings-herbert-raymond-mcmaster-interview-1950267>

⁶ Samuels, B. (2024, 26th October). *5 takeaways from Trump's 3-hour interview with Joe Rogan*. The Hill. <https://thehill.com/homenews/campaign/4954999-donald-trump-joe-rogan-podcast-takeaways/>

Evidence for UAP comes not only from the United States: they are reported worldwide.

In the UK, for example, the *Condign Report* was released in 2006 following a Freedom of Information Act request.⁷ The study, begun in 1996, drew on approximately 10,000 sightings and reports collected by DI55 – a branch of the Directorate of Scientific and Technical Intelligence (DSTI) within the Defence Intelligence Staff (DIS), itself part of the Ministry of Defence (MOD). Although the report downplayed both the defence threat and the likelihood of extraterrestrial origin, it concluded:

“That UAP exist is indisputable. Credited with the ability to hover, land, take-off, accelerate to exceptional velocities and vanish, they can reportedly alter their direction of flight suddenly and clearly can exhibit aerodynamic characteristics well beyond those of any known aircraft or missile – either manned or unmanned”.

While these sources are united in suggesting that UAP sightings are ‘real’, they offer no consistent and evidence-based view as to what the objects or crafts actually are. Yet it is evidently a mystery deserving further scientific investigation, especially when U.S. Government agencies have officially acknowledged that UAP pose a threat to national security and flight safety. With that in mind, it is troubling to see how reluctant academics are to investigate UAP. Research from Yingling & Yingling (2024) notes that 69% of respondents, all of whom were academics, were concerned that if they undertook such research, academic colleagues would give them a “hard time” or “ridicule” them.⁸

This sentiment was echoed by Nicola Fox, Associate Administrator for NASA's Science Mission Directorate, speaking at the first public meeting of the NASA UAP Independent Study Team (UAPIST) in May 2023. Dr Fox said:

*“Harassment only leads to further stigmatization of the UAP field, significantly hindering the scientific process and discouraging others to study this important subject matter”.*⁹

The backdrop to this remark was that, since starting their work, NASA UAPIST members had received online abuse and harassment, including from other academics.

Stigma around the UAP topic, and the shame it induces in affected individuals, hinders the scientific endeavour of gathering data and discovering more about the origin and nature of UAP. It also, as we set out in subsequent sections of this report, has negative repercussions for people suffering medical consequences from a UAP experience because researchers and doctors are often disinclined to take the topic seriously. This impacts the depth and nature of medical research they are prepared to undertake as well as the health care they are likely to offer.

The negative impact becomes more significant given the frequency of UAP sightings. According to a YouGov poll from May 2021, one in fourteen Britons (7%) say they have seen a UFO (historically the more common term for a UAP), a figure broadly consistent across Europe

⁷ Simpson, M. (2006, 7th May). *UFO study finds no sign of aliens*. BBC News. <https://news.bbc.co.uk/1/hi/uk/4981720.stm>

⁸ Yingling, M. E., & Yingling, C. W. (2024). *Academic freedom and the unknown: Credibility, criticism, and inquiry among the professoriate*. *Humanities and Social Sciences Communications*, 11, Article 987. <https://doi.org/10.1057/s41599-024-03351-4>

⁹ Reuters. (2023, 31st May). *NASA UFO panel in first public meeting says better data needed*. CBC News. <https://www.reuters.com/world/us/nasa-panel-hold-first-public-meeting-ufo-study-ahead-report-2023-05-31/>

and equating to around 238,000 people.^{10 11} An equivalent survey for the U.S. found 24% of Americans say they have seen a UFO.¹²

These figures suggests that UAP historian Richard Dolan was correct to state:

*“Every indication points to the number of UFO witnesses reaching not into the thousands, but well into the millions”.*¹³

While the vast majority of UAP sightings probably have prosaic explanations, this still leaves a significant number that are unexplained. The ODNI Preliminary Assessment refers to 144 sightings, of which 80 involved observations with multiple sensors, with only one case out of the 144 able to be explained.³

The AAWSAP/BAASS program developed a data warehouse (named CAPELLA by its designer, Dr Jacques Vallée), which included 248,141 UAP reports occurring from 593 B.C. to the present.¹⁴ Approximately 0.5% of sightings included physiological reactions reported by witnesses, and 0.6% of sightings had correlated radar data.

The interest and need for research into UAP goes beyond scientific study, national security issues and concerns over flight safety: the physical, physiological and psychological effects on people matter too. Yet peer-reviewed medical research on the subject is scant. This report is an attempt to bring together information in the public domain about the health impacts of UAP encounters and demonstrate the need for and the importance of further research.

1.2 Medical issues related to UAP

Without question, UAP encounters have caused people physical, physiological and psychological harm. We present four primary sources supporting this statement.

First, the clearest and most definitive source of information about the link between human health and UAP is the report *Anomalous Acute and Subacute Field Effects on Human and Biological Tissues*, which was produced in 2009 by AAWSAP for the Defense Intelligence Agency (DIA).¹⁵ (We refer to this report subsequently as the ‘AAWSAP Report’). It concludes:

“Based on historical cases, humans have been found to have been injured from exposures to anomalous vehicles, especially airborne, and when in relatively close proximity”.

Secondly, the AAWSAP Report includes an annex with a summary of the work of the Mutual UFO Network (MUFON) International Director John F. Schuessler, who published a *Catalogue*

¹⁰ YouGov. (2021, 25th June). *Half of Britons think aliens exist – and 7% claim to have seen a UFO*. YouGov. <https://yougov.co.uk/politics/articles/36619-half-britons-think-aliens-exist-and-7-claim-have-s>

¹¹ Russo, E. (2024, 20th March). *UAP: Reporting and scientific assessment in the EU – Exchange of views in the European Parliament* [Conference presentation]. European Parliament. <https://www.youtube.com/watch?v=E5AUslhzhc8>

¹² Orth, T. (2022, 4th October). *A growing share of Americans believe aliens are responsible for UFOs*. YouGov. <https://today.yougov.com/technology/articles/43959-more-half-americans-believe-aliens-probably-exist>

¹³ Dolan, R. [@I_D_Official]. (2024, 5th November). [Tweet]. X. https://twitter.com/I_D_Official/status/1853801790291992768

¹⁴ Lacatski, J., Kelleher, C., & Knapp, G. (2023). *Inside the U.S. government covert UAP program: Initial revelations* (pp. 178–179). RTMA LLC.

¹⁵ Defense Intelligence Agency. (2009, 1st December). *Anomalous acute and subacute field effects on human biological tissues* [Unclassified reference document]. Defense Intelligence Agency. <https://www.dia.mil/FOIA/FOIA-Electronic-Reading-Room/FileId/170026/>

of *UFO-Related Human Physiological Effects* in 1996. This categorised 87 types of reported physiological effects from alleged UAP encounters, including paralysis, electrical shocks, feelings of heat, burns, perceptions of odour, nose bleeds and perceived time loss.

Thirdly, *Skinwalkers at the Pentagon*, authored by James Lacatski, Colm Kelleher and George Knapp – the first two of whom were leaders of the AAWSAP team – contains many references to medical and physiological effects reported by individuals after alleged UAP encounters.² It provides compelling anecdotal evidence suggesting that UAP-related events can result in lasting harm to human health, including autoimmune disorders, neurological disturbances and flu-like symptoms.

Fourthly, the Sol Foundation's White Paper on *Anomalous Health Threats*, published in June 2024, refers to a range of reported health effects associated with UAP encounters.¹⁶ Specifically:

- *Acute effects: burns, nausea, dizziness, eye inflammation, vomiting.*
- *Short-term effects: headaches, diarrhoea, weakness, hair loss.*
- *Long-term effects: recurrent symptoms, cancer.*

Yet civilian doctors possess very limited information as to possible medical consequences of exposure to a UAP. There is no consensus guidance, centre of excellence or accredited training on the subject. Indeed, most doctors may well regard a patient presenting with an account of a UAP sighting as suffering from an acute mental health disorder. They may conclude that the patient is psychotic or experiencing the consequences of sleep paralysis or the formation of false memories. Few doctors or clinical psychologists would treat such a patient non-judgmentally and with an open mind.

Many famous UAP sightings appear to have associated physiological issues: Rendlesham (symptoms consistent with exposure to non-ionising radiation – see Section 3.1); Falcon Lake (nausea, headaches, diarrhoea, blackouts and burns); Colares (burns, skin lesions, headaches, anaemia and more); Cash-Landrum (burns, eye inflammation, hair loss, diarrhoea, vomiting and extreme weakness); and Valensole (paralysis and affected sleep patterns). These case studies are covered in **Section 2**, of this report, while **Section 3** considers some major physical and physiological symptoms associated with UAP encounters.

In terms of mental health effects, UAP witnesses may experience shock, disbelief and unsettled feelings, which are sometimes life changing. Witnesses may experience non-pathological obsessive thinking about UAP, and a deep mental engagement with the phenomena post-event (De la Torre, 2023).¹⁷ **Section 4** of this report therefore, covers the psychological issues affecting experiencers and others who come into contact with UAP. It draws upon and builds on uNHidden's White Paper entitled *Impact of Exceptional Experiences and disclosure on mental health and wellbeing*.¹⁸ **Section 5** offers some conclusions and next steps.

¹⁶ The Sol Foundation. (2024). *Anomalous health threats: Health security considerations for UAP* (The White Papers of The Sol Foundation, Vol. 1, No. 4, July 2024). The Sol Foundation. https://thesolfoundation.org/wp-content/uploads/2024/07/Sol_WhitePaper_Vol1N4.pdf

¹⁷ De la Torre, G. G. (2023). *Psychological aspects in unidentified anomalous phenomena (UAP) witnesses*. International Journal of Astrobiology, 23, Article e4. <https://doi.org/10.1017/S1473550423000289>

¹⁸ Unhidden Foundation. (2024). *The impact of exceptional experiences and disclosure on mental health and wellbeing* (White Paper, April 2024). Unhidden Foundation. <https://www.unhidden.org/white-paper/>

1.3 Methodology and approach

This report has been prepared using an innovative narrative literature review methodology. The search strategy has centred on four main sources:

1. Peer-reviewed academic journal articles, especially but not exclusively those in biomedicine and mental health fields.
2. 'Grey' literature, including non-peer reviewed academic articles and newspaper and magazine articles.
3. Public comments, such as presentations and Q&A responses at conferences and news media events.
4. Social media, including posts on platforms like X, podcast interviews and other spoken content.

The methodology is novel in several ways. First, unlike conventional literature reviews, which place a greater premium and emphasis on the first category of source above, our review places equal weight, if not greater, on the other three. This is because much of the relevant content of our review has not been customarily in the purview of traditional academic publishing (e.g. due to biases and taboos against the topic) but has instead filtered out through other less conventional channels (i.e. categories of sources 2 to 4 above).

Secondly, given our efforts to engage with these less conventional channels, we have not been able to rely on conventional literature search strategies (e.g. probing databases using select keywords). Instead, we have needed to develop an innovative approach that might best be described as one of 'curated emergence'. The 'curation' part indicates that the authorship team has collectively curated a highly knowledgeable and specialised network of individuals with information on this topic. The 'emergence' part refers firstly to how the authorship team has, from well before the creation of uNHIDDEN in summer 2023, sought to be receptive and attentive to any information relating to the topic of this review that may emerge from these information sources. The 'emergence' part also refers to the process by which this working document took shape, whereby an overall structure, oriented around common themes arranged into categories, would emerge organically as content was added. The commonality of symptoms from different sightings, for example, may offer more weight to an underlying medical cause than isolated, one-off symptoms on their own. In selecting the information to present, the authors gave weight to good medical practice and avoided straying into overly speculative areas. That said, much in this report is hypothesis and it is important not to infer causation where it is not warranted. Rather this ambiguity underscores the urgent need for further research.

1.4 Research held by U.S. Government agencies and not available to civilian doctors

*Skinwalkers at the Pentagon*² strongly suggests that much more research on UAP-related health effects was conducted under the AAWSP programme than has been released publicly. That research appears to remain sequestered at the Defence Intelligence Agency (DIA). The following quotations from the "Human Effects" section (pp. 164–165) of the book reinforce this:

"The AAWSP team documented the effects on human health as a result of interacting with UAP".

"By examining the hematological, immunological, neuro-anatomical, and biochemical sequelae of close encounters in witnesses, AAWSP scientists hypothesised that additional layers of the UAP/eyewitness interaction could potentially be unraveled. A

good example of this pioneering and, in 2008, innovative approach was the examination of multiple serial blood samples obtained from biotechnologist Ron Becker and careful analysis of the perturbations on his immune system in the aftermath of experiencing his dramatic close encounter with blue orbs in Oregon”.

“The intent of the AAWSAP scientific team was to build a multi-dimensional tapestry of physical consequences of the UAP close encounter on the individual that could be simultaneously matched against eyewitness testimony”.

