



# City of Appleton

100 North Appleton Street  
Appleton, WI 54911-4799  
www.appleton.org

## Meeting Agenda - Final Board of Health

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Wednesday, January 8, 2020

7:00 AM

Council Chambers, 6th Floor

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1. Call meeting to order
2. Roll call of membership
3. Approval of minutes from previous meeting

[19-1949](#) December BOH Minutes

**Attachments:** [December 2019 BOH Minutes.pdf](#)

#### 4. Public Hearings/Appearances

#### 5. Action Items

[19-1708](#) Resolution #15-R-19 Youth Mental Health

**Attachments:** [#15-R-19 Youth Mental Health.pdf](#)

[Psychiatric News Article 091919.pdf](#)

[Jessica Anderson Email 10312019.pdf](#)

[Jessica Anderson Questions 11202019.pdf](#)

[WCASA Letter 11252019.pdf](#)

[Mark & Jane Issac Email 11272019.pdf](#)

[Additional related emails.pdf](#)

**Legislative History**

11/13/19 Board of Health presented  
*sally arrived at 7:26am*

12/11/19 Board of Health adjourned

[19-1184](#) Resolution #10-R-19 Beekeeping Permit Process Change

**Attachments:** [#10-R-19 Beekeeping Permit Process Changes.pdf](#)

[Current - Residential Bee Keeping Permit Requirements.pdf](#)

[Proposed - Residential Apiary Permit Requirements .pdf](#)

[Current - Residential Apiary Permit Application .pdf](#)

[Proposed - Residential Apiary Permit Application .pdf](#)

**Legislative History**

8/14/19 Board of Health presented

11/13/19 Board of Health held

[19-1454](#) Request to Clarify Bee Keeping Appeal Process

**Attachments:** [Beekeeping Permit Appeal Process Memo -updated 10.2.19.pdf](#)  
[Commerical Bee Keeping Permit Requirements.pdf](#)  
[Residential Bee Keeping Permit Requirements.pdf](#)

**Legislative History**

11/13/19 Board of Health held

**6. Information Items**

[19-1947](#) #17-R-19 Racism as a Public Health Crisis Resolution

**Attachments:** [#17-R-19 Racism as a Public Health Crisis Resolution.pdf](#)

[19-1948](#) #18-R-19 Emotional Support Animals

**Attachments:** [#18-R-19 Emotional Support Animals.pdf](#)

[19-1827](#) October Monthly Report

**Attachments:** [October 2019 Monthly Report.pdf](#)

[19-1950](#) November Monthly Report

**Attachments:** [November 2019 Monthly Report.pdf](#)

**7. Adjournment**

*Notice is hereby given that a quorum of the Common Council may be present during this meeting, although no Council action will be taken.*

*Reasonable Accommodations for Persons with Disabilities will be made upon Request and if Feasible.*



# City of Appleton

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## Meeting Minutes - Final Board of Health

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Wednesday, December 11, 2019

7:00 AM

Council Chambers, 6th Floor

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1. Call meeting to order

2. Roll call of membership

**Dr. Vogel and Tim Hanna arrived at 7:04am**

**Present:** 6 - Spears, Vogel, Nelson, Mielke, Hanna and Fenton

3. Approval of minutes from previous meeting

[19-1826](#)

November BOH Minutes

**Attachments:** [November 2019 BOH Minutes.pdf](#)

**Mielke moved, seconded by Spears, that the minutes be approved. Motion carried by the following vote:**

**Aye:** 4 - Spears, Nelson, Mielke and Fenton

**Absent:** 2 - Vogel and Hanna

4. **Public Hearings/Appearances**

5. **Action Items**

[19-1828](#)

Noise Variance Request - Fox River House 2020

**Attachments:** [Noise Variance Request - Fox River House 2020.pdf](#)

**Spears moved, seconded by Vogel, that the Noise Variance Request be recommended for approval. Motion carried by the following vote:**

**Aye:** 6 - Spears, Vogel, Nelson, Mielke, Hanna and Fenton

[19-1708](#)

Resolution #15-R-19 Youth Mental Health

**Attachments:** [#15-R-19 Youth Mental Health.pdf](#)  
[Psychiatric News Article 091919.pdf](#)  
[Jessica Anderson Email 10312019.pdf](#)  
[Jessica Anderson Questions 11202019.pdf](#)  
[WCASA Letter 11252019.pdf](#)  
[Mark & Jane Issac Email 11272019.pdf](#)  
[Related emails.pdf](#)

**Nelson moved, seconded by Spears, that the meeting be adjourned. Motion carried by the following vote:**

**Aye:** 6 - Spears, Vogel, Nelson, Mielke, Hanna and Fenton

[19-1184](#)

Resolution #10-R-19 Beekeeping Permit Process Change

**Attachments:** [#10-R-19 Beekeeping Permit Process Changes.pdf](#)  
[Current - Residential Bee Keeping Permit Requirements.pdf](#)  
[Proposed - Residential Apiary Permit Requirements .pdf](#)  
[Current - Residential Apiary Permit Application .pdf](#)  
[Proposed - Residential Apiary Permit Application .pdf](#)

[19-1454](#)

Request to Clarify Bee Keeping Appeal Process

**Attachments:** [Beekeeping Permit Appeal Process Memo -updated 10.2.19.pdf](#)  
[Commerical Bee Keeping Permit Requirements.pdf](#)  
[Residential Bee Keeping Permit Requirements.pdf](#)

## 6. Information Items

[19-1827](#)

October Monthly Report

**Attachments:** [October 2019 Monthly Report.pdf](#)

## 7. Adjournment

**Resolution #15-R-19**  
**Youth Mental Health Protection**

Date: October 16, 2019

Submitted By: Alderperson Meltzer – District 2, Alderperson Firkus – District 3, Alderperson VanZeeland – District 5

Referred To: Board of Health

Whereas, Conversion therapy, also known as reparative therapy, is the practice of trying to change a person’s sexual orientation or gender identity; and

Whereas, Science recognizes that being lesbian, gay, bisexual, or transgender is part of the natural spectrum of human identity and is not a disease, disorder, or illness; and

Whereas, The practice of conversion therapy is based on scientifically unfounded approaches not subject to peer review and is often conducted in a violent and damaging manner; and

Whereas, The American Psychological Association issued a report in 2009 that concluded that conversion therapy can pose critical health risks to lesbian, gay, and bisexual people including depression, suicidality, substance abuse, stress, and disconnection with family and friends; and

Whereas, the [American Academy of Pediatrics](#) revealed alarming levels of attempted suicide among transgender youth because of society’s oppression and lack of acceptance; and

Whereas, the American Academy of Pediatrics emphasize the urgency of building welcoming and safe communities for LGBTQ young people, particularly for transgender youth; and

Whereas, Several states and municipalities have banned the practice; and

Whereas, A bill to ban conversion therapy was introduced at the federal level, which stalled in U.S. Congress in 2016; and

Whereas, The Therapeutic Fraud Prevention Act, which is based in consumer fraud and focuses on banning any conversion therapy that charges money, was filed in the U.S. Senate in April 2017;

Now, Therefore, let it be resolved that the City of Appleton seeks to protect LGBTQ youth by adopting a Youth Mental Health Protection ordinance which prohibits any licensed medical or mental health professional from engaging in conversion therapy with any person under 18 years of age;

Furthermore, “Conversion therapy” will be defined as any practices or treatments offered or rendered to consumers for a fee, including psychological counseling, that seeks to change a person’s sexual orientation or gender identity, including efforts to change behaviors or gender expressions or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same gender. “Conversion therapy” does not include counseling that provides assistance to a person undergoing gender transition, or counseling that provides acceptance, support, and understanding of a person or facilitates a person’s coping, social support, and identity exploration and development, including sexual-

orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices, as long as such counseling does not seek to change an individual's sexual orientation or gender identity;

Furthermore, "medical or mental health professional" means any individual who is licensed by the City or State to engage in a profession related to physical or mental health, including any interns, trainees, or apprentices who provide medical or mental health services under the supervision of a licensed medical or mental health professional;

Furthermore, anyone found in violation to the ban will be subject to a forfeiture of \$1000, each day a person is found to have practiced conversion therapy shall be considered a separate violation.

# ‘Conversion Therapy’ Misleads, Harms Patients

LINDA M. RICHMOND

Published Online: 19 Sep 2019 <https://doi.org/10.1176/appi.pn.2019.9b9>

*Evidence does not back the efficacy of “conversion therapy” programs, and they can lead to patient depression or even suicide. New state laws are attempting to stamp out these programs, at least for minors. This article is part of a series written in conjunction with APA’s Council on Advocacy and Government Relations.*

A 13-year-old student from South Carolina described being pressured into going to a religious-based “conversion therapy” camp by his parents and his church after struggling with his gender identity. There he was shamed and told how awful and sinful were his actions, thoughts, and desires. Some of his peers were given electric shocks while being shown pornographic images depicting same-sex couples. The patient now identifies as a transgender man and is considering transitioning, although he still has negative flashbacks of his treatment.



Apps and websites have helped gay conversion therapy to proliferate by targeting ads at LGBTQ individuals, says Jacques Ambrose, M.D.

Unfortunately, this patient’s experiences are not unusual at faith-based “conversion therapy” programs, which are typically led by unlicensed counselors, explained Jacques Ambrose, M.D., a child and adolescent psychiatrist at Massachusetts General Hospital/Harvard Medical School.

Conversion therapy is an intervention aimed at changing an individual’s sexual orientation or behavior, also known as sexual orientation change efforts (SOCE). The term gender identity change efforts (GICE) has recently arisen from the same thought process and targets individuals with nonbinary or nontraditional gender identity. Both are based on the harmful and incorrect assumptions that homosexuality and transgenderism are mental disorders—or are sinful—and that the patients can and must change these behaviors.

“In the 1980s and 1990s, the general belief in our profession was that there was no harm in trying talk therapy to help patients who wanted to change their sexual orientation,” explained Jack Drescher, M.D. Among other positions, he is a clinical professor of psychiatry at Columbia University and a member of the World Health Organization’s Working Group on the Classification of Sexual Disorders and Sexual Health revising ICD-11, and he served on the *DSM-5* Work Group on Sexual and Gender Identity Disorders. “However, evidence has shown that not only do such change efforts fail, but they can also lead to depression, guilt and shame, substance use disorders, failed heterosexual marriages, and suicide.”



Many so-called conversion therapy practitioners are not covered by state laws banning the therapy, says Jack Drescher, M.D.

“When people enter these treatments, they are told that their success depends on them and their faith,” Drescher explained. “It means that the failure of the treatment is laid at their feet. It’s not that the therapy didn’t work or that God didn’t want it to work or that the therapist is unqualified. It’s the patients’ fault. So patients end up feeling worse than when they started, and on top of that, they still have sexual feelings that they don’t want to have.”

Ambrose said aversive conditioning is sometimes used in conversion therapy, such as restraint and electroshock, deprivation of food and liquids, smelling salts, and chemically induced nausea; masturbation reconditioning; and systematic desensitization.

“They essentially torture people after exposing them to certain stimuli,” he said. “Patients who have been exposed to these therapies often report significant symptoms of trauma. These SOCE/GICE practices have no evidence of efficacy, can actually hurt people, and further stigmatize legitimate mental health care for this vulnerable population.”

Some 11 million adults identify as LGBT individuals in the United States, and nearly 700,000 of them are estimated to have received treatment to change their sexual orientation or identity, according to data from the UCLA Williams Institute on Sexual Orientation and Gender Identity Law and Public Policy. Two-thirds of LGBTQ youth reported that someone tried to convince them to change their sexual orientation or gender identity, according to a survey report in 2019 by the Trevor Project. Youth who have undergone conversion therapy were more than twice as likely to attempt suicide as those who did not, the report noted.



## Technology Fuels Spread of Therapy

The proliferation of digital technology, such as apps and websites, have enabled targeted discriminations toward LGBTQ individuals. For instance, Facebook came under fire last year when LGBTQ users complained that their feeds were inundated with offers for for-profit conversion therapy programs. Similarly, Google recently reported its removal of conversion therapy ads in its searches. Amazon announced in July it would stop selling books by the late Joseph Nicolosi, the so-called “father of reparative therapy,” author of books such as *A Parent’s Guide to Preventing Homosexuality*.

Nonetheless, digital technology has also empowered community building and political activism within the LGBTQ communities and serves as an outlet of self-empowerment for affected LGBTQ individuals: they have been able to share their conversion therapy survival stories on YouTube and find their communities on Reddit/Tumblr.

“As technology becomes more integrated with our daily lives, clinicians and medical organizations should be mindful of technological resources and their pitfalls in order to better support their LGBTQ patients,” Ambrose said.

## State Laws Ban Therapy for Minors

Politically, the tide is turning against conversion therapy, at least in the United States. In 2012 California became the first state to ban conversion therapy for minors, and now a total of 18 states, plus the District of Columbia and Puerto Rico, ban the practice for minors. Many more states have introduced similar legislation. Twenty years ago, APA issued its first official position statement condemning reparative or conversion therapy, a position that has been refined and strengthened over the years. The American Psychological Association, American Medical Association, National Mental Health Association, and American Academy of Pediatrics are also among those that have spoken out against these misguided attempts to “cure” individuals who are LGBTQ.

Both Drescher and Ambrose said that APA’s support of its district branches and state associations is critical, along with educating psychiatrists about the harms of conversion therapy, to secure more widespread passage of these bans. A major shortcoming of these state laws is that they apply only to licensed therapists and only when the conversion therapy is aimed at minors.

“Its practitioners are usually nonlicensed and quite marginal, with a few exceptions,” Drescher said. “So the laws don’t apply to them.”

Another avenue for advocacy includes the passage of stronger consumer protection laws, Drescher said. In 2015, the New Jersey Superior Court ruled against a conversion therapy outfit known as JONAH (Jews Offering New Alternatives to Homosexuality), finding it liable for unconscionable business practices and violating the New Jersey Consumer Fraud Act. Defendants testified that during their treatments at JONAH, they

were blindfolded and pummeled with basketballs, bound with duct tape, rolled up into blankets, and subjected to anti-gay slurs.

In June, Rep. Ted Lieu (D-Calif.) introduced HR 3570, The Therapeutic Fraud Prevention Act of 2019, which would ban commercial conversion therapy on any person nationwide and curtail most forms of advertising for it. It has strong support from Democrats.

APA is backing a broader antidiscrimination bill, HR 5, the Equality Act, which would clarify the definition of gender-based discrimination under existing civil rights laws to include discrimination on the basis of sexual orientation and gender identity. It passed the House in May after several Republicans broke party ranks to vote for it, but the bill's route to passage in the Senate remains unclear. ■

<https://psychnews.psychiatryonline.org/doi/10.1176/appi.pn.2019.9b9>

**Email Address \*** [jessica@jessicamenn.com](mailto:jessica@jessicamenn.com)  
**First Name:** Jessica  
**Last Name:** Anderson  
**Address:** Not answered  
**City:** Appleton  
**State:** Wisconsin  
**Zip Code:** 54915  
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**Fax Number:** Not answered  
**Comments/Questions**

Dear Mayor Hanna,

I am writing to express some of my concerns regarding the current wording of the Youth Mental Health Protection Resolution #15-R-19. My main concern is that it is overly broad and lacks clarity. On the one hand the resolution says that “The practice of conversion therapy...is \*often\* conducted in a violent and damaging manner” but then it goes on to ban \*all\* conversion therapy. It seems to me that it should just ban actually abusive practices.

Additionally, I find it problematic that this resolution covers conversion therapy for both homosexuality and transgenderism. The resolution appeals to science, but, while we have many decades of research into homosexuality, transgenderism is not as well understood or studied. At this point, there is research that indicates that, although some people may genuinely be transgender, many of the children who identify as transgender will, if left alone, grow up to be cis-gendered homosexuals. There is also concern that certain vulnerable girls may be susceptible to something that masquerades as transgenderism—that is to say that, as young children they display none of the tendencies typically associated with transgender people but when they get older they suddenly start identifying as transgender, possibly due to a combination of socialization and underlying, non-gender-identity related emotional or mental health concerns, and the transgenderism goes away given time and appropriate therapy.

As I read the proposed language of this resolution, it seems to me that neither children who think they are transgender but are really just homosexual nor straight children who go through a period of believing they are transgender will be served well by it.

I understand that the resolution goes on to say that conversion therapy “does not include counseling that provides assistance to a person undergoing gender transition, or counseling that provides acceptance, support, and understanding of a person or facilitates a person’s coping, social support, and identity exploration and development, including sexual-orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices, as long as such counseling does not seek to change an individual’s sexual orientation or gender identity” but even that carve out means that even basic, non-abusive talk therapy cannot seek to change an individual’s sexual orientation or gender identity which seems like it could easily be used to block even competent and legitimate therapists from providing appropriate care to their clients.

Additionally, I think it would be a good idea that in the section of the resolution that describes how conversion therapy shall not be defined, that you include a sentence that states that therapy which is not conversion therapy can be sought at the behest of a parent or legal guardian—that a child’s disinterest or dislike of any given therapy will not play a role in determining whether or not it is conversion therapy. I think this is an important addition because you can find multiple anecdotal stories of children who were absolutely convinced they were transgender but their parents were less convinced so had them go to therapy after which the child realized they really weren’t really transgender. You can also find multiple homosexuals saying, “Thank God transgenderism wasn’t a thing when I was a kid because I would have absolutely latched onto it and grown up to be a much less whole and contented adult.”

I asked Alderperson Metzler specifically to tell me how this resolution would effect children who are not transgender but go through a period of thinking they are transgender, and he has yet to respond to me. This suggests to me that this very real issue has not been considered during the drafting of this resolution.

Additionally, it concerns me that Alderperson Metzler clearly stated to me that he was not aware of anyone within Appleton even practicing conversion therapy. When I asked him about conversion therapists in the wider Fox Cities area and what specifically their therapy activities/practices look like, he did not reply.

So, there are no conversion therapists in Appleton, the Alderperson who is the driving force behind this resolution can't or won't describe what exactly conversion therapists in the greater Fox Cities area are doing, and the resolution as written could potentially cause difficulties in getting appropriate therapy for cis-gendered children (both homosexual and straight) who go through a period of thinking they are transgender, all of which leaves me seriously questioning the wisdom or necessity of passing this.

I applaud and support the goal of ending genuinely abusive practices, but this resolution seems overly broad and deeply flawed to the point that I believe it could harm some of the children it is intended to help.

While I understand the desire to make a bold statement, the community would be better served by a more nuanced and less sweeping resolution.

Thanks,

Jessica Anderson

On Nov 19, 2019, at 8:39 PM, Jessica Anderson <[jessica@jessicamenn.com](mailto:jessica@jessicamenn.com)> wrote:

Dear Mr. Eggebrecht,

It was nice meeting you in the elevator on November 13 on the way up to the Board of Health meeting. At the meeting, Mayor Hanna mentioned passing questions on to staff. I don't know if that was only open to members of the committee or to the public as well. I have multiple follow-up questions regarding the proposed resolution and how it would be implemented, how area therapists and doctors would be affected, and how treatment options for cisgender children would be impacted, and I would very much appreciate receiving answers to them. I have already emailed Mayor Hanna and Alderpersons Spears and Fenton. I cannot find contact information on the Appleton website for Doug Nelson, Sally Mielke, or Lee Marie Vogel. I would appreciate it if you would pass this email on to them as well as to whatever staff members would be able to answer these questions.

(1) What are the metrics that would be used to determine if any given procedure, therapy, or intervention is "conversion therapy"?

(2) Who would be determining if something is "conversion therapy", and are there any professional or educational requirements that this person needs to meet in order to be qualified to make such determinations?

(3) How will this law affect the treatment options for cisgender children who go through a period of thinking they are transgender?

(4) Will this law apply to the treatment of children who do not explicitly state they are transgender? Who perhaps only wonder if they might be in the wrong body? Or who wish they were a different sex/gender? If it does apply to those situations, could you please explain what the process would look like for determining if a given therapy is illegal?

(5) This resolution would, obviously, allow a practitioner to be affirming of a child's belief that they are transgender. It would also allow them to remain neutral. Would it allow them to be disaffirming? If so to what extent?

(6) Is the Appleton Board of Health, or anybody in city government, aware of anyone within the city of Appleton practicing "conversion therapy"?

(7) Have the practices of conversion therapists in the greater Fox Cities area been researched? And can you describe what those practices are?

(8) Alderperson Metzler has stated that this resolution is narrowly tailored and does not apply to churches or pastors. Would it apply to stand-alone practices that offer Christian-based therapy for a fee?

(9) Some churches have licensed therapists who serve on staff or volunteer. Would those therapists be affected by this resolution? If they receive a salary from the church? If they receive donations? If the church is paid but not the therapist?

Overall, I'm dissatisfied by how unclear and open-ended this resolution reads. It seems like, were it to be

passed, the actual interpreting and implementing of it would be left up to some unelected city worker who could be very rigid in how they interpret it or very expansive, and the actual text of the resolution offers no checks or balances to a city official who chooses to be overly-broad in their execution of it. I would expect that sort of sloppy legislating from places like California and New Jersey, which are dysfunctional, over-regulated places, but I expect better from Appleton. I do hope that the Board of Health will not move forward with this resolution until it has been thoroughly researched and the board, the Common Council, and the public have a clear understanding of how it will be implemented and enforced and the impact that it will have on therapists and medical practitioners in the area and on the therapy options available to struggling cisgender children.

Thank you very much for your help,

Jessica Anderson



November 25, 2019

Kurt Eggebrecht  
Director of Public Health  
100 North Appleton Street  
Appleton, WI 54911-4799

Dear Director Eggebrecht:

The Wisconsin Coalition Against Sexual Assault (WCASA) is pleased to support the local ordinance banning the practice of conversion therapy in the City of Appleton. Conversion therapy, sometimes referred to as “reparative therapy, consists of several harmful and discredited practices focused on changing an individual’s sexual orientation or gender identity. Practitioners of conversion therapy utilize an array of shaming, emotionally traumatic, or physical painful stimuli to force their victims to associate those stimuli with their LGBTQ identities. Studies estimate that over 700,000 LGBTQ people have been subjected to these harmful practices and that 80,000 LGBTQ youth will experience this conduct in the future, often due to well-intentioned but misguided parents or caretakers.

Conversion therapy is based on the false premise that a person’s identification as LGBTQ is the product of a mental illness that can be cured, despite the fact that all major medical associations have determined that LGBTQ identities are a completely normal and positive part of human nature. Furthermore, no credible scientific study has supported the claims of conversion therapists that they can change a person’s sexual orientation or gender identity. In fact, the American Psychoanalytic Association stated, “Psychoanalytic technique does not encompass purposeful attempts to ‘convert,’ ‘repair,’ change or shift an individual’s sexual orientation, gender identity or gender expression. Such directed efforts are against fundamental principles of psychoanalytic treatment and often result in substantial psychological pain by reinforcing damaging internalized attitudes.”

In addition to the lack of support for the claims for the efficacy of conversion therapy, there is ample evidence to support the contention that these practices are harmful. The American Psychiatric Association has determined that “the potential risks of reparative therapy are great, including depression, anxiety and self-destructive behavior,” and that therapists who utilize these practices align with societal prejudices that exacerbate shame and stigma many LGBTQ youth already experience. It is difficult to comprehend any practice more harmful to LGBTQ youth than attempts to change their sexual orientation or gender identity.

Over the past several years, 18 states and numerous municipalities have prohibited the practice of conversion therapy on youth. Furthermore, the Supreme Court of the United States has upheld or refused to hear challenges to the laws in several states, thus upholding rulings affirming the constitutionality of these laws. In Wisconsin, several municipalities have enacted ordinances prohibiting conversion therapy, and legislation is currently pending in the legislature which would do so on a statewide level.

Conversion therapy relies on many of the harmful stereotypes the anti-sexual violence movement challenges. In fact, gender socialization is one of the social norms WCASA has identified that contribute to sexual violence. Gender socialization is when people interpret social norms and internalize expectations about masculinity and femininity. This reinforces discrimination against LGBTQ people because they do not conform to traditional norms of masculinity and femininity. Furthermore, as discussed above, the impacts of conversion therapy on LGBTQ youth are similar to those who experience sexual violence, including shame, depression, and self-



destructive behavior.

WCASA has long supported the work of organizations like Diverse and Resilient, who is leading the efforts to enact this ordinance in Appleton. We are grateful for their leadership and expertise when advocating for this conversion therapy ban, and we hope the City of Appleton will join other municipalities in Wisconsin and across the nation in prohibiting these harmful practices. If you could please forward this correspondence to the City of Appleton Board of Health that would be greatly appreciated.

Thank you for your consideration,

A handwritten signature in blue ink, which appears to read 'Pennie Meyers', is positioned below the text 'Thank you for your consideration,'.

Pennie Meyers  
Executive Director  
Wisconsin Coalition Against Sexual Assault



**From:** Mark & Jane Isaac [<mailto:isaacmj7@gmail.com>]  
**Sent:** Wednesday, November 27, 2019 12:07 PM  
**To:** Kurt Eggebrecht <[kurt.eggebrecht@appleton.org](mailto:kurt.eggebrecht@appleton.org)>  
**Subject:** Re: Appleton City Ban on Conversion Therapy

Hi Kurt,

Just to keep you in the loop, I have since received an email from one of the sponsors of the Appleton Conversion Therapy proposed ban. Please note that there have been over 100 members of area churches that will be opposing this ban. You are not alone in standing with us if you oppose this ban in it's current state. Thanks so much for hearing our concerns.

**The sponsors response to me is below:**

<<Sorry for the delay in getting back to you on this. As far as talk therapy and specifying what can or can't be practiced, we do draw a line in the resolution. We don't ban the topics of identity or orientation from being discussed in counselling. [Where we put the line down is when the therapist seeks to change their patient's orientation or identity.](#) The first "furthermore" paragraph in the resolution describes what is in and out of bounds in more detail.>>

**My response back to the sponsor of the ban is below:**

No problem with the delay. I know you are busy. I do realize you are one of the co-sponsors of the proposed ban and hope you know whatever the results of this, I still respect you as a person and just know that we have different "world views". I'm one of those that can separate politics and friendships. They are not mutually exclusive.

With that said, I do think the ban is too broad as it is currently written and feel it is being driven by the LGBTQ agenda which I do not agree with. This is a parental rights issue and freedom of speech issue in my opinion. Children are not wards of the "state". They are fully the responsibility of the parents. It is clearly a stretch to call it child abuse for a parent to try to get their confused child help in regard to their sexuality. These children are bombarded with the LGBTQ agenda continuously at every level of our society and are one of the main causes for some children's confusion. So first they confuse the children with too explicit sex education, discussing all different forms of sexual practices, then tell them it's ok for them to experiment, then wonder why some might think they are gay, bi, or trans. Once they confuse them, now they want to deny them access to loving, compassionate, kind hearted talk therapy. THAT is child abuse in my opinion.

We can agree to disagree on this, but I will continue to oppose this ban in it's current state. It is semantics to say the ban allows Talk Therapy, just not changing the patient's orientation or identity. You call it orientation or identity, I call it confusion and/or brain washing by a misguided society and an agenda driven LGBTQ community.>>

Mark J. Isaac

On Mon, Nov 25, 2019 at 11:19 AM Kurt Eggebrecht <[kurt.eggebrecht@appleton.org](mailto:kurt.eggebrecht@appleton.org)> wrote:

Ok this will be attached to the Board of Health agenda for our December 11 meeting. All Council members have access to this packet of materials. The BOH meets at 7am in room 6A of the City center located at 100 N. Appleton Street.

