COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES
REQUEST FOR INFORMATION

Related to
Enhancing Resilience to Violent Extremism in Massachusetts through a Continuum of Prevention and Intervention Strategies

Response Form

Issued: March 11, 2016

Respondent Information Cover Sheet

Include the following information for the individual who should be contacted for purposes of discussing any aspect of the Respondent's completed Response Form:

First Name: Yolanda          Last Name: Rondon
Title: ADC Staff Attorney    Organization: American-Arab Anti-Discrimination Committee
Respondent Principal Address:
1990 M Street NW Suite 610
City: Washington    State: DC    Zip: 20036
Telephone: (202) 244-2990   E-mail: legal@adc.org
URL: www.adc.org

- I am responding to this RFI on behalf of the Organization listed above: Yes: [X]    No: [ ]
- The information in this response is my own individual opinion: Yes: [ ]    No: [X]

Response to RFI Questions:
**EOHHS Request for Information:** Enhancing Resilience to Violent Extremism in Massachusetts through a Continuum of Prevention and Intervention Strategies

Organization (if applicable) American-Arab Anti-Discrimination Committee

Response to: **Topic Area #**: 1

*Please provide the question number first (e.g., Question #1.a), followed by your response.*

See attachment.
**EOHHS Request for Information:** Enhancing Resilience to Violent Extremism in Massachusetts through a Continuum of Prevention and Intervention Strategies

<table>
<thead>
<tr>
<th>Organization (if applicable)</th>
<th>American-Arab Anti-Discrimination Committee</th>
</tr>
</thead>
</table>

**Response to: Topic Area #: 2**

*Please provide the question number first (e.g., Question #1.a), followed by your response.*

See attachment.
**EOIHS Request for Information:** Enhancing Resilience to Violent Extremism in Massachusetts through a Continuum of Prevention and Intervention Strategies

<table>
<thead>
<tr>
<th>Organization (if applicable)</th>
<th>American-Arab Anti-Discrimination Committee</th>
</tr>
</thead>
</table>

Response to: **Topic Area #: 3**

*Please provide the question number first (e.g., Question #1.a), followed by your response.*

See attachment.
**EOHHS Request for Information:** Enhancing Resilience to Violent Extremism in Massachusetts through a Continuum of Prevention and Intervention Strategies

**Organization (if applicable)** American-Arab Anti-Discrimination Committee

Response to: **Topic Area #: 4**

*Please provide the question number first (e.g., Question #1.a), followed by your response.*

See attachment.
The American-Arab Anti-Discrimination Committee

Comments to the

Commonwealth of Massachusetts
Executive Office of Health and Human Services

on

Enhancing Resilience to Violent Extremism in Massachusetts through a Continuum of Prevention and Intervention Strategies

Yolanda Rondon, Esq., ADC Staff Attorney
American-Arab Anti-Discrimination Committee
1990 M Street NW Suite 610
Washington, DC 20036
Phone: (202) 244-2990
Fax: (202) 333-3980
E-mail: legal@adc.org
Web: www.adc.org
To: Lisa D. Wong  
Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
One Ashburton Place, 11th Floor  
Boston, MA 02108  
Email: Lisa.d.wong@state.ma.us

**Introduction**

I am writing to you on behalf of the American-Arab Anti-Discrimination Committee (ADC), the country’s largest Arab-American organization. ADC is committed to protecting civil rights, promoting mutual understanding, and preserving the Arab cultural heritage. ADC has protected the Arab-American community for over thirty five years against defamation, discrimination, racism, and stereotyping. ADC has standing commitment to open government, and government transparency and accountability. ADC opposes surveillance, racial and religious profiling, and interference with the right to freedom of speech. ADC respectfully takes this opportunity to submit the following written statement to the Commonwealth of Massachusetts – Executive Office of Health and Human Services Request for Information (RFI) to collect written information from organizations and individuals regarding the development of a collaborative program to help prevent violent extremism by using a public health approach.

