

**ALASKA STATE LEGISLATURE  
HOUSE STATE AFFAIRS STANDING COMMITTEE**

March 4, 2025

3:18 p.m.

**MEMBERS PRESENT**

Representative Ashley Carrick, Chair  
Representative Andi Story, Vice Chair  
Representative Rebecca Himschoot  
Representative Ky Holland  
Representative Sarah Vance  
Representative Kevin McCabe  
Representative Elexie Moore

**MEMBERS ABSENT**

All members present

**OTHER LEGISLATORS PRESENT**

Representative Julie Coulombe

**COMMITTEE CALENDAR**

OVERVIEW: PRISON FATALITIES AND MITIGATION EFFORTS

- HEARD

**PREVIOUS COMMITTEE ACTION**

No previous action to record

**WITNESS REGISTER**

TRAVIS WELCH, Director  
Division of Health and Rehab Services  
Department of Corrections  
Anchorage, Alaska

**POSITION STATEMENT:** Co-offered the Prison Fatalities and Mitigation Efforts overview.

ROBERT LAWRENCE, MD, Chief Medical Officer  
Office of the Commissioner  
Department of Health  
Anchorage, Alaska

**POSITION STATEMENT:** Co-offered the Prison Fatalities and Mitigation Efforts overview.

TIMOTHY BALLARD, MD, Chief Medical Officer  
Division of Health and Rehab Services  
Department of Corrections  
Anchorage, Alaska

**POSITION STATEMENT:** Co-offered the Prison Fatalities and Mitigation Efforts overview.

ADAM RUTHERFORD, Deputy Director  
Division of Health and Rehab Services  
Department of Corrections  
Anchorage, Alaska

**POSITION STATEMENT:** Co-offered the Prison Fatalities and Mitigation Efforts overview.

#### **ACTION NARRATIVE**

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**CHAIR ASHLEY CARRICK** called the House State Affairs Standing Committee meeting to order at 3:18 p.m. Representatives Himschoot, Holland, McCabe, Moore, Story, and Carrick were present at the call to order. Representative Vance arrived as the meeting was in progress. Also present was Representative Coulombe.

^OVERVIEW: (Prison Fatalities and Mitigation Efforts)

#### **OVERVIEW: (Prison Fatalities and Mitigation Efforts)**

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CHAIR CARRICK announced that the only order of business would be the Prison Fatalities and Mitigation Efforts overview.

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TRAVIS WELCH, Director, Division of Health and Rehab Services, Department of Corrections (DOC), presented a PowerPoint, titled "Prison Fatalities and Mitigation Efforts" [hard copy included in the committee file]. He acknowledged the sensitivity of this topic regarding deaths within correctional facilities. He explained that DOC has a duty to provide essential care to those in its custody. He said that the incarcerated population experiences a higher concentration of the social challenges Alaska faces, including high rates of heart disease, high

cholesterol, diabetes, substance use disorders, and mental illness. He emphasized that in recent years, Alaska has had some of the highest rates of drug overdose deaths, alcohol poisoning, and suicides across the country. In response to a series of committee questions, Mr. Welch said that the population DOC serves often enters its facilities having received less access to healthcare than the general population in Alaska.

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ROBERT LAWRENCE, MD, Chief Medical Officer, Office of the Commissioner, Department of Health (DOH), in response to a question from the committee, said that many of the people DOC serves come from families who depend on the individual in custody. He emphasized that DOC offers a snapshot of the social challenges affecting the entire Alaska community.

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MR. WELCH presented an overview of the in-custody deaths in DOC between 2015 and 2024, with an average of 11 deaths per year. In response to a series of committee questions, Mr. Welch explained that "in-custody" refers to individuals under the care of DOC, which could include those in a hospital. He named the locations of DOC's infirmaries and explained that a greater concentration of in-custody deaths occurs in those facilities. He said that DOC tries to house individuals in the least restrictive environment, which can include end-of-life releases and communication with loved ones.

CHAIR CARRICK asked, noting 26 percent of deaths being by suicide, if that number remained constant or increased.

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TIMOTHY BALLARD, MD, Chief Medical Officer, Division of Health and Rehabilitation Services, Department of Corrections, in response to a committee question, shared a breakdown of the causes of in-custody deaths between 2015 and 2024, including natural conditions, accidental deaths, and suicide. He said that the rate of suicide has decreased in recent years.