Thanks,

Kurt

**From:** Mark & Jane Isaac [mailto:[isaacmj7@gmail.com](mailto:isaacmj7@gmail.com)]  
**Sent:** Monday, November 25, 2019 11:16 AM  
**To:** Kurt Eggebrecht <[kurt.eggebrecht@appleton.org](mailto:kurt.eggebrecht@appleton.org)>  
**Subject:** Re: Appleton City Ban on Conversion Therapy

Morning Kurt,

Yes please do forward this on to the appropriate council members who may have a vote on this. Both the board of health council and the entire council, along with the major.

I believe this proposed ban is too far reaching and unnecessary. If there are particular practices that need to be banned, let us reason together as a community and ban those particular practices, but not ALL counselling or therapy in is regard. There are many children that are simply confused and need help regarding their sexuality. Please don't leave these children without help or council. They need loving, compassionate, kindhearted counselling and therapy. They could make bad decisions without that help and counsel that may leave then depressed, lonely, and suicidal. Please don't cut off access to the only help they may have.

Thank you so much,

Mark J. Isaac

On Mon, Nov 25, 2019, 8:13 AM Kurt Eggebrecht <[kurt.eggebrecht@appleton.org](mailto:kurt.eggebrecht@appleton.org)> wrote:

Thank you for your email. Please understand as a staff of the health department we do not vote on resolutions or any action items for that matter.

I will however forward this on the Board of Health members if you desire.

Thanks,

Kurt

**From:** Mark & Jane Isaac [mailto:[isaacmj7@gmail.com](mailto:isaacmj7@gmail.com)]  
**Sent:** Friday, November 22, 2019 5:13 PM  
**To:** Kurt Eggebrecht <[kurt.eggebrecht@appleton.org](mailto:kurt.eggebrecht@appleton.org)>  
**Subject:** Appleton City Ban on Conversion Therapy

Hello Kurt,

I am writing you in regards to the Appleton City Ban on Conversion Therapy that is being considered by the Health Committee and will eventually be brought to a vote in the near future.

I would ask that you please consider an **exclusion** for Talk Therapy regarding the proposed ban on Conversion Therapy. This is both a parental rights issue and a free speech issue. These children need loving, compassionate counselling before they make any drastic decisions that they could regret the rest of their lives. This open ended ban of ALL Conversion Therapy would leave these children and their parents without any access to secular counselling that has been proven to be very effective at helping confused, innocent, vulnerable children from making decisions that could condemn them to a life of regret, shame, and deep depression if they are not adequately counselled with a loving, compassionate counselor.

There are some Conversion Therapy practices that should be banned (electro shock treatments, etc...), but this ban as it is currently written would ban even Talk Therapy, which is far too intrusive and far to reaching. At the very least I would ask that Talk Therapy would be **excluded** from the ban and those practices banned would be explicitly stated with proven evidence of harm. These types of bans should not be agenda driven but rather fact driven. Please read the

following article on such a painful decision and the regrets that followed by one of many young people as an example.

[https://www.dailysignal.com/2019/11/17/1-year-after-sex-change-this-teen-regrets-his-frankenstein-hack-job/?utm\\_medium=social&utm\\_source=facebook&utm\\_campaign=tds-fb](https://www.dailysignal.com/2019/11/17/1-year-after-sex-change-this-teen-regrets-his-frankenstein-hack-job/?utm_medium=social&utm_source=facebook&utm_campaign=tds-fb)

Thank you,

Mark J. Isaac

## **Britney K. Stobbe**

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**From:** Kurt Eggebrecht  
**Sent:** Monday, December 16, 2019 8:19 AM  
**To:** Britney K. Stobbe  
**Subject:** FW: Ban on Conversion Therapy

**From:** Emily A. Harper [mailto:emily.a.harper@lawrence.edu]  
**Sent:** Wednesday, December 11, 2019 9:18 PM  
**To:** Kurt Eggebrecht <kurt.eggebrecht@appleton.org>  
**Subject:** Ban on Conversion Therapy

Director Eggebrecht,

I am writing today in support of Appleton's ban on conversion therapy. Conversion therapy has already been condemned by the AMA, APA, and numerous other professional organizations because it does not work and puts LGBTQ+ people at risk for lifelong mental health issues.

Please support the ban of conversion therapy in Appleton and share the above sentiments with the Board of Health.

Regards,  
Emily Harper

Attention: This message was sent from a source external to the City of Appleton. Please use caution when opening attachments or clicking links.

## Britney K. Stobbe

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**From:** Kurt Eggebrecht  
**Sent:** Monday, December 16, 2019 10:49 AM  
**To:** Britney K. Stobbe  
**Subject:** FW: Appleton, WI: Contact Us email from website

**From:** webmaster@appleton.org [mailto:webmaster@appleton.org]  
**Sent:** Friday, December 13, 2019 11:48 AM  
**To:** Kurt Eggebrecht <kurt.eggebrecht@appleton.org>  
**Subject:** Appleton, WI: Contact Us email from website


A new entry to a form/survey has been submitted.

**Form Name:** Contact US- Health  
**Date & Time:** 12/13/2019 12:48 PM  
**Response #:** 173  
**Submitter ID:** 40853  
**IP address:** 2603:6000:8101:50d7:ad97:d6fe:9b1d:29cd  
**Time to complete:** 1 min. , 19 sec.

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### Survey Details

#### Page 1

**Contact:** Kurt Eggebrecht - Health Officer  
Phone:  920-832-6429  
Fax: 920-832-5853

**Mailing Address:** Appleton Health Department  
100 N. Appleton St.  
Appleton, WI 54911

[Map](#)

*This links to an Internet site not affiliated with the City of Appleton. By providing links to other sites, the City of Appleton does not guarantee, approve or endorse the information or products available at these sites.*

**Hours:** Monday-Friday  
8:00a.m.-4:30p.m.

**Email Address:**  
[jonathanmenn@yahoo.com](mailto:jonathanmenn@yahoo.com)

**First Name:**

Jonathan

**Last Name:**

Menn

**Address:**

714 S. Summit St.

**City:**

Appleton

**State/Province:**

Wisconsin

**Zip Code:**

54914

**Phone Number:**

(920) 734-0709

**Fax Number:**

Not answered

**Comments/Questions:**

Dear Appleton Board of Health and Common Council Members,

I testified at the Dec 10 Board of Health meeting concerning Resolution #15-R-19 (the so-called "anti-conversion therapy" ordinance). I also have previously sent you an email listing 6 reasons why I believe you should OPPOSE the proposed ordinance. Without meaning to bombard you with too much information, I am writing you again primarily because one of the BOH members said that the BOH would primarily be considering medical and other non-legal issues in connection with their vote on the matter. At the BOH meeting my impression was that the BOH members probably had not been presented with much of the published scientific and medical studies of the issues underlying the proposed ordinance. Since the Common Council will be voting on this proposal regardless of how the BOH votes, I think it is important that all of you have access to published medical and other research concerning these matters.

This research indicates that the bases or premises behind this proposed ordinance are false. Further, the ordinance is pushing only one approach to young people who assert that they are transgender (the "gender affirmation" approach). That approach is actually contrary to scientific and medical studies and is NOT in the best interest of young people who are experiencing gender dysphoria or who believe themselves to be "transgender." You need to be aware that this ordinance is being driven largely for political reasons and not (contrary to the preamble to the ordinance) for medical or scientific reasons. In fact, the science does not support this ordinance but contradicts it. You are being asked to consider an ordinance involving complicated issues of medicine, science, and psychology. Are you really prepared to do that, and do you really have the background, training, and expertise to enable you to make an informed decision on this? I am very concerned that in an attempt to show tolerance and concern for certain people, you may act in a way fraught with potential danger and, if you pass this ordinance, will actually foster harm to the very people you want to affirm.

What I want to do, first, is provide you with links to available research on the subject which you can then look at yourself (since the research articles are online). Second, I want to highlight some of the important findings which the BOH and the Common Council members should consider as you discuss, debate, and vote on this.

A. Here are links to sites containing multiple research articles:

<http://sexchangeregret.com/research/>

<https://www.thepublicdiscourse.com/?s=walt+heyer>

American College of Pediatricians:

<https://www.acpeds.org/gender-confusion-and-transgender-identity>

<https://www.acpeds.org/gender-confusion-and-transgender-identity-part-2>

B. The following are certain facts that I believe are important and bear on the proposed ordinance:

(1) The underlying premise of this ordinance is demonstrably false. The underlying premise is: "A transgender person transitioning is not 'becoming' a man or a woman; they are starting to live openly as their true gender." (Human Rights Campaign's "Brief Guide to Getting Transgender Coverage Right," *emph. added*; online: <https://www.hrc.org/resources/reporting-about-transgender-people-read-this> [the HRC was the primary source alderperson Meltzer used in framing this ordinance]).

In fact, as clinical psychologist Laura Haynes, Ph.D. states, "Both the American Psychiatric Association (Diagnostic and Statistical Manual-Fifth Edition, p. 455) and the American Psychological Association (Bockting, 2014, APA Handbook, v. 1, p. 744) recognize transgender identity fluctuates, and the vast majority of gender dysphoric minors will eventually accept their chromosomal sex." Statistically, various studies have shown that "According to the APA Handbook (Bockting 2014, v. 1, p. 744), 75% or more of gender dysphoric boys and girls accept their chromosomal sex by adolescence or adulthood. According to the American Psychiatric Association's Diagnostic and Statistical Manual, Fifth Edition (DSM-5), as many as 70 to 98% of gender dysphoric boys and as many as 50 to 88% of gender dysphoric girls eventually accept their chromosomal sex (calculated from DSM-5, p. 455)." (Laura A. Haynes, Ph.D., "The American Psychological Association Says Born-That-Way-And-Can't-Change Is Not True of Sexual Orientation And Gender Identity," *emph. in orig.*; online: <http://www.therapyequality.org/american-psychological-association-says-born-way-cant-change-not-true-sexual-orientation-gender-identity>)

Additionally, the American College of Pediatricians (ACPeds) addresses the issue of transgenderism, gender dysphoria and its treatment in a number of position papers (see the above "links" section). In "Gender Dysphoria in Children," Nov 2018 (online: <https://www.acpeds.org/the-college-speaks/position-statements/gender-dysphoria-in-children>), ACPeds points out that multiple post-natal factors influence gender dysphoria and the identification of people as transgender. Importantly for our purposes, simply "affirming" the transgender person's current beliefs are, in many cases, counterproductive and contrary to the person's best interests. For example, ACPeds states, "Dr. Kenneth Zucker, long acknowledged as a foremost authority on gender identity issues in children, has also been a lifelong advocate for gay and transgender rights. However, much to the consternation of adult transgender activists, Zucker believes that gender-dysphoric pre-pubertal children are best served by helping them align their gender identity with their anatomic sex." (ACPeds, "Gender Dysphoria," *emph. added*) What the proposed ordinance would forbid is the very thing that "the foremost authority on gender identity issues in children" says would best serve such children!

Further, the ACPeds position paper goes on to note that "there is a growing online community of gay-affirming physicians, mental health professionals, and academics with a webpage entitled 'First, do no harm: youth trans critical professionals.' They write:

We are concerned about the current trend to quickly diagnose and affirm young people as transgender, often setting them down a path toward medical transition.... We feel that unnecessary surgeries and/or hormonal treatments which have not been proven safe in the long-term represent significant risks for young people. Policies that encourage—either directly or indirectly—such medical treatment for young people who may not be able to evaluate the risks and benefits are highly suspect, in our opinion." (ibid., *emph. in orig.*)

ACPeds then discusses important medical and other problems with the approach that is being advocated in the proposed ordinance. The point of all of this is that the ordinance is largely based on scientifically false premises. If adopted, it will exacerbate, not alleviate, problems in many young people who may be experiencing gender dysphoria or confusion.

In light of this, Dr. Haynes concludes, "Therapy that is open to change is more in harmony with the course of sexual



orientation and gender identity for many than is gay-affirmative or transgender-affirmative therapy.” (Haynes, op. cit.) The proposed ordinance would prohibit counselors, psychologists, and other health care professionals from “offering or rendering” the very thing (“therapy open to change”) that Dr. Haynes says is more in harmony with the course of sexual orientation and gender identity for many. Instead, the ordinance forces health care professionals to ONLY engage in gay-affirmative or transgender-affirmative therapy. Thus, in addition to being legally and constitutionally problematic, from a medical, scientific, and psychological point of view the ordinance is contrary to the scientific and medical evidence, is not in the best interest of the patient or client, and shuts down the health care provider’s ability to do his or her job properly.

(2) The premises behind this ordinance that “Science recognizes that being lesbian, gay, bisexual, or transgender is part of the natural spectrum of human identity and is not a disease, disorder, or illness” and that “alarming levels of attempted suicide among transgender youth [are] because of society’s oppression and lack of acceptance” are false. In a letter of Dec 4, 2018 to the US Dept. of Justice, Dept. of Health and Human Services, and Dept. of Education, 36 prominent physicians, other clinicians, and attorneys, under the auspices of the American College of Pediatricians, pointed out, “Human sex is a binary, biologically determined, and immutable trait from conception forward. The norm for human design is to be conceived either male or female. Human sexuality is binary by design for the obvious purpose of the reproduction of our species. This principle is self-evident. “XY” and “XX” are genetic markers of male and female, respectively, and are found in every cell of the human body including the brain. Sex is established at conception, declares itself in utero, and is acknowledged at birth.” (Michelle Critella, et al., p.2; online: [https://www.acpeds.org/wordpress/wp-content/uploads/12.4.18-Final Revised - 12.4.18-Joint-letter-to-HHS-DOJ-DOE-Uphold-Definition-of-Sex.pdf](https://www.acpeds.org/wordpress/wp-content/uploads/12.4.18-Final_Revised_-_12.4.18-Joint-letter-to-HHS-DOJ-DOE-Uphold-Definition-of-Sex.pdf))

Specifically with respect to people who identify as “transgender,” these experts noted, “Individuals who identify as transgender deserve optimal medical treatment which is influenced by biological sex. In reality, an individual who identifies as transgender remains either a biological male or female. In reality, an individual who identifies as transgender remains either a biological male or female. This objective biological fact has bearing upon their health even beyond sex-specific illnesses.” (Ibid., emph. in orig.) In other words, the clinical and legal experts in this very field are saying that the “optimal treatment” which patients “deserve” is the exact opposite of what is being pushed for in this ordinance. Indeed, this ordinance would make it illegal to attempt or even offer the very treatment that patients deserve!

Further, contrary to the premises behind the proposed ordinance, J. Michael Bailey, Ph.D. Professor of Psychology at Northwestern University and Ray Blanchard, Ph.D. of Toronto’s Centre for Addiction and Mental Health state, “There is no persuasive evidence that gender transition reduces gender dysphoric children’s likelihood of killing themselves. The idea that mental health problems—including suicidality—are caused by gender dysphoria rather than the other way around (i.e., mental health and personality issues cause a vulnerability to experience gender dysphoria) is currently popular and politically correct. It is, however, unproven and as likely to be false as true.” (Bailey and Blanchard, “Suicide or transition: The only options for gender dysphoric kids?” online: <https://4thwavenow.com/2017/09/08/suicide-or-transition-the-only-options-for-gender-dysphoric-kids/>) In other words, a key (emotionally-laden) basis (in the preamble) for this ordinance is scientifically false.

In this regard, ACPeds observes, “The claim that upholding the scientific definition of sex will increase suicide among transgender identifying people is false. Individuals who identify as transgender may have mistaken beliefs about themselves and their bodies. They suffer real emotional distress and are at a higher risk for mental illness, including suicidal ideation, as compared to the general population. Social and medical ‘gender transition and affirmation,’ however, is not proven to decrease suicide rates. The rate of suicide attempts among transgender identified individuals has been estimated to be almost 9 times that of the general population. Sweden is a transgender affirming country that has adopted laws and policies conflating sex and gender-identity. Nevertheless, a study conducted by researchers therein 2011 found the rate of completed suicides among surgically ‘gender-affirmed’ adults to be 19 times greater than that of the general population. Clearly, transgender affirmation does not prevent suicide, and may paradoxically worsen the emotional health of these individuals in the long term.” (Critella, et al., op. cit., p. 3, emph. added)

In fact, in a huge review of the medical and scientific literature, Lawrence Mayer and Paul McHugh of Johns Hopkins note that, sexual minorities do “show higher rates of depression, anxiety, substance abuse, and suicide compared to the general population. One hypothesis, the social stress model — which posits that stigma, prejudice, and discrimination are the primary causes of higher rates of poor mental health outcomes for these subpopulations — is frequently cited as a way to explain this disparity. While non-heterosexual and transgender individuals are often subject to social stressors and discrimination, science has not shown that these factors alone account for the entirety, or even a majority, of the health disparity between non-heterosexual and transgender subpopulations and the general population.” (Lawrence S. Mayer and Paul R. McHugh, “Conclusion,” *Sexuality and Gender: Findings from the Biological, Psychological, and Social Sciences*, The

New Atlantis, Number 50, Fall 2016, pp. 114-116, emph. added; online:  
<https://www.thenewatlantis.com/publications/conclusion-sexuality-and-gender>)

Consequently, every claim being advanced by the proponents of this ordinance is not substantiated by good science but is, in fact, contrary to the findings of scientific study. Further, the “transgender affirmation” being pushed by this ordinance “does not prevent suicide, and may paradoxically worsen the emotional health of these individuals in the long term.” (Critella, et al., op. cit., p. 3, emph. added) Consequently, in light of the science and the medicine, how can you in good conscience vote in favor of this ordinance which, if followed, is likely to actually worsen the emotional health of the patients at issue?

(3) The implicit assumption behind the proposed ordinance that seeking to change a person’s sexual orientation or gender identity is abusive per se is completely false. Multiple factors lead to same sex attraction or transgenderism. For example, “The APA Handbook confirms there is excellent research evidence for ‘associative or potentially causal links’ between childhood sexual abuse and ever having same-sex partners, especially for some men. (Mustanski, Kuper, & Greene, 2014, pp. 609-610). It also confirms that there is possible evidence that psychopathology may be related to the development of transgender identity (Bockting, 2014, APA Handbook, v.1, p).” With respect to trans-gender identity, “The APA Handbook says the origin of transgender identity is “most likely the result of a complex interaction between biological and environmental factors....Research on the influence of family of origin dynamics has found some support for separation anxiety among gender-nonconforming boys and psychopathology among mothers” (Bockting, 2014, v. 1, p. 743, emphasis added).” (Haynes, op. cit., emph. in orig.)

Dr. Haynes points out the obvious conclusion for counseling, therapy, and treatment, “If pathology leads to an individual’s sexual variation, treatment could lead to a significant and meaningful shift in that variation for some. It is harmful and ineffective to ban such treatment.” (Ibid.) The proposed ordinance would ban the very treatment that might get to the root of the problem. Thus, according to the clinical experts in this very area, “It is harmful and ineffective to ban such treatment.” How, then, can you in good conscience vote in favor of this ordinance?

(4) Final thoughts. This ordinance is pushing an exclusively “gender affirmative” model. You need to be aware that this model does not only consist of counseling and verbal affirmation; as the patient/client is led down the path affirming that he/she is really a member of the opposite sex he/she was born with, this model includes and leads to hormone therapy and even surgery. These treatments entail great potential physical and psychological harm to the patient. “Responding to the Transgender Issue: Parent Resource Guide,” of the Minnesota Family Council (2019), co-sponsored by the Family Policy Alliance, the Heritage Foundation, the Kelsey Coalition, parents of ROGD Kids, and the Women’s Liberation Front; online: [https://genderresourceguide.com/wp-content/themes/genderresource/library/documents/NPRG\\_Full\\_Document\\_Links\\_V18.pdf](https://genderresourceguide.com/wp-content/themes/genderresource/library/documents/NPRG_Full_Document_Links_V18.pdf)), points out:

“Many young people who identify as transgender have pre-existing mental health conditions or past experiences of trauma that may be contributing to the way they feel about their sex. These young people need comprehensive therapy options that will address their mental health needs and patiently guide them towards acceptance of their bodily sex. Sadly, some states have adopted so-called ‘conversion therapy bans’ which outlaw therapeutic approaches that seek to help individuals to live comfortably in their own bodies. In fact, the only treatment option considered legal under a conversion therapy ban is gender identity ‘affirmation.’

The ‘gender affirmative’ model enables and cements false beliefs that children have about themselves. Parents and medical professionals do not, for example, encourage an anorexic child to lose weight, even when she is insistent that she is overweight. Instead, children ‘need medical professionals who will help them mature in harmony with their bodies, rather than deploy experimental treatments to refashion their bodies.’” (“Responding,” p.24) The report is fully documented, and most of the sources are available online.

Again, the proposed ordinance makes it illegal for clinicians to give or even offer their young patients the very counseling and therapy they need but will end up exposing young people to great risk of harm. That is wrong. This ordinance is politically, not medically or scientifically, driven. It is contrary to multiple scientific and clinical studies. If passed, it would result in harming the very young people you would like to help and “affirm.” Therefore, based on the science and medicine alone (to say nothing of the legal and constitutional issues it raises) you should oppose this ordinance.

Thank you,  
Appleton, WI

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## Britney K. Stobbe

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**From:** Kurt Eggebrecht  
**Sent:** Monday, December 16, 2019 10:53 AM  
**To:** Chad M. Doran  
**Cc:** Britney K. Stobbe  
**Subject:** RE: Feedback for Appleton, WI

Chad,  
I am just getting caught up on emails from last Friday. I have been receiving many emails and calls related to this topic and we have been compiling them into a folder that will be scanned and sent to the BOH members along with the agenda. I think this will work better than sending them new emails every time I receive one.

Thanks,  
Kurt

**From:** Chad M. Doran  
**Sent:** Friday, December 13, 2019 12:58 PM  
**To:** Kurt Eggebrecht <kurt.eggebrecht@appleton.org>  
**Subject:** Fwd: Feedback for Appleton, WI

Kurt, can you forward this to the board?

Chad

Sent from my iPhone

Begin forwarded message:

**From:** "Appleton, WI" <[webmaster@appleton.org](mailto:webmaster@appleton.org)>  
**Date:** December 13, 2019 at 11:55:35 AM CST  
**To:** "Chad M. Doran" <[Chad.Doran@appleton.org](mailto:Chad.Doran@appleton.org)>  
**Subject:** Feedback for Appleton, WI  
**Reply-To:** "Jonathan Menn" <[jonathanmenn@yahoo.com](mailto:jonathanmenn@yahoo.com)>

You have received this feedback from Jonathan Menn <[jonathanmenn@yahoo.com](mailto:jonathanmenn@yahoo.com)> for the following page:

<https://www.appleton.org/government/common-council/committees/board-of-health>

I am trying to get the following to all of the Appleton Board of Health members. I have been able to send this to everyone except Douglas Nelson, Sally Mielke, and Lee Marie Vogel. They do not seem to have contact links on the City of Appleton website. Hence, I am sending this here, in the hope that whoever gets it will copy and give it to them or somehow forward it to them. Thank you: Dear Appleton Board of Health and Common Council Members, I testified at the Dec 10 Board of Health meeting concerning Resolution #15-R-19 (the so-called "anti-conversion therapy" ordinance). I also have previously sent you an email listing 6 reasons why I believe you should OPPOSE the proposed ordinance. Without meaning to bombard you with too much information, I am writing you again primarily because one of the BOH members said that the BOH would primarily be considering medical and other non-legal issues in connection with their

vote on the matter. At the BOH meeting my impression was that the BOH members probably had not been presented with much of the published scientific and medical studies of the issues underlying the proposed ordinance. Since the Common Council will be voting on this proposal regardless of how the BOH votes, I think it is important that all of you have access to published medical and other research concerning these matters. This research indicates that the bases or premises behind this proposed ordinance are false. Further, the ordinance is pushing only one approach to young people who assert that they are transgender (the “gender affirmation” approach). That approach is actually contrary to scientific and medical studies and is NOT in the best interest of young people who are experiencing gender dysphoria or who believe themselves to be “transgender.” You need to be aware that this ordinance is being driven largely for political reasons and not (contrary to the preamble to the ordinance) for medical or scientific reasons. In fact, the science does not support this ordinance but contradicts it. You are being asked to consider an ordinance involving complicated issues of medicine, science, and psychology. Are you really prepared to do that, and do you really have the background, training, and expertise to enable you to make an informed decision on this? I am very concerned that in an attempt to show tolerance and concern for certain people, you may act in a way fraught with potential danger and, if you pass this ordinance, will actually foster harm to the very people you want to affirm. What I want to do, first, is provide you with links to available research on the subject which you can then look at yourself (since the research articles are online). Second, I want to highlight some of the important findings which the BOH and the Common Council members should consider as you discuss, debate, and vote on this. A. Here are links to sites containing multiple research articles: <http://sexchangeregret.com/research/>  
<https://www.thepublicdiscourse.com/?s=walt+theyer> American College of Pediatricians:  
<https://www.acpeds.org/gender-confusion-and-transgender-identity>  
<https://www.acpeds.org/gender-confusion-and-transgender-identity-part-2> B. The following are certain facts that I believe are important and bear on the proposed ordinance: (1) The underlying premise of this ordinance is demonstrably false. The underlying premise is: “A transgender person transitioning is not ‘becoming’ a man or a woman; they are starting to live openly as their true gender.” (Human Rights Campaign’s “Brief Guide to Getting Transgender Coverage Right,” emph. added; online: <https://www.hrc.org/resources/reporting-about-transgender-people-read-this> [the HRC was the primary source alderperson Meltzer used in framing this ordinance]). In fact, as clinical psychologist Laura Haynes, Ph.D. states, “Both the American Psychiatric Association (Diagnostic and Statistical Manual-Fifth Edition, p. 455) and the American Psychological Association (Bockting, 2014, APA Handbook, v. 1, p. 744) recognize transgender identity fluctuates, and the vast majority of gender dysphoric minors will eventually accept their chromosomal sex.” Statistically, various studies have shown that “According to the APA Handbook (Bockting 2014, v. 1, p. 744), 75% or more of gender dysphoric boys and girls accept their chromosomal sex by adolescence or adulthood. According to the American Psychiatric Association’s Diagnostic and Statistical Manual, Fifth Edition (DSM-5), as many as 70 to 98% of gender dysphoric boys and as many as 50 to 88% of gender dysphoric girls eventually accept their chromosomal sex (calculated from DSM-5, p. 455).” (Laura A. Haynes, Ph.D., “The American Psychological Association Says Born-That-Way-And-Can’t-Change Is Not True of Sexual Orientation And Gender Identity,” emph. in orig.; online: <http://www.therapyequality.org/american-psychological-association-says-born-way-cant-change-not-true-sexual-orientation-gender-identity>) Additionally, the American College of Pediatricians (ACPeds) addresses the issue of transgenderism, gender dysphoria and its treatment in a number of position papers (see the above “links” section). In “Gender Dysphoria in Children,” Nov 2018 (online: <https://www.acpeds.org/the-college-speaks/position-statements/gender-dysphoria-in-children>), ACPeds points out that multiple post-natal factors influence gender dysphoria and the identification of people as transgender. Importantly for our purposes, simply “affirming” the transgender person’s current beliefs are, in many cases, counterproductive and contrary to the

person's best interests. For example, ACPeds states, "Dr. Kenneth Zucker, long acknowledged as a foremost authority on gender identity issues in children, has also been a lifelong advocate for gay and transgender rights. However, much to the consternation of adult transgender activists, Zucker believes that gender-dysphoric pre-pubertal children are best served by helping them align their gender identity with their anatomic sex." (ACPeds, "Gender Dysphoria," *emph. added*) What the proposed ordinance would forbid is the very thing that "the foremost authority on gender identity issues in children" says would best serve such children! Further, the ACPeds position paper goes on to note that "there is a growing online community of gay-affirming physicians, mental health professionals, and academics with a webpage entitled 'First, do no harm: youth trans critical professionals.' They write: We are concerned about the current trend to quickly diagnose and affirm young people as transgender, often setting them down a path toward medical transition... We feel that unnecessary surgeries and/or hormonal treatments which have not been proven safe in the long-term represent significant risks for young people. Policies that encourage—either directly or indirectly—such medical treatment for young people who may not be able to evaluate the risks and benefits are highly suspect, in our opinion." (Ibid., *emph. in orig.*) ACPeds then discusses important medical and other problems with the approach that is being advocated in the proposed ordinance. The point of all of this is that the ordinance is largely based on scientifically false premises. If adopted, it will exacerbate, not alleviate, problems in many young people who may be experiencing gender dysphoria or confusion. In light of this, Dr. Haynes concludes, "Therapy that is open to change is more in harmony with the course of sexual orientation and gender identity for many than is gay-affirmative or transgender-affirmative therapy." (Haynes, *op. cit.*) The proposed ordinance would prohibit counselors, psychologists, and other health care professionals from "offering or rendering" the very thing ("therapy open to change") that Dr. Haynes says is more in harmony with the course of sexual orientation and gender identity for many. Instead, the ordinance forces health care professionals to ONLY engage in gay-affirmative or transgender-affirmative therapy. Thus, in addition to being legally and constitutionally problematic, from a medical, scientific, and psychological point of view the ordinance is contrary to the scientific and medical evidence, is not in the best interest of the patient or client, and shuts down the health care provider's ability to do his or her job properly.

