

**J. Marc McGinnes**

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9 January 2009

To: Members of the California Transportation Commission

Re: Suicide barrier proposal for Cold Spring Bridge  
Item 33 of meeting agenda for 14 January 2009

Honorable Commissioners:

The relatively low incidence of suicide at the Cold Spring Bridge on Scenic Highway 154 in Santa Barbara County does not pose a major safety problem for the motoring public. On average one suicide a year takes place at the bridge (a total of 48 since 1963), none of which have occasioned injury or death to persons traveling over or under the bridge. For this reason, there is no legitimate basis for allocating SHOPP funds intended for "traffic safety - collision reduction" purposes the proposal by Caltrans District 5 to install so-called suicide prevention barriers on the bridge.

The reference above to "so-called suicide prevention barriers" is warranted by the lack of evidence that such barriers do anything more than divert suicidal behavior to other places or by other means than jumping. This "inconvenient truth" (inconvenient by barrier advocates) is revealed in the attached report on the subject prepared and submitted to Caltrans District 5 officials by Dr. Garrett Glasgow, a professor at the University of California, Santa Barbara, who specializes in statistical data gathering and interpretation. A copy of Dr. Glasgow's report on this subject is attached hereto as a pdf document.

Accordingly, you are respectfully requested to take such action at this time as is necessary fitting to withdraw from further consideration the allocation of SHOPP funds for the referenced proposal.

Thank you.

  
J. Marc McGinnes  
for Friends of the Bridge

# **Report to Caltrans in Response to the Notice of Preparation of a Draft Environmental Impact Report for the Cold Spring Canyon Bridge Suicide Barrier**

**Garrett Glasgow**  
**University of California, Santa Barbara**

As requested, here is my evaluation of the proposed suicide barrier on the Cold Spring Canyon Bridge. The stated goal of this project is to save lives by preventing suicides (Caltrans 2006a, 2006b). My area of expertise is in research design and statistics in the social sciences. Thus, I will confine my report to a review of the evidence presented on the likelihood that this project will achieve its goal of saving lives by preventing suicides.

## **The Effectiveness of Suicide Barriers: A Review of the Evidence**

As a suicide prevention strategy, suicide barriers fall in the category of “means restriction.” It is widely believed that some suicides are impulsive, and thus some suicidal individuals can be saved by restricting their access to lethal agents, allowing time for the suicidal crisis to pass (Clarke and Lester 1989). As one might expect, most of the evidence for the effectiveness of means restriction as a suicide prevention strategy comes from studies of lethal agents people keep in their homes and might use in an impulsive suicide, such as firearms (Caron 2004) and prescription medications (Lester 1989).

Due to travel time and effort, suicide by jumping from the Cold Spring Bridge seems less likely to be the product of an impulsive suicidal moment than suicide by a lethal agent found in the home. Nevertheless, it is possible that the concept of means restriction might also extend to suicides by jumping from bridges.

While this is plausible, at this point it is purely conjecture. To date every study on the effectiveness of suicide barriers has been inconclusive, unable to determine if suicide barriers are an effective method of preventing suicide and saving lives.

## ***Preventing Suicides at a Particular Location versus Saving Lives***

How can we determine if suicide barriers on bridges save lives? It is not enough to simply point out that bridges that have installed barriers see fewer suicides, as there is a distinction between preventing suicides and preventing suicides at a particular location. While we can be reasonably confident that a suicide prevention barrier on the Cold Spring Bridge will reduce suicides at that location, it does not follow from this that a barrier would save lives.

We must consider the possibility of *displacement* – that is, will placing a barrier on the Cold Spring Bridge simply lead those intending to commit suicide to jump at another location? For instance, there are preliminary reports by local officials in Toronto that suicides by jumping from freeway overpasses have increased since the installation of a suicide barrier (the “Luminous Veil”) on the Bloor Viaduct in 2003, although this has not yet been the topic of a formal study (Mandel 2007). We must also consider the

possibility of *substitution* – that is, will placing a barrier on the Cold Spring Bridge lead those intending to commit suicide to substitute a different method of suicide, such as poison or a handgun? There is research that suggests that substitution does take place in some cases – for instance, Rich et al. (1990) found evidence that the implementation of stricter gun laws in Canada in 1978 led to more suicides by jumping among those most likely to use guns for suicide (young men).

