



March 12, 2024

Re: Native American LifeLines Statement of Support for HB 179

Dear Chair Pena-Melnyk, Vice Chair Cullison, and Members of the Committee,

I write to you today in support of HB 179, which would replace references to Columbus Day in certain provisions of law with references to Indigenous Peoples' Day; and establish that Indigenous Peoples' Day is to be observed on October 12 or, if the United States Congress designates another day for the observance of Columbus Day, the day designated by the United States Congress.

I write as a Howard County resident and the Executive Director of Native American LifeLines (NAL), a Title V Urban Indian Health Program (UIHP) funded by the Indian Health Service and tasked with providing outreach and referral services to American Indians/ Alaska Natives (AI/AN). For the purposes of our IHS contract, “eligible Indians” are defined as tribal citizens enrolled to federally recognized tribes, enrolled members of State recognized tribes (including Maryland’s Piscataway, Piscataway Conoy, Accohannock tribes as well as members of the Lumbee tribe of North Carolina), and documented descendants of either of these groups. Outreach and referral services consist of referrals to medical providers, payment for care on behalf of UIHP beneficiaries, and ensuring access to medications, specialty care, and diagnostics, and vision services. Additionally, NAL provides direct dental and behavioral health services to AI/AN residing in the State of Maryland.

Prior to serving in my current role, I had the opportunity as a graduate student in the Department of Anthropology of the University of Maryland, College Park to work alongside researchers conducting a needs assessment funded by the Center of Substance Abuse Prevention (CSAP) to determine the HIV/AIDS, substance abuse, and hepatitis prevention needs of Native Americans living in Baltimore, Maryland. This research used a community-based participatory approach to gain an in-depth understanding of health service needs in the AI/AN community. Findings from this study supported the necessity for future HIV/AIDS, substance abuse, and hepatitis prevention programming for urban Native Americans.

In plain language, this project provided me with the opportunity to speak with members of the Baltimore AI/AN community in which I grew up and to better understand *from their perspective* why they believed problems of substance use, mental distress, and poor healthcare outcomes were so intractable. The most significant theme to come from our qualitative research was that AI/AN community members believed that they could not achieve or sustain wellness because of their daily experiences of cultural disconnection, perceptions of invisibility (e.g., being racially misclassified based on phenotypic expression), and cultural insensitivity (e.g., encounters with providers where the AI/AN person’s name was challenged as not being real). Respondents reported these experiences left them feeling unwilling to engage with state and local infrastructure or health care providers and that in response to these experiences, they would engage in health demoting behavioral practices. Last, they expressed feelings of personal invalidation directly attributed to encounters with a larger (non-Native) community for whom stereotype informed their expectations of and interactions with AI/AN people.

Lakota social worker and scholar Maria Yellow Horse Brave Heart relates these types of responses to Native American experiences of repeated massacres and the forced removal of children to federal and mission boarding and day schools (Brave

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Heart, 2003). She describes as historical trauma, which she defines as the “cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma experience.” In addition to the examples cited above, common kinds of culturally-related trauma – particularly in a contemporary context – include the erasure of Native history and place names from traditional homelands, use of pejorative terms to describe Indigenous people, and the absence of AI/AN specific data in health indices. As a community member so aptly stated, “When they don’t count us, it tells us we don’t count.”

To this end, the elevation of Columbus Day is, in the eyes of many Indigenous people, a celebration of a man who is seen not as a brave adventurer, but rather as a colonizer, a murderer, and someone who certainly did not “discover” a people who already existed in the Americas. Further, an official state or national observance of someone seen in this light is an amplification of trauma that further reinforces a perception of the subordinate place of Indigenous people. ***That this takes place on the homelands of Indigenous people is a further indignity. It signifies, at best, that the lives and desires of Maryland’s Indigenous people matter less than those of other communities; at worse, it signifies that they do not matter at all.***

The State of Maryland has the opportunity to reconcile with its original inhabitants by prioritizing the rich history and legacy of her Indigenous people above a holiday that celebrates settler colonialism. Further, doing so would provide a forum for the state to intentionally highlight the rich history and contemporary lives of Maryland’s tribal communities, shifting the perception of our people as being relics of the past and instead, being your neighbors, your teachers, and even State legislators.

In closing, ***I humbly and respectfully ask that you support House Bill 179***, an act that would replace Columbus Day and instead observe Indigenous People’s Day. It may seem a small thing, but in the lives of Indigenous people, even these small victories seem huge.

Respectfully,

Kerry Hawk Lessard, MAA
Executive Director