(2) The premises behind this ordinance that "Science recognizes that being lesbian, gay, bisexual, or transgender is part of the natural spectrum of human identity and is not a disease, disorder, or illness" and that "alarming levels of attempted suicide among transgender youth [are] because of society's oppression and lack of acceptance" are false. In a letter of Dec 4, 2018 to the US Dept. of Justice, Dept. of Health and Human Services, and Dept. of Education, 36 prominent physicians, other clinicians, and attorneys, under the auspices of the American College of Pediatricians, pointed out, "Human sex is a binary, biologically determined, and immutable trait from conception forward. The norm for human design is to be conceived either male or female. Human sexuality is binary by design for the obvious purpose of the reproduction of our species. This principle is self-evident. "XY" and "XX" are genetic markers of male and female, respectively, and are found in every cell of the human body including the brain. Sex is established at conception, declares itself in utero, and is acknowledged at birth." (Michelle Critella, et al., p.2; online: [https://www.acped.org/wordpress/wp-content/uploads/12.4.18-Final\\_Revised\\_-12.4.18-Joint-letter-to-HHS-DOJ-DOE-Uphold-Definition-of-Sex.pdf](https://www.acped.org/wordpress/wp-content/uploads/12.4.18-Final_Revised_-12.4.18-Joint-letter-to-HHS-DOJ-DOE-Uphold-Definition-of-Sex.pdf)) Specifically with respect to people who identify as "transgender," these experts noted, "Individuals who identify as transgender deserve optimal medical treatment which is influenced by biological sex. In reality, an individual who identifies as transgender remains either a biological male or female. In reality, an individual who identifies as transgender remains either a biological male or female. This objective biological fact has bearing upon their health even beyond sex-specific illnesses." (Ibid., *emph. in orig.*) In other words, the clinical and legal experts in this very field are saying that the "optimal treatment" which patients "deserve" is the exact opposite of what is being pushed for in this ordinance. Indeed, this ordinance would make

it illegal to attempt or even offer the very treatment that patients deserve! Further, contrary to the premises behind the proposed ordinance, J. Michael Bailey, Ph.D. Professor of Psychology at Northwestern University and Ray Blanchard, Ph.D. of Toronto's Centre for Addiction and Mental Health state, "There is no persuasive evidence that gender transition reduces gender dysphoric children's likelihood of killing themselves. The idea that mental health problems—including suicidality—are caused by gender dysphoria rather than the other way around (i.e., mental health and personality issues cause a vulnerability to experience gender dysphoria) is currently popular and politically correct. It is, however, unproven and as likely to be false as true." (Bailey and Blanchard, "Suicide or transition: The only options for gender dysphoric kids?" online: <https://4thwavenow.com/2017/09/08/suicide-or-transition-the-only-options-for-gender-dysphoric-kids/>) In other words, a key (emotionally-laden) basis (in the preamble) for this ordinance is scientifically false. In this regard, ACPeds observes, "The claim that upholding the scientific definition of sex will increase suicide among transgender identifying people is false. Individuals who identify as transgender may have mistaken beliefs about themselves and their bodies. They suffer real emotional distress and are at a higher risk for mental illness, including suicidal ideation, as compared to the general population. Social and medical 'gender transition and affirmation,' however, is not proven to decrease suicide rates. The rate of suicide attempts among transgender identified individuals has been estimated to be almost 9 times that of the general population. Sweden is a transgender affirming country that has adopted laws and policies conflating sex and gender-identity. Nevertheless, a study conducted by researchers therein 2011 found the rate of completed suicides among surgically 'gender-affirmed' adults to be 19 times greater than that of the general population. Clearly, transgender affirmation does not prevent suicide, and may paradoxically worsen the emotional health of these individuals in the long term." (Critella, et al., op. cit., p. 3, emph. added) In fact, in a huge review of the medical and scientific literature, Lawrence Mayer and Paul McHugh of Johns Hopkins note that, sexual minorities do "show higher rates of depression, anxiety, substance abuse, and suicide compared to the general population. One hypothesis, the social stress model — which posits that stigma, prejudice, and discrimination are the primary causes of higher rates of poor mental health outcomes for these subpopulations — is frequently cited as a way to explain this disparity. While non-heterosexual and transgender individuals are often subject to social stressors and discrimination, science has not shown that these factors alone account for the entirety, or even a majority, of the health disparity between non-heterosexual and transgender subpopulations and the general population." (Lawrence S. Mayer and Paul R. McHugh, "Conclusion," *Sexuality and Gender: Findings from the Biological, Psychological, and Social Sciences*, The New Atlantis, Number 50, Fall 2016, pp. 114-116, emph. added; online: <https://www.thenewatlantis.com/publications/conclusion-sexuality-and-gender>) Consequently, every claim being advanced by the proponents of this ordinance is not substantiated by good science but is, in fact, contrary to the findings of scientific study. Further, the "transgender affirmation" being pushed by this ordinance "does not prevent suicide, and may paradoxically worsen the emotional health of these individuals in the long term." (Critella, et al., op. cit., p. 3, emph. added) Consequently, in light of the science and the medicine, how can you in good conscience vote in favor of this ordinance which, if followed, is likely to actually worsen the emotional health of the patients at issue? (3) The implicit assumption behind the proposed ordinance that seeking to change a person's sexual orientation or gender identity is abusive per se is completely false. Multiple factors lead to same sex attraction or transgenderism. For example, "The APA Handbook confirms there is excellent research evidence for 'associative or potentially causal links' between childhood sexual abuse and ever having same-sex partners, especially for some men. (Mustanski, Kuper, & Greene, 2014, pp. 609-610). It also confirms that there is possible evidence that psychopathology may be related to the development of transgender identity (Bockting, 2014, APA Handbook, v.1, p)." With respect to trans-gender identity, "The APA Handbook says the origin of transgender identity is "most likely the result of

a complex interaction between biological and environmental factors...Research on the influence of family of origin dynamics has found some support for separation anxiety among gender-nonconforming boys and psychopathology among mothers” (Bockting, 2014, v. 1, p. 743, emphasis added).” (Haynes, op. cit., emph. in orig.) Dr. Haynes points out the obvious conclusion for counseling, therapy, and treatment, “If pathology leads to an individual’s sexual variation, treatment could lead to a significant and meaningful shift in that variation for some. It is harmful and ineffective to ban such treatment.” (Ibid.) The proposed ordinance would ban the very treatment that might get to the root of the problem. Thus, according to the clinical experts in this very area, “It is harmful and ineffective to ban such treatment.” How, then, can you in good conscience vote in favor of this ordinance? (4) Final thoughts. This ordinance is pushing an exclusively “gender affirmative” model. You need to be aware that this model does not only consist of counseling and verbal affirmation; as the patient/client is led down the path affirming that he/she is really a member of the opposite sex he/she was born with, this model includes and leads to hormone therapy and even surgery. These treatments entail great potential physical and psychological harm to the patient. “Responding to the Transgender Issue: Parent Resource Guide,” of the Minnesota Family Council (2019), co-sponsored by the Family Policy Alliance, the Heritage Foundation, the Kelsey Coalition, parents of ROGD Kids, and the Women’s Liberation Front; online: [https://genderresourceguide.com/wp-content/themes/genderresource/library/documents/NPRG\\_Full\\_Document\\_Links\\_V18.pdf](https://genderresourceguide.com/wp-content/themes/genderresource/library/documents/NPRG_Full_Document_Links_V18.pdf)), points out: “Many young people who identify as transgender have pre-existing mental health conditions or past experiences of trauma that may be contributing to the way they feel about their sex. These young people need comprehensive therapy options that will address their mental health needs and patiently guide them towards acceptance of their bodily sex. Sadly, some states have adopted so-called ‘conversion therapy bans’ which outlaw therapeutic approaches that seek to help individuals to live comfortably in their own bodies. In fact, the only treatment option considered legal under a conversion therapy ban is gender identity ‘affirmation.’ The ‘gender affirmative’ model enables and cements false beliefs that children have about themselves. Parents and medical professionals do not, for example, encourage an anorexic child to lose weight, even when she is insistent that she is overweight. Instead, children ‘need medical professionals who will help them mature in harmony with their bodies, rather than deploy experimental treatments to refashion their bodies.’” (“Responding,” p.24) The report is fully documented, and most of the sources are available online. Again, the proposed ordinance makes it illegal for clinicians to give or even offer their young patients the very counseling and therapy they need but will end up exposing young people to great risk of harm. That is wrong. This ordinance is politically, not medically or scientifically, driven. It is contrary to multiple scientific and clinical studies. If passed, it would result in harming the very young people you would like to help and “affirm.” Therefore, based on the science and medicine alone (to say nothing of the legal and constitutional issues it raises) you should oppose this ordinance.

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## Britney K. Stobbe

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**From:** Kurt Eggebrecht  
**Sent:** Monday, December 16, 2019 10:57 AM  
**To:** Britney K. Stobbe  
**Subject:** FW: Conversion Therapy Issue

**From:** sharsm [mailto:slfelten@yahoo.com]  
**Sent:** Saturday, December 14, 2019 7:35 AM  
**To:** Mayor <Mayor@Appleton.org>; Kurt Eggebrecht <kurt.eggebrecht@appleton.org>  
**Subject:** Conversion Therapy Issue

I have lived in Appleton for many years. I have never expressed my opinion about anything despite wanting to several times. This is the first time as government control on many levels is getting insanely out of control:

Seriously??? Does Appleton REALLY need to get involved in the conversion therapy issue? Is there any part of life that government can just leave alone? Appleton now needs to regulate sexuality counseling? People have the freedom to choose where to get counseling, and there are many good choices, depending on needs/wants. By regulating conversion therapy, it is my understanding you are extremely limiting the conversations a seeking person might need and want. Life is not always concrete. So now you want to protect one group of people and endanger another. ? Let people have freedom...a concept this country was founded on. Stop the government control madness!!! Makes me want to again move out of Appleton. (I also sent this to all Appleton alderman.)

Thank you for listening to my opinion.

Sharon Smith

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## Britney K. Stobbe

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**From:** Kurt Eggebrecht  
**Sent:** Monday, December 16, 2019 10:57 AM  
**To:** Britney K. Stobbe  
**Subject:** FW: Appleton, WI: Contact Us email from website

-----Original Message-----

From: Jessica Anderson [mailto:jessica@jessicamenn.com]  
Sent: Saturday, December 14, 2019 12:23 PM  
To: Kurt Eggebrecht <kurt.eggebrecht@appleton.org>  
Subject: Re: Appleton, WI: Contact Us email from website

Dear Mr. Eggebrecht,

Included is another letter to the Board of Health. I have sent it to the Mayor and to Alderpersons Fenton and Spears, but I would appreciate it if you could send it on to the remaining members of the Board of Health, whom I do not have email addresses for.

Thanks,  
Jessica Anderson

Dear Board of Health Members,

Thank you for your patience during the December meeting and willingness to take public comment. I expect this is a fairly atypical issue for the BOH to have to consider and the level of public engagement is probably not what you normally experience.

It was stated during the meeting that the BOH would not be considering any issues related to law but just the medical and health related aspects of the resolution. While some of my concerns (which I shared with you last month) are of a more legal aspect, some of them are health related and I would very much appreciate if I could receive an answer to them.

(1) If this resolution is enacted, how will it effect the treatment options for cisgender children who think they are transgender? The DSM 5 plainly states that "Rates of persistence of gender dysphoria from childhood into adolescence or adulthood vary. In natal males, persistence has ranged from 2.2% to 30%. In natal females, persistence has ranged from 12% to 50%." That means that a minimum of 50% of children (and possibly a strong majority) who experience feelings of gender dysphoria are not transgender—rather, they're cisgender and will grow up to have their gender identity align with their biological sex.

Will these children be well-served by a law that would allow practitioners to affirm their transgender feelings or remain neutral about them but not openly delve into whether those feelings may be temporary?

(2) Who or what entity would the BOH recommend be in charge of enforcing this resolution were it to pass? Surely a matter this complicated should not be left up to someone with no medical experience. What professional qualifications should this person have?

(3) The resolution states that "The practice of conversion therapy...is

\*often\* conducted in a violent and damaging manner”, which implies that conversion therapy also can be and is conducted in a non-abusive manner, but it goes on to ban \*all\* conversion therapy. What is the public health benefit to banning even non-abusive therapy?

(4) Multiple LGBTQ individuals spoke at the Dec. 11 meeting and said they were victims of conversion therapy or had friends who were, but it was not clear to me if that conversion therapy was conducted by licensed professionals (who would be covered by this ban) or by unlicensed and unpaid church affiliated individuals (who would not be covered by this ban). Nor was it clear to me if this conversion therapy happened in Appleton (where it would be covered by this ban) or someplace else (that would not be affected by it). Has the Board of Health or another City of Appleton entity or employee done any research into conversion therapy as it is performed by licensed practitioners in Appleton or in the wider Fox Cities community? Have their practices been determined to be abusive? Can we reasonably expect the passing of this resolution to improve the health of Appleton residents and, if so, in what way?

Again, I would very much appreciate receiving answers to and clarity on these issues.

Thank you,

Jessica Anderson

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## Britney K. Stobbe

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**From:** Kurt Eggebrecht  
**Sent:** Monday, December 16, 2019 11:03 AM  
**To:** Britney K. Stobbe  
**Subject:** FW: Appleton, WI: Contact Us email from website

**From:** Mayor  
**Sent:** Monday, December 16, 2019 8:21 AM  
**To:** Tim Hanna <Tim.Hanna@appleton.org>; Kurt Eggebrecht <kurt.eggebrecht@appleton.org>; Cathy Spears <District12@Appleton.org>  
**Subject:** FW: Appleton, WI: Contact Us email from website

FYI below regarding conversion therapy.

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**From:** [webmaster@appleton.org](mailto:webmaster@appleton.org) <[webmaster@appleton.org](mailto:webmaster@appleton.org)>  
**Sent:** Saturday, December 14, 2019 12:16 PM  
**To:** Mayor <[Mayor@Appleton.org](mailto:Mayor@Appleton.org)>  
**Subject:** Appleton, WI: Contact Us email from website

A new entry to a form/survey has been submitted.

**Form Name:** Contact Us-Mayor  
**Date & Time:** 12/14/2019 1:15 PM  
**Response #:** 803  
**Submitter ID:** 40867  
**IP address:** 107.10.66.68  
**Time to complete:** 0 min. , 40 sec.

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### Survey Details

Page 1

**Contact:**

Timothy Hanna - Mayor

Phone:  920-832-6400

Fax: 920-832-5962

**Mailing Address:** 100 N. Appleton Street  
Appleton, WI 54911-4799

Map

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**Hours:** Monday - Friday  
8:00 a.m. to 4:30 p.m.  
2015 City Hall Closings

\*\*\*\*\*

January 1 - New Years

May 27 - Memorial Day  
July 4 - Independence Day  
September 2 - Labor Day  
November 28 & 29 - Thanksgiving  
December 24 & 25 - Christmas

**Email Address \*** [jessica@jessicamenn.com](mailto:jessica@jessicamenn.com)

**First Name:** Jessica  
**Last Name:** Anderson  
**Address:** Not answered  
**City:** Appleton  
**State:** Wisconsin  
**Zip Code:** 54915  
**Phone Number:** 9202433393  
**Fax Number:** Not answered

**Comments/Questions**

Dear Board of Health Members,

Thank you for your patience during the December meeting and willingness to take public comment. I expect this is a fairly atypical issue for the BOH to have to consider and the level of public engagement is probably not what you normally experience.

It was stated during the meeting that the BOH would not be considering any issues related to law but just the medical and health related aspects of the resolution. While some of my concerns (which I shared with you last month) are of a more legal aspect, some of them are health related and I would very much appreciate if I could receive an answer to them.

(1) If this resolution is enacted, how will it effect the treatment options for cisgender children who think they are transgender? The DSM 5 plainly states that "Rates of persistence of gender dysphoria from childhood into adolescence or adulthood vary. In natal males, persistence has ranged from 2.2% to 30%. In natal females, persistence has ranged from 12% to 50%." That means that a minimum of 50% of children (and possibly a strong majority) who experience feelings of gender dysphoria are not transgender—rather, they're cisgender and will grow up to have their gender identity align with their biological sex. Will these children be well-served by a law that would allow practitioners to affirm their transgender feelings or remain neutral about them but not openly delve into whether those feelings may be temporary?

(2) Who or what entity would the BOH recommend be in charge of enforcing this resolution were it to pass? Surely a matter this complicated should not be left up to someone with no medical experience. What professional qualifications should this person have?

(3) The resolution states that "The practice of conversion therapy...is \*often\* conducted in a violent and damaging manner", which implies that conversion therapy also can be and is conducted in a non-abusive manner, but it goes on to ban \*all\*

conversion therapy. What is the public health benefit to banning even non-abusive therapy?

(4) Multiple LGBTQ individuals spoke at the Dec. 11 meeting and said they were victims of conversion therapy or had friends who were, but it was not clear to me if that conversion therapy was conducted by licensed professionals (who would be covered by this ban) or by unlicensed and unpaid church affiliated individuals (who would not be covered by this ban). Nor was it clear to me if this conversion therapy happened in Appleton (where it would be covered by this ban) or someplace else (that would not be affected by it). Has the Board of Health or another City of Appleton entity or employee done any research into conversion therapy as it is performed by licensed practitioners in Appleton or in the wider Fox Cities community? Have their practices been determined to be abusive? Can we reasonably expect the passing of this resolution to improve the health of Appleton residents and, if so, in what way?

Again, I would very much appreciate receiving answers to and clarity on these issues.

Thank you,

Jessica Anderson

Thank you,  
**Appleton, WI**

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**Britney K. Stobbe**

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**From:** Kurt Eggebrecht  
**Sent:** Thursday, December 26, 2019 5:50 PM  
**To:** Britney K. Stobbe  
**Subject:** Fwd: Appleton, WI: Contact Us email from website

For BOH Packer  
Sent from my iPhone

Begin forwarded message:

**From:** Mayor <Mayor@Appleton.org>  
**Date:** December 26, 2019 at 11:41:11 AM CST  
**To:** Kurt Eggebrecht <kurt.eggebrecht@appleton.org>  
**Subject:** FW: Appleton, WI: Contact Us email from website

FYI below.

**From:** webmaster@appleton.org <webmaster@appleton.org>  
**Sent:** Thursday, December 26, 2019 11:38 AM  
**To:** Mayor <Mayor@Appleton.org>  
**Subject:** Appleton, WI: Contact Us email from website

A new entry to a form/survey has been submitted.

**Form Name:** Contact Us-Mayor  
**Date & Time:** 12/26/2019 12:37 PM  
**Response #:** 814  
**Submitter ID:** 40969  
**IP address:** 107.10.66.68  
**Time to complete:** 0 min. , 59 sec.

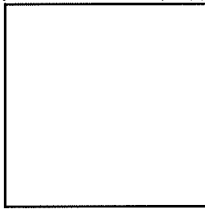
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**Survey Details**

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Page 1

**Contact:** Timothy Hanna - Mayor



Phone: 920-832-6400

Fax: 920-832-5962

**Mailing Address:** 100 N. Appleton Street  
Appleton, WI 54911-4799

Map

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January 1 - New Years

May 27 - Memorial Day

July 4 - Independence Day

September 2 - Labor Day

November 28 & 29 - Thanksgiving

December 24 & 25 - Christmas

**Email Address \*** jessica@jessicamenn.com

**First Name:** Jessica

**Last Name:** Anderson

**Address:** Not answered

**City:** Appleton

**State:** Wisconsin

**Zip Code:** Not answered

**Phone Number:** Not answered

**Fax Number:** Not answered

**Comments/Questions**

Dear Mayor Hanna,

I am writing to express some of my concerns regarding the current wording of the Youth Mental Health Protection Resolution #15-R-19. My main concerns are that it is overly broad and lacks clarity and the resolution does not lay out an enforcement processes.

On the one hand the resolution says that "The practice of conversion therapy...is \*often\* conducted in a violent and damaging manner" but then it goes on to ban \*all\* practices defined as conversion therapy whether or not they are, in fact abusive. I have not received any explanation as to why it seeks to ban non-abusive practices in addition to abusive ones.

Additionally, I find it problematic that this resolution covers conversion therapy for both homosexuality and transgenderism. The resolution appeals to science, but, while we have many decades of research into homosexuality, transgenderism is not as well understood or studied. The DSM 5 clearly states that "Rates of persistence of gender dysphoria from childhood into adolescence or adulthood vary. In natal males, persistence has ranged from 2.2% to 30%. In natal females, persistence has ranged from 12% to 50%." That means that a majority of children who experience feelings of gender dysphoria are not

transgender—rather, they're cisgender and will grow up to have their gender identity align with their biological sex.

Will these children be well-served by a law that would allow practitioners to affirm their feelings of gender dysphoria or remain neutral about them but not openly delve into whether those feelings may be temporary? This seems like an obvious concern, but when I asked Alderperson Metzler how the resolution would affect the treatment options available to cisgender children experiencing gender dysphoria, he had no answer for me. This suggests to me that this very real issue has not been considered during the drafting of this resolution.

Beyond that, it appears that the drafters of this resolution are not aware of anyone within Appleton who even practices conversion therapy. And when I asked about conversion therapists in the wider Fox Cities area and what specifically their therapy activities/practices look like, I again received no answer.

I am baffled as to how an effective and cogent law can be crafted in the abstract with no research conducted into what conversion therapy practices in the area look like, how Appleton and the surrounding communities are practically impacted by those practices, and how non-transgender children would be affected by the proposed resolution.

I also find it odd and problematic that the resolution sets up no rules for who will be enforcing this law and lays out no guidelines to use in determining if a given practice does, in fact, fall under the definition of "conversion therapy". Even the city's no smoking ordinance clearly states who has the authority to give out tickets.

It has been stated that this resolution would be Constitutional were it to be passed, but constitutionality is only one hurdle the city needs consider when trying to craft an enforceable law that will not get mired down in legal action. Other considerations are how is it enforced? Is the process fair? Is the language of the resolution and the banned practices clear?

The State has a very plainly laid out process to deal with complaints against licensed professionals (<https://dsps.wi.gov/Pages/SelfService/CaseHandling.aspx>); the system is set up to promote impartiality and provide the sorts of checks and balances that citizens in America have come to expect from their government. Will the city be creating such a process themselves?

Beyond that, the types of practices that the State investigates and disciplines professionals over are much more objective and observable than "conversion therapy" as currently defined in this resolution. Right now, the resolution defines conversion therapy as "Any practices or treatments offered or rendered to consumers for a fee, including psychological counseling, that \*Seeks\* To Change a person's sexual orientation or gender identity." That definition is breathtakingly broad and goes far beyond preventing abusive behaviors and instead focuses on practitioners' intentions irrespective of whether their actions are genuinely abusive. It also doesn't clearly give metrics for determining which practices "seek to change" a person's gender identity, nor does it define what "gender identity" is or give guidance on how to determine a child's gender identity. Those seem like pretty important things that should be clearly laid out if the city is going to start levying \$1,000 a day fines against practitioners they find have broken this resolution.

There are a number of questions that I believe the city should consider and get answers to before they move forward with any proposed resolution.

(1) What are the metrics that would be used to determine if any given procedure, therapy, or intervention is "conversion therapy"?

(2) Who would be determining if something is "conversion therapy", and are there any professional or educational requirements that these persons need to meet in order to be qualified to make such determinations?

(3) How will this law affect the treatment options for cisgender children who experience gender dysphoria?

(4) Will this law apply to the treatment of children who do not explicitly state they are transgender?

Who perhaps only wonder if they might be in the wrong body? Or who wish they were a different sex/gender? If it does apply to those situations, could you please explain what the process would look like for determining if a given therapy is illegal?

(5) This resolution would, obviously, allow a practitioner to be affirming of a child's belief that they are transgender. It would also allow them to remain neutral. Would it allow them to be disaffirming? If so to what extent?

(6) Is the City of Appleton aware of any licensed professionals within the city practicing "conversion therapy"?

(7) Have the therapy practices of licensed professionals who perform conversion therapy in the greater Fox Cities area been researched? And can you describe what those practices are?

(8) Alderperson Metzler has stated that this resolution is narrowly tailored and does not apply to churches or pastors. Would it apply to stand-alone practices that offer Christian-based therapy for a fee?

(9) Some churches have licensed therapists who serve on staff or volunteer. Would those therapists be affected by this resolution? If they receive a salary from the church? If they receive donations? If the church is paid but not the therapist?

Overall, I'm dissatisfied by how unclear and open-ended this resolution reads. It does not clearly define key terms and it seems like no thought has been put into how it would actually be implemented and enforced. I would expect that sort of sloppy legislating from places like California and New Jersey, which are dysfunctional, over-regulated places, but I expect better from Appleton. I do hope that the Common Council will not move forward with this resolution until it has been thoroughly researched. The Common Council, to say nothing of the public, should have a clear understanding of how it will be implemented and enforced and the impact that it will have on therapists and medical practitioners in the area and on the therapy options they are able to provide to struggling cisgender children.

