January 23, 2018

Honorable Frank Kotowski, Chairman
House Health, Human Services and Elderly Affairs Committee
Legislative Office Building – Room 205
36 North State Street
Concord, NH 03301

Dear Chairman Kotowski and Members of the Committee,

Thank you for the opportunity to testify today. My name is Kenneth Norton and I serve as Executive Director of NAMI NH, the National Alliance on Mental Illness. On behalf of NAMI NH, I am here to speak in opposition to HB 1560.

Specifically, I am here to talk about the high risk for suicide for trans people. By way of background, I lead the development of NAMI NH’s Connect Suicide Prevention Program which was designated as a national best practice in suicide prevention, intervention and postvention. The Connect Program has trained in over 40 states and 35 tribal nations. In my role, I have done briefings related to mental health and suicide prevention at the Pentagon, provided training for the Department of Defense and presented in four countries. I have also served on numerous national workgroups and committees, including the National Suicide Prevention Lifeline.

As the chart below indicates, suicide is the second leading cause of death for ages 10-34 in NH (as well as nationally). It is the third leading cause of death ages 35-44, and the fourth leading cause of death for ages 45-54. Suicide deaths are the tip of the iceberg in contrast to suicide attempts. The human and economic impact of suicide deaths and attempts is significant. A small, but important, subgroup of these statistics is people who are dealing with gender identity issues. There is an emerging body of research showing that trans people are eight times more likely to attempt suicide than their peers in the general population. Young people who are gender non-conforming are at higher risk. A 2017 review of recent research on transgender suicide showed several unique risk factors contribute to the high rate of suicide in this population: including lack of...
family and social supports, gender-based discrimination, transgender-based abuse and violence, gender dysphoria and body-related shame, difficulty while undergoing gender reassignment, and being a member of another or multiple minority groups.

It is also important to note that while there are widely promoted articles and reports that a longitudinal study in Sweden showed that suicide rates are higher after a person transitions, these are distortions of the study results. The author of that article Reassignment Surgery: Cohort Study in Sweden by Dr. Cecilia Dhejne has explicitly and repeatedly stated that the study does not show that medical transition results in suicide or suicidal ideation, nor does it demonstrate increased mortality and morbidity.

NAMI NH is committed to addressing suicide as a public health issue and reducing the incidence of suicide death in NH. We support the decision by the NH Department of Health and Human Services to offer Medicaid recipients the option of hormone therapy or sex reassignment surgery based on the recommendations and consultation with their health care providers. It is our opinion that denying these medical treatments will result in increased risk for suicide.

We respectfully request that you vote this bill inexpedient to legislate. I am happy to answer any questions which you have.

Respectfully,

Kenneth Norton, LICSW
Executive Director