If installing a suicide prevention barrier on the Cold Spring Bridge simply leads suicidal individuals to kill themselves in another place or in another way, we are not saving lives, and the proposed Caltrans project will not achieve its goal.

Several people have observed that the Cold Spring Bridge has the highest concentration of fatalities in any spot location owned by the state in Caltrans District 5. However, if the goal of the project is to save lives, this fact is irrelevant. Again, the stated goal of the project is to save lives, and this goal will not be achieved if the barrier on the Cold Spring Bridge simply disperses suicidal individuals to take their lives elsewhere.

### ***Existing Research on Suicide Barriers is Inconclusive***

What kind of evidence should we look for in order to know if suicide prevention barriers save lives? We cannot simply look at the numbers who jump from a bridge before and after the installation of a suicide barrier for the reasons discussed above. Instead, we must look for changes in the *suicide rate* in the communities surrounding the bridge. If suicide prevention barriers are saving lives, then this means that there will be some individuals who would have committed suicide if there had been no barrier, but instead choose to live – all else equal, this will lead to a reduction in the overall suicide rate. Conversely, if suicide prevention barriers do not save lives, individuals deterred from jumping from the bridge in question will simply commit suicide in another place (displacement) or in another way (substitution) – all else equal, this will leave the overall suicide rate unchanged. Finding a decrease in the *suicide rate by jumping* would suggest there is no *displacement*, while finding a decrease in the *overall suicide rate* would suggest there is neither *displacement* nor *substitution*.

Perhaps the most widely cited study in debates about suicide barriers on bridges is Seiden (1977). This study tracked 515 people who were restrained from committing suicide from the Golden Gate Bridge between 1937 and 1971, and found that about 94% of these people did not go on to commit suicide in the following 7 years. Although this study is frequently interpreted as evidence of the likely effectiveness of suicide barriers, it actually does not speak to this question for two reasons.

First, and most obviously, the individuals in this study were restrained from suicide not by a physical barrier, but by human intervention. Thus, the results of this study are better interpreted as an examination of the long-term effectiveness of human intervention strategies such as call boxes and patrols rather than physical suicide barriers.

Second, if we are to interpret this study as evidence of the likely effectiveness of physical barriers, we must assume that installing suicide barriers does not result in displacement or substitution. The individuals in this study were prevented from committing suicide at their preferred location, and then chose to live – but if barriers made suicide at the Golden Gate Bridge impossible, would they still go to the Golden Gate Bridge, or would they simply go to another bridge or substitute another method? In order to regard this study as evidence that suicide barriers would save lives in the same way as the human intervention actually observed, then we must assume these individuals would have behaved in exactly the same way whether or not the Golden Gate Bridge had suicide barriers – in other words, we must assume away the possibility of displacement and substitution.

Also note that this study suffers from what is known as a *self-selection bias*. That is, there are many reasons to believe that the individuals tracked in this study are not representative of individuals that actually commit suicide by jumping from bridges. Simply put, were the people in this study serious about committing suicide, or did they go to a highly visible public place and threaten to commit suicide as a “cry for help”? If it is the latter, it would be a mistake to count them as examples of the lives suicide prevention barriers could save if they never intended to die in the first place.

Studies based on interviews with those who survived a jump from a bridge are similarly flawed (Rosen 1975). Survivors often report they only planned to jump from a specific bridge, but one factor that likely influenced this preference was the fact that it was actually possible to commit suicide at this location. If a suicide barrier had made suicide at their preferred location impossible, would these individuals have simply formed a suicide plan involving a different location or a different method? We have no way of knowing. Some survivors also claim that they would not have attempted suicide if a barrier had been in place, but there are reasons to doubt such claims given that a barrier does nothing to solve the mental and emotional problems that led these individuals to attempt suicide in the first place.

