

ONE

## Beauty and Death

The couple that held hands and jumped from the Golden Gate Bridge after a last kiss Saturday was identified yesterday.

—*San Francisco Chronicle*, October 4, 1977

I've been thinking about suicide for a long time. In fact, it has occupied my daily life for the last fifteen years. That's how long I have directed the Contra Costa Crisis Center, a twenty-four-hour crisis intervention and suicide prevention center in Contra Costa County, California.

Contra Costa has a population of 1.1 million people. It is directly east of San Francisco, across the bay from the city. This fact isn't particularly notable except that it's a short ride by car or bus from many parts of the county to the Golden Gate Bridge. After San Francisco and Marin, the two counties that are joined by the world's most famous span, Contra Costa is the county with the highest number of Golden Gate Bridge suicides. On our crisis lines we talk down people who intend to jump from the bridge, and in our grief counseling program we console family members and friends of bridge jumpers.

One of my first lessons at the crisis center concerned the Golden Gate Bridge. A local artists' guild brought new paintings every month to display in the agency's offices. As soon as they went up, staff went around and made sure that none of them included an image of the bridge. If they did, the paintings came down. We didn't want to hurt or offend anyone whose loved one might have jumped.

Over the years, I've written periodic articles and opinion pieces about Golden Gate Bridge suicides. When published, they have elicited shock and disbelief. People, especially local people, are stunned to learn that the bridge is the top suicide site in the world. Since it opened in 1937, there have been more than fifteen hundred confirmed suicides, although the actual number is believed to be well over two thousand. That's because the bodies of many jumpers aren't ever found, they're washed out to sea. Other times the body is found, but far enough away that the death cannot be attributed with certainty to the bridge. Police need evidence to verify a death, and if a body isn't recovered or a jump isn't witnessed, there can't be confirmation, even if personal effects and a suicide note are found.

The same people who are shocked when they hear the extent of the problem, a problem that is rarely publicized (no book has been written about it before), are surprised to learn that the Golden Gate Bridge is the only international landmark without a suicide barrier. The Eiffel Tower, the Empire State Building, St. Peter's Basilica, the Duomo, and Sydney Harbor Bridge—to name just a few—have had suicide barriers added to prevent a procession of tragic and unnecessary deaths. The Golden Gate Bridge, so far, has not. It stands today as the location where more people go to kill themselves than anywhere else. The bridge's easily surmountable, four-foot-high railing, year-round pedes-

trian access, fame, and beauty make it alluring to anyone who's fighting inner demons and looking for a quick way out.

In this book I offer a perspective that is gleaned from my many years of work in the field of suicide prevention. In addition to directing the crisis center, I was appointed by the governor of California to a blue-ribbon committee that developed the state's suicide prevention strategy. I also helped draft the legislation that resulted in the creation of California's Office of Suicide Prevention. In addition, I served four years on the steering committee of the National Suicide Prevention Lifeline, based in New York City, which operates America's three suicide hotlines (800-273-TALK, 800-SUICIDE, and 888-628-9454, the latter for Spanish-speaking callers). It is my belief—and I'm certainly not alone in this—that suicide, in most instances, is preventable. In fact, it's the most preventable form of death. Moreover, one of the surest ways to prevent suicide, as many studies have proven, is to restrict access to lethal means. That's where the Golden Gate Bridge comes in; it's about the most lethal means there is. The odds of surviving a jump from the bridge are roughly the same as surviving a gunshot to your head. The major differences are that with jumping one doesn't have to obtain or handle a weapon, and there's no messy cleanup for loved ones to deal with afterward. A person just has to get to the bridge and jump.

For many people, the Golden Gate Bridge represents hope and a fresh beginning—the pot of gold at the end of the rainbow, the chance to start a new life in one of the most glamorous, beautiful, and tolerant cities in the world. For others, the bridge represents an altogether different destination—the end of the trail. They throw themselves off it with such regularity and so little fanfare that the public forgets that the problem exists. Certainly no

one is reminded how often it occurs. Most people see only the splendor of the bridge; not the deaths linked to it.

That used to be the case with me. Although I've lived in the San Francisco Bay Area my entire life, I never gave much thought to the issue of suicides from the Golden Gate Bridge or the need for a suicide barrier. No one I knew well had ever jumped from the bridge, seriously considered jumping, or lost a family member or friend that way. Never in my infrequent walks across the bridge had I seen someone jump or attempt to jump.

