

ALASKA STATE LEGISLATURE
HOUSE COMMUNITY AND REGIONAL AFFAIRS STANDING COMMITTEE

February 10, 2011

8:10 a.m.

MEMBERS PRESENT

Representative Cathy Engstrom Munoz, Chair
Representative Neal Foster, Vice Chair
Representative Alan Dick
Representative Dan Saddler
Representative Sharon Cissna
Representative Berta Gardner

MEMBERS ABSENT

Representative Alan Austerman

COMMITTEE CALENDAR

OVERVIEW: STATEWIDE SUICIDE PREVENTION COUNCIL

- HEARD

PREVIOUS COMMITTEE ACTION

No previous action to record

WITNESS REGISTER

KATE BURKHART, Executive Director
Statewide Suicide Prevention Council
Department of Health and Social Services (DHSS)
Juneau, Alaska

POSITION STATEMENT: Provided an overview of the Statewide Suicide Prevention Council.

WILLIAM MARTIN, Chair
Statewide Suicide Prevention Council
Department of Health and Social Services
Juneau, Alaska

POSITION STATEMENT: During overview of the Statewide Suicide Prevention Council, provided comments.

DR. STACY RASMUS, Project Director
Qungasvik Project
Center for Alaska Native Health Research

Institute of Arctic Biology
University of Alaska Fairbanks
Fairbanks, Alaska

POSITION STATEMENT: Provided an overview of the Qungasvik Project.

ACTION NARRATIVE

[8:10:52 AM](#)

CHAIR CATHY ENGSTROM MUNOZ called the House Community and Regional Affairs Standing Committee meeting to order at 8:10 a.m. Representatives Munoz, Foster, Dick, Saddler, and Gardner were present at the call to order. Representative Cissna arrived as the meeting was in progress.

Overview: Statewide Suicide Prevention Council

[8:11:10 AM](#)

CHAIR MUNOZ announced that the only order of business would be an overview from the Statewide Suicide Prevention Council.

[8:12:07 AM](#)

KATE BURKHART, Executive Director, Statewide Suicide Prevention Council, Department of Health and Social Services (DHSS), referring to the presentation entitled "Statewide Suicide Prevention Council: An Overview," began by informing the committee that the role of the Statewide Suicide Prevention Council ("Council"), which was created as an advisory board, is established in AS 44.29.350, as follows:

The Council shall serve in an advisory capacity to the legislature and the governor with respect to what actions can and should be taken to

(1) improve health and wellness throughout the state by reducing suicide and its effect on individuals, families, and communities;

(2) broaden the public's awareness of suicide and the risk factors related to suicide;

(3) enhance suicide prevention services and programs throughout the state;

(4) develop healthy communities through comprehensive, collaborative, community-based and faith-based approaches;

(5) develop and implement a statewide suicide prevention plan;

(6) strengthen existing and build new partnerships between public and private entities that will advance suicide prevention efforts in the state.

MS. BURKHART related that often the Council forgets the advisory aspect of the Council and focuses on the duties listed in paragraphs (1)-(6), which is an impossible task for a Council. Therefore, the Council is trying to focus on its role. She clarified that it's not the Council's role to develop healthy communities, rather the Council's role is to advise the governor, the legislature, and other stakeholders regarding how to work together to create healthy communities and achieve the other goals. She then turned the committee's attention to the slide entitled "Organizational Chart," which illustrates that the Council falls under the Department of Health and Social Services. Although the Council's administrative support and budget lives under DHSS, since the Statewide Suicide Prevention Council is an advisory board there is an element of autonomy. Without that semi-autonomous aspect of the Council, it wouldn't be able to provide good advice to the governor or credible advice to the legislature. Although the Council is housed in the executive branch under DHSS, the Council has the ability to respectfully disagree and to make suggestions, recommendations, and advice based on public input, data, and research to help guide public policy. The other interesting part of the Council is that the governor appoints its members, save the legislative members, and thus there's some accountability. Since July 2010, the Statewide Suicide Prevention Council is co-located with the Alaska Mental Health Board and the Advisory Board on Alcoholism and Drug Abuse.