Thanks,

Jessica Anderson

Thank you,  
Appleton, WI

---

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## Britney K. Stobbe

---

**From:** Kurt Eggebrecht  
**Sent:** Thursday, December 19, 2019 1:24 PM  
**To:** Britney K. Stobbe  
**Subject:** FW: Appleton, WI: Contact Us email from website

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

For BOH

**From:** webmaster@appleton.org [mailto:webmaster@appleton.org]  
**Sent:** Thursday, December 19, 2019 1:17 PM  
**To:** Kurt Eggebrecht <kurt.eggebrecht@appleton.org>  
**Subject:** Appleton, WI: Contact Us email from website


A new entry to a form/survey has been submitted.

**Form Name:** Contact US- Health  
**Date & Time:** 12/19/2019 2:17 PM  
**Response #:** 175  
**Submitter ID:** 40932  
**IP address:** 2603:6000:8101:50d7:7560:39cd:37a6:6767  
**Time to complete:** 2 min. , 8 sec.

---

### Survey Details

Page 1

**Contact:** Kurt Eggebrecht - Health Officer  
Phone:  920-832-6429  
Fax: 920-832-5853

**Mailing Address:** Appleton Health Department  
100 N. Appleton St.  
Appleton, WI 54911  
[Map](#)

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**Hours:** Monday-Friday  
8:00a.m.-4:30p.m.

**Email Address:**

jonathanmenn@yahoo.com

**First Name:**

Jonathan

**Last Name:**

Menn

**Address:**

714 S. Summit St.

**City:**

Appleton

**State/Province:**

Wisconsin

**Zip Code:**

54914

**Phone Number:**

(920) 734-0709

**Fax Number:**

Not answered

**Comments/Questions:**

Dear Mr. Eggebrecht: Below an email I have just sent to the Mayor and the members of the Common Council. Would you please make sure that the other members of the Board of Health receive this as well? Thank you.

Dear Mayor Hanna, Members of the Common Council, and Members of the Board of Health,

Legal and constitutional concerns about the breadth and vagueness of the proposed anti-“conversion therapy” ordinance, including First Amendment concerns, have been articulated by a number of people. However, I believe that there is another constitutional and legal problem with the proposed ordinance. Namely, a city does not have the constitutional or legal right infringe state-mandated protections, guarantees, rules, and regulations. Specifically, I am referring to the fact that licensed health care professionals are subject to a comprehensive system of licensing, regulation, mandatory procedures, and rights specified by their respective licensing boards.

Sec. 180.1901(1m) says that a “health care professional” means “an individual who is licensed, registered or certified by any of the following: . . .

(e) Psychology examining board under ch. 455.

(f) Marriage and family therapy, professional counseling, and social work examining board under ch. 457.”

Those are the very type of people this ordinance is directed to or are the very type of people whose professional practices would be affected by this ordinance.

All of these health care professionals are subject to the regulatory authority of the Department of Safety and Professional Services pursuant to ch. 440, Wis. Stats. Sec. 440.035, Wis. Stats. gives the relevant examining boards and affiliated credentialing boards essentially plenary regulatory authority over the health care professionals.

Licensed psychologists are subject to regulation by the Psychology Examining Board, ch. 455, Wis. Stats. Ch. 455 is comprehensive in its scope, including requirements for licensure, definitions of what the practice of psychology involves, continuing educational requirements, rules and code of ethics for practice, and disciplinary procedures and penalties. Psychologists' professional conduct is also regulated in detail by ch. Psy 5, Wis. Adm. Code.

Marriage and family therapists, professional counselors, and social workers are subject to regulation by the MARRIAGE AND FAMILY THERAPY, PROFESSIONAL COUNSELING, AND SOCIAL WORK EXAMINING BOARD, ch. 457, Wis. Stats. That chapter is similar to ch. 455 and likewise is comprehensive in scope. The professional conduct of professionals regulated by ch. 457, Wis. Stats. also is subject to the requirements of ch. MPSW 20, Wis. Adm. Code, which includes a lengthy, multi-paragraph description of "unprofessional conduct."

Although municipalities have certain home rule powers, the practices of psychologists, professional counselors, marriage and family therapists are regulated by comprehensive state-mandated rules and procedures. They also have rights under their licensure and pursuant to the state-mandated rules and codes of ethics. Consequently, the proposed ordinance would be constitutionally and legally invalid as infringing the rights of these health care practitioners under the state-mandated system. The proposed ordinance also would be constitutionally and legally invalid because the State itself, by statute and rule, comprehensively regulates these health care professionals. Because of this comprehensive regulation by the State and its examining boards, the City of Appleton does not have the legal authority to itself regulate licensed health care professionals by means of this ordinance. Consequently, this ordinance should NOT be passed.

Thank you,  
**Appleton, WI**

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## Kurt Eggebrecht

---

**From:** Christopher Lee <christopherlee@global.t-bird.edu>  
**Sent:** Tuesday, December 10, 2019 4:13 PM  
**To:** Kurt Eggebrecht  
**Subject:** conversion therapy ban proposal

Director Eggebrecht:

I am writing to support the proposed ban on conversion therapy. As a parent and as an LGBTQ individual, I am fully aware that these therapies have been proven harmful through multiple studies by the AMA, the APA and others. I ask that the Board of Health use these medical considerations in confirming the ban on these harmful therapies.

Regards,  
Christopher Lee

--  
Christopher Lee  
1042 E Melrose Ave  
Appleton, WI 54911  
+1.972.357.6537 mobile

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## Britney K. Stobbe

---

**From:** Kurt Eggebrecht  
**Sent:** Tuesday, December 10, 2019 3:13 PM  
**To:** Britney K. Stobbe  
**Subject:** FW: Support for Conversion Therapy Ban

One more for BOH members.

Thanks,  
Kurt

**From:** Nick Ross [mailto:nross@diverseandresilient.org]  
**Sent:** Tuesday, December 10, 2019 2:56 PM  
**To:** Kurt Eggebrecht <kurt.eggebrecht@appleton.org>  
**Subject:** Support for Conversion Therapy Ban

Hello,

Please share my message with the rest of the Board of Health members.

I'm writing to express my support for the proposed conversion therapy ban. Conversion therapy as a practice has been condemned as harmful by all mainstream medical and mental health organizations. It is extremely important that the board recommend this ban for approval in the interest of the public health of our community. Conversion therapy practices can and do have lasting harmful effects on those to whom they are subjected, often young LGBTQ people who come from unsupportive families that subject them to this harm.

This ban will pose no infringement on freedom to express religion, but will protect members in our community who are seeking actual mental health support from licensed practitioners who would practice these condemned therapies.

Thank you for your time.

Nick Ross  
LGBTQ Anti-Violence Program Advocate • Diverse & Resilient  
408 ½ West Wisconsin Avenue • Appleton, WI 54911  
Phone: (920) 840-2040

Pronouns: He • Him • His



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## Britney K. Stobbe

---

**From:** Kurt Eggebrecht  
**Sent:** Monday, December 09, 2019 1:02 PM  
**To:** Britney K. Stobbe  
**Subject:** FW: Appleton, WI: Contact Us email from website

Another email for BOH.  
Thanks,  
Kurt

**From:** webmaster@appleton.org [mailto:webmaster@appleton.org]  
**Sent:** Saturday, December 07, 2019 11:01 AM  
**To:** Kurt Eggebrecht <kurt.eggebrecht@appleton.org>  
**Subject:** Appleton, WI: Contact Us email from website


A new entry to a form/survey has been submitted.

**Form Name:** Contact US- Health  
**Date & Time:** 12/07/2019 12:01 PM  
**Response #:** 171  
**Submitter ID:** 40606  
**IP address:** 99.27.61.154  
**Time to complete:** 0 min. , 55 sec.

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### Survey Details

#### Page 1

**Contact:** Kurt Eggebrecht - Health Officer  
Phone:  920-832-6429  
Fax: 920-832-5853

**Mailing Address:** Appleton Health Department  
100 N. Appleton St.  
Appleton, WI 54911

[Map](#)

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**Hours:** Monday-Friday  
8:00a.m.-4:30p.m.

**Email Address:**

[tonybeach@jacobswellgb.org](mailto:tonybeach@jacobswellgb.org)

**First Name:**

Tony

**Last Name:**

Beach

**Address:**

1925 N Erb St

**City:**

Appleton

**State/Province:**

Wisconsin

**Zip Code:**

54911

**Phone Number:**

(920) 205-5130

**Fax Number:**

Not answered

**Comments/Questions:**

Dear Kurt,

I'm writing to share concerns regarding the ban on conversion therapy minors that the Board of Health is scheduled to vote on this Tuesday. This is an issue of personal importance to me. I'm on staff at Emmaus Road in Appleton and Jacob's Well in Green Bay as a part time counselor while I work on my doctorate in counseling at Westminster Theological Seminary in PA. Previously, I was the Family Ministries Pastor at Valley Baptist in Appleton. Through that work I got to know several pastors through the Fox Cities Evangelical Ministerial Fellowship (FCEMF), which I chaired in 2016.

The proposed ban threatens the counsel that all of us as pastors in the FCEMF give to teens as well as the counsel of the members who serve in the counseling ministries of our churches.

We're asking for the ability to continue to express the religious convictions that have a long history in our Christian traditions. These are not convictions that single out or go after gay or transgender people. We believe all have sinned and fallen short of the glory of God (Rom 6:23). Instead, we emphasize self-control and emotional self-regulation in regards to attraction to both the same sex and opposite sex. Most of us believe that some people experience life-long same sex attraction and believe this is a deeper issue than just a momentary choice. Still, we warn all people of the dangers of unhealthy sexual practices regardless of their orientation. We teach everyone that acting out many of your sexual desires is harmful to yourself, your relationship to God, and to others.

As followers of Jesus we seek to show the deepest love to everyone regardless of their sexual orientation, and I'm excited that I've seen many examples of our members doing that. We just have a difference of beliefs between what we see in Scripture compared to popular views in society. We believe that God clearly tells us that acting out of homosexual desires or identifying with your non-biological gender is not God's plan for us.

Most of us don't highlight same sex attraction as a bigger problem than other broken desires in our hearts. We actually spend most of our time focusing on the dangers of pride, selfishness, laziness, arrogance, isolation, unhealthy fears, disbelief, negativity, etc. We believe every one of us is deeply broken and isolated from God by sin. We believe that Scripture teaches God can and does give us a whole new nature through faith in Christ. It's a new nature that has new desires to love, serve, share, build trusting relationships, rejoice in what's good, etc. And it's a new nature that can resist all of the sexual temptations we face while finding joy and fulfillment in life in Christ. We believe that all of us still stumble and fall in this effort but God gives more grace (James 4:6).

We realize that there are many who feel that the denial of the expression of their sexual desires or gender orientation is a denial of their personhood. We realize how personal of an issue this is and can empathize with their perspective. Still, we respectfully disagree with them. Our conviction is that resisting the broken desires we have is important for every relationship we have -- we need to resist jealousy, defensiveness and rage, as well as lust. We believe that we are also much more than our sexual desires or gender affinity. We are human beings made in God's image with all kinds of dimensions to our personhood, which, ultimately, will be completely renewed in the resurrection.

Many of us have a story where, at one time, we didn't believe in the things I'm writing about. But, we believe God did a work in our lives to change our hearts. Walking with him in our Christian faith is of ultimate importance to us. Doing this with the highest level of respect for anyone who disagrees is also a key part of our beliefs. Because God teaches grace and patience, we are all opposed to forcing anyone (teen or adult) to agree with our views. We are happy we live in a society where people are free to counsel and advocate for ideas that are different than ours. We only desire the freedom to continue to offer the perspectives I'm writing about to young people who seek our counsel.

We're asking for the ability to continue counseling youth from our convictions from Scripture. We don't want to be put in the place where we have to weigh faithfulness to God against obedience to our local government. I'm requesting that you not pass the ban on conversion therapy. Please reject this proposal in consideration of the freedom of religious expression for thousands of Christians in the Fox Valley, their leaders, and their counselors.

Thanks for your consideration. I'd be happy to talk about this more if you're interested.

Grace and Peace,

Tony

Tony Beach  
Contract Counselor at Jacob's Well and Emmaus Road Churches  
Cell: 920-205-5130

[www.jacobswellgb.org](http://www.jacobswellgb.org) [www.emmausroadpca.org](http://www.emmausroadpca.org)

Thank you,  
Appleton, WI

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## Britney K. Stobbe

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**From:** Kurt Eggebrecht  
**Sent:** Monday, December 09, 2019 8:14 AM  
**To:** Britney K. Stobbe  
**Subject:** FW: Feedback for Appleton, WI

For Board of Health members

**From:** Chad M. Doran  
**Sent:** Thursday, December 05, 2019 10:56 AM  
**To:** Kurt Eggebrecht <kurt.eggebrecht@appleton.org>  
**Subject:** FW: Feedback for Appleton, WI

FYI.

Chad Doran, CPC  
City of Appleton Communications Coordinator  
Office: (920) 832-5814  
Cell: (920) 419-0292



Please note: Wisconsin has a very broad public records law. Most written communications to or from government employees and officials regarding city/county business are public records available to the public and media upon request. Your e-mail communication may be subject to public disclosure.

**From:** Appleton, WI <webmaster@appleton.org>  
**Sent:** Thursday, December 5, 2019 10:37 AM  
**To:** Chad M. Doran <Chad.Doran@appleton.org>  
**Subject:** Feedback for Appleton, WI

You have received this feedback from Bill Taylor <[billdian@tds.net](mailto:billdian@tds.net)> for the following page:

<https://www.appleton.org/government/common-council/committees>

FOR THE BOARD OF HEALTH: "Science is real" is often cited in favor of government regulation of whatever we think is causing our earth's temperature to rise, a quite complicated subject. Where is "science is real" when one's feelings are different from one's genetic makeup. For example, I feel feminine but want to feel male when every cell in my body has male chromosomes. To deny me help to get my feelings in line with my real nature seems cruel not kind, and certainly not "scientific."

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## Britney K. Stobbe

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**From:** Kurt Eggebrecht  
**Sent:** Monday, December 09, 2019 8:25 AM  
**To:** Britney K. Stobbe  
**Subject:** FW: Appleton, WI: Contact Your Alderpersons email

For BOH members.  
Thanks,  
kurt

**From:** webmaster@appleton.org [mailto:webmaster@appleton.org]  
**Sent:** Thursday, December 05, 2019 8:33 PM  
**To:** Kurt Eggebrecht <kurt.eggebrecht@appleton.org>  
**Subject:** Appleton, WI: Contact Your Alderpersons email

A new entry to a form/survey has been submitted.

**Form Name:** Contact US- Common Council- Group  
**Date & Time:** 12/05/2019 9:33 PM  
**Response #:** 841  
**Submitter ID:** 40570  
**IP address:** 2600:1700:d7a0:5970:99d7:5b2f:e1ff:571c  
**Time to complete:** 19 min. , 37 sec.

---

### Survey Details

Page 1

**Contact:** For a group message to all Alderpersons

**Mailing Address:** 100 N. Appleton Street  
Appleton, WI 54911  
[Map](#)

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**Hours:** If you wish to contact an individual Alderperson, please click on their name for more information.

By completing and sending this form, an email will go to all 15 Appleton Alderpersons. If you want to contact a specific Alderperson, please see the Common Council page under Departments.

**Email Address:**

[jill@swenbooks.com](mailto:jill@swenbooks.com)

**First Name:**

Jill

**Last Name:**

Swenson

**Address:**

1501 N Elinor St

**City:**

Appleton

**State:**

Wisconsin

**Country:**

United States

**Zip Code:**

54914

**Phone Number:**

(920) 358-7991

**Fax Number:**

Not answered

**Comments/Questions:**

I write to express my support for a ban on gay conversion therapy by the Appleton City Council. While I would endorse a state-wide ban as eighteen other states, the District of Columbia and Puerto Rico have passed, it makes sense to join the 62 other cities in states which have not yet passed a statewide ban. Kansas City and Minneapolis did so last month, and Cudahy, Shorewood, Racine, Sheboygan, Superior, and Glendale, Wisconsin in 2019. Eau Claire, Madison, and Milwaukee did so in 2018. Gay conversion therapy is not based on science, and the American Psychological Association has issued repeated warnings against this practice harmful to mental health. After 20 years as the founder of a faith-based gay conversion therapy center, McKrae Game has now admitted he was wrong and acknowledged the harm he has done (Washington Post, Sept 5, 2019). According to a UCLA study, more than 698,000 individuals have been subjected to these discredited methods to traumatize LGBTQ individuals into submission of their identity. I received my Ph.D. from The University of Chicago in the Committee on Human Development in 1989 and in my professional opinion these practices are human rights violations and should be allowed to operate within the city limits. I encourage you to pass the ban on gay conversion therapy.

Thank you,  
Appleton, WI

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## Britney K. Stobbe

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**From:** Kurt Eggebrecht  
**Sent:** Friday, December 06, 2019 12:39 PM  
**To:** Britney K. Stobbe  
**Subject:** Fwd: Conversion Therapy Ban

Sent from my iPhone

Begin forwarded message:

**From:** Tara Firkus <tholz249@gmail.com>  
**Date:** December 6, 2019 at 11:29:43 AM CST  
**To:** Kurt Eggebrecht <kurt.eggebrecht@appleton.org>  
**Subject:** Conversion Therapy Ban

Good morning Kurt,

I am writing you this morning in regards to the Youth Mental Health resolution that is coming forth during this months Board of Health meeting. As a worker in the human services field for ten years as a crisis counselor, a parent, and a survivor of childhood trauma myself, I fully 100% support the banning of conversion therapy. I have seen and experienced firsthand the effects of trauma and abuse and how it shapes a child in every aspect of their lives not only at the time of the event (s), but from that point of their lives forward. It is paramount to hold accountable those who are in positions of power and trust in children's lives to not inflict harm, especially when there are numerous professional agencies that have stated that conversion therapy does not work. Therefore, I support the Youth Mental Health resolution. Thank you,

Tara Firkus

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## Britney K. Stobbe

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**From:** Britney K. Stobbe  
**Sent:** Friday, December 06, 2019 1:33 PM  
**To:** Britney K. Stobbe  
**Subject:** FW: Phone Msg

Begin forwarded message:

**From:** Jamie Griesbach <[Jamie.Griesbach@appleton.org](mailto:Jamie.Griesbach@appleton.org)>  
**Date:** December 6, 2019 at 10:52:13 AM CST  
**To:** Tim Hanna <[Tim.Hanna@appleton.org](mailto:Tim.Hanna@appleton.org)>, Kurt Eggebrecht <[kurt.eggebrecht@appleton.org](mailto:kurt.eggebrecht@appleton.org)>  
**Subject:** Phone Msg

Barb Nielson (sp?) called this morning to express her strong disagreement to the proposed youth mental health act. She stated it is unconstitutional and infringes on free speech and the freedom of religion. She stated that it is getting between the patient, the counselor and the family and that is not a proper role of the government.

I told her that I would pass this along. She did not want to leave her number and did not want a call back.

Thank you.

Jamie





## Britney K. Stobbe

---

**From:** Kurt Eggebrecht  
**Sent:** Wednesday, December 11, 2019 12:52 PM  
**To:** Britney K. Stobbe  
**Subject:** FW: Prohibition on conversation therapy

**From:** Jason Brozek [mailto:jason.d.brozek@gmail.com]  
**Sent:** Tuesday, December 10, 2019 4:33 PM  
**To:** Kurt Eggebrecht <kurt.eggebrecht@appleton.org>  
**Subject:** Prohibition on conversation therapy

Director Eggebrecht,

I'm writing before tomorrow morning's Board of Health meeting to urge you and the committee to support the proposed prohibition on conversion therapy. Leading medical associations and children's health organizations have made it crystal clear that conversion therapy actively harms children, and I want to see the city address this issue with the seriousness it deserves. My understanding is that some folks at the last meeting angrily opposed this prohibition because they see it as an intrusion on the rights of parents. My response to that is that it's not any more of an intrusion on the rights of parents than any other regulation that protects children's mental and physical well-being.

Likewise, I don't see any reason to believe this proposed restriction is over-broad. It strikes me as narrow, direct, and right in line with what other cities and states have implemented.

I think there are a handful of loud voices trying to steer Appleton away from doing the right thing, or that doing the right thing is too confusing, too restrictive, or too difficult. I'd urge you to defer to the expertise of the American Medical Association, which notes in a 2019 statement that conversion therapy for sexual or gender identity can cause, "significant psychological distress" including depression, anxiety, social isolation, lowered self-esteem, family alienation - and even suicidal thoughts and behaviors. The AMA ends this 4-page statement by clearly, unequivocally noting that the organization, "opposes the use of 'reparative' or 'conversion' therapy for sexual orientation or gender identity."

Finally, not that I think it's terribly relevant, but I'm a straight, cis-gendered parent of two children, aged 7 and 11. I only bring that up to counter the idea that only LGBTQ-identified people support a prohibition on conversation therapy.

Thank you,

Jason Brozek

Appleton resident – District 1

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## Britney K. Stobbe

---

**From:** Kurt Eggebrecht  
**Sent:** Wednesday, December 11, 2019 12:54 PM  
**To:** Britney K. Stobbe  
**Subject:** FW: Appleton, WI: Contact Us email from website

**From:** webmaster@appleton.org [mailto:webmaster@appleton.org]  
**Sent:** Tuesday, December 10, 2019 5:12 PM  
**To:** Kurt Eggebrecht <kurt.eggebrecht@appleton.org>  
**Subject:** Appleton, WI: Contact Us email from website

A new entry to a form/survey has been submitted.


**Form Name:** Contact US- Health  
**Date & Time:** 12/10/2019 6:11 PM  
**Response #:** 172  
**Submitter ID:** 40742  
**IP address:** 184.59.236.134  
**Time to complete:** 7 min. , 9 sec.

---

### Survey Details

Page 1

**Contact:** Kurt Eggebrecht - Health Officer

Phone:  920-832-6429  
Fax: 920-832-5853

**Mailing Address:** Appleton Health Department  
100 N. Appleton St.  
Appleton, WI 54911

[Map](#)

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**Hours:** Monday-Friday  
8:00a.m.-4:30p.m.

**Email Address:**  
[Julie.filapek@gmail.com](mailto:Julie.filapek@gmail.com)

**First Name:**

Julie

**Last Name:**

Filapek

**Address:**

221 E. Roosevelt St.

**City:**

Appleton

**State/Province:**

Wisconsin

**Zip Code:**

54911

**Phone Number:**

Not answered

**Fax Number:**

Not answered

**Comments/Questions:**

Director Eggebrecht,

Please share with your board the following:

I would be proud to live in a community that takes a stand against conversion therapy by banning the practice. Conversion therapy is hateful, and has no place in a healthy community.

Thank you,  
Appleton, WI

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**Britney K. Stobbe**

---

**From:** Kurt Eggebrecht  
**Sent:** Wednesday, December 11, 2019 12:55 PM  
**To:** Britney K. Stobbe  
**Subject:** FW: Protect Appleton LGBTQ+ Folx

**From:** Brent Mecikalski [mailto:readyssetbrent@gmail.com]  
**Sent:** Tuesday, December 10, 2019 5:28 PM  
**To:** Kurt Eggebrecht <kurt.eggebrecht@appleton.org>  
**Subject:** Protect Appleton LGBTQ+ Folx

Good evening,

I'm writing today in support of Appleton's ban on conversion therapy. Conversion therapy has already been condemned by the AMA, APA, and numerous other professional organizations because it does not work and puts LGBTQ people at risk for lifelong mental health issues.

Please support the ban of conversion therapy in Appleton.

Thank you,  
Brent Mecikalski

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## Britney K. Stobbe

---

**From:** Kurt Eggebrecht  
**Sent:** Wednesday, December 11, 2019 12:55 PM  
**To:** Britney K. Stobbe  
**Subject:** FW: APPLETON BAN ON CONVERSION THERAPY

**From:** Soupanya Chomsisengphet [mailto:soupanya@gmail.com]  
**Sent:** Tuesday, December 10, 2019 5:34 PM  
**To:** Kurt Eggebrecht <kurt.eggebrecht@appleton.org>  
**Subject:** APPLETON BAN ON CONVERSION THERAPY

Good Evening Director Eggebrecht,

It has come to my attention that the the Department of Health is going to hold a meeting tomorrow morning in regards to the Ban on Conversion Therapy in the city of Appleton.

I am writing to you to express my support for the Ban on Conversion Therapy. Conversion therapy is pseudoscientific and has been condemned by licensed professional associations like the AMA (American Medical Association), and the APA (American Psychiatric Association), and other numerous professional organizations. It's known that Conversion Therapy DOES NOT WORK, is extremely traumatic, and puts LGBTQ+ folks at a higher risk for lifelong mental health issues.

Cities nationwide are banning conversion therapy, and Appleton, a city that prides itself on being progressive, welcoming, and inclusive, should be one of those cities; we don't want to be on the wrong side of history by not banning this extremely detrimental and harmful practice.

Thank you for your time and consideration.

Sincerely,

An extremely concerned citizen

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**Britney K. Stobbe**

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**From:** Kurt Eggebrecht  
**Sent:** Wednesday, December 11, 2019 12:55 PM  
**To:** Britney K. Stobbe  
**Subject:** FW: conversion therapy ban

**From:** Helen Boyd Kramer [mailto:helen.boyd@lawrence.edu]  
**Sent:** Tuesday, December 10, 2019 6:04 PM  
**To:** Kurt Eggebrecht <kurt.eggebrecht@appleton.org>  
**Subject:** conversion therapy ban

Kurt Eggebrecht,

I'm writing today to in support of the conversion therapy ban.

Helen Boyd Kramer  
Lecturer, Gender Studies, Lawrence

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## Britney K. Stobbe

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**From:** Kurt Eggebrecht  
**Sent:** Wednesday, December 11, 2019 12:58 PM  
**To:** Britney K. Stobbe  
**Subject:** FW:

**From:** Amy A. Ongiri [mailto:amy.a.ongiri@lawrence.edu]  
**Sent:** Tuesday, December 10, 2019 6:43 PM  
**To:** Kurt Eggebrecht <kurt.eggebrecht@appleton.org>  
**Subject:**

Dear Mr. Eggebrecht,

I'm writing in support of the ban on conversion therapy.

When I lived and taught in the south, this was very popular as people struggled to reconcile their homosexuality and their version of Christianity that taught them that homosexuality would result in their damnation. I had several students be damaged by this practice and one who took their own life after "backsliding" into homosexuality after receiving church counseling. I cannot overstate how damaging conversion therapy is. The fact that it will most likely be forced onto young people makes it particularly odious.

Please continue to make Appleton "one great place" that honors its diversity. Consider banning conversion therapy. You may literally be saving our young people's lives.

Amy Ongiri

Amy Abugo Ongiri  
Associate Professor and Jill Beck Director of Film Studies  
Lawrence University, Appleton, WI 54911

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## Britney K. Stobbe

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**From:** Kurt Eggebrecht  
**Sent:** Wednesday, December 11, 2019 12:58 PM  
**To:** Britney K. Stobbe  
**Subject:** FW: Conversion therapy ban

**From:** Erik Leveille [mailto:emleveille1@hotmail.com]  
**Sent:** Tuesday, December 10, 2019 7:11 PM  
**To:** Kurt Eggebrecht <kurt.eggebrecht@appleton.org>  
**Subject:** Conversion therapy ban

Dear Mr. Eggebrecht, While I am not a resident of Appleton, I have been a member of the Fox Valley Symphony for 14 seasons and also perform frequently in your city as a freelance violinist. My faith community is in Appleton and I spend a good deal of my free time in your city. Many of us who live in other areas of the Fox Valley look to Appleton as a beacon of openness, tolerance, and positive change.

