



The Vermont Suicide Prevention Center  
A Program of The Center for Health and Learning  
28 Vernon St., Suite 319  
Brattleboro, Vermont 05301  
Telephone: 802.254.6590  
[www.vtspc.org](http://www.vtspc.org)

## Testimony on H593 VT House Transportation Committee March 7, 2016

**Presented by:**

JoEllen Tarallo-Falk, ED.D., MCHES, FASHA  
Director, VT Suicide Prevention Center  
Tel. 802.251.0488 direct line; 802.254-6590 general  
[www.vtspc.org](http://www.vtspc.org)

A handwritten signature in black ink that reads 'JoEllen Tarallo-Falk'.

Good afternoon. I am Dr. JoEllen Tarallo-Falk, Executive Director of the Center for Health and Learning and Director of the VT Suicide Prevention Center speaking on behalf of the 50 organizations and individual representatives to the Vermont Suicide Prevention Coalition. I am here to speak about the efficacy of strategies for bridge mitigation with regard to suicide prevention. The VT Suicide Prevention Coalition has been working to promote evidence-based strategies for suicide prevention in Vermont for the past seven years. Under advisement and with input from the statewide coalition, the VT Suicide Prevention Center has published the *VT Platform for Suicide Prevention in 2012 and 2015*.

Found at: [http://vtspc.org/wp-content/uploads/2015/06/VSPP\\_2015\\_Interactive.pdf](http://vtspc.org/wp-content/uploads/2015/06/VSPP_2015_Interactive.pdf)

Goal #5 of the Platform is to: *Promote efforts to reduce access to lethal means among people at risk of suicide.* Under *Policy and Systems* it states: *Explore and support policies that ensure suicidal individuals do not have access to lethal means.*

One of the goals in Vermont's comprehensive strategy for suicide prevention is to reduce access to lethal means for when a person is at a point of crisis. It is the responsibility of each organization to support policies that ensure suicidal persons do not have access to lethal means. The responsibility for bridges falls within the realm of the Agency of Transportation and we commend you for fully considering ways to carry out your responsibilities to ensure that the bridge remains a place of practical beauty while also prioritizing safety measures for suicide prevention, and pedestrian and first responder safety.

The data on suicide deaths by jumping from bridges is complicated. According to data I received this week from Richard H. McCoy, Public Health Statistics Chief at the Vermont Department of Health, between July 1, 2008 and now, eight (8) people have died from falls or jumps at the Quechee Gorge. All eight cases were listed as intentional deaths (suicide). Based on records from the last decade, we have experienced an average of one death per year from jumps at Quechee Bridge.

Sites which gain a reputation for suicides by jumping are a priority for preventive activities. Suicide attempts from these sites are often fatal, can have a devastating effect on witnesses and may establish or strengthen an association of suicide with that place for other individuals at higher risk. The research on the effectiveness of structural interventions such as barriers and safety nets at frequently-used locations indicate that these interventions averted suicide at those sites. (Jane Pirkus, Oxford University Press, 2013)

Some people will argue that such interventions are futile, because they simply shift the problem to other sites. This study provided convincing evidence that these sorts of interventions not only reduce suicides by jumping at the sites in question, but also lead to an overall reduction in jumping deaths in the area.

But numbers alone are not sufficient to decide whether such interventions have merit or should be implemented. They have moral and social value— demonstrably saving lives otherwise lost.

We understand that public health interventions require public resources: what is the cost of saving one life? And what is the cost of not saving that life when it is known that a location of concern will be the setting for the preventable death of other people?

Blocking access to a frequently-used location can serve as an expression of important values, if done in a way that builds community awareness and support for broader efforts to prevent suicide, attempted suicide, and risks for suicide. In Vermont, blocking access to the Quechee Gorge is part of an overall statewide approach to suicide prevention, part of a comprehensive strategy.

In conclusion, it turns out that it is a myth that if someone wants to die by suicide they will find a way. The research clearly shows that most suicidal crises pass if a person can get beyond the window of crisis without hurting themselves, and that 90% of those who have attempted suicide do not attempt again.

The bill requires that a solution be found to prevent lethal jumps from the Quechee Gorge Bridge. We know from other places, including the Golden Gate Bridge in San Francisco, that barriers and nets can be installed, making fatal jumps nearly impossible, while preserving the beauty of the spot.

Please feel free to contact me for further discussion of this issue.