After I started at the crisis center, everything changed. I learned facts about the bridge that astonished me, mainly because I felt that I should have known them already. Then I realized that most of the people I knew or came into contact with didn't know them either. That was the genesis for this book.

For instance, most people don't know that the vast majority of individuals who jump from the Golden Gate Bridge live relatively close to it. Only a small number of those who use the bridge to attempt or complete suicide come from other states, an even smaller number come from other countries. Despite the myth that the bridge serves as a mecca for troubled and depressed souls around the world, in actuality its attraction is largely local.

Most people don't know that it's not just single men suffering from mental illness who jump. More than 10 percent of Golden Gate Bridge jumpers are adolescents. Adult jumpers, meanwhile, include virtually every profession. Many are married with children. Some live in affluence.

Most people don't know that because of the short railing, at least three young children have been thrown over the side by parents who jumped after them. In another case, a five-year-old girl was told to jump by her father, and complied.

Most people don't know that it's not unusual for jumpers to survive the fall. Upon hitting the water their bones shatter, their body organs burst, they plunge deep beneath the surface, and ultimately they drown. Far from being a fast and painless way to die, jumping from the bridge can produce final minutes that are excruciating and terrifying.

Most people don't know that the original design for the bridge called for a higher railing specifically to protect against suicides. In a last-minute design decision, however, this safety feature was sacrificed for the view.

Most people don't know that at one time the Golden Gate Bridge actually had a safety net. It was installed during construction at a cost of \$130,000 (the equivalent of \$2 million today), ran the length of the span, and was designed to protect bridge workers. At various times, nineteen men fell into the net and were saved. When the bridge was completed, the net was removed.

Most people don't know that one section of the bridge has had a barrier for many years. There is an eight-foot-high, 350-foot-long chain-link fence on the San Francisco side, before the toll booths. It's not pretty, but then it's not intended to be. It's also not there to prevent suicides. Its purpose is to prevent garbage from being thrown onto visitors walking below, at Fort Point.

Most people don't know that the reason why the Golden Gate Bridge has surveillance equipment and motion sensors has nothing to do with suicide prevention. Yes, the equipment is used to spot would-be jumpers and direct rescue workers to the location as quickly as possible. And yes, Bridge District officials promote the system as evidence that they are concerned about suicides and have procedures in place to prevent them. But the reason

why surveillance equipment was originally installed was to monitor traffic conditions on the bridge and in the toll plaza area. The reason why it has been beefed up substantially in recent years is to fight terrorism. Because it's an international landmark, the Golden Gate Bridge is considered a primary target for terrorists. Closely monitoring the goings-on of motorists and pedestrians is deemed critical to the safety of millions of residents.

The most important thing that people don't know about the bridge is how big the suicide problem is. To hear that more than fifteen hundred people have died jumping off the Golden Gate Bridge is hard to believe. To hear that the deaths continue at a rate of two to three per month—with virtually no public outcry—is even harder to accept. To hear that no other site in the world is close to the Golden Gate Bridge when it comes to suicide leaves one feeling numb and of the opinion that this problem can't continue, it has to end.

That's the reason for this book. It's intended to educate readers about Golden Gate Bridge suicides with the hope that more people will realize that this deplorable situation must be remedied at once, without further delay. And it can be. A taller railing or a well-designed net underneath will solve the problem immediately and effectively. Of course, there are people who object to any changes because the bridge is such an icon. As a centerpiece, conduit, and symbol it reigns supreme, not only for the city of San Francisco but for California and the West. Yet doing nothing only adds to the death toll.

In the following chapters I provide a wide-ranging examination of the most popular suicide site on earth. I explore the bridge's celebrated history; its unfortunate appeal to people who want to die; the dark stories of the suicides themselves; how the few survivors of Golden Gate Bridge jumps view their near-deaths; the

roles of the police, Coast Guard, coroner, Bridge District, and mental health community; and the simple change that would without a doubt prevent these tragedies in the future.

The story of Golden Gate Bridge suicides started mere weeks after the bridge opened in May 1937 when a World War I veteran became the first official casualty, and it has continued ever since. One reason why it continues is because people don't want to believe or, perhaps, prefer to ignore that the extraordinary, spell-binding, one-of-a-kind bridge is blemished. That might damage San Francisco's thriving tourism industry, which supports thousands of businesses as well as enhances government coffers. It also would give pause to artists, photographers, moviemakers, and poets who craft paeans to the bridge. Most importantly, it would mean confronting a problem that's unpleasant to consider, that some people are so distressed they want to end their lives.