Another well-known study of a suicide barrier on a bridge was a comparison of the number of suicides from the Ellington and Taft Bridges in Washington, D.C. (O’Carroll et al. 1994). After a suicide prevention barrier was installed on the Ellington Bridge, this study found there were no further suicides from that bridge, and the number of suicides per year from the Taft Bridge remained roughly constant. However, this is not proof that the suicide prevention barrier on the Ellington Bridge is saving lives. In the words of O’Carroll:

Are the data provided sufficient to substantiate the effectiveness (or lack thereof) of bridge barriers as a means to prevent suicide? The answer is no, the data are not sufficient to answer that question, because they do not touch on the issue of whether persons who would have committed suicide by jumping from the Ellington Bridge went on to commit suicide by other means. ... [P]ersons frustrated in their efforts to commit suicide by jumping from the Ellington Bridge are in no sense restricted to committing suicide by jumping from the Taft Bridge. (p. 92)

Similarly, Silverman states there is a "... lack of clear evidence unequivocally proving that the construction of barriers on the Ellington Bridge has resulted causally in an absolute reduction in the *number* and *rate* of suicides in Washington D.C. ..." (p. 99). Thus, both authors in this study conclude that the effectiveness of suicide barriers has not been proven. Note further that no statistical tests for changes in the suicide rate were conducted.

Another commonly cited study examined a case where a suicide barrier was removed from a bridge (Beautrais 2001). This study found that when barrier were removed from the bridge, the number of people jumping from this bridge increased substantially (3 in the 4 years before the removal of the barrier versus 15 in the 4 years after the removal of the barrier). Note this bridge was adjacent to the region's largest inpatient psychiatric unit, which would seem to make it a more likely site for "impulsive" suicides than the Cold Spring Bridge.

As with O'Carroll et al., the results of this study were inconclusive. Beautrais did not test the impact of the removal of the barrier on overall suicide rates, which is the test we would need to see in order to determine if the removal of the suicide barrier resulted in more suicides. In reviewing her own study and others, Beautrais concludes:

The weight of evidence from these studies clearly suggests reductions in the rate of suicide by jumping from the sites following the introduction of barriers. However, the extent to which such changes lead to (i) an overall reduction in suicide or, (ii) increased preferences for other sites or methods of suicide remains contentious.  
(p. 561)

One study specifically cited in the Caltrans memorandum of August 18, 2006 is a study by Pelletier (2007, cited by Caltrans as a 2006 unpublished working paper). This study examined the impact of a suicide barrier on the Memorial Bridge in Augusta, Maine. As with the studies examined above, Pelleiter found that while the barrier reduced suicides at the bridge, it did not have a statistically significant impact on the suicide rate (p. 58).

Other studies on suicide barriers produce equivalent results. Reisch and Michel (2005) examine the effect of a safety net designed to prevent suicides from the Bern Muenster Terrace, and found no statistically significant change in the suicide rate by jumping (they did not test the effect of the net on the overall suicide rate). Bennewith et al. (2007) found that a suicide barrier on the Clifton Suspension Bridge in England reduced the suicide rate at the bridge, but did not have a statistically significant effect on either the suicide rate by jumping or the overall suicide rate. Reisch et al. (2007) test the relationship between suicide by jumping and the accessibility of bridges, and conclude "[b]arriers on bridges may prevent suicides but also may lead to a substitution of jumping site or method" (p.681).

In a review of the existing literature on suicide prevention on bridges Gunnell et al. (2005) conclude "[w]hist there is no clear evidence that the installation of barriers results

in a reduction in overall population suicide rates, extrapolation from other studies concerning the effect of changes in the availability of commonly used methods suggests this may be the case” (p. 17). That is, while researchers hypothesize that the concept of means restriction might be successfully extended to suicide prevention on bridges, there is currently no proof that barriers save lives.

Thus, while there is growing evidence that installing a suicide barrier will reduce the incidence of suicides on a bridge, there is no proof that this in turn results in lives saved. That is, no existing research has been able to rule out the possibility that suicide barriers simply lead people to commit suicide in another place or in another way.

### ***Changes in the Suicide Rate***

Although not the subject of a published study, it has been pointed out that there is evidence that suicide rates have dropped in communities that have installed suicide barriers on bridges. For instance, according to data from the Center for Disease Control (CDC 2008) the suicide rate in Washington D.C. declined by almost 49% from 1986 (the year of the installation of the suicide barrier on the Ellington Bridge) to 2004. However, this remarkable decline should give us pause for two reasons.

First, suicides by jumping comprise a small fraction of suicides overall – suicides by jumping from all bridges comprised less than 10% of all suicides in Washington D.C. from 1981 to 1986 (Forgey 1987), so it seems implausible that a barrier on a single bridge could produce such a dramatic drop in the suicide rate.

