



May 2, 2019

The Honorable Elizabeth Warren
U.S. Senate
317 Hart Senate Office Building
Washington, DC 20510

The Honorable Elijah E. Cummings
U.S. House of Representatives
2163 Rayburn House Office Building
Washington, DC 20515

Dear Senator Warren and Congressman Cummings:

On behalf of Native American LifeLines, a Title V Urban Indian Health Program serving American Indian and Alaska Native (AI/AN) communities in Baltimore and Boston, we write to express strong support for your legislation, the Comprehensive Addiction Resources Emergency (CARE) Act. The devastating impact of the national opioid epidemic cannot be overstated, but in small communities such as ours, the sense of loss is particularly profound. A review of Native American LifeLines' records for 2018 showed that approximately 81% of clients engaged in behavioral health services had co-occurring mental health and substance abuse disorders. Opioid use disorder was the most common substance abuse diagnosis with alcohol use disorder as the second most common. Taking this into account, it is unsurprising that roughly 24% of these clients died of a known or suspected opioid overdose.

Both Maryland and Massachusetts ranked among the top ten states with the highest rates of opioid overdose fatalities, and Urban Indians are not exempt. Between November 2018 and March 2019, for example, the AI/AN in Baltimore suffered 12 opioid overdoses, 10 of which were fatal. This represents 10 relatives who are no longer part of our circle. These are mothers, fathers, uncles, and aunts no longer present in the lives of their families. These are tribal citizens and descendants unable to pass along the cultural traditions that make us, as Native people, who we are.

Our sense of urgency is acute, and it is critical that funding directed to prevention and treatment finds its way to AI/AN communities. We are gratified that the CARE Act intentionally addresses shortfalls that often leave tribal and Urban Indian communities behind. This legislation would provide funding directly to tribes and local governments, with increased funding to hard hit cities like Baltimore and Boston. Importantly, this legislation expands access to overdose reversal drugs like Naloxone, getting it into the hands and homes where it's needed most. Furthermore, explicit inclusion of Urban Indian health facilities in the bill's language ensures access, visibility, and voice in crucial areas like grant funding and planning councils.

We look forward to partnering with your offices towards the shared goal of addressing and ending the opioid epidemic and creating a stronger, healthier, and more resilient Indian Country.

Sincerely,



Kerry Hawk Lessard, MAA
Executive Director



Kiros A.B. Auld, JD
President, Board of Directors