[8:18:04 AM](#)

REPRESENTATIVE CISSNA inquired as to the terms of the board members.

MS. BURKHART specified that each Council member serves a four-year staggered term. In further response to Representative Cissna, Ms. Burkhardt said that it hasn't been her experience that a new governor performs a complete overhaul of the boards with which she has worked.

[8:19:52 AM](#)

REPRESENTATIVE FOSTER inquired as to the legislative members on the Statewide Suicide Prevention Council.

MS. BURKHART answered that Representatives Gardner and Fairclough and Senators Dyson and Ellis sit on the Council.

REPRESENTATIVE FOSTER requested a list of all the Council members. He then inquired as to how often the executive committee of the Council or the full Council interacts with the governor.

MS. BURKHART responded that there have been informal opportunities such as the round-table in Bethel, which Governor Parnell attended. The Council interacts most often and directly with the governor's office through the rural adviser, John Moller. While the Council doesn't have direct face-to-face conversations with the governor, the communication with the governor's office is greater than with other boards.

REPRESENTATIVE FOSTER opined that the administration has been very attentive to the issue of suicide and John Moller, Senior Rural Affairs Advisor, Office of the Governor, is a great contact within the administration.

MS. BURKHART then returned to the Council's current membership, as follows:

DHSS Seat - Melissa Stone, Director, Division of Behavioral Health, DHSS
EED Seat - Phyllis Carlson, Rural Education Director, Department of Education and Early Development (EED)
Member of the Advisory Board on Alcoholism & Drug Abuse - Bernard Gatewood, Superintendent, Fairbanks Youth Facility, Division of Juvenile Justice, DHSS
Member of the Alaska Mental Health Board - Brenda Moore, Founder, Christian Health; Past Chair, Statewide Suicide Prevention Council
Alaska Federation of Natives - William Martin, Current Chair, Statewide Prevention Council
Secondary Education - Meghan Crow, Social Work Department, Lower Kuskokwim School District
Youth Organization - Alana Humphrey, Boys & Girls Club
Survivor of Loss of Suicide - Barbara Franks, Suicide Prevention, Alaska Native Tribal Health Consortium
Rural Community Member Off Road System (including Alaska Marine Highway System) - Christine Moses
Clergy - Pastor Lowell Sage, Jr.

Youth (limited to 9th-12th grade) - vacant
Public - Sharon Norton, MSN, RN

MS. BURKHART pointed out that although many members fill a specific seat, they wear many hats. Furthermore, more than a few of the Council's members have been touched by suicide. With regard to the youth seat, Ms. Burkhart related that it's difficult to fill that seat because the youth is appointed while in their junior or senior year of high school and upon graduation they are no longer eligible to fill the seat. There is legislation pending to address the aforementioned by eliminating the grade definition and specifying that the age of the individual has to be 16-24.

[8:26:19 AM](#)

MS. BURKHART told the committee that the Council is co-located with the Alaska Mental Health Board and the Advisory Board on Alcoholism and Drug Abuse because of the interrelationship between the issues of mental health, alcoholism, and drug abuse to suicide. Of the small sample of suicide decedents who went to the medical examiner's office and received toxicology testing, 46 percent had alcohol in their system and 44 percent had some other drug in their system. The other issue is that by co-locating with the other two boards, the Council and those boards are able to share a director at no cost to the Council. Therefore, the Council can dedicate its limited personal services budget to hiring full-time staff, which they haven't had for many years. She opined that difference between having full-time staff and not is evident in the Council's ability to fulfill its duties. She characterized the co-location situation as a good relationship for all three entities and it's made possible by Bernard Gatewood and Brenda Moore's advocacy on behalf of the Statewide Suicide Prevention Council.

