

December 20, 2024

Miriam E. Delphin-Rittmon, Ph. D.
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 Dr. Delphin-Rittmon,

Below are comments from Coalition for Jewish Values (CJV) 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 December 16, 2024.

Introduction

Representing more than 2,500 traditional Orthodox rabbis, Coalition for Jewish Values (CJV) promotes classical Jewish principles in matters of public policy. At CJV, we regard Jewish values as those drawn from the Bible and rabbinic teachings across millennia of Jewish history.

While we commend SAMHSA for its work to prevent suicide and ease the suffering of underserved communities, CJV is deeply concerned that SAMHSA is taking an ideologically driven approach to its mission. The notice makes clear its commitment to divisive, hotly contested political ideas, including critical theory and DEI, that will do more harm than good. We fear this partisan approach will exclude the perspectives of any who do not conform with certain rigid ideas about gender and race, while exposing vulnerable individuals—including children—to counterproductive intervention. As members of a religious minority facing an historic and current onslaught of hatred and violence, we are cognizant of the need to tailor certain interventions and approaches to the needs and cultural values of people from marginalized communities. Unfortunately, SAMHSA's embrace of highly politicized ideas threaten to divide and victimize rather than heal and restore.

SAMHSA's Proposed Solutions Enshrine Gender Ideology and Endangers Children

We are particularly concerned by the possibility that in the name of suicide prevention, SAMHSA will endanger children. From the notice, it is obvious that SAMHSA has embraced the belief that children can be "born in the wrong body" and that feelings of distress surrounding one's body, sex, and societal gender roles should—or even can—be alleviated through chemical and surgical interventions with irreversible effects. For the past four years, the Biden-Harris Administration has openly endorsed the predominant narrative surrounding gender identity and gender-affirming care. SAMHSA's notice follows this pattern. 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.

The transgender narrative that SAMHSA appears to endorse insists that without such “gender-affirming treatments,” those suffering gender dysphoria will end their own lives. Against mounting evidence and a growing chorus of “detransitioners” who regret such treatments, this narrative tells vulnerable people—including children and their parents—that only social transition, puberty blockers and other hormones, and surgery will improve mental health and prevent suicide. In fact, this approach may actually *plant suicidal ideation in the minds of at-risk people* and encourage them to regard transition and medical intervention as a panacea for their suffering. Instead of the sensitive, multivalent support required to address complex challenges, they are sold a cure-all that comes with permanent, often devastating consequences. By legitimizing false conceptions of gender, the Rule at issue here makes the aforementioned harms more likely. Those experiencing mental illness and despair deserve real care, not illness, disability, surgical complications, and lifelong medicalization that come with gender ideology and “gender-affirming treatment.” Given the available evidence, SAMHSA’s ongoing failure to interrogate these paradigms is deeply disturbing.

An “Equity-Driven” Framework Would Politicize Suicide Research

We worry that this sensitive subject will be weaponized through 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 has confirmed the dangers of such medical experimentation and the harmful effects of puberty blockers on mental health, physical health, and future reproductive health. 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?

The Proposed Changes Explicitly Contradict and Malign Normative Jewish Belief

The Bible states: “male and female He Created them” [Genesis 1:27]. Judaism teaches that men and women were Created in distinct acts of Creation, and that differences between them cannot be nullified or masked. Recognition that males and females are and will remain different throughout their lives is normative Jewish thought, and numerous Commandments apply differently to men and women. As mentioned earlier, these Biblical teachings are consonant with the biological markers that are a permanent part of each individual’s genetic makeup.

The Proposed Changes Create a Backdoor Entry for Antisemitism and Racism

Critical race theory—and by extension, DEI—divides the world into perennial victims and oppressors trapped in unending conflict, based simply upon their ethnicity and the color of their skin. This is a simplistic, rigid vision of the world that is ignorant of history and, despite its claims, overtly racist. We fear that such teachings will encourage SAMHSA employees and researchers to regard the at-risk individuals they have been charged to help solely through this profoundly anti-human, profoundly unequal lens. Instead of cultivating compassion for their charges, critical theory will discourage them from treating members of certain groups with the sensitivity they desperately need. Consider, for example, that reviled white men are the demographic most likely to commit suicide in this country,

despite their alleged oppressor status. The same ideas may instill in others the sense that they are helpless victims with no power to improve their lives.

The imposition of this ideology poses special dangers to Jews. The rule classifies traditional Jewish beliefs as bigoted and thus traditional Jews as bigots. Employing this reasoning, it becomes morally permissible—even appropriate—to hate Jews. However, Jews need not share traditional beliefs to suffer Antisemitism as a result of SAMHSA’s embrace of critical theory and its offshoot, DEI. The explosion of Antisemitic rhetoric and violence at universities, in K-12 schools, and in institutions has made clear: *where DEI reigns, Jew-hatred is endemic*. Despite the long history of anti-Jewish persecution and genocide, this ideology casts Jews as especially pernicious oppressors, as “whites” who wield disproportionate wealth and power obtained through nefarious means, and as settler-colonialists in their own indigenous homeland. At America’s most prestigious universities, those bastions of DEI, students openly, enthusiastically celebrate the mass murder and rape of Israeli Jews during the October 7 pogroms—and call for more. We are gravely concerned that these proposed changes will make SAMHSA another repository of the same destructive, racist ideology.

Conclusion

Efforts as sensitive and as serious as suicide prevention should not be guided by divisive agenda or baseless ideology. Beyond the increasingly insular, narrow-minded academic and therapeutic fields, Americans have repeatedly rejected these ideas at the polls. We urge the Department of Health and Human Services to abandon them, as well.

Sincerely,

Rabbi Yaakov Menken
Managing Director, Coalition for Jewish Values