



# **SMA CENTCOM Panel Discussion**

## ***Radicalization (Part I)***

*From the SMA Study in Support of USCENTCOM:*

*Assessment of Strategic Implications of Population Dynamics in the  
Central Region*

**10 March 2019  
1030-1200 ET**

# Tab B Question 1

# Child's Play: Cooperative Gaming as a Tool of Deradicalization

## CENTCOM QUESTION B1

How to break the cycle of radicalization, particularly with children who know no other social system/model of governance? Are there possible graduated steps to deradicalization, i.e., judicial efforts, penal efforts, religious efforts, familial efforts, treatment efforts, that can be applied?

### **Background:**

- Commonality among radicalization theories:
  - loss of pluralization in political concepts and values;
  - outside perspectives are no longer tolerated.
- NO working deradicalization theory, but ...
  - focus on 're-pluralization' of political concepts and values;
  - re-building or "re-socializing" a sense of self-identity.



## Project focus:

- Co-creation of civic narratives among citizens.
- Accounting for the perspectives of others.
- Using gaming exercises as intentional tools of narrative reflection.

## Methodology:

- In-depth assessment of 13 deradicalization programs.
- Review of more than 100 civic engagement, community building, and cooperative games.
- 22 examples of easily adaptable, cost-effective gaming exercises.

Sources for gaming exercises: Youth Counseling Against Radicalization (YCARE) toolbox, Radicalization Awareness Network (RAN) toolbox and Maheshvarananda's (2017) book *Cooperative Games for a Cooperative World*.

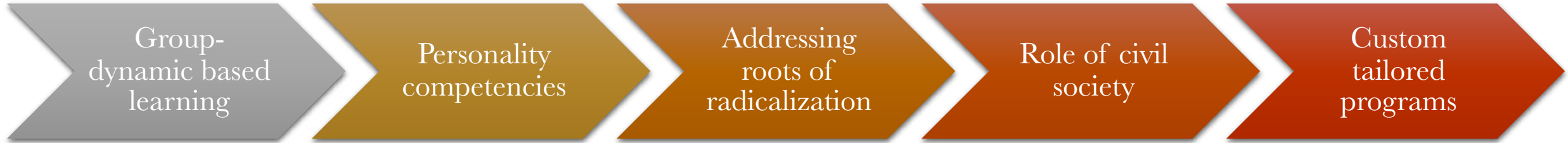


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## Key Learning Components



## Key Elements of Narrative Reflection



*How can we **break the cycle of radicalization**, particularly with **children who know no other social system/model of governance**? Are there possible **graduated steps to deradicalization**, i.e., **judicial efforts, penal efforts, religious efforts, familial efforts, treatment efforts**, that can be applied?*

## The Children of Concern

- **Children of war, refugees** in camps, IDPs, and children that have grown up in areas with little structure or governance have experienced **mental, emotional, and physical trauma**, which **makes them particularly vulnerable to radicalization**
- However, in all, it is not always clear which children will become radicalized



- Three factors should be considered when determining the rehabilitative requirements of these children:

The age of the child



What the child did and/or the role they played in warfare  
(e.g., soldier, witness, victim)

What the child experienced

## Key Findings

- No model for youth deradicalization is universal; **every child's experience is different**
- Objectives of deradicalization programs are often not made clear
  - Is the aim to achieve **disengagement from violence, deradicalization**, or an actual **change of values**?
- Deradicalization programs should be tailored to specific **cultural, national, and local** contexts
- The way in which deradicalization programs are designed, implemented, and practiced in the real world is **difficult to assess**
  - Not much empirical or government-provided evidence on effectiveness
  - Most deradicalization programs that have been deemed successful involve youths 1) in penal programs or 2) that fall under a particular state's jurisdiction



## Common Elements of Successful Deradicalization Programs



**Source:** El-Said, H. (2012). De-Radicalising Islamists: Programmes and their Impact in Muslim Majority States. *The International Centre for the Study of Radicalisation and Political Violence*, 52.



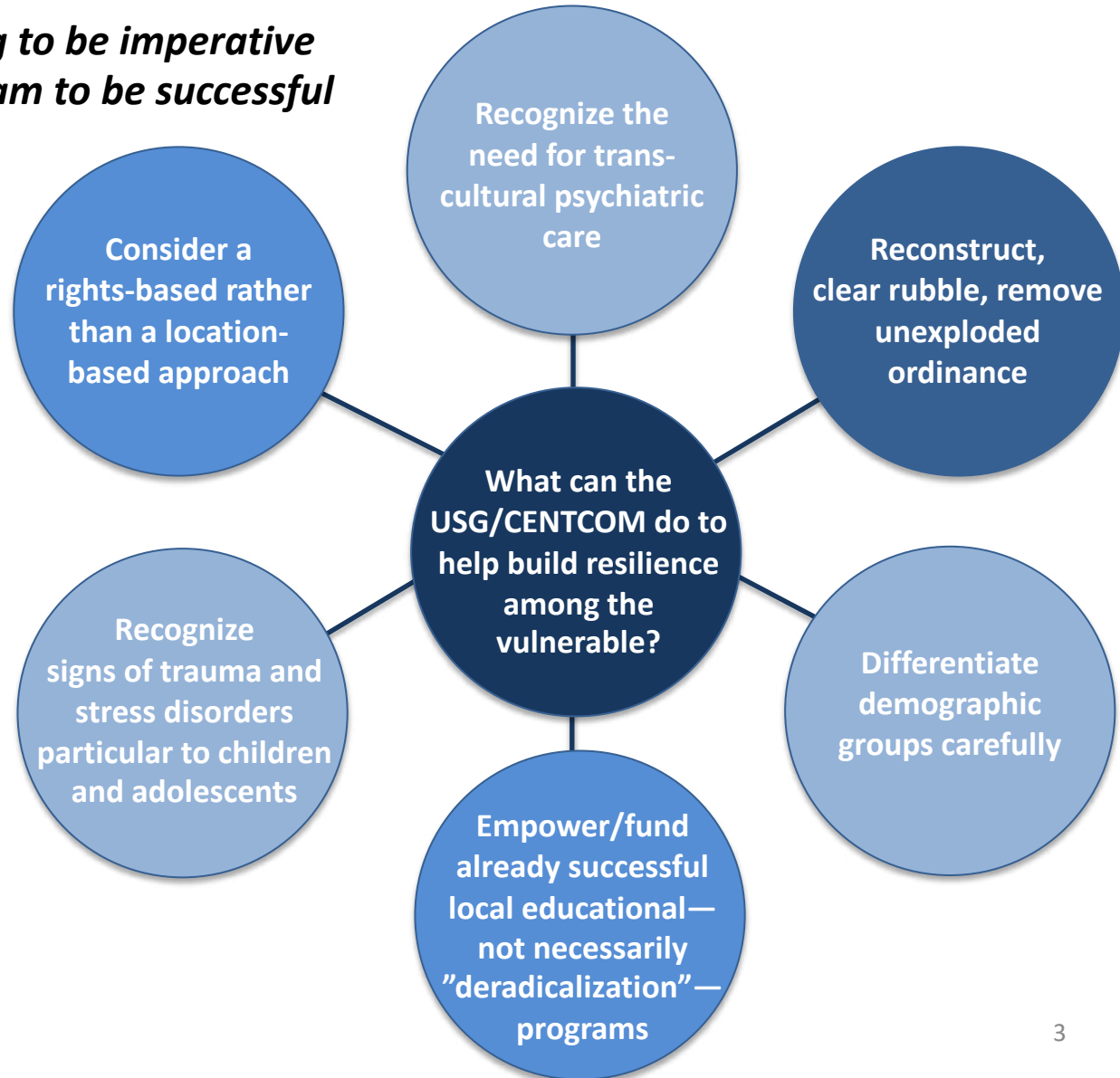
# Recommendations for the USG/CENTCOM

***Sustained involvement is going to be imperative for any deradicalization program to be successful***

Defy radicalization by clearing the path to disengagement (literally)