MS. BURKHART, referring to the slide entitled "History," explained that the Statewide Suicide Prevention Council was established in 2001 after some "suicide clusters." She related her understanding that the Council got off to a rocky start and was moved to the Office of the Commissioner in DHSS some time in 2007. Between 2007 and the end of fiscal year 2010, the Council was located in the Prevention & Early Intervention Section within the Division of Behavioral Health, DHSS. The [section] worked very hard to help the Council achieve its duties, but without dedicated staff it was very difficult. The Council members were frustrated. During the legislative audit the need for more organization around meetings came up, which ultimately

led to the co-location. With regard to the Council's members, Ms. Burkhart pointed out that the 12 public members are voting members while the four legislative members are non voting members, which was a change that resulted because of quorum issues the Council was experiencing. When that change was made, legislators began to attend meetings in full force and provide leadership. In fact, at every meeting since November 2009 three of the four legislators have been present. She then moved on to the slide entitled "Activities in FY10." In partnership with the Alaska Mental Health Board, the Advisory Board on Alcoholism and Drug Abuse, DHSS, the Alaska Mental Health Trust, and the Alaska Native Tribal Health Consortium, the Council held a statewide summit in January 2010. That summit was the first time in which the state and tribal suicide prevention systems came together deliberately and publicly to work together. Another exciting aspect of this summit is that the usual cast of mental health clinicians and policy wonks weren't invited, rather groups not heard from before were invited. The group included law enforcement, village police safety officers, clergy members, traditional healers, elders, high school and college students, legislators, some mental health professionals and prevention specialists, teachers, and businesses owners. The point of this summit was to hear new ideas and understand where the problems are. The theme of the summit, as well as the annual report, was "mending the net," which illustrated the need to find the holes and knit them back together. In addition to the summit, the Council held meetings in Dillingham and Toksook Bay. The Council is very proud that much of the meeting in Toksook Bay was conducted in Yup'ik with English translation, which will ensure that the work the Council does in the future is relevant. She noted that since November 2009, the Council has achieved a quorum at all its meetings. In partnership with the Alaska Mental Health Board and the Advisory Board of Alcoholism & Drug Abuse, a group of dedicated and tireless folks worked to create the www.stopsuicide.org web portal. The web portal was made possible with a one-time increment, \$75,000, of Alaska Mental Health Trust Authority receipts. She emphasized that it's not a website, it's a web portal where people can come together to communicate, share ideas, and support each other in prevention efforts. The Council is in the process of developing community pages on the portal for campuses. Ms. Burkhart expressed pride that folks who have energy to apply to this issue are being brought in and their efforts are being supported.

[8:35:23 AM](#)

REPRESENTATIVE CISSNA asked if the Council tracks research that is being done regarding suicide.

MS. BURKHART said that the Council attempts to track research regarding suicide. She noted that the Institute of Medicine's stakeholders presented to the Council a proposal to conduct research in Alaska on issues related to mental health, substance abuse, and suicide. The Council felt that the proposal hadn't yet garnered the support necessary from all the stakeholders. There was also concern that Alaska would be researched rather than participate in research. Ms. Burkhart stated that the Council does support good efforts at research and is a possible place of focus for the future.

[8:38:33 AM](#)

MS. BURKHART, returning to her overview, related that from the summit the Council found that the strengths in Alaska are numerable. Alaska has strong training programs on prevention and intervention models, including the Applied Suicide Intervention Skills Training that's coordinated through the Alaska Native Tribal Health Consortium and the Gatekeeper Program that's coordinated by DHSS and others. The state, however, is unique in that Alaska has behavioral health aides in villages, which were identified as an asset. Furthermore, Alaska has some peer support groups in schools and colleges to help young people deal with the ups and downs of adolescent life. Other strengths in Alaska are listed on the slide entitled "Summit Findings - Strengths." One of the largest weaknesses is stigma, which brings along fear. As mentioned in the Statewide Suicide Prevention Council's annual report, one of the Council's biggest achievements is that more people are discussing suicide in various arenas of the state. Still, much stigma remains for those who access mental health services and survivors of a suicide loss. Often, the stigma makes it difficult for survivors of a suicide loss to access the necessary services because they're afraid of being judged. Other weaknesses identified by the summit include lack of services in some communities and lack of financial security in some communities. Although at this time there's not enough information to show a causal link between unemployment and financial troubles with suicide, it's known that loss of hope or anything with a strong negative effect on an individual's self-esteem creates a risk factor. Therefore, more research in this area is necessary. She also highlighted the weakness of a lack of culturally relevant prevention programs as well as a lack of cross-training and multi-disciplinary approaches to suicide

prevention, which can be addressed with training to teachers, ministers, home health aides, and others in the first contact role.