The AAWSAP Report was obtained by *The Sun* newspaper under the U.S. Freedom of Information Act (FOIA) and released by the DIA on 23 March 2022.¹⁹ However, the FOIA request referenced the AATIP programme, not AAWSAP. As noted in Section 1.1, AATIP was a narrower, informal successor to AAWSAP and would not have had the same mandate to study human health effects. It is therefore plausible that additional AAWSAP reports highly relevant to the topic of human health and UAP remain unreleased.

1.5 Areas outside the scope of this report

This is a report about the health effects of UAP encounters. Several other topics may overlap with this area but are largely outside this report’s scope. Three are worth mentioning.

First, while the term **Anomalous Health Incidents** (AHI) is sometimes associated with the cases known as ‘Havana Syndrome’, it has evolved into a broader label encompassing a range of unexplained health effects. In this report, we focus specifically on AHI that follow encounters with Unidentified Anomalous Phenomena (UAP). We acknowledge potential similarities in symptoms and mechanisms across these domains, but do not attempt to address the full scope of non-UAP-related AHI here.

What is interesting, in this context, is the response to a letter uNHlidden wrote, via the MP Danny Chambers, to the British Government asking about its position on Havana Syndrome. We asked that the letter be forwarded not to the Ministry of Defence, but to the Department of Health and Social Care.

The reply from Ashley Dalton MP, Parliamentary Under-Secretary of State for Public Health and Prevention at the UK Department of Health dated 25th June 2025, included the following:

*“Havana syndrome is an extremely rare, poorly understood and poorly described entity that is said to affect US diplomatic personnel on foreign diplomatic postings. It is currently not classified in the international classification of diseases. NHS England Specialised Commissioning are not aware of any specific plans or pathways for Havana syndrome, and the Government has no plans to address it”.*²⁰

This is, to our knowledge, the first time the UK Government has acknowledged the existence of Havana Syndrome. uNHlidden plans to write to NHS Specialist Commissioning with more information about AHI as and when it becomes available.

Secondly, **consciousness research**, against the backdrop of an increasing view that UAP have both a material and a mental dimension. Professor Jeffrey Kripal, Professor of Philosophy and Religious Thought at Rice University, put it as follows:

¹⁹ Parry, E. (2022, 5th April). *X-FILES: Pentagon releases 1,500 pages of secret documents about shadowy UFO programme after four year battle*. The Sun. <https://www.thesun.co.uk/news/18113689/us-government-releases-1500-pages-secret-documents-ufo-programme/>

²⁰ Private correspondence.

"The difficult truth is that the UFO phenomenon has both an objective "hard" aspect (think fighter jet videos, photographs, alleged metamaterials, apparent advanced propulsion methods, and landing marks) and a subjective "human" aspect (think close encounters, multiple and coordinated visual sightings, altered states of consciousness, visionary displays, often of a most baroque or sci-fi sort, and experienced traumatic or transcendent abductions)".²¹

Thirdly, the area somewhat euphemistically referred to as **human potential** or 'intuition', noting that some people may prefer to call it 'psychic abilities'. As long ago as 1988, Oleg Adrianov (Adrianov et al., 1988) wrote that:

"Numerous clinical data suggest a direct relation of the human brain to a higher psychic function – programming voluntary acts, movements and self-control of these actions".²²

The study notes a connection between the 'caudate nucleus' and "extrapolatory behaviour...in human psychic functions", a link that has been pursued much more recently by Dr Garry Nolan and his team at Stanford University.

At the time of writing, attention is being given to this area through, for example, *The Telepathy Tapes* podcast, which, according to its website, explores the "*profound abilities of non-speakers with autism*".²³ It may be that the subjects of UAP, AHI, consciousness and human potential converge in the coming years. For now, the authors of this report prefer to concentrate primarily on the medical symptoms and effects connected with UAP encounters as a discrete topic.

1.6 About the Unhidden Foundation ('uNHIDDEN')

The Unhidden Foundation ('uNHIDDEN') is a not-for-profit organisation dedicated to improving support for people affected by UAP, focusing particularly on health and mental wellbeing.

Our work highlights the urgent need for better mental health care for individuals who report encounters with objects or experiences that cannot easily be explained by current scientific or technological understanding. Too often, witnesses to such phenomena are dismissed or 'pathologised' – that is, treated as mentally ill rather than recognised as potentially psychologically traumatised. This mischaracterisation of their condition compounds their distress and can lead to further isolation and suffering.

uNHIDDEN's work includes:

1. Developing strategies to reduce stigma and encourage open discussion of UAP-related experiences.
2. Advocating for better support systems for "experiencers" and others emotionally or psychologically affected by the UAP topic.

²¹ Shilcutt, K. (2021, 30th June). *Jeffrey Kripal on how to think about the UFO phenomenon* [Interview with J. J. Kripal]. *Rice News*. <https://news.rice.edu/news/2021/jeffrey-kripal-how-think-about-ufo-phenomenon>

²² Adrianov, O. S., Molodkina, L. N., & Yamshikova, N. G. (1988). Peculiarities of participation of the fronto-thalamo-caudate system in extrapolatory behavior. *International Journal of Neuroscience*, 40(3–4), 181–202. <https://doi.org/10.3109/00207458808990710>

²³ Telepathy Tapes. (n.d.). *The Telepathy Tapes*. Retrieved 15th July 2025, from <https://www.thetelepathytapes.com>

3. Promoting the need for a transparent, trusted narrative from governments and other institutions to help the public make sense of emerging developments.
4. Engaging with healthcare providers, professional bodies and mental health charities to raise awareness of the issue.
5. Designing frameworks to anticipate and mitigate the risk of widespread “ontological shock” in the event of disclosure.
6. Collaborating with other legitimate organisations working towards responsible action on UAP and disclosure.

uNHHidden is led by experienced medical professionals. Our Medical Advisory Board includes a Fellow of the Royal College of Physicians, a General Practitioner and two Clinical Psychologists. We also benefit from the advice of a Fellow of the Royal College of Psychiatrists.

uNHHidden does not take a position on the origin or cause of UAP, nor do we gather information on this aspect of the topic. Instead, we concentrate on promoting support for those affected and appropriate, compassionate and evidence-based care. We also aim to inform public dialogue through education and engagement.

Our ethos is simple: if people are suffering, they deserve support based on their needs. By fostering a fact-based, non-judgmental understanding of UAP encounters and their potential impacts, we seek to reduce stigma, promote mental wellbeing and improve clinical understanding.

1.7 Acknowledgements

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Note to readers

This report brings together a range of medical and anecdotal observations relating to individuals who report encounters with UAP. Some of the case studies cited are drawn from published books, FOIA materials and first-hand testimonies. In many cases, the symptoms described have not been clinically verified, nor are they part of formal peer-reviewed medical studies.

We make no claims of causation, and the presence of a pattern or similarity in reported symptoms does not imply scientific confirmation. Our aim is to identify possible areas of concern and encourage further responsible research. Where relevant, we distinguish between formally studied health phenomena and those still under preliminary or anecdotal review.

2. UAP sightings and encounters

In this Section, we note some of the most prominent UAP sightings and encounters, presenting them from the lived experience of those reporting incidents and those who have corroborated aspects of UAP encounters – with reports of missing time, apparent exposure to ionising radiation, burns and other dermatological issues as well as, possibly, infections. We also include details of research that incorporates several UAP encounters into a single report.

2.1 Valensole (1965)

French farmer Maurice Masse (41) reported that, on 1st July 1965, he encountered two very pale, child-sized, large-headed beings near some sort of large round vehicle that had landed in his lavender field outside of Valensole, south-eastern France.²⁴ Walking towards them, Masse got within twenty-five feet before one of the beings pointed a tube at him, temporarily paralysing him.

According to researcher Brenda Denzler, Masse refused to discuss the physical effects on him in detail, but it is clear that he suffered from extreme exhaustion lasting several months.²² Other sources suggest he had disturbed sleep patterns and *“began to suffer from nightmares, often sleeping for 12 hours and feeling very sleepy”*.²⁵ In addition, he complained of apathy and a lack of interest in life. There is the suggestion, passed on by Masse’s wife in conversation, that when he was paralysed he received some important information from the ‘creatures’. What this information was, Masse never said.

2.2 Falcon Lake (1967)

On 20th May 1967 industrial mechanic Stefan Michalak (51) was prospecting for quartz and silver in Manitoba, Canada. According to a 2017 CBC news article based on the book, *When They Appeared* by Stan Michalak (Stefan Michalak’s son) and Chris Rutkowski:

“[Mr Michalak] looked up and saw two cigar-shaped objects with a reddish glow hovering about 45 metres away. One descended, according to [his] account, landing on a flat section of rock and taking on more of a disc shape. The other remained in the air for a few minutes before flying off.

“He claims he went closer and noted the smooth metal of the ship, with no seams. He then looked into the bright doorway, pulling on the welding goggles he used to protect his eyes while chipping at rocks during prospecting...He reached to touch the craft, which he said melted the fingertips of the glove he was wearing...Shortly afterward, he was struck in the chest by a blast of air or gas that pushed him backward and set his shirt and cap ablaze. He ripped away the burning garments as the craft lifted off and flew away”.^{26 and 27}

²⁴ Denzler, B. (2001). *Lure of the edge: Scientific passions, religious beliefs, and the pursuit of UFOs* (pp. 39–40). University of California Press.

²⁵ UFO AC Research Group. (n.d.). *The 1965 Valensole UFO encounter*. Retrieved 15th July 2025, from <https://ufoac.com/the-1965-valensole-ufo-encounter.html>

²⁶ Bernhardt, D. (2017, 19th May). *Falcon Lake incident is Canada’s ‘best documented UFO case,’ even 50 years later*. CBC News. <https://www.cbc.ca/news/canada/manitoba/falcon-lake-incident-book-anniversary-1.4121639>

²⁷ Rutkowski, C., & Michalak, S. (2019). *When they appeared: Falcon Lake 1967: The inside story of a close encounter*. August Night Books.

Disoriented and nauseous, Michalak stumbled through the forest and vomited. He was treated at a hospital for burns to his chest and stomach that later turned into raised sores in a grid-like pattern. In the following weeks, he also experienced symptoms including nausea, headaches, diarrhoea and blackouts. He also reported weight loss and the recurrence of burn marks.¹⁶

2.3 Colares (1977)

In mid-1977, newspapers in Pará and Maranhão, Brazil, were covering persistent reports of *"mysterious lights that were causing deaths and hallucinations"*.²⁸ People who had come into contact with the phenomenon were experiencing symptoms of *"generalized paresis [incomplete paralysis], hyperthermia, headache, superficial burns, intense heat, nausea, body tremors, dizziness, asthenia [weakness] and tiny holes in the skin"*.

According to a news report from 2016:

"Bright objects of differing shapes, sizes and colours were said to have been flying at low altitudes - just a few metres above the tops of trees - and firing light beams at people on the ground below."

"The beams gave off intense beams of radiation that caused puncture marks and lesions, with some reporting to local media at the time that it felt like a "heavy weight pushed against their chest".

"A report into the claims made by the victims stated: "The beam was about seven or eight centimetres in diameter and white in colour."

"It never hunted for them but hit them suddenly. When they tried to scream no sound would come out, but their eyes remained open."

"The beam felt hot, almost as hot as a cigarette burn".²⁹

Describing the injuries, Dr Wellaide Cecim Carvalho, the head of a care unit in the village of Colares, wrote:

"All of them had suffered lesions to the face or the thoracic area. The lesions, looking like radiation injuries, began with intense reddening of the skin in the affected area. Later the hair would fall out and the skin would turn black. There was no pain, only a slight warmth. One also noticed small puncture marks in the skin."

In a different account from Dr Carvalho, recorded in a MUFON report on Operação Prato, she refers to four cases she had attended where people said they had been attacked by rays of light from an unknown source:

"Besides 'crise nervosa', her patients had other symptoms... (partial paralysis of the body) evidencing a different...clinical picture when having a crise nervosa where the areas of attack were the extremities. Her patients reported headaches, debility, dizziness, generalized tremors... and, more important, first-degree burns marked by

²⁸ Rodrigues, F. (2009, 11th January). *SNI investigou óvnis durante a ditadura [SNI investigated UFOs during the dictatorship]*. Folha de S.Paulo. Retrieved 15th July 2025, from <https://www1.folha.uol.com.br/fsp/brasil/fc1101200907.htm>

²⁹ Wells, A. (2016, 8th March). *Operation Saucer: The official search for UFOs that attacked Brazilians with 'light beams' in 1977*. Yahoo News. Retrieved 15th July 2025, from <https://uk.news.yahoo.com/operation-saucer-the-official-search-for-ufo-155317526.html>

tiny perforations. According to the sex, the males on the neck (jugular) and the women on the chest (only one case)".³⁰

Another account from Brazil, published in 2024, recalls how inhabitants of Colares held processions, lit bonfires and launched fireworks to scare away what they called 'the creature'.