More importantly, the suicide rate has been dropping everywhere in the U.S. (Lubell et al. 2008, McKeown et al. 2006), both in communities that have installed suicide barriers and in communities that have not. For instance, over the same 1986-2004 time period suicides in San Francisco County (the site of the barrier-less Golden Gate Bridge) dropped by over 30%, and by a remarkable 56% from 1979-2004 (the numbers remain roughly the same if Marin County is included in these calculations). Given that there are clearly other forces at work reducing the suicide rate, attributing changes in the suicide rate in Washington D.C. to the barrier on the Ellington Bridge is premature.

### ***A Possible Case of Barrier Ineffectiveness***

It should be noted that while barriers are generally effective at reducing suicides from bridges, this is not always the case. For instance, the Colorado Street Bridge in Pasadena has seen four suicides in the last year despite having suicide barriers in place (*Pasadena Star-News*, various dates). This is approximately three times the average rate of suicide from this bridge in the period before the barrier was installed (based on newspaper reports, approximately 1.25 per year). In the event a barrier is installed on the Cold Spring Bridge this case should be studied to determine if this increase in suicides is due to a design flaw or an unforeseen maintenance issue with the barriers. However, this case may simply be an indication that barriers are unable to prevent determined individuals from committing suicide.

## **Who Endorses Bridge Barriers as a Suicide Prevention Strategy?**

It is clear from the discussion above that suicide barriers are not proven to save lives. However, this raises another point of confusion. During the course of the debate about the barrier on the Cold Spring Bridge several statements were made that seemed to suggest that a number of public health agencies endorse the construction of barriers on bridges as an effective strategy for suicide prevention. How can this be, given the state of the evidence we have reviewed above?

A review of the policy statements put forth by these public health agencies quickly clears up the confusion – public health agencies do not explicitly endorse suicide barriers as an effective method of suicide prevention. I have reviewed the National Strategy for Suicide Prevention, which is a collaborative effort from the Substance Abuse and Mental Health Service Administration (SAMHSA), the Center for Disease Control (CDC), the National Institutes of Health (NIH), the Health Resources and Services Administration (HRSA), and the Indian Health Service (IHS). I have also studied reviews of suicide prevention strategies put forth by the American Medical Association and the World Health Organization (WHO). None of these organizations explicitly endorses the use of suicide barriers as a suicide prevention method.

For instance, consider the National Strategy for Suicide Prevention (NSSP 2001). All of the suicide prevention strategies based on means restriction in the NSSP are focused on reducing access to lethal agents in the home. Suicide barriers are simply mentioned in passing as a subject of interest (p. 72), and the NSSP recommends further research on the topic (p. 77).

Similarly, the AMA review (Mann et al. 2005) simply notes that “suicides by such methods have decreased following ... construction of barriers at jumping sites (p. 2070)” – in other words, this review points out that barriers on bridges reduce the number of suicides by jumping from bridges, which as we have already seen is not proof that lives were saved. More importantly, the AMA makes no specific recommendation regarding suicide barriers. The AMA’s policy recommendation for means prevention reads:

Restricting access to lethal methods decreases suicides by those methods. Priority should be given to the most commonly used methods used in each country. The possibility of substitution of methods requires ongoing monitoring, as does compliance with restrictions such as firearm access. (p. 2071)

This policy recommendation in fact seems to suggest that we should focus our means restriction efforts on projects other than suicide barriers, as suicide by jumping is comparatively rare in Santa Barbara County.

Finally, after endorsing means restriction for firearms, domestic gas, and toxic substances, on the topic of suicide barriers the WHO (WHO 1998) states:

In addition to the measures described, whose efficacy is attested to by the scientific literature, it is thought that other measures, such as the use of fencing on high buildings and bridges, could also contribute to a reduction in suicide rates, although there is no definitive evidence to support this idea. (p. 87)

Thus, while regarding suicide barriers as a promising area of research (in part though the hope that restricting access to very lethal means will lead suicidal individuals to substitute less lethal means), these agencies acknowledge that this is an unproven suicide prevention strategy, and the specific means restriction policies these organizations endorse are focused on lethal agents in the household.

To the best of my knowledge, the only organizations that explicitly endorse suicide barriers as a suicide prevention strategy are suicide prevention advocacy groups such as the American Foundation for Suicide Prevention (AFSP), the Glendon Association, and the Suicide Prevention Resource Center (SPRC) (in fact, the SPRC calls for legislation that would require all elevated bridges in California to install suicide barriers (SPRC 2004)).