8:43:08 AM

MS. BURKHART pointed out that in addition to strengths and weaknesses, those at the summit also identified strategies, which the Council is taking very seriously. The strategies include building community readiness, which means fostering the environment and conversation around suicide. One has to be able to talk about suicide before doing anything about it. Another strategy identified was maximizing existing resources. The summit made it clear that although money is important, it doesn't solve all the problems. Another strategy was to employ evidence-based and other effective practices. The summit also identified the strategies of support for survivors of suicide and support and training for first responders, which includes those who have to clean up after a suicide. Tailoring efforts to specific populations, not just on the basis of ethnicity, was also identified as a strategy. She clarified that the population can be based on age, geography, culture, and orientation. People are unique and the responses to suicide need to most closely match. The summit also identified the strategy of adequately funding the prevention system and continuum of care. She then returned to the strategy of maximizing resources and related that a summit attendee took the Council's public awareness movie to her local GCI affiliate to run on the scanner channel. The local GCI affiliate agreed to do so and offered to work with GCI to show the movie statewide at no cost. Those are the kinds of ideas the Council wants to support. In order for the Council to provide that support, it needs to create a strategic plan. To that end, Council members spent a day together in a facilitated strategic planning process that resulted in the structure of a plan. The work of the Council will fall into four strategic areas. The strategic area of coordination of efforts is to improve communication such that research can be tracked and communities can connect. For example, when Ketchikan wanted to establish a suicide prevention coalition, the Council was able to connect them with the existing Juneau task force to help Ketchikan evolve into an active coalition faster. The strategic areas of education, awareness, and media relate to the need to address stigma. The strategic area of training ensures that the necessary resources and training to effectively identify risk factors and know how to handle them is available. The last strategic area is prevention programs. The Council will update Alaska's statewide

suicide prevention plan as it's one of the Council's duties. She explained that the current plan was carefully designed as a resource for communities and was designed such that any community could use it. However, the plan, she emphasized, was not designed to guide statewide policy. Therefore, during the update, the Council will provide recommendations for improvements to the suicide prevention system at the state, community, and individual level. She informed the committee that the Council is prioritizing input from Alaskans and the expertise available in the state, including from elders, survivors of a loss of suicide, and young people. The goal is to use the information from those folks in order to ensure the updated statewide suicide prevention plan is relevant and includes meaningful information for those being served.

[8:49:52 AM](#)

MS. BURKHART stressed that in its conversations the Council is trying to highlight that suicide is more than just the suicide rate, numbers are involved. She pointed out that looking at suicide in Alaska simply by the rate results in not realizing that although some communities in Alaska have low suicide rates, the suicide numbers are high. Furthermore, it's more difficult to see the people when reviewing the suicide rate. She informed the committee that Alaska has lost 1,369 people in the last 10 years which can't be derived from the rate. Therefore, the Council's conversations include rates as well as numbers. The suicide rate in 2009 was 20.2 per 100,000 people, which means that 140 people died by suicide. Alaska's suicide rate was very similar to that in 2001. She related that there hasn't been a significant change in the number of people dying [by suicide] and the suicide rate; 176 communities in Alaska have experienced at least one suicide in the last 10 years. With regard to funding, Ms. Burkhart pointed out that the state has had the ability to increase funding for suicide prevention. The chart on the slide entitled "Funding" only includes funding that flows through the state. However, she noted that there is suicide prevention funding that comes from the methamphetamine and suicide prevention initiative from the Indian Health Service. She further noted that some tribal organizations have received federal grants similar to those the state has received. Although the Council doesn't always know what's going on with funding in communities, the Council's goal is to know so that it can support and connect people. To encourage some thought, Ms. Burkhart directed attention to the map on the slide entitled "Funding," which illustrates where the funds from the state have gone. The map shows that the funds aren't distributed based on

rates and isn't even. She attributed the funding disparity to the fact that not every community applies for a grant and to the fact that it's a competitive process for a limited pool of funds and thus not every applicant receives funds. She noted that some communities have sought federal funds and thus aren't represented on the map.

