ETHICS AND PUBLIC POLICY CENTER

December 20, 2024

Via Federal eRulemaking Portal

Miriam Delphin-Rittmon
Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane
Rockville, MD 20857

RE: Agency Information Collection Activities: Submission for OMB Review; Comment Request

Dear Ms. Delphin-Rittmon:

I am a scholar and Policy Analyst at the Ethics and Public Policy Center (EPPC). I write in response to the Department of Health and Human Services Substance Abuse and Mental Health Services Administration's (SAMHSA) "Agency Information Collection Activities: Submission for OMB Review; Comment Request" notice.[1]

While I support SAMHSA's efforts to reduce suicide "and suicide attempts across America," the Department's proposal to extend its evaluation of the Zero Suicide Framework based on "LGBTQIA+" and "health equity" improperly integrates the Biden-Harris Administration's DEI-driven ideology without evidence or proper reasoning.[2] The Department's proposal is contrary to science and studies that show that affirming self-determined identities does not decrease suicidality but rather potentially increases it.

The Department's notice states that SAMHSA will use this data collection "to reduce suicide ideation, suicide attempts, and deaths due to suicide."[3] Yet, the Department argues that "behavioral health equity [should be] a central component woven throughout the Zero Suicide Framework."[4] This includes considering contexts such as "Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and Asexual Plus (LGBTQIA+)."[5] The Department fails to cite any research or studies for why it seeks to promote "behavioral health equity" and "LGBTQIA+" in this program and how it will reduce suicidality rates.[6]

I. The Department's Notice Assumes Benefits of "Health Equity" for Reducing Suicide.

By "push[ing] systems to ensure that clients' cultural contexts are considered and honored in what treatments are offered and how those treatments are adapted," specifically referring to "LGBTQIA+," the

[1] 89 Fed. Reg. 91775 (Nov. 20, 2024), https://www.federalregister.gov/documents/2024/11/20/2024-27065/agency-information-collection-activities-submission-for-omb-review-comment-request.
[2] *Id*.
[3] *Id*.
[4] *Id*.
[5] *Id*.
[6] *Id*.

Department necessarily argues that "health equity" plays a role in the risk of suicidality by including it as part of the evaluation. [7]According to the Institute for Research and Evaluation,

> The "transition or suicide" claim—that parents must choose between a "live trans son or a dead daughter" (or vice versa)—is not supported by scientific evidence. Widely cited studies claiming that suicidality in gender-confused youth is reduced by cross-sex hormonal and surgical interventions have been found to have significant methodological flaws and therefore should not be relied on. Scientifically sound studies have found either no reduction or an increase in transgender suicidality after youth have received cross-sex medical procedures.[8]

Indeed, "there is no evidence that suicidality is caused by gender dysphoria nor is it reduced, in the long term, by gender affirming hormones or surgeries."[9] One study in 2014 reported that "there was no reduction in suicide attempts at any step in the process of cross-sex medical intervention."[10] Another study in 2020 "found … no [positive effects] of surgery in relation to subsequent mood or anxiety disorder related health care visits or prescriptions or hospitalizations following suicide attempts."[11] And another study found that "the incidence for observed suicide deaths was almost equally distributed over the different stages of treatment" (i.e., the suicide rate was roughly the same before and after cross-sex surgery)."[12]

The studies that are often cited by advocates of so-called "gender affirming care" to show causality between gender dysphoria and suicidality and positive outcomes of gender transitioning treatments are flawed or have competing outcomes that are purposefully cherrypicked.[13] For example, a 2020 study, which was "widely cited as showing that puberty blockers reduce suicidality, actually obscured contradictory findings:

- The study employed the inferior correlational research design which is not able to test causality.
- The study Abstract (or summary) reported that puberty blockers had reduced Suicidal Thoughts in adolescents, but the author failed to include in the Abstract that there was no reduction in the more serious measures of suicidality: Suicide Attempts, Lifetime Suicide Attempts, and Suicide Attempts Resulting in Hospitalization—all key findings
- The study results suggest that recent suicide attempts may have increased after puberty blockers, although not significant due to small numbers. And 75% of those who received puberty blockers still had suicidal thoughts."[14]