Another reason why Golden Gate Bridge jumps continue is because the subject of suicide remains taboo. Society as a whole and people individually don't want to talk about it. Some individuals believe that if you talk about suicide, you plant the thought in someone's mind when it wasn't there before. Curiously, this same fear isn't raised in regards to public awareness campaigns to reduce drunk driving, drug use, domestic violence, cigarette smoking, or unprotected sex. In those instances, acknowledging and talking about the problem are considered important first steps in addressing it, leading to a clearer understanding of the issues while simultaneously dispelling misperceptions. Suicide though, is different. It is still concealed and largely unknown, on a par only with incest, perhaps, in terms of public avoidance. Because of the shame and stigma associated with suicide, many people want to keep it that way, including people who have been directly impacted, who have lost a loved one to suicide.

In chapter 2 I examine the much-touted history of the Golden Gate Bridge. Not only was it the longest single suspension span in the world at the time it was built, but it was the first bridge to be erected at the mouth of a major harbor. This is important because in addition to all the engineering challenges, such as high winds, deep water, strong currents, and close proximity to the San Andreas fault, which nearly leveled the city of San Francisco in the 1906 earthquake, the bridge had to be tall enough to accommodate large ships passing underneath.

The height of the Golden Gate Bridge is a key reason why it attracts suicidal people. The roadbed is 220 feet above the water, far higher than most other bridges. Jumping off it, a person is virtually certain to die—especially if he or she lands any way other than feet first. An even bigger reason for the bridge's fatal attraction, however, is the railing. It's only four feet high. When people walk on the bridge for the first time, they're always surprised at how low the railing is. If you're young, it's easy to hurtle; if you're older, it's easy to climb over.

Irving Morrow is the person who created the bridge's distinctive Art Deco style. He's also the person credited with making the last-minute design change that has led to so many deaths. By lowering the railing, his intention was to achieve even greater beauty, primarily for pedestrians and motorists on the bridge. He accomplished this goal; however, success came with a steep price. The bridge became a shrine for suicide.

In chapter 3 I relate the impact of bridge suicides on the lives of others. Each suicide has multiple victims. There's the person who dies, and there's everyone else who is left to mourn. The stories of Golden Gate Bridge victims put a face on the problem. There's the championship wrestler, the esteemed physician, and the one-time football star. There's the respected minister, the decorated

Marine, and the former debutante. There's the fourteen-year-old, straight-A student who took a \$150 cab ride to the bridge because she was too young to drive. There's the overweight, seventy-five-year-old matron who had no trouble climbing over the railing. There's Roy Raymond, the founder of Victoria's Secret; Duane Garrett, a personal advisor to Al Gore; and Marc Salinger, whose father, Pierre, was the press secretary for presidents John F. Kennedy and Lyndon B. Johnson. Their deaths and the deaths of hundreds of others, young and old, have torn the hearts out of everyone who loved them.

The role of the Marin County coroner is described in chapter 4. In addition to conducting the autopsies of Golden Gate Bridge jumpers, the coroner's office handles the death notifications. As gruesome as the autopsies are, notifying next of kin is worse. It takes what might otherwise be an ordinary day in someone's life and turns it into the worst day he or she may ever have. At one time coroner Ken Holmes believed that Golden Gate Bridge suicides shouldn't be publicized because that exposure might lead to even more deaths. It was better to keep the problem hidden, he reasoned, to discourage imitative behavior. He changed his mind when he realized that silence wasn't working; the number of jumps wasn't declining. In fact, in 2007 it reached a ten-year high. That's when Holmes decided to become vocal. He began providing data to the media about bridge suicides without prompting. He's the only person who has.

In chapter 5 I explore the attitudes, experiences, and opinions (pre and post) of an ultra-select group—the thirty-two people who are known to have survived a jump from the Golden Gate Bridge. Nearly all were young when they made their attempt, in their teens and twenties. All entered the water feet first, at a slight angle. All had their jumps witnessed and were picked up quickly

by boaters or the Coast Guard. All suffered injuries that required hospitalization and, in many instances, permanent treatment. Of particular interest, most survivors of a Golden Gate Bridge jump say that as soon as they let go of the railing, they wanted to live. One survivor, Kevin Hines, had the presence of mind to flip himself midair to avoid hitting the water head first. Another survivor, Ken Baldwin, divides his life in halves—the half before August 1985, when he jumped from the bridge, and the half afterward.