Therefore, I'm writing today in support of Appleton's ban on conversion therapy. Conversion therapy has already been condemned by the AMA, APA, and numerous other professional organizations because it does not work and puts LGBTQ people at risk for lifelong mental health issues. I had my own encounter with conversion therapy 16 years ago- the therapist came highly recommend, and while I was in a state of crisis I was old and informed enough to immediately seek a different counselor. Vulnerable and impressionable LGBTQ youth are often not so fortunate.

Please support the ban of conversion therapy in Appleton.

Sincerely yours, Erik Leveille, Oshkosh

Every moment is a chance to make peace possible for the world- Thich Nhat Hanh  
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**Britney K. Stobbe**

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**From:** Kurt Eggebrecht  
**Sent:** Wednesday, December 11, 2019 12:59 PM  
**To:** Britney K. Stobbe  
**Subject:** FW:

**From:** jill gault [mailto:jillgault7@hotmail.com]  
**Sent:** Tuesday, December 10, 2019 7:25 PM  
**To:** Kurt Eggebrecht <kurt.eggebrecht@appleton.org>  
**Subject:**

I am writing today in support of Appleton's ban on conversion therapy. Conversion therapy has already been condemned by the AMA, APA, and numerous other professional organizations because it does not work and puts LGBTQ people at risk for lifelong mental health issues.

Please support the ban of conversion therapy in Appleton.

Sincerely,

Jill Gault

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## Britney K. Stobbe

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**From:** Kurt Eggebrecht  
**Sent:** Wednesday, December 11, 2019 12:59 PM  
**To:** Britney K. Stobbe  
**Subject:** FW: Conversion therapy ban

-----Original Message-----

From: Samantha Zinth [mailto:samanthazinth@gmail.com]  
Sent: Tuesday, December 10, 2019 8:03 PM  
To: Kurt Eggebrecht <kurt.eggebrecht@appleton.org>  
Subject: Conversion therapy ban

Mr. Eggebrecht,

As a city of Appleton resident, I am writing in support of the ban on conversion therapy.

Conversion therapy is harmful, dangerous, and traumatic to those in the LGBTQ+ community, and can have major, long-lasting effects on mental health.

The AMA (American Medical Association), and APA (American Psychiatric Association), and numerous other licensed and professional organizations have condemned conversion therapy as ineffective and detrimental. It is a traumatic practice that is akin to child abuse.

As a parent, I ask the Board of Health to center the needs of our children, and bring this resolution to council for vote on December 18. Our kids deserve to know that Appleton is a safe community where they are accepted for who they are and free to live fully.

Thank you,

Samantha Zinth  
333 River Drive, Appleton  
920-716-4153

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**Britney K. Stobbe**

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**From:** Kurt Eggebrecht  
**Sent:** Wednesday, December 11, 2019 12:59 PM  
**To:** Britney K. Stobbe  
**Subject:** FW: Board of Health meeting

**From:** Matthew B. Rynkiewicz [mailto:matthew.b.rynkiewicz@lawrence.edu]  
**Sent:** Tuesday, December 10, 2019 8:22 PM  
**To:** Kurt Eggebrecht <kurt.eggebrecht@appleton.org>  
**Subject:** Board of Health meeting

Mr. Eggebrecht,

I'm writing today in support of Appleton's ban on conversion therapy. Conversion therapy has already been condemned by the AMA, APA, and numerous other professional organizations because it does not work and puts LGBTQ people at risk for lifelong mental health issues.

Please support the ban of conversion therapy in Appleton.

Thank you,  
Matt Rynkiewicz LU '22

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**Britney K. Stobbe**

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**From:** Kurt Eggebrecht  
**Sent:** Wednesday, December 11, 2019 12:59 PM  
**To:** Britney K. Stobbe  
**Subject:** FW: Board of Health Hearing 12/11/19

**From:** Christopher J. Aceto [mailto:christopher.j.aceto@lawrence.edu]  
**Sent:** Tuesday, December 10, 2019 8:29 PM  
**To:** Kurt Eggebrecht <kurt.eggebrecht@appleton.org>  
**Subject:** Board of Health Hearing 12/11/19

Hello,

I'm writing today in support of Appleton's ban on conversion therapy. Conversion therapy has already been condemned by the AMA, APA, and numerous other professional organizations because it does not work and puts LGBTQ people at risk for lifelong mental health issues.

Please support the ban of conversion therapy in Appleton, and please pass this message on to the Board of Health.

Thank you,  
Christopher Aceto

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**Britney K. Stobbe**

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**From:** Kurt Eggebrecht  
**Sent:** Wednesday, December 11, 2019 12:59 PM  
**To:** Britney K. Stobbe  
**Subject:** FW: conversion therapy ban

**From:** Karen Bruno [mailto:brunoscheffler@new.rr.com]  
**Sent:** Tuesday, December 10, 2019 8:44 PM  
**To:** Kurt Eggebrecht <kurt.eggebrecht@appleton.org>  
**Subject:** conversion therapy ban

Director Eggebrecht:

I write today to implore you to support the proposed ban on conversion therapy. As I'm sure you know, conversion therapy has been condemned by the AMA, APA, and other professional organizations. Not only does it not work, it puts LGBTQ people at risk for lifelong mental health issues. Those who say they wish to have "every option available" to "help" LGBTQ friends or family members mean well, I'm sure, but they are simply wrong. Conversion therapy has no place in anyone's life, and I ask that you support its ban in Appleton.

Sincerely,  
Karen Bruno  
522 E Pacific St  
Appleton, WI 54911

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**Britney K. Stobbe**

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**From:** Kurt Eggebrecht  
**Sent:** Wednesday, December 11, 2019 1:00 PM  
**To:** Britney K. Stobbe  
**Subject:** FW: Appleton, WI: Contact Your Alderpersons email

**From:** Maria Myers [mailto:mariammyers@gmail.com]  
**Sent:** Tuesday, December 10, 2019 9:23 PM  
**To:** Kurt Eggebrecht <kurt.eggebrecht@appleton.org>  
**Subject:** Fwd: Appleton, WI: Contact Your Alderpersons email

Hi Kurt!

I saw on a Facebook post that you're involved in this somehow - and I felt like I should at least pass along my feedback and two cents about NOT supporting conversion therapy. I really hope we don't have something like this in Appleton and we're just having the discussion for the greater good?

Let me know how I can help, if there's anything I can do.

My best,  
Maria



**Maria Myers**

CEO | Meet Consulting

m: 269.598.7346

e: [mariammyers@gmail.com](mailto:mariammyers@gmail.com)

[linktr.ee/Meet](https://linktr.ee/Meet)



----- Forwarded message -----

**From:** <[webmaster@appleton.org](mailto:webmaster@appleton.org)>  
**Date:** Tue, Dec 10, 2019 at 8:20 PM  
**Subject:** Appleton, WI: Contact Your Alderpersons email  
**To:** <[MariaMMyers@gmail.com](mailto:MariaMMyers@gmail.com)>

A new entry to a form/survey has been submitted.

**Form Name:** Contact US- Common Council- Group  
**Date & Time:** 12/10/2019 9:20 PM  
**Response #:** 947

Submitter ID: 40770  
IP address: 2603:6000:8501:bff5:6068:1401:6ed1:7986  
Time to complete: 2 min. , 50 sec.

## Survey Details

### Page 1

**Contact:** For a group message to all Alderpersons

**Mailing Address:** 100 N. Appleton Street  
Appleton, WI 54911

[Map](#)

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**Hours:** If you wish to contact an individual Alderperson, please click on their name for more information.

**By completing and sending this form, an email will go to all 15 Appleton Alderpersons. If you want to contact a specific Alderperson, please see the Common Council page under Departments.**

**Email Address:**

[MariaMMyers@gmail.com](mailto:MariaMMyers@gmail.com)

**First Name:**

Maria

**Last Name:**

Myers

**Address:**

3317 S Tahoe Lane

**City:**

Appleton

**State:**

Wisconsin

**Country:**

United States

**Zip Code:**

54915

**Phone Number:**

(269) 598-7346

**Fax Number:**

Not answered

**Comments/Questions:**

I wanted to send this message to communicate that I am FOR the ban on conversion therapy, in accordance with the AMA (American Medical Association), and APA (American Psychiatric Association), and numerous other licensed and professional organizations that have already condemned conversion therapy as pseudoscience, ineffective, and detrimental to mental health.

We must be better than this.

Thank you,  
**Appleton, WI**

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**Britney K. Stobbe**

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**From:** Kurt Eggebrecht  
**Sent:** Wednesday, December 11, 2019 1:00 PM  
**To:** Britney K. Stobbe  
**Subject:** FW: Please support Appleton's ban on conversion therapy!

**From:** Mia Ljung [mailto:mialjung80@gmail.com]  
**Sent:** Tuesday, December 10, 2019 9:35 PM  
**To:** Kurt Eggebrecht <kurt.eggebrecht@appleton.org>  
**Subject:** Please support Appleton's ban on conversion therapy!

Dear Mr Eggebrecht,

I'm writing in support of Appleton's ban on conversion therapy. Conversion therapy has already been condemned by the AMA, APA, and numerous other professional organizations because it does not work and puts LGBTQ people at risk for lifelong mental health issues.

Please support the ban of conversion therapy in Appleton - your support has massive effect on the mental health of many of our beloved residents.

Thank you,  
Mia Ljung  
532 N Sampson St  
Appleton

--

*Mia Ljung*

[mialjung80@gmail.com](mailto:mialjung80@gmail.com)  
+1 920 840 3677

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**Britney K. Stobbe**

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**From:** Kurt Eggebrecht  
**Sent:** Wednesday, December 11, 2019 1:00 PM  
**To:** Britney K. Stobbe  
**Subject:** FW: Conversion "Therapy" Ban

**From:** Renee Millard [mailto:trumpetinstructor@gmail.com]  
**Sent:** Tuesday, December 10, 2019 10:12 PM  
**To:** Kurt Eggebrecht <kurt.eggebrecht@appleton.org>  
**Subject:** Conversion "Therapy" Ban

Health Officer Eggebrecht-

I'm writing today in support of Appleton's ban on conversion therapy. Conversion therapy has already been condemned by the AMA, APA, and numerous other professional organizations because it does not work and puts LGBTQ people at risk for lifelong mental health issues.

Please support the ban of conversion therapy in Appleton.

I, as a resident of Appleton and a teacher of students of all ages, support the conversion therapy ban. Nothing good comes of it and to call it "therapy" is inaccurate.

Please, continue to listen with an open heart and open mind. Taking into account the personal testimonies and supportive documentation that you are receiving regarding the ban.

Thank you for your consideration,

Renée Millard

Sent from my iPhone

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## Britney K. Stobbe

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**From:** Kurt Eggebrecht  
**Sent:** Wednesday, December 11, 2019 1:00 PM  
**To:** Britney K. Stobbe  
**Subject:** FW: Please support the ban on conversion therapy

-----Original Message-----

From: Brian G. Pertl [mailto:brian.g.pertl@lawrence.edu]  
Sent: Tuesday, December 10, 2019 10:53 PM  
To: Kurt Eggebrecht <kurt.eggebrecht@appleton.org>  
Subject: Please support the ban on conversion therapy

Dear Director Eggebrecht,

> I'm writing today in support of Appleton's ban on conversion therapy. Conversion therapy has already been condemned by the AMA, APA, and numerous other professional organizations because it does not work and puts LGBTQ people at risk for lifelong mental health issues.

>

> Please support the ban on conversion therapy in Appleton.

>

> Respectfully yours

>

> Brian Pertl

>

> Sent from my iPhone

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## Britney K. Stobbe

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**From:** Kurt Eggebrecht  
**Sent:** Wednesday, December 11, 2019 1:01 PM  
**To:** Britney K. Stobbe  
**Subject:** FW: Undeliverable: support for ban on conversion therapy in Appleton

**From:** Amy Nottingham-Martin [mailto:amynm47@gmail.com]  
**Sent:** Wednesday, December 11, 2019 12:26 AM  
**To:** Kurt Eggebrecht <kurt.eggebrecht@appleton.org>  
**Subject:** Fwd: Undeliverable: support for ban on conversion therapy in Appleton

Dear Director Eggebrecht,

I'm writing in advance of the Board of Heath's hearing tomorrow morning to express support for Appleton's ban on conversion therapy: please share this message with other members of the Board. Most major medical and psychological associations have issued statements against conversion therapy because it does not work and increases distress and threatens well-being. Here's a link to a collection of these statements, which in turn contains links to the organizations' full statements:

<https://www.hrc.org/resources/policy-and-position-statements-on-conversion-therapy>

As I hope you are aware, the American Psychiatric Association removed "homosexuality" from its list of disorders in the DSM II in 1973. Furthermore, the APA has also updated (2012) the diagnosis of "gender identity disorder" to "gender dysphoria" to reflect that identifying as a gender that does not match that assigned to an individual at birth is not itself a disorder, but that treating distress created as a result of this disconnect merits support from the medical community.

<https://www.glaad.org/blog/apa-removes-gender-identity-disorder-updated-mental-health-guide>

Treating LGBTQ+ folk as if their gender identity/sexual orientation is an illness is retrograde, the opposite of compassionate, and unethical in terms of potential harm to the individual undergoing the process. Anecdotally, I have heard conversion therapy described as torture. So please do the right thing and support the ban of conversion therapy in Appleton.

Thank you,

Amy Nottingham-Martin  
Appleton resident

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## Britney K. Stobbe

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**From:** Kurt Eggebrecht  
**Sent:** Wednesday, December 11, 2019 1:01 PM  
**To:** Britney K. Stobbe  
**Subject:** FW: Ban conversion therapy

-----Original Message-----

**From:** Margaret Paek [mailto:margaretpaek@gmail.com]  
**Sent:** Wednesday, December 11, 2019 1:22 AM  
**To:** Kurt Eggebrecht <kurt.eggebrecht@appleton.org>  
**Subject:** Ban conversion therapy

Hello Kurt,

I'm writing today in support of Appleton's ban on conversion therapy. Conversion therapy has already been condemned by the AMA, APA, and numerous other professional organizations because it does not work and puts LGBTQ people at risk for lifelong mental health issues.

Please support the ban of conversion therapy in Appleton.

~Margaret Paek  
Appleton resident  
54911

Sent from my iPhone

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## Britney K. Stobbe

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**From:** Kurt Eggebrecht  
**Sent:** Wednesday, December 11, 2019 1:06 PM  
**To:** Britney K. Stobbe  
**Subject:** FW: Conversion Therapy Ban

-----Original Message-----

From: Courtney E. Wilmington [mailto:courtney.e.wilmington@lawrence.edu]  
Sent: Wednesday, December 11, 2019 10:42 AM  
To: Kurt Eggebrecht <kurt.eggebrecht@appleton.org>  
Subject: Conversion Therapy Ban

Hello Director Eggebrecht of the Health Department,

I'm writing today in support of Appleton's ban on conversion therapy. Conversion therapy has already been condemned by the AMA, APA, and numerous other professional organizations because it does not work and puts LGBTQ people at risk for lifelong mental health issues. Please help us learn from history, instead of repeating it.

Please support the ban of conversion therapy in Appleton.

Thank you for your time,  
Courtney Wilmington

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## Britney K. Stobbe

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**From:** Kurt Eggebrecht  
**Sent:** Thursday, January 02, 2020 9:31 AM  
**To:** Britney K. Stobbe  
**Subject:** FW: Resolution #15-R-19 Youth Mental Health  
**Attachments:** Clinical studies on Conversion Therapy effectiveness.pdf; Banning SOCE Would be Especially Harmful to Adolescents.pdf; A Formal Response to 2009 APA Task Force Report.pdf

One more

**From:** michael.d.levenhagen@gmail.com [mailto:michael.d.levenhagen@gmail.com]  
**Sent:** Monday, December 30, 2019 4:16 PM  
**To:** Kurt Eggebrecht <kurt.eggebrecht@appleton.org>; 'District' <6@appleton.org>  
**Subject:** Resolution #15-R-19 Youth Mental Health

Could you please distribute this e-mail to the entire Board of Health Committee, as I do not have contact information for everyone.

I was glad to see the Appleton Board of Health Committee is committed to looking at actual data and scientific research to make your decision on Resolution #15-R-19 Ban on Conversion Therapy for Minors. I am not addressing this issue from a political perspective, but attempting to give you actual documentation to help in your deliberations.

I am attaching documentation of actual research as well as critique of "reports" and "resolutions" that have been circulated that critique Conversion Therapy (also known as Sexual Orientation Change Efforts – SOCE) without clear, unbiased scientific data.

Please also consider that by banning SOCE for minors, the city would only allow one type of therapy for those dealing with unwanted LGBT attractions – it is called Affirming Therapy (also known as Multicultural Therapy). To give this resolution a fair hearing, I would encourage the committee to review Affirming Therapy under the same standards as Conversion Therapy.

Please review the following attachments:

1. **Banning SOCE Would be Especially Harmful to Adolescents** - a two-page document referencing research that indicates this type of legislation would be counter-productive.
2. **Clinical studies on Conversion Therapy Effectiveness** – a three-page documentation of published studies showing the effectiveness of SOCE
3. **A Formal Response to 2009 APA Task Force Report** – A critique of the often quoted 2009 APA Gay Task Force Report. This critique also can be applied to the September 2019 report that was distributed in the December meeting.

Finally, consider the following: Reasonable clinicians and mental health association representatives should agree that anecdotal accounts of harm constitute no basis upon

which to prohibit a form of psychological care. If this were not the case, the practice of any form of psychotherapy could place the practitioner at risk of regulatory discipline, ***as research indicates that 5 to 10% of all psychotherapy clients report deterioration and as many as 50% experience no reliable change during treatment (Hansen, Lambert, & Forman, 2002; Lambert & Ogles, 2004).***

Thank you for taking the time to review these documents for your deliberations.

Regards,

Michael Levenhagen, ASQSSBB  
Gender Identity Consultant for Wisconsin Family Council  
920-303-1041  
[Michael.d.levenhagen@gmail.com](mailto:Michael.d.levenhagen@gmail.com)

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This is a collection and critique of 31 clinical research studies, individual case studies and surveys on homosexuality and the possibility of change published in books or academic journals between 1952 and 2003. The reviewers looked for reported changes, and supporting evidence for changes, in behavior, attractions, fantasy and self-identification by the subjects of the various studies and surveys. They summarize the collective results of 28 of the studies, and discuss the other three separately.

Collectively, the 28 studies present information on 2,252 subjects. The reviewers with the "Homosexuality and the Possibility of Change (HP&C)" project selected for analysis only those subjects for whom enough data was available in the published reports to assign the subjects approximate before-and-after Kinsey sexual orientation scores of from 0 (exclusively heterosexual) to 6 (exclusively homosexual). They eliminated from consideration those subjects whose "before" scores were lower than 5 (where 5 is "predominantly homosexual") or for whom insufficient information was available to assign any scores at all.

The reviewers found that using even this conservative before-and-after analysis, the published research clearly supports at least:

- 45 cases of people who were exclusively or predominantly homosexual (a 6 or 5 on the Kinsey scale) making a full shift in sexual orientation (to a 0 on the Kinsey scale).
- 287 cases of people who were exclusively or predominantly homosexual (a 6 or 5 on the Kinsey scale) making a partial shift in sexual orientation (to a 1 or 2 on the Kinsey scale).
- 86 cases of people who were exclusively or predominantly homosexual who transitioned to satisfying heterosexual relationships. (This third group of studies measured change by external behavior and reports of satisfaction, rather than reports of levels of attraction.)

Thus you have at least **418** cases in the published psychological literature of heterosexual orientation shift, according to the criteria used by the "Possibility of Change" project. However, the studies themselves actually report at least **563** subjects who experienced varying degrees of change toward increased heterosexuality. (The lower number is due to the project reviewers applying uniform criteria, years after the fact, to summarize more than 50 years of published studies, and thus excluding reports that didn't fit their criteria for analysis.)

Some may argue that many of these studies are old, and thus outdated. But old and outdated are not synonymous. Research doesn't "go bad" with time alone, like old bread. Older research can be confirmed, expanded, reinterpreted or contradicted by new, better designed or more thorough research. But age alone never invalidates a research study. And it is striking that these 31 studies, conducted over 50-some years, consistently show at least some evidence for sexual orientation shift, every time.

Year	Name	Published	No. of subjects	No. experiencing at least some heterosexual shift	# counted by H&PC; Project as K6/5 to K0/1 shift
1952	Poe, John S.	Psychoanalytic Review	1	1	1
1958	Hadfield, J.A.	British Medical Journal	9	6	6
1959	Ellis, Albert	Journal of Clinical Psychology	1	1	1
1962	Bieber, et al	Book: "Homosexuality: A Psychoanalytic Study"	106	29-43	14
1965	Mayerson & Lief	Book: "Sexual Inversion: The Multiple Roots of Homosexuality"	19	9	6
1966	Mintz	Journal of Consulting Psychology	10	3	3
1966	Hadden	International Journal of Group Psychology	32	12	12
1967	Kaye	Archives of General Psychiatry	?	?	--
1969	Wolpe	Book: The Practice of Behavior Therapy	1	1	1
1969	Wallace	Psychoanalytic Review	1	1	1
1970	Hatterer	Book: Changing Homosexuality in the Male	143	49-67	12
1973	Liss & Weiner	American Journal of Psychotherapy	1	1	1
1973	McCrary	Journal of Behavioral Therapy and Experimental Psychiatry	1	?	--
1973	Barlow and Agras	Journal of Applied Behavior Analysis	2	2	1
1974	Canton-Dutari	Archives of Sexual Behavior	54	44-49	15
1975	Freeman and Meyer	Behavior Therapy	11	9	4
1976	Callahan	Book: Counseling Methods	1	1	1
1978	Socarides	Book: Homosexuality	45	20	20
1979	Masters & Johnson	Book: Homosexuality in Perspective	67	29	12
1980	Pattison & Pattison	American Journal of Psychiatry	11	11	5
1980	Birk	Book: Homosexual Behavior: A Modern Reappraisal	29	18	18
1986	Van den Aardweg	Book: On the Origins and Treatment of Homosexuality	101	37	5
1992	Shechter	International Forum of Psychoanalysis	1	1	1
1993	Golwyn & Sevlie	Journal of Clinical Psychiatry	1	1	1
1994	Berger	American Journal of Psychotherapy	1	1	1
1994	MacIntosh	Journal of the American Psychoanalytic Association	1215	276	276
1999	Schaeffer	Journal of Psychology and Theology	140	?	--
2000	Schaeffer	Journal of Psychology and Christianity	248	?	--
Total			2252	563 (25%)	418 (19%)

In their book, "Homosexuality: The Use of Scientific Research in the Church's Moral Debate," psychologists Dr. Stanton L. Jones and Dr. Mark A. Yarhouse present summary data on 30 research studies conducted between 1954 and 1994. Of these, 13 are also included in New Direction's "Homosexuality and the Possibility of Change" summary, but 17 are not. These 17 additional studies, conducted mostly in the 1960s

and 1970s, present data on 327 subjects. Of these, **108** men and women made a successful shift from primarily homosexual to primarily heterosexual attractions and/or behaviors.

*Source: Jones, Stanton L., and Yarhouse, Mark A., Homosexuality: The Use of Scientific Research in the Church's Moral Debate, InterVarsity Press, 2000, p. 123, 131*

Year	Name, Where Published	No. of subjects	No. experiencing at least some heterosexual shift
1954	Eliasberg, Group Psychotherapy	6	3
1958	Hadden, American Journal of Psychiatry	3	1
1960	Beukenkamp, Archives of General Psychiatry	1	1
1960	Finney, Journal of the Society of Therapists	3	2
1961	Litman, International Journal of Group Psychotherapy	1	In process
1965	Munzer, Topical Problems of Psychotherapy	18	5
1966	Stone, Schengber & Seifried, International Journal of Group Psychotherapy	1	In process
1967	MacCulloch & Feldman, British Medical Journal	35	10
1967	Singer & Fischer, International Journal of Group Psychotherapy	8	4
1970	Johnsgard & Schumacher, Psychotherapy: Theory, Research and Practice	5	0
1970	McConaghy, British Journal of Psychiatry	40	10
1970	Truax, Moeller and Tourney, Journal of the Iowa Medical Society	20	In process
1971	Pittman & DeYoung, International Journal of Group Psychotherapy	6	3
1971	Truax & Tourney, Diseases of the Nervous System	30	20
1972	Covi, Psychotherapy and Psychosomatics	30	In process
1974	Birk, Journal of Sex and Marital Therapy	66	14
1984	Schwartz & Masters, American Journal of Psychiatry	54	35
	Total	327	108 (33%)



## **Banning SOCE Would be Especially Harmful to Adolescents**

The fact that homosexuality, especially in males, usually develops in vulnerable individuals during childhood and adolescence makes banning SOCE especially harmful to adolescents.

It is not uncommon for youth to question their sexual orientation as a normal part of the maturation process. For example, one large U.S. study of 12-year-olds found that 26 percent were uncertain about their sexual orientation.<sup>1</sup> Yet the best estimates are that less than 2 percent of the U.S. population is exclusively homosexual.<sup>2</sup> This means that most of these confused youth grow up to be heterosexual.

As noted earlier, banning SOCE would further victimize youth who have been the victims of sexual molestation, and who, primarily for that reason, are experiencing sexual orientation confusion or are developing unwanted same-sex attraction. Therapy that has been proven effective by the personal experience of many sexual abuse victims would be denied to minors where laws are passed to ban SOCE. And adolescents who may not have been molested, but are still experiencing sexual orientation confusion or unwanted same-sex attraction for other reasons, would also be denied this right.

Most of the legislation being proposed does not ban all therapy for struggling youth, only change therapy that might help them overcome an unwanted sexual orientation or resolve sexual orientation confusion by offering them support and guidance if they want to develop a heterosexual orientation. This is in essence what SOCE is.

But there is another therapeutic approach for those dealing with any issues related to sexual orientation known as “affirmative therapy.” This form of therapy is favored by homosexual rights activists and their allies because it focuses on “affirming” homosexuality by trying to help an individual accept, cope with, and be more comfortable with his or her same-sex attraction. It is based on the false premise that homosexuals are “born that way” and that no one should try to change (which is precisely the reason why it is supported by homosexual rights activists and their allies).

There is little question that affirmative therapy is helpful for many homosexuals who are comfortable with their same-sex orientation. But for those with *unwanted* same-sex attraction, being subjected to affirmative therapy can be devastating because it not only fails to hold out the possibility of change that they are seeking, but also implicitly tells them that they cannot change and must learn to live with their present sexual orientation.<sup>3</sup>

What the governments in the two U.S. states that have adopted laws banning SOCE for minors are actually doing is dictating that only one of these two therapeutic approaches can be offered to

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<sup>1</sup> Remafedi, G., Resnick, M., Blum, R., Harris, L. (1992). Demography of sexual orientation in adolescents. *Pediatrics*, 89,714-721.

<sup>2</sup> 3 Gates, G. J. “How Many People are Lesbian Gay, Bi-sexual and Transgender?” Williams Institute. Retrieved from <http://williamsinstitute.law.ucla.edu/wp-content/uploads/Gates-How-Many-People-LGBT-Apr-2011.pdf>.

