

## Talking Points Against the SAFE HOME Proposal of High Tech Red Flagging

A new agency called the Health Advanced Research Projects Agency (HARPA), under the umbrella of the Department of Health and Human Services is being discussed at the White House to promote research on complex health problems including gun violence and mass shootings. According to the Washington Post<sup>1</sup>, HARPA would include a \$40-60 million project called “SAFE HOME” — “Stopping Aberrant Fatal Events by Helping Overcome Mental Extremes.” This would use data from Apple Watches, Fitbits, Amazon Echo and Google Home and data collected by health-care providers like fMRIs, tractography and image analysis to identify “neurobehavioral signs” of “someone headed toward a violent explosive act.” The article noted the president’s interest in HARPA overall, but was not sure that he was briefed on the SAFE HOME aspect. HARPA would require congressional approval.

While grateful for the president’s desire to work on the issue of mass shootings, these SAFE HOME types of efforts have been historically ineffective<sup>2</sup> and would pose grave dangers to constitutional rights and privacy:

- There are no known standardized neurobehavioral signs of violence specifically or of mental illness in general. Artificial intelligence is only as good as the algorithms it uses.
- A 2016 study from the American Psychiatric Association<sup>3</sup> showing that “mass shootings by people with serious mental illness represent less than 1% of all yearly gun-related homicides” and “the overall contribution of people with serious mental illness to violent crimes is only about 3%.”
- Despite thousands of studies there is no evidence regarding genetic and neurological chemical imbalances for mental illness.<sup>4</sup>
- This research will do nothing to examine the known connection between psychiatric drugs and violence.<sup>5</sup>
- Mental-health diagnostic criteria are readily admitted by experts<sup>6</sup> to be subjective and difficult to use, especially in children and teens, who are all undergoing rapid developmental changes.
- Psychiatric experts trained for years readily admit that their efforts to predict which patients will become violent are only slightly better than chance, saying things like “But unfortunately, it’s impossible for any of us to predict who is going to go from being troubled and isolated to actually harming others”<sup>7</sup>
- Mental screening is notoriously inaccurate, with one commonly used instrument having an 85% false-positive rate.<sup>8</sup>
- Even though this is discussed as a research project currently, give both the federal government’s and Google’s extremely poor record on data privacy, this subjective data, used the wrong way, could have life-altering consequences for people throughout their lives not only affecting 2nd Amendment rights, but 1st Amendment rights, freedom of conscience, higher education and employment.
- There is also the known anti-gun and general anti-conservative bias of Google and of many thought leaders within the psychiatric profession.<sup>9</sup>

UPDATE: White House domestic policy sources have stated that HARPA is not going to happen, but this research project must be opposed and never funded even if HARPA does not proceed.

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<sup>1</sup> <https://www.washingtonpost.com/politics/2019/08/22/white-house-considers-new-project-seeking-links-between-mental-health-violent-behavior/>

<sup>2</sup> These failures include the National Institutes of Mental Health in the 1990s (<https://tinyurl.com/y54d4cn8>), France in 2007 (<http://www.edwatch.org/updates07/110707-Frenchw.htm>), the University of Minnesota (<http://www.edwatch.org/updates06/081406-mhr.htm>) and now in Texas (<https://thenationalpulse.com/commentary/parents-beware-mental-screening-students-ramps-up-texas/>)

<sup>3</sup> <https://psychiatryonline.org/doi/pdf/10.5555/appi.books.9781615371099>

<sup>4</sup> Faraone et al. (2008). The New Neuropsychiatric Genetics. American Journal of Medical Genetics Part B (Neuropsychiatric Genetics) 147B, 1-2

<sup>5</sup> Lacasse, J. & Leo, J. (2005) PLoS Medicine at <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0015337>

<sup>6</sup> <http://edlibertywatch.org/wp-content/uploads/2014/11/SEL-Child-Mental-Health-Quotes-and-References3.pdf>

<sup>7</sup> <https://www.latimes.com/science/sciencenow/la-sci-sn-florida-shooter-psychology-20180226-htmstory.html>

<sup>8</sup> The Columbia Suicide Screen has a false-positive rate of 84 percent. ([https://www.jaacap.org/article/S0890-8567\(09\)61129-1/fulltext](https://www.jaacap.org/article/S0890-8567(09)61129-1/fulltext)) This percentage is obtained by subtracting the low positive predictive values, which mean that a person actually has the condition being tested or screened, from 100 percent.

<sup>9</sup> <https://townhall.com/columnists/michellemalkin/2019/09/04/stop-mental-health-data-mining-of-our-kids-n2552567>