

SAN DIEGO

# CITY BEAT

FREE  
every  
Wednesday



# UNDER PRESSURE

Depression and the Black Man

by Victor Patton

INSIDE

THE  
FRONT LINES

Asian market wants  
to be more-Asian p.8

**SLAMM**

It came from the  
Killing Fields p.17



Inscribed in bold Roman letters above the west entrance of the San Diego County Administration Center, a 10-story Spanish revival-style edifice overlooking the bay, is the county government's motto: "The Noblest Motive is the Public Good."

Franklin Bulgaire, 46, spent the final 16 years of his life serving under that motto as an employee of the county, working in the building as a property-

assessment specialist in the County Assessor's office. A proud man, as described by a co-worker, over the years his modest cubicle had become a tribute to beloved family members, decorated with photographs of his late wife, Shandra Faye Brown (who passed away a little more than a year ago, following a battle with a rare liver disease), and his 6-year-old son, Desmond.

Earlier this year, Franklin faced the prospect of having to pack up his workspace belongings after being informed that he would soon be let go. A few weeks later he was dead, having apparently fallen from the fourth-floor balcony of the county building—his broken body lying near the top of the south-end steps. His death was ruled as suicide.

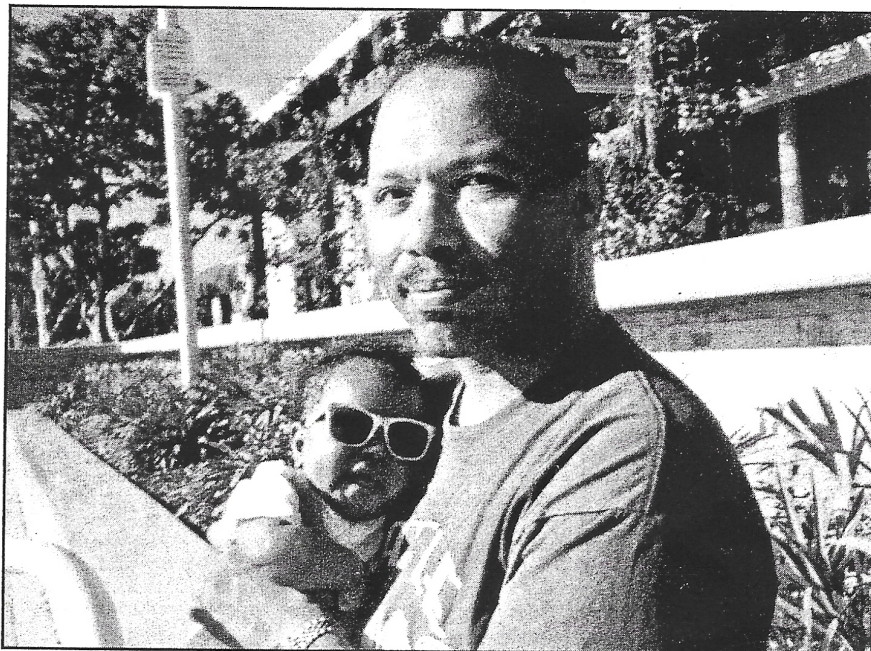
Once thought by many in the black community as a phenomenon that only affected white people, during the past 30 years, the gap between the suicide rate among white people and the suicide rate among black people has narrowed significantly. According to the United States Centers for Disease Control, there was a sudden increase in the rate of African-American males committing suicide, from 7.9 deaths for every 100,000 people in 1970 to 10.9 deaths per 100,000 in 1997. Since 2000, the rate of suicide among African-Americans soared even higher; suicides among men between the ages of 15 and 24 increased to 14.2 per 100,000 people, and 14.3 per 100,000 between the ages of 45 and 64.

Any person, young or old, suffering from severe depression should be considered at risk for committing suicide, warns Dr. Alvin Poussaint and Amy Alexander, authors of the book *Lay My Burden Down: Suicide and the Mental Health Crisis Among African Americans*. "Major symptoms of severe depression are profound sadness, a lack of pleasure and interest in previously enjoyable activities, feelings of hopelessness, self-depreciation, guilt, tenseness, insomnia, rapid gain or loss of weight, fatigue, physical agitation or a noticeable slowing down of movement," wrote Poussaint and Alexander. "Even patients suffering from mild depression, as well as those with psychotic depression, may commit suicide, particularly after a severe loss or humiliation."