**Statement**

**Topic Area 1 Primary Prevention**

**Questions 1a and 1b**

CVE/PVE partnerships and/or programs between law enforcement governmental agencies, including the U.S. Attorney’s Office, U.S. Department of Homeland Security and U.S. Department of Justice, and non-government stakeholders must be dismantled and not formed. A law enforcement government agency led and/or involved program is not a community engagement program because their primary duty and responsibility is to prosecute and investigate criminals.

CVE/PVE has not increased legitimate communication and/or trust between our communities and the government and/or law enforcement. CVE/PVE has actually divided our communities and demolished our trust in law enforcement and the government. CVE under the guise of community outreach has been used as a surveillance tool, monitoring and collecting information on persons without probable cause of criminal activity. ¹ CVE has also been employed to police

thoughts, ideas, and beliefs. CVE criminalizes our communities and chills speech, political protest, and First Amendment protected activity.

Questions 1c, 1d, 1e, and 1f
CVE/PVE was created to target Arab and Muslim communities and have been discriminatorily implemented in Arab and Muslim communities, essentially amounting to racial and religious profiling. The Arab and Muslim communities, and those perceived to belong to these communities including but not limited to Sikhs and South Asians are stigmatized by CVE/PVE. Neither expansion of the CVE/PVE program to violent domestic extremism nor proffered changes in implementation can change and/or prevent stigmatization, targeting and profiling, especially in the political climate of immense anti-Arab sentiment and Islamophobia. The only way to prevent the stigmatization, targeting and profiling of Arabs and Muslims is to not fund, implement, and/or support CVE/PVE and dismantle the program itself.

Target Audience:
The Commonwealth of Massachusetts – Executive Office of Health and Human Services shall define target communities under this grant as the following:
Target communities and populations: target communities and populations shall not include a community and/or population based on race, national origin, religious affiliation, and/or ethnicity.

Any and all CVE/PVE programs and activities under this grant must not target Arabs and Muslims as its targeted audience. CVE/PVE programs and activities should not be held at mosques, Arab cultural centers, Middle East and religious institutions, or Arabic language study facilities.

Any and all CVE/PVE programs and activities under this grant must not target marketing and activities in our communities, including but not limited to mosques, Arab cultural centers, Middle East and religious institutions, Arabic language study facilities, Halal or Arab food markets or stores, or in Arabic news and media outlets.

Any and all CVE/PVE programs and activities under this grant must not target children, elementary, middle school, and/or high school students. Children and students must not be targeted because of their age. Children are not susceptible to be drawn to “violent extremism” but are more susceptible and vulnerable to coercive tactics of falling victim to government

---


entrapment and forced informants. Children must not also be identified as “at-risk” and/or targeted for participation under this grant program for engaging in protected speech activity on the internet and social media and/or in school. Children must not also be identified as “at-risk” and/or targeted for participation under this grant program for engaging in innocuous activity like speaking Arabic, taking pictures in front of national landmarks and government buildings, and using communication technology applications like GroupMe.

Eligible Applicants and Government Involvement:

The Commonwealth of Massachusetts – Executive Office of Health and Human Services shall define ineligible and determine eligibility for applicants under this grant as the following:

Ineligible Applicants: Ineligible applicants are individuals, organizations, companies, and/or entities, and/or the applicants’ subsidiaries, affiliates, chapters, officers, and/or membership that

1. participated in the Countering Violent Extremism pilot programs in the pilot cities including but not limited to Boston, Los Angeles, and Minneapolis;

2. have received, are currently receiving and/or have submitted application to receive funding from the U.S. Department of Homeland Security and/or Federal Emergency Management Agency for Countering Violent Extremism (CVE) including but not limited to CVE programs, activities, initiatives, research, community engagement, and/or counter-messaging efforts;

3. directly and/or indirectly target audience for CVE/PVE is based on race, national origin, religious affiliation, and/or ethnicity;

4. report any and all data, analysis, statistics, documentation and/or information to federal, state, and/or local law enforcement for CVE/PVE and/or surveillance purposes;

5. grantee and sub-grantee fails to annually conduct and report empirical evidence methods and assessments on any CVE/PVE program, activity, initiative that uses funds under this grant;

6. grantee and sub-grantee fails to operate in compliance with anti-profiling and anti-discrimination, freedom of speech and privacy protections, and civil rights and civil liberties law; and/or

7. grantee and sub-grantee staff fails to complete training on anti-profiling and anti-discrimination, freedom of speech and privacy protections, and civil rights and civil liberties with the U.S. Attorney’s Office prior to grant application annually.