8:53:56 AM

MS. BURKHART informed the committee that one of the [ideas] from the summit was a systems change, such as the Alaska State Troopers working with the Alaska Children's Homes to provide Gatekeeper training to the troopers. She noted that no one asked for funding to accomplish the training. Therefore, the Council wants to create an environment in which people are willing and able to discuss new ideas and determine how to incorporate them to improve the system. Those improvements will include coordination of effort such that communication among stakeholders is supported and there is collaboration between traditional and non-traditional prevention stakeholders. Most wouldn't consider care coordinators to be a traditional suicide prevention stakeholder, but they are due to their almost daily contact with folks. This coordination of effort includes focusing on community-based ideas and efforts, which ties in to supporting individual, community, and statewide efforts. Ms. Burkhart opined that there's a lot the state could do that it's not. The Council also needs to continue to work with regard to awareness in terms of addressing the stigma and fear, educating people about warning signs and how to help. The Council also wants to provide a voice for survivors of suicide and promote responsible reporting and discussions of suicide. The Council wants to ensure those who want or need training on suicide prevention and intervention receive it. In fact, there has been much discussion regarding how the Council can support clergy-focused training. Ms. Burkhart concluded her overview by relating that the Council wants to identify and support prevention models that work, particularly in light of the Council's limited resources, such that those funding opportunities that are available are accessible. The Council also wants to increase access to funding, appropriate funding. The Council also seeks to focus on protective factors and resilience as well as risk factors; evaluating programs to determine what works; and promoting culturally relevant models.

8:58:37 AM

REPRESENTATIVE GARDNER informed the committee that the legislation changing the parameters for the youth member of the Council adds a member who is knowledgeable or has some expertise with the problem of suicide with the military. Representative Gardner then pointed out that the Statewide Suicide Prevention Council's meetings throughout the state are important in terms of the reduction of the stigma related to suicide, which may manifest in discussions after the Council's visit.

[9:00:34 AM](#)

WILLIAM MARTIN, Chair, Statewide Suicide Prevention Council, Department of Health and Social Services, related his appreciation for Chair Munoz's efforts with suicide prevention as well as Representative Gardner's participation on the Council. He opined that suicide is multi-faceted. The Alaska Native suicide numbers are high in comparison to the nation whereas the non-Native suicide numbers are similar to the national numbers. In trying to find the common denominator of why Alaska Natives have higher suicide numbers, Mr. Martin offered his belief [that it's related] to the Alaska Native's gift of sensitivity. He remarked that this sensitivity can sometimes lead to depression, which is almost always associated with Alaska Native suicides. Adding alcohol, he charged, compounds the situation. He highlighted that alcohol remains the number one problem among Alaska Natives. Furthermore, alcohol has long lasting effects and one's emotions can work on that.

MR. MARTIN then discussed the uncle/auntie influence in the Alaska Native culture, which is unfortunately almost nonexistent now. He told the committee that suicide was nonexistent for Alaska Natives 200 years ago when alcohol wasn't around. He stressed his belief that alcohol is a large part of the [suicide problem for Alaska Natives]. Although Mr. Martin didn't believe the problem of suicide will be solved entirely in his lifetime, he opined that there's the ability to turn it around as today's Native leaders and tribal organizations are willing to discuss suicide and family wellness. He further opined that the Native community spends much time worrying about tribal sovereignty and entitlement, but without concern for Native kids there won't be anything to worry about. He expressed the need for folks to step up and be the uncles, grandparents, and parents to Alaska Native children as well as getting back to the basics.

MR. MARTIN highlighted the change in lifestyle and foods Alaska Natives follow and eat. When subsistence was a way of life,

children felt they were an important part of the family structure. However, that's not the case now. Therefore, there needs to be outreach to today's youth, which is what Council members are doing.

