

June 30, 2026

VIA EMAIL

U.S. Department of Health & Human Services
Office for Civil Rights

[REDACTED]

Re: HHS OCR Complaint – [REDACTED] v. Boston Medical Center

Dear [REDACTED]:

We are writing on behalf of [REDACTED], the complainant who filed a complaint [REDACTED] concerning the Boston Medical Center (“BMC”). Ms. [REDACTED] has retained the Louis D. Brandeis Center for Human Rights Under Law (the “Brandeis Center”) as her legal counsel in connection with this matter. We write to supplement her complaint with additional information and to request that the Office for Civil Rights (“OCR”) pursue an investigation into her claims.¹

Our client, Ms. [REDACTED], is an Israeli national and U.S. permanent resident. She graduated this semester from [REDACTED]. To satisfy a requirement of her academic program, Ms. [REDACTED] participated in a practicum at [REDACTED] BMC, serving as a clinical intern on BMC’s [REDACTED] in the summer of 2025. As alleged in her complaint, while completing the clinical practicum at BMC, Ms. [REDACTED] was subjected to discrimination and retaliation based on her Jewish Israeli identity.

For ease of reference, we have included below a high-level chronology of Ms. [REDACTED]’s allegations of discrimination and retaliation at BMC, which she described in detail in her complaint. This supplement also provides additional information regarding ongoing harm to Ms. [REDACTED], focuses on how the facts at issue fit within the framework of unlawful discrimination and retaliation under OCR’s purview, and proposes specific remedies. Without remediation, Ms. [REDACTED] will suffer ongoing reputational and professional harm, and other Jewish and Israeli students and interns remain at risk for similar discriminatory and retaliatory treatment.

¹ [REDACTED]

[REDACTED]

I. Chronology of Key Events

- **May 14, 2025 – Ms. [REDACTED] Begins Practicum and Observes Colleague’s Anti-Israeli Display.** On the first day of her practicum at BMC, Ms. [REDACTED] observed anti-Israeli posters displayed at the desk of a staff clinician, [REDACTED], including slogans such as “They killed our babies,” and “They stole our lands.” The signs were prominently visible in a shared office space.
- **May 19, 2025 – Ms. [REDACTED] Reports the Display to Her Supervisors.** Ms. [REDACTED] was distressed and distracted by Mr. [REDACTED]’s signs, which were visible from her desk. She also understood from her orientation that the signs were contrary to BMC’s policies. She reported her concerns to both of her supervisors, BMC counselors [REDACTED] and [REDACTED]. Ms. [REDACTED] said she had seen the display and had been “worried” its contents “would be an issue.” She acknowledged that the display might be violative of BMC’s policy.
- **May 28, 2025 – Ms. [REDACTED]’s Supervisors Refer Her Complaint to HR.** After no response or action from her supervisors for over a week, Ms. [REDACTED] requested an update from Ms. [REDACTED] and Mr. [REDACTED]. They told her they were consulting Human Resources (“HR”) on how to address the issue. Ms. [REDACTED] then departed for a planned trip to Israel.
- **July 2, 2025 – The Retaliation Begins.** Upon her return from Israel, most of the offensive and policy-violative materials had been removed from Mr. [REDACTED]’s desk. But Ms. [REDACTED] immediately began experiencing retaliation. She was moved to a desk physically separated from the rest of the group, which made it more difficult to have access to the clinicians to discuss cases and ask questions to further her educational experience. She knew the move was due to her complaint about Mr. [REDACTED]’s display, since Mr. [REDACTED] claimed it was intended to make sure that “everyone feels safe.” Ms. [REDACTED] was excluded from routine professional interactions. Mr. [REDACTED] stopped communicating with Ms. [REDACTED] entirely, including not delivering important patient coverage debriefs to Ms. [REDACTED] on occasions when he covered her patients on her off days.
- **July 7, 2025 – Ms. [REDACTED] Meets with Her Supervisors.** Ms. [REDACTED] described the retaliation to Ms. [REDACTED] and Mr. [REDACTED]. Ms. [REDACTED] told her the other clinicians had formed an “alliance” in support of Mr. [REDACTED]. Ms. [REDACTED] also told Ms. [REDACTED] that BMC had “expected” some in the group to have an issue with her Israeli identity, and had warned the group in advance of her arrival that an Israeli would be joining the team, while reassuring them there was no indication in her application of any political views on the conflict.
- **July 21-30, 2025 – Ms. [REDACTED] Reports Continuing Retaliation to Her Supervisors, BMC HR, and Her [REDACTED] Advisors.** On July 21, Ms. [REDACTED] wrote to Mr. [REDACTED] that “the issue hasn’t been adequately addressed” and that “I continue to face mistreatment by my colleague.” Mr. [REDACTED] forwarded Ms. [REDACTED]’s email to BMC HR. On July 30, Ms. [REDACTED] met with a BMC HR officer, seeking an end to the retaliation. Ms. [REDACTED] also reported the continuing exclusion and ostracization to her advisors at [REDACTED], two of whom characterized her experience as discriminatory.