Behind the statistics are stories like Franklin Bulgaire's—tragic tales of black men who succumbed under the tremendous weight of their depression. However, there are also stories of black men who have learned to cope with—and triumph over—their depression.

Seven years ago, suicide would have been the furthest thing from Franklin Bulgaire's mind, say his family and friends. It was July 1997—he was nearing his ninth year working a steady job at the Assessor's office, and had exchanged marriage vows with a woman he met at a party for black San Diego County employees. Things were definitely looking up—and the life Franklin had dreamed about was beginning.

"When I met Franklin, he presented himself very, very nice. When Shandra met him, he lit up, and she did, too," said Margaret Brown, Franklin's mother-in-law. Shandra, an aspiring actor, had beaten cancer in 1995. She was looking for a man who was responsible, educated and professional. Franklin fit that profile.



Franklin Bulgaire became the subject of a short blurb in the daily paper the morning after he jumped to his death from the fourth floor of the County Administration Building. The death of his wife, coupled with pressures at work and single-parenthood, sent him into a terrible depression. His suicide leaves young son Desmond, now 6, parentless.

Standing a lean 6-foot-1, clean cut and well spoken, he graduated from the University of Cincinnati with a bachelor's degree in business and finance, and had served briefly in the army.

Shandra and Franklin adjusted well to married life and, eventually, welcomed son Desmond into the family. But in 1998, Shandra's liver disease reemerged. Throughout her illness, family and friends say, Franklin stayed close to her side, juggling the responsibilities of taking care of his wife and his son with working a full-time job.

"He dealt with it all by himself," remembers Brown. "They were very private people, and she didn't want to worry me. He was dealing with it all by himself. He was taking her to the doctor, and she had lots of appointments. The baby had lots of [doctor's] appointments, too. Franklin also was dealing with his work."

By November 2002, Shandra's condition had become so bad she had to be moved to the UCLA Medical Center. She needed a new liver. While waiting for a transplant, she developed an infection and was taken off the transplant list. During this time, Franklin had taken medical leave from work to be by his wife's side.

Although the doctors successfully treated Shandra's infection, her body had become extremely weak, and she was never able to get the liver transplant she needed. She died Dec. 12, 2002.

"When she passed away, he was just devastated," said Brown. "He stayed [in Los Angeles] until the body left. He did not want to leave her up there. He just loved her so much, until he did not even want to believe she was gone."

After Shandra's death, Franklin attempted to pick up the pieces and, by early 2003, returned to work—but it was a struggle. Speaking to *CityBeat* on the condition of anonymity, one of Franklin's co-workers said Shandra's death was certainly no secret around the office. "He was beginning to get his head back together," the co-worker said.

Upsetting Franklin's situation further, he was transferred to another unit in the Assessor's Office. His co-worker said his new boss was less sympathetic than his old supervisor. Franklin repeatedly requested a change in his work schedule so he could spend more time with

Desmond. Each time, he was refused. *CityBeat's* calls to Franklin's supervisors were not returned.

"He was an old-school father who suddenly became a single parent," the co-worker said. "When they took him away to the other side, they put him on a [different] schedule. Normally, we work four 10-hour days. They forbid him to be on that schedule. They stopped [offering] other options, like working 7 a.m. to 3:30 p.m., which is considered a 'mommy track,' so that you can get out not too long after school gets out. They didn't let him work that one either. They had him working 8:30 a.m. to 5 p.m. So he couldn't get Desmond right after school. He couldn't get a doctor's appointment scheduled. And it just frustrated him to do it on his own time because he didn't have any [of his] own time. So they made it as tough for him as they possibly could," his co-worker said.

