

A Suicide Barrier for the Golden Gate Bridge

Well over 1,300 people have taken a leap off the Golden Gate Bridge—it's the world's #1 suicide location. For over forty years, advocates have pushed the Bridge District to install a proper barrier. Such barriers have proven effective elsewhere—halting or drastically reducing suicides from the Eiffel Tower, the Empire State



Building, and many other bridges. A physical barrier even prevents people from hurling themselves into volcanic Mt. Mihara in Japan. The Golden Gate Bridge stands alone—for inaction.

A popular excuse is the idea that bridge jumpers will just kill themselves another way. Yet research shows this is clearly not true. Suicide is most often an impulsive act—once prevented or deterred, the risk of subsequent suicide can fall to as low as 6-8%. Other objections—engineering, financial, aesthetic, and legal—have been raised and answered as well.

The Psychiatric Foundation of Northern California has taken up the barrier cause and looks to work with all concerned. Toward that end, we plan a major advocacy effort in the Bay Area. We will reach out to many communities served by the bridge—and discuss what they

can do to get the barrier built. If you too are concerned—let us know—we can use your support.

Sign up below—or review more information on the Psychiatric Foundation of Northern California and our Golden Gate Bridge Suicide Barrier Project—at www.pfnc.org

Yes!

I support construction of a Suicide Barrier on the Golden Gate Bridge.

Name _____

Address _____

City _____ State _____ Zip _____

Phone/Email _____
Area Code Phone Email

I want to make a tax-deductible contribution, too.

Enclosed is my check I prefer to charge my VISA MasterCard

Card Number _____ Exp. Date _____

Amount \$ _____ Signature _____

PSYCHIATRIC FOUNDATION

OF NORTHERN CALIFORNIA

Make checks payable and mail to:

Psychiatric Foundation of Northern California

251 Post Street, Suite 312, San Francisco CA 94108

Phone: 415-391-7770 Fax: 415-391-7775

PFNC is a tax-deductible 501(c)3 organization.

3 Things You Can Do Right Now

1. Tell the District to build a barrier.

Go to:

<http://suicidebarrier.goldengate.org>

[that's the exact address—there is no www]

Fill out the form, register for the District's email updates and send along your comments.

2. Sign and circulate the petition.

There are copies here for you tonight. Make extra copies if you need to. Return all completed petitions to PFNC—we'll count them and send them on to the Bridge District.

3. Let's do a meeting.

We're organizing speakers to visit community groups, social clubs and church groups. Call us and tell us who, what, when and where—we'll be there.

415 391-7770

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415 391-7770 Fax 415 391-7775

Build a Suicide Barrier on the Golden Gate Bridge

We request the Golden Gate Bridge, Highway and Transportation District proceed as quickly as possible to construct a physical suicide barrier on the bridge. With over 1,300 suicides from the bridge, a permanent, physical barrier is long overdue.

<i>Robert M. Flannery</i>	Signature	ROBERT M. FLANNERY	Print name	56 ELM AVE	Address	rmflannery@shogold.com	Email
	Signature		Print name		Address		Email
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	Signature		Print name		Address		Email
	Signature		Print name		Address		Email
	Signature		Print name		Address		Email
	Signature		Print name		Address		Email

When complete return to:
Psychiatric Foundation of Northern California
 251 Post Street Suite 312
 San Francisco CA 94108.

Or Fax to:
415 391-7775
 For more info—go to
www.pfnc.org

Completed Petitions will be delivered to:
Bridge District Headquarters by PFNC
 PFNC will not sell or distribute your
 information to any other party.

In Support of a Barrier

Mel Blaustein MD

President, Psychiatric Foundation
of Northern California

Speech to the Golden Gate Bridge District Board
March 11, 2005

It looks like the Board of Directors has finally agreed to move forward with the study of a barrier to prevent suicide from the Golden Gate Bridge. We applaud their courage and that of the families, friends and survivors who testified at the February 24 Board hearings.

This has been the eighth effort since 1948 to erect a barrier. Perhaps the stars are finally aligned. The last effort in 1999 led to the installation of surveillance cameras, scooter patrols and emergency telephones. Nevertheless, the toll continues at two per month, 24 deaths per year. According to the Marin Coroner's Office, we are on target in 2005, with four bodies found so far this year.

It only took New York 16 deaths to erect a barrier on the Empire State Building. The French waited until 352 had jumped from the Eiffel Tower before erecting a barrier. We are approaching 1,300 deaths from the Golden Gate Bridge and the time has certainly arrived.

As a psychiatrist representing the Psychiatric Foundation of Northern California, which includes 1,200 physicians, our message is a simple one. Suicide is a time-limited acute response to severe pain, hurt or stress. Six months later, suicidal individuals are thankful to be alive.