When asked why they jumped, survivors have provided a two-part answer. First, they sought relief from their emotional pain. Death—the great unknown—was more attractive than life, which was both known and unbearable. Second, no planning was needed. One didn't need to procure a gun, hoard pills, cut themselves, breathe carbon monoxide, or wonder whether the rope would hold. One also didn't need to worry about leaving a messy death scene. All that was required was a short trip to the bridge and a second or two to surmount the railing. After that the height, the fall, and the dark waters below took care of everything.

The fact that the Golden Gate Bridge is both an engineering marvel and a work of unparalleled artistry adds to the allure. As the most famous bridge and largest Art Deco sculpture on the planet, it holds a special place in people's minds. If someone's life seems filled with despair, there's always the possibility, one imagines, of a glorious exit.

The work of helpers and responders is described in chapter 6. Helpers range from mental health professionals to highly trained volunteers, from bedside clinicians to hotline counselors. They provide therapy and support to people who are suicidal, as well as to the few individuals who survive bridge jumps and to the loved ones of all those who do not. Helpers know firsthand the magnitude of the problem. They know that nearly twice as many

people in the United States die by suicide as homicide. They know the enormous toll that suicide takes on the families of victims. They know the deadly mystique of the Golden Gate Bridge. They also know that suicide is preventable if society is committed to ending it.

Responders consist of police officers in the Golden Gate Bridge Patrol and the California Highway Patrol, as well as U.S. Coast Guard crew members. The former talk down suicidal people from the bridge, something they receive minimal training to do. Mostly it's learned on the job. Successful interventions can take hours and leave officers emotionally exhausted, while failures haunt their minds. The latter recover the bodies of bridge jumpers. It's not something they signed up for; they joined the Coast Guard to save lives. There are more search and rescue cases in San Francisco Bay than anywhere else in the country, in part because the job includes retrieving the bodies of Golden Gate Bridge jumpers.

In chapter 7, I examine the unique role of the Golden Gate Bridge, Highway, and Transportation District (known as the Bridge District). The Golden Gate Bridge is the only bridge in California with its own governing authority. All other bridges fall under the purview of the state Department of Transportation, commonly known as Caltrans. Since it opened, the Golden Gate Bridge has been governed by an independent, stand-alone entity. Bridge District board members set tolls, supervise maintenance projects, approve special events, and decide whether there should be any kind of suicide deterrent on the bridge. Over the years they have studied barrier options, assessed the potential impact of a barrier on wind resistance, and touted the effectiveness of bridge surveillance and monitoring efforts—the latter in an attempt to defuse blame and downplay the problem of bridge suicides. To

their dismay, not only have people continued to throw themselves off the bridge, but in recent years the problem has become better known.

A large part of this is due to Eric Steel, a New York City filmmaker. In 2005 he released a documentary movie about suicides from the Golden Gate Bridge. The movie probably did more to bring bridge suicides out of the shadows than anything else. Rarely is the sight of real people dying real deaths shown to mainstream audiences. Steel deceived local officials in order to get permission to place cameras on the bridge for a year, and captured on film people jumping off. When the movie came out, Bridge District officials were incensed. Not only did they dislike being misled, they blamed Steel for contributing to the problem by making it public. Nevertheless, three years later the Bridge District board voted in favor of a suicide deterrent on the bridge. Specifically, directors approved the addition of a rigid steel net strung twenty feet below the span. The net will cost \$50 million and they will not allow bridge tolls to pay for any of it, so where the money will come from is unknown. Thus, the actual end to the problem is still years away.

The suicide barrier controversy is discussed in depth in chapter 8. The issue of a suicide barrier on the Golden Gate Bridge has been debated for years, ever since Harold Wobber leaped over the side soon after the bridge opened (Wobber's body was never recovered, in part because no one had planned for that possibility). Although numerous studies have been commissioned and designs proposed, anyone can still walk on the bridge today, climb over the side in seconds, and jump to a near-certain death. The logical question to ask is, why? Why doesn't the bridge have a barrier?

The nominal reasons are easy to name: because a barrier would be expensive; because it would impact bridge aesthetics; and because many people believe that it would not make a difference (their argument being that someone intent on suicide would go somewhere else to jump or, being thwarted, choose another lethal means). Even if those reasons were true—and there's substantial evidence that they're not—they don't answer the question. Every other architectural wonder in the world that once was a site of frequent suicide attempts now has a barrier even though at one time the same arguments were voiced against it. Why did people in Paris, New York, Rome, Florence, Sydney, and elsewhere ignore those arguments and erect suicide barriers—sometimes after fewer than a dozen deaths—while citizens of San Francisco, to date, have not? Is it because local residents, famous for their tolerance, choose to accept deaths from their international icon and perhaps even derive perverse enjoyment from the macabre nature of the bridge? Is it because San Franciscans don't care, because they reason that it's only a few dozen people per year who are dying and many of them are marginalized by mental illness so, from a societal point of view, it's not worth worrying about? Or is it because most residents haven't even thought about it, that despite living in the shadow of the bridge they are oblivious to the siren call it emits?