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[7] *Id*.
[8] Transgender Research: Five Things Every Parent and Policy-Maker Should Know, Institute for Research & Evaluation, https://personandidentity.com/wp-content/uploads/2022/11/Transgender-Research.5-Things-Every-Parent.pdf.
[9] The Facts About "Gender Affirming Care" (GAC) for Children and Adolescents, Rethink Identity Medicine Ethics, https://personandidentity.com/wp-content/uploads/2022/09/ReIME-FACTS-abt-GAC.pdf.
[10] Transgender Research: Five Things Every Parent and Policy-Maker Should Know, *supra* n.8.
[11] *Id*. at 3.
[12] *Id*. at 4.
[13] *Id*. ("A recent study, patterned after an early study in the Netherlands that said puberty blockers improved mental health in transgender youth (deVries, 2011), found puberty blockers had no positive effect on mental health or suicidality."); ("A recent study, often named as evidence that cross-sex hormones during adolescence reduce suicidality in adults, obscures contradictory findings and seems to downplay evidence suggesting increased suicidality for 16-17-year-old patients.").
[14] *Id*.; Major Pediatric Gender Studies, Major Flaws, *Do No Harm*, Sept. 2024, at 2, https://donoharmmedicine.org/wp-content/uploads/2024/09/Pediatric-Gender-Study-Flaws-report-Sept2024.pdf.

In fact, "suicidality is a well-documented symptom of depression, anxiety, personality disorders, identity issues and autism spectrum disorder, all of which are over-represented among trans-identifying adolescents."[15] The Department would be better served evaluating data on the underlying mental health disorders than the self-determined gender identities that are often a coping mechanism for individuals with mental health disorders and a history of trauma. Furthermore, individuals with gender dysphoria "present in the context of multiple interacting risk factors that include at-risk attachment, unresolved loss/trauma, family conflict and loss of family cohesion, and exposure to multiple ACEs [adverse childhood events]."[16] Indeed, "suicide risk [in gender questioning individuals] appears to be comparable to other young people with a similar range of mental health and psychosocial challenges."[17] Rather than reducing an individual's complex medical history and trauma to a self-determined identity not based on reality, this program should consider better-suited efforts and approaches to help individuals suffering from suicidal ideations.[18]

As one expert of "gender medicine" stated, "transition or suicide" is "purposeful disinformation, and spreading it is irresponsible."[19] Indeed, "Much of the public confusion about the suicide issue stems from a simple correlation-causation fallacy."[20] By making "LGBTQIA+" and "health equity" the center of the Zero Suicide Framework, the Department is relying on this fallacy, thus hurting the very people it claims to try to help.[21]

II. Promoting "LGBTQIA+" and "Health Equity" in the Program Will Likely Lead to an Increased Risk of Suicide, not a Decrease.

The risk of suicide does not decrease with gender-transitioning treatments or affirmation; instead, studies show that it may increase. One study reported that in a

> landmark 30-year longitudinal study of life after transgender surgery found that…Ten years after sex reassignment surgery, the transgender patients were 19 times more likely to die from suicide than the typical Swedish population, after accounting for differences in individual mental illness before surgery.[22]

Another study found that "in the process of cross-sex medical treatment [there] was associated with a three-fold increase in actual suicide attempts."[23] In a "meta-analysis of 42 studies of suicidality in transgender adults," "suicidal thoughts appeared to increase after medical transition and suicide attempts did not appear to decrease."[24] But the Department's proposal to focus on "health equity" as part of the causation for suicidality may "create a damaging nocebo effect (... "self-fulfilling prophecy" ...) whereby suicidality…may be further exacerbated."[25] By making "LGBTQIA+" and suicidality a reoccurring

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[15] *Id*.
[16] *Id*.
[17] On Point's Full Interview with Dr. Hilary Cass, "The Evidence was Disappointingly Poor," May 8, 2024, https://www.wbur.org/onpoint/2024/05/08/nhs-hilary-cass-review-gender-transgender-care.
[18] The Facts About "Gender Affirming Care" (GAC) for Children and Adolescents, Rethink Identity Medicine Ethics, *supra* n.9, at 2.
[19] Tablet Magazine, "Finland Takes Another Look at Youth Gender Medicine," Feb. 20, 2023, https://www.tabletmag.com/sections/science/articles/finland-youth-gender-medicine.
[20] *Id*.
[21] 89 Fed. Reg. 91775.
[22] Transgender Research: Five Things Every Parent and Policy-Maker Should Know, *supra* n.8, at 3.
[23] *Id*.
[24] *Id*.
[25] Tablet Magazine, "Finland Takes Another Look at Youth Gender Medicine," *supra* n.19.

theme, "many may indeed become suicidal."[26] In fact, the CDC has said that "[s]uicide is never the result of a single factor or event" and warns against "presenting simplistic explanations for suicide."[27]

Suicide is a tragic event and ought to be prevented, but the Department's proposal to consider primarily "LGBTQIA+" and "health equity" relies on faulty studies that have been widely misused to fearmonger parents and families and promote the Biden-Harris Administration's ideology-driven agenda.

Conclusion

I urge the Department to reconsider its proposal to base its Zero Suicide Evaluation on "LGBTQIA+" and "health equity."

Sincerely,

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[26] *Id*.
[27] *Id*.