

December 16, 2024

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Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane
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RE: Agency Information Collection Activities: Submission for OMB Review; Comment Request

Dear Dr. Delphin-Rittmon:

Below are comments from Advancing American Freedom (“AAF”) on the Substance Abuse and Mental Health Services Administration’s Proposed “Agency Information Collection Activities: Submission for OMB Review; Comment Request” regarding the Substance Abuse and Mental Health Services Administration (SAMHSA) Zero Suicide in Health Systems (Zero Suicide Evaluation) by the Health and Human Services Department on 12/16/2024.

Introduction

Advancing American Freedom (AAF) is a non-profit organization that advocates for conservative values and policies by developing innovative policy solutions, strategies, coalitions, and messaging that build upon the accomplishments of the last administration and expand freedom for all Americans.

SAMHSA’s “Agency Information Collection Activities: Submission for OMB Review, Comment Request” for the Zero Suicide in Health Systems project evaluation states that “while acknowledging the lack of evidence for cultural adaptations to evidence-based and empirically supported treatments and interventions, and that research has not been conducted with historically marginalized and underserved communities (e.g., Black, Asian, Autistic, Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex plus (LGBTQI+), and others), Zero Suicide pushes systems to ensure that clients’ cultural contexts are considered and honored in what treatments are offered and how those treatments are adapted.” The notice goes on to say that “with behavioral health equity as a central component woven throughout the Zero Suicide Framework, the proposed evaluation will ensure that each study includes specific behavioral health equity tenets to ensure a culturally specific understanding of Zero Suicide implementation, outcomes, and impacts.” AAF is deeply concerned that SAMHSA is taking an ideologically driven approach to suicide prevention. Suicide prevention efforts should not be conflated with the rejected Biden-Harris DEI agenda.

An Equity-Driven Framework Would Politicize Suicide Research

We worry that this sensitive subject will be weaponized regarding its treatment of people identifying as transgender. Misrepresenting data about suicide rates of transgender people perpetuates a false narrative about youth gender transitions that creates destructive consequences¹ in young Americans' lives. A growing body of scientific research, especially in Europe, has confirmed the dangers of such medical experimentation and the harmful effects of puberty blockers on mental health, physical health, and future reproductive capability. The impact of hearing such narratives and social media feedback loops should be studied as part of this data collection.

Among people experiencing gender dysphoria, data should be collected on suicidal thoughts before and after dysphoria resolution or even transition in order to help determine whether the narrative surrounding transition as a cure for suicidal tendencies is correct or not. Has SAMHSA published or funded studies on these negative feedback loops that plant suicidal ideation in the minds of young people?

Potential Remedies May Accelerate Social Contagion

Who best loves a child? Parents of adolescents today face an unprecedented threat from the state to their authority over the well-being of their own children. An increasing number of teachers, school administrators, child protective agencies, and courts see parents as a danger to their children when they attempt to exercise their best judgment for their children in ways that, just a matter of years ago, would have been not only unobjectionable, but expected.

The first offensive against parental rights is a threat, sometimes tacit, sometimes explicit: if parents fail to act as though their adolescent child has complete self-awareness of both his current and future needs and desires, their child may commit suicide and, darkest of insult to greatest of injury, it will be their fault.² If this emotional manipulation does not provide the desired results, state intervention³ is the potentially devastating plan B. In light of the evidence, parental hesitation in the face of a child's sudden expression of gender-related distress is justified. The point of what follows is not that this Court should decide that the spike in adolescent transgender identity is, in fact, a product of social contagion. Rather, it is to show that those state officials who so aggressively claim the moral high ground in fact do not have a basis

¹ The United Kingdom's government has banned puberty blockers for youth under age 18 due to their "unacceptable safety risk." For more information, see <https://www.nytimes.com/2024/12/11/world/europe/uk-bans-puberty-blockers-under-18.html> and <https://www.nytimes.com/2024/05/13/health/hilary-cass-transgender-youth-puberty-blockers.html>

² See, e.g., @HHS_ASH, X (Feb. 24, 2022 9:58 AM) https://twitter.com/HHS_ASH/status/1496862186664341505 ("Gender affirming care for transgender youth is essential and can be life-saving.").