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MR. WELCH provided statistics regarding the number of incarcerated individuals living with a mental illness, a

substance use disorder, high blood pressure, and who use tobacco. He highlighted that this is an aging population, bringing its own medical complexities. He compared the mortality rate of DOC to unified correctional systems in other states.

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DR. BALLARD described the causes of death while in custody and the recent trends in percentages of these different causes. He then offered the demographics of in-custody deaths by race, age, and gender. In response to a question from the committee, Dr. Ballard said that the DOC website has an inmate demographics page that shows trends in the population over the last 20 years.

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ADAM RUTHERFORD, Deputy Director, Division of Health and Rehab Services, Department of Corrections, discussed some of the challenges DOC faces in mitigating deaths.

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DR. LAWRENCE explained that prior to 2015, causes of deaths within DOC fell into four major categories: sudden deaths that occurred during the first 7 to 10 days within custody, often due to withdrawals or unidentified problems when the individual entered DOC; suicide; unanticipated natural causes; and anticipated natural causes. He said that DOC responded to these causes of death with three actions: employed and standardized critical care guides; employed a pre-booking screen to identify individuals at risk of sudden death during the intake period; and revised the way it addresses medically managed withdrawals. Dr. Lawrence emphasized that the ability to identify causes of death, recognize what is coming through the DOC medical system, and determine a mitigation strategy can have incredible power in changing the outcomes for patients. He said that while the average number of in-custody deaths has not varied much over time, the causes of deaths have changed.

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MR. RUTHERFORD presented an overview on DOC's mitigation efforts in response to mental health issues. He said that suicide is a leading cause of death among the incarcerated population. He said that DOC's mitigation efforts have focused on training for both staff and those living within its facilities, which include

suicide prevention training, mental health first aide, and scenario-based trainings. He emphasized DOC's goal of becoming a "zero suicide agency" and said that this involves removing the stigma surrounding suicide. Mr. Rutherford said that the American Foundation for Suicide Prevention has identified four areas of focus for preventing suicide: firearms, emergency systems/departments, departments of correction, and healthcare systems. He said that the National Commission of Correctional Healthcare (NCCHC) identified three areas for improvement within DOC for suicide prevention: better identification of folks that are at risk, safely managing those who have been identified as at-risk, and providing consistent training. Based on those three principles, DOC evaluated its own suicide prevention efforts. Mr. Rutherford said both identifying at-risk individuals and offering meaningful programming to those in the department's care are strengths of DOC. He said that DOC still must improve its housing environments, communication, and training.

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MR. RUTHERFORD described changes DOC has employed in response to the review of its suicide prevention efforts; it implemented larger windows in segregation environments, installed jump barriers in areas of higher risk, increased the number of medical bags throughout facilities, implemented evidence-based screening tools for suicide, made NARCAN readily available to DOC staff, and increased cameras. Mr. Rutherford emphasized the importance of transparency from DOC, which includes having a third-party medical examiner review cases of in-custody deaths when they do occur. He explained that DOC's biggest mitigating effort is investment in its staff. He shared a personal anecdote where he witnessed an officer preventing a suicide in a correctional facility.

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CHAIR CARRICK thanked Mr. Rutherford for focusing so much on the mitigation efforts by DOC.

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MR. RUTHERFORD, in response to a question from Chair Carrick, said that DOC often struggles to communicate with the loved ones of an individual who died in custody. Barriers to this communication include lacking a point of contact for the deceased. He said that if there were a death within the system,

a chaplain would notify the family members of the death. He said that this communication could also be challenging due to DOC's requirement to respect the deceased's protected health records.

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DR. LAWRENCE, in response to a question from Representative Story, offered a personal anecdote regarding his experience communicating with the designated family member of an incarcerated patient, explaining that he communicated in the same manner he would when caring for a patient in a hospital. He said that communication becomes difficult when a family member has not been designated as a point of contact prior to a patient's death.

REPRESENTATIVE STORY followed up by questioning how DOC monitors for suicidal ideation and detoxing. She indicated she would like to know if, when a person dies of a medical issue in custody, DOC reviews the healthcare that was provided to the individual to see if anything was missed or could have been done differently.

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#### **ADJOURNMENT**

There being no further business before the committee, the House State Affairs Standing Committee meeting was adjourned at 4:20 p.m.