"He was trying. He was really trying to be the best father that he could be to Desmond," said Linda McDaniel, a longtime friend of Franklin who helped baby-sit Desmond. "He tried to get better hours, and they told him, 'No, you are going to work 8 to 5.' After Shandra had passed away, Desmond was getting sick, and Frank was trying to take care of Desmond, and trying to work. And he told me that his employer was giving him a very difficult time."

"One day, Desmond got really, really sick," McDaniel recalled. "I called Frank to let him know that he was very sick, and that he would have to take him to the doctor. And then Frank wanted me to take him to the doctor—he was scared to get off work to take his son to the doctor.... Those people down there had him really crazy."

Making matters worse, by February 2004, Franklin was demoted to a data-entry position—despite having torn ligaments in his left hand that made repetitive typing painful and difficult. He was told he could lose his job and was having problems making ends meet on a diminished salary. His troubles piling up, Franklin slid into a severe depression.

Although Franklin's depression was most likely triggered by events in his personal life, McDaniel said Franklin felt frustrated being one of the few African-Americans working in the office.

One night in mid-February, McDaniel received a

*Continued on Page 14*



phone call from Franklin. He told her he planned to commit suicide by jumping from the fourth floor of the county building. "He told me that they were going to fire him," McDaniel said. "He said, 'They are trying to fire me because I am not performing my work right' and because he was absent when he took Desmond to the doctor. Then he called me back and told me that he had gone to the fourth floor, and that he had just wanted to jump. I started screaming at him, telling him, 'Don't do that. You have to stand and fight for your job. Don't do that.'" McDaniel said she urged Franklin to make an appointment to see her therapist. He refused, saying he was getting counseling from his church.

A month later, the morning of Monday, March 15, Franklin entered the cafeteria on the fourth floor of the County Administration Center at approximately 8:30 a.m., according to a county medical examiner's report. He placed a circular patio table into the path of the doorway leading to the balcony, and set his glasses, wallet and keys down on the balcony ledge. Then he pulled himself onto the ledge.

Sheriff deputies arrived shortly and attempted to engage Franklin in a conversation, although he "appeared despondent and was not very talkative," according to the medical examiner's report. He then "pushed himself off the ledge" and "fell to the ground below, landing on his back." Franklin was taken to UCSD Medical Center, where he was pronounced dead at 9:37 a.m.

The medical examiner's report showed that at the time of his death, Franklin had been taking the anti-depressant Paxil. The toxicology report also indicated the presence of Benzoyllecgonine, a cocaine metabolite, which, according to the medical examiner, meant that Franklin had likely used cocaine within the past 48 hours prior to his death.

Franklin's passing has left his family with a sense of disbelief—particularly considering how deeply he loved his son. They cling to the notion that his death was an accident.

"I don't believe he was going to" commit suicide, said Jennifer Burkett, Franklin's sister-in-law. "I believe he was going to sit there—I know it's a weird place to be sitting—and ask for help." She believes he slipped and fell. "It was an accident—that's what I believe. That's how it was told to me. One of the deputies who worked the door said that is what happened."

"It blew my mind when they said he committed suicide," said Brown. "I could never see that.... I know he loved that baby so much."

Dr. William H. Grier, a San Diego psychiatrist and an African-American, believes one needn't go far to find proof of depression in black men. "If you go to a black barbershop, or a black bar—if you listen carefully, you'll hear a background of unhappiness," Grier said. "It used to be said that black folks didn't get depressed or black folks didn't commit suicide. That's not true."

Despite having achieved significant gains since the civil rights movement, black men are incarcerated in alarming numbers. Poverty among them is high. And they're dropping out of school at an exceedingly high rate. The statistics themselves are depressing. For example, by the end of the 1990s, 51 percent of the total prison population in the United States consisted of black men, according to The Sentencing Project, a Washington, D.C.-based organization that advocates for alternative sentencing. Combine that with the continuing cycle of violence, poverty and drugs that plagues many black communities, and it begs the question: Is depression in black men the root

cause of these problems in the community—or a symptom?

"When considering the high morbidity and mortality rates among black Americans during the second half of the twentieth century—including those that result from violence and substance abuse—it is likely that hopelessness, in combination with other risk factors such as depression, plays a significant role," wrote Poussaint and Alexander in their book.