³ See, e.g., Brief amicus curiae of Advancing American Freedom et al., *M.C. and J.C. v. Ind. Dept. of Child Servs.*, No. 23-450 <https://advancingamericanfreedom.com/m-c-and-j-c-v-indiana-department-of-child-services/>

for replacing, with their own judgment, that of parents who know their children better than anyone else, and certainly better than representatives of the state.

In the past, identification as transgender was very rare.⁴ Around the mid-2000s, however, there was a significant increase in those seeking treatment for gender dysphoria. To take one example, the number of patients treated at the Doernbecher Children’s Hospital’s gender clinic in Portland, Oregon, increased by 4,500 percent from 2013 to 2021.⁵ Such a significant increase suggests that, rather than an organic development, the change is the product of influence by teachers, school administrators, friends or peers, social media, or federal grantmakers. That influence is leading more young people to conclude that they are transgender as an explanation for, or solution to, other difficulties they are facing, be they the normal emotional and social difficulties of adolescence or other psychological difficulties like depression or anxiety. As Dr. Lisa Littman concludes in an early study of what she termed rapid onset gender dysphoria (“ROGD”), the data “[S]uggests that not all [adolescents and young adults] presenting at these vulnerable ages are correct in their self-assessment of the cause of their symptoms; some may be employing a drive to transition as a maladaptive coping mechanism; and that careful evaluation is essential to protect patients from the clinical harms of overtreatment and undertreatment.”⁶

Dr. Littman also notes, “[a]dolescent-onset gender dysphoria is sufficiently different from early-onset of gender dysphoria that persists or worsens at puberty.”⁷ Despite the sudden increase in the numbers of those experiencing symptoms of gender dysphoria, many in the United States, including schools, courts, and professional organizations have adopted an approach to treating those with this condition known as “gender-affirmative care.” This approach depends on the assumption that transgender identity is an innate personal characteristic,⁸ and that children and adolescents can know with confidence that they are transgender with no professional assessment.⁹

For many adolescents who begin to experience gender dysphoria for the first time, the progression of so-called “treatment” is from “social transition” (dressing as, and using the pronouns of, the opposite sex and using a different name) to chemical and potentially surgical transition. “Social transition,” which is supposed to help a child feel more comfortable with

⁴ See Kaltiala-Heino, Riittakerttu et al., *Gender dysphoria in adolescence: current perspectives*, at 32 (Mar. 2, 2018) (available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5841333/pdf/ahmt-9-031.pdf>).

⁵ Chad Terhune, Robin Respaut, Michael Conlin, *As more transgender children seek medical care, families confront many unknowns*, Reuters (Oct. 6, 2022) <https://www.reuters.com/investigates/special-report/usa-transyouth-care/>

⁶ Lisa Littman, *Parent reports of adolescents and young adults perceived to show signs of a rapid onset of gender dysphoria*, PLoS One at 37 (Aug. 16, 2018) (available at <https://journals.plos.org/plosone/article/file?id=10.1371/journal.pone.0202330&type=printable>).

⁷ *Id.* at 39.

⁸ https://www.supremecourt.gov/oral_arguments/argument_transcripts/2024/23-477_c07d.pdf

⁹ As Dr. Megan Mooney said in an interview, “[I]t’s believing children. That is the purest essence of gender-affirming care. When a child tells you who they are, you believe them.” Katelyn Burns, *‘When a Child Tells You Who They Are, You Believe Them’: The Psychologist Taking on Texas’ Anti-trans Policies*, The Guardian (Mar. 2, 2022) <https://www.theguardian.com/world/2022/mar/02/megan-mooney-texas-psychologist-taking-on-anti-trans-policies>.

himself or herself, may in fact produce the opposite result. Social transition may well reinforce a psychological state that, on its own, would likely resolve.¹⁰ Dr. Riittakerttu Kaltiala, “the top expert on pediatric gender medicine in Finland,” “sees [social transition] as a powerful intervention in a young person’s psychosocial development,” that “can solidify what is otherwise likely to be a passing phase into a more permanent state or mind . . . and put the minor on the path to drugs and surgeries.”¹¹ Such interventions can have permanent effects, such as medically unnecessary mastectomies for young women.

