

Mayor Kim Janey

[mayor@boston.gov](mailto:mayor@boston.gov)

1 City Hall Square, Suite 550

Boston, MA 02201-2013

Sheriff Steven Tompkins

General Counsel Allen Forbes

[AForbes@scsdma.org](mailto:AForbes@scsdma.org)

Suffolk County Sheriff's Department Executive Office

20 Bradston Street

Boston, MA 02118

Executive Office of Health and Human Services

Secretary Marylou Sudders

[Marylou.Sudders@state.ma.us](mailto:Marylou.Sudders@state.ma.us)

1 Ashburton Place, 11th Floor

Boston, MA 02108

Executive Office of Public Safety and Security

Secretary Terrence Reidy

[Terrence.Reidy@mass.gov](mailto:Terrence.Reidy@mass.gov)

1 Ashburton Place, Suite 2133

Boston, MA 02108

City Council President Matthew O'Malley

[Matthew.omalley@boston.gov](mailto:Matthew.omalley@boston.gov)

1 City Hall Square, Suite 550

Boston, MA 02201-2043

City Councilor Michelle Wu

[Michelle.Wu@Boston.gov](mailto:Michelle.Wu@Boston.gov)

1 City Hall Square, Suite 550

Boston, MA 02201-2043

City Councilor Annissa Essaibi George

[a.e.george@boston.gov](mailto:a.e.george@boston.gov)

983 Dorchester Ave,

Boston, MA 02125

City Councilor Michael Flaherty  
[Michael.F.Flaherty@Boston.Gov](mailto:Michael.F.Flaherty@Boston.Gov)  
1 City Hall Square, Suite 550  
Boston, Ma 02201-2043

City Councilor Julia Mejia  
[Julia.Mejia@Boston.Gov](mailto:Julia.Mejia@Boston.Gov)  
1 City Hall Square, Suite 550  
Boston, Ma 02201-2043

City Councilor Lydia Edward  
[Lydia.Edwards@Boston.Gov](mailto:Lydia.Edwards@Boston.Gov)  
1 City Hall Square, Suite 550  
Boston, Ma 02201-2043

City Councilor Ed Flynn  
[Ed.Flynn@Boston.Gov](mailto:Ed.Flynn@Boston.Gov)  
1 City Hall Square, Suite 550  
Boston, Ma 02201-2043

City Councilor Frank Baker  
[Frank.Baker@Boston.Gov](mailto:Frank.Baker@Boston.Gov)  
1 City Hall Square, Suite 550  
Boston, Ma 02201-2043

City Councilor Andrea Campbell  
[Andrea.Campbell@Boston.Gov](mailto:Andrea.Campbell@Boston.Gov)  
1 City Hall Square, Suite 550  
Boston, Ma 02201-2043

City Councilor Ricardo Arroyo  
[Ricardo.Arroyo@Boston.Gov](mailto:Ricardo.Arroyo@Boston.Gov)  
1 City Hall Square, Suite 550  
Boston, Ma 02201-2043

City Councilor Kenzie Bok  
[Kenzie.Bok@Boston.Gov](mailto:Kenzie.Bok@Boston.Gov)  
1 City Hall Square, Suite 550  
Boston, Ma 02201-2043

City Councilor Liz Breadon  
[Liz.Breadon@Boston.Gov](mailto:Liz.Breadon@Boston.Gov)  
1 City Hall Square, Suite 550  
Boston, Ma 02201-2043

Attorney General Maura Healey  
Policy and Govt Relations Division Chief  
Alicia Rebello-Pradas  
[alicia.rebello-pradas@state.ma.us](mailto:alicia.rebello-pradas@state.ma.us)  
1 Ashburton Pl, 20th Floor  
Boston Ma 02108

Governor Charlie Baker  
Chief Legal Counsel, Robert Ross  
[robert.ross@state.ma.us](mailto:robert.ross@state.ma.us)  
Massachusetts State House  
24 Beacon St., Room 280  
Boston, MA 02133

Suffolk County District Attorney Rachael Rollins  
[rachael.rollins@mass.gov](mailto:rachael.rollins@mass.gov)  
1 Bulfinch Place, 3rd Floor  
Boston, MA 02114

Chief Justice Paula Carey  
[paula.carey@jud.state.ma.us](mailto:paula.carey@jud.state.ma.us)  
1 Pemberton Sq.  
Boston, MA 02108

October 6, 2021

To whom it may concern,

As public health experts, medical providers, and advocates we share the sense of urgency raised by public safety, business owners, and community members for the intersecting crises of homelessness, substance use disorder, mental illness, trauma, and infectious diseases in the Melnea Cass and Mass Ave area of Boston. This humanitarian crisis needs innovative, bold, and effective interventions to immediately offer needed medical and social services to the human beings enduring such tremendous suffering in the heart of a city and state known for its leadership on healthcare.