"Solid research is hard to come by, but in our estimation, a loss of hope and a sense of fatalism among many black Americans is key to explaining the rising rates of suicide, homicide, drug abuse, and self-destructive behaviors," they conclude.

Suicide can also be non-direct. Dr. Grier says substance abuse can be considered a slow form of suicide. And then there's the phenomenon known as "suicide by cop."

"There's a thousand ways to commit suicide—one of the least of which is to go out and call a policeman a bad name. It's very easy to commit suicide by provoking a [cop] who you know always carries a gun," said Grier. "How many black men do you know who drink themselves to death? It's not a maybe, or a kind of, or a sort of—it's flat-out suicide. Why do people take drugs? They do it to alter their feelings. What's wrong with those feelings that need altering? They're depressed."

"It is no fluke that the blues was created by black folks. I am always intrigued that nobody recognizes the blues as a cry of someone who is depressed," said Grier, who co-wrote the book *Black Rage*, which was published in 1968.

In *Black Rage*, Grier and co-author Price M. Cobbs wrote about the "cultural depression" affecting black people, resulting from being seen as outsiders in their own country. Even though he wrote *Black Rage* more than 30 years ago, Grier believes the feelings of alienation among black men in America

**"The internal strength which allowed blacks to endure centuries of hardships has... morphed over the decades into a form of stoicism that provides little room for acknowledging and addressing mental health problems."**

**-Alvin Poussaint and Amy Alexander**

remain omnipresent. "Black, white, purple, whatever the gender, whatever the race, if you subject somebody to unpleasantness, [and] helplessness, they are going to be depressed. The thing that makes a person jump off [a roof] is the profound depression that has enough roots in reality; that life is not worth living," he said.

"I don't think anything significant has changed, I truly don't," Grier added. "There are young [black] people who grow up, and they have never seen a lynching—well, hell, I haven't either. Their fathers may have a pretty decent job, they may live in an area that is integrated, and they may have a white friend or two; they may go to a mixed school. And the whole family spends its life,

each convincing the other, that 'Oh, we live an entirely different life than our parents and grandparents lived'—ignoring the fact that just a few years ago a [black] man was dragged to death in Texas.... That's the world we live in."

Dr. Norman E. Chambers, director of the Multicultural Counseling and Consulting Center in Golden Hill, had a different take on the issue. "We come from a range of experiences," he said. "There are some that are fairly common and there are some that are uncommon. We have black people at all kinds of economic levels, and you can't make generalizations that we are all pretty much the same."

"There's always an internal component to depression," Chambers said. "Sometimes it has to do with a person's basic personality structure and how they process the world. Sometimes you see evidence of that when someone is really young. No matter what the environment might offer them, we're looking at all kinds of trauma that may have been unrelated to racism, and having different challenges."

But Chambers acknowledged the influence of race. "White-skin privilege" in America cannot be underestimated, he said. "If you live in a society that celebrates your skin and values what you look like, it reduces the possible risk for certain kinds of depression," he said. "The feeling you will get is that you are valuable, you are worthwhile and you are celebrated, whereas if you are a black person, you live in a society where black is perceived as inadequate in many instances."

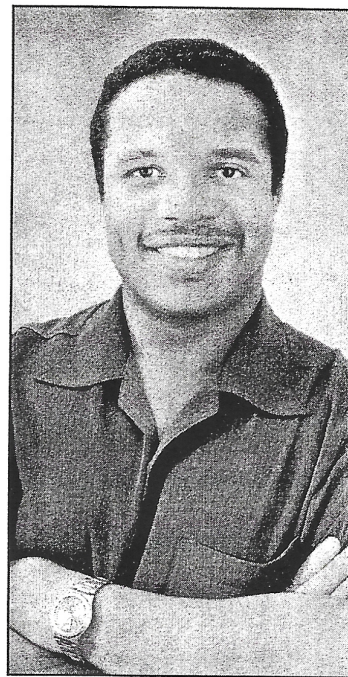
Even with the long history of blacks and suicide—many took their own lives during the slave trade, rather than spend their lives in shackles—the subject of suicide did not enter the collective consciousness of blacks nationwide until R&B singer Donny Hathaway committed suicide by jumping from the 15th floor of a Manhattan hotel in January 1979. Despite Hathaway's death, until recently there has been a belief in the black community that suicide was a "white thing."

