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\*Corresponding author: Mel Blaustein, MD, Psychiatric Foundation of Northern California San Francisco, 70 Cascade Drive, Mill Valley, CA 94104, USA, Tel: 14158065706, Fax: 4157505866, E-mail: melblaus-  
teinmd@yahoo.com

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## Opinion

# The golden gate bridge barrier is completed

**Mel Blaustein\* and A Bedrock**

Psychiatric Foundation of Northern California San Francisco, 70 Cascade Drive, Mill Valley, CA 94104, USA

The Golden Gate Bridge will finally erect a barrier at the end of this year.

The death toll since its completion in 1937 is about 2000. Two a month still jump to their deaths. The bridge is tragically known as the number one suicide site in the world.

As the medical director for 25 years of a psychiatric unit less than five miles from the bridge, I interviewed many potential jumpers. I was instrumental in launching the final drive for a suicide barrier, which began in 2004 [1].

At the time, I was president of the Northern California Psychiatric Society's foundation. From this vantage point, I turned our attention to a suicide barrier.

I assembled a task force of experts. The late Jerome Motto MD, past president of the American Society of Suicidology, and Eve Meyer, executive director of San Francisco Suicide Prevention had both worked on the previous 1990 effort.

Psychiatrist Anne Fleming, who had lost a colleague to the bridge joined us. Assemblyman Tom Ammiano sent Esther Marks from his staff. Kevin Hines, who survived a jump in 2000, was also a member. Our consultant was Paul Muller, who with Dave Hull founded the Bridge Rail Foundation. Janice Tagart was our executive director.

The common belief is that jumpers come to the Bridge for its iconic beauty. Actually, nearly two-thirds come to the site because it is accessible with its four-foot railing, parking lot, and bus access.

Some of the comments I heard from jump survivors included:

"It's the fastest way to do it... A sure way to die... close to my house."

Only a quarter chose the Bridge for its romantic allure, but those who did told me, "It looks so majestic... It seems a lot more dignified."

"You're in a community with those who jump before." A smaller number had no specific reason for their choice, saying only: "I'm tired of living."

Erecting a suicide barrier was not popular. Seventy-five percent of polled San Franciscans in 2005 opposed the project. This opposition was the reason that seven prior campaigns had failed.

The 19-member Bridge Board of Directors was the body to decide on a barrier. They represented San Francisco County and five northern counties.

Our task force attempted to meet with board members and legislators. We set up a speaker's bureau and gave presentations at hospitals, Rotary Clubs, neighborhood organizations, and schools. We wrote op-eds and lobbied the media. It was an uphill fight. One board member in a northern county told me that the solution would be to build a diving board on the Bridge.

We wanted the public to appreciate that the jumpers were their neighbors [1]. Coroner Ken Holmes, surveying jumpers between 1995 and 2005, found that 87 percent were from the six adjacent counties. Only 5 percent were out of state. The median jumper from the Bridge was a 40-year-old single white male.

Suicide from Niagara Falls was comparable. Jumpers came from adjacent New York state and Canada [2].

We always stressed that suicides are often impulsive but preventable and treatable. We cited successful barriers at the Eiffel Tower, Sydney Harbour Bridge, and the Empire State Building. A JAMA study in 2005 found that physician education in depression recognition and restricting access to lethal methods were the most effective suicide deterrents [3].

The most frequent argument against the barrier was that individuals who were prevented from jumping would go elsewhere. Psychologist Richard Seiden followed 515 people taken by California Highway Patrol from the bridge over 25 years. At the end of his study, 94 percent were still alive or died of natural causes. They did not go on to kill themselves [4].

People choose places and methods with which they are familiar. A frequently cited study from Great Britain followed people who would put their heads in their ovens to end their lives. After the government detoxified the lethal gas used in homes, the suicide rate decreased by 50 percent [5]. Another study in Washington D.C. found that when gun purchases were no longer legal, the suicide rate fell by 23 percent [6].

Many barrier opponents were concerned that the Bridge would lose its beauty. At the time when we were lobbying, we did not know whether the final design would satisfy critics.

Our aesthetic model at the beginning of the campaign was the Prince Edward Viaduct in Toronto. It was dubbed the "Bridge of Death" and second only to the Golden Gate Bridge in suicides in North America.

When the Schizophrenia Society lobbied the City for a deterrent, the Canadian government staged an architectural competition. The winner was Professor Derek Revington, whose "luminous veil" was awarded Ontario's top engineering prize in 2002.

Some believed jumpers were exercising free will. But suicidal people are generally in great psychic pain, despondent, and feeling hopeless. These are impulsive, desperate individuals for whom the Bridge offers an escape from their misery.

Another objection was that jumpers are all mental patients and that the answer to the problem is to shore up the mental health system. No one would disagree with that goal. However, the 2005 coroner's study found that nearly two-thirds of jumpers had no psychiatric history. Indeed, they come from all walks of life.

Finally, we could reassure the public that their bridge tolls were not paying for the barrier. Money was raised from the metropolitan Transportation Agency, the local counties, and the Federal Government. The final cost was estimated at \$215 million.

Jumpers themselves have serious misconceptions. The survivors of the jumps told us they believed theirs would be a painless exit. But hitting the water in four seconds at speeds up

to 75 mph, from the equivalent of a 20-story building shreds vessels and organs, ribs, and the nervous system. There have reportedly been only 30 to 35 survivors in the past 86 years. The fatality rate is 98 percent.

It was beneficial that the story was covered by the local newspapers, *USA TODAY*, the *New York Times*, and the *Washington Post*.

The *San Francisco Chronicle* ran a seven-day series titled "Lethal Beauty" after meeting with our task force.

Two movies also moved the debate forward. Jenni Olson's *Joy of Life* appeared at the Sundance Festival. Eric Steele's controversial 2005 movie *The Bridge*, which filmed 19 suicides featured Kevin Hines. Kevin also appeared on Good Morning America, CNN, and the Oprah Winfrey Show.

The support of chief engineer Denis Mulligan, who went on to become CEO was invaluable.

The most important deciding factor in the success of the campaign was the appearance at the board meetings of the family members. They held up posters of their children which could not fail to move the directors. The Bridge Rail Foundation continued to work with the families. Otherwise, there was no public support.

The final design of the barrier is a metal net 20 feet below and 20 feet out from the bridge. Drivers crossing the bridge cannot see it.

Ken Baldwin, who survived the jump, sent me this statement: "I suicided in August 1985. I jumped off the Golden Gate Bridge.... I just looked over the water to the city, and it was beautiful. I felt that this was the right time and place to kill myself. I vaulted over the railing. The last thing I saw leave the Bridge was my hands. It was at that time that I realized what a stupid thing I was doing. It's incredible how quickly I decided I wanted to live when I realized that I was going to lose my wife, my daughter, the rest of my family."

He added, "There are two parts to my life. Before the jump and after the jump. I'm the luckiest guy in the world." Like other survivors that I have interviewed, he told me that had there been a barrier he never would have gone to the bridge.

Some people reproached the barrier campaign since "only" 2,000 lives have been lost since 1937. To these people, I quote from the Talmud: "To save one life is to save the entire world."

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