Advocate for awareness of the need to tailor operations and programming to specific age, experience, role, and local culture

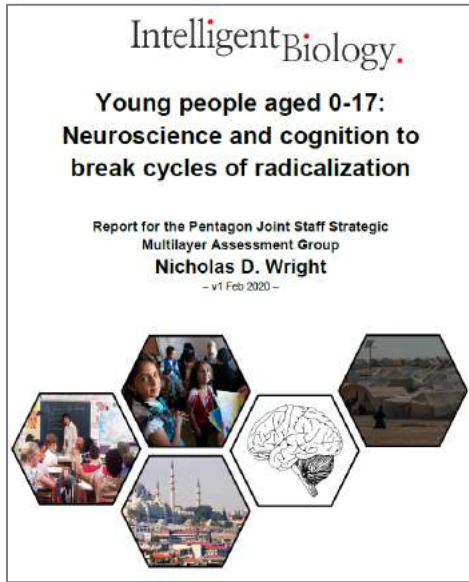
Support child-centric and child-specific programs and care for all children of war





B1: How to break the cycle of radicalization, particularly with children who know no other social system / model of governance? Are there possible graduated steps to deradicalization, i.e., judicial efforts, penal efforts, religious efforts, familial efforts, treatment efforts, to apply?

## Ages 0-17: Neuroscience and cognition of deradicalization



### Part I the “brain terrain.”

Human brains develop from 0-25 years, brings both **challenges and opportunities**

**Recommendation One:** CENTCOM should focus policies on each of three distinct periods: 0-4 earliest years, 5-12 younger children, and 13-17 adolescents. (Based on human biology, culture and political/legal distinctions).

**Recommendation Two:** CENTCOM should see the opportunity new generations present – and afford them opportunities for plausible non-radical or violent futures, by helping build environments with basic education and social support.

### Part II specific interventions

Limited direct evidence, so use convergent evidence.

**Recommendation Three:** A hierarchy of interventions should be used – first build the foundations! E.g. places to go and routine. Dual-use.

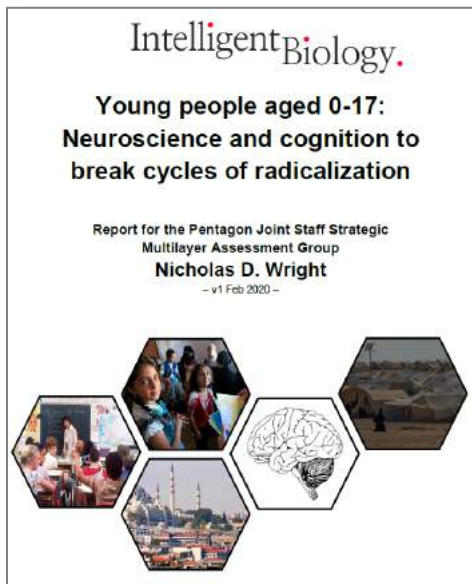
**Recommendation Four:** Cost effective interventions – use, develop and evaluate affordable and scalable interventions. E.g. Global mental health.

**Recommendation Five:** Enhance the information environment

Dr Nick Wright

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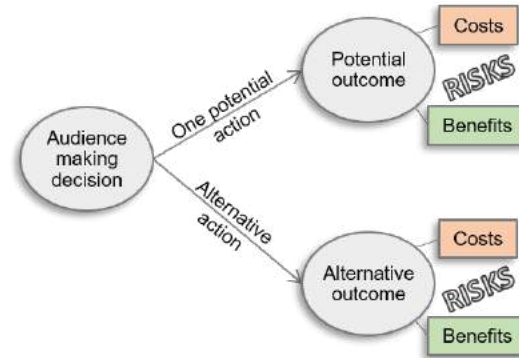
Low-resource settings			
<p><b>Community (provided across relevant sectors)</b></p> <ul style="list-style-type: none"> <li>• Basic opportunities for occupation/employment and social inclusion</li> <li>• Basic community interventions to promote understanding of mental health</li> <li>• Interventions to reduce stigma and promote help-seeking</li> <li>• Range of community-level suicide prevention programmes (eg, reduce access to pesticides)</li> <li>• Early childhood and parenting intervention programmes</li> <li>• Basic school-based mental health programmes</li> <li>• Promotion of self-care interventions</li> <li>• Integration of mental health into community-based rehabilitation and community-based inclusive development programmes</li> <li>• Home-based care to promote treatment adherence</li> <li>• Activating social networks</li> </ul>	and	<p><b>Primary health care (provided by general primary care workers)</b></p> <ul style="list-style-type: none"> <li>• Case identification</li> <li>• Basic evidence-based psychosocial interventions</li> <li>• Basic evidence-based pharmacological interventions</li> <li>• Basic referral pathways to secondary care</li> </ul>	and
		<p><b>Secondary health care (provided in general hospitals)</b></p> <ul style="list-style-type: none"> <li>• Training, support, and supervision of primary care staff</li> <li>• Outpatient clinics</li> <li>• Acute inpatient care in general hospitals</li> <li>• Basic referral pathways to tertiary care</li> </ul>	and
			<p><b>Tertiary health care (provided by mental health specialist services)</b></p> <ul style="list-style-type: none"> <li>• Improve quality of care in psychiatric hospitals</li> <li>• Initiate move of mental health inpatient services from psychiatric hospitals to general hospitals</li> <li>• Initiate closure of long-stay institutions and develop alternatives in community settings</li> <li>• Establish means of licensing all practitioners treating people with mental disorder, including non-formal care facilities</li> <li>• Range of evidence-based psychological treatments</li> <li>• Ensure compliance with relevant human rights conventions</li> <li>• Initiate consultation-liaison services in collaboration with other medical departments and improve physical health care of people in mental health services</li> </ul>
Medium-resource settings			
<p><b>Community</b></p> <p>Services as provided in low-resource settings and:</p> <ul style="list-style-type: none"> <li>• Coordinated opportunities for occupation/employment and social inclusion</li> <li>• Coordinated community interventions to promote understanding of mental health</li> <li>• Coordinated interventions to reduce stigma</li> </ul>	and	<p><b>Primary health care</b></p> <p>Services as provided in low-resource settings and:</p> <ul style="list-style-type: none"> <li>• Equitable geographical coverage of mental health care integrated in primary care</li> <li>• Coordinated, collaborative care across service delivery platforms</li> <li>• Comprehensive mental health training for</li> </ul>	and
		<p><b>Secondary health care</b></p> <p>Services as provided in low-resource settings and:</p> <ul style="list-style-type: none"> <li>• Multidisciplinary mobile community mental health teams for people with severe mental disorders</li> <li>• Integration of mental health care with other secondary health care (eg, maternal and child</li> </ul>	and
			<p><b>Tertiary health care</b></p> <p>Services as provided in low-resource settings and:</p> <ul style="list-style-type: none"> <li>• Consolidate move of mental health inpatient services from psychiatric hospitals to general hospitals</li> <li>• Basic range of targeted specialised services (eg, for children and young people, older</li> </ul>
High-resource settings			
<p><b>Community</b></p> <p>Services as provided in low-resource settings and:</p> <ul style="list-style-type: none"> <li>• Intensive opportunities for occupation/employment and social inclusion</li> <li>• Intensive community interventions to promote understanding of mental health</li> <li>• Intensive interventions to reduce stigma and</li> </ul>	and	<p><b>Primary health care</b></p> <p>Services as provided in low-resource settings and:</p> <ul style="list-style-type: none"> <li>• Full geographic coverage of mental health care integrated in primary care</li> <li>• Collaborative care model with specialists supporting primary care practitioners</li> </ul>	and
		<p><b>Secondary health care</b></p> <p>Services as provided in low-resource settings and:</p> <ul style="list-style-type: none"> <li>• Full range of evidence-based psychosocial interventions delivered by trained experts</li> <li>• Full range of evidence-based pharmacological interventions available</li> </ul>	and
			<p><b>Tertiary health care</b></p> <p>Services as provided in low-resource settings and:</p> <ul style="list-style-type: none"> <li>• Complete move of mental health inpatient services from psychiatric hospitals to general hospitals</li> <li>• Full range of targeted specialist services (eg, for early intervention for psychoses, for</li> </ul>