### **Implications for the Caltrans Project**

It appears that the existing Caltrans analysis (Caltrans 2006a, 2006b) is overly optimistic in estimating the likelihood a suicide barrier on the Cold Spring Bridge will achieve the stated goal of saving lives.

There are two flaws in the calculation of the benefit:cost ratio presented in the Caltrans memorandum on this project (Caltrans 2006b).

First, this benefit:cost ratio makes the assumption that the Cold Spring Bridge averages two suicides per year. However, information released by the Santa Barbara County Sheriff-Coroner reveals that the average number of suicides from the bridge in a year is 0.98, or 43 suicides in 44 years (Santa Barbara County Sheriff-Coroner, 2007). To be fair, this information only became available after the memorandum was written, but nevertheless this means the average number of suicides per year at the Cold Spring Bridge is overstated by a factor of 2.

Second, and more importantly, the benefit:cost ratio assumes that 80% of individuals who would have committed suicide from the Cold Spring Bridge would be saved by the proposed suicide barrier. As we have seen, this assumption is not supported by the data, the academic literature, or public health agencies. In short, there is no proof that the proposed suicide barrier will save lives. Given this, the conservative estimate for lives saved by this project would be 0, which in turn would yield a benefit:cost ratio of 0.

Thus, the prospects for the success of this project are very uncertain, and there is a significant chance that this project will deliver no benefits at all.

## References

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**Mr. Krumholz (Caltrans): "[I]t is a safety problem that's correctable with a suicide barrier."**

**Commissioner Ghielmetti (CTC): I disagree with you. This is not a safety problem; this is not a traffic problem where people would be driving off a bridge. A safety problem is where we have roads that have deteriorated and people have accidents because the roads haven't been maintained properly -- that's a safety issue. This is not a safety issue, maybe a social issue, but it's not a safety issue. I can't support spending any money on this project . . ."**

**Minutes of CTC Meeting, May 29, 2008**

**SANTA BARBARA COUNTY TAXPAYERS ASSOCIATION**

May 6, 2008

Richard Krumholz, District Director  
CalTrans  
50 Higuera Street  
San Luis Obispo, CA 93401-5415

Re: Cold Spring Bridge

Dear Mr. Krumholz:

This is to inform you of the opposition of the Santa Barbara County Taxpayers Association (SBCTA) to the CalTrans proposal to install fencing barriers on the Cold Spring Bridge. We have arrived at our position after receiving input from experts in law enforcement.

SBCTA understands that our public safety officers place themselves in life threatening situations on a daily basis due to the unpredictable conduct and behavior of certain members of our society. Nevertheless, when troubled individuals threaten to commit suicide by jumping off a bridge, or engage in protesting while climbing the Golden Gate Bridge, we do not believe officers should put themselves in harm's way because of these individuals' erratic behavior and unfortunate conduct.

SBCTA would rather see our taxpayer dollars used to put more officers on the street or by providing our existing officers the wages and benefits they deserve as opposed to using these finite resources to build fencing and other barriers that are not only aesthetically unappealing, but are ultimately ineffective at stopping suicides from occurring as well.

We thank you for the opportunity to share with our position with you on this important matter. In addition, CalTrans staff is always welcome to attend our monthly board of directors' luncheons, held on the second Thursday of the month at Andersons Pea Soup in Buellton.

Sincerely,

Mike Stoker  
President,  
Santa Barbara County Taxpayers Association  
Post Office Box 21621  
Santa Barbara, Ca 93121

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**SOUTH COUNTY LAND USE COMMITTEE  
CITIZENS PLANNING ASSOCIATION OF SANTA BARBARA COUNTY**

December 19, 2007

Will Kempton, Director of DOT

Richard Krumholz, Director District 5  
Sara von Schwind, Project Manager

RE: Cold Springs Bridge Barrier Proposal

On August 8, 2007, the South County Land Use Committee of the Citizens Planning Association of Santa Barbara County by letter to Mr. John Luchetta, District 5 Environmental Branch Chief, called upon CalTrans to avoid an expedited environmental review process in connection with its proposal to install physical barriers on the Cold Spring Canyon Arch Bridge. At that time we pointed to the need to prepare and consider an EIR "which fully and comprehensively reviews the potentially significant adverse impacts of the proposed project, including consideration and analysis of a full range of project alternatives. Furthermore, these alternatives must examine ways to avoid or reduce potentially significant adverse impacts while meeting the basic objectives of the project."