<sup>3</sup> See Lock, J. (1998). Treatment of Homophobia in a Gay Male Adolescent. *American Journal of Psychotherapy*, 52, 202-214. This article dramatically illustrates the harm that can be done by subjecting someone with strongly felt, unwanted same-sex attraction to affirmative therapy. Contrast this to Caleb’s positive experience with SOCE that he relates in FWI’s video “Understanding Same Sex Attraction” <https://vimeo.com/71799175>.



clients. These governments are doing this with no evidence that SOCE is ineffective or that the known benefits outweigh any possible risks for harm. As noted above, the APA in its report on SOCE had to admit that there is no evidence of undue harm. And the organization also had to admit that “Given the limited amount of methodologically sound research, we cannot draw a conclusion regarding whether recent forms of SOCE are or are not effective.”<sup>4</sup>

Those trying to ban SOCE often allege there is an increased risk of suicide as a result of undergoing this therapy. As noted above, there is in fact no research that supports a higher risk generally for SOCE. Indeed, the problem of suicide among adolescents raises some special concerns about banning SOCE according to some of the research.

One significant research study found that for every year that an adolescent postpones self-identifying as homosexual, the risk of suicide drops 20 percent per year.<sup>5</sup> If an adolescent undergoing affirmative therapy is told during the period of normal confusion about sexual orientation that homosexuality is an inborn trait that cannot be changed and believes it, this can push the adolescent into early identification as same-sex attracted and increase the risk of suicide. It can also push an adolescent into same-sex sexual exploration and homosexual pornography, which, in and of themselves, can be a contributing factor in tipping a vulnerable youth toward homosexual behavior, which will subsequently put them at a high risk for many negative health consequences. Unfortunately, such messages as “if you think you might be gay, you are” and “if you think you might be gay, you need to experiment sexually and find out” are all too frequently conveyed by homosexual rights activists, same-sex attracted peers, and even counselors and affirmative therapists.

Suicide has been called the ultimate expression of hopelessness. There can be multiple causes of this hopelessness in individuals with unwanted same-sex attraction, but many individuals who have been helped by SOCE efforts have testified that this therapy and the possibility of change turned their despair into hope. Many believe that SOCE literally saved their lives by preventing them from resorting to suicide. Yet those seeking to ban SOCE and many mental health professionals driven by political correctness will not acknowledge that it is beneficial in any way and can in itself reduce the risk of suicide for many adolescents.

By legislating that only affirmative (not change) therapy is available for any struggling youth regardless of whether it is appropriate for their individual circumstances, such as being victims of molestation, banning SOCE will guarantee that some of these youth who might have been helped will instead be further harmed. Finally, banning SOCE will reinforce the fallacy that people are “born gay,” thus leading many teachers, counselors and others who work with youth to continue to convey this fallacy with all the harm that this alone can cause.

As a result, teenage suicides inevitably will increase if SOCE is banned.

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<sup>4</sup> American Psychological Association Report of the APA task force on appropriate therapeutic response to sexual orientation, 2009, page 42, Retrieved from <http://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf>.

<sup>5</sup> Remafedi, G., Farrow, J. A., Deisher, R. W. (1991). Risk factors for attempted suicide in gay and bisexual youth. *Pediatrics* 87, 869-875.

## **A Formal Response to the Report of the American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation<sup>1</sup>**

**By The National Association for Research and Therapy of Homosexuality (NARTH)**

In February 2007, the American Psychological Association (APA) established the Task Force on Appropriate Therapeutic Response to Sexual Orientation (TF). The goal of this six member TF was to answer clinical questions about the efficacy of sexual orientation change efforts. They produced a 138-page document updating and promulgating the APA resolutions of the same title.

The TF deemed that the report was grounded in the scientific fact that same-sex attractions, behavior, and orientations were normal and positive variants of human sexuality. In this view, same-sex orientations do not represent mental or developmental disorders. The TF incorrectly used the research methods of *evidence-based medicine* to address the following clinical questions: (1) are sexual orientation change efforts (SOCE) effective at changing sexual orientation, (2) are SOCE harmful, (3) are there any additional benefits that can be reasonably attributed to SOCE? The TF broadly defined SOCE and categorized research studies into three designs: experimental, quasi-experimental, and non-experimental. The three categories represented types of *quantitative* research design. The TF then applied quantitative research design to *behavioral* research.

The goal of this response is to address concerns about the TF report and the promulgated APA resolutions which the report recommended in an appendix. A major theme

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<sup>1</sup> This represents a formal, over arching scientific response by NARTH to the APA's Task Force report. NARTH already has responded with a shorter statement: <http://www.narth.com/docs/apataskforcereportbroch.pdf>. This paper is not exhaustive, Other commentaries on particular aspects of the APA report by individual NARTH members may be seen at: <http://www.narth.com/>.

of the report, that must not be overlooked, is the driving force of multiculturalism<sup>2</sup> or the belief that all cultures are created equal. This ideology allows the APA to assert the null hypothesis as policy; in plain terms, the policy is that homosexuality as culture is no different than heterosexuality as culture. If there is truly no difference between these two “cultures”, questions should be asked and answered through scientific inquiry that would allow professionals and laypersons to accept or reject the null hypothesis, i.e. decide rationally whether or not the cultures of homosexuality and heterosexuality differ - and if so how.

Answering these questions scientifically requires adding to the body of knowledge through quantitative or qualitative research. But, in an apparent rush to advance gay civil liberties, the APA ignores these basic questions. However, it is NARTH’s position that: (1) basic science relies on quantitative - and sometimes qualitative - data to explain theory and support scientific conclusions. And (2), policy, multiculturalism, or subjective truths cannot be demonstrated, verified or disproved solely by quantitative data alone. The application of the scientific method and the interpretation of its findings should preempt jumping to conclusions where no data exists. This is in keeping with the APA’s own “Leona Tyler Principle,” which states that in speaking as psychologists, whether as an organization or as individuals, advocacy should be based on scientific data and demonstrable professional experience. Otherwise, psychologists are free to speak individually or as members of a group, but only as “concerned citizens.”

Additionally, the importance of preventing biases in scientific research cannot be overlooked. Bias is the over representation or the under presentation of segments of the population. In the postmodern world, this applies not only to the sample, but also to the

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<sup>2</sup> Multiculturalism is part of a postmodern ideology or worldview (*Zeitgeist*) in which traditional scientific inquiry is devalued and replaced with subjective “truth”.

investigator(s). It is important to note that the TF members consisted of individuals who were on record as opposing re-orientation approaches before being named as a TF member.<sup>3</sup>

Although a number of APA member psychologists, equally as qualified as those selected, but also experienced in working with those distressed by unwanted homosexual attractions, were recommended to the APA, none were named as a member of the TF. Since the TF included only members with arguably strong gay-activist backgrounds, it may be assumed that this influenced their ability to look objectively at all of the existing scientific data. Although a clear case could be made for confirmation bias simply based on the membership of the TF formally responsible for the report and associated resolutions, the balance of this response addresses the merits of the report itself.

#### **STRONG ASSERTIONS MADE IN THE ABSENCE OF SCIENTIFIC EVIDENCE:**

##### *Concerns about the following APA Resolutions*

*APA Resolution – That the American Psychological Association affirms that same-sex sexual romantic attractions, feeling, and behaviors are normal and positive variations of human sexuality regardless of sexual orientation identity.*

*APA Resolution – That the American Psychological Association reaffirms its position that homosexuality per se is not a mental disorder and opposes portrayals of sexual minority youths and adults as mentally ill due to their sexual orientation. (APA, 2009, p. 120)*

Quantitative research addresses predictions (hypotheses) that are based on the premise that scientific knowledge can be organized into general laws. The TF grounds the

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<sup>3</sup> Judith M. Glassgold sits on the board of the Journal of Gay and Lesbian Psychotherapy and is the past president of APA's Gay and Lesbian Division 44; Jack Dresher is a well-known gay-activist psychiatrist; Lee Beckstead is on record as opposing any efforts to change sexual orientation and is a gay-identified man; Beverly Green was the co-editor of APA Gay and Lesbian Division 44 series on Psychological Perspectives on Lesbian, Gay, and Bisexual Issues; Robin Lin Miller worked for the Gay Men's Health Crisis and has written for gay publications; and Roger Worthington is the interim Chief Diversity Officer at the University of Missouri and was awarded the "2001 Catalyst Award" from the LGBT Resource Center.

aforementioned resolutions in what is claimed as “scientific fact” (dogma/law); namely, that homosexuality is a normal and positive variant of human sexuality (APA, p. 2). Normal is defined by the TF as the absence of mental or developmental disorders. This definition is supported by references from research that shows or claims to show that the homosexual population suffers no more or less mental or developmental disorders than the heterosexual population. The TF makes no mention of more recent and higher quality studies that show that homosexuals do have more mental health issues. When the TF does mention other mental health issues, it deems that these psychological disturbances are caused by “organismic (in-) congruent” religiosity and the stigmatism of a prejudiced society. However, no experimental, quasi-experimental or qualitative data are presented that support their conclusion, let alone even define what are “normal” (typical or usual, if not good, healthy) variations in human sexuality in the overall population. If this type of statistical data exists, the TF should present it in support of their position.<sup>4</sup>

Additionally, the TF does not define the meaning of a positive variant of human sexuality. They need to specifically define “positive variant”, paying particular attention to the positive reproductive advantage of homosexuality. Although it is understood that reproduction is not the only goal of human sexuality, it is likely the most important. The TF should address this oversight before incorporating the word “positive” into formal APA resolutions.

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<sup>4</sup> In more technical terms, what is lacking is a predictive population frequency of variations in human sexuality that could be defined as normal (no reference range). No descriptive statistics are presented that define a *Gaussian distribution* or probability of population statistics relative to human sexuality. As presented, the definition of “normal variant” could be misinterpreted that homosexuality falls within two standard deviations of a human sexuality distribution; however, it is much more likely that homosexual behavior falls into or near the tails of a normal distribution. For example, for a trait that was “normally distributed” (e.g., height), most or roughly 68% of persons would be within one standard deviation of the “mean” (average) height common for someone of that sex, and “almost all” or roughly 95% of persons would be within two standard deviations of their mean height. Statistically, the TF lacks the research to claim that homosexuality is “normal”, i.e., statistically “not uncommon”.

Also missing from the TF's work is a scientific grounding, i.e., suitable references of quality research findings, for the origin of such a variant. For example, if homosexuality is genetic in origin, the human chromosome which contains the specific gene should be identified. It should be stated whether the gene is *autosomal* or sex-linked. There is no identification of the specific protein product of that gene, and there is no mention of the function of the protein and its influence on behavior. The TF report misses this opportunity to present clearly the scientific, i.e., empirically demonstrable, "facts" or data on which their hypotheses are based.

Though not specifically stated in the report, an implicit hypothesis of the TF is that SOCE have no effect on sexual orientation. This is a correctly stated null hypothesis. However, hypothesis-driven biases are a potential outcome of all quantitative research designs. Functioning from what they believed is a scientific fact that same-sex sexual attractions, behavior, and orientations are normal and positive; the TF's hypothesis would come from this presumably governing scientific law. The TF's "scientific fact" (dogma) established the paradigm that guided the Task Force into their ultimate conclusion not to reject the null hypothesis, i.e, not to accept any evidence of any kind that demonstrated that SOCE may work. With such an initial bias, SOCE's could never be shown or seen to work as their caregivers or recipients intended because, by definition, experience cannot overcome a "scientific fact."<sup>5</sup>

## **BIAS IN THE APPLICATION OF EMPIRICAL AND CLINICAL CRITERIA**

### *Concerns about the following APA Resolutions*

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<sup>5</sup> The analysis in this section is also relevant for considering the implications of the TF report's claim of a second "scientific fact": "*Gay men, lesbians, and bisexual individuals form stable, committed relationships and families that are equivalent to heterosexual relationships and families in essential respects*" (APA, p. 2). Cited references, for this and the other "scientific fact" mentioned in the report, include only the political decision to remove "homosexuality" from the DSM-II, APA resolutions, and opinion pieces by gay activists as references. None of these, singly or taken together offer sufficient proof for these TF assertions.

APA Resolution – *That the American Psychological Association concludes that there is insufficient evidence to support the use of psychological interventions to change sexual orientation.*

APA Resolution – *That the American Psychological Association concludes that the benefits reported by participants in sexual orientation change efforts can be gained through approaches that do not attempt to change sexual orientation.*

APA Resolution – *That the American Psychological Association concludes that the emerging knowledge on affirmative multiculturally competent treatment provides a foundation for an appropriate evidence-based practice for children, adolescents, and adults who are distressed by or seek to change their sexual orientation.* (APA, 2009, p. 120)

*Evidence-based medicine* research design is a quantitative approach to studying treatment methods involving a cause (independent variable) on some effect (dependent variable). The randomized clinical trial or randomized control trial is the gold standard for sources of new knowledge in evidence-based medicine. The TF deems that their review assessed the current randomized control trials (experimental), nonequivalent group comparisons (quasi-experimental), and multiple uncontrolled designs (non-experimental) as if the methods of evidence-based medicine research were appropriate for evaluating the efficacy or effectiveness of SOCE.<sup>6</sup>

The TF report includes no SOCE or affirmative-multicultural studies that fit the standards of evidence-based medicine research. No studies are presented that directly compare an SOCE to an affirmative-multicultural therapy. The TF and their report's attempt to evaluate SOCE

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<sup>6</sup> In general, it is methodologically difficult to prove a cause and effect relationship between variables that are meant to impact human behavior. Experimental (quantitative) data link independent variables to dependent variables (in this instance, SOCE to change in one or more facets of sexual orientation). This makes it difficult to show if and the extent to which SOCE may impact sexual orientation. This is especially true in the light of the experimental data that is presented in the report. The TF lumps the outcome research findings of all the SOCEs which are reported together. Also, the TF excludes other clinical and research data which otherwise support the efficacy of SOCE. Methodologically, the TF has applied reasoning that sets the stage for a *Type II error*, i.e., failing to notice significant or meaningful change when it does occur. Again, *quantitative* research design is difficult to use in the study of any behavior, including sexual orientation.

using evidence-based research in accordance with randomized control design is an inappropriate application of the scientific standard. In light of this, an attempt will be made to address the SOCE studies as presented in the report.

The TF reported that six randomized control trials of acceptable SOCE were completed from 1969 to 1975. In all cases, some form of *aversion therapy* was the intervention (independent variable) and penile circumference was the effect (dependant variable) measured. Aversion therapy was popular among mental health professionals in the 60's and 70's and was used to treat many types of unwanted behaviors. During that time, there was some use of aversion therapy on persons with distress regarding sexual orientation. However, it was concluded at least 25 years ago that these types of interventions were unethical and did not work in regard to human behavior. In other words, what worked for lower mammals did not work on humans. Yet, the TF seems to imply that these types of therapies are still being used. Also, the TF gives far too much attention to outdated, unethical aversion therapies and too little attention to current approaches to psychological care which are aimed at restoring congruence (attachment). In the TF's view, six randomized control studies of aversion-based SOCE pass the *rigor* test because of their randomized design. However, these studies are not relevant to gathering data about whether modern approaches to SOCE work. Additionally, the rigorous standard (randomization) set by the TF for SOCE would not be met for research cited by the TF in support of the affirmative-multicultural approaches which it recommends.

In the TF report, affirmative-multicultural therapies should have been presented and subjected to the same standard, presenting their strengths and weaknesses as scrupulously as those of SOCE. This is a significant - and arguably fatal - weakness in the literature review of the



report. When used correctly, the methods of evidence-based medicine demand an equitable comparison of one kind of therapy to another therapy. If such a method were relevant for assessing the absolute and relative efficacy/ effectiveness of SOCE and the TF preferred “affirmative-multicultural” therapies, then the TF clearly fails to apply the standards consistently, in an objective or professional manner.

The TF cited three quasi-experimental studies from the years 1971 to 1981. Subjects in these research studies were not randomized, but assigned to nonequivalent treatment groups. These studies did not pass the Task Force’s rigor test. Unfortunately, the studies overwhelmingly relied on aversion therapies as well. These studies only help to show that behavior modification was not the answer. No other answers to the clinical questions can be gleaned from these studies.

The TF further cited thirty-six non-experimental studies from the years 1960 to 1976. In non-experimental design, there is no attempt to control, eliminate, or exclude variables. Again, these studies used the form of behavioral therapy popular at the time, aversion therapy. Many of them were retrospective, i.e., subjects were studied only after they had completed treatment. Overall, as mentioned before, the studies did not support the use of aversion therapy as effective SOCE.

The TF also reported on eight recent studies completed between the years of 1999 to 2004. These studies included various research designs such as retrospective pretest, ethnography, case study, and qualitative retrospective case study. Treatments ranged from conversion therapy to Bible study. Researchers used the patients’ perceptions of the usefulness of treatment as a major outcome measure. Many patients reported that they

believed sexual reorientation therapy was helpful to them psychologically and physiologically. However, the TF dismissed the relevance of these studies because the design of these studies did not permit cause-and-effect attributions to be made. The TF valued these studies only for their ability to understand the population with distress concerning sexual orientation. To the TF, this population mostly consisted of white men with strong religious backgrounds.

Religiosity and stigmatization were the stated motivators of their distress. In the TF's view, this population relied heavily on "telic congruence" (vs. "organismic congruence"); however, the TF does not consider that these studies attempt to investigate the reconciliation of *telic* and *organismic* congruence, both of which are belief systems. It is quite possible that developmental and reparative processes including self-awareness and personal identity are not based on either doctrine.

If recent studies using SOCE therapies show that the population of interest can live more congruently with respect to the reality and needs of human physiology and psychology, the dismissal of these older studies is inappropriate. Ultimately, to offer reliable, valid and relevant scientific answers to the clinical questions addressed by the TF, psycho-social and medical clinicians and researchers must study the psychology and physiology of human sexuality as objectively as possible, without undue consideration of religious, societal, family or LGBT values. The TF has not dealt with these issues from an objective scientific stance, but from a belief system based on multiculturalism. In effect, the TF traded science for ideology and activism.

#### **NEGLECT OF CRITICAL AREAS OF SCIENTIFIC LITERATURE**

The APA TF report neglected a number of critical areas in the existing clinical and scientific literature. Studies using case study design were ignored in the TF's report. Literature which documents spontaneous change in sexual attraction was omitted. And the literature showing that a combination of factors may be involved in the development of homosexuality was not reported.

Additionally, there was no mention of the literature on the persistence and significantly greater risk of comorbid pathologies in homosexual individuals who live in gay-friendly countries such as Denmark, the Netherlands and New Zealand. Such research casts doubt on the TF's assumption that *minority stress* is primarily the source of mental-health problems for homosexuals, and suggests that some factors intrinsic to homosexuality may instead be at work in elevating the level of mental-health problems. There also was a neglect to discuss the literature on lack of relationship commitment and the relational instability among homosexual individuals, including among those who have been legally "married" or otherwise given formal civil recognition in a same-sex union.

The TF failed to discuss predictive factors in the development of homosexuality and the hypothesized mechanisms of change in SOCE interventions. No attempts were made to reconcile the APA Resolutions to new theories on the development and regulation of the central nervous system or the origin of self. Scientific knowledge has significantly increased in these areas, and the TFs should have considered them. Literature on the etiology of homosexuality (e.g., the influence of family interactions) was disregarded as if it had been scientifically disproved. The TF report also arbitrarily disregards a large subset of the literature

on SOCE, presumably due to its age. Such older research was state of the art at the time and warrants that this literature be considered more seriously.

## **SUMMARY**

Basic scientific research in all human development has advanced tremendously and is ongoing. Modern medicine owes its existence to the quantitative design of basic scientific research. As professionals, we cannot ignore this knowledge. If real theories are to emerge on the true origins of a variety of human behaviors and experiences, clinicians and researchers will have to reconcile this massive increase in knowledge. It is questionable whether a postmodern society can do this type of work.

Perhaps a future endeavor of the APA should be to design and conduct an evidence-based research study which compares a relevant SOCE to a relevant affirmative-multicultural therapeutic approach. The APA insists that affirmative multicultural therapies can provide the same relief as SOCE; however, this only can be scientifically evaluated through an evidence-based research project. Such a project ideally would use the methodological rigor emphasized by the TF. In this way, the patients would be randomized to groups, SOCE could be the intervention, affirmative multicultural therapy would be the comparison, and objective and subjective outcomes would determine the relative efficacies between the therapies. This type of study would add to the body of knowledge needed in helping to answer the important clinical questions on SOCE.

It also should be noted, however, that a true experimental test of the absolute and relative efficacy/effectiveness in the end may be therapeutically unethical to conduct. The rights of clients to self-determination, i.e., to decide their own goals of treatment, may not be

respected if clients were randomly assigned to be treated for a goal they did not want. For example, it would be unethical to force persons who do not want relief from homosexual attractions and/or behaviors to undergo therapy with that goal in mind. Similarly, it would be unethical to force a client who wanted psychological care to resolve unwanted homosexual attractions/behaviors to undergo instead therapy to enable them to accept and be pleased with those attractions/behaviors.

The conclusions of the APA Task Force are based on a postmodern belief in multiculturalism, in which traditional science is looked at with skepticism and “truth” is in the eye of the beholder. The poor use of science in the TF report appears to be yet another example of a disturbing trend. As Baker, McFall and Shoham (2009) have argued, “Clinical psychologists’ failure to achieve a more significant impact on clinical and public health may be traced to their deep ambivalence about the role of science and their lack of adequate science training, which leads them to value personal clinical experience over research evidence” (p. 8). In his introductory commentary to the Baker, et al., monograph, Walter Mischel laments that this “widening gulf” (p. 1) or “disconnect between much of clinical practice and the advances in psychological science is an unconscionable embarrassment” (p. 2). Mischel further warns that “clinical psychology... will increasingly discredit and marginalize itself if it continues the trajectory it has pursued for far too many years” (p. 1).

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**Resolution #10-R-19**  
**Changing Beekeeping Permit Process**

*Submitted By: Alderperson Meltzer District 2 & Alderperson Schultz District 9*  
*Date: August 7, 2019*

*Referred to: Board of Health*

WHEREAS the health of bees and the health of our community is interdependent, and beekeeping is a necessary part of restoring collapsing bee populations that we rely on; and

WHEREAS Appleton has recently attained Bee City USA status; and

WHEREAS Appleton residents have provided feedback over the years since residential beekeeping was approved indicating that our regulations are extreme compared to surrounding communities, there are obstacles to accessing beekeeping in Appleton, and there are no incentives to remain in Appleton rather than move to our surrounding communities if one wants to keep bees at their residence;

THEREFORE be it resolved, that the City of Appleton make the following changes to our beekeeping permit requirements:

1. Change the permit cycle to November - November to align with timeline of purchasing bees and setting up hives
2. Remove notification and neighbor veto
3. Bring permit fees into alignment with other Wisconsin communities
4. Replace the calculation for hives per acre with a set number of hives per lot
5. Remove excessive detail from flyaway barrier requirements
6. Allow keeping Top Bar hives in addition to Removable Frame hives and recommend hives face SE direction if possible



RESIDENTIAL BEEKEEPING PERMIT REQUIREMENTS  
(Ref. 3-52 Appleton Municipal Code)  
November 11, 2015

DEFINITIONS:

ACRE means a unit of measure equal to 4,840 sq. yds. or 43,560 sq. ft.

AGGRESSIVE BEHAVIOR is any instance in which unusual characteristics are displayed by a honeybee or colony including, but not limited to, stinging or attacking humans or animals without provocation.

APIARY means the assembly of one or more colonies of bees at a single location on a property.

BEEKEEPER means a person who owns or has charge of one (1) or more colonies of bees and has demonstrated to the Health Officer that he or she has obtained formal education or sufficient practical experience to act as a beekeeper.

BEEKEEPING EQUIPMENT means all items used in the operation of an apiary, such as hive bodies, supers, frames, top and bottom boards and extractors.

COLONY means an aggregate of honeybees in a hive consisting principally of workers, but having one queen and at times drones, including brood, combs and honey.

HEALTH DEPARTMENT means the City of Appleton's Health Department.

HIVE means the receptacle inhabited by a colony that is manufactured for that purpose.

HONEYBEE means all life stages of the common domestic honeybee, *Apis mellifera* species, including the queen and drones.

LOT means a tract of land, designated by metes and bounds, land survey, minor land division or plat, and recorded in the office of the county register of deeds

PERMIT means the written approval given by the Health Department to a property owner who occupies the premises and who is also a beekeeper pursuant to the definition herein.

PERMIT HOLDER means a beekeeper and who has received a permit from the Health Department allowing for an apiary on his or her property.

PROPERTY means a parcel of land identified by the City of Appleton as a lot in any state of development, ownership and occupation.

PROPERTY OWNER means a person, individual firm, association, syndicate or partnership that appears on the recorded deed of the lot.

URBAN FARM means the land or rooftops that are managed and maintained by an individual, group of individuals, organization or business for growing, harvesting, washing and packaging of fruits, vegetables, flowers and other plant and herb products with the primary purpose of growing food for sale and/or distribution.

1. **GENERALLY.** No person shall keep honeybees in the City of Appleton without being a beekeeper and obtaining a permit issued by the Health Department. A permit shall be valid for a period of one (1) year from March 1 through the last day of February the following year, and may be renewed annually. Only one (1) permit shall be granted per property regardless of the number of beekeepers residing at or owning said property.

Should multiple beekeepers request permits and be eligible for permits for a property, the permit shall be issued on a first-come, first-served basis.

2. **APPLICATION FOR PERMIT.** Application for a permit required in this section shall be made to the Health Department upon a form furnished by the Health Department and shall contain such information which the Health Department may prescribe and require and shall be accompanied by payment of the applicable fees. The Application form may be updated and/or amended as deemed necessary by the Health Department. No prior approval of a permit guarantees future approval. The Health Department reserves the right to require permit holders to reapply if the application is updated and/or amended, and refusal to reapply may result in the termination of a permit.

(a) GENERAL REQUIREMENTS.

1. The applicant must complete the required form by the Health Department, and provide to the Health Department the non-refundable application fee.
2. The permit applicant must provide proof of formal education and/or sufficient practical experience to act as a beekeeper.
3. The permit applicant must provide proof of property ownership for the property where the proposed apiary will be located.
4. The permit application must provide proof of occupancy of the property where the proposed apiary will be located.

(b) NEIGHBORHOOD APPROVAL REQUIRED.

1. When a permit is applied for, all property owners within a circular area having a radius of four hundred (400) feet, centered on the location where the proposed hive(s) will be placed, shall be notified of the application by the Health Officer. Notification shall be by first-class U.S. mail.
2. Property owners located within the circular radius of four hundred (400) feet of the proposed apiary objecting to the permit must file a written objection to the permit by contacting the City Health Officer at the Appleton Health Department within fourteen (14) business days of the date the notice was mailed or postmarked. Each objection must contain the objector's name, address, phone number, and reason for the objection to the permit.
3. Upon receipt of a written objection, the application shall be denied by the Health Officer. The applicant may appeal to the Board of Health per APPEALS Section seven (7) below. The Board of Health shall allow the applicant and objector an opportunity to be heard on why the permit should or should not be issued. The Board may affirm, modify or set aside the order of the Health Officer after a hearing on the matter. The Board of Health shall make and keep a record of all proceedings related to any such appeal and the record and actions of the Board of Health shall be subject to review by certiorari by a court of record.

