The people of Alakanuk knew a spirit of suicide and alcohol and drug abuse walked about freely, scenting the air with its rancid nature. It had just claimed two more victims; unsatisfied, it was looking for more. Sheltered inside the small Yukon River community’s tribal hall, elders, youth and parents huddled together in a circle. Some hunched down, faces void of tears, tense bodies pressed against unyielding metal chairs. Others let tears quietly slide down their cheeks.

The two recent deaths were the newest heartaches in a long line of many. The group knew too well the spirit’s easy reach into their community. They’ve carried many to the cemetery, dug many graves. Some knew intimately how alcohol or drugs seemed to dull the pain but deceitfully brought more tragedy and sorrow. From time to time, outsiders had come to the village to help deal with the spirit’s long reign, but nothing they brought seemed to last. But in spite of disappointments and heartbreak, the people gathered this day because they still believed things could change. This time the solutions and answers would come from their community, from themselves.

“We had to do something,” recalled Josephine Edmund, mother of three, who sat in the circle that winter day. “We had to help our children.”

The gathering that day was part of the Center for Alaska Native Health Research’s Elluam Tungiinun program, funded by the National Institutes of Health. This research project is testing to see if the values that Alaska Natives have said helped keep them sober and alive could be taught to Alaska Native young people, their families and their communities.

Alakanuk was one of the first Alaska Native communities to sign up to be in the research program and the only one that agreed to go public about their involvement.

“Elluam Tungiinun means ‘toward wellness’ in Yup’ik, a name Alakanuk chose for themselves,” said Jim Allen, who is the project co-principal investigator and a UAF psychology professor. “The community insisted the focus be positive and strength-based. They had ownership. They designed the cultural activities. They planned it. They ran it.”

The community Allen describes was not the one Sheila Toomey found in 1987, when as a reporter working for the Anchorage Daily News she went to Alakanuk to write a story about eight suicides that happened in less than a year and a half.

“In a community of 550, eight suicides is the equivalent of more than 3,000 in Anchorage,” Toomey wrote. “In a community of 550, every name on the roll of the dead is someone you know …”

Toomey’s story was part of ADN’s “People in Peril,” a series about how Western influence devastated Alaska Native culture, leaving its people in the turmoil of alcoholism, brokenness and suicide.
“When I think about it, I think we were a lost people,” Josephine Edmund said. “I got a sense that people didn’t know what to do.”

Toomey’s series won the Pulitzer Prize for Public Service, but Alaska Natives were left wondering, “Is there anything good among us?”

Many approached CANHR’s director, Gerald Mohatt, a longtime rural Alaska teacher and UAF psychology professor and administrator, with their concerns.

“What about the sober people?” they said. “Many of us don’t drink or have learned to recover.”

Those stories weren’t being told, Mohatt noted at the time, especially among alcohol abuse researchers.

“I felt shocked that the field was so insensitive to the perspectives of tribal people who had suffered so much from alcohol abuse,” he said. What seemed to be lacking, he said, was the understanding that the data was made up of people’s lives, not impersonal facts, and that conclusions drawn from the data sets almost inevitably turn into conclusions about the very people and communities making up the data set.

With the blessing of Alaska Native leaders, Mohatt, Allen, UAF professor Kelly Hazel, along with Alaska Native partners and a staff of Alaska Native and non-Natives, sought those stories, calling the project “People Awakening.” With funding from the National Institutes of Health’s National Center on Minority Health and Health Disparities, the group gathered 101 life histories of sober Alaska Natives. The project took four years to complete.

The group found the stories had apparent themes, which Mohatt calls protective factors.

In 2006 Mohatt and Allen, under CANHR’s banner, took the People Awakening research further with pilot projects in Alakanuk and another Southwestern Alaska community. This time they wanted to see if protective factors could be taught.

Using a principle called community-based participatory research, the communities were given control of the program as long as they included the protective factors. Out of 36 prevention activities, Alakanuk developed 20 of them, which are featured in Qungasvik, a prevention manual CANHR is testing.