Source: Lancet Commission on global mental health (Patel et al., 2018).

Tab B Question 4

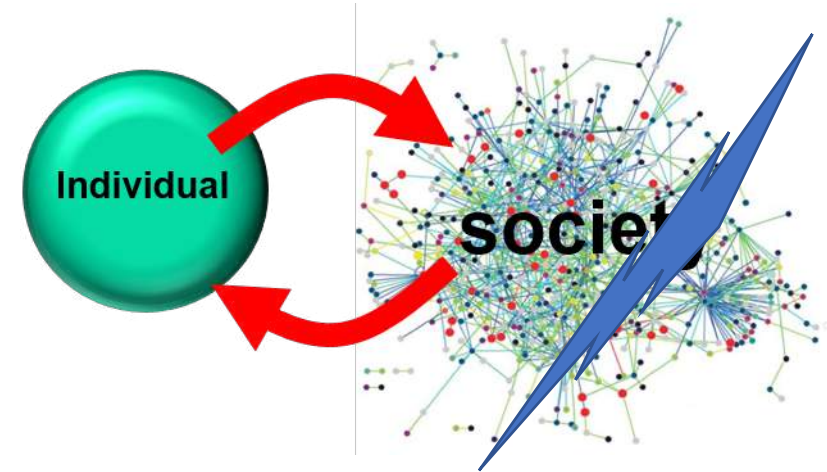
B4: How do you reintegrate radicalized people back into society? Both Saudi Arabia and Pakistan have centers focussed on this problem. What should the international community do with people who cannot be reintegrated into society? Are there lessons from other regions on reintegration and reconciliation that could be applied to the central region?

## Affording new futures: The neuroscience and cognition of reintegration and reconciliation



"Checklist for empathy" asks: fairness, fear, self-interest, status, identity etc.

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### Part I The radicalised or violent person themselves

**Recommendation One:** *CENTCOM should reframe their question away from just radicalisation (i.e. beliefs), because both beliefs and behaviours matter.*

**Recommendation Two:** *Individuals often disengage from violent extremist activity (or civil war) and CENTCOM should use evidence-based methods to influence that process.*

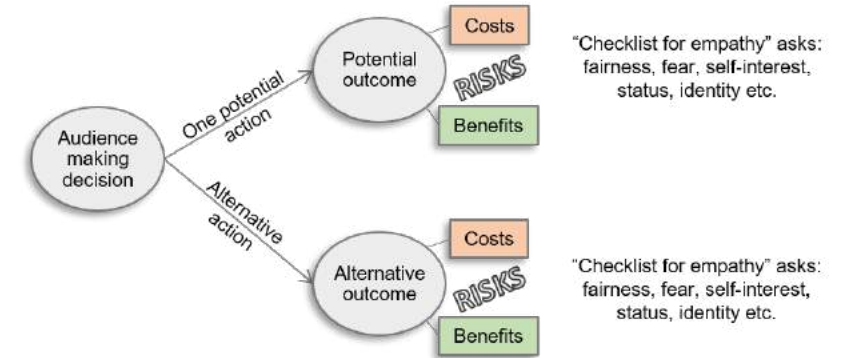
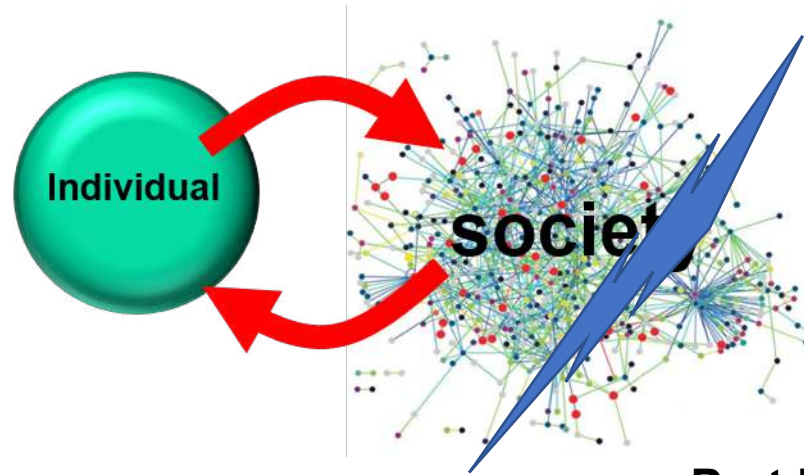
Those who cannot be reintegrated? Cognitive insights can help marginally

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B4: How do you reintegrate radicalized people back into society? Both Saudi Arabia and Pakistan have centers focussed on this problem. What should the international community do with people who cannot be reintegrated into society? Are there lessons from other regions on reintegration and reconciliation that could be applied to the central region?

## Affording new futures: The neuroscience and cognition of reintegration and reconciliation



### Part II The societal scale

**Recommendation Three:** *Help society afford individuals options to disengage.*

“Affordances” are the possibilities for action that an actor perceives that their tools or environment gives them. E.g. economic development, safety, family and social networks. Order or predictability.