- **August 8-20, 2025 – BMC Claims to Have Addressed Ms. [REDACTED]’s Complaints, but the Retaliation Continues.** On August 8, BMC’s HR officer informed Ms. [REDACTED] via email that they had “addressed the concerns you raised,” without specifying how. But despite this assurance, the retaliatory ostracization and reduced collegial interactions and mentorship—including a lack of patient debriefs (or any engagement) from Mr. [REDACTED], and exclusion from informal group lunches—persisted through the remainder of Ms. [REDACTED]’s practicum. In an August 18 email to HR, Ms. [REDACTED] noted that Mr. [REDACTED]’s lack of patient briefing was “impacting not only my learning experience at my practicum site but also client care.” At some point, Mr. [REDACTED] notified Ms. [REDACTED] that they would no longer assign her patients to Mr. [REDACTED] at all.
- **August 20 – September 5, 2025 – The Practicum Ends and Ms. [REDACTED] Receives a Negative Evaluation.** Ms. [REDACTED] completed her practicum on August 20. On September 5, Ms. [REDACTED] received her final evaluation from BMC field supervisors Ms. [REDACTED] and Mr. [REDACTED]. The evaluation was an act of further retaliation—it contained negative assessments that shifted the blame to Ms. [REDACTED] for the difficult working relationships she had with BMC practitioners due to their retaliatory ostracization of her after she reported Mr. [REDACTED]’s policy violation, which BMC failed to stop. For instance, Ms. [REDACTED] was rated poorly for “Demonstrates the ability to function as part of a team to complete assigned tasks by effectively communicating and working with clinicians, staff, peers, clients, collaterals, and consultants.” While praising her clinical engagement with clients, the evaluation stated she “would benefit from expanding her trauma informed approach to include her colleagues [sic] and staff, acknowledging that people bring their lifetime of experiences into the space which influences their interactions.” And her academic program at [REDACTED] was rated poorly for how well it had allegedly prepared Ms. [REDACTED] in the category of “Social & Cultural Diversity,” among others, with BMC noting that they “would appreciate if the program was more transparent about any problems that students are having with their academic training which likely (and has) carried over to their field placement.” In an email to her clinical training advisor at [REDACTED], Ms. [REDACTED] noted she was “very distraught” by the evaluation which “placed significant blame on me in a situation that I believe I handled with a high degree of professionalism.” She also reiterated that she “hadn’t observed any meaningful changes” in the environment at BMC after HR had told her they had addressed her complaints.
- **September 11, 2025 – Ms. [REDACTED]’s Supervisors Deny Request to Discuss the Negative Evaluation.** On September 10, Ms. [REDACTED] wrote to Ms. [REDACTED] and Mr. [REDACTED] requesting to meet to discuss the evaluation, which she was concerned would impact her professional reputation and career prospects. She noted that “a few points caught me by surprise, and I’d like to better understand your perspective.” On September 11, Mr. [REDACTED] declined her request, writing that there was not “anything additional for us to expand on beyond what was already shared”—thereby exhausting Ms. [REDACTED]’s effort to remedy the issue through BMC’s official channels and resulting in the negative feedback remaining in her final evaluation.² In an email to the clinical

² Ms. [REDACTED] filed her complaint with OCR within 180 days of this denial, which constituted the final act of retaliation against her for exercising her right to complain about the discrimination,



training advisor at ██████, Ms. ██████ noted that this refusal to engage with her on the evaluation “shuts down my ability to process feedback and learn from it,” constituting “a failure to uphold ethical supervisory responsibilities” expected of counselors in their supervision of trainees.