[9:14:19 AM](#)

REPRESENTATIVE CISSNA recalled working in the legislature in 1971 and observing an Alaska Native community that was extremely active with families and the legislature. However, that doesn't seem to be the case now. She then related her discussion with a Prince of Wales resident regarding the loss of the fishing industry.

MR. MARTIN agreed with Representative Cissna that now the atmosphere [between Alaska Natives and Alaskans] is an "us and them" situation. He also agreed that the loss of the fishing industry was detrimental as it was a loss of culture and way of life, which he indicated resulted in many not doing anything.

[9:19:41 AM](#)

REPRESENTATIVE SADDLER remarked that although he is sorry that the Statewide Suicide Prevention Council is necessary, he's glad to have it available. The Council seems to be well positioned with the Alaska Mental Health Board and the Advisory Board on Alcoholism and Drug Abuse. Representative Saddler characterized the Council as having a band-aid approach that's necessary, but the underlying causes of loss of healthy culture, communities, families, and economies need to be addressed. He inquired as to things outside the purview of the Council that would address the aforementioned underlying causes of suicide.

MR. MARTIN answered that addressing alcohol and child abuse would be helpful in the suicide prevention effort.

REPRESENTATIVE SADDLER asked if there's an existing society with a low suicide rate; if so, what are the characteristics of it?

MS. BURKHART responded that she can provide specifics at a later date. However, she informed the committee that Scandinavian countries often have lower rates. Scandinavian countries have different social norms and often seem to be more accepting of differences. Furthermore, Scandinavian countries have a wider array of publicly funded social services, such as education after secondary education and health care. One of the most intriguing, yet sad, examples is Greenland. Greenland used to

have the lowest suicide rate in the world, but in 30 years has come to have the highest rate. Greenland, like Alaska, is a cold climate with an indigenous population. The former commissioner of DHSS and a former Council member along with many others traveled to Greenland to discuss the change. Those in Greenland seemed to attribute the rapid increase in their suicide rate to many of the underlying causes mentioned by Mr. Martin, including the loss of culture. She offered to provide data from the World Health Organization regarding the suicide rates across the world.

[9:26:11 AM](#)

REPRESENTATIVE FOSTER questioned whether there is any data from the Scandinavian countries regarding the Lapland population. He then expressed interest in trends with the suicide numbers and found Mr. Martin's comment that it was only in his lifetime that he's observed the suicide numbers increase so much as a powerful perspective. Representative Foster stated that although suicide is a statewide issue, it reaches parts of the state where the help isn't readily available. Therefore, he said he was appreciative of the involvement of the Alaska Federation of Natives (AFN). He also noted his appreciation for Mr. Martin and Ms. Burkhart's efforts.

[9:28:50 AM](#)

The committee took an at-ease from 9:28 a.m. to 9:34 a.m.

[9:34:39 AM](#)

CHAIR MUNOZ announced that the committee would now hear an overview of the Qungasvik Project.

[9:34:52 AM](#)

DR. STACY RASMUS, Project Director, Qungasvik Project, Center for Alaska Native Health Research, Institute of Arctic Biology, University of Alaska Fairbanks, related her background. She then noted that she was inspired by Ms. Burkhart and Mr. Martin's presentation. Since the video the youth of the Qungasvik Project put together was unable to be shown, she offered to leave it with members to watch. She explained that the video shows the faces of youth who are succeeding and living in the community of Alakanuk.

[9:38:32 AM](#)