"According to residents' accounts, 'the creature' appeared at night and could emit an intense light beam, leaving its victims "inert, trembling, voiceless, and with other symptoms." Men reported being sucked on the neck, and women on their breasts".³¹

Dr Carvalho says she was forced by the military to lie about how serious what she termed the "suck-suck phenomena" was for the victims.³²

In his book '*UFO Danger Zone: Terror and Death in Brazil*', Bob Pratt provides a detailed account of the Colares incident based on his interviews of 514 witnesses.³³ According to Pratt, the most consistent symptoms involved:

- *partial paralysis, often beginning in the extremities and rising through the body;*
- *headaches, sometimes severe and prolonged;*
- *localized burns, described as first-degree, frequently accompanied by small puncture-like perforations;*
- *numbness and tingling sensations, especially in limbs or the side of the body;*
- *fatigue, dizziness, and weakness;*
- *pressure on the chest, described as oppressive or suffocating;*
- *hoarseness and throat constriction, suggesting respiratory or neurological involvement; and*
- *intense heat, especially at the site of exposure to light beams.*

Some witnesses described being struck by beams of coloured light – commonly red or blue – which appeared to be emitted from the UAP. These beams were frequently associated with:

- sudden physical effects (e.g., collapsing, paralysis, numbness);
- psychological distress (fear, agitation);
- localised injuries such as burns or bruises; and
- a lingering sense of physical and mental depletion.

Dr Carvalho treated at least 40 individuals for such injuries and stated that two died as a result, although there is no official confirmation of fatalities in the leaked military documents.

2.4 Cash-Landrum (1980)

On the evening of 29th December 1980, Betty Cash, Vickie Landrum, and Colby Landrum (Vickie's grandson) reportedly encountered a diamond-shaped UAP on a deserted road in

³⁰ Pratt, B. (2009, 20th May). *Operação Prato* [MUFON report]. *The Black Vault*.
<https://documents.theblackvault.com/documents/MUFON/Pratt/prato.pdf>

³¹ Meireles, M., & Brandino, G. (2024, 31st October). *Inside the 70-year military investigation of aliens in Brazil*. Folha de S. Paulo (English edition). Retrieved from <https://www1.folha.uol.com.br/internacional/en/brazil/2024/10/inside-the-70-year-military-investigation-of-aliens-in-brazil.shtml>

³² Mendes, C. (2005, 2nd May). *Brazil AF forces physician to lie about UFOs*. Rense.com. Retrieved 15th July 2025, from <https://rense.com/general62/leie.htm>

³³ Pratt, B. (1996). *UFO danger zone: Terror and death in Brazil*. Horus House Press.

southeastern Texas³⁴ and ³⁵. The blinding light hovering above Betty's car made it impossible to continue driving, so Vickie Landrum and Betty Cash got out of the vehicle to get a better look. Immediately, they noticed intense heat and their faces felt as if they were burning. The craft was 130 feet away and just above the trees. It then moved away at high speed, followed by 23 low-flying helicopters with U.S. military markings. On getting back into the car, Vickie Landrum touched the dashboard to steady herself and left a handprint.

In the aftermath, all three experienced severe health problems consistent with high levels of radiation exposure. Symptoms included burns, eye inflammation, hair loss, diarrhoea, vomiting and extreme weakness. Betty Cash, who had the most direct exposure, had recurrent hospitalisations and eventually developed breast cancer. The Landrums' health was somewhat better, though reportedly both suffered lingering weakness, skin sores and hair loss.

In September 1991 Cash's personal physician, Dr Brian McClelland, told the Houston Post that her condition was a "*textbook case*" of *radiation poisoning, comparable to being "three to five miles from the epicentre of Hiroshima"*.³⁵

However, Brad Sparks, an aerospace researcher who examined the case for MUFON, determined that the type of radiation was non-ionising electromagnetic radiation (NIEMR), not ionising radiation, the only kind causing 'radiation sickness'. (Infrared, microwave and UV radiation as well as visible light radiation do not and cannot cause radiation sickness).³⁶ He suggested there could have been some kind of 'radiomimetic' effect, in which substances produce similar effects to ionising radiation, for example, nitrogen mustards in chemical warfare. However no definitive connection has been established between the incident and NIEMR.

Cash and Landrum sued the U.S. Federal Government for \$20 million. However, persuaded by the testimony of officials from NASA, the Air Force, Army and Navy that no agency of the U.S. Government possessed any such UFO and that no military personnel had operated any of the reported helicopters, District Judge David G. Campbell dismissed their case on 21st August 1986.

2.5 Rendlesham (1980)

U.S. Airman First Class John Burroughs was stationed at RAF Woodbridge in December 1980.

According to the account in Richard M. Dolan's *UFOs & the National Security State, Volume 2* just after midnight on 26th December, Burroughs, along with Staff Sergeant James Penniston, were dispatched to the site where lights had been seen and it was assumed that a plane may have crashed.³⁷ Deep in the forest they reportedly encountered a luminous triangular-shaped craft, ten feet across and eight feet high, with three legs. A field of static electricity seemed to envelop them, making their hair stand on end. They then noticed a small, shiny object with a bank of blue lights, motionless in a clearing. Penniston moved to within ten feet of it. He had brought a notebook and his contemporaneous description was as follows:

³⁴ Schuessler, J. F. (1998). *The Cash-Landrum UFO incident*. Geo Graphics Printing Co.

³⁵ The Editors of Publications International, Ltd. (2024, 12th March). *The Cash Landrum UFO incident*. HowStuffWorks. Retrieved 15th July 2025, from <https://science.howstuffworks.com/space/aliens-ufos/cash-landrum-ufo-incident.htm>

³⁶ Think About It. (n.d.). *The Cash Landrum case*. Retrieved July 15, 2025, from <https://www.thinkaboutitdocs.com/the-cash-landrum-case/>

³⁷ Dolan, R. M. (2009). *UFOs & the national security state: The cover-up exposed, 1973–1991* (pp. 233–235). Keyhole Publishing Company.

“Triangular in shape. The top portion is producing mainly white light, which encompasses most of the upper section of the craft. A small amount of white light peers out the bottom. At the left side center is a bluish light, and on the other side, red. The lights seem to be moulded as part of the exterior of the structure, smooth slowly fading into the rest of the outside of the structure, gradually moulding into the fabric of the craft”.

Strange writing or symbols were visible on the craft. When Penniston touched it, the white light grew intensely bright. The two men threw themselves to the ground and the craft lifted silently, rose above the trees and was gone in the “blink of an eye”.

Only Penniston remembered details of the event: Burroughs concluded that his memory was blocked.

There was a second incident on the night of 27th/28th December again involving John Burroughs who, along with Deputy Base Commander, Lt Col Charles Halt and others, saw a glowing light resting on a pillar of yellowish mist. Again, there was a noticeable field of static electricity, and the petrol-powered lights and radios failed.

Halt recorded the experience in his memo dated 13th January 1981:

*“Later in the night a red sun-like light was seen through the trees. It moved about and pulsed. At one point it appeared to throw off glowing particles and then broke into five separate white objects and then disappeared. Immediately thereafter, three star-like objects were noticed in the sky, two objects to the north and one to the south, all of which were about 10° off the horizon. The objects moved rapidly in sharp angular movements and displayed red, green and blue lights”.*³⁸

The Ministry of Defence dismissed Halt’s report on the basis that it “contained nothing of defence significance”.³⁹

The medical dimensions of the case began when, shortly afterwards, Burroughs fell ill with symptoms resembling radiation exposure.⁴⁰ A more major health crisis came in 2011 when his heart’s mitral valve failed – something that only usually happens to much older men. Neither Burroughs nor his doctor were able to access his classified medical records. Even the involvement of Senator John McCain failed to secure access to his missing USAF medical records from 1979 to 1983.

Burroughs was ultimately able to secure a payment (and disability coverage from the U.S. Veteran’s Association) because his lawyer, Pat Frascogna, argued that three documents

³⁸ Williams, K. (2024, 18th May). *Rendlesham Forest UFO conspiracy claims resurface as RAF colonel relives encounter*. Daily Star. Retrieved 15th July 2025, from <https://www.dailystar.co.uk/news/world-news/rendlesham-forest-ufo-conspiracy-claims-32824248>

³⁹ Soames, N. (1996, 24th July). *Rendlesham Forest (Incident): Written answer to a question from Martin Redmond* [Hansard, House of Commons, Vol. 282, col. 424]. *UK Parliament*. Retrieved 15th July 2025, from [https://hansard.parliament.uk/Commons/1996-07-24/debates/0ece5c04-6650-47b4-b228-cdb2336633e8/RendleshamForest\(Incident\)](https://hansard.parliament.uk/Commons/1996-07-24/debates/0ece5c04-6650-47b4-b228-cdb2336633e8/RendleshamForest(Incident))

⁴⁰ Hamill, J. (2015, 3rd March). *British UFO encounter “gave me heart failure”, says US airman after military chiefs agree to pay his medical bills*. Mirror Online. Retrieved 15th July 2025, from <https://www.mirror.co.uk/news/technology-science/science/british-ufo-encounter-gave-heart-5266589>

provided evidence that Burroughs had been exposed to [presumably ionising] radiation, including:⁴¹

- An investigation by Defence Intelligence, part of the MOD, that reported how radiation levels at Rendlesham at the time of the encounter were “significantly higher” than normal background levels.
- A cold-case review by the Defence Radiological Protection Service in 1994 that determined that these readings were seven to 10 times higher than normal.
- An extract from the then classified *Project Condign* report, a secret review of UFOs for Defence Intelligence between 1997 and 2000. Rendlesham is described as an event where it “*might be postulated that several observers were probably exposed to Unidentified Aerial Phenomena (UAP) radiation*”.^{7, 42 and 43}

2.6 Schuessler Catalog of UFO-Related Human Physiological Effects

In 1991 the Mutual UFO Network (MUFON) formed a Medical Committee to develop an operating protocol to help researchers evaluate case data and deal with the medical evidence. The MUFON Field Investigators Manual⁴⁴ placed reported injuries in one of four categories:

- *CATEGORY 1: Injuries of a temporary nature, dealing with paralysis, dizziness, nausea, vomiting, headache, tingling sensations, electrical shocks, feeling of heat, temporary blindness, mild burns, odour perception and sound perception.*
- *CATEGORY 2: Injuries with more chronic effects usually associated with skin lesions, which may represent pathology through unknown mechanisms. Lesions may appear as severe burns, scarring, open sores etc. Effects of radiation exposure may result in the development of cancers, anaemia and the like.*
- *CATEGORY 3: Injuries involving female abductees, the missing fetus syndrome and implants.*
- *CATEGORY 4: Injuries involving psychological or paranormal claims of the witness.*

Five years later, MUFON Administrator John F. Schuessler published a *Catalogue of UFO-Related Human Physiological Effects*.⁴⁵ It covered the period 1873-1994 and set out a summary of 356 selected cases of UFO-induced physiological effects on humans during close encounters, including: paralysis, electrical shocks, feeling of heat, burns, perception of odours etc. A full list of the effects, ranked by frequency, is set out in Appendix A of this report.

⁴¹ Cox, B. (2014, 28th May). *Missing military records; Senator John McCain & the Rendlesham Forest UFO incident – anatomy of a farce*. *The UFO Chronicles*. Retrieved 15th July 2025, from <https://www.theufochronicles.com/2014/05/missing-military-records-senator-john.html>

⁴² Potter, T. (2015, 10th March). Medical payout for UFO mystery airman following Rendlesham Forest encounter. *East Anglian Daily Times*. <https://www.eadt.co.uk/news/21672773.medical-payout-ufo-mystery-airman-following-rendlesham-forest-encounter/>

⁴³ Defence Intelligence Staff. (2000). *Unidentified aerial phenomena in the UK air defence region, Volume 2: Working paper* (p. F 4). Ministry of Defence. [Often referred to as “The Condign Report”]

⁴⁴ Quoted in Schuessler, J. F. (1996). *UFO related human physiological effects*. Geo Graphics Printing Company.

⁴⁵ Schuessler, J. F. (1996). *UFO related human physiological effects*. Geo Graphics Printing Company.

2.7 Encounters with craft of different shapes

Reports from the Office of the Director of National Intelligence (2023) and AARO (2024) have set out the morphologies of reported UAP.⁴⁶ and ⁴⁷ They show a range of shapes, including rectangles, triangles and discs, with the dominant type being “orb, round, sphere”. See Figure 1 below.