If two to three people died every month in a cable car accident, it's a good bet that the cable cars would stop running until the problem was fixed. If a baseball fan died every ten days at AT&T Park—home of the San Francisco Giants—because of batted balls, shattered bats, or an accidental fall over the second-deck railing, preventative measures would be implemented. If an intersection in the city was the site of frequent fatal accidents

because vehicle traffic was unregulated, a stoplight or stop signs would be installed immediately. Public pressure would demand it. Yet suicides continue from the Golden Gate Bridge in greater number than anywhere else and relatively few people, including local people, know it or seem bothered by it.

In the epilogue I touch on a recent, related problem—suicides at various train crossings in the Bay Area. I also describe steps being taken to implement suicide barriers on a number of bridges elsewhere, including the Aurora Bridge in Seattle, which for many years was the number two suicide site in the United States after the Golden Gate Bridge, with 250 deaths. Finally, I note that the new section of the Bay Bridge that links Oakland with San Francisco is being modeled after the Golden Gate Bridge with a high roadway, pedestrian access (to date pedestrians haven't been allowed on the Bay Bridge), and only a fifty-four-inch railing. The new section is scheduled for completion in 2013, and already U.S. Coast Guard crews, mental health professionals, and others are bracing for the possibility of another major suicide magnet in the area. The Bay Bridge already has several suicides per year, and the number is sure to increase once there is pedestrian access.

Additional information, including a summary of research on why people kill themselves, is included in the appendices. From the early studies of sociologist Emile Durkheim, who theorized that suicide is caused by social factors such as isolation and lack of connectedness, to psychologist Edwin Shneidman, the father of suicidology, who coined the phrase “psychache” to describe the emotional pain that drives people to take their lives, to psychiatrist Aaron Beck's research on hopelessness and psychologist Thomas Joiner's current studies in which desire and capacity are key elements, the thinking about suicide has changed over the

years. We know now that 90 percent of people who die by suicide are clinically depressed, and their actions may be further influenced by drugs or alcohol. Yet many people who suffer from depression never make an attempt. Some researchers believe that suicidal behavior is linked to physiological or genetic factors, but so far this has not been proven conclusively. What has been proven is that most people fixate on one means of death. Eliminate access to that means—whether it’s a safety lock on firearms, a blister tab on medications, or a barrier on a bridge—and suicides are reduced.

The appendices also include numbers to call for help and information if you or someone you know is feeling suicidal, as well as the most complete listing to date of people who have killed themselves by jumping off the Golden Gate Bridge. The latter has a table with a year-by-year count of known suicides from the bridge. The total, midway through 2011 is 1,575. The actual number, as noted earlier, is certainly higher.

The Golden Gate Bridge is beautiful, but not to everyone. It’s not beautiful to families and friends who have lost loved ones. While others celebrate the splendor, grace, and technological triumph of the bridge, they’re reminded of a deep, never-ending hurt. With each new viewing of the span, whether in person, in a movie, in a company logo, or on an article of clothing, the wound is reopened. Few other death scenes embody so much emotion for so many people.

The bridge isn’t beautiful to people who are unfortunate enough to witness a jump. Whether that person is a pedestrian on the bridge, a motorist driving by, a sailor on the bay, or a bridge worker, seeing a person hurtle over the railing is traumatizing. You view the bridge differently after that. Beauty and death can’t be separated.

The bridge isn't beautiful to many police officers or Coast Guard personnel, either. It represents an unsavory part of their job, something they do only because there's no one else to do it.

This is the story of how one of the world's most famous landmarks became the top destination of people wanting to die. It's also the story of why, so far, the Golden Gate Bridge remains that way. If it takes you a week to read this book, and the Golden Gate Bridge still doesn't have a suicide deterrent, odds are that another tortured soul will have jumped before you finish. And a whole new group of people will be left to mourn.

One day steps will be taken so that suicides from the bridge end, just as they have ended on other famous monuments around the world. When that happens, lives will be saved. Unfortunately, that day isn't here yet. As a result, the deaths continue—tragic, misunderstood, and totally preventable.