Since that time, an Alternative Project Proposal for a "human barriers" plan has been submitted to CalTrans that does not involve the installation of physical barriers. The South County Land Use Committee has carefully reviewed that proposal and has found it to be a superior means of avoiding significant environmental impacts while meeting the basic objectives of the CalTrans barriers proposal. Accordingly, and in light of the fact that the CalTrans barriers proposal appears to divert traffic safety / collision reduction funds needed to address far more serious traffic safety / collision reduction problems elsewhere in CalTrans District 5, we ask CalTrans to withdraw its physical barriers proposal from further consideration and to cease expending further funds in connection with it. We urge CalTrans to adopt the "human barriers" plan.

Thank you for your consideration.

Sincerely,  
Sheila Lodge, Chair  
South County Land Use Committee of Citizens Planning Association of Santa  
Barbara County

Additional committee member comments:

1. Installing mental health help-line phones at both ends of the bridge would be much faster and cheaper than the railing project, and probably help more people at lower cost without raising environmental impact issues.

(see reverse)

2. Eliminating parking or shoulders near the bridge would also deter more people from using the bridge for suicide than the barriers;

3. Bridge railings-barriers might temporarily deter those bent on suicide, but they might also raise the risk of fatal accidents along Highway 154 (incl. passengers in other vehicles) if a depressed individual - thwarted at the bridge - still decides to die in "an accident", such as driving over a cliff or embankment, or head-on into other vehicles.

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### **SANTA BARBARA COUNTY ACTION NETWORK (SB CAN)**

December 20, 2007

CalTrans  
Sara von Schwind, Project Manager

Dear Ms. von Schwind,

The Santa Barbara County Acton Network opposes CalTrans proposal to divert \$1,000,000 in traffic safety funds to install so-called suicide prevention barriers on the Cold Spring Arch Bridge. This project should never have been approved as high priority traffic safety measure for SHOPP 201.010 funding. More than 180 traffic deaths take place each year in the district, while only one death per year is attributed to the suicides taking place on this bridge. A better solution to help prevent suicides can be found in the no-barriers alternative presented by Friends of the Bridge, which we fully support. It makes more sense to install call boxes and surveillance cameras, provide training to law enforcement, and increase highway patrols in the area than to install unsightly barriers that will mar the beauty of this historic bridge. These and the other best practices included in the alternative proposal are more likely to prevent suicides by intervening in a suicide attempt and helping troubled people. Installing barriers will just cause them to go elsewhere, rather than preventing their deaths.

The no-barriers alternative now before you is clearly the superior proposal for preventing suicides, conserving limited funding for traffic safety, and for preserving the integrity and beauty of the historic Cold Spring Arch Bridge. We urge you to adopt this alternative proposal immediately.

Sincerely,

Deborah Brasket, Executive Director  
Santa Barbara County Action Network (SB CAN)

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## **THE PEARL CHASE SOCIETY**

January 2, 2007

Richard Krumholz  
Director CalTrans District 5  
50 Higuera Street  
San Luis Obispo CA 93401

Dear Mr .Krumholtz

The Pearl Chase Society is dedicated to preserving Santa Barbara?s historic architecture.

We feel that the Cold Spring Arch Bridge is a potential historic structure according to the criteria of the National and State Registers.

First, the bridge was a significant structure of American engineering, incorporating several innovative features both in its design and construction. It was recognized in 1963 by the American Institute of Steel Construction with an award as being the most beautiful long-span bridge in the United States.

Second, the bridge embodies the characteristics of a period, specifically of the "Golden Age" of American highway construction. It eliminated a long and hazardous stretch of Highway 154 that was the site of many fatal accidents over the years. It also created a breathtaking gateway into the Santa Ynez Valley.

In recognition of these and other features, Wayne Donaldson, the State Historic Preservation Officer, argued in a letter to Caltrans (13 August 2007) that the bridge is eligible for the National Register of Historic Places: "The bridge has exceptional importance that meets the standards?for properties that have achieved significance within the last fifty years."

The Pearl Chase Society feels that unless there is clear evidence of an overriding public benefit that cannot be provided in any other way, the visual beauty of this architectural gem and the vistas from its motorway

should be preserved.