As experts who have worked, researched, and studied the evidence around treatment for these health conditions, including substance use disorder, we would like to express our sincere concerns for the proposed plans to create an involuntary detention center for substance use disorder treatment in order to address the public health crisis in the Melnea Cass and Mass Ave area. Addressing substance use disorder through criminalization is ineffective and harmful to our patients, clients and communities. Substance use disorder is a treatable health condition. Effective treatment includes voluntary, trauma-informed, low threshold care models which welcome people into care and provide a range of services including medication, therapy, case management, peer support, harm reduction services, and treatment for co-occurring psychiatric and medical conditions. Importantly, to effectively provide substance use disorder treatment we must also ensure access to safe housing. While we understand the desperation that drives concerned individuals to reach for involuntary treatment, there is no evidence that involuntary treatment improves outcomes and indeed there is concerning observational data that it may actually increase the risk of overdose and death. In addition, it erodes the elemental component of patient-centered care that is so crucial in building engagement and sustaining treatment; mutual trust between patients and the healthcare system.

As we grapple collectively around how to best address this crisis in our state, we can learn from strategies to address HIV/AIDS. Jonathan Mann, a leading figure in HIV/AIDS work, argued that public health approaches must be coupled with efforts to address social inequities to effectively respond to the HIV epidemic. He highlighted that while HIV may first affect different communities in each country, it consistently settled in and severely impacted the most marginalized groups in society. This is arguably what we are now seeing in the substance use and overdose crisis and thus responses that couple public health with a human rights approach are desperately needed.

We collectively ask that the city and state channel its energy into proven public health, treatment, and harm reduction strategies to address the current suffering on our streets. In particular, as we consider investing needed funds into interventions, we urge that these be directed at supportive housing, low threshold substance use disorder treatment, and harm reduction services, including overdose prevention sites. Collectively these efforts must be diffused and made available across neighborhoods and communities, not centered only in the South End/Roxbury neighborhoods. We applaud the Opioid Recovery and Remediation Fund Advisory Council for their initial proposal focusing on exactly these needs, identifying expanded harm reduction services, increased access to methadone, expanded low threshold, supportive housing, and community outreach and engagement as the first four priority areas for funding. Healthcare agencies, with appropriate funding, support, and collaboration, can and should lead the effort to address this crisis.

Focusing on and investing in involuntary treatment is hard to justify when so many people desperately want to engage in voluntary health care, social service, and substance use disorder care and yet aren't able to access the resources they so desperately need. Correctional settings are not an appropriate place to provide ethical or effective treatment and across the Commonwealth we have made great strides in reducing the criminalization of substance use disorder, mental

illness, and homelessness. Expanding a model of involuntary treatment in a correctional setting is not only regressive, but also opens the door to so many of our most vulnerable community members losing their civil liberties.

Until we fully build out a system of treatment and housing on demand, no amount of involuntary treatment will ever solve this crisis. Even worse, expanding involuntary treatment is likely to cause serious harm and further death. We urge our lawmakers to focus on proven solutions to these pressing needs rather than in further stigmatizing and punishing people suffering from substance use disorder and co-occurring medical and psychiatric illnesses. If our goal is to be effective and evidence-based, responses must be led by healthcare and social service providers, and not displaced to the criminal legal system. We stand at the ready to explore how we might collaborate on effective, humane strategies to address this urgent public health crisis.

Sincerely,

Elsie Taveras



MA General Brigham Hospitals

Sarah Porter



Victory Programs, Inc

Todd Kerensky, MD



MA Society of Addiction Medicine

Kathleen Kerrigan



MA College of Emergency Physicians

Danna Mauch



Phillip Kassel



**MENTAL HEALTH  
LEGAL ADVISORS COMMITTEE**  
Commonwealth of Massachusetts  
Supreme Judicial Court

Carol Rose



**ACLU**  
Massachusetts

Elizabeth Matos



 **PRISONERS' LEGAL SERVICES  
OF MASSACHUSETTS**

Katy Naples- Mitchell



**Charles Hamilton Houston Institute  
for Race & Justice**

Linda Arian  
Criminal Justice Policy Coalition

Cynthia Kussy-Goldberg  
F8 Foundation