Any and all CVE/PVE programs and activities under this grant must not have the involvement of any and all federal, state, local law enforcement in organization, participation, development of strategy, advisement, materials and/or training. Any and all CVE/PVE programs and activities under this grant must not have data reporting on participants and attendees to any and all federal, state, local law enforcement agency, department, officer, employee, contractor and/or consultant. Data reporting on participants and attendees is different from oversight mechanisms, which must be required, implemented and enforced. The Commonwealth of Massachusetts – Executive Office of Health and Human Services must require oversight reporting as a condition of receipt of grant funds to any and all grantees and sub-grantees for any and all CVE/PVE programs and
activities under this grant. Oversight reporting mechanisms must encompass and/or entail the following:

(i) A clear and concise detailed statement of each proposal, program and/or activity granted funds and denied funds, and the rationale behind each decision;

(ii) Empirical evidence assessment of how each program and/or activity funded by this grant will reduce violent extremism and the metrics used to evaluate the effectiveness of each program and/or activity in reducing violent extremism;

(iii) Any and all policies, procedures, regulations, metrics, and factors used to evaluate and determine eligibility, ineligibility, grant approval, and grant denial for each entity, program, and activity;

(iv) The name, grant proposal documentation, and amount of funding requested and received of any and all entities that were granted funds and denied funds;

(v) Details regarding the “indicators,” factors, or circumstances in which program participants are instructed to identify individuals, groups or communities as “at risk,” “vulnerable,” warning signs, or behaviors of mobilization of recruitment by violent extremists;

(vi) Details regarding how and when individuals identified as “at risk” or “vulnerable” to violent extremism are referred to law enforcement or intelligence agencies, or to alternative interventions by religious, mental health, or social service providers and the outcomes of these referrals;

(vii) Report disaggregate data on each program and/or activity funded by this grant of the target audience by-

a. Race;

b. National origin;

c. Religion;

d. Gender; and

e. Age.

(viii) Grantee and sub-grantees must provide the information described in clauses (i) through and (vii) of this subsection to the public in an easily accessible and user-friendly format.

**Topic Area 2 Secondary and Tertiary Prevention**

*Questions 2a, 2b, 2h*

According to the RFI, the secondary and tertiary prevention strategies include development and use of multidisciplinary team (MDT). The make-up of the MDT is similar to the Shared Responsibility Committee’s pushed by the Federal Bureau of Investigations (FBI). The Commonwealth Massachusetts – Executive Office of Health and Human Services must not fund, support, implement nor engage in the MDT, as the agency will effectively become an investigative arm of the FBI. Existing MDTs should be dismantled and not play any role in supporting this grant.
The ‘radicalization process’ and as the RFI describes as mobilization towards violence is a myth. It is well-recognized that there is no linear process for radicalization to violent extremism. The false premise behind CVE programs is that there is a predictable process by which individuals become violent extremists and/or terrorists, and that there are visible signs that law enforcement, families, and teachers can identify. Empirical studies — including those funded by the U.S. government — have concluded there is no typical trajectory that a person follows to become a terrorist.

The Commonwealth Massachusetts – Executive Office of Health and Human Services RFI and implementation of MDT’s also improperly assumes that there are “warning signs” and/or behaviors that indicate persons are “at-risk” to violent extremism. No Federal agencies, the Executive office of Health and Human Services, MDT, or individual can identify when someone will or will not engage in violent extremism. Proffered signs of social marginalization, alienation, psychological disorders, and political grievances as warning signs do not automatically equate to violent extremism or terrorism. These overbroad categories can encompass anyone and everybody, which allows for discriminatory manipulation and implementation. Furthermore, MDT is subjecting an individual to investigation but these individual has not been arrested, nor committed a criminal act and/or violated the law. Not only does this raise due process concerns, but also Fourth Amendment concerns.

