February 22, 2022

Chairman Mark Pearson House Health and Human Services and Elderly Services Committee Legislative Office Building 36 North State Street Concord, NH 03301

Dear Chairman Pearson and Members of the Committee,

Thank you for the opportunity to testify today. My name is Holly Stevens, and I am the Public Policy Director at NAMI New Hampshire, the National Alliance on Mental Illness. On behalf of NAMI NH, I am here to speak in opposition to HB 1180.

Specifically, I am here to talk about the high risk for depression, suicide attempts and suicide death for trans people. By way of background, NAMI NH's Connect Suicide Prevention Program has been designated as a National Best Practice in suicide prevention, intervention and postvention and has trained in over 40 states, and 35 tribal nations. The Connect program has also done briefings related to mental health and suicide prevention at the Pentagon, provided training for the Department of Defense (DOD) and presented in six countries. NAMI NH/Connect staff serve on numerous national and local workgroups and committees, including the National Suicide Prevention Lifeline (NSPL), as well as New Hampshire's legislatively established Suicide Prevention Council.

As the chart to the right indicates, suicide is the second leading cause of death for ages 10-34 in NH. It is the third leading cause of death ages 35-44, and fourth leading cause 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 are people who are dealing with gender identity issues. There is an emerging body of research showing that trans people are likely to attempt suicide at alarmingly higher rates than their

Age Groups											
Rank	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	All Age
1	Short Gestation 33	Unintentional Injury 10	Malignant Neoplasms	Malignant Neoplasms 11	Unintentional Injury 321	Unintentional Injury 818	Unintentional Injury 642	Malignant Neoplasms 866	Malignant Neoplasms 2,622	Heart Disease 11,250	Malignant Neoplasms 13,938
2	Congenital Anomalies 29	Congenital Anomalies	Unintentional Injury 	Suicide 11	Suicide 152	Suicide 182	Malignant Neoplasms 211	Unintentional Injury 608	Heart Disease 1,395	Malignant Neoplasms 10,137	Heart Disease 13,416
3	Maternal Pregnancy Comp. 15	Homicide 	Homicide 	Unintentional Injury 	Heart Disease 20	Malignant Neoplasms 62	Suicide 195	Heart Disease 577	Unintentional Injury 484	Chronic Low. Respiratory Disease 3,136	Unintentiona Injury 4,469
4	Placenta Cord Membranes 15	Influenza & Pneumonia 	Benign Neoplasms	Congenital Anomalies	Malignant Neoplasms 18	Heart Disease 49	Heart Disease 118	Suicide 272	Chronic Low. Respiratory Disease 397	Alzheimer's Disease 2,267	Chronic Lov Respiratory Disease 3,641
5	Respiratory Distress 10	Malignant Neoplasms	Congenital Anomalies	Benign Neoplasms 	Homicide 14	Liver Disease 15	Liver Disease 68	Liver Disease 169	Diabetes Mellitus 277	Cerebro- vascular 2,203	Cerebro- vascular 2,486
6	Circulatory System Disease	Diabetes Mellitus	Heart Disease	Chronic Low. Respiratory Disease	Chronic Low. Respiratory Disease 	Homicide 13	Diabetes Mellitus 31	Diabetes Mellitus 101	Liver Disease 277	Unintentional Injury 1,566	Alzheimer's Disease 2,296
7	Intrauterine Hypoxia 	Heart Disease	Acute Bronchititis	Influenza & Pneumonia 	Congenital Anomalies	Cerebro- vascular 11	Homicide 25	Chronic Low. Respiratory Disease 81	Suicide 223	Diabetes Mellitus 1,226	Diabetes Mellitus 1,646
8	Bacterial Sepsis		Diseases Of Appendix	Nephritis	Cerebro- vascular	Congenital Anomalies	Cerebro- vascular 17	Cerebro- vascular 73	Cerebro- vascular 175	Influenza & Pneumonia 1,070	Suicide 1,271
9	Unintentional Injury 			Pneumonitis	Diabetes Mellitus	Diabetes Mellitus	Chronic Low. Respiratory Disease 16	Septicemia 36	Nephritis 84	Nephritis 810	Influenza & Pneumon 1,167
10	SIDS				Four Tied	Two Tied	Congenital Anomalies	Congenital Anomalies 24	Septicemia 83	Parkinson's Disease 786	Nephritis 926

peers in the general population. Young people who are gender non-conforming are at also higher risk. A 2021 study indicated that people who undergo hormone therapy or gender affirming surgery had significant reductions in psychological distress including suicidal thoughts.

However, previous studies on transgender people 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.

Restricting people to their "biological based sex" or their gender assignment at birth as laid out in this proposed bill, is harmful to the mental health of these individuals and as indicated in the previously mentioned studies, is likely to increase risk for depression, suicide, and suicide attempts.

It is also important to note that while there are widely promoted articles and reports that a longitudinal study in Sweden showed suicide rates are higher after a person transitions, these are distortions of the study results. The author of the article *Reassignment Surgery: Cohort Study in Sweden* by Dr. Cecilia Dhejne has explicitly and repeatedly stated the study does not show 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 thoughts, attempts and deaths for all people in NH. We respectfully request that you vote this bill inexpedient to legislate. I am happy to answer any questions which you have.

Sincerely,

Holly A. Stevens, Esq.