In 1998, according to the National Organization for People of Color Against Suicide, more than 90 percent of all suicides in the United States were among whites. In 2000, of the 29,350 Americans who committed suicide, 1,636 were black.

The paradox of the idea that suicide is a "whites only" phenomenon, however, is the erroneous belief that black people are less susceptible to suicide and depression because a history of oppression has equipped them with a superhuman will to overcome hardship. Consequently, many blacks have associated seeing a psychiatrist or therapist as a sign of weakness, or being "crazy."

"The internal strength which allowed blacks to endure centuries of hardships has, it seems to us, morphed over the decades into a form of stoicism that provides little room for acknowledging and addressing mental health problems," wrote Poussaint and Alexander in *Lay My Burden Down*. "Combined with the self-medicating practices of some blacks—alcohol and drug abuse may be fueled by frustration over poverty, discrimination and racism—this stolid posture eventually works against an individual, shutting him or her off from nondestructive alternatives that might provide relief from life's stresses and pain."

Dr. Richard Butcher, who practices in the predominantly black and Latino area of Southeast San Diego, and makes therapy referrals, said he is all too familiar with the



Shaun Evans has his life back on track after a severe bout with depression that left him homeless.

negative perceptions many black men have towards treating their depression. "We have a lot of [black] women coming in who are married, but it is rare that the men come in and open up."

Black men "still hang on to the image of being a macho man—and that it's weak to admit that they're depressed, but [weakness] has nothing to do with it," Butcher said. "When you start doing all of that, you really begin to keep in all of those feelings of depression, and that's the worst thing to do."

Many black men may also have a deep-seated distrust for the medical establishment. Until the mid-20th century, there were numerous occasions where black men were used unwittingly as subjects in a variety of cruel experiments—including the notorious Tuskegee study during the 1930s and '40s, when a group of black men infected with syphilis were studied for several years—without being given treatment.

"One of the things that black people have done—and perhaps this was very wise—was to not seek therapy, because of the lack of someone who is sensitive to who they are as human beings. The [therapist] may be well educated, but may not have the sensitivity to work through the issues that you are presenting," said Chambers, adding that training of non-black therapists in dealing with cultural-sensitivity issues has improved. The training is especially important, because of the relative shortage of practicing black therapists in San Diego.

Shaun Evans, 33, said he's considered suicide many times. "I've had three or four different times in my life where I couldn't function normally," he said. "It was so bad I couldn't eat, sleep or think. If that wasn't depression, I don't know what is." Growing up in Riverside and San Diego, Evans said his depression partially stems from being a foster child who was often shuffled around as a ward of the system.

"Both my parents were extremely physically abusive," Evans said, "and my mother ended up becoming a drug addict. She



was diagnosed as being clinically depressed and bi-polar. The way she was, I figured some of it probably rubbed off on me." At age 13, he tried to commit suicide—first by swallowing pills.

"Several times I knew where my mom's guns were," he recalled, "and I would sit there with [one] in my hand, thinking about it." A friend of Evans kept him from doing it, by making him promise that he would contact him or his family before doing anything drastic.

Evans said his worst bout with depression came after the murder of his sister. It was so bad he ended up living on the streets.

"Somebody killed her in her apartment, right upstairs in her apartment, and left her there for my two nephews to find," he said. "That really, really messed me up. She had laid there so long, that she was in real bad shape. They took her to a very cheap funeral home. She looked terrible. I couldn't get that image out of my head. Pretty soon I fell into depression again. I started being late to work. Then I just stopped showing up. I stopped calling in. And I got fired," he said.

"In two months' time, I had gained 40 pounds, and the furthest I would walk was from my own room to the bathroom. And before you know it, I didn't have any money for rent, so I got booted out of my apartment."

On the streets with nowhere to go, he often thought about putting the gun he kept with him to his head and pulling the trigger.