**Recommendation Four:** *Syrian “society” fractured in civil war and CENTCOM should use long-term, evidence-based interventions for predictable psychological forces (e.g. fear, self-interest, fairness) that obstruct societal reconciliation.*

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# SMA CENTCOM

## Conclusion of Effort Panel Discussion: Radicalization

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Report Authors:  
Sabrina Polansky, Ph.D.  
Weston Aviles

UNCLASSIFIED

# Reintegrating the Radicalized: Challenges, Lessons Learned, and How to Overcome Barriers

## Common Components of Successful Reintegration Programs

Community Support	Econ. Assistance/ Vocational Training	After-care/Monitoring
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## Conditions for Successful Reintegration

Effective Peace Agreement	<ul style="list-style-type: none"> <li>Helps to maintain mutual trust</li> </ul>
Sustained Political Will	<ul style="list-style-type: none"> <li>Lack of political can lead to unwillingness to compromise (e.g., Northern Ireland) and a lack of desire to find a solution (e.g., Colombia), stalling reintegration</li> </ul>
Proper Understanding of the Environment	<ul style="list-style-type: none"> <li>Consider conflict context, nature of the conflict, and individual perceptions and beliefs</li> <li>Should drive design and execution of programs</li> </ul>
External Support	<ul style="list-style-type: none"> <li>Provide support to augment local initiatives (economic, diplomatic, oversight, etc.)</li> </ul>

## Features Supporting Successful Reconciliation

Establishing procedural and restorative justice	<ul style="list-style-type: none"> <li>Give voice to victims and address all grievances, ending impunity for past abuses</li> </ul>
Cultivating a superordinate identity	<ul style="list-style-type: none"> <li>Move from “us” and “them” to “we”</li> </ul>
Ensuring local ownership, leadership support	<ul style="list-style-type: none"> <li>Process requires ongoing buy-in from leadership</li> <li>Local ownership = resolve issue on own terms</li> </ul>

What can the USG/USCENTCOM do to facilitate reintegration and reconciliation (R&R)?

Communicate the risks of ineffective R&R



Assist design of R&R



Provide partners that can assist implementation and provide oversight

**Avoid perception of US control or leadership!**

# What are the barriers to reintegration?

## Individual

Individuals who cannot be rehabilitated are poor candidates for reintegration

## Societal

Societies/governments unable or unwilling to accept certain individuals for reintegration

### Unable

Lack resources or knowledge

### Unwilling

Due to ongoing trauma & healing

Due to perceived costs of repatriation

## How can we overcome this barrier?

- Distinguish between the reformable and the rigid
- Establish two tracks:  
1) rehab & reintegration 2) criminal justice

- Provide funding, as well as appropriate training and knowledge

- Wait until conflict formally ended or group disbanded
- When time is right for reinsertion, involve local community early in the process
- Influence states to adopt repatriation by appealing to self-interest
- Highlight benefits of repatriation and costs of leaving the issue to local gov'ts
- Suggest ways to mitigate costs of repatriation

### Costs of leaving issue to local gov't's

- Local prosecution can lead to release, inability to track
- Local prosecution lacks transparency; can involve torture; no access to counsel
- Those released may reconstitute group
- Easier to radicalize others
- Children undergoing additional trauma may become next generation of fighters

### Benefits of repatriation

- Returnees have more credibility among radicalized in counter- and anti-radicalization programs
- Returnees can be questioned for information on the group

### Mitigating costs of repatriation

- Increase use of military evidence
- Focus ID of threats in 1<sup>st</sup> year



# Tab B Question 5

# Preventing Radicalization among Internally Displaced People in Syria and Iraq

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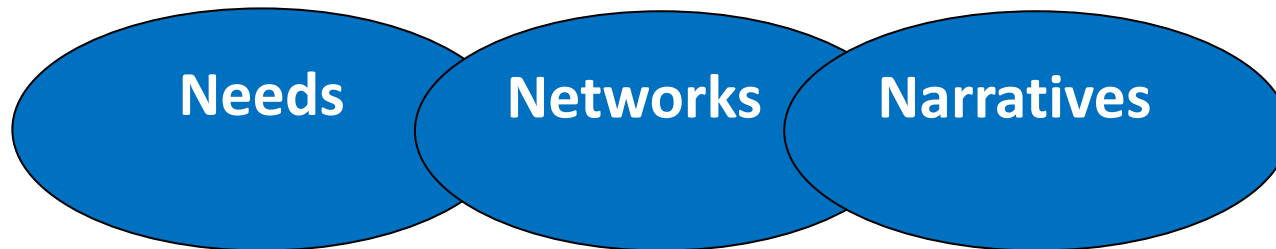
# Key Questions Motivating Study

- How do you protect an at-risk population from extremism in an IDP camp?
- How do you build community resilience to help prevent radicalization?
- How do you triage and segregate persons in IDP/refugee camps that have varying degrees of radicalization?

# Scope of the Problem

- 6.2 million internally displaced people in Syria
- 2 million internally displaced people in Iraq
- **Conditions are ripe for radicalization among IDP camp residents**

# The 3N Model of Radicalization



# Al Hawl IDP Camp-Syria

- 70,000 IDPs
- Horrible conditions
- **Survey of camp residents shows:**
  - Shortages of food, water, shelter, medicine, jobs, education
  - Residents feel abandoned, useless, and have no voice

**Key takeaway: Camp has the three Ns in abundance**

# Recommendations

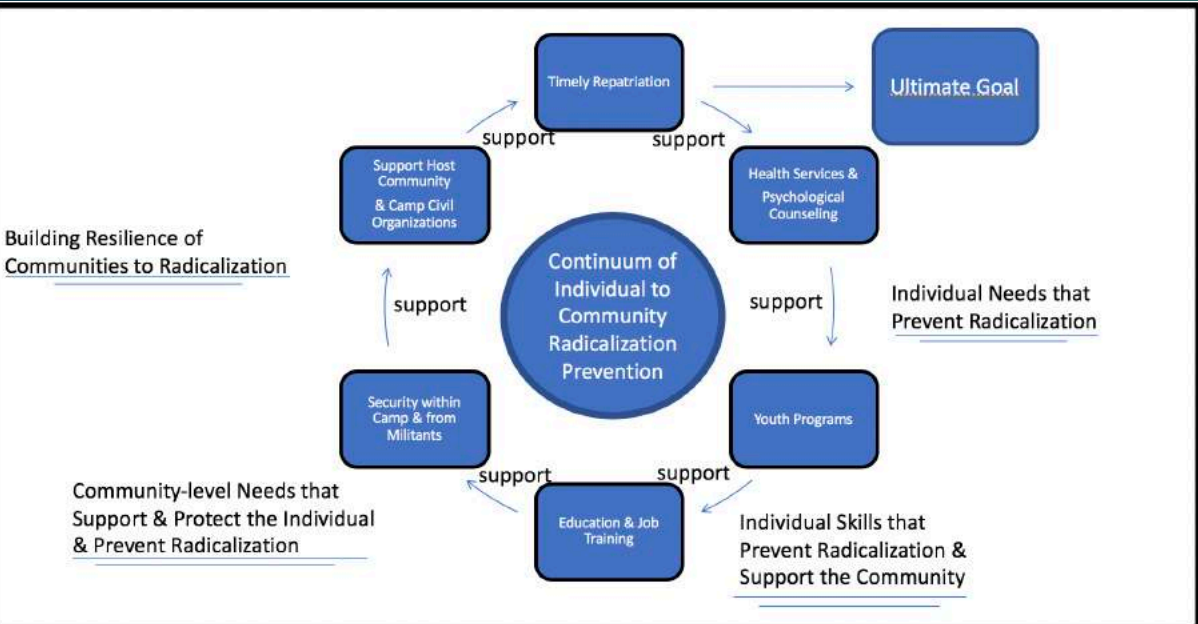
1. The focus should be on camp population resiliency to radicalization measures and not individually-focused counter-radicalization efforts.
2. The focus should be on trying to improve the sense of significance among camp residents.
3. Ways for camp residents to express their concerns and have a voice in their lives.
4. Jobs and education will help with creating significance.

