Tribal Resolution Template for National American Indian and Alaska Native Suicide Awareness Day

(Tribe)
Resolution # _____________

A resolution to support and recognize National American Indian and Alaska Native Suicide Awareness Day, September 10, 20__.

WHEREAS, the Tribal Council of the Tribe met in a meeting held the ____ day of ____ , 20__, there being a quorum present, and

WHEREAS, the Tribal Council is authorized by the Constitution and Laws of the Tribe to act on behalf of the Tribe, and

WHEREAS, according to the Centers for Disease Control and Prevention (CDC), the rate of suicide among American Indians and Alaska Natives per 100,000 people between 1999 and 2010 increased by 65.2% (from 11.2 to 18.5), representing the greatest increase when compared to other racial/ethnic populations, and

WHEREAS, from 2009 to 2012, the age-adjusted suicide rate for American Indian and Alaska Native youth ages 10-24 was 14.66 per 100,000 people, which is significantly higher than the overall suicide rate for that U.S. age group of 8.25/100,000, and

WHEREAS, from 2009 to 2012, male Alaska Native youth ages 10-24 suffer from the highest rate of suicide of all demographic groups, 109 per 100,000 people, and

WHEREAS, according to the CDC, suicide was the second leading cause of death in 2013, for American Indian and Alaska Native youth between the ages of 10 and 34, and the fifth leading cause of death for those between the ages of 35 and 44, and

WHEREAS, (insert any available and current Tribal statistics on suicide), and

WHEREAS, there is potential for a great increases of suicide attempts among American Indian and Alaska Native people, as evidenced by the existence of significant risk co-factors such as high prevalence of poverty, social stigma, high substance abuse rates, and intergenerational trauma.

WHEREAS, the Indian Health Service publicly acknowledges that suicide and related behavioral health issues among American Indians and Alaska Native peoples are a serious health and social problem facing Indian people, and
WHEREAS, the status of suicide among American Indian and Alaska Native people is a public health crisis that requires a focused national effort as well as a Tribal effort to bring attention to the awareness, prevention, and treatment needs of Indigenous people and to raise awareness of Tribal leaders, community members, health practitioners, American public, and federal leaders, and

WHEREAS, the establishment of national suicide awareness day dedicated to honing in on the effects and impacts of suicide on our American Indian and Alaska Native people would significant advance the effort to prevent and treat this burgeoning epidemic in our communities, and

WHEREAS, the Tribe finds that suicide and related behavioral health issues affects the physical, mental, emotional, spiritual, and economic well-being of Tribal members and other Indians living within the Tribal jurisdiction, and

WHEREAS, the Tribe elects to join other Tribes, Tribal organizations, the Indian Health Service, and national partners and allies to combat suicide and raise awareness of its impacts on American Indian and Alaska Native people, and

WHEREAS, the Tribe recognizes that September 10, 20___ has been designated National American Indian and Alaska Native Suicide Awareness Day, and

WHEREAS, events and coordinated efforts will be undertaken on September 10, 20__ in Tribal and urban Indian communities across the country to raise awareness of suicide, bolster suicide prevention and treatment efforts, and mobilize our communities to support one another as Indian people, and

THEREFORE BE IT RESOLVED that the Tribe has prioritized suicide awareness, prevention and treatment as a primary health and public health issue to deal with, and has directed that September 10, 20____ be recognized as National American Indian and Alaska Native Suicide Awareness Day.

Certification

We, ______________, Principal Chief and ______________, Secretary/Treasurer of the ______________ Tribe do hereby certify that Resolution #_______ is true and exact as approved by the Tribal Council in a meeting held on ______________ Reservation, in the city of ______________, in the state of ______________ on the ___ day of ______, 20__, by a vote of ____ yes and ____ no.

________________________________________
________________________, Principal Chief
_________________________ Tribe

________________________________________
________________________, Secretary/Treasurer
_________________________ Tribe