But that first winter of study, the ravaging spirit took two more lives. The community had no choice but to face it.

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**People Awakening Protective Factors**

### Individual protective factors

**Self-efficacy:** The belief in yourself as someone who can solve your own problems.

**Communal-mastery:** A sense that you can solve your own problems by working together with other people in your life.

**Wanting to be a role model:** It is a choice to live a good way as an example to others, because a person sees that their actions can influence others’ behavior. Becoming a role model for sobriety is particularly important.

**Ellangneq:** Ellangneq is an important Yup’ik word, best understood as awareness, as in being aware of the consequences of your own actions and how they affect family and community.

**Giving:** A desire to give to others and contribute is protective when it becomes a sense of responsibility to family and community.

### Family protective factors

**Affection/praise:** Protective families recognize a child’s accomplishments in specific ways in every culture. Yup’ik families show pleasure in a child’s actions in many ways, and give praise.

**Being treated as special:** A protective parent or caregiver tells a child they are a valuable, worthwhile member of the family or community, and therefore have a reason to be alive.

**Clear limits and expectations:** Protective families clearly and consistently define acceptable behavior for the child.

**Family models of sobriety:** Family members model sobriety and are an encouragement to others to be sober.

### Community protective factors

**Safe places:** Protective communities have safe places for youth to go, free from substance abuse and violence.

**Opportunities:** Protective communities provide opportunities for youth to do positive things.

**Role models:** Protective communities have community role models outside the youth’s family. They model appropriate behavior, live a good, clean and sober life, and share what they know with others.

**Limits on alcohol use:** Protective communities enforce local alcohol laws and youth curfew laws.

Source: The Center for Alaska Native Health Research
Muskoxen circle their young to protect them from harm,” said an elder man. “We should do this for our young,” he suggested. The group agreed.

One elder remembered an old Yup’ik story about how the ancestors dealt with the spirit of death that would not leave their community.

The spirit was very evil and became stronger and bolder every time a death happened, he explained. It almost seemed like it was arrogant and needed to be brought down.

The ancient people gathered and made a plan. They would shame the spirit into leaving by using a ritual. They would gather in a circle and stomp and grind their feet like they were rubbing out the spirit. And they would laugh as loud as they could while stomping.

The people did this for so long that the bold spirit felt weak and shamed for what it did. It left and did not return, the elder said.

We should do this with our people, he said. The research staff agreed and asked him to lead the ritual for the upcoming group meeting.

By taking control the community came to regard the program as their own and not something UAF is doing, said Ray Oney, the tribal administrator for the Native Village of Alakanuk.

“The elders saw a change in the youth,” he said. “We all really want to give the kids an identity of being Yup’ik, who they are, where they came from, how they utilized the land and the history of the Yup’ik.”

Shelby Edmund, Josephine’s husband, saw a change in their family. He had worried about his children, because he knew the devastation a family could suffer. His two brothers had committed suicide, part of Alakanuk’s 1986 epidemic.

Elluam Tungiinun seemed to help his family heal, he said. Before Elluam Tungiinun he and his wife were worried about Freddie Edmund, their teenaged son. Neither knew exactly how to help him.

That changed when they attended the program’s parenting sessions, where they were given ideas about how to set boundaries and how to listen to their children.

“I have a relationship with my son now,” Shelby Edmund said. “My wife, too.”

The program saved Freddie Edmund’s life in a different way. One spring day he fell through spring ice into freezing water. He panicked but then remembered the ice-safety lesson he heard from the community’s elders as part of Elluam Tungiinun.
A prevention instruction book

The Qungasvik (pronounced CUHN-ahs-vik) represents a new approach to a manual for intervention and prevention of suicide and substance abuse. Villagers from Alakanuk developed 20 of the 36 chapters themselves. Another Yukon-Kuskokwim Delta community developed the rest. This is not the way it’s usually done, but is exactly what Elluam Tunginun’s researchers intended.