Parents have ample reason not only to doubt their child’s sudden assertion of gender identity but also to doubt the reliability of medical professionals in this area given its politicization. Thus, parental concern about gender transition is not only reasonable; it is warranted. Yet parents who object to their child’s sudden claims to be transgender face not merely disagreement but vindictive and vicious opposition from multiple directions, sometimes resulting in the removal of their child from the home by the state.¹² Their child, their child’s schools, doctors and therapists, and, in some cases, state bureaucrats and courts, will accuse the parents of transphobia and of engaging in behavior that will drive their child to suicide. Faced with such charges, many parents may simply give in and hope for the best. Those with the audacity to stay the course may then face the power of the state and the threat of the removal of their child. Parents should be able, as the greatest experts on their own children, to make decisions about what is best for them, especially when the stakes are so high. These are complicated issues and parents have a right to plant their feet on the ground rather than allowing their families to be swept along by whatever critical theory is asserted by the state, a theory tacitly accepted here.

SAMHSA’s Proposed Solutions Will Only Exacerbate Mental Health Issues

Causing children physical harm is an evil that has, no doubt, existed in every society throughout human history. Even more tragically, different forms of harm have been considered socially acceptable and even obligatory in many societies at different times in history. In America, such harm is, rightly, nearly universally criminalized. However, one form of such harm, the chemical or surgical manipulation of children in response to alleged gender dysphoria, is accepted by many and pursued by the Biden-Harris Administration.¹³

The predominant narrative surrounding puberty blockers as a lifesaving form of treatment among suicidal gender dysphoria patients, which has been promoted by the Biden-Harris Department of

¹⁰ See, Leor Sapir, *Finland Takes Another Look at Youth Gender Medicine*, Tablet (Feb. 21 2023) <https://www.tabletmag.com/sections/science/articles/finland-youth-gender-medicine>.

¹¹ *Id.* See also, Ilya Shapiro, Leor Sapir, John Ketcham, *Correcting the Record on Social Transition*, City Journal (Mar. 23, 2023) <https://www.city-journal.org/article/correcting-the-record-on-social-transition>.

¹² See, e.g., Brief amicus curiae of Advancing American Freedom et al., *M.C. and J.C. v. Ind. Dept. of Child Servs.*, No. 23-450 <https://advancingamericanfreedom.com/m-c-and-j-c-v-indiana-department-of-child-services/>.

¹³ See, generally, Brief amicus curiae of Advancing American Freedom et al., *United States v. Skrmetti*, No. 23-477 <https://advancingamericanfreedom.com/united-states-v-skrmetti/>.

Justice,¹⁴ among others, has been proven false. Dr. Johanna Olson-Kennedy of the Childrens' Hospital of Los Angeles refused to release her \$10 million study on puberty blockers because her research found that puberty blockers did not improve the mental health of the study's subjects, and she did not want her "work to be weaponized."¹⁵ In the recent *United States v. Skrametti* oral arguments at the Supreme Court, Justice Samuel Alito cited the Cass Report's findings that "There is no evidence that gender-affirmative treatments reduce suicide," which ACLU lawyer Chase Strangio admitted to be true.¹⁶ The Substance Abuse and Mental Health Services Administration should not use its suicide prevention programs to advocate for the disproven and harmful use of puberty blockers to address suicide among people suffering from gender dysphoria.

That children in this country are being subjected to this sort of bodily mutilation based on their adult-coached impression is an outrage. Puberty blockers have been approved by the FDA for treating precocious puberty, the condition in which children begin puberty earlier than is normal or healthy. They are used in such cases to delay puberty until the normal age at which puberty should begin. However, they are now being prescribed off-label to arrest the natural pubertal process not because that process has begun too early or to address some other physical malady, but to address gender dysphoria in young people.

As is explained in the Cass Review,¹⁷ a review of gender medicine by Dr. Hilary Cass for the British government, the safety of puberty blockers as a temporary fix for gender dysphoria cannot be extrapolated from their safety as a treatment for precocious puberty. When used to delay natural puberty, puberty blockers "are blocking the normal rise in hormones that should be occurring into teenage years, and which is essential for psychosexual and other developmental processes." The administration of puberty blockers may alter "the trajectory of development of sexual and gender identity."¹⁸ Sadly, puberty blockers may well prevent a natural resolution of young people's gender identity issues. By preventing the natural pubertal process, young people may well be locked into their mental state rather than developing out of it. Further, even if used

¹⁴ https://www.supremecourt.gov/oral_arguments/argument_transcripts/2024/23-477_c07d.pdf

¹⁵ <https://www.nytimes.com/2024/10/23/science/puberty-blockers-olson-kennedy.html>