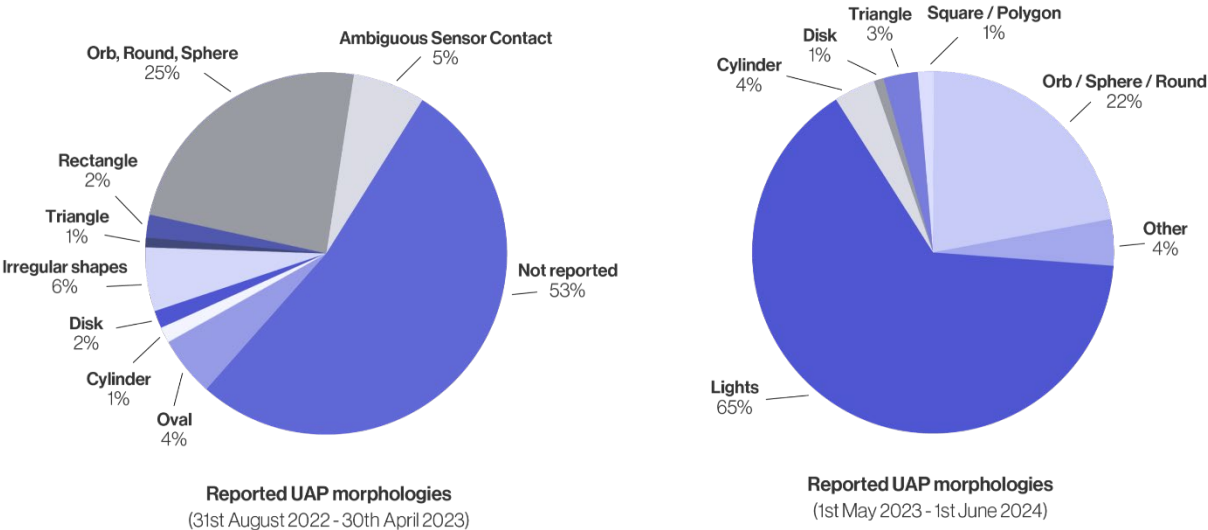


Figure 1: UAP morphologies as reported in the 2023 DNI and 2024 AARO reports ⁵⁴ and ⁵⁵

A document entered into evidence as part of the Hearing on 13th November 2024 in the Committee on Oversight and Government Reform of the U.S. House of Representatives set out how the reported ‘biological effects’ on observers of UAP varied by shape.⁴⁸ The report’s author claimed to have obtained the information while working as a Department of Defense employee, and he provided it to the U.S. Congress under whistleblower protection laws. The information presented at the Hearing is set out in the table below:

UAP shape		Biological effect
1	Sphere/orb	Close observers reported feelings of unease and electronic device malfunctions.
2	Disc/saucer	None stated.
3	Oval/tic tac	None stated.
4	Triangular	Long-term psychological effects, such as anxiety and insomnia, have been noted, alongside the feeling of ‘being watched’ or experiencing a shared awareness with the triangle UAP.

⁴⁶ Office of the Director of National Intelligence, & Department of Defense. (2023, 18th October). *Fiscal Year 2023 consolidated annual report on unidentified anomalous phenomena* [PDF]. <https://www.dni.gov/files/ODNI/documents/assessments/FY2023-Consolidated-Annual-Report-UAP-Oct2023.pdf>

⁴⁷ Office of the Director of National Intelligence. (2024, 14th November). *Fiscal Year 2024 consolidated annual report on unidentified anomalous phenomena* [PDF]. U.S. Government. <https://www.dni.gov/index.php/newsroom/reports-publications/reports-publications-2024/4020-uap-2024>

⁴⁸ U.S. House of Representatives, Committee on Oversight and Accountability, Subcommittee on Cybersecurity, Information Technology, and Government Innovation. (2024, November 13). *Report – Immaculate Constellation – Pentagon* (HHRG-118-GO12-20241113-SD003) [Document submitted for the record]. <https://www.congress.gov/118/meeting/house/117721/documents/HHRG-118-GO12-20241113-SD003.pdf>

UAP shape		Biological effect
5	Boomerang/arrowhead	None stated.
6	Irregular/organic	Observations included physical sensations of warmth or cold, unexplained smells (e.g. ozone) and psychological distress.

Table 1: Biological effects of encounters with UAP of different shapes

The report continues with examples of Human Intelligence (HUMINT) gathered around UAP sightings [emphasis added by underlining to highlight the effects on people], including:

- ***Close encounter by nuclear-powered aircraft carrier (CVN) flight deck personnel***
 - *“While on active duty in the Pacific, flight deck personnel working night duty experienced a close encounter with a spherical UAP of medium-large size...Shortly after first observation, the UAP rapidly descended from high altitude to a position directly above the flight deck of the CVN (height approximately 100-200 yards). The UAP maintained altitude and matched speed with the underway CVN for an uncertain period; observing personnel reported altered perceptions of time during the close encounter. The UAP appeared to emit a soft orange-red light which, bizarrely, did not illuminate the ocean or the flight deck of the CVN despite the visual appearance of intense luminosity. The surface of the UAP was observed to be dynamic, ‘rolling like the surface of the sun’...After an uncertain period, the UAP suddenly shot into the air, disappearing at a point high above the CVN. Observing personnel felt as if they had ‘snapped out of a trance’ and sense of profound unease”.*
- ***Perimeter of sensitive facility breached by UAP***
 - *“At a military airfield located on the Eastern Seaboard, ground personnel reported a lengthy, low-altitude intrusion late at night by a small, spherical UAP. The UAP displayed visual signature management, appearing as a blurry sphere around which light was distorted or ‘bent’; this effect emanated outward from the central sphere, giving the appearance of a heat-haze or a misty volume of distorted light. Ground personnel reported eyestrain, headaches and a feeling of unease or dread while observing this ‘dark sphere’”.*

3. Physiological symptoms and their possible mechanisms

In this Section, we group together evidence around the physiological symptoms connected with UAP encounters, including possible mechanisms for their effect. The material comes from a variety of sources and is of variable quality. Some of the key papers we mention below are not peer reviewed. Some are from defence and intelligence sources, which may mean important information is withheld for security reasons. We have worked with the sources we have access to and drawn out insights that appear to be both relevant and reasonable. The papers are clearly referenced, so the reader can make their own judgments as to the weight that should be given to each one. The overarching point, fundamental to the conclusions of this report as a whole, is that much more research is needed about the health effects from UAP. If readers have comments on the material we present or have suggestions for additional sources of information, we would be very pleased to receive them. We will incorporate any new material received in the next edition of this report.

3.1 Electromagnetic radiation field effects (EMR field effects)

Electromagnetic radiation (EMR) field effects refer to the physiological impact of electromagnetic energy – particularly in the radiofrequency (RF) and microwave bands – on biological tissue. In the context of UAP encounters, both governmental and independent sources have reported such effects in close-range exposures.

As mentioned in Section 1.2, a report titled *Anomalous Acute and Subacute Field Effects on Human and Biological Tissues*¹⁵ was produced in 2009 by AAWSAP for the Defense Intelligence Agency and obtained by *The Sun* newspaper in 2024 under a Freedom of Information Act request. Its conclusions include the following:

“Based on historical cases, humans have been found to have been injured from exposures to anomalous vehicles, especially airborne, and when in relatively close proximity.

“The primary mechanisms of injury are related to electromagnetic radiation field effects (EMR field effects).

“Amongst the most important pathophysiological effects are:

- *Heating and burn injuries*
 - *Ionizing and non-ionizing [presumably radiation]*
 - *Thermally induced*
- *Neurological effects*
 - *Cognitive / central nervous system*
 - *Neuromuscular / central & autonomic nervous systems*
 - *Sensory / peripheral nervous system*
 - *Neuropsychiatric / neuroendocrine*
- *Auditory / cranial nerves VII & VIII*
 - *Communication & disabling effects*
 - *Noise and central neurocognitive”*

The significance of EMR field effects is shown by 42 cases from peer-reviewed medical files and 300 unpublished cases in which people claim to have been injured through this mechanism.

The KONA BLUE Proposal⁴⁹ for the U.S. Department of Homeland Security also points in this direction with the statement:

"...some evidence points to non-ionizing (EM) radiation..."

when referring to a *"putative aerospace vehicle associated injury"*.

The AAWSAP Report states that the 'hot spot' range is between 400 MHz and 2 GHz, which is in the ultra-high frequency (UHF) part of the electromagnetic spectrum. ('Radio frequency' (RF) covers the frequency range 100 kHz-300 GHz; 'microwave' is applied to the frequency range 300 MHz-300 GHz; and 'UHF' falls within the microwave band at 300 MHz-3 GHz). It goes on to report that the effects on humans of UHF and super high frequency (SHF) are primarily those of heating. Tissues that contain more water, such as blood, skin, muscle, brain and peripheral nerves, will absorb more energy than fat and bone.

Evidence of the heating effect of UHF radiation comes from Schilling (1973):

*"Three workers were accidentally exposed to UHF (785 MHz mean frequency) radiation while working on a television mast. They experienced an immediate sensation of intense heating of the parts of the body in the electromagnetic field, followed by a variety of symptoms and signs that included pain, headache, numbness and parasthesiae, malaise, diarrhoea and skin erythema. The most notable problem was that of acute then chronic headache involving the part of the head that was most exposed".*⁵⁰

Interestingly, the AAWSAP Report included a range of symptoms for exposures that would appear to go beyond pure heating effects. These include:

- *"Warming/prickly sensation over exposed glabrous [smooth, free from hair] skin*
- *Sensation of burning, no itching or small myelination injury*
- *Erythema [redness of the skin], which progresses to 2nd-degree burns in 72 hours*
- *Headache, temporal: effect lasting three weeks*
- *Dizziness/vertigo, often with nausea/ vomiting at 24-72 hours*
- *Cardiac palpitations at 48-72 hours*
- *Neurasthenia [nervous exhaustion with persistent fatigue] and peripheral neuropathy [damaged nerves] absent fasciculation [involuntary muscle twitches]*
- *Absent evidence of neuromuscular small fiber disease*
- *Absent evidence of alpha-motor neuron involvement*
- *Malaise and low-grade fever, emotional lability*
- *Severe anxiety with high exposure over 10 or greater minutes*
- *Corneal abrasion due to deoxygenating, 'gritty eye syndrome'*
- *Scleral inflammation and iritis [irritation of the white part and coloured part of the eye respectively], photophobia [light sensitivity]*
- *Beau's lines on fingernails*
- *Absent serum enzymes and CBC findings*

⁴⁹ All Domain Anomaly Resolution Office. (2024). *KONA BLUE: A proposed UAP recovery and reverse-engineering program* [PDF]. U.S. Department of Defense.

https://www.aaro.mil/Portals/136/PDFs/UAP_Records_Research/AARO_DHS_Kona_Blue.pdf

⁵⁰ Schilling, C. J. (1997). Effects of acute exposure to ultrahigh radiofrequency radiation on three antenna engineers. *Occupational and Environmental Medicine*, 54(4), 281-284. <https://doi.org/10.1136/oem.54.4.281>

- *30-60 day subacute persistent sleep disorder, dysphagia*
- *Parasthesiae ["pins and needles"] (can last up to 3 years, and thus become chronic)".*

The AAWSAP Report also gives two examples of experiments that suggest that RF can alter neurochemical processes in such a way as to lead to *"sleep disturbances, prolonged anxiety, acute and chronic headache including migraines"*. It states these symptoms are reported often by workers near RF emitters deemed 'safe' and ubiquitously by individuals who encounter anomalous aerospace objects.

One paper cited by the AAWSAP Report is McCampbell (1973), which is significantly more specific about the nature of the field that cause effects on people. It states:

"It has been found that most UFO effects on people can be attributed to a complex field consisting of two components, namely:

- 1. An electromagnetic field in the microwave region having*
 - a. frequency in the range of 200 to 3,000 MHz,*
 - b. pulse repetition rate of 50 to 100 sec⁻¹, and*
 - c. pulse width of 1 to 100, more likely 10 to 40 microsec.*

The onset of physiological responses begins with a humming sensation at an average power density of 0.4 mW/cm² but field intensities many thousand times greater may be experienced.

- 2. A magnetic field that varies intensity slightly about every two seconds. The intensity at the witness is on the order of 1,000 gauss [≈ 0.1 T, about 2,000 \times Earth's magnetic field] for close encounters".⁵¹*

McCampbell makes this claim in the conclusion to his paper and does not substantiate the rationale for it elsewhere, nor is there a reference given. However, this does appear to challenge – or perhaps build on – the AAWSAP contention that heating is the primary mechanism of harm to humans from EMF field effects from UAP.

uNHidden notes that a statement from the National Security Council spokesman on AHI on 10th January 2025 made the point that:

"...pulsed electromagnetic or acoustic energy remains a plausible explanation in certain cases".

Mechanisms for this have been suggested, including Hubler et al. (2020), which proposed:

"...mechanisms by which pulsed microwaves may injure brain tissue by transduction of microwave energy into damaging acoustic phonons in brain water".⁵²

Speaking on the *Into the Impossible* podcast with Dr Brian Keating in 2023, Professor Stuart Hameroff who, along with Sir Roger Penrose, is the originator of the Orch-OR theory of consciousness, suggested that Havana Syndrome was caused by:

"overstimulation of the microtubules".

⁵¹ McCampbell, J. (1973). Effects of UFOs on people. In H. Evans & J. Spencer (Eds.), *UFOs 1947–1987: The 40-year search for an explanation*. British UFO Research Association.

⁵² Hubler, G. K., Hoffman, S. W., Andreadis, T. D., & DePalma, R. G. (2020). Pulsed microwave energy transduction of acoustic phonon related brain injury. *Frontiers in Neurology*, 11, Article 753. <https://doi.org/10.3389/fneur.2020.00753>

Although speculative, this hypothesis aligns with broader research exploring the potential for microtubules to act as bioelectrical or quantum structures sensitive to external fields.