In 2010, the U.K. House of Commons called the British CVE program’s exclusive focus on Muslims “unhelpful..., stigmatizing, [and] potentially alienating.” A comprehensive 2011 literature review produced for the Australian government declared that the “dominant theme” in CVE research was that: “strategies for countering violent extremism can erode democratic

---


principles and social cohesion, increase radicalization and incite conflict and violence.”\(^7\) A 2014 report produced for the European Parliament concluded that “[e]mpirical studies show that broadening the scope of ‘soft’ counter-radicalisation measures to what is considered traditionally community cohesion work … is detrimental to both objectives of countering radicalization and fostering community cohesion.”\(^8\)

There is also the concern of what is considered extremist. Extremist speech, beliefs, thoughts, and ideals are constitutionally protected. Extremist material and speech must not be merely unfavorable speech and/or disapproving speech, ideals and beliefs. Furthermore, extremism and extremist speech or views is not violent extremism.

There is concern about the entire MDT process and referral process overall. Members of the MDT are human beings with their own implicit biases which may impact decision making. As well as there is a serious concern of MDT referrals being made based upon an individual’s biases, profiling, stereotypes, and/or arbitrary and vindictive reasons to punish and retaliate against people.

**Questions 2c and 2f**

Law enforcement must not be allowed to make a referral to an MDT. Law enforcement must not be involved in the referral process to an MDT, nor decision making to screen in our screen out a referral. Law enforcement and public safety representatives must not be involved during the MDT process, nor should a public safety representative and/or law enforcement entity, official, officer, employee, staff, contractor, and/or consultant be part of the MDT. The MDT should not be required to make a referral to law enforcement for several reasons. Foremost, law enforcement’s primary duty is to prosecute and investigate criminals. Thus law enforcement’s approach is from an law enforcement lenses with the purpose of a referral including pursuit of criminal prosecution.

**Questions 2e and 2j**

The MDT must be prohibited from keeping records, documentation, notes, recording, and/or information, and any and all privileged materials, documentation and information. The handling of privileged information, documentation and material is highly sensitive. There can be no expectation this privileged information, including conversations and notes will be shared with the FBI and/or U.S. Department of Justice. The conversations between the individuals and religious leader are protected under the law. The conversations between individuals and the medical professionals are protected under the law as psychotherapist-patient privilege, and/or doctor-patient privilege. There is a legal right to keep and protect communications between a member of the clergy of any religious faith and a penitent, who

---


shares information in confidence. Theses privileges are U.S. Supreme Court precedent and under the Federal Rules of Evidence and state statutes.9

The MDT must be prohibited from providing any and all privileged information to federal, state, and local law enforcement, public safety representative, parent, guardian, private persons and entities, and/or federal, state, local for persons in federal, state, and/or local custody. Furthermore, there are serious concerns that emerge where members of the MDT can be called to testify at trial and reveal privileged information, and members of the MDT being held liable for decisions made during referral and screening process.

The MDT must be prohibited from focusing on children, and elementary, middle, and high school students. There is also the concern and question of how voluntary participation in the MDT is defined. This is a legitimate concern especially concerns children (persons under age of 18), adult persons in the guardian of another due to physical and/or mental disabilities, and persons in the custody of the state (foster care, juvenile facility, prison, psychiatric hospital).

**Topic Area 3 Counter-Messaging**

**Target Audience:**

*The Commonwealth of Massachusetts – Executive Office of Health and Human Services shall define target audience and/or population for counter-messaging campaign and/or activities under this grant as the following:*

*Target audience and population: target audience and populations shall not include a community and/or population based on race, national origin, religious affiliation, and/or ethnicity.*

The Commonwealth Massachusetts – Executive Office of Health and Human Services must not fund, support, implement nor engage alleged counter-messaging efforts. The funding of counter-messaging efforts is extremely questionable where 1) there is a public criticism on CVE being defined by ideology and messaging targeting ideology; 2) efficacy of messaging where messaging encompass speech protected activity; and 3) necessity.10