Kellam de Forest  
Chairman, The Preservation Committee of the Pearl Chase Society

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**SANTA BARBARA TRUST FOR HISTORIC PRESERVATION**

Date: Monday, December 10, 2007 1:51 PM -0800  
From: Jarrell Jackman <docjj@sbthp.org>  
To: sara\_von\_schwind@dot.ca.gov, rich.krumholz@dot.ca.gov,  
Caltrans.Director@dot.ca.gov  
Subject: Suicide Barriers on Cold Springs Bridge.

Dear Ladies and Gentlemen: The SBTHP is opposed to the barriers being proposed for the Cold Springs Bridge. The Trust has a longstanding interest in SB County's bridges, and mounted an exhibit on historic bridges several years ago. That exhibit traveled to other venues including the Lompoc Museum. The exhibit was featured on the front page of the Santa Maria Times, and ... the front page photo, it was of the Cold Springs Bridge. There is mounting opposition to the barriers and I wanted to make certain your were aware of the Trust's strong opposition to them.

Thank you.

Sincerely,

Jarrell C. Jackman, Ph.D.  
Executive Director  
Santa Barbara Trust for Historic Preservation  
PO Box 388, S Barbara, CA 93102

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**LOS PADRES FORESTWATCH**

December 4, 2007

Sara von Schwind, CalTrans Project Manager  
Richard Krumholz, Director District 5  
Will Kempton, Director of DOT

Dear Ms. Schwind, Mr. Krumholz and Mr. Kempton:

I'm writing today regarding CalTrans' proposal to construct so-called suicide prevention barriers on the Cold Spring Arch Canyon Bridge on

Highway 154 in Santa Barbara County. Los Padres ForestWatch fully endorses the no-barriers alternative presented by Friends of the Bridge in this matter.

The Cold Spring Arch Canyon Bridge is widely admired for its unique grace and beauty, and it is located on a State Scenic Highway that passes through the Los Padres National Forest. The installation of barriers of any kind or design would severely impact the scenic, aesthetic and historical significance of this majestic bridge.

We urge CalTrans to cease work immediately on its proposed project to install barriers on the Cold Spring Arch Canyon Bridge so that your agency can give due consideration to the no-barriers alternative. This project was wrongly approved as a high priority traffic safety measure for SHOPP 201.010 funding. It is clear that the no barriers alternative now before you is a superior alternative, and it is one we would support.

Thank you for your consideration,

Jeff Kuyper  
Executive Director  
Los Padres ForestWatch

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## **WOMEN'S ENVIRONMENTAL WATCH**

January 4, 2008

Sara von Schwind, Project Manager, Caltrans  
CalTrans

Dear Ms. Schwind

It has come to our attention that the proposal recently put forth by Caltrans to place suicide barriers on the Cold Spring Bridge has come under great public scrutiny.

Women's Environmental Watch (W.E. Watch) formed 15 years ago to sustain the beauty and rural character of the Santa Ynez Valley. This goal certainly applies to the area of the Cold Spring Bridge, as well as the bridge itself, which is significant, architecturally and historically.

That being said, W.E. Watch is also very concerned about the fact that emotionally distressed persons have regularly chosen this spot as a place to end their lives. It is a true loss on many levels that this has occurred and, if it were shown that placing physical barriers on the Cold Spring Bridge would absolutely save lives, we would support such a project.

However, serious questions have been raised regarding the effectiveness of physical barriers in preventing suicides.

Due to the adverse aesthetic impact and high funding allocation the construction of physical barriers would create, W.E. Watch does not, at this time, support such barriers without further review and study. W.E. Watch would prefer that Caltrans review and adopt an alternative plan that can address the true heart of this problem and that can be enacted relatively swiftly, as compared to the long, drawn-out process that would be necessary to install the barriers. It is our understanding this such alternatives, which are being proposed, have been used in other areas with bridges that have experienced similar problems.

Again, W.E. Watch strongly encourages Caltrans to investigate alternatives to a physical suicide barrier on Cold Spring Bridge that would bring in other agencies with expertise in this topic.

Thank you for your consideration.

Sincerely,

Carol Herrera, President

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**SANTA YNEZ VALLEY ASSOCIATION**

March 10, 2008

Richard Krumholz, Director  
Caltrans District 5  
50 Higuera Street  
San Luis Obispo, CA 93401-5415

Re: Caltrans Cold Spring Canyon Bridge Physical Barricade

Dear Director Krumholz,

The Santa Ynez Valley Alliance would like to express its concern regarding the Caltrans Cold Springs Canyon Bridge Physical Barricade, a project dated 8/17/06 on Caltrans Project Initiation Form (Conceptual Report) SHOPP, signed by Sharon Fasulo 9/26/06.

