

Center on Access to Lethal Means (CALM)  
Injury Prevention Center  
Dartmouth Hitchcock Medical Center  
1 Medical Center Drive  
Lebanon, NH 03776

Testimony on H593  
Before the Vermont House Transportation Committee

Representative Brennan and Members of the ,Committee,

I apologize for not being here in person. A long planned trip abroad makes that impossible. So please accept this testimony in my absence.

My name is Elaine Frank and I strongly support H593, the bill before you. For more than twenty years, I have worked in suicide prevention. Much of this work has focused on **reducing access to lethal means** as one of the most effective strategies in the field. (Mann JJ, Apter A, Bertolote J, et al. (2005). While most efforts in suicide prevention examine **WHY** people take their lives, means reduction strategies focus on **HOW** they take their lives in order to develop effective, preventive strategies.

Means reduction is effective because of several key issues that impact the likelihood of a suicide death – lethality, ambivalence and the often transient nature of suicidal thinking. Some suicide methods – including firearms and jumps from high places - are **far more lethal** than others. This is due, in part, because once an attempt with these methods is initiated, there is no way to change one’s mind nor is there much chance for rescue. The initial step (pulling the trigger or jumping) is usually the final step. This is of crucial importance since there is strong evidence that many suicidal people are **highly ambivalent** about dying right until the last moment. Many who survive extremely lethal attempts say something like: “I instantly realized that everything in my life that I’d thought was unfixable was totally fixable – except for having just jumped” from the Golden Gate Bridge. (Ken Baldwin quoted by Ted Friend in the New Yorker, October 13, 2003) In fact, ambivalence about whether to live or die is so strong that research involving survivors of attempts indicate that more people begin a suicide attempt and then stop, than carry out the attempt. (Drum et al, 2009)

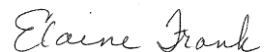
Another argument in favor of reducing access to a highly lethal method is that, for many suicidal people, suicidality is a condition that comes and goes – sometimes, in fact, only once – rather

than a constant condition. Further, many have a selected method or scenario. If that method is not readily accessible, they may delay their attempt and the suicidal crisis may pass or they may still make an attempt, but with a less lethal means. In either case, they are far more likely to survive. Numerous studies indicate that of those who do **survive serious suicide attempts, less than 10% go on to die by suicide**. That means that **for 90% of attempters, the suicide has been prevented permanently**.

For all these reasons, I urge you to pass this bill to require that a solution be found to prevent lethal jumps from the Quechee Gorge Bridge. Both barriers and nets can be installed can preserve the beauty of this spot while making fatal jumps nearly impossible.

Means reduction is not, in and of itself, THE solution for preventing suicide deaths. We must continue to improve mental health services and take other steps to address the depression, substance misuse, stigma and other “WHYS” that lead so many to seek a means to end their lives. Certainly, some may find another place to jump from or may find another method with which to attempt. But, at Vermont’s **only Suicide Hot Spot**, the message should be clear that, as a state and a community, we believe that lives are valuable and that there are other solutions for addressing the things that, at a given moment, may feel unfixable.

Sincerely,

A handwritten signature in cursive script that reads "Elaine Frank".

Elaine Frank