# Questions

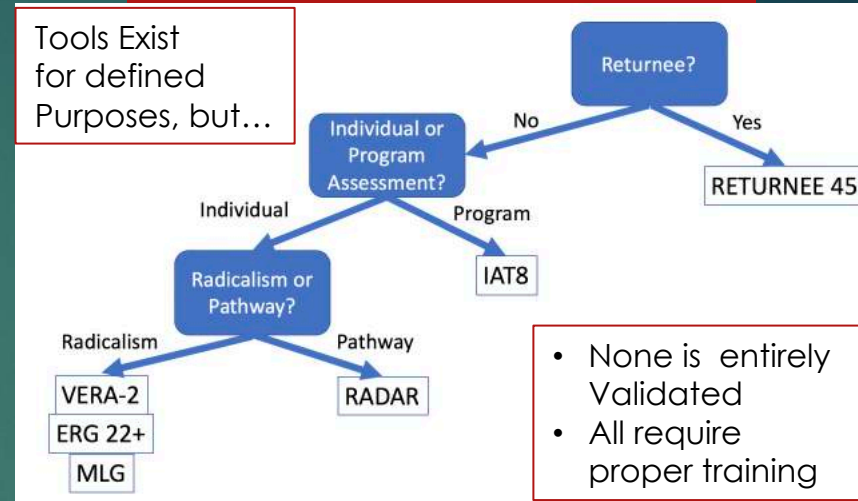


# CENTCOM Q B5: How do you protect an at-risk population from extremism in an IDP/refugee camp? How do you build community resilience to help prevent radicalization? How do you triage and segregate persons in IDP / refugee camps that have varying degrees of radicalization?

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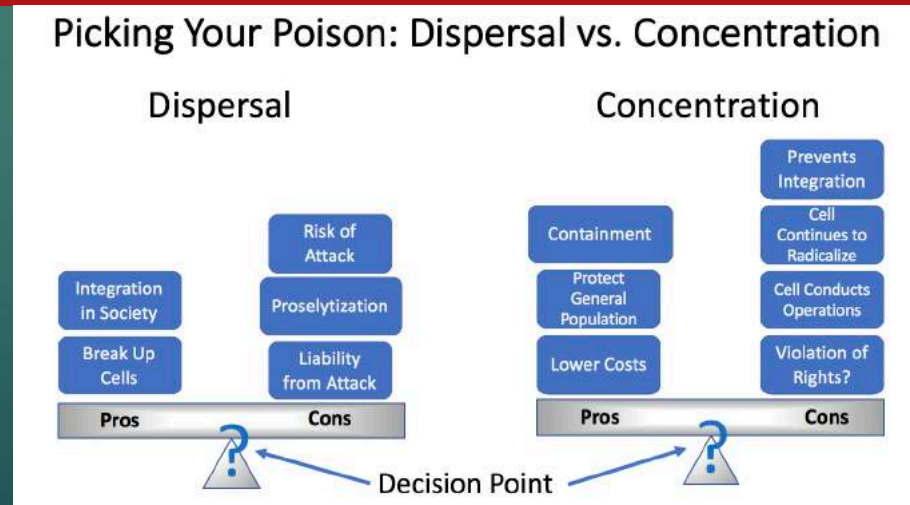
## 3. Triage presents challenges



Team:  
Dr. Larry Kuznar  
Ali Jafri  
Eric Kuznar

1. Countering radicalization, deradicalizing extremists, and disengaging people from violence involves a system of measures that span individual to community wide interventions.
2. These interventions are mutually reinforcing and include:
  1. Provision of general health services and psychological counseling for trauma
  2. Youth programs (Sports, Education, Counseling)
  3. Adult education and vocational training
  4. External and Internal Security
  5. Host community support and camp civil society organizations
  6. Timely repatriation

## 4. Separating (concentration) or dispersing radical elements is an inevitable decision





# ***The Athena Simulation***

*Modeling the Sociocultural Landscape*



## ***CENTCOM Regional Stability Project CENTCOM Question B5***

***An Assessment of Syrian Refugee Camp  
Radicalization Dynamics***

*10 March 2020*



# Task & Concept



**Task Statement.** In support of USCENTCOM and the Joint Staff J-39 Strategic Multilayer Assessment, the TRADOC G-2 Modeling and Simulations Directorate (MSD) employs the Athena Simulation to address research questions posed by CENTCOM that will explore the strategic implications of destabilizing population dynamics within the Central Region.

**Question B5:** How do you protect an at-risk population from extremism in an IDP/refugee camp? How do you build community resilience to help prevent radicalization? How do you triage and segregate persons in IDP/refugee camps that have varying degrees of radicalization?

**Study Concept.** The study tested various disengagement interventions on the simulated population of Al-Hawl refugee camp in Hasakah, Syria. The interventions were meant to provide plausible minimum *disengagement* avenues—separating ISIL detainees from their radical ideology. The more complex and contested phenomena of de-radicalization was not modeled. The interventions are constructed of three factors: providing security to the detainees, dispensing social services, and increasing economic infrastructure.



# Athena Model Design



## Three Use Cases & Two Excursions:

1. Status Quo (Baseline)
2. Diversion Through Work
3. Holistic Disengagement
  - Phased Holistic Disengagement
  - Conditional Phased Holistic Disengagement

## Two Key Actors:

- Syrian Democratic Forces (SDF)
- Islamic State (ISIL)

## Three Civilian Groups in Al-Hawl IDP and Refugee Camp, Syria:

- **Passive Salafist:** “Those who believe in the cause but do not justify violence.”  
This group is composed of 43,500 women and children detainees.\*
- **Sunni Neutral:** “Individuals who do not care about a political cause.”  
This group is composed of 21,320 detainees.\*
- **Violent Salafist:** “At the apex of the pyramid are those who feel a personal moral obligation to take up violence in defense of the cause.”  
This group is composed of 5,180 detainees.\*

\* There are about 50,000 children detainees in the Al-Hawl Refugee Camp.

\* Roughly 20,000 of these children born in the ISIL Caliphate in the Al-Hawl Refugee Camp.

\* There are about 20,000 women detainees in the Al-Hawl Refugee Camp.