That is, it may be that the RF causes resonance in the neural water and/or the microtubules (tubulin is the most abundant brain protein). However, for lasting effects, there would need to be damage to the microtubules, particularly in their resonance frequencies, as the water will return to its original state when the RF stimulation is removed. So, while it is speculative, this may be a possible mechanism of harm.

More about the possible overlap between the mechanisms of AHI and UAP encounters is explored in Section 3.2 in relation to brain injuries and the work of Dr Garry Nolan in particular. It may be that, as research progresses, there is increasing convergence between the mechanisms, effects and possible treatments for the impact of both AHI and UAP encounters.

There is one more point to take from the McCampbell study, which is that it suggests a plausible explanation for the injuries in the Cash-Landrum case (see Section 2.4 above). Specifically:

1. *infrared and short microwaves probably caused the burns;*
2. *internal injuries were probably caused by the heating effect of more penetrating, longer microwaves; and*
3. *loss of hair was probably due to the well-known effect of ionizing X-rays with contributions from microwaves.*

The suggested mechanism for the creation of X-rays is Bremsstrahlung (i.e. radiation emitted when a charged particle, like an electron, is decelerated or deflected by another charged particle, usually a nucleus). This hypothesis indicates that the UAP may have been an atmospheric plasma that produced a strong component of X-rays by decelerating electrons that collided with molecules and ions in the highly agitated, ionized gas. This mechanism could also explain, in whole or in part, several other cases mentioned in Section 2 (including Falcon Lake and Rendlesham).

It is also worth noting that high-power ultrashort-pulse lasers can generate X-rays when interacting with matter – especially solid targets (yields in air are much lower). This occurs due to electron acceleration and deceleration in the laser-produced plasma. The optical Kerr effect, a nonlinear process, can cause self-focusing of intense beams, enhancing on-axis intensity and facilitating such interactions.

Consequently, it is feasible to produce X-rays at locations distant from the laser source. If a craft emits beams or glows with a pulsed nature – at a pulse repetition frequency high enough to be imperceptible to the human eye – this emission could serve as a source of X-rays. This would be another possible mechanism for the production of X-rays in UAP encounters.

RF exposure may produce symptoms that are not typically associated with EM field effects, complicating diagnosis and attribution. Notably, years after his alleged UAP encounter, John Burroughs reported heart problems⁴⁰ that he suggested may have been related to his exposure to some form of radiation. Radiotherapy (RT) is frequently used to treat thoracic malignancies, including breast, lung, oesophageal cancer, thymoma and Hodgkin's lymphoma, which could be in close anatomical proximity to the heart. The syndrome of unwanted cardiovascular side effects of thoracic RT is recognised by the medical establishment, and the risk of radiation-

induced heart disease (RIHD) is a critical concern in current oncology practice.⁵³ Dr Jim Segala suggests that heart valve damage might come from an autoimmune response to the radiation.⁵⁴

Wang et al. (2019) observes that:

"RIHD represents a spectrum of cardiac pathology including CAD [coronary artery disease], Cardiomyopathy, pericardial disease, arrhythmias and valvular abnormalities."

However, these studies note that the exact mechanisms of the various RIHD pathogenesis are not entirely understood.

A second non-obvious RF-related symptom could be localised burns (or what the AAWSAP Report calls "the enigma of 'non-thermal' wheals"). Reported symptoms have included the following:

"...the appearance of what appear to be 1-3 cm localized circumscribed erythematous, occasionally gangrenous, and sub-dermal wheals, boils and serosanguinous abrasions. These injuries appear concomitantly with what are otherwise felt to be burns from microwave or other RF injuries, except they are often found on clothed parts of the body, at a distance from the worst second-degree burns. And, dermatologically, they can't be diagnosed as thermal or RF-related injuries".

The AAWSAP Report explores a theoretical pathophysiological mechanism proposed by researchers affiliated with the Bogoliubov Laboratory of Theoretical Physics at the Joint Institute for Nuclear Research (Dubna, Russia), the Faculty of Physics at the National University of Uzbekistan (Tashkent) and the Institute of Physics at the University of Rostock (Germany). The theory posits the existence of a resonance mechanism by which weak magnetic fields may influence biological processes. In particular, Kanokov et al. (2009) suggest that fluctuations in ionic electric currents could disturb blood circulation and, under certain conditions, trigger necrotic changes in cells and tissues, potentially resulting in biological damage.⁵⁵

Accordingly, both AAWSAP and McCampbell suggest that RF damage from UAP could account for a wide range of observed physiological effects, with McCampbell stating that only mundane effects such as visual observations and hearing bullets ricochet cannot be explained by this effect.

The AAWSAP Report clarifies that these physiological effects could be the result of human-manufactured craft. It says:

"...the evidence is solid that the military and aerospace industries' own classified, proprietary and unclassified literature, as well as the certain evidence of many aerospace RF-related microwave, antenna-related, high power (HP) microwave, infrasonic / sonic, and thermal (from any source) energy deposition accidents is congruent with the anomalous vehicle reports. This means that one cannot discount the claimed and often observed injuries as being real-world (although current and

⁵³ Sárközy, M., Varga, Z., Gáspár, R., Szűcs, G., Kovács, M. G., Kovács, Z. Z. A., Dux, L., Kahán, Z., & Csont, T. (2021). Pathomechanisms and therapeutic opportunities in radiation-induced heart disease: From bench to bedside. *Clinical Research in Cardiology*, 110(2), 507–531. <https://doi.org/10.1007/s00392-021-01809-y>

⁵⁴ NewsNation. (2025, 19th January). *Reality Check: Ross Coulthart exposes new UAP video and whistleblower: What's next?* [Video]. YouTube. <https://www.youtube.com/watch?v=WaBVKiREg9I>

⁵⁵ Kanokov, Z., Schmelzer, J. W. P., & Nasirov, A. K. (2009, 7th April). *On the influence of weak magnetic and electric fields on the fluctuations of ionic electric currents in blood circulation* [Preprint]. arXiv. <https://doi.org/10.48550/arXiv.0904.1198>

likely advanced beyond public information) technologies, and which are causes of these effects and injuries”.

Indeed, as stated in Section 1.4, uNHIDDEN makes no claim in this report or elsewhere that the origin of any of these mechanisms or physiological effects are non-human in origin. Rather, we present the view that UAP represent a real phenomenon, as officially acknowledged by the U.S. Government and evidenced by decades of documented medical symptoms allegedly resulting from UAP encounters. uNHIDDEN is also not here to speculate about the origins of UAP sightings or the technology involved: our role is to educate, research and help provide care.

3.2 Brain injuries and the caudate putamen

The AAWSAP Report goes on to suggest that RF radiation can alter neurochemical processes, with cognitive and neural injury mechanisms leading to sleep disturbances, prolonged anxiety and acute and chronic headaches including migraines. It cites an in vivo study (Brillaud et al. (2007)) in which fifteen minutes of a high dose of RF radiation {6W/kg} @ UHF {900 MHz} was applied to Sprague–Dawley rats (a species that is a good surrogate for humans biochemically).⁵⁶ The injury manifested as an inflammatory reaction and increased production of new protein (Glial Fibrillary Acidic Protein (GFAP)), which possibly resulted from a repair mechanism. The areas affected were primarily in the frontal cortex, as well as deeper areas of the brain caudate, putamen and cerebellum.

In subsequent years there has been much interest in specific types of brain injury that may be associated with UAP encounters, and particularly the work of Stanford Professor of Immunology, Dr Garry Nolan. *Stanford Magazine* from 2021 stated:

*“...in 2013, two men stopped by his campus lab. Nolan declines to name them but says one claimed to be ex-CIA; the other, an executive with an aerospace company. They came carrying MRIs showing brain scans of pilots, intelligence agents and others suffering from a host of ailments whose possible causes included alleged proximity to UFOs. They knew that Nolan – pioneer in a technique called CyTOF that was revolutionizing cell analysis – had a powerful machine for blood analysis and they wanted his help getting more data”.*⁵⁷

(CyTOF, or cytometry by time of flight, is a technique that uses mass spectrometry to analyse single cells.)

The MRI scans referenced above were delivered to Dr Nolan’s lab in 2013. Upon examination, Dr Nolan’s team found activity in two areas of the brain, the caudate and the putamen. Of the approximately 100 patients (mostly pilots and others in military service) whose MRI scans were examined, about a quarter died from their injuries.

Speaking to *Vice Magazine*, Dr Nolan explained that the MRI scans showed:

⁵⁶ Brillaud, E., Piotrowski, A., & de Seze, R. (2007). Effect of an acute 900 MHz GSM exposure on glia in the rat brain: A time-dependent study. *Toxicology*, 238(1), 23–33. <https://pubmed.ncbi.nlm.nih.gov/17624651/>

⁵⁷ Scott, S. (2023, July). *First contact* [Feature article]. *Stanford Magazine*. Retrieved July 17, 2025, from <https://stanfordmag.org/contents/first-contact>

"a big white blob or multiple white blobs, scattered throughout the MRI. It's essentially dead tissue where the immune system has attacked the brain".⁵⁸

Working with Dr Christopher ('Kit') Green from the Wayne State School of Medicine in Detroit, Michigan, Dr Nolan noted that several of these patients had claimed to have seen UAP. Initially noticing what they thought were similarities in the damage to these patients' brains, they realised that this could not be 'damage' because it was right in the middle of the basal ganglia, which is responsible for motor control and other core brain functions. As Dr Nolan stated:

"If those structures were severely damaged, these people would be dead. That was when we realized that these people were not damaged, but had an over-connection of neurons between the head of the caudate and the putamen".

(The caudate nucleus plays a crucial role in higher cognitive functions, while the putamen primarily contributes to motor planning, learning and execution.)

However, some of these patients had MRI scans from prior years that showed a high neuron density existing before their alleged UAP encounter(s).

The caudate-putamen is, according to Dr Nolan, the area of the brain that *"is involved (partly) in what we call intuition"*. An example of further work in this area is Weerasekera et al. (2022), which Dr Nolan and Dr Green co-authored, and showed that:

"performance in cognitive flexibility was...predicted by volumes of the caudate nucleus".⁵⁹

Dr Nolan expanded on the link between the caudate-putamen and intuition in an interview with the *Through A Glass Darkly* podcast in July 2024.⁶⁰ He confirmed that research on individuals with extraordinary abilities, such as remote viewing, revealed increased neural density in the caudate-putamen nucleus.⁶¹ He referred to a paper, *Developing Intuition: Neural Correlates of Cognitive-Skill Learning in Caudate Nucleus*, (Wan et al. (2012)), in which novices were trained to play the classic board game, 'Go'. The paper's conclusions were:

"We found that the activation in the head of caudate nucleus developed over the course of training, in parallel to the development of the capability to quickly generate the best next-move, and the magnitude of the caudate activity was correlated with the subject's performance. In contrast, cortical activations, which already appeared in the early phase of training, did not further change. Thus, neural activation in the caudate head, but not those in cortical areas, tracked the development of capability to quickly

⁵⁸ Campion, T. (2021, 10th December). *Stanford professor Garry Nolan is analyzing anomalous materials from UFO crashes*. Vice. Retrieved July 17, 2025, from <https://www.vice.com/en/article/stanford-professor-garry-nolan-analyzing-anomalous-materials-from-ufo-crashes>

⁵⁹ Weerasekera, A., Ion-Mărgineanu, A., Green, C., Mody, M., & Nolan, G. P. (2022). Predictive models demonstrate age-dependent association of subcortical volumes and cognitive measures. *Human Brain Mapping*, 44(2), 801–812. <https://doi.org/10.1002/hbm.26100>

⁶⁰ Hazlett, S. P. (Host). (2024, 29th July). *Tracking the emergence of a new human species* (No. 293) [Audio podcast episode]. In *Through a Glass Darkly*. <https://www.youtube.com/watch?v=1todvqBrZ0c>

⁶¹ Remote viewing is a practice that claims individuals can perceive or gather information about distant or unseen targets without using their physical senses. It is often associated with parapsychology and extrasensory perception (ESP). Remote viewing gained attention through U.S. government-funded programs like the Stargate Project, which explored its potential for intelligence gathering during the Cold War.

*generate the best next-move, indicating that circuitries including the caudate head may automate cognitive computations”.*⁶²

Speaking on the podcast, Dr Nolan confirmed this study corroborated the link between the caudate-putamen and intuition, with activation of this region of the brain observed during unexpected, brilliant moves by ‘Go’ players. He explained that the caudate-putamen integrates sensory and memory data for decision-making, dubbing it the ‘brain within the brain.’ His research team also evaluated MRI scans of two alleged ‘remote viewers’ who had significant increased white matter connections between the head of the caudate and the putamen, which led Dr Nolan to postulate that this physicality correlated with the intuitive process for remote viewing.

