

**Mr. Eric Gettis, Senior Vice President for Behavioral Health  
Southeast Alaska Regional Health Consortium  
Testimony for the Senate Committee on Indian Affairs  
Oversight Hearing “Fentanyl in Native Communities: Native Perspectives on  
Addressing the Growing Crisis.”  
November 8, 2023**

Chairman Schatz, Vice Chair Murkowski, and members of the Committee, thank you for the opportunity to testify today on the issues of Fentanyl, the opioid crisis, and the impact on Native communities. My name is Eric Gettis. I serve as Senior Vice President for Behavioral Health at Southeast Alaska Regional Health Consortium (SEARHC). SEARHC is an Alaska Native-controlled tribal health organization. We are authorized by the resolutions of 15 federally-recognized Alaska Native tribes to administer a comprehensive health care delivery system for the Tlingit, Haida, Tsimshian and other residents of Southeast Alaska under a Self-Governance Compact with the Indian Health Service entered into pursuant to Title V of the Indian Self-Determination Act.

Founded in 1975, SEARHC is one of the oldest and largest Native-run health organizations in the Nation with a service area stretching over 35,000 square miles. SEARHC is accredited by the Joint Commission and operates two critical access hospitals, two long-term care facilities, and 22 rural Community Health Centers.

The decades long opioid crisis has impacted communities across the United States and multiple studies have confirmed that Alaska Native and American Indian populations are disproportionately impacted by opioid use, opioid related overdose, and opioid related deaths. The Native Communities of Southeast Alaska continue to suffer through the heartache and despair brought about by substance use.

SEARHC has addressed opioid use disorder over the past 10 years by significantly reducing opiate prescriptions, promoting holistic interventions for pain management, implementing harm reduction activities, and providing buprenorphine and naltrexone throughout the region.

Recognizing more services were needed, in February 2022 SEARHC opened an Opioid Treatment Program (OTP) in Juneau, Alaska. OTPs are the only facilities that offer patients all three forms of medication for opioid use disorder: methadone, buprenorphine, and naltrexone. No other setting is permitted to provide methadone. OTPs are critical to reducing overdose deaths and providing lifesaving addiction treatment.

In the past year, SEARHC added two additional OTPs; in Sitka, Alaska, in March 2023, and in Klawock, Alaska, in October 2023. Before these programs opened, those with opioid use disorder had to physically move hundreds of miles

away, to Anchorage or Seattle, to engage in treatment. Our programs have dramatically improved people's lives, yet serious challenges remain.

Fentanyl has rapidly replaced prescription opiates and heroin in Southeast Alaska as the primary driver of opioid misuse. Fentanyl is profoundly potent, quickly physically addictive, easily attainable, and has a very short half-life leading to escalating quantities of use and lethality. This has led to another widespread wave of opioid use resulting in more overdoses and preventable deaths. We consistently find patients developing dependence on Fentanyl over relatively short periods of time.

It is essential that treatment and medication for opioid use disorder be available and expanded. The COVID pandemic allowed several long-standing OTP regulations to be eased. These revised rules improved treatment availability by permitting telemedicine and allowing prescribers more clinical discretion for some methadone take-home administration. SEARHC wholeheartedly supports maintaining these relaxed emergency regulations. However, there are efforts around the country seeking to ease methadone regulations even further. We urge great caution with these proposals and recommend that methadone remain part of a comprehensive OTP.

Access to and availability of harm reduction services and overdose reversing medication is paramount for saving lives. Oftentimes these medication supplies are limited. Additionally, preconceived beliefs about substance use and associated stigma prevent harm reduction services from being accepted in some communities. Changing our words and descriptions, helping communities reframe beliefs, and realizing that people can and do recover are all essential components to battle stigma.

Finally, as a nation, we must recognize the necessity of developing a strong behavioral health workforce. Native communities across Alaska continually struggle with inadequate staffing. Behavioral health specialists and peers have long operated in an under resourced system that discourages many from entering or remaining in the field. Effective treatment requires qualified compassionate professionals grounded in culturally responsive practices and relationships. These are the fundamental elements that foster healing and recovery.

In conclusion, SEARHC truly appreciates the opportunity to speak before the Committee today. Thank you.