- **April 2026 – Ms. ██████ is Forced to Omit BMC as a Job Reference.** Due to the negative evaluation, Ms. ██████ was not able to list BMC as a reference in a recent job application, despite it being her primary experience to date working with ██████.

II. BMC Violated Title VI and Section 1557 of the ACA

Title VI of the Civil Rights Act of 1964 (“Title VI”) prohibits exclusion, denial of benefits, or discrimination on the basis of race, color, and national origin in any program or activity that receives federal funding.³ Title VI also prohibits retaliation against any person who exercises their right to oppose and report discrimination—*i.e.*, an entity covered by Title VI may not take adverse action against a person “for “bring[ing] concerns about possible civil rights problems to [the entity’s] attention.”⁴ As HHS has made clear in its regulations implementing Title VI, “retaliatory acts [are] prohibited . . . against any individual . . . because he has made a complaint.”⁵ Under federal guidance, “once a[n] individual . . . complains formally or informally . . . about a potential civil rights violation,” the “recipient is prohibited from retaliating . . . because of the individual’s complaint,” “including [by] . . . in any way discriminating against the individual.”⁶ Indeed, “[i]ndividuals should be commended when they raise concerns about compliance with the Federal civil rights laws, not punished for doing so”—and that it intends to “vigorously enforce this prohibition against retaliation.”⁷

Pursuant to repeated guidance issued by the U.S. Department of Justice (“DOJ”), the U.S. Department of Education’s OCR, and the White House in 2004, 2010, 2017, 2019, and 2023, in addition to national origin discrimination against Israelis, Title VI (and Section 1557 by extension) also prohibit discrimination against Jews on the basis of their “actual or perceived shared ancestry or ethnic characteristics.”⁸

retaliation, and policy violations she experienced at BMC. This act capped a period of continuous retaliatory conduct that Ms. ██████ experienced over the course of the practicum, as described above.

³ 42 U.S.C. § 2000d *et seq.*; *see also* 45 C.F.R. § 80.3.

⁴ Dear Colleague Ltr.: *Retaliation*, U.S. Dep’t of Ed OCR (April 24, 2013), <https://www.ed.gov/sites/ed/files/about/offices/list/ocr/letters/colleague-201304.pdf>.

⁵ 45 C.F.R. § 80.7(e); *see also id.* (“No recipient or other person shall . . . discriminate against any individual for the purpose of interfering with any right or privilege secured by . . . this part.”); 34 C.F.R. § 100.7(e) (same).

⁶ *Supra* fn. 4, Dep’t of Ed OCR Dear Colleague Ltr.: *Retaliation*.

⁷ *Id.*

⁸ *See* Dear Colleague Ltr., U.S. Dep’t of Ed. OCR (Nov. 7, 2023), <https://www.ed.gov/sites/ed/files/about/offices/list/ocr/letters/colleague-202311-discrimination-harassment-shared-ancestry.pdf>;

Fact Sheet: *Protecting Students from Discrimination Based on Shared Ancestry or Ethnic*

Section 1557 of the Affordable Care Act (“Section 1557”) prohibits the same forms of discrimination under “any health program or activity, any part of which is receiving Federal financial assistance”—further extending Title VI and other civil rights protections in the healthcare context.⁹

HHS OCR has jurisdiction to enforce federal anti-discrimination laws, including Title VI and Section 1557, against any “covered entity” that discriminates, retaliates, or fails to provide “an equal opportunity to participate in a program activity, regardless of race, color, national origin, age, disability, religion, or sex.”¹⁰ A “covered entity” is any entity that receives federal financial assistance from HHS or is covered under Title II of the Americans with Disabilities Act as a program, service, or regulatory activity relating to the provision of health care or social services.¹¹ BMC is a healthcare provider that receives millions in federal grants and funding, including tens of millions from HHS in 2025 and 2026.¹²

As described above and in further detail in her complaint, BMC retaliated against Ms. [REDACTED] because she was a Jewish Israeli who (i) exercised her right to report anti-Semitic and anti-Israeli materials displayed in a shared office space in contravention of BMC policy, and (ii) exercised her right to report the retaliatory discrimination she then experienced as a result of making such report. In response to her initial complaint to her BMC supervisors, Ms. [REDACTED] was physically isolated from the rest of the group and continually excluded from networking and professional development opportunities.