¹⁶ https://www.supremecourt.gov/oral_arguments/argument_transcripts/2024/23-477_c07d.pdf

¹⁷ Dr. Hillary Cass, Independent Review of Gender Identity Services for Children and Young People 174. The full report is available for download at <https://cass.independent-review.uk/home/publications/final-report/>. The evidence that the science behind "trans medicine" is unreliable has continued to come in. *Research Into Trans Medicine has Been Manipulated*, The Economist (July 27, 2024) <https://tinyurl.com/46esdsr6>. Yet the Federal Government may be acting to cover up the data that would expose that lack of evidence in America. As Leor Sapir explains, the Department of Justice (DOJ) may be trying "to halt release of more information in the Alabama case, as that material could further expose [the World Professional Association for Transgender Health (WPATH)] and shed more light on how HHS and other executive-branch officials misled the American public about youth gender transition." Leor Sapir, *What Does the DOJ Not Want Americans to Know?*, City Journal (July 12, 2024) <https://www.cityjournal.org/article/what-does-the-doj-not-want-americans-to-know>.

¹⁸ E. Abbruzzese, Stephen B. Levine, Julia W. Mason, *The Myth of "Reliable Research" in Pediatric Gender Medicine: A Critical Evaluation of the Dutch Studies—and Research That Has Followed*, 49 Journal of Sex and Marital Therapy 673 (2023).

as intended, cross-sex hormones may lead to sexual dysfunction and, by biological necessity, to sterility.¹⁹ It is increasingly clear that starting kids on puberty blockers constitutes not a singular intervention, but rather starting them down an unproven path with a high risk of harm.

Second, puberty blockers may well hinder neurocognitive development. As the Cass Review explains: “[A]dolescent sex hormone surges may trigger the opening of a critical period for experience dependent rewiring of neural circuits underlying executive function (i.e. maturation of the part of the brain concerned with planning, decision making and judgment). If this is the case, *brain maturation may be temporarily or permanently disrupted by the use of puberty blockers, which could have a significant impact on the young person’s ability to make complex risk-laden decisions, as well as having possible longer-term neuropsychological consequences.*”²⁰ One study mentioned in the Cass Review found no cognitive difference between those adolescents given puberty blockers for less than a year and those not given puberty blockers at all, “but found worse executive functioning in those treated for more than one year compared to those not treated.”²¹ Common sense suggests that delaying puberty, one of the most important physiological and psychological developmental milestones in a person’s life, would have lifelong impacts.

Next, the Cass Review argues that, “[i]f puberty suppression is started too early in birth-registered males it can make subsequent vaginoplasty (creation of a vagina and vulva) more difficult due to *inadequate penile development.*”²² Puberty blockers can prevent a child’s sexual development such that, as an adult, he or she will not have properly developed genitalia.²³ Such destruction of young bodies is not unlike those mutilations of young boys’ and girls’ bodies now rightly seen as barbaric relics.²⁴ Why would a health agency promote them?

¹⁹ And, as Dr. Marci Bowers, president of the WPATH said, the administration of puberty blockers before a certain stage of pubertal development leads to sexual dysfunction. Hannah Grossman, *Influential Trans Care Doctor Once Warned Puberty Blockers Could Cause Permanent Sexual Dysfunction*, Fox News (May 23, 2022 4:24 AM) <https://www.foxnews.com/media/influential-trans-care-doctor-once-warned-puberty-blockers-could-cause-permanent-sexual-dysfunction>.

²⁰ Cass at 178, emphasis added.

²¹ *Id.*

²² Emphasis added.

²³ That these interventions could permanently close doors the importance of which the child or adolescent in question could not possibly understand at his or her age is not the exercise of autonomy, but its destruction. See, generally, Moti Gorin, *What is the Aim of Pediatric “Gender-Affirming” Care?*, 54 *Hastings Center Report* 15 (2024).

²⁴ Brief amicus curiae of Advancing American Freedom et al., *United States v. Skrametti*, No. 23-477 at 16 <https://advancingamericanfreedom.com/united-states-v-skrametti/>

By legitimizing false conceptions of gender, the Rule at issue here makes the aforementioned harms more likely. For all of these reasons above, we at Advancing American Freedom strongly urge you to abandon this rule and related vain pursuits for the remainder of the Biden-Harris Administration.

Paul Teller

Executive Vice President

Advancing American Freedom

Vice President Mike Pence, Founder