DR. RASMUS heard in today's testimony the need to focus on what's working and the youth who are surviving. She told the committee that most of the Qungasvik Projects are based on the Lower Yukon and the projects are funded through a National Institute of Health National Center for Minority Health and Health Disparities grant. This was an 11-year grant, with no competing renewals along the way, to conduct community based, participatory health research to assess primary needs/healthy disparities in the communities in the first year. The next three years of the grant was to develop a culturally- and locally-based, integrated, and comprehensive prevention project to address the identified health disparities. For the first part of the project, the partnership was only with Alakanuk. She acknowledged that research is of concern, particularly to indigenous populations, due to the history of misuse of research and research participants. However, the vision of the Center for Alaska Native Health Research is to perform research with direct service application. In fact, if the research is conducted in a participatory manner, it's found to be an impact in terms of prevention. Getting people involved in trying to determine the problem is healing and [individuals experience] improvements by being active in collecting data. Upon determining the major problems and developing ways in which to address them in one community, the Ellum Tungiinum Project in Alakanuk took three years to develop the Qungasvik Project. The Qungasvik [manual] has 36 activities and describes how they are going about the work with the communities and the youth. She informed the committee that the project started with Alakanuk in 2005 and on April 23 it will mark four years during which Alakanuk has had no suicides, which is in sharp contrast to 2001-2003 when Alakanuk experienced over 20 suicides. She noted that the Qungasvik speak of a ritual to excise the spirit of suicide from the community.

[9:44:58 AM](#)

REPRESENTATIVE DICK requested that Dr. Rasmus elaborate on the spirit of suicide.

DR. RASMUS related, as she has been told, that three elders came together and discussed how back when they were young, their fathers dealt with things such as epidemics differently. One elder recalled that during an epidemic his father was helping carry a body to place it on to the pile in the sod house, when the body was dropped and it rolled down the hill. The men stopped and then they all began laughing. The men then picked

up the body and placed it in the sod house. Afterward the men noticed that the death stopped, which they thought about. The men decided that the spirit of death was shamed and left. Therefore, the elders decided to shame the spirit of suicide. At this gathering in Alakanuk in the community, the youth were placed in the center of the hall and the elders and the adults circled the youth just as the musk ox do to protect their young from a threat. The adults and the elders stomped to get the attention of the spirits and then they began to laugh and make the youth laugh by tickling them. Upon the conclusion of that, the [elders] told the spirit of suicide to leave and that it no longer had power over the youth in Alakanuk. The people of Alakanuk stopped crying and started laughing.

[9:48:19 AM](#)

DR. RASMUS related that the Qungasvik Project carries the aforementioned to other communities. The project is being utilized in two other communities and will move to a third. She noted that there are other communities that are requesting the project. Dr. Rasmus mentioned the care the project is taking with the communities in regard to this sensitive issue.

[9:48:56 AM](#)

REPRESENTATIVE FOSTER stated that this is a permanent priority for him. He related that this summer there was a rash of suicides in Western Alaska, which resulted in a meeting that he and a number of commissioners attended in Mountain Village to discuss suicide. At the meeting it was apparent that the residents realize that addressing suicide is something that starts at the local level, but at the same time they requested any state support available. He related that a few weeks later during visits to Western Alaska, he was twice faced with suicide and what it does to communities. Those experiences were incredibly powerful. Programs such as Qungasvik that are culturally relevant are an important tool in working toward reversing suicides. With regard to the cause of suicide, Representative Foster agreed that it's a multi-faceted issue that will take numerous programs. In conclusion, Representative Foster stated his appreciation for all the efforts to address suicide and requested a summary sheet regarding what the legislature can do to help.

[9:55:26 AM](#)

CHAIR MUNOZ echoed Representative Foster's comment that the legislature is here to work with the Council and other efforts to address suicide.

[9:55:50 AM](#)

REPRESENTATIVE DICK related the devastation of [suicide] in Tanana, where half of a graduating class was gone at age 22.

[9:56:09 AM](#)

REPRESENTATIVE CISSNA informed the committee of a team of instructors who taught [local village youth] to do films focused on the issues that bring suicide, such as abuse. A film was submitted to the Alaska film festival and it won an honor. The films spotlighted those in the community who were succeeding in the face of various issues, such as suicide and alcoholism. The films also included the elders telling their cultural stories. The film was powerful, she commented.

CHAIR MUNOZ encouraged the Council and Dr. Rasmus to contact the committee with regard to strengthening the Council and the work it and Dr. Rasmus conduct.

[9:58:51 AM](#)

ADJOURNMENT

There being no further business before the committee, the House Community and Regional Affairs Standing Committee meeting was adjourned at 9:58 a.m.