Washington Post, “At a sprawling tent camp in Syria, ISIS women impose a brutal rule,” by Louisa Loveluck and Souad Mekhennet, September 3, 2019)



# Use Cases



- **Use Case #1 (Status Quo)**: The status quo sets conditions at the Al-Hawl camp with 400 SDF guard personnel and approximately 70,000 ISIL affiliated detainees, no official economic activity or legitimate jobs, and insufficient social services.
- **Use Case #1 (Diversion Through Work)**: This disengagement intervention establishes an official economy in Al-Hawl along with jobs and consumables. Nothing else, however, changes. There are insufficient SDF personnel to properly secure the detainees and they are not given sufficient food and health services.
- **Use Case #3 (Holistic Disengagement)**: This disengagement intervention combines increasing the SDF guard force (from 400 to 4,400) who are culturally sensitive and compassionate towards detainees. Thus, the detainees are not shut-ins, afraid of more radical detainees or guard staff. Further, detainees are immediately provided sufficient health and food services, while an official economy is simultaneously established. The increased SDF guard force was simulated to keep the Violent Salafist detainees insecure, while securing a greater number of the more pliable Passive Salafist detainees, while securing all of the Sunni Neutral detainees who are the least affiliated with the ISIL ideology.

# Excursions



- **Use Case #3 (Holistic Disengagement)**: This disengagement intervention combines increasing the SDF guard force (from 400 to 4,400) who are culturally sensitive and compassionate towards detainees. Additionally, detainees are provided sufficient health and food services, while an official economy is simultaneously established.
  - **Excursion #3a (Phased Holistic Disengagement)**: This excursion expands the camp economy and increases the amount of essential non-infrastructure services (food, water, healthcare) at 16 week intervals with the final phase starting at Week 48. This phased approach is meant to increase disengagement over time with richer assistance.
  - **Excursion #3b (Conditional Phased Holistic Disengagement)**: This excursion conditionally expands the camp economy and increases the amount of essential non-infrastructure services (food, water, healthcare) at 16 week intervals with the final phase starting at Week 48. If the popularity of the ISIL ideology increases to near-dominance, all economic and social interventions are stopped until ISIL popularity declines. This is a carrot-and-stick approach.



# *Insight #1 – Improved Security*

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**Insight #1.** To mitigate radicalization, increases in social services and economic support need to be paired with the presence of a robust, competent and ideologically compatible security force.

**Description.** Providing social services and economic incentives alone is insufficient to preclude extremist forces from establishing conditions in the refugee camps that will facilitate the radicalization of at-risk populations. In addition to humanitarian and resources, a security force is required that is sufficiently capable in terms of size and training, and holds ideologically compatible underlying beliefs with the refugee population, if conditions are to be set to mitigate the resonance of an extremist ideology.

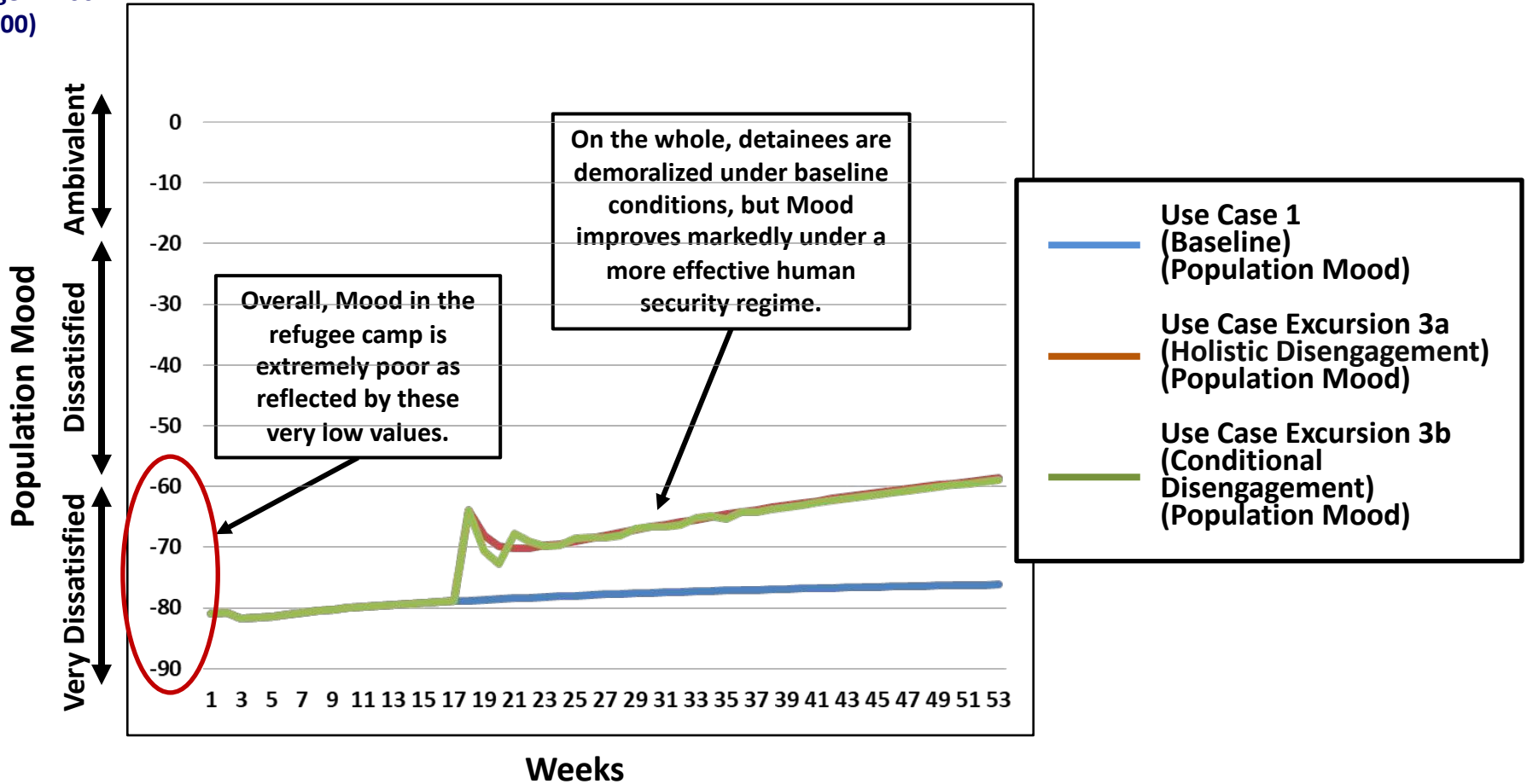
**Discussion.** Athena modeling shows that increases in social services and economic support without providing more robust security, leaves ISIL uncontested as the dominant controlling force in the refugee camp.