Suicide from the bridge is not a volitional act. When one is in a state of severe despondency, their judgment is grossly impaired. That is why these individuals tend to be impulsive, seeking short-term solutions to their pain. Regrettably, jumping off the bridge takes only four seconds to hit the water at 75 miles per hour and there are no second chances.

For some the Golden Gate Bridge is a lethal, alluring icon – the last stop in the continental United States with a beautiful, romantic vista on the way down. For others the bridge is a quick fix – a loaded gun – convenient parking, bus access and a four foot rail. Studies completed in 1978 (R. Seiden) reported that of 515 individuals forcefully removed from the bridge, 95% were alive or had died of natural causes 25 years later. The message is a clear one. They don't go elsewhere to suicide. Jumpers thwarted from going off the bridge somehow appreciate that they've been given another lease on life.

Bridge suicides are not simply the mentally ill, who certainly deserve our concern as well. They include a 33-year old physician from California Pacific Medical Center who suicided in October 2004, an 18-year old San Francisco high school student in February, and a 27-year old woman with MS later the same month. Suicide impacts us all.

We understand that the Bridge is experiencing a financial crisis. This should not deter us from moving forward. Creative solutions are possible. The Prince Edward Viaduct in Toronto, which with 400 suicides was second only to the Golden Gate Bridge, established a design competition and a public/private partnership to erect a barrier that went up in 2003. The "Luminous Veil" won the Canadian

Architects Award of Excellence that year. Walking tolls might be considered for a 6-month or 9-month period, with monies going to the project.

Our foundation is prepared to educate the public about the many misconceptions that are prevalent about suicide and depression. We plan to work with the families, the Board of Directors and the media until this project is completed.

Let us move forward.

Mel Blaustein, MD
March 2005

Golden Gate Bridge Suicide Barrier

Background

The Golden Gate Bridge is a magnet for suicide. People from every walk of life have jumped to their death over the four-foot rail. Every race and creed, straights and gays are represented among the jumpers. The rich, the poor, the elderly, teenagers—even young children have been killed when thrown over the edge by suicidal parents. Since the bridge opened in 1937 the death toll is well over 1,300.

The death rate continues at about two per month, in spite of increased bridge staff surveillance and extra effort from the California Highway Patrol. This rate has been consistent since the early sixties, except for an upsurge in the early seventies. In 1995, the bridge district began a policy of suppressing the news of suicide jumps in hopes of suppressing the suicides. They have succeeded in keeping the story quiet, but not in containing the suicide problem.

“The lack of publicity hasn’t reduced the number of suicides at all,” said Marin Coroner Ken Holmes in an interview for an October 2003 *New Yorker* article

Many believe that suicide is a willful act, from which a determined individual cannot be dissuaded. Our clinical experience says otherwise and research—some of it directly addressing Golden Gate Bridge jumpers—supports this view. A person on the verge of suicide is in an acute, reversible and time-limited state. The Golden Gate Bridge presents such individuals a special lethal allure, a unique attraction—and its short railing provides easy access for these jumpers.

We know that easy access to the means of suicide directly impacts the rate of suicide. In the UK, a steady rise in suicides from 1945 to 1965 was curtailed when the cooking and heating gas was changed from coal gas to natural gas. This eliminated carbon monoxide and “sticking your head in the oven” was no longer an easy means to suicide. More recently the suicide rate among young men in the UK dropped 30% since 1998 in part due to more restricted access to painkillers.

The time-limited nature of suicidal intent is also well established. A landmark study Richard Seiden did at UC Berkeley, showed that people removed from the bridge before they could jump, rarely resort to other means. Sieden's study tells us that 94% of these individuals were alive or had died of natural causes—for an average of 25 years after a threatened jump. Finally, we have information on bridge jumpers who survived—of these 26 survivors, only one has subsequently committed suicide.

On March 11, 2005 the Bridge District voted 15-1 to investigate construction of a physical suicide barrier. Subsequently, the Metropolitan Transportation Commission found \$1.6 million to fund 80% of the cost of this investigation. We expect to see new and updated information in the course of this investigation. Earlier design proposals may be modified while entirely new ones may be proposed. But the simple fact remains, 20+ deaths per year will occur on the Golden Gate Bridge and with a proper railing, they can be prevented.

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The Psychiatric Foundation of Northern California (PFNC), is a California nonprofit corporation, whose mission is to foster a better understanding of mental illness and combat prejudice against the mentally ill. We believe the lack of a suicide barrier on the Golden Gate Bridge represents both a profound misunderstanding of suicidal individuals and an almost dismissive attitude toward lives that can be saved. The barrier issue is therefore central to PFNC's mission.