Encouraging the community to decide for themselves how they could best teach the protective factors that people said either helped them avoid substance abuse or achieve sobriety is how community-based participatory research is supposed to work, said Gerald Mohatt, CANHR’s director and one of Elluam Tunginun’s researchers.

Alakanuk chose to create lessons about ice fishing, ice safety, seal hunting and other traditional activities as ways to teach the People Awakening Protective Factors (see sidebar on page 8).

For instance, telling young people how to observe ice conditions also teaches them the Yup’ik concept of ellangneq, or how to be aware of things in order to be safe.

But teaching about ice safety demonstrates a deeper lesson about alcohol abuse. Like bad ice, alcohol can fool you into a false sense of safety but in the end hurt you, the elders told the students. You have to educate yourself about alcohol abuse and plan how you will make good decisions, they explained.

Most intervention manuals include a program to help people teach strategies to prevent alcohol and drug abuse. Based on what the community wanted, the Qungasvik evolved into a toolbox (qungasvik is Yup’ik for toolbox). It allows users to pick the intervention activities that will work best for them. However, a requirement of the program is that all the protective factors must be taught, Mohatt said.

The manual will now be tested in three other Yukon-Kuskokwim communities as part of a five-year program funded by the National Institutes of Health. The program will be rigorously reviewed to ensure its effectiveness.

“People have to respect this,” said Lawrence Edmund of Alakanuk, speaking of the Qungasvik. “It’s like a seed that has been planted.”

“I started to get calm and I spread my arms out,” Freddie Edmund, 16, remembered. “I got out. I remembered what the elders said.”

Paula Ayunerak, an Alakanuk elder, said the program encouraged communication during its activities, whether they were out ice fishing or berry picking. Part of the research project’s strength was to let Alakanuk focus on Yup’ik culture to teach the protective factors.

“This was different,” she said. “People actually doing a Yup’ik way of living are more successful in living soberly than others. It made a big difference.”

Now Mohatt and Allen want to see if Alakanuk’s success can be taken to other communities. The National Center on Minority Health and Health Disparities has awarded the project another $2.9 million to continue testing the prevention theories in Alakanuk and the other Southwestern Alaska community and expand the program, using the Qungasvik, into three Alaska Native communities in the Yukon-Kuskokwim Delta.

Alakanuk will still be a part of it. In fact, the community insisted that Oney hire someone to continue with the program outside of UAF’s involvement.
Back in the tribal hall, the elder man rose from the group to speak.

“Muskoxen circle their young to protect them from harm,” he said.

He had the youth stand in a tight group.

“Elders, find a youth and say something nice about him or her.”

The elders surrounded the knot of young people. The adults praised them one by one.

“You always help your mother,” said one. “You are going to be a good hunter,” another said.

The youth were surprised to hear the praise because they didn’t realize so much was known about them. The elders had always seemed to be strangers to them.

When they were done, an elder man told the youth to stand in the center of the room while the adults held hands in a circle around them. The elder began to pray.

“Lord, bring healing, strength and power so we can overcome the hardships we face,” he said. “Now everyone, pray for the same thing as hard as you can.”

Murmurs of petitions turned into earnest crescendos.

“When I count to three, everybody stomp, stomp, stomp!” he said. “One, two, THREE!”

The echo of snow boots and tennis shoes reverberated across the wood floor.

“Now laugh hysterically, as loud as you can, as if you are laughing at someone,” he said.

And they did.

The spirit of suicide and abuse heard the prayers, stomping and laughter, became ashamed and left the small community.

The acts bound the group together and they began to feel healing and strength to help others.

“We can talk about it now,” said Josephine Edmund. “We have to.”

Diana Campbell, ’91, ’93, is the communications specialist at UAF’s Center for Alaska Native Health Research. She was the first in her family to receive a university degree since her grandfather, John Fredson, the first Athabascan to earn a college diploma, graduated in 1930 from Sewance. Debbie Alstrom, Art Chikigak and Gunnar Ebbesson, ’99, ’02, contributed to this story. Photos courtesy of CANHR.

Read more about CANHR’s research and the People Awakening project at www.uaf.edu/aurora/.