Whitley Strieber, author of *Communion* and a well-known UAP/NHI ‘experimenter’, describes in the introduction to the 2022 edition of the book the results of an MRI scan on his brain. His neurologist wrote to him as follows:

*“...the Caudate-Putamen connections are at the density of upper normal. While the density bilaterally are upper normal, the white matter connections are unique in my experience: they’re very distinct, more than I have ever seen. They are highly non-striatal, and not running parallel in any plane”.*⁶³

In Strieber’s words, “non-striatal” means the white matter is not striped grey and white as is commonly seen in other brains, which he speculates could indicate some unknown functionality, perhaps related to perception.

His neurologist continued in his analysis as follows:

*“And while in Upper “Normal” in density, they are tortuous and irregular in path. They would nonetheless be read as ‘a normal incidental finding, unique and non-pathological in anatomical presentation’ by me”.*⁶⁴

Applying Dr Nolan’s above analysis to Strieber’s case, it may be that these neurological features are pre-existing anatomical variations rather than results of his alleged UAP encounters. Strieber’s brain structures might therefore predispose him to perceiving certain stimuli more acutely, potentially explaining his alleged experiences.

It should be noted that other research suggests that the frontal cortex, particularly the prefrontal cortex, plays a more central role than the caudate-putamen in intuitive or ‘psychic’ cognition. For example, Freedman et al. (2024) propose that non-local information – that is, data not available through normal sensory channels – enters the brain outside of conscious perception.⁶⁵ They suggest that this information is processed unconsciously and subsequently made available to conscious awareness via the frontal lobes, especially the prefrontal cortex. According to their model, non-local information is first accessed by regions of the brain involved in imagery, attention and intention – notably within the right temporal lobe – before

⁶² Wan, X., Asamizuya, T., Ueno, K., Takano, D., Cheng, K., Tanaka, K., & Nakatani, H. (2012). Developing intuition: Neural correlates of cognitive-skill learning in caudate nucleus. *Journal of Neuroscience*, 32(48), 17,492–17,501. <https://pubmed.ncbi.nlm.nih.gov/23197739/>

⁶³ Strieber, W. (2022). *Communion: A true story* (New ed., with new introduction; originally published 1987). Walker & Collier.

⁶⁴ Neurologist. (2022, 17th February). *Private email to Whitley Strieber* [Unpublished communication]. Shared with the Unhidden Foundation, 4th January 2025.

⁶⁵ Freedman, M., Binns, M., Meltzer, J., Hashimi, R., & Chen, R. (2024). Enhanced mind–matter interactions following rTMS induced frontal lobe inhibition. *Cortex*, 172, 222–233. <https://pubmed.ncbi.nlm.nih.gov/38065765/>

being transferred to frontal areas for conscious integration. The prefrontal cortex is hypothesised to function as a ‘conductor’, coordinating and synthesising both conventional sensory inputs and anomalous (i.e. intuitive or psychic) information.

3.3 Seizure-like symptoms

Seizures are sudden, uncontrolled disturbances in brain function caused by abnormal electrical activity, leading to changes in movement, behaviour, sensation or consciousness.

In 2017, the International League Against Epilepsy (ILAE) published papers setting out a classification system and definitions of different types of epileptic seizures.⁶⁶ For the purposes of this Section, we prefer to use the list of symptoms from the Epilepsy Action website, based on the ILAE classifications.⁶⁷

Many symptoms of focal seizures overlap with reports detailing health effects from alleged UAP encounters. What happens during a focal seizure depends on the area (lobe) of the brain affected, and whether the seizure spreads to affect other areas. Some individuals experience a single symptom during a focal seizure, others experience several symptoms.

The table below sets out the list of symptoms given for focal seizures arising in the frontal lobes, occipital lobes, parietal lobes and temporal lobes respectively. Where there is a correlation between the symptom and the list of physiological effects in the Schuessler Catalog (see Section 2.6), the symptom is given in **bold**. (The number in parentheses indicates the frequency of the symptom in the case studies).

<p>Symptoms of seizures in the frontal lobes can include:</p> <ul style="list-style-type: none">• Pelvic thrusting, kicking, pedalling, thrashing or rocking movements.• Screaming, swearing or laughing.• Unintentionally passing urine (urinary incontinence) [3 cases of ‘urination problems’].• Your head or eyes turning to one side.• Having unusual body movements, such as stretching one arm while the other bends.• Twitching, jerking or stiffening of muscles in one area of your body. The movements may sometimes spread bit-by-bit to other areas.	<p>Seizures starting in the occipital lobe often spread to involve other lobes. Symptoms include:</p> <ul style="list-style-type: none">• Seeing flashing lights, colours or simple patterns.• Seeing more complex images, such as pictures of people, animals or scenes.• Not being able to see as well as usual, or not being able to see at all [54 cases of ‘eye injuries’].• Having eye movements you can’t control, such as your eyes closing, moving to one side or moving quickly from side-to-side.• Repeated blinking.
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⁶⁶ Scheffer, I. E., Berkovic, S., Capovilla, G., Connolly, M. B., French, J., Guilhoto, L., Hirsch, E., Jain, S., Mathern, G. W., Moshe, S. L., Nordli, D. R., Perucca, E., Tomson, T., Wiebe, S., Zhang, Y.-H., & Zuberi, S. M. (2017). ILAE classification of the epilepsies: Position paper of the ILAE Commission for Classification and Terminology. *Epilepsia*, 58(4), 512–521. <https://doi.org/10.1111/epi.13670>

⁶⁷ Epilepsy Action. (2022, August). *Focal seizures*. Retrieved July 17, 2025, from <https://www.epilepsy.org.uk/info/seizures/focal-seizures>

<p>Seizures starting in the parietal lobe often spread to involve other lobes. Symptoms can include:</p> <ul style="list-style-type: none"> • Having feelings of numbness or tingling [8 cases]. • Prickling, crawling or electric-shock sensations, which may spread along the affected body part [22 cases]. • Sensations of burning, cold or pain [43 cases of 'heat', 16 cases of 'cold' and 22 cases of 'pain']. • Feeling like part or all of your body is moving or floating [5 cases of 'weightlessness/levitation']. • Feeling like a body part has shrunk, become bigger or is missing. • Sexual sensations [5 cases of 'sexual encounters']. • Difficulty understanding language, reading, writing or doing simple maths. • Seeing things as bigger or smaller than they really are, or seeing things that aren't there. 	<p>Symptoms of seizures in the temporal lobes include:</p> <ul style="list-style-type: none"> • Feeling frightened [23 cases of 'physiological/emotional shock, intense fear']. • Feeling like what's happening has happened before (deja vu). • Hearing things that aren't there. • Experiencing an unpleasant taste or smell [3 cases and 8 cases respectively]. • Having a rising sensation in your stomach. • Lip smacking, repeated swallowing or chewing. • Changes to your skin tone or heart rate. • Automatic behaviours such as fidgeting, undressing, running or walking.
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To this list, we can add two other suspected links between seizure-like symptoms and health effects from UAP encounters:

- Transient epileptic amnesia (TEA) is a rare type of temporal lobe epilepsy that causes brief episodes of memory loss usually lasting less than an hour. This may explain some of the 'missing time incidents reported by UAP witnesses [75 cases of perceived time loss]; and
- Todd's paresis, which is a temporary paralysis that occurs after a seizure. This condition may include:
 - Partial or complete paralysis in an arm, leg, or hand [75 cases of 'paralysis']
 - Weakness [9 cases of 'weakness/fatigue']
 - Numbness [8 cases]
 - Confusion, drowsiness and lack of responsiveness [14 cases of 'disorientation/confusion']

We do not suggest that reported symptoms from alleged UAP encounters are necessarily caused by seizures, but rather we simply note that there seems to be a significant overlap with known seizure symptoms. There could be an external cause in these cases – for example, it is possible that radio frequency (RF) mechanisms, as described in Section 3.1 above, could be affecting the relevant parts of the brain and causing a seizure-like experience. It may be of relevance, then, that the AAWSAP Report states:

“The use of very high intensity RF pulses at, for example, 915 MHz will cause an elevation in brain temperature of 8 °C, resulting in petit mal or grand mal seizures [both are types of generalised seizures] after one minute exposure, followed by 5 minutes of unconsciousness”.

It is also helpful to draw upon Greyson et al (2014), who asked 100 patients with seizures whether or not they recalled any subjective experience based around the Near-Death Experience (NDE) Scale developed by Greyson (1983).⁶⁸ and ⁶⁹ One of the four categories was ‘purportedly paranormal features’, which seems relevant to alleged UAP encounters. The results are shown in Table 2 below.

NDE Scale Item		Affirmative responses
Cognitive Features	Time distortion	7
	Life review or panoramic memory	2
	Thought acceleration	0
	Revelation or sudden understanding	0
Affective Features	Overwhelming peace	1
	Experience of brilliant light	1
	Feeling of Joy	0
	Sense of cosmic unity or oneness	0
Purportedly Paranormal Features	Out-of-body experience	7
	Vision of future events	2
	Increased sensory vividness	0
	Apparent extrasensory perception	0
Transcendental Features	Experience of another realm or world	3
	Experience of a spiritual being or voice	3
	Experience of a border or point of no return	1
	Vision of deceased or religious spirits	0

Table 2: Frequency of affirmative responses to NDE Scale items associated with seizures (N = 100).

This overlap strongly suggests the need for comparative studies, perhaps repeating the Greyson analysis and comparing results with the symptoms listed in Schuessler’s Catalog.

3.4 Wounds

There are also many examples of physical wounds associated with alleged UAP encounters.

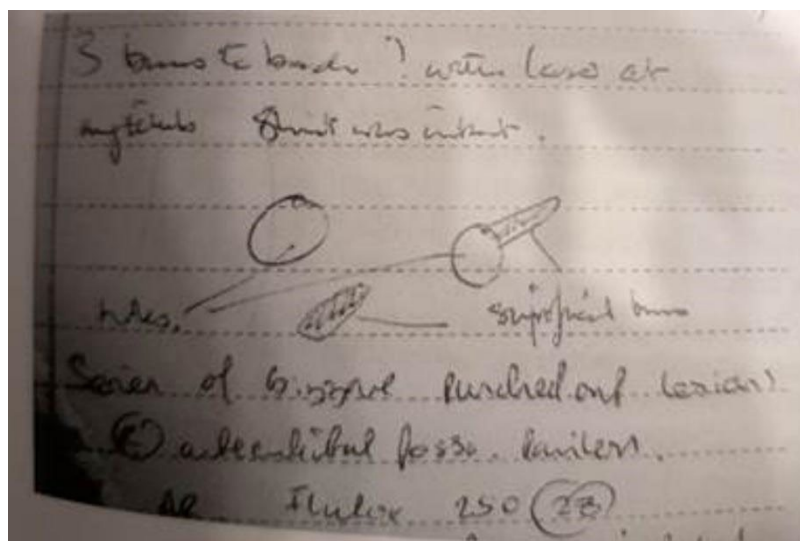
Wounds were part of the complex aetiology of the Colares incident (with a witness’s description that *“the centre of the burn displayed two puncture wounds”*) – see Section 2.4 – along with a significant number of other complex symptoms.

⁶⁸ Greyson, B., Fountain, N. B., Derr, L. L., & Broshek, D. K. (2014). Out-of-body experiences associated with seizures. *Frontiers in Human Neuroscience*, 8, Article 65. <https://doi.org/10.3389/fnhum.2014.00065>

⁶⁹ Greyson, B. (1983). The Near-Death Experience Scale: Construction, reliability and validity. *The Journal of Nervous and Mental Disease*, 171(6), 369–375. <https://pubmed.ncbi.nlm.nih.gov/6854303/>



*Figure 2: Polaroid photo of wounds on Paul Sinclair's back from 1997
(Photo courtesy of Paul Sinclair)*



*Figure 3: Paul Sinclair's medical notes mentioning a "series of bizarre punched out lesions"
(Photo courtesy of Paul Sinclair)*

Author Paul Sinclair describe his experience of being visited by two alien figures while in bed in the early hours of 27th September 1997.⁷⁰ He claims to have woken to find three burn holes in his back, even though his shirt was intact (see Figure 2). Sinclair was evaluated at the Accident & Emergency Department at Bridlington Hospital where the attending doctor described these injuries in the medical notes as "a series of bizarre punched out lesions" (see Figure 3) and noted that they had been cauterized [burned and sealed with heat to prevent

⁷⁰Sinclair, P. (2020). *Night people* (pp. 110–123). Truth Proof Publishing.

bleeding or infection]. A biopsy found no abnormality, and no medical reason for Sinclair's wounds was ever found.

3.5 Infections

Beyond immediate physiological effects, UAP encounters raise broader questions about biological contamination and public health security.

The hypothetical threat of a UAP-related infection escalating into a pandemic is covered in a White Paper, *Anomalous Health Threats* published by the Sol Foundation in June 2024. It suggests that:

"...the possibility of novel, nonterrestrial biological agents challenges existing biosurveillance systems optimized for known pathogens".¹⁶

In particular, Sol's White Paper argues that existing health security frameworks are ill-equipped to anticipate and mitigate emerging threats and advocates for a new approach. Possible technologies that could support that include:

- **Metagenomic sequencing**, which enables broad-spectrum pathogen detection without prior knowledge of the target; and
- **Advanced mass spectrometry techniques**, such as liquid chromatography-tandem mass spectrometry, which can rapidly detect novel proteins, peptides and other biomolecules.