# Population Mood at Al-Hawl

### Population Satisfaction (Mood) in Use Case 1 (Baseline) and 3a (Phased Holistic Disengagement) and #3b (Conditional Phased Holistic Disengagement)

Model Values  
(Range : +100  
to -100)



**The Refugee Populations are Demoralized Under the Conditions Found in Use Case #1 (Status Quo) but Their Attitude Improves Under a More Effective Security Presence.**



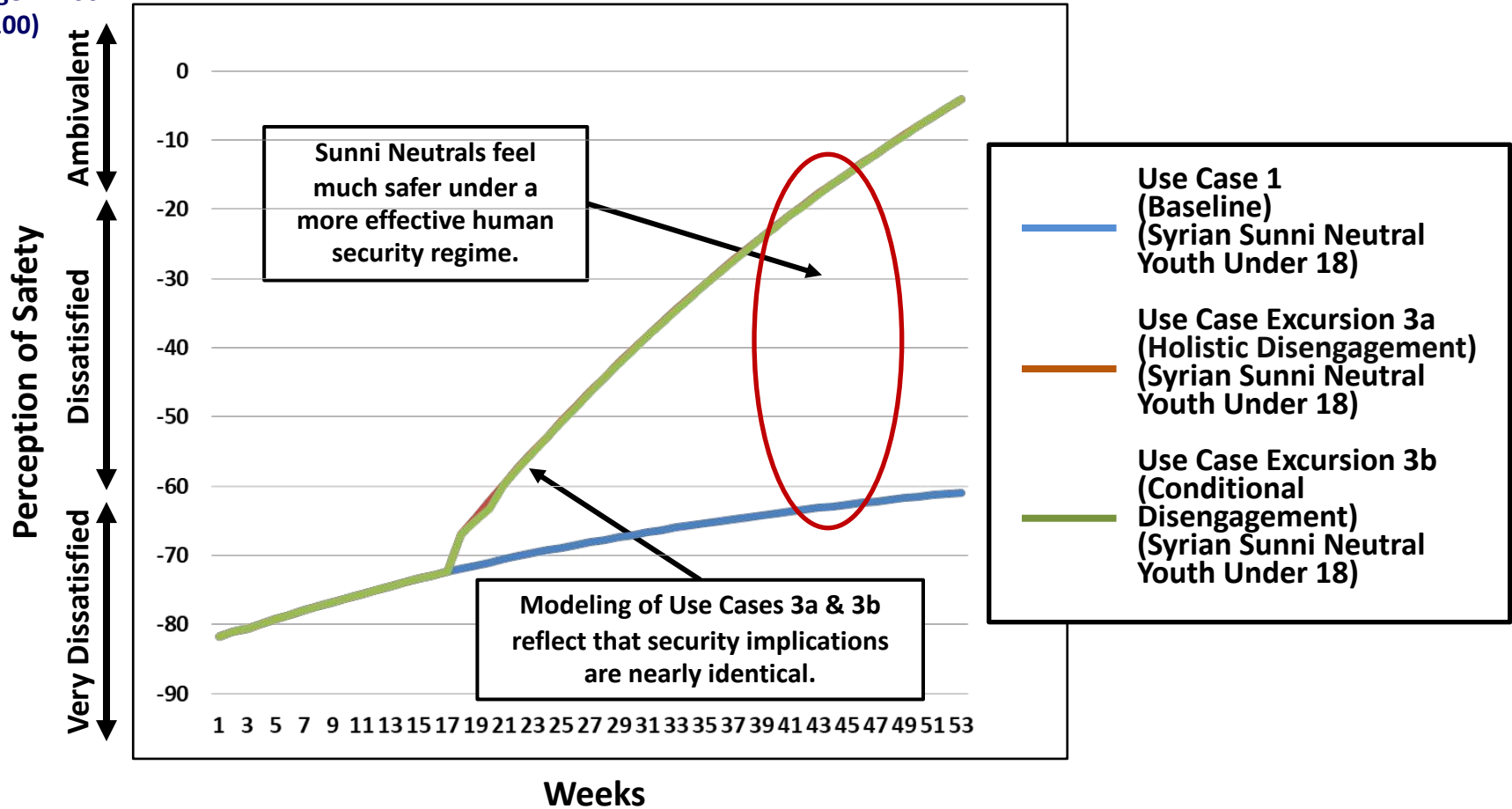


# Effective Security Forces



Sunni Neutrals of Al-Hawl Satisfaction with Safety in Use Case 1 (Baseline) and 3a (Phased Holistic Disengagement) and #3b (Conditional Phased Holistic Disengagement)

Model Values  
(Range : +100  
to -100)



**The Syrian Sunni Neutral Youth Feel Much Safer Under a More Effective Security Environment than They are When Security is Inadequate or Ineffective.**



## *Insight #2 – Conditional Services*

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**Insight #2.** Establishing a conditional process for managing the distribution of social services and economic incentives is an effective strategy for disengaging at-risk populations from potential radicalization.

**Description.** Utilizing a conditional or transitional process to manage the distribution of economic resources and social services is shown in Athena modeling to be a more effective means for mitigating the amount of influence exerted by an extremist organization over a refugee population. This decrease in the level of influence from extremist ideologies should mitigate the opportunity for radicalization in the camps.

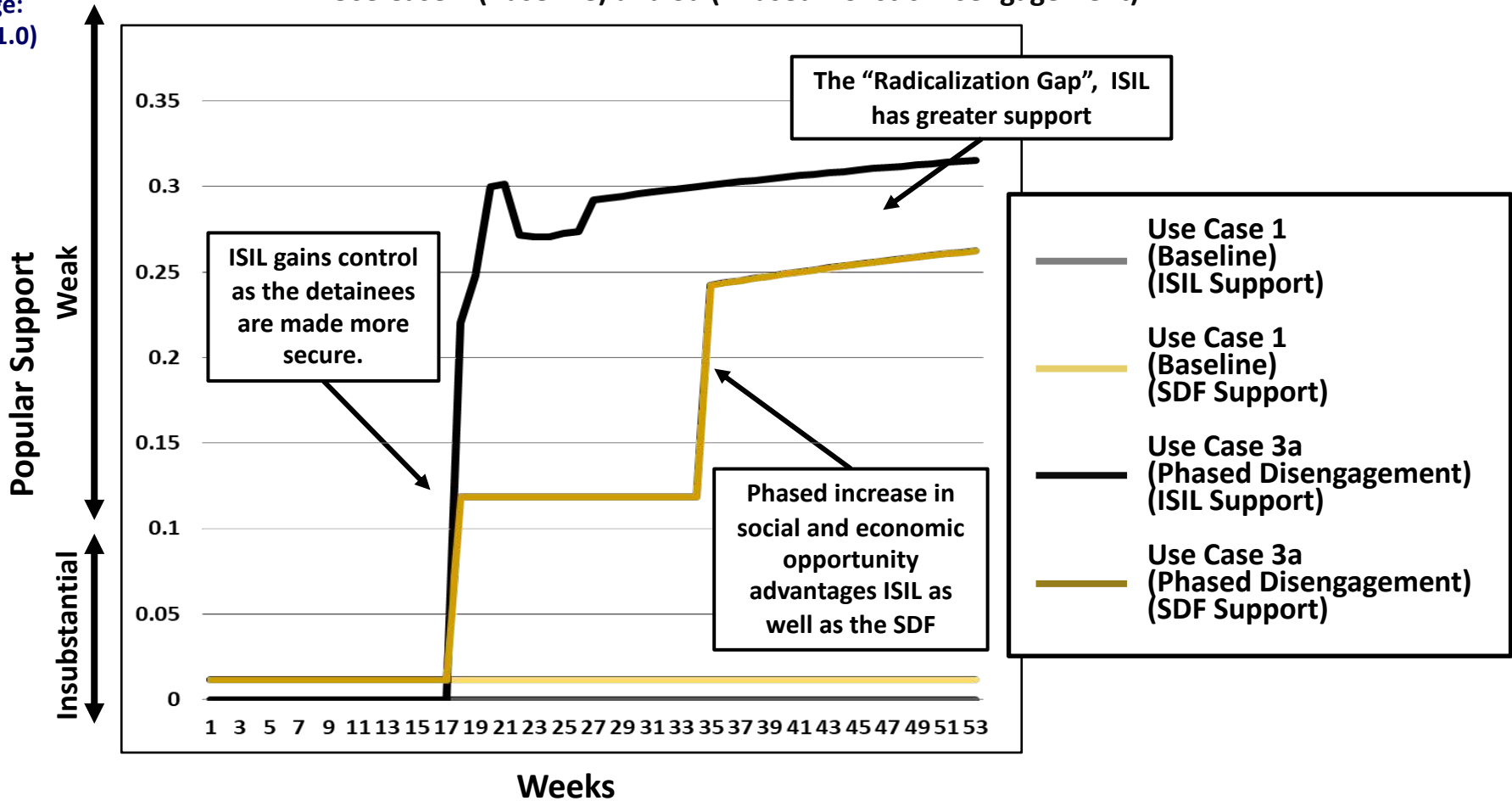
**Discussion.** Establishing conditional or transactional restrictions on the phased introduction of social services and various economic engagements, including jobs, provides both needed support to refugees in the camp and sets conditions for enabling a shift of control from ISIL to the SDF. The underlying ISIL ideology however, continues to endure and remains a persistent threat to stability in the camp, particularly with the youth.