A longtime model-airplane enthusiast, Evans found himself passing most of his days in a local hobby shop. One day, while visiting the shop, one of the employees asked him if he was homeless. After Evans replied that he was, the man offered to take him in temporarily. It was the break he needed to get back on his feet.

After a series of odd gigs, he was hired as a personal assistant to a local paraplegic scientist—a job that helped put his depression into perspective. "Here was a guy who as a kid was told that he had a disease that would make his legs stop working, and he wouldn't quit. He ended up going to Princeton, and now he's one of the pioneers in computerized DNA monitoring. It made me stop worrying about when things don't go my way and get myself in gear."

A year ago, Evans started his own theater company, the California Youth Conservatory. The company is currently putting on its second production. And he's getting married. "The darkest moments of my life, when I thought nothing was ever going to change—they are just a memory to me now—and they did change," he said.

**O**n March 22, 2004, regulators with the Food and Drug Administration released warnings that patients taking antidepressants can become suicidal in the first weeks of therapy, and physicians who prescribe the medications need to keep an eye on their patients. The agency

released its warning while acknowledging that there'd been no studies providing a convincing link between drug therapy and suicide. Among the drugs identified in the warning was Paxil, the antidepressant Franklin Bulgaire was taking before he died. Other drugs on the FDA list included Zoloft, Prozac, Wellbutrin, Luvox, Cella, Lexapro, Effexor, Serzone and Remeron.

Even so, doctors say the drugs can work—as long as they are taken under the supervision of a qualified doctor or psychiatrist. "In general," said Dr. Chambers, "I can say that there is considerable evidence to indicate that some medications can be helpful—along with psychotherapy. I think that you see noticeable quantifiable behavior modified as a result of psychotherapy and some medication."

On the other hand, Dr. Grier said he avoids prescribing medication whenever possible. "What would make black men less depressed and less suicidal is a more equitable society, where the resources are more equitably distributed," he said.

"I had a patient who came to see me once—a handsome black man. He was a pilot for a major airline. He had been promoted

over some white guys—and he said that the maintenance crew loosened the screws on his side just enough, so that when he got up to 600 miles per hour [the windows would rattle]. And he was never sure whether or not they were going to come out, in which case it would be 'Goodbye, Charlie' for him," Grier said. "So he came to me, saying 'What can I do to myself, so I am not upset by this?' I said, 'I can't imagine what you could do to yourself to not pay attention to a rattling window in a plane that's going 600 miles per hour, over a mile and a half up in the sky, when you know someone down below has deliberately unscrewed it.'"

**O**ne of the first steps to getting help in overcoming depression, Dr. Chambers says, is taking an honest inventory of symptoms—and acknowledging that help is needed. "The important thing is that they share where they are at in their lives with a friend, family member or mental health professional," said Chambers.

Chambers' organization holds weekly discussion groups specifically for African-Americans suffering from depression, allowing people to share their experiences with others who are going through similar struggles.

Chambers acknowledged the disparity that exists in the black community regarding health insurance. He said using employee assistance programs at work, or consulting a minister or spiritual advisor can also prove helpful. Community mental health hospitals also have programs for individuals who do not have health insurance.

"The thing we need to take place [as black people] is to talk about [depression] more," said Dr. Butcher. "It's not a scarlet letter to be depressed."

## Depression resources

**San Diego Suicide Crisis Hotline:**  
**Multicultural Counseling and Consulting Center:**  
**Southeast Counseling and Consulting Services:**  
**Family Health Centers of San Diego:**  
**Point Loma Nazarene University and San Diego Health and Faith Alliance Project Health Promotion Center:**  
**Neighborhood House Association/Project Enable:**

1-800-479-3339

619-239-0408

619-266-3688

619-515-2355

619-624-9851

619-266-2111

**WARNING!**

**\* Take**

**Be a Knockout This Summer!**

**Boxing, Jiu-Jitsu, Muay Thai, Yoga- Cardio and Instructional Classes**

**• NO ENROLLMENT FEE • 1ST MONTHS DUES GETS YOU IN**