Such approaches can complement genomic sequencing by identifying biological agents not based on nucleic acids [i.e. do not rely on DNA or RNA structures].

Sol's White Paper goes on to argue that managing UAP-associated biological materials would require the development of robust sample handling and analysis protocols spanning collection, transport, storage and study. It recommends the establishment of an inter-agency task force to coordinate efforts to assess and respond to all anomalous health threats, including UAP-associated biological materials, and the assembly of a Rapid Response Team (RRT) that can respond to incidents as they happen. Sol's experts give a stark warning:

"Proactive efforts to understand the health security implications of UAP are warranted, given the potential for catastrophic consequences from a genuine health threat".

Another paper, *Immune recognition of putative alien microbial structures: Host-pathogen interactions in the age of space travel* (Netea et al. (2020)), speculates about the pathogenic potential of truly alien microorganisms, discussing this issue in the context of astronauts in a future exploration of the solar system. Commenting on the likelihood of an alien microbe having the capacity to attach to cells of a terrestrial host and cause infection, the paper states:

"...it is likely that alien microorganisms are adapted to entirely different conditions than those in terrestrial environments, are much less well adapted to the conditions of the human body, and will likely be less capable of colonization or invasion than our own microbiota".⁷¹

There have been suggestions that Marco Eli Chereze, a military police officer involved in the Varginha incident (January 1996, Brazil), may have succumbed to an infection following contact

⁷¹ Netea, M. G., Domínguez-Andrés, J., Eleveld, M., op den Camp, H. J. M., van der Meer, J. W. M., Gow, N. A. R., & de Jonge, M. I. (2020). Immune recognition of putative alien microbial structures: Host-pathogen interactions in the age of space travel. *PLoS Pathogens*, 16(1), e1008153. <https://doi.org/10.1371/journal.ppat.1008153>

with an alleged entity.⁷² While some sources speculate that further information about the nature of this infection may be forthcoming, at the time of writing we do not have confirmed details regarding its cause or medical profile.

3.6 Autoimmune Disease

Autoimmune disease occurs when the immune system mistakenly targets the body's own healthy tissues, leading to chronic inflammation and organ-specific or systemic dysfunction. Common forms of autoimmune disease include: rheumatoid arthritis, which targets joints; systemic lupus erythematosus (SLE), a multi-organ condition; Hashimoto's thyroiditis, which affects thyroid function; and Graves' disease, another thyroid-related disorder. These conditions are typically long-term, vary in severity, and are often influenced by a combination of genetic predisposition and environmental triggers (ranging from infections to psychological or physiological stressors).

Of particular relevance is the growing evidence that severe or prolonged stress may increase an individual's vulnerability to autoimmune disease. For instance, Bookwalter et al. (2020) found a 58% increased risk of autoimmune conditions among individuals with a history of PTSD, compared to those without.⁷³ This raises the possibility that highly stressful or traumatic anomalous encounters may act as physiological catalysts in susceptible individuals.

In *Skinwalkers at the Pentagon*,² the authors describe a repeated pattern in which people exposed to UAP later developed autoimmune disorders. These accounts suggest adverse health effects that extend beyond psychological impact and into biological systems. Among the most notable cases discussed is that of Laila Costigan, whose close encounter with a luminous orb preceded a diagnosis of Hashimoto's thyroiditis. Another case discussed is that of the Axelrod family, in which autoimmune flare-ups – including Lupus and Raynaud's disease – were observed following anomalous events within the family's home. Although anecdotal, these examples are medically plausible within the framework of immune dysregulation.

More broadly, *Skinwalkers at the Pentagon* identifies a recurring autoimmune profile across personnel associated with AAWSAP – particularly those who visited Skinwalker Ranch or directly investigated UAP. There was documented emergence of medical conditions such as Graves' disease, Sjögren's syndrome and rheumatoid arthritis in researchers, as well as their immediate families. These reports often coincided with what the authors term the 'hitchhiker effect', in which exposure to anomalous environments appears to produce secondary effects far from the original site of the exposure.

The authors of *Skinwalkers at the Pentagon* acknowledge that these reports are anecdotal, preliminary and constrained by confidentiality protections such as HIPAA, the U.S. Health Insurance Portability and Accountability Act that protects sensitive patient information. While they describe patterns of autoimmune illness among individuals involved in UAP-related research, these conditions are not uncommon in the general population, and the small sample sizes make interpretation difficult. To date, we are unaware of any peer-reviewed academic studies that establish – or explore – a causal link between anomalous events and the onset of

⁷² Silva, S., & Melo, R. (2016, 21st January). *ET of Varginha: 20 years later, see what happened to the characters*. *G1 Sul de Minas*. Retrieved 17th July 2025, from <https://g1.globo.com/mg/sul-de-minas/noticia/2016/01/et-de-varginha-caso-completa-20-anos-com-misterios-e-incertezas.html>

⁷³ Bookwalter, D., Roenfeldt, K., LeardMann, C., Kong, S. Y., Riddle, M., & Rull, R. (2020). Posttraumatic stress disorder and risk of selected autoimmune diseases among US military personnel. *BMC Psychiatry*, 20, Article 23. <https://doi.org/10.1186/s12888-020-2432-9>

autoimmune disease. Further investigation would be needed to determine whether such patterns are coincidental or merit clinical attention.

3.7 Medical implants

The idea that medical implants have been placed in someone's body after an abduction experience is a recurring theme in the historical canon of UAP accounts.

The late Professor John E. Mack, Professor of Psychiatry at Harvard Medical School and Pulitzer Prize-winning author, suggested that, in several UAP cases, tiny objects have been recovered and analysed biochemically and electro-microscopically. Writing in *The Washington Post* in April 1994, Dr Mack reported the following:

"I have myself studied a 1/2- to 3/4-inch thin, wiry object that was given to me by one of my clients, a 24-year-old woman, after it came out of her nose following an abduction experience. Elemental analyses and electronic microscopic photography revealed an interestingly twisted fiber consisting of carbon, silicon, oxygen, no nitrogen, and traces of other elements. A carbon isotopic analysis was not remarkable. A nuclear biologist colleague said the "specimen" was not a naturally occurring biological subject but could be a manufactured fiber of some sort. It seemed difficult to know how to proceed further".⁷⁴

Luis Elizondo wrote about anomalous implants in his book, *Imminent*:

"When researchers scrape away the human tissue, they find objects that resemble a technical device in size and shape but without any circuitry whatsoever. I once handled one of these implants myself, provided to me by a hospital in the Department of Veterans Affairs, where it had been removed from a U.S. military service member who had encountered a UAP".⁷⁵

Elizondo added that, under the microscope, the implant that he handled (which looked like a microchip encapsulated by a slimy semi-translucent casing of tissue) was still moving. He said that he was told that the object moved subcutaneously to evade extraction by doctors.

Dr David E. Pritchard, an M.I.T. physicist who hosted the 1992 Abduction Study Conference with Dr Mack, gave a presentation about a suspected alien implant, a tiny object with a collagen sheen that he acknowledged might have grown in the alleged abductee. He concluded his presentation by saying:

"I don't have anything conclusive. What I have is just what you usually get in this business: it will provide more beliefs for the believers and will be instantly skeptified by the skeptics, and it's not very good evidence if it won't move the lines at all".⁷⁶

This is another example of the conundrum faced by UAP studies: while the physical evidence is inconclusive, we note the importance to experiencers of their testimony being heard. As such, we should approach the case material with both scientific rigour and the utmost respect for those sharing their accounts.

⁷⁴ Mack, J. E. (1994, 17th April). *Alien reckoning*. *The Washington Post*
<https://www.washingtonpost.com/archive/opinions/1994/04/17/alien-reckoning/2c40dbed-4e10-4026-9c3e-629fc734c23e>

⁷⁵ Elizondo, L. (2024). *Imminent: Inside the Pentagon's hunt for UFOs* (pp. 113–115). William Morrow.

⁷⁶ Nickell, J. (1998, September–October). *Alien implants: The new "hard evidence."* *Skeptical Inquirer*, 22(5). Retrieved 17th July 2025, from <https://skepticalinquirer.org/1998/09/alien-implants-the-new-hard-evidence/>

4. Psychological aspects of UAP encounters

In April 2024, uNHIDDEN produced a White Paper on *The Impact of Exceptional Experiences and Disclosure on Mental Health and Wellbeing*, which covered the effect of UAP experiences on mental health and the challenges of managing and mitigating ontological shock.¹⁸ Rather than repeating the White Paper in this Section, what follows is a restatement of the main points and additional and more up-to-date references where these have become available.

We begin with the conventional analysis that individuals who experience UAP encounters are prone to fantasies and hallucinations, or are suffering from false memories or sleep paralysis.

For example, Gow et al. (2001) examined the psychological variables underpinning the reporting of UAP experiences with 198 subjects (155 controls, 19 UFO sightees, 12 UFO contactees and 12 UFO abductees). Gow's paper proposed a possible profile of UAP experiencers as follows:

"It seems that, in addition to high paranormal beliefs and fantasy proneness, these experiencers are higher on personality dimensions related to the intuition and feeling dimensions of the Myers Briggs Type Indicator (Myers, 1962)".^{77 and 78}

In a similar vein, French et al. (2008) studied a sample of 19 UK-based UAP experiencers with a control sample matched on age and gender. Their conclusion was:

*"Experiencers were found to show higher levels of dissociativity, absorption, paranormal belief, paranormal experience, self-reported psychic ability, fantasy proneness, tendency to hallucinate and self-reported incidence of sleep paralysis".*⁷⁹

French's 2015 article in *The Psychologist*, which sets out the psychological explanations for alien encounters in a more popular and readable way, suggests that the main explanations are false memories and sleep paralysis.⁸⁰ In two separate paragraphs, he states:

"The most obvious explanation is that they are suffering from false memories, and there is increasing evidence to support such a claim..."

"...perhaps the single most common cause of such suspicions [seeing a UFO, having a 'missing time' experience or finding puzzling scars on one's body] is sleep paralysis".

Escolà-Gascón et al. (2024), who carried out a study of 408 airline pilots using flight simulators, concluded that *"UAP may be explained as cognitive biases"*, and suggested that they stem from causal illusions linked to magical inferences.⁸¹

In their paper titled *Psychoses and Unidentified Objects*, Mavrakakis and Bocquet (2008) studied six subjects who claimed to have communicated with aliens who had given them missions to

⁷⁷ Gow, K., Lurie, J., Coppin, S., Popper, A., Powell, A., & Basterfield, K. (2001). *Fantasy proneness and other psychological correlates of UFO experience* [Unpublished manuscript]. ____

⁷⁸ Myers, I. B. (1962). *The Myers-Briggs Type Indicator: Manual*. Consulting Psychologists Press.

⁷⁹ French, C. C., Santomauro, J., Hamilton, V., Fox, R., & Thalbourne, M. A. (2008). Psychological aspects of the alien contact experience. *Cortex*, 44(10), 1387–1395. <https://doi.org/10.1016/j.cortex.2007.11.011>

⁸⁰ French, C. C. (2015, September). *Close encounters of the psychological kind: Explanations for UFO sightings, alien encounters and abductions*. *The Psychologist*, 28(9), 754–758. <https://www.bps.org.uk/psychologist/close-encounters-psychological-kind>

⁸¹ Escolà-Gascón, Á., Dagnall, N., Denovan, A., & Drinkwater, K. (2024). Impact of Unidentified Aerial Phenomena (UAPs) on air safety: Evidence from Airbus® TCAS/ROSE simulators. *Journal of Air Transport Management*, 119, 102617. <https://doi.org/10.1016/j.jairtraman.2024.102617>

protect humanity. The conclusion was that *"five of them suffered from a paranoid delusional state often akin to paraphrenia"*, a mental condition characterised by paranoid delusions and hallucinations".⁸²

Multiple academic papers offer sleep paralysis, false memories, cognitive bias and paraphrenia as psychological explanations for UAP encounters but make no reference to the official U.S. Government acknowledgement in the 2021 ODNI Report that UAP are real.³ Further, they ignore the high proportion (i.e. 80 of the 144 reports) of observations that involved multiple sensors. Similarly, they neglect to note the 0.6% (i.e. nearly 1,500) of the UAP sightings recorded in the CAPELLA data warehouse that have correlated radar data.¹⁴

To take this to a *reductio ad absurdum* point, uNHHidden wonders which of the conventional explanations should be offered to explain the 2004 Nimitz sighting when a large 'tic-tac shaped' object was seen making manoeuvres with flight characteristics way beyond anything known human technology could achieve.⁸³ Testifying before the House of Representatives Oversight Committee in July 2023, former U.S. Navy Pilot, Cmdr. David Fravor said:

*"...the Tic Tac Object that we engaged in Nov 2004 was far superior to anything that we had at the time, have today, or are looking to develop in the next 10+ years".*⁸⁴

It would be absurd to suggest that Fravor and his colleagues were suffering from sleep paralysis; reporting a memory of an event that never happened; led by their magical thinking into believing events are connected when they are not; or suffering from a mental disorder. Further, a video of the 'tic-tac shaped' object was taken by the F/A-18F's AN/ASQ-228 Advanced Targeting Forward Looking Infrared (ATFLIR) system and confirmed as genuine by the U.S. Navy in 2019.^{85 and 86}

When trained Navy pilots have given congressional testimony that they observed an anomalous object in the sky, the psychology profession should not be dismissive when an ordinary citizen sees something similar. To automatically dismiss these claims as hallucinations and question the witnesses' state of mind does not meet a reasonable standard of care.

uNHHidden's White Paper noted that clinical psychologists may be reluctant to stray from conventional line that UAP encounters are caused by recognised prosaic explanations, for fear that they may be criticised by colleagues, especially if their cases are reviewed.¹⁸ One practitioner told us that even adopting a non-judgmental approach in these patients' cases could risk his competence to practise with the Health and Care Professions Council (HCPC).

