

Chairperson and members of the committee,

My name is Rachel Mihalos, and I am writing in strong support of bill H 8148, which would require the installation of safety barriers or netting systems on Rhode Island's bridges.

This issue is deeply personal to me—both professionally and as a family member who has been impacted by suicide. I am a psychiatric mental health nurse practitioner and have worked in the mental health field for most of my adult life. A significant portion of my work at Butler Hospital involves assessing suicide risk. Unlike other methods of self-harm—where there may be time to seek help or reverse the action—jumping from a bridge often leads to death within seconds. It offers no window for intervention, no time to reconsider. Barriers serve as a critical delay, offering individuals in crisis a moment to reconsider their actions or to be approached by crisis intervention personnel. This brief pause can be lifesaving, as many suicidal impulses are transient. Research across the world demonstrates upwards of a 90% reduction in death by suicide, and often contributes to an overall decline in the suicide rate.

On July 27, 2023, my beloved cousin Matthew died by suicide from the Mount Hope Bridge, where the railing is only 35 inches. The irony of this bridge's name is that those who approach it in a hopeless, desperate state have little standing between them and a fatal, impulsive decision. Matthew was 28 years old—a kind, compassionate, and deeply loved young man who was actively engaged in mental health treatment and who openly discussed his struggles. Matthew was motivated to become a peer recovery specialist, with the hope of helping others who battled mental illness.

Two years before his death, Matthew walked up the Mount Hope Bridge in despair and prayed for a sign to stop. A police officer pulled over and brought him to the hospital, saving his life. But on July 27th, there was no barrier and no one to intervene. Matthew pulled his car over in the middle of the bridge and jumped. A simple barrier could have delayed his action—given him a moment to pause, to call someone, to survive. Some people argue that if people want to end their lives they will “find a way”, however research contradicts this. Most people who survive a suicide attempt express profound relief and a renewed desire to live. Across various studies, over 90% of suicide attempt survivors do not die by suicide in their lifetime.

Every suicide attempt by jumping from a bridge sets off a chain reaction of emotional and financial cost to individuals and society. Police officers, EMTs, firefighters, Coast Guard personnel, witnesses, emergency room teams, medical examiners, and crisis

clinicians are all impacted by these deaths. First responders repeatedly exposed to suicides face increased rates of PTSD, depression, burnout, and suicide themselves.

Families often require years of therapy, psychiatric care, grief counseling, and support services after a suicide. Children who lose loved ones to suicide are at significantly greater risk for depression, anxiety, traumatic grief, and future mental health struggles. Communities also bear the cost through lost wages, workplace disruption, emergency medical care, bridge closures, recovery operations, and long-term psychological consequences for witnesses and responders.

The question should not be whether barriers are worth the financial cost. The real question is: how many deaths, emergency recoveries, traumatized families, and devastated first responders are we willing to continue paying for when a proven prevention measure already exists?

I understand that part of the argument against adding barriers to the Rhode Island bridges is that the Mount Hope Bridge, in particular, cannot bear the weight of a barrier. Historic and suspension bridges around the world have successfully incorporated suicide prevention infrastructure through modern lightweight designs, including high-strength steel mesh, tensioned netting systems, and transparent barrier materials specifically engineered to minimize additional load. Engineers routinely retrofit aging bridges to improve safety, accommodate modern traffic demands, and extend structural lifespan. The Mount Hope bridge has been undergoing renovations to repair its aging structure. Adding the barriers can be added to this preexisting project.

Some argue that the cost of installing barriers is too high. But we do not reject guardrails, seatbelts, or other proven safety measures because they cost money. We do not establish a threshold of people who die in a location before we are willing to take action. We install safety infrastructure where repeated fatalities occur because protecting human life is a responsibility we share as a society.

Every life saved is someone's child, sibling, cousin, spouse, parent, or friend. Every prevented suicide means family members, first responders, and witnesses spared unimaginable grief and guilt. We cannot prevent every tragedy, but when we know a proven intervention exists, and when we choose not to act, we fail the people who are counting on us most.

This legislation is not about assigning blame. It is about applying a proven safety practice to locations where repeated deaths continue to occur. Rhode Island does not need to invent a solution. Other bridge systems across the country and around the world

have already demonstrated that barriers and netting systems work. The evidence is clear, and the opportunity to save lives is real.

Please, let's do the right thing. Let's ensure no more families must suffer what ours has. Let's give people the chance to live.

With deepest sincerity,

Rachel Mihalos, MSN, APRN, PMHNP-BC

(but more importantly, Matthew Lowry's cousin)