# Phased Disengagement Strategy

Support for SDF vs. ISIL in Al-Hawl Refugee Camp Comparing Use Case 1 (Baseline) and 3a (Phased Holistic Disengagement)

Model Values  
(Range:  
0 to 1.0)



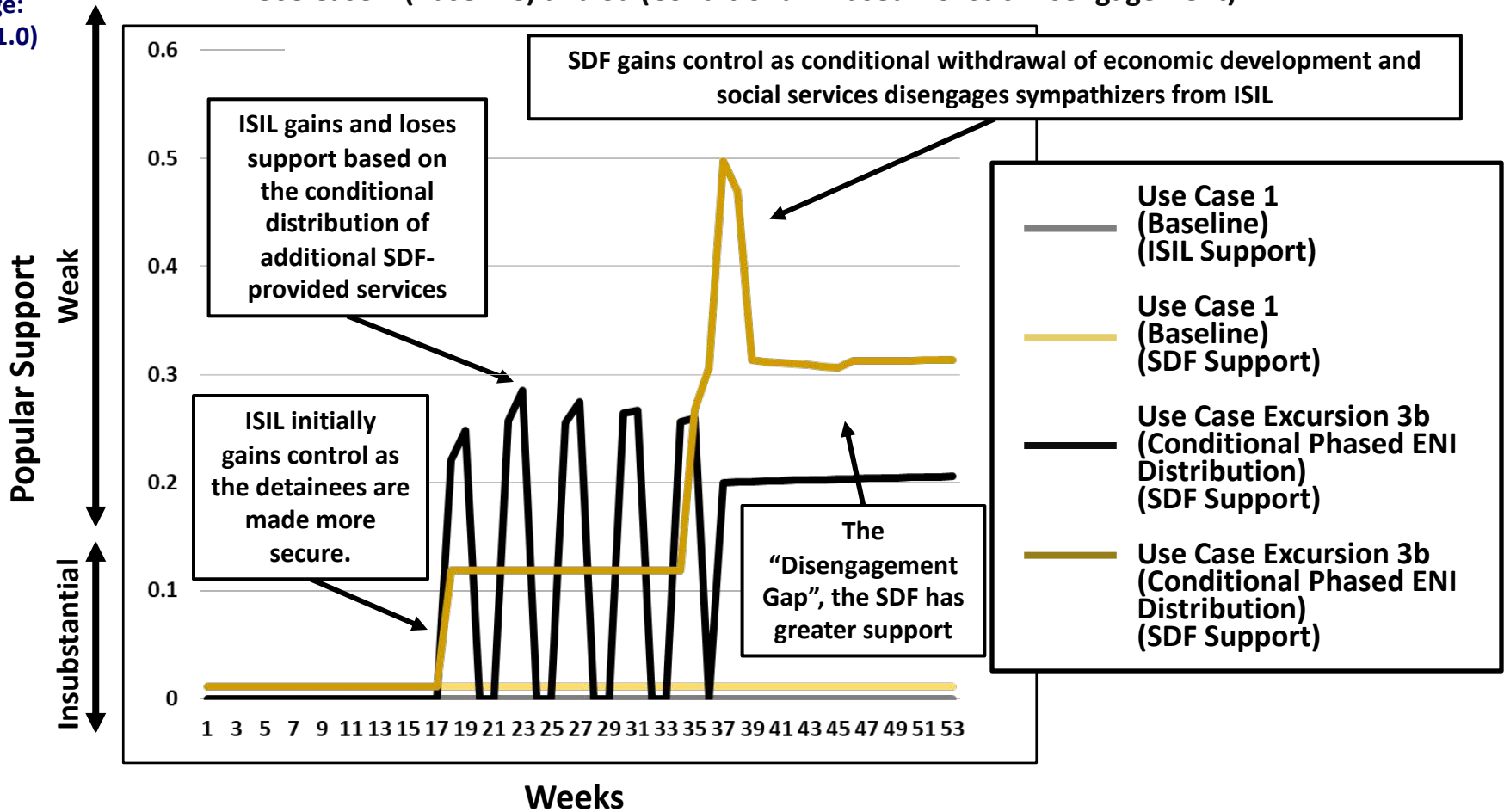
**A Phased Increase in Social Opportunity and Economic Support Provides Advantages to Both ISIL and the SDF. ISIL Becomes the Primary Controlling Agent of the Camp in Week 17.**



# Conditional Disengagement Strategy

Support for SDF vs. ISIL in Al-Hawl Refugee Camp Comparing Use Case 1 (Baseline) and 3a (Conditional Phased Holistic Disengagement)

Model Values (Range: 0 to 1.0)



**ISIL gains and loses support based on the conditional distribution of SDF-provided services. ISIL Initially Gains Control but the SDF Becomes the Primary Controlling Agent in Week 38.**



# Contact Information

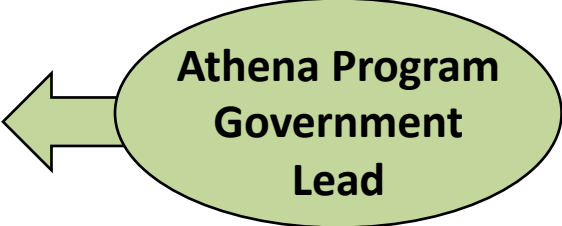


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