⁸² Mavrikis, D., & Bocquet, J.-P. (1983). Psychoses et objets volants non identifiés [Psychoses and unidentified flying objects]. *Canadian Journal of Psychiatry*, 28(3), 199–201. <https://doi.org/10.1177/070674378302800309>

⁸³ Chasan, A. (2023, 26th July). *The story behind the "Tic Tac" UFO sighting by Navy pilots in 2004*. CBS News. <https://www.cbsnews.com/news/tic-tac-ufo-sighting-uap-video-dave-fravor-alex-dietrich-navy-fighter-pilots-house-testimony/>

⁸⁴ Fravor, D. (2023, 26th July). *Statement for the record before the U.S. House Committee on Oversight and Accountability, Subcommittee on National Security, the Border, and Foreign Affairs: Unidentified anomalous phenomena—Implications on national security, public safety, and government transparency* [Testimony]. U.S. House of Representatives. <https://oversight.house.gov/wp-content/uploads/2023/07/David-Fravor-Statement-for-House-Oversight-Committee.pdf>

⁸⁵ Scientific Coalition for UAP Studies. (2019, 3rd March; updated 2024, 13th November). *A forensic analysis of Navy Carrier Strike Group Eleven's encounter with an anomalous aerial vehicle* [Report]. <https://www.explorescu.org/post/2004-uss-nimitz-strike-navy-group-incident-report>

⁸⁶ Sky News. (2019, 20th September). *Leaked classified "UFO footage" is real, US Navy confirms*. Sky News. <https://news.sky.com/story/leaked-classified-ufo-footage-is-real-us-navy-confirms-11813737>

In contrast, Professor Thomas Rabeyron, the founder of the French support network, Center for Information, Research and Counselling about Exceptional Experiences (CIRCEE), has developed a methodology based on a properly non-judgmental and open listening approach. He describes what they do as follows:

"Overtly, we listen to the patient in an open and non-judgmental attitude in order to increase their ability to speak freely of an experience that was not described before due to the fear of being considered crazy. Implicitly, we tell the patient "Here, you can say everything you want, even experiences that seem impossible". This attitude also suggests that we "take seriously" what the person is saying in order to help the expression of all the emotions linked to the experience, in particular feelings of fear, culpability, and shame, that were not expressed before".⁸⁷

In the same paper, Dr Rabeyron discusses the consequences for patients and the importance of 'depathologising' interactions with psychiatrists and clinical psychologists:

"Many people experience intense fear that they are going crazy after an anomalous experience and ask 'does this experience mean that I am crazy?' This anxiety is increased by the fact that the paranormal is often stigmatized in our society as a sign of madness and this is why many people avoid talking about these experiences with a psychiatrist or psychologist. This fear is not totally without foundation as it happens that some of these experiences are confused with or reduced to a medical condition. This pathologization of anomalous experiences can sometimes even exhibit a 'secondary trauma' when the person attempts to share such an experience and has the feeling that it is reduced to a mental disorder".

In other words, many people who have UAP experiences are not mentally ill; rather, they simply see something unusual – perhaps frightening or wonderful – that they cannot explain. As author, Paul Sinclair put it when presenting at A&E with three deep lesions after allegedly seeing 'beings' by the side of his bed at night:

"I wanted to tell [the doctor] the truth, but knew that it would make my situation even worse. It was better to let him think I was a liar than to say what really happened and risk having the words 'mental illness' added to my notes".⁷⁰

uNHHidden's White Paper recommends that:

"The NHS and professional bodies should develop guidance for health and social care professionals, to make it easier for them to consult patients presenting with Exceptional Experiences in a non-judgmental and evidence-based manner".¹⁸

Writing in *The Debrief* in November 2023, uNHHidden's founder, John Priestland, suggested a new line-to-take for the UK Government, which has lagged behind the U.S. Government's progress in acknowledging the reality of UAP encounters:

"If I may offer a suggested new line-to-take [for the UK Government], it would be something like the following:

'The Government acknowledges the legitimacy of observations of anomalous objects in the sky. We are working with our international partners to investigate the causes and their implications.'

"This would be transformational in that it would start to reduce the stigma associated with the UAP topic. People who have seen unusual things would be able to feel that

⁸⁷ Rabeyron, T. (2022). When the truth is out there: Counseling people who report anomalous experiences. *Frontiers in Psychology*, 12, Article 693707. <https://doi.org/10.3389/fpsyg.2021.693707>

*their experiences were seen as legitimate, so they could start to seek the help they need”.*⁸⁸

Indeed, in various conversations that uNHIDDEN has had with experiencers, there are two things they are seeking in terms of support. First, they are searching for answers about what it is that they have seen. (In many cases, it will be impossible to obtain a definitive explanation.) The second is **validation**, which is the affirmation that comes from knowing their testimony is respected and listened to. It is the voicelessness of experiencers at present that is so frustrating to them, and this is why **legitimation** is so important.

Beyond the stigma, ridicule and pathologisation, there are suggestions that many people who have UAP encounters are changed by the experience. De la Torre (2023) conducted a survey of 245 participants, 93 of whom reported being direct witnesses to UAP. The findings showed that:

*“UAP had a clear psychological impact on witnesses, with a transformative effect, and a benign form of a non-pathological obsessive-like interest in the topic we defined as the UAP deep psychological engagement triad. This deep psychological engagement triad is characterized by UAP topic being present in a witness’s mind daily, with a self-recognized interest and appreciation for the topic and a need to talk about UAP topic, not necessarily the event they experienced. UAP appear to have a very specific impact focused on extra-terrestrial aspects and the phenomena itself, which is experienced as a life-changing event by direct witnesses”.*¹⁷

De la Torre stated that more research is needed on these psychological aspects of UAP encounters, noting that research is currently focused on the physical aspects of these phenomena.

To draw this Section to a close, there is surely a need for psychiatrists and psychologists, and their professional bodies, to review the clear evidence of the reality of UAP sightings and to acknowledge this in both academic studies and clinical guidance. This is a key step towards legitimising what countless people have claimed to see over the years, and making it easier for them to come forward and seek help and support given in a non-judgmental way. Further, there is a need for more research about how UAP experiences affect and potentially change people, and what the best approaches for care and support may be. Psychology seems curiously reluctant to engage with the UAP topic: it is time for researchers, health providers, professional bodies and individual practitioners to step forward and take proper account of the enormity of the developments around the UAP topic since the 2017 *New York Times* article¹.

⁸⁸ Priestland, J. (2023, 2nd November). *Why is the United Kingdom so far behind on UAP policy? The Debrief.* <https://thedebrief.org/why-is-the-united-kingdom-so-far-behind-on-uap-policy/>

5. Conclusion and next steps

This report represents a first attempt to consolidate credible evidence on the health effects associated with UAP encounters. The evidence reviewed suggests that the harm to individuals who claim to have experienced such encounters is real and non-trivial. While the underlying mechanisms remain uncertain, electromagnetic radiation – particularly in the radio frequency, UHF and microwave ranges – has emerged as a leading candidate for causation. However, the publicly available literature is sparse, with much of the material sourced either from defence and intelligence sources (such as the AAWSAP Report) or anecdotal accounts shared via podcasts, social media and experienter networks.

Our primary conclusion is that UAP should be approached as a legitimate public health concern. Like any emerging health threat, this topic demands open-minded, evidence-led inquiry, free from stigma or premature dismissal.

Secondly, there is an urgent need for structured, independent research into the physical, physiological and psychological effects of UAP exposure. This will require greater professional recognition of the phenomenon, the destigmatisation of academic engagement and the establishment of interdisciplinary frameworks that treat experiencers with care and scientific curiosity.

Thirdly, there is strong reason to believe that further knowledge on this topic already exists within certain military and intelligence communities, beyond the single AAWSAP Report that has been publicly released under FOIA. It would be wholly unsatisfactory for civilian doctors and researchers to have to rediscover what is already known behind closed doors. Greater transparency and collaboration across the military-civilian divide is essential, particularly when it comes to protocols for patient care, triage and referral.

As Dr Dan Weaver notes in his preface, most general practitioners and frontline clinicians are currently unaware of how to assess or manage patients who report UAP encounters. Potential diagnoses – such as radiation-induced heart disease – are not on their radar. Nor do clear referral pathways exist for specialist investigation. This knowledge gap leaves patients without meaningful care, and clinicians without the tools that they need to help.

Section 4 of this report also highlights the psychological dimension of UAP encounters. Current mental health frameworks often pathologise what may instead be transformative or existentially disruptive experiences. Clinicians must be trained to respond with cultural sensitivity and psychological humility, avoiding reductive diagnostic shortcuts. We therefore recommend:

- formal training for doctors and clinical psychologists on UAP-related patient presentations; and
- development of referral pathways and specialist centres of excellence in UAP medicine and psychology.

We further suspect there is overlap with the treatment of Anomalous Health Incidents (AHI), and that military protocols for such cases could be instructive for civilian practitioners.

Looking ahead, we envisage a time when UAP medicine will be formally recognised as a subspecialty – with textbooks, conferences, and medical school curricula. For now, the most pressing step is legitimacy: UAP must be acknowledged as a real and pressing issue for health professionals and policymakers alike. uNHIDDEN has reached out to the UK Department of Health and Social Care, the UK Health Security Agency and the Chief Medical Officers – but

engagement has so far been limited. A shift in broader governmental attitudes would unlock the conditions for meaningful progress.

This report is intended as a foundation. We repeat our invitation for constructive comments, suggestions, additions and corrections, which will be incorporated into a future edition of this report. Please contact us at contact@unhidden.org.

Our shared priority must be the health, safety and dignity of those affected. uNHIDDEN will continue to work toward that goal. Ultimately, UAP are not just a scientific puzzle: they are a human one.

Appendix A: Schuessler Catalog of UFO-related Human Physiological Effects – symptoms and effects ranked by frequency

Symptom or effect	No of refs	Symptom or effect	No of refs
Apparent abductions	129	Diarrhea	4
Electromagnetic effects on vehicle(s)	77	Hair loss	4
Paralysis	75	Nightmares	4
Perceived time loss	75	Claimed ESP development	4
Light beam effects	61	Nose bleeds	3
Eye injuries (e.g. temporary blindness, conjunctivitis)	54	Tastes	3
Heat	43	ringing in ears	3
Medical exam	42	Weight loss	3
Burns	41	Breathing problems	3
Unconsciousness	33	Urination problems	3
Marks left on body	33	Gynaecological problems	3
Significant sound effects (e.g. humming)	27	Claimed implant	3
Electrical shock	23	Perceived teleportation	3
Physiological/emotional shock, intense fear	23	Stunned	2
Prickling, tingling sensations	22	Itching	2
Pain	22	Loss of taste	2
Skin sores, rash	18	Loss of hearing	2
Induced headaches, migraines	18	Induced feeling of calm, serenity	2
Force field impact	18	EM effects on power system	1
Nausea, vomiting	17	Involuntary muscle movement	1
Sensation of cold	16	Induced body odor	1
Disorientation, confusion	14	Wart growth	1
Ground traces	10	Sooty deposit	1
Weakness, fatigue	9	Mental enhancement	1
Amnesia	9	Mental degradation	1
Apparent experience of telepathy	9	Swallowing difficulty	1
Numbness	8	Teeth vibration	1
Significant odors	8	Fillings crumbled	1
Voice loss	7	Hair precipitously turned white	1
Appetite loss	7	Time sped up	1
Insomnia	7	Unaccounted-for pregnancy	1
Perceived time suspension	7	Cancer	1

Potential health effects associated with exposure to Unidentified Anomalous Phenomena (UAP)

Symptom or effect	No of refs	Symptom or effect	No of refs
Dehydration	6	Fever	1
Swelling of tissues	6	Stomach sickness	1
Dizziness	5	Physiological energization	1
Weightlessness, levitation	5	Loss of smell	1
Healing	5	External control of vehicle	1
Sexual encounters	5	Material evidence	1
Deaths	5		

