

TTC copes with death by subway

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Every year, like clockwork, about a dozen desperate souls throw themselves under the wheels of an onrushing subway train in this city.

The death toll is tragic and staggering.

From 1998 to 2007, 150 people died in subway suicides, according to TTC statistics obtained under Freedom of Information.

An additional 11 suicides occurred in 2008, TTC spokesman Brad Ross confirmed yesterday. That's 161 dead -- not including fatalities for this year.

The statistics were obtained by the Toronto Sun yesterday following a year-long appeal before Ontario's Information and Privacy Commissioner.

In that 10-year span, another 100 people attempted suicide, which often leads to disability and disfigurement. And the next year, 2008, eight tried to end their life.

"The unsung heroes are found in the 108 number of attempted suicides," said one TTC employee. "The emergency response people have kept many jumpers alive."

Privately, TTC workers question what is being done to stop the deaths. It took nearly 500 suicides on the Bloor Viaduct and a second-place ranking in a list of most fatal standing structures in the world before a suicide barrier called the Luminous Veil was installed in 2003.

SAFETY BARRIERS

But the TTC rejected installing safety barriers -- used in cities around the world -- in 2002, dismissing the proposal as too expensive.

These barriers -- also called platform screen doors -- separate the platform from the train and only open when the subway has arrived.

But those screens would only work with automatic train control (ATC), like on the Scarborough RT.

"You have to be able to stop almost exactly on the perfect line, which an operator cannot do," TTC chairman Adam Giambrone said earlier this year. "They are referenced as being something that we'd seriously consider once we have full ATC on the Yonge-University line, which is expected in 2016 and on Bloor-Danforth in the mid-2020s."

Groups advocating platform screen doors argue the TTC has ignored calls for action.

"This should've been done a long time ago," said Toronto Party Transportation Committee chairman James Alcock. The committee has been pushing for 12 years for the TTC to install a seven-metre-long, four-metre-high barrier along the "jump zone" -- the seven metres at both ends of the platform.

"Suicides are a major problem of why a lot of trains get held up and where they're happening is close to the tunnels," he said. "Drivers can't stop in time, even if they slow down."

The TTC will do a feasibility study next year to examine if buildings can be retrofitted with platform edge doors -- similar to screen barriers but don't reach the ceiling.

"The real work that needs to be done is the work we're doing right now, which is prevention," Ross said.

The TTC over the past 11 years has been working with St. Michael's Hospital and Trillium Health Centre to help prevent suicide and support employees, particularly subway operators, who witness these traumatic incidents.

Kevin Pett is one of them. He rode the front car with his wife recently to take the first steps to overcome the grief and helplessness he still feels after he couldn't stop his train from killing David Dewees.

The 32-year-old Jarvis Collegiate Institute teacher laid down on the tracks as the train approached Oct. 3.

"As soon as that happened, my whole body shut down," Pett, 38, told the Sun. "My body just went numb. It was the worst feeling I ever had, just knowing I just ran over someone."

According to St. Michael's Hospital's Dr. Paul Links, it's only a "small number" of subway operators who are affected by suicides.

Links, who is the principal investigator of the Acute Psychological Trauma Study, is looking at how to better deal with operators who are traumatized on the job.

"Sometimes when they're traumatized, they are told not to go back to work and that may help in the short term, but it will also create long delays from that person getting back to work," Links said.

TRAINING HELPS

Mary Lynn Porto, the co-ordinator of the Gatekeeper Project, a suicide prevention training program for TTC booth collectors and subway drivers, says training helps avert five suicides a month.

"These videos help them identify suicidal at-risk behaviours ...," Porto said.

The TTC said it's concerned about releasing suicide statistics because it may lead to copycats and suggests "a vulnerable person with suicidal tendencies may choose to end their life if they read or hear about such an incident in the media."

But Alcock said that by withholding the facts, the TTC is aggravating the situation.

BY THE NUMBERS

A decade of TTC train jumping.

Year	Suicides	Attempts	Total
1998	12	13	25
1999	22	4	26
2000	21	12	33
2001	12	17	29
2002	16	11	27
2003	17	9	26
2004	15	8	23
2005	14	6	20
2006	8	11	19
2007	13	9	22

Editors note

By JAMES WALLACE, DEPUTY EDITOR
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Reporting on suicide is sensitive, complex and controversial.

News stories can influence vulnerable individuals when they are fragile and susceptible to harm themselves.

Or they can be a source of help, a lifeline.

A year ago, the Toronto Sun asked the TTC to provide statistics on the number of people who have committed suicide or attempted suicide in this city's subway system over the past decade.

The TTC fought the request, on the grounds releasing the data would lead to "copycat" behaviour.

Ontario's Information and Privacy Commission rejected their argument following a year-long appeal process, finding the release of simple statistics "could not reasonably be expected" to cause the harm the TTC suggested. Suicide statistics are routinely reported around the world.

Our initial motivation in making the request was based on concerns expressed to us by TTC drivers that the commission was doing little, or certainly not enough, to stop what they viewed as a needless death toll.

Those who commit suicide in this manner are victims, as are their families.

TTC drivers, some who witness multiple suicides, are victims, too -- as are their families.

Then there are those lost souls who in the future will end their lives in this distressing and senseless way if nothing is done.

We believe we need to speak out for all those victims.

We also find it patently unacceptable that the publicly funded commission has stuck its head in the sand for a decade on an issue that clearly has such deadly and tragic consequences.

A full and public examination of the commission's response to subway suicides is needed.