Characteristics, U.S. Dep’t of Ed. OCR (Jan. 2023), <https://www.ed.gov/sites/ed/files/about/offices/list/ocr/docs/ocr-factsheet-shared-ancestry-202301.pdf>; EO 13899, *Executive Order on Combatting Anti-Semitism* (Dec. 11, 2019), <https://trumpwhitehouse.archives.gov/presidential-actions/executive-order-combating-anti-semitism/>; Q&A on Executive Order 13899 (Combatting Anti-Semitism) & OCR’s Enforcement of Title VI of the Civil Rights Act of 1964, U.S. Dep’t Ed. OCR (January 19, 2021), <https://www2.ed.gov/about/offices/list/ocr/docs/qa-titleix-anti-semitism-20210119.pdf>; Ltr. from U.S. DOJ Civ. Rights Div. Asst. Att’y Gen. Thomas E. Perez to U.S. Dep’t of Ed. Asst. Sec’y for Civ. Rights Russlyn H. Ali, re: *Title VI and Coverage of Religiously Identifiable Groups* (Sep. 8, 2010), https://www.justice.gov/sites/default/files/crt/legacy/2011/05/04/090810_AAG_Perez_Letter_to_Ed_OCR_Title%20VI_and_Religiously_Identifiable_Groups.pdf; Kenneth L. Marcus, Dear Colleague Ltr.: *Title VI & Title IX Religious Discrimination in Schools & Colleges*, U.S. Dep’t of Ed. OCR (Sep. 13, 2004), <https://www2.ed.gov/about/offices/list/ocr/religious-rights2004.html>.

⁹ 42 U.S.C. § 18116; *see also* 45 C.F.R. § 92.

¹⁰ *See* <https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html>.

¹¹ *Id.*

¹² *See* <https://www.usaspending.gov/>. Because BMC is “principally engaged in the business of providing ... health care,” all of its operations constitute a program or activity protected by Title VI, by virtue of its receipt of federal assistance. 42 U.S. Code § 2000d-4a(3)(ii). [REDACTED]

After Ms. [REDACTED] reported this ongoing retaliatory treatment to her supervisors and HR, BMC failed to remedy the ostracization and, instead, retaliated against her further by issuing a partially negative evaluation that blamed her for the breakdown in communications with her colleagues, and characterizing her as culturally ill-equipped in conversations with faculty in her [REDACTED] program. This was despite the fact that it was Mr. [REDACTED] and other clinicians who refused to engage with Ms. [REDACTED], and that Ms. [REDACTED]'s supervisors had even rebuffed her request that they help facilitate dialogue between her and the team to resolve tensions. Ms. [REDACTED] was seemingly penalized for failing to be more sympathetic to an anti-Semitic and anti-Israeli perspective.¹³

BMC thereby denied equal participation and benefits to a Jewish Israeli student intern based on her shared ancestry, ethnicity, and national origin, by discriminating and retaliating against Ms. [REDACTED] for reporting potential civil rights issues (both the initial policy violation and the subsequent retaliation from her colleagues). These actions by BMC, individually and collectively, violated Title VI and Section 1557.

III. Ongoing Harm to Complainant

Ms. [REDACTED] has suffered, and will continue to suffer, ongoing harm as a result of BMC's discrimination and retaliation. Her reputation at [REDACTED] was impacted. Indeed, one of her [REDACTED] mentors noted that word had gotten to members of the [REDACTED] faculty that Ms. [REDACTED] had a "cultural disagreement" at her practicum and that she was someone who needed extra reassurance from her colleagues. Additionally, in particular, Ms. [REDACTED] is now afraid to ask for a recommendation from BMC because she fears an unfavorable one, including due to her complaints, BMC's failure to adequately address them, and their assignment of blame to her via a negative evaluation. This sort of "chilling effect" is exactly what Title VI's prohibition against retaliation is designed to prevent.