- (c) INSPECTION OF APIARY. Prior to populating the apiary, an inspection of the apiary by the City Health Officer or his or her designee shall be conducted to ensure compliance with all of the following provisions:

1. Public Institutional District. A maximum of five (5) hives may be maintained within areas zoned P-I, Public Institutional District.
2. Urban Farm. A maximum of three (3) hives may be maintained by a permit holder per acre up to a maximum of twenty-five (25) hives within an area approved as an urban farm.
3. Residential Zone. No residentially zoned property shall have more than the following numbers of hives on the property:
  - a. A maximum of two (2) hives may be maintained on a lot one half (1/2) acre or smaller.
  - b. A maximum of three (3) hives may be maintained on a lot larger than one half (1/2) acre but smaller than three quarters (3/4) acre.
  - c. A maximum of four (4) hives may be maintained on a lot larger than three quarters (3/4) but smaller than one (1) acre.
  - d. A maximum of five (5) hives may be maintained on a lot one (1) acre or larger.
4. Occupation. Apiaries in residentially zoned areas must be located on the lot occupied by the permit holder.
5. Vacant/Unoccupied Lot. No apiary may be placed on vacant or unoccupied lots.
6. Frames. All colonies shall be kept in hives with removable frames, which shall be continuously maintained in sound and usable condition by the permit holder.
7. Identification. Each apiary shall, at all times, have the permit holder's name, address and phone number permanently and legibly displayed in a prominent place on an external portion of each hive.
8. Flyway Barrier. For all hives located within thirty (30) feet of a property line, a 6-foot high closed fence, closed hedge, building, or other solid flyway barrier, or other type of barrier which the Health Officer determines to be of sufficient height, shall be located between the rear and/or side property lines and the hive(s). A flyway barrier is not needed if the hive(s) are kept at least ten (10) feet off the ground. Flyway barriers, if required shall meet the requirements of the building code.
9. Water Supply. A continuous supply of water shall be located on the property where the apiary is located, and placed near the hive(s) and within the enclosures or flyway barriers. The water source shall be designed to allow the honeybees' access to water by landing on a hard surface available to the honeybees so long as they remain active outside of the hive.

10. Placement.

- a. All beekeeping equipment must be located a minimum of thirty (30) feet from the front property line and ten (10) feet from all other property lines.
- b. Hives may not be located in the front yard of any lot. Should there be multiple street frontages to a property or no front yard clearly indicated on the property records for a property, the placement of the apiary shall be at the discretion of the City Health Officer.
- c. Apiaries must be located a minimum of fifty (50) feet from dwellings, porches, gazebos, decks, swimming pools, permanently affixed play equipment and any other habitable area on any adjoining lots unless the owner of the adjoining property has provided written permission to the Health Department for closer placement.

3. PERMIT RENEWAL.

- (a) Permits shall be renewed (re-applied for) each year on a form furnished by the Health Department unless written notice of discontinued operation is received by the Health Department.
- (b) When a permit renewal is applied for, all property owners within a circular area having a radius of four hundred (400) feet, centered on the location where the hive(s) are placed, shall be notified of the application renewal by the Health Officer. Notification shall be by first-class U.S. mail.
- (c) Property owners located within the circular radius of four hundred (400) feet of the apiary objecting to the permit renewal must file a written objection to the permit renewal by contacting the Health Department or City Health Officer within fourteen (14) business days of the date the notice was mailed or postmarked. Each objection must contain the objector's name, address, phone number, and reason for the objection to the permit.
- (d) Upon receipt of a written objection, the application for renewal shall be denied by the Health Officer. The applicant may appeal to the Board of Health per APPEALS Section seven (7) below. The Board of Health shall allow the applicant and objector an opportunity to be heard on why the permit should or should not be renewed. The Board may affirm, modify or set aside the order of the Health Officer after a hearing on the matter. The Board of Health shall make and keep a record of all proceedings related to any such appeal and the record and actions of the Board of Health shall be subject to review by certiorari by a court of record.

4. APIARY MAINTENANCE.

- (a) Beekeeping equipment shall be actively maintained and managed at all times by the permit holder.
- (b) If a permit holder no longer intends to maintain and/or manage their apiary, the

permit holder must immediately notify the Health Department and remove or dismantle the hive(s). Failure to immediately remove the hives will be grounds for the Health Department to cause the removal of the hive(s) and the cost thereof shall be charged back to the permit holder as a special charge pursuant to Wis. Stat. § 66.0627

- (b) In any instance where the City Health Officer reasonably believes a colony exhibits aggressive behavior, it shall be the duty of the permit holder to immediately destroy or re-queen the hive.
- (c) Queens shall be selected from stock bred for gentleness and non-swarmling characteristics.
- (d) The provisions of Sec. 3-15(a), Appleton Municipal Code, do not apply to beekeeping.

5. **RIGHT OF ENTRY.**

- (a) The Health Officer or his or her designee may enter upon any permit holder's property at any time to inspect the apiary, beekeeping equipment and/or honeybees, and may take photographs and/or videos of the apiary, beekeeping equipment and/or honeybees as he or she deems necessary, or take any other action deemed necessary to properly enforce the provisions of this section.
- (b) If the Health Officer or his or her designee finds any apiary kept in violation of any portion of this section, he or she may order the violation corrected within thirty (30) days unless the violation appears to put the honeybee's or people in immediate harm or danger, in which case the Health Officer or his or her designee may order the immediate correction of the violation. If the permit holder fails to correct the violation pursuant to the order of the Health Officer, the hive(s) in violation may be destroyed and/or removed from the municipality by the Health Officer or his or her designee and the cost thereof shall be charged back to the permit holder as a special charge pursuant to Wis. Stat. § 66.0627.

6. **SUSPENSION OR REVOCATION OF PERMIT.** The Health Officer may suspend or revoke any permit issued pursuant to this section for violations of ordinances, laws or requirements regulating activity and for other good cause.

7. **APPEALS.** Any person aggrieved by the denial of a permit or by suspension or revocation of a permit by the Health Officer, or by any temporary suspension or any other order may appeal any such order to the Board of Health within thirty (30) days of denial, suspension or revocation of a permit or issuance of the order. The Board of Health shall provide the appellant a hearing or opportunity for hearing on the matter and may either suspend or continue any such order pending determination of appeal. The Board of Health shall make and keep a record of all proceedings related to any such appeal and the record and actions of the Board of Health shall be subject to review by certiorari by a court of record.

Approved by City Council November 2015.

**BEEKEEPING PERMIT REQUIREMENTS**  
(Ref. 3-52 Appleton Municipal Code)

**DEFINITIONS:**

ACRE means a unit of measure equal to 4,840 sq. yds. or 43,560 sq. ft.

AGGRESSIVE BEHAVIOR is any instance in which unusual characteristics are displayed by a honeybee or colony ~~including, but not limited to,~~ stinging, ~~swarming or attacking~~ humans or animals without provocation.

APIARY means the assembly of one or more colonies of bees at a single location on a property.

BEEKEEPER means a person who owns or has charge of one (1) or more colonies of bees and has demonstrated to the Health Officer that he or she has obtained formal education or sufficient practical experience to act as a beekeeper.

BEEKEEPING EQUIPMENT means all items used in the operation of an apiary, such as hive bodies, supers, frames, top and bottom boards and extractors.

COLONY means an aggregate of honeybees in a hive consisting principally of workers, but having one queen and at times drones, including brood, combs and honey.

HEALTH DEPARTMENT means the City of Appleton's Health Department.

HIVE means the receptacle inhabited by a colony that is manufactured for that purpose.

HONEYBEE means all life stages of the common domestic honeybee, *Apis mellifera* species, including the queen and drones.

LOT means a tract of land, designated by metes and bounds, land survey, minor land division or plat, and recorded in the office of the county register of deeds

PERMIT means the written approval given by the Health Department to a property owner who occupies the premises and who is also a beekeeper pursuant to the definition herein.

PERMIT HOLDER means a beekeeper and who has received a permit from the Health Department allowing for an apiary on his or her property.

PROPERTY means a parcel of land identified by the City of Appleton as a lot in any state of development, ownership and occupation.

PROPERTY OWNER means a person, individual firm, association, syndicate or partnership that appears on the recorded deed of the lot.

URBAN FARM means the land or rooftops that are managed and maintained by an individual, group of individuals, organization or business for growing, harvesting, washing and packaging of fruits, vegetables, flowers and other plant and herb products with the primary purpose of growing food for sale and/or distribution.

1. **GENERALLY.** No person shall keep honeybees in the City of Appleton without being a beekeeper and obtaining a permit issued by the Health Department. A permit shall be valid for a period of one (1) year from ~~March-November~~ 1 through the last day of ~~October-February~~ the following year, and may be renewed annually. Only one (1) permit shall be granted per property regardless of the number of beekeepers

residing at or owning said property. Should multiple beekeepers request permits and be eligible for permits for a property, the permit shall be issued on a first-come, first-served basis.

2. **APPLICATION FOR PERMIT.** Application for a permit required in this section shall be made to the Health Department upon a form furnished by the Health Department and shall contain such information which the Health Department may prescribe and require and shall be accompanied by payment of the applicable fees. The Application may be updated and/or amended as deemed necessary by the Health Department. No prior approval of a permit guarantees future approval. The Health Department reserves the right to require permit holders to reapply if the application is updated and/or amended, and refusal to reapply may result in the termination of a permit.

(a) GENERAL REQUIREMENTS.

1. The applicant must complete the required form by the Health Department, and provide to the Health Department the non-refundable application fee.
2. The permit applicant must provide proof of formal education and/or sufficient practical experience to act as a beekeeper.
3. The permit applicant must provide proof of property ownership for the property where the proposed apiary will be located.
4. The permit application must provide proof of occupancy of the property where the proposed apiary will be located.

~~(b) NEIGHBORHOOD APPROVAL REQUIRED.~~

- ~~1. When a permit is applied for, all property owners within a circular area having a radius of four hundred (400) feet, centered on the location where the proposed hive(s) will be placed, shall be notified of the application by the Health Officer. Notification shall be by first-class U.S. mail.~~
- ~~2. Property owners located within the circular radius of four hundred (400) feet of the proposed apiary objecting to the permit must file a written objection to the permit by contacting the City Health Officer at the Appleton Health Department within fourteen (14) business days of the date the notice was mailed or postmarked. Each objection must contain the objector's name, address, phone number, and reason for the objection to the permit.~~
- ~~3. Upon receipt of a written objection, the application shall be denied by the Health Officer. The applicant may appeal to the Board of Health per APPEALS Section seven (7) below. The Board of Health shall allow the applicant and objector an opportunity to be heard on why the permit should or should not be issued. The Board may affirm, modify or set aside the order of the Health Officer after a hearing on the matter. The Board of Health shall make and keep a record of all proceedings related to any such appeal and the record and actions of the Board of Health shall be subject to review by certiorari by a court of record.~~

Commented [BKS1]: This section deleted

~~(c)(b)~~ INSPECTION OF APIARY. Prior to populating the apiary, an inspection of the apiary by the City Health Officer or his or her designee shall be conducted to ensure compliance with all of the following provisions:

1. **Public Institutional District.** A maximum of five (5) hives may be maintained within areas zoned P-I, Public Institutional District.

2. Urban Farm. A maximum of three (3) hives may be maintained by a permit holder per acre up to a maximum of twenty-five (25) hives within an area approved as an urban farm.
3. Residential Zone. No residentially zoned property shall have more than ~~the following numbers of five (5)~~ hives on the property:
  - a. ~~A maximum of two (2) hives may be maintained on a lot one half (1/2) acre or smaller.~~
  - b. ~~A maximum of three (3) hives may be maintained on a lot larger than one half (1/2) acre but smaller than three quarters (3/4) acre.~~
  - c. ~~A maximum of four (4) hives may be maintained on a lot larger than three quarters (3/4) but smaller than one (1) acre.~~
  - ~~A maximum of five (5) hives may be maintained on a lot one (1) acre or larger.~~
    - a. for each permitted hive one nucleus colony may be kept for requeening.
    - ~~b.~~ To maximize successful rescues of a swarm or a relocated colony, a beekeeper may keep such a colony for up to 30 days, upon notification to the health department, until a permanent location can be found.
4. Occupation. Apiaries in residentially zoned areas must be located on the lot occupied by the permit holder.
- ~~5. Vacant/Unoccupied Lot. No apiary may be placed on vacant or unoccupied lots.~~
- ~~6-5. Frames. To facilitate inspection for disease, all honey combs must be readily removable and replaceable. All colonies shall be kept in hives with removable frames, which shall be continuously maintained in sound and usable condition by the permit holder.~~
- ~~7-6. Identification. Each apiary shall, at all times, have the permit holder's name, address and phone number permanently and legibly displayed.~~
- ~~8-7. Flyway Barrier. For all hives located within ~~thirty twenty-five (3025)~~ feet of a property line, a ~~6-foot high closed fence, closed hedge, building, or other solid~~ flyway barrier, or other type of barrier which the Health Officer determines to be of sufficient height, shall be located between the rear and/or side property lines and the hive(s). A flyway barrier is not needed if the hive(s) are kept at least ten (10) feet off the ground. Flyway barriers, if required shall meet the requirements of the building code.~~
- ~~9-8. Water Supply. A continuous supply of water shall be located on the property where the apiary is located, and placed near the hive(s) and within the enclosures or flyway barriers. The water source shall be designed to allow the honeybees' access water by landing on a hard surface available to the honeybees so long as they remain active outside of the hive.~~
- ~~10-9. Placement.~~
  - a. All beekeeping equipment must be located a minimum of thirty (30) feet from the front property line and ten (10) feet from all

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other property lines.

- b. Hives may not be located in the front yard of any lot. Should there be multiple street frontages to a property or no front yard clearly indicated on the property records for a property, the placement of the apiary shall be at the discretion of the City Health Officer.
- c. Apiaries must be located a minimum of  ~~fifty- twenty-five (5025)~~ feet from dwellings, porches, gazebos, decks, swimming pools, permanently affixed play equipment and any other habitable area on any adjoining lots unless the owner of the adjoining property has provided written permission to the Health Department for closer placement.

3. **PERMIT RENEWAL.**

- (a) Permits shall be renewed each year on a form furnished by the Health Department unless written notice of discontinued operation is received by the Health Department.
- (b) The Health Officer or his or her designee shall enter upon the permit holder's property at any reasonable time once a year to inspect the apiary, beekeeping equipment and honeybees.

4. **APIARY MAINTENANCE.**

- (a) Beekeeping equipment shall be actively maintained and managed at all times by the permit holder.
- (b) If a permit holder no longer intends to maintain and/or manage their apiary, the permit holder must immediately notify the Health Department and remove or dismantle the hive(s). Failure to immediately remove the hives will be grounds for the Health Department to cause the removal of the hive(s) and the cost thereof shall be charged back to the permit holder as a special charge pursuant to Wis. Stat. § 66.0627
- (c) In any instance where the City Health Officer reasonably believes a colony exhibits aggressive behavior, it shall be the duty of the permit holder to immediately destroy or re-queen the hive.

~~(d)~~ Queens shall be selected from stock bred for gentleness ~~and non-swarming~~  
 (d) characteristics.

- (e) The provisions of Sec. 3-15(a), Appleton Municipal Code, do not apply to beekeeping.

5. **RIGHT OF ENTRY.**

- (a) The Health Officer or his or her designee may enter upon any permit holder's property at any time to inspect the apiary, beekeeping equipment and/or honeybees, and may take photographs and/or videos of the apiary, beekeeping equipment and/or honeybees as he or she deems necessary, or take any other action deemed necessary to properly enforce the provisions of this section.
- (b) If the Health Officer or his or her designee finds any apiary kept in violation of any portion of this section, he or she may order the violation corrected within thirty (30) days unless the violation appears to put the honeybee's or people in immediate harm or danger, in which case the Health Officer or his or her designee may order the immediate correction of the violation. If the permit holder fails to correct the violation pursuant to the order of the Health Officer, the hive(s) in violation may be

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destroyed and/or removed from the municipality by the Health Officer or his or her designee and the cost thereof shall be charged back to the permit holder as a special charge pursuant to Wis. Stat. § 66.0627.

6. **SUSPENSION OR REVOCATION OF PERMIT**. The Health Officer may suspend or revoke any permit issued pursuant to this section for violations of ordinances, laws or requirements regulating activity and for other good cause.

7. **APPEALS**. Any person aggrieved by the denial of a permit or by suspension or revocation of a permit by the Health Officer, or by any temporary suspension or any other order may appeal any such order to the Board of Health within thirty (30) days of denial, suspension or revocation of a permit or issuance of the order. The Board of Health shall provide the appellant a hearing or opportunity for hearing on the matter and may either suspend or continue any such order pending determination of appeal. The Board may affirm, modify or set aside the order of the Health Officer after a hearing on the matter. The Board of Health shall make and keep a record of all proceedings related to any such appeal and the record and actions of the Board of Health shall be subject to review by certiorari by a court of record.



**HEALTH DEPARTMENT - 100 N Appleton St, Appleton WI 54911**  
**Telephone: 920-832-6429 Fax: 920-832-5853**  
**RESIDENTIAL APIARY PERMIT APPLICATION**  
**Effective Date December 1, 2017**

PLEASE PRINT

Date of Application: \_\_\_\_\_ Anticipated Start Date \_\_\_\_\_

**Applicant Information:** \_\_\_\_\_ **Apiary Information:** \_\_\_\_\_

Name: \_\_\_\_\_ Number of Hives: \_\_\_\_\_

Address: \_\_\_\_\_ Location of Hive or Hives: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ City/State/ZIP \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Person in Charge of Apiary: \_\_\_\_\_

<u>Activity Code</u>	<u>Permit Description</u>	<u>Fee</u>
141	Preinspection Fee: New Apiary	\$145.00
142	Apiary Permit (Separate Permit Required for each apiary on a Property)	\$59.00
NOTE:	The Preinspection Fee Is Non-Refundable	
	<b>Total Amount Due</b>	<b>\$</b>

Provide a sketch of the property and the location where the hive or hives will be kept. Include hive distances from property lines, neighboring dwellings, porches, gazebos, decks, swimming pools, permanently affixed play equipment. Indicate watering location. Indicate flyway barrier location, material and height. Provide documentation of training as a Beekeeper.

Name of Applicant (Print) \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Drivers License Number \_\_\_\_\_

MAKE CHECK OR MONEY ORDER PAYABLE TO ..... CITY OF APPLETON  
 SUBMIT APPLICATION AND FEE TO ..... APPLETON HEALTH DEPT.  
 100 N APPLETON ST  
 APPLETON WI 54911-4799

OFFICE USE

Date letter sent to property owners within 400 feet of center of proposed apiary \_\_\_\_\_

Written Objections Received (attach) \_\_\_\_\_ Written Objection Deadline \_\_\_\_\_

Inspector Signature \_\_\_\_\_ Date \_\_\_\_\_

Apiary Start Date \_\_\_\_\_

Establishment Number (COA#) \_\_\_\_\_ Account # 12530-4305 Receipt # \_\_\_\_\_

License Year March 1, \_\_\_\_\_ Expires February \_\_\_\_\_, \_\_\_\_\_ Assigned Inspector \_\_\_\_\_

Amount Paid \$ \_\_\_\_\_ Check # \_\_\_\_\_ Account Name: \_\_\_\_\_





HEALTH DEPARTMENT - 100 N Appleton St, Appleton WI 54911  
 Telephone: 920-832-6429 Fax: 920-832-5853  
**RESIDENTIAL APIARY PERMIT APPLICATION**  
 Effective Date December 1, 2017

PLEASE PRINT

Date of Application: \_\_\_\_\_ Anticipated Start Date \_\_\_\_\_

**Applicant Information:**

Name: \_\_\_\_\_

**Apiary Information:**

Number of Hives: \_\_\_\_\_

Address: \_\_\_\_\_

Location of Hive or Hives: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Person in Charge of Apiary: \_\_\_\_\_

<u>Activity Code</u>	<u>Permit Description</u>	<u>Fee</u>
141	Preinspection Fee: New Apiary	145-\$30
142	Apiary Permit (Separate Permit Required for each apiary on a Property)	59 \$10
NOTE:	The Preinspection Fee Is Non-Refundable	
	<b>Total Amount Due</b>	<b>\$</b>

Provide a sketch of the property and the location where the hive or hives will be kept. Include hive distances from property lines, neighboring dwellings, porches, gazebos, decks, swimming pools, permanently affixed play equipment. Indicate watering location. Indicate flyway barrier location, material and height. **Upon renewal, if no changes have been made, use original sketch on file.** Provide documentation of training as a Beekeeper.

Name of Applicant (Print) \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Drivers License Number \_\_\_\_\_

MAKE CHECK OR MONEY ORDER PAYABLE TO ..... CITY OF APPLETON  
 SUBMIT APPLICATION AND FEE TO ..... APPLETON HEALTH DEPT.  
 100 N APPLETON ST  
 APPLETON WI 54911-4799

**OFFICE USE**

Date letter sent to property owners within 400 feet of center of proposed apiary \_\_\_\_\_

Written Objections Received (attach) \_\_\_\_\_ Written Objection Deadline \_\_\_\_\_

Inspector Signature \_\_\_\_\_ Date \_\_\_\_\_

Apiary Start Date \_\_\_\_\_

Establishment Number (COA#) \_\_\_\_\_ Account # 12530-4305 Receipt # \_\_\_\_\_

License Year March 1, \_\_\_\_\_ Expires February \_\_\_\_\_, \_\_\_\_\_ Assigned Inspector \_\_\_\_\_

Amount Paid \$ \_\_\_\_\_ Check # \_\_\_\_\_ Account Name: \_\_\_\_\_





## LEGAL SERVICES DEPARTMENT

### Office of the City Attorney

100 North Appleton Street

Appleton, WI 54911

Phone: 920/832-6423

Fax: 920/832-5962

**TO:** Board of Health

**FROM:** Amanda Abshire, Assistant City Attorney

**DATE:** October 2, 2019

**RE:** Request for Clarification in the Beekeeping Permit Process

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Our office recently discovered inconsistent language related to the process for hearing objections to beekeeping permits. Certain portions of the policy seem to indicate that the Board of Health makes the final determination when an objection is received — whereas other portions within the same document suggest that the Common Council makes the final determination. I have attached the relevant documents as well as summarized the process below. Staff is seeking clarification regarding the appeal process so that the language in the policy is consistent.

- **Beekeeping Permit Requirements (aka: “rooftop beekeeping”)**
  - Upon receipt of a written objection from a property owner within a 200 feet radius, the application shall be placed on the Agenda for the Board of Health (“the Board”) to be reviewed at the next regular meeting.
  - Sec. 2(a)4. details that the Board shall make a recommendation to the Common Council regarding the approval of a permit after providing the applicant and objector an opportunity to be heard. Thus, there appears to be an expectation that because the Board’s determination is merely a recommendation, the matter will be heard again by the Common Council.
  - Sec. 6 indicates that the Board may affirm, modify or set aside the order of the Health Officer after a hearing on the matter—suggesting finality in the Board’s decision. The same section then indicates that the decision of the Board is subject to review by certiorari by the court of record. This language again suggests that the determination of Board is final and thereby only appealable to the court – not subject to a hearing before the Common Council.

While the sections referenced above seem to be inconsistent, it is worth noting that the residential beekeeping permit requirements are clear in that the Board of Health makes the final determination. There is no mention regarding a recommendation, but rather, the expectation that they are making a final determination regarding the appeal. The appeal process for residential beekeeping is summarized below:

---

James P. Walsh  
*City Attorney*

Christopher R. Behrens  
*Deputy City Attorney*

Amanda Abshire  
*Assistant City Attorney*

Darrin M. Glad  
*Assistant City Attorney*



- **Residential Beekeeping Permit Requirements**

- Upon receipt of a written objection from a property owner within a 400 feet radius, the application shall be placed on the Agenda for the Board of Health (“the Board”) to be reviewed at the next regular meeting.
- Sec. 2(b)3. indicates that the Board shall allow the applicant and objector an opportunity to be heard on the permit. Thereafter, the Board may affirm, modify or set aside the order. The Board’s decision is subject to review by certiorari by a court of record.
- Sec. 7 reiterates that the Board of Health hears the appeal and makes the final determination – subject to review by certiorari by a court of record.

**REQUEST FROM STAFF:** Staff is seeking clarification in the appeal process: should the respective Board make a....

- ❖ recommendation to the Common Council regarding the application OR
- ❖ final determination regarding the application

Once the process is clarified, staff will draft the appropriate changes to the rules and regulations.

Thank you for your consideration. As always, please do not hesitate to reach out to me with any questions and/or concerns.

**BEEKEEPING PERMIT REQUIREMENTS**  
(Ref. 3-52 Appleton Municipal Code)

**DEFINITIONS:**

**APIARY** means the assembly of one or more colonies of bees at a single location on a property.

**BEEKEEPING** means intentionally creating, fostering or maintaining a colony of honeybees.

**BEEKEEPER** means a person who owns or has charge of one or more colonies of bees and has demonstrated to the Health Officer that he or she has obtained formal education or sufficient practical experience to act as a beekeeper.

**BEEKEEPING EQUIPMENT** means all items used in the operation of an apiary, such as hive bodies, supers, frames, top and bottom boards and extractors.

**COLONY** means an aggregate of honeybees in a hive consisting principally of workers, but having, one queen and at times many drones, including brood, combs, honey and the receptacle inhabited by the bees.

**HONEY BEE** means all life stages of the common domestic honeybee, *Apis mellifera* species.

**URBAN FARM** means the land or rooftops that are managed and maintained by an individual, group of individuals, organization or business for growing, harvesting, washing and packaging of fruits, vegetables, flowers and other plant and herb products with the primary purpose of growing food for sale and/or distribution.

**1. GENERALLY.**

No person shall keep honeybees in the city without being a beekeeper and obtaining a permit issued by the Health Department. A permit shall be valid for a period of one-year from July 1 through June 30, and may be renewed annually, except that a permit initially issued during the period beginning March 1 and ending on June 30 expires on June 30 the following year.

**2. APPLICATION FOR PERMIT**

Application for a permit required in this section shall be made to the Health Department upon a form furnished by the Department and shall contain such information which the Department may prescribe and require and shall be accompanied by payment of the applicable fee.

(a). NEIGHBORHOOD APPROVAL REQUIRED.

Before a permit is issued for the keeping of bees, the following process shall be followed:

1. **Written permission from the property owner is required if the permit applicant doesn't own the property where bees will be kept.**
2. When a permit is applied for, all property owners within a circular area having a radius of 200 feet, centered on the premises for which a permit has been requested, shall be notified of the application by the Health Officer. Notification shall be by first-class U.S. mail.
3. Property owners shall have 14 working days to file a written objection to the Health Officer if they object to the granting of a permit.
4. Upon receipt of a written objection, the matter shall be placed on the Agenda for the Board of Health to be reviewed at the next regular meeting. The Board of Health shall allow the applicant and objector an opportunity to be heard on why the permit should or should not be issued. The Board shall make a recommendation to the Common Council regarding approval of said permit.