We are troubled by the process, the seemingly rapid policy decisions, and the relative lack of community involvement. We believe that the extreme narrow focus on a bridge barricade is misplaced and incorrect.

We agree with many comments made by Gary L. Spielmann in his recent letter to our community. Mr. Gary Spielmann was former Director of Suicide Prevention 2002-2006-New York State Office of Mental Health (retired) and is currently Consultant for Suicide Prevention (2007- present).

A number of his statements from that letter follow:

- A) Physical barriers can pose an irresistible challenge to certain people bent on jumping?.it wouldn't take much effort for an individual to carry a step ladder??
- B) Physical barriers provide society with the impression that by installing a physical barricade, we have somehow addressed the needs of suicidal individuals, so we can continue to ignore the likely root of the problem-mental illness, which is probably treatable in a majority of cases. We need to understand that the bridge is not the problem?.
- C) The problem is the stigma, shame, and fear behind mental illness and the thoughts that surround suicide. The solution is to stop making headline news and become proactive in preventing suicide by talking and writing about it, and infusing awareness and prevention in the schools and communities?.
- D) The message conveyed by a physical barrier (i.e. fence) on a bridge to a potential jumper is: don't jump here. The message that should be conveyed to a distraught person is: we want to help you now, so that you don't lose your life as a result of a temporary crisis.

Regarding Mr. Spielmann's comment in item C above, many people from Santa Maria, Santa Barbara, and the Santa Ynez Valley attended a presentation by the Glendon Association titled, "Suicide: what our Community Need to Know" on September 17, 18, 19 in 2007. The Los Olivos event was well attended and very educational. It offered a deeper understanding of the causes of suicide that a barrier will never be able to address. As a matter of policy this type of information should be shared extensively throughout affected communities.

Unfortunately, the public discussion of this issue has become dogmatic, contentious, and controversial. Mr. Spielmann writes "I am deeply concerned by the highly selective use of my work by the Glendon Association in its response to the 'human barricades' proposal submitted by Friends of the Bridge. As the author of the study and architect of the NYSBA plan, please permit me to place in the record my views of the issues involved and a preferred solution". We have read most of the articles and letters we could obtain referencing Spielmann, The Glendon Association, Friends of the Bridge, and Garrett Glasgow, and other sources, and can warn that this project will become even more difficult for those whose responsibility it is to administer.

We believe the current process and stated reasoning for construction of the barricade is flawed, hasty, and seeks to apply a "band-aid" to solving a much more insidious problem. Significantly, it does not structure a systematic process to educate our community about how to respond and manage people that may be suicidal. Such a set of guidelines would be a far more effective deterrent to suicide than a barrier could ever hope to be.

Our recommendations are as follows:

- 1) Based on the apparently incorrect or selective use of the suicide rate of 2 per year in the formal project calculations, the current approved project is invalid. The correct number should be determined and recalculated.
- 2) Mr. Gary Spielmann is a consultant with extensive years of experience in the area of suicide, highways, and bridges. We recommend he be retained as a consultant and the various interested parties be invited to discuss different approaches to the problem of suicide. The objective should be to design an effective community-oriented systematic approach to suicide prevention and education.
- 3) The current project trajectory of the bridge barrier should be suspended and the various interested parties brought together for a constructive team-oriented focus to reset the process. This will allow for a more coherent collaborative methodology that will yield a better result with much less rancor than the current process has created.
- 4) The information presented and the record of the discussion of a meeting of the Caltrans which took place on 1/8/08 to discuss the barricade should be made public. A list of the interested parties and participants should be provided.

The Santa Ynez Valley Alliance is a grassroots group founded to protect the rural character of our community. The Alliance works collaboratively with individuals, groups and governments to support good stewardship of natural and agricultural resources. The Alliance seeks to inform and empower Valley citizens regarding important planning issues affecting the community's future.

We believe that focusing on building a physical barricade on the Cold Spring Bridge is unjustified and is an inappropriate use of precious public funds. The Valley Alliance is opposed to the proposed project.

Please be sure to read the attachment containing citations and references specific to our position. Thank you for your consideration.

Mark Oliver, President,

Santa Ynez Valley Alliance