Counter-messaging efforts will unduly target and/or impact speech of persons whom either self-identity and/or exhibit identity through their clothing and/or name, that they are Arab and/or Muslim. As discussed above, this is due to propagated CVE theory that Muslims by virtue of

---

9 See Cornell Law, https://www.law.cornell.edu/rules/fre/rule_501. “A person has a privilege to refuse to disclose and to prevent another from disclosing a confidential communication made by the person to a clergyman in his professional character as a spiritual adviser. The privilege may be claimed by the person, by his guardian or conservator, or by his personal representative if he is deceased. The clergyman may claim the privilege on behalf of the person. His authority so to do is presumed in the absence of evidence to the contrary.”

their religion alone, and Arabs based upon their national origin and perceived religion alone are threats.

Counter-messaging efforts will also unduly target children, students and the youth whom use social media. The sensationalism of the threat of violent extremist to our children and youth via social media and the internet is factually inaccurate and has been overstated.\textsuperscript{11} Children, students, youth, and individuals are not helpless to violent extremism. The recruitment of children and individuals in general through the internet and/or social media is low to none. Actual recruitment by actual violent extremists, not law enforcement entrapment and/or informant recruitment pulling vulnerable individuals to violent extremism, is direct and generally in person. Counter-messaging efforts is not a necessity and amounts to a waste of funding and resources to targeting a nonexistent problem. The Commonwealth Massachusetts – Executive Office of Health and Human Services is attempting to come up with a cure for a non-existent disease.

**Topic Area 4 Other Ideas/General Questions**

**Questions 4a, 4b, and 4c**

Countering Violent Extremism (CVE) and/or Preventing Violent Extremism (PVE) are not a public health issue. CVE/PVE is not an issue peculiar to the Arab and Muslim communities. The proffered warning signs for “risk of radicalization” and/or a “radicalization” process do not exist. The CVE/PVE program’s identified risk factors for radicalization and/or susceptibility to engage in violent extremism are broad and over inclusive, and not grounded in science. Furthermore, the efficacy of the CVE pilot cities (Boston, Los Angeles, and Minnesota) have been questioned for their surveillance tactics.\textsuperscript{12}

The Arab American community is a greatly underserved community across the United States and in Massachusetts, and needs investment, resources, and funding dedicated to providing social services. However, resources and funding for health and mental health services should not be encompassed under the Countering and/or Preventing Violent Extremism umbrella. Social services are not provided to our community, and the Commonwealth of Massachusetts – Executive Office of Health and Human Services is shirking its responsibility to provide services to our community by implementing an inherently flawed and discriminatory CVE program. The appropriate and responsible route to provide social services to our community is to invest and dedicate resources, funding and staff to job and training programs, education assistance, and cultural competent social services.

\textsuperscript{11} See e.g., Kathy Gilsinan, Is ISIS’s Social-Media Power Exaggerated?, THE ATLANTIC, http://www.theatlantic.com/international/archive/2015/02/is-isis-social-media-power-exaggerated/385726/.

The Commonwealth of Massachusetts – Executive Office of Health and Human Services should not direct resources to Arab, Muslim, Sikh, and South Asian communities (and those perceived) for CVE or PVE based initiatives, because it supports the improper connotation that all health and/or socioeconomic issues in the Arab and/or Muslim community lead to violent extremism. Furthermore, it suggests that the only way for our community to get help and/or assistance is to identify as being at risk. This amounts to forced criminalization of Arab and Muslim populations. This is not a foreign concept, as regulations on affordable housing among other social service benefits have led to the criminalization of the poor, mentally ill, and African and Latino American communities.

Based on the questions and documentation provided with the RFI’s topic areas, programs and activities implemented under the Cooperative Agreement, this proffered grant activity is not a public health initiative.

**Conclusion**

The American-Arab Anti-Discrimination strongly urges the Commonwealth of Massachusetts – Executive Office of Health and Human Services to take our concerns seriously. The allocation of resources to the Arab and Muslim community for health and mental health services should not be couched under the Countering and/or Preventing Violent Extremism umbrella. CVE/PVE is not a public health issue. Please feel free to contact ADC if you have any questions at 202-244-2990.