Notably, this harm to Ms. [REDACTED] is ongoing. In connection with a recent job application in April 2026, a prospective employer sought references from Ms. [REDACTED]'s fieldwork supervisors during her graduate program at [REDACTED]. Ms. [REDACTED] was forced to omit the supervisors from her BMC practicum and include only internship supervisors. Had she not experienced the retaliation from BMC described in her complaint, she would have sought a recommendation in light of the great patient care she did there, for which she had received overwhelmingly positive feedback (including in both portions of her final evaluation and in an earlier written review).

While this particular employer did not question the omission, there is a significant likelihood that her inability to submit a positive recommendation or reference from BMC will prevent her from obtaining favorable employment in the future. Ms. [REDACTED] plans to go into [REDACTED], a fairly niche field in mental health counseling, and her practicum at BMC constituted the majority of her exposure to [REDACTED] work as a student and to date. Ms. [REDACTED] is ashamed that she cannot use her work at BMC as a reference for future [REDACTED]-related employment opportunities. [REDACTED]

¹³ BMC knew even before Ms. [REDACTED]'s arrival that there was a risk its clinicians would be biased toward a Jewish Israeli—they essentially warned the group about it, reassuring them that despite her identity, there was no indication from her application that she had unacceptable political views.

██████████ Her next round of prospective employers may expect to know how Ms. ██████████ was able to function in a hospital setting, and may seek a reference from her BMC practicum due to the unique and relevant experience it signals on her resume.

IV. Proposed Remedies

We respectfully request that OCR instruct BMC to:

1. Revise and reissue Ms. ██████████'s final practicum evaluation to remove any and all negative ratings and comments, including but not limited to those related to her ability to work and communicate with others and her understanding of diversity and others' perspectives.
2. Upon request from a future prospective employer, provide a letter of recommendation and/or reference statement about Ms. ██████████'s positive performance during her practicum at BMC, without reference to any of the negative ratings or comments described in her final evaluation.
3. Adopt the International Holocaust Remembrance Alliance Working Definition of Anti-Semitism including its contemporary examples (the "IHRA Definition") into BMC's nondiscrimination policies and procedures. The IHRA Definition has been incorporated into OCR's current policy guidance pursuant to Executive Order 13899, which provided that "[i]n enforcing Title VI, and identifying evidence of discrimination based on race, color, or national origin, all executive departments and agencies charged with enforcing Title VI shall consider" IHRA's working definition of anti-Semitism including its contemporary examples.¹⁴ EO 13899 further reaffirmed the administration's policy that Title VI be enforced "against prohibited forms of discrimination rooted in anti-Semitism as vigorously as against all other forms of discrimination prohibited by Title VI."
4. Adopt or modify BMC's policies and procedures for supervisors, HR officers, and other relevant employees regarding prohibitions against retaliation under BMC policy and civil rights laws, including Title VI and Section 1557. The revised guidelines and procedures should ensure that BMC will not take action to punish or intimidate students and interns who report BMC policy or civil rights violations, and that BMC will take prompt and effective action to stop retaliatory discrimination that occurs as a result of such a report.
5. Implement or modify training and oversight for BMC supervisors, HR staff, and other relevant employees to ensure compliance with the anti-retaliation provisions in BMC's policy and civil rights laws, including Title VI and Section 1557.
6. Apply BMC's anti-retaliation policies consistently and without double standards, ensuring Jewish and Israeli students and interns, like Ms. ██████████, are not subjected to retaliation for exercising their right to lodge good-faith complaints about policy violations.

¹⁴ *Supra* fn. 8, EO 13899; Q&A on EO 13899.

7. Adopt a communications strategy for ensuring that information concerning retaliation is continually conveyed to BMC employees.

* * *

We respectfully request that OCR take action to remedy the harm to Ms. [REDACTED] caused by the discrimination and retaliation she has faced, and to ensure BMC's compliance with its legal obligations toward Jewish and Israeli students and interns moving forward.

Please let us know if we can provide any additional information or otherwise assist OCR in its investigation of Ms. [REDACTED]'s complaint.

Sincerely,

/s/ Rachel G. Balaban

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