(b). INSPECTION OF APIARY

Prior to populating the hive or hives, an inspection shall be conducted to ensure compliance with all of the following provisions:

1. Up to five (5) honeybee hives may be maintained by a permit holder within areas zoned P-I, Public Institutional District and **Central Business District (CBD)**; or, a permit holder may maintain three (3) honeybee hives per acre up to a maximum of twenty-five (25) hives within an area approved as an urban farm.
2. All colonies shall be kept in hives with removable frames, which shall be maintained in sound and usable condition.
3. Each apiary shall have the owner's name and address legibly displayed in a prominent place in the apiary. All hives shall be permanently marked with the owners name and address, if located off the property under control of the hive owner.
4. A 6-foot high closed fence, or closed hedge, a building, or other solid flyway barrier, or other type of barrier which the Health Officer determines to be of sufficient height, shall be located between the hives and the rear and side property lines for all hives located within 30 feet of the property line. A flyway barrier is not needed if the bee hive

or hives are kept at least 10 feet off the ground. *Health Officer discretion will be used regarding the need for physical barriers.*

5. A continuous supply of water shall be located on the property where hives are kept, be located near the hive or hives, and be located within the enclosures and flyway barriers. The water source shall be designed to allow bees to access water by landing on a hard surface. This provision is not required during the winter.
6. All hives and related structures that form the apiary shall be located a minimum of 30 feet from the front property line and 10 feet from all other property lines. Hives may not be located in the front yard of any lot.
7. Hives shall be located a minimum of 50 feet from dwellings, porches, gazebos, decks, swimming pools, permanently affixed play equipment and any other habitable area on any adjoining lots unless the owner of the adjoining property has provided written permission for closer hive placement.

### 3. APIARY MAINTENANCE

- a. Hives shall be actively maintained. Hives not under active human management and maintenance shall be dismantled or removed by the most recent permit holder.
- b. In any instance in which a colony exhibits aggressive or swarming behavior, it shall be the duty of the beekeeper to destroy or re-queen the hive. Queens shall be selected from stock bred for gentleness and non-swarming characteristics. Aggressive behavior is any instance in which unusual characteristics such as stinging or attacking humans or animals without provocation occurs.
- c. The provisions of Sections 3-15 (a), Appleton Municipal Code, do not apply to beekeeping.

### 4. RIGHT OF ENTRY.

- a. The Health Officer, or his or her designee, may enter upon any property required to hold a permit in this section at all reasonable times to inspect the premises, obtain photographs or take any other action deemed necessary to properly enforce the provisions of this section.
- b. If the Health Officer, or his or her designee, finds any hive kept in violation of these requirements, he or she may order the violation corrected within 30 days. If the permit holder fails to correct the violation within 30 days, the hive in violation may be destroyed and/or removed from the municipality by the Health Officer, or his or her designee, and the cost

thereof shall be charged back to the property owner as a special charge pursuant to Wis. Stat. § 66.0627.

#### 5. SUSPENSION OR REVOCATION OF PERMIT

The Health Officer may suspend or revoke any permit issued pursuant to this section for violations of ordinances, laws or requirements regulating activity and for other good cause.

#### 6. APPEALS

Any person aggrieved by the denial of a permit or by suspension or revocation of a permit by the Health Officer, or by any temporary suspension or any other order may appeal any such order to the Board of Health within thirty (30) days of denial, suspension or revocation of a permit or issuance of the order. The Board of Health shall provide the appellant a hearing or opportunity for hearing on the matter and may either suspend or continue any such order pending determination of appeal. The Board may affirm, modify or set aside the order of the Health Officer after a hearing on the matter. The Board of Health shall make and keep a record of all proceedings related to any such appeal and the record and actions of the Board of Health shall be subject to review by certiorari by a court of record.

Approved at the March 2, 2011 Board of Health meeting.

Approved at the March 2, 2011 Common Council meeting.

Amended 3-29-13 to include the 3-20-13 Council approval of beehives at urban farms

Amended 5-10-17 to include BOH approval of beehives on rooftops in CBD

Approved by Common Council on 5-17-17

RESIDENTIAL BEEKEEPING PERMIT REQUIREMENTS  
(Ref. 3-52 Appleton Municipal Code)  
November 11, 2015

DEFINITIONS:

ACRE means a unit of measure equal to 4,840 sq. yds. or 43,560 sq. ft.

AGGRESSIVE BEHAVIOR is any instance in which unusual characteristics are displayed by a honeybee or colony including, but not limited to, stinging or attacking humans or animals without provocation.

APIARY means the assembly of one or more colonies of bees at a single location on a property.

BEEKEEPER means a person who owns or has charge of one (1) or more colonies of bees and has demonstrated to the Health Officer that he or she has obtained formal education or sufficient practical experience to act as a beekeeper.

BEEKEEPING EQUIPMENT means all items used in the operation of an apiary, such as hive bodies, supers, frames, top and bottom boards and extractors.

COLONY means an aggregate of honeybees in a hive consisting principally of workers, but having one queen and at times drones, including brood, combs and honey.

HEALTH DEPARTMENT means the City of Appleton's Health Department.

HIVE means the receptacle inhabited by a colony that is manufactured for that purpose.

HONEYBEE means all life stages of the common domestic honeybee, *Apis mellifera* species, including the queen and drones.

LOT means a tract of land, designated by metes and bounds, land survey, minor land division or plat, and recorded in the office of the county register of deeds

PERMIT means the written approval given by the Health Department to a property owner who occupies the premises and who is also a beekeeper pursuant to the definition herein.

PERMIT HOLDER means a beekeeper and who has received a permit from the Health Department allowing for an apiary on his or her property.

PROPERTY means a parcel of land identified by the City of Appleton as a lot in any state of development, ownership and occupation.

PROPERTY OWNER means a person, individual firm, association, syndicate or partnership that appears on the recorded deed of the lot.

URBAN FARM means the land or rooftops that are managed and maintained by an individual, group of individuals, organization or business for growing, harvesting, washing and packaging of fruits, vegetables, flowers and other plant and herb products with the primary purpose of growing food for sale and/or distribution.

1. **GENERALLY.** No person shall keep honeybees in the City of Appleton without being a beekeeper and obtaining a permit issued by the Health Department. A permit shall be valid for a period of one (1) year from March 1 through the last day of February the following year, and may be renewed annually. Only one (1) permit shall be granted per property regardless of the number of beekeepers residing at or owning said property.

Should multiple beekeepers request permits and be eligible for permits for a property, the permit shall be issued on a first-come, first-served basis.

2. **APPLICATION FOR PERMIT.** Application for a permit required in this section shall be made to the Health Department upon a form furnished by the Health Department and shall contain such information which the Health Department may prescribe and require and shall be accompanied by payment of the applicable fees. The Application form may be updated and/or amended as deemed necessary by the Health Department. No prior approval of a permit guarantees future approval. The Health Department reserves the right to require permit holders to reapply if the application is updated and/or amended, and refusal to reapply may result in the termination of a permit.

(a) GENERAL REQUIREMENTS.

1. The applicant must complete the required form by the Health Department, and provide to the Health Department the non-refundable application fee.
2. The permit applicant must provide proof of formal education and/or sufficient practical experience to act as a beekeeper.
3. The permit applicant must provide proof of property ownership for the property where the proposed apiary will be located.
4. The permit application must provide proof of occupancy of the property where the proposed apiary will be located.

(b) NEIGHBORHOOD APPROVAL REQUIRED.

1. When a permit is applied for, all property owners within a circular area having a radius of four hundred (400) feet, centered on the location where the proposed hive(s) will be placed, shall be notified of the application by the Health Officer. Notification shall be by first-class U.S. mail.
2. Property owners located within the circular radius of four hundred (400) feet of the proposed apiary objecting to the permit must file a written objection to the permit by contacting the City Health Officer at the Appleton Health Department within fourteen (14) business days of the date the notice was mailed or postmarked. Each objection must contain the objector's name, address, phone number, and reason for the objection to the permit.
3. Upon receipt of a written objection, the application shall be denied by the Health Officer. The applicant may appeal to the Board of Health per APPEALS Section seven (7) below. The Board of Health shall allow the applicant and objector an opportunity to be heard on why the permit should or should not be issued. The Board may affirm, modify or set aside the order of the Health Officer after a hearing on the matter. The Board of Health shall make and keep a record of all proceedings related to any such appeal and the record and actions of the Board of Health shall be subject to review by certiorari by a court of record.

- (c) INSPECTION OF APIARY. Prior to populating the apiary, an inspection of the apiary by the City Health Officer or his or her designee shall be conducted to ensure compliance with all of the following provisions:

1. Public Institutional District. A maximum of five (5) hives may be maintained within areas zoned P-I, Public Institutional District.
2. Urban Farm. A maximum of three (3) hives may be maintained by a permit holder per acre up to a maximum of twenty-five (25) hives within an area approved as an urban farm.
3. Residential Zone. No residentially zoned property shall have more than the following numbers of hives on the property:
  - a. A maximum of two (2) hives may be maintained on a lot one half (1/2) acre or smaller.
  - b. A maximum of three (3) hives may be maintained on a lot larger than one half (1/2) acre but smaller than three quarters (3/4) acre.
  - c. A maximum of four (4) hives may be maintained on a lot larger than three quarters (3/4) but smaller than one (1) acre.
  - d. A maximum of five (5) hives may be maintained on a lot one (1) acre or larger.
4. Occupation. Apiaries in residentially zoned areas must be located on the lot occupied by the permit holder.
5. Vacant/Unoccupied Lot. No apiary may be placed on vacant or unoccupied lots.
6. Frames. All colonies shall be kept in hives with removable frames, which shall be continuously maintained in sound and usable condition by the permit holder.
7. Identification. Each apiary shall, at all times, have the permit holder's name, address and phone number permanently and legibly displayed in a prominent place on an external portion of each hive.
8. Flyway Barrier. For all hives located within thirty (30) feet of a property line, a 6-foot high closed fence, closed hedge, building, or other solid flyway barrier, or other type of barrier which the Health Officer determines to be of sufficient height, shall be located between the rear and/or side property lines and the hive(s). A flyway barrier is not needed if the hive(s) are kept at least ten (10) feet off the ground. Flyway barriers, if required shall meet the requirements of the building code.
9. Water Supply. A continuous supply of water shall be located on the property where the apiary is located, and placed near the hive(s) and within the enclosures or flyway barriers. The water source shall be designed to allow the honeybees' access to water by landing on a hard surface available to the honeybees so long as they remain active outside of the hive.



10. Placement.

- a. All beekeeping equipment must be located a minimum of thirty (30) feet from the front property line and ten (10) feet from all other property lines.
- b. Hives may not be located in the front yard of any lot. Should there be multiple street frontages to a property or no front yard clearly indicated on the property records for a property, the placement of the apiary shall be at the discretion of the City Health Officer.
- c. Apiaries must be located a minimum of fifty (50) feet from dwellings, porches, gazebos, decks, swimming pools, permanently affixed play equipment and any other habitable area on any adjoining lots unless the owner of the adjoining property has provided written permission to the Health Department for closer placement.

3. PERMIT RENEWAL.

- (a) Permits shall be renewed (re-applied for) each year on a form furnished by the Health Department unless written notice of discontinued operation is received by the Health Department.
- (b) When a permit renewal is applied for, all property owners within a circular area having a radius of four hundred (400) feet, centered on the location where the hive(s) are placed, shall be notified of the application renewal by the Health Officer. Notification shall be by first-class U.S. mail.
- (c) Property owners located within the circular radius of four hundred (400) feet of the apiary objecting to the permit renewal must file a written objection to the permit renewal by contacting the Health Department or City Health Officer within fourteen (14) business days of the date the notice was mailed or postmarked. Each objection must contain the objector's name, address, phone number, and reason for the objection to the permit.
- (d) Upon receipt of a written objection, the application for renewal shall be denied by the Health Officer. The applicant may appeal to the Board of Health per APPEALS Section seven (7) below. The Board of Health shall allow the applicant and objector an opportunity to be heard on why the permit should or should not be renewed. The Board may affirm, modify or set aside the order of the Health Officer after a hearing on the matter. The Board of Health shall make and keep a record of all proceedings related to any such appeal and the record and actions of the Board of Health shall be subject to review by certiorari by a court of record.

4. APIARY MAINTENANCE.

- (a) Beekeeping equipment shall be actively maintained and managed at all times by the permit holder.
- (b) If a permit holder no longer intends to maintain and/or manage their apiary, the

permit holder must immediately notify the Health Department and remove or dismantle the hive(s). Failure to immediately remove the hives will be grounds for the Health Department to cause the removal of the hive(s) and the cost thereof shall be charged back to the permit holder as a special charge pursuant to Wis. Stat. § 66.0627

- (b) In any instance where the City Health Officer reasonably believes a colony exhibits aggressive behavior, it shall be the duty of the permit holder to immediately destroy or re-queen the hive.
- (c) Queens shall be selected from stock bred for gentleness and non-swarmling characteristics.
- (d) The provisions of Sec. 3-15(a), Appleton Municipal Code, do not apply to beekeeping.

5. **RIGHT OF ENTRY.**

- (a) The Health Officer or his or her designee may enter upon any permit holder's property at any time to inspect the apiary, beekeeping equipment and/or honeybees, and may take photographs and/or videos of the apiary, beekeeping equipment and/or honeybees as he or she deems necessary, or take any other action deemed necessary to properly enforce the provisions of this section.
- (b) If the Health Officer or his or her designee finds any apiary kept in violation of any portion of this section, he or she may order the violation corrected within thirty (30) days unless the violation appears to put the honeybee's or people in immediate harm or danger, in which case the Health Officer or his or her designee may order the immediate correction of the violation. If the permit holder fails to correct the violation pursuant to the order of the Health Officer, the hive(s) in violation may be destroyed and/or removed from the municipality by the Health Officer or his or her designee and the cost thereof shall be charged back to the permit holder as a special charge pursuant to Wis. Stat. § 66.0627.

6. **SUSPENSION OR REVOCATION OF PERMIT.** The Health Officer may suspend or revoke any permit issued pursuant to this section for violations of ordinances, laws or requirements regulating activity and for other good cause.

7. **APPEALS.** Any person aggrieved by the denial of a permit or by suspension or revocation of a permit by the Health Officer, or by any temporary suspension or any other order may appeal any such order to the Board of Health within thirty (30) days of denial, suspension or revocation of a permit or issuance of the order. The Board of Health shall provide the appellant a hearing or opportunity for hearing on the matter and may either suspend or continue any such order pending determination of appeal. The Board of Health shall make and keep a record of all proceedings related to any such appeal and the record and actions of the Board of Health shall be subject to review by certiorari by a court of record.

Approved by City Council November 2015.

**#17-R-19**  
**Racism as a Public Health Crisis**

Date: December 18, 2019

Submitted By: Alderpersons: Meltzer-District 2, Firkus-District 3, Fenton-District 6, & Thao-District 7

Referred To: Board of Health

**Supporting the Wisconsin Public Health Associations Campaign Against Racism and Recognizing Racism as a Public Health Crisis:**

**WHEREAS**, the City of Appleton recognizes that race is a social constraint and long-standing institutional and structural bias have resulted in racial inequities that impact individual and population health, social, economical and educational outcomes; and

**WHEREAS**, the City of Appleton has, for more than two decades, supported a position, currently titled, Diversity and Inclusion Coordinator, to promote racial equity and social injustice; and

**WHEREAS**, the City of Appleton, in December 2018, approved a Health in All Policies ordinance which guides the City on how to address the social determinants of health, or the root causes of current health disparities in the development, prioritization and delivery of these services and policies; and

**WHEREAS**, the City of Appleton, in March 2019, joined the Government Alliance on Race and Equity (GARE) Wisconsin learning community to advance racial equity by addressing institutional and structural racism; and

**WHEREAS**, in November 2019, the Appleton Health Department signed on to the WPHA dedication that Racism is a Public Health Crisis; and

**WHEREAS**, the City of Appleton is committed to continuing to: using racial equity and social justice tools to assess new policies, procedures and projects; partnering with racial equity education organizations; review hiring practices with a racial equity lens; and including community voices in City planning process as our commitment to undoing institutional structural racism;

**NOW, THEREFORE BE IT RESOLVED**, that the Mayor and Common Council acknowledge that racism is a public health crisis and, as a commitment to our past and future efforts, agrees to sign on to the WPHA Declaration that Racism is a Public Health Crisis.

**ATTACHMENT:**

**2018 RESOLUTION**

**Racism is a Public Health Crisis**

**WHEREAS**, race is a social construction with no biologic basis<sup>1</sup>; and

**WHEREAS**, racism is a social system with multiple dimensions: individual racism is internalized or interpersonal; and systemic racism is institutional or structural, and is a system of structuring opportunity and assigning value based on the social interpretation of how one looks, that unfairly disadvantages some individuals and communities, unfairly advantages other individuals and communities, and saps the strength of the whole society through the waste of human resources <sup>2,3</sup> ; and

**WHEREAS**, racism causes persistent racial discrimination in housing, education, employment and criminal justice; and an emerging body of research demonstrates that racism is a social determinant of health<sup>1,4</sup>; and

**WHEREAS**, more than 100 studies have linked racism to worse health outcomes<sup>5</sup>; and

**WHEREAS**, in Wisconsin, the highest excess death rates exist for African American and Native Americans, at every stage in the life course <sup>6,7</sup>, and our infant mortality rate for infants of non-Hispanic black women is the highest in the nation <sup>8</sup>; and

**WHEREAS**, the American Public Health Association (APHA) launched a National Campaign Against Racism <sup>3</sup>; and

**WHEREAS**, Healthiest Wisconsin 2020 states that, “Wisconsin must address persistent disparities in health outcomes, and the social, economic, educational and environmental inequities that contribute to them” <sup>9</sup>; and

**WHEREAS**, the Wisconsin Public Health Association has adopted in 2010 the resolution “Achieving Health Equity” and in 2014 the resolution “Promoting a Health in all Policies (HIAP) Framework to Guide Policymaking” and in 2017 convened a Racial Equity Workgroup; and

**WHEREAS**, public health’s responsibilities to address racism include reshaping our discourse and agenda so that we all actively engage in racial justice work; and

**WHEREAS**, while there is no epidemiologic definition of “crisis”, the health impact of racism clearly rises to the definition proposed by Galea: “The problem must affect large numbers of people, it must threaten health over the long-term, and it must require the adoption of largescale solutions”.<sup>10</sup>

**THEREFORE, BE IT RESOLVED** that the Wisconsin Public Health Association:

1. Asserts that racism is a public health crisis affecting our entire society
2. Conducts an assessment of internal policy and procedures to ensure racial equity is a core element of WPHA, led by the Board in collaboration with the Racial Equity Workgroup and other relevant parties, communicates results of assessment, and determines appropriate interval for reassessment
3. Works to create an equity and justice oriented organization,<sup>11</sup> with the Board and

Committees identifying specific activities to increase diversity and to incorporate antiracism principles across WPHA membership, leadership, staffing and contracting

4. Incorporates into the organizational workplan educational efforts to address and dismantle racism, expand members' understanding racism, and how racism affects individual and population health and provide tools to assist members to engage actively and authentically with communities of color
5. Advocates for relevant policies that improve health in communities of color, and supports local, state, and federal initiatives that advance social justice, while also encouraging individual member advocacy to dismantle systemic racism
6. Works to build alliances and partnerships with other organizations that are confronting racism and encourages other local, state and national entities to recognize racism as a public health crisis

Fiscal impact: The WPHA Board will consider in the organization's budget allocating adequate financial resources to accomplish these activities.

Adopted at the WPHA Business Meeting on May 22, 2018.

References:

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2. Jones CP. *Confronting Institutionalized Racism*. Phylon. 2002;50(1/2):7---22.
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5. Institute of Medicine. *Unequal Treatment*. <https://www.nap.edu/read/10260/chapter/2#7>. Accessed 3/2/2018.
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8. Mathews, T.J., Ely, D., and Driscoll, A. *State Variations in Infant Mortality by Race and Hispanic Origin of Mother, 2013–2015*. NCHS Data Brief. No. 295, January 2018
9. Wisconsin Department of Health Services, Division of Public Health, Office of Policy and Practice Alignment. *Healthiest Wisconsin 2020: Everyone Living Better, Longer. A State Health Plan to Improve Health Across the Life Span, and Eliminate Health Disparities and Achieve Health Equity*. P-00187. July 2010.
10. Galea, Sandro. *Crying "Crisis"*. Dean's Note. Boston University School of Public Health. <https://www.bu.edu.sph/2017/04/23/crying-crisis/>. Accessed 4.13.2018.
11. Jackson, B. W (2006). Theory and practice of multicultural organization development. In Jones, B. B. & Brazzel, M. (Eds.), *The NTL Handbook of Organization Development and Change* (pps. 139-154). San Francisco, CA, Pfeiffer.

**#18-R-19**  
**Emotional Support Animals**

*Date: December 18, 2019*

*Submitted By: Alderperson Meltzer – District 2*

*Referred To: Board of Health*

WHEREAS An emotional support animal is a type of assistance animal that alleviates a symptom or effect of a person's disability; an emotional support animal is not a pet and is generally not restricted by species; and an emotional support animal differs from a service animal; and

WHEREAS Appleton's municipal code is restrictive by species, making living in our city unwelcoming and inaccessible to individuals who have an emotional support animal that is not typically kept as a pet;

THEREFORE be it Resolved that the City of Appleton will amend Section 3-52 of our municipal code, to allow residents to keep any animal that is officially trained and registered as an emotional support animal by a designated Emotional Support Animal registry deemed reputable by the Health Department.



**I. Preventing Disease**

<b>Immunization Clinics</b>	<b>Current Month</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
Persons Immunized	18	114	86
Immunizations administered	46	286	207

<b>Communicable Disease Cases</b>	<b>Current Month</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
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**Gastroenteric**

<a href="#">Campylobacter</a>	0	10	16
<a href="#">Cryptosporidiosis</a>	1	10	7
<a href="#">Cyclosporiasis</a>	0	11	6
<a href="#">E. Coli (STEC)</a>	1	37	53
<a href="#">E. Coli (Other)</a>	7	38	0
<a href="#">Giardiasis</a>	0	6	5
<a href="#">Hemolytic Uremic Syndrome</a>	0	0	0
<a href="#">Listeriosis</a>	0	0	0
<a href="#">Salmonellosis</a>	0	18	13
<a href="#">Shigellosis</a>	0	8	2
<a href="#">Vibriosis</a>	0	2	2
<a href="#">Yersinia</a>	0	2	1

<b>Other Communicable Diseases</b>	<b>Current Month</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
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<a href="#">Acute Flaccid Myelitis</a>	0	0	0
<a href="#">Babesiosis</a>	0	1	0
<a href="#">Bacterial Meningitis</a>	0	0	1
<a href="#">Blastomycosis</a>	0	0	0
<a href="#">Burkholderia Pseudomallei</a>	0	0	0
<a href="#">Carbon Monoxide Poisoning</a>	1	9	1
<a href="#">Cat Scratch Disease (Bartonella species)</a>	0	0	0
<a href="#">Ehrlichiosis / Anaplasmosis</a>	0	4	2
<a href="#">Haemophilus Influenza</a>	0	1	0
<a href="#">Hepatitis A</a>	2	2	0
<a href="#">Hepatitis B</a>	0	4	4
<a href="#">Hepatitis C</a>	7	43	43
<a href="#">Histoplasmosis</a>	0	1	1
<a href="#">Hospitalized Influenza</a>	0	30	58
<a href="#">Invasive Group A Strep</a>	0	0	1
<a href="#">Invasive Strep, Other</a>	0	0	9
<a href="#">Jamestown Canyon</a>	0	0	0
<a href="#">Kawasaki</a>	0	0	2
<a href="#">Lead Toxicity</a>	0	0	0
<a href="#">Legionellosis</a>	0	1	1
<a href="#">Leprosy</a>	0	0	0
<a href="#">Lyme Disease</a>	4	19	15

<a href="#">Malaria</a>	0	0	0
<a href="#">Neisseria Meningitidis, Invasive Disease</a>	0	0	1
<a href="#">Novel Influenza</a>	0	0	0
<a href="#">Rocky Mountain Spotted Fever</a>	0	0	0
<a href="#">Streptococcus group B invasive disease</a>	1	15	7
<a href="#">Streptococcus pneumoniae</a>	0	1	3
<a href="#">TB, Latent Infection</a>	3	25	13
TB: Atypical	0	7	13
<a href="#">TB: Mycobacterium</a>	0	2	0
<a href="#">Viral Meningitis</a>	0	0	0
<a href="#">VISA</a>	0	0	0
<a href="#">West Nile Virus</a>	0	0	0

<b>Vaccine Preventable</b>	<b>Current Month</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
<a href="#">Measles</a>	0	0	0
<a href="#">Mumps</a>	0	0	0
<a href="#">Pertussis</a>	1	3	8
<a href="#">Rubella</a>	0	0	0
<a href="#">Varicella</a>	3	8	5

<b>Sexually Transmitted Disease</b>	<b>Current Month</b>		<b>Year to Date</b>		<b>Last Year to Date</b>	
	<b>All Ages</b>	<b>≤18</b>	<b>All Ages</b>	<b>≤18</b>	<b>All Ages</b>	<b>≤18</b>
<a href="#">Chlamydia</a>	33	0	259	23	292	34
<a href="#">Gonorrhea</a>	11	0	42	2	42	4
<a href="#">HIV</a>	0	0	3	0	1	0
Other STD	0	0	0	0	0	0
Partner/Referral Program (Contacts)	0	0	1	0	1	0
<a href="#">Syphilis</a>	2	0	4	0	5	0



<b>Licensed Establishments</b>	<b>Current Month</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
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PE & D, Retail Food, Hotel/Motel, Bed & Breakfast, Manufactured Home  
Community, Vending Machines, Swimming Pools, Tattoo & Body Piercing, Rec/Ed

Plan Reviews	0	2	4
Preinspections	0	62	37
Inspections	19	327	468
Reinspections	2	36	101
Complaints	4	30	29
Complaint Follow-ups	0	7	4
Consultations	26	359	426

<b>Food Borne/Water Borne</b>	<b>Current Month</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
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Number of Outbreaks	0	0	0
Number of Interviews	0	0	2
Number of symptomatic	0	0	2

<b>Laboratory/Field Tests</b>	<b>Current Month</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
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#### Swimming Pool Water Samples

Total number of pools sampled	17	199	189
Total number of pools resampled	0	0	5
Total positive HPC	0	0	0
Total positive coliform	0	0	5

## ***II. Protecting the Environment***

<b>Environmental Investigations</b>	<b>Current Month</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
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Community water supplies, private water supplies, surface water pollution, standing water nuisance, animal nuisances, rabies control, insect control, rodent control, hazardous substance control, indoor/outdoor air pollution, noise, radiation, garbage/rubbish, private residence/housing, other business (non-licensed)

Consultations	23	134	192
Complaints	3	13	9
Complaint Follow-ups	2	5	11

## ***III. Promoting Health***

<b>Community Health Visits</b>	<b>Current Month</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
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Includes contact to elderly and adult clients, parents, and children for purposes of assessment, teaching, referrals, and case management

Patient Home/Telephone Visits	113	757	781
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## ***IV. Protecting the Consumer***

<b>Consumer Complaints</b>	<b>Current Month</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
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Weights and Measures, Product Labeling, and Trade Practices

Total number of consumer complaints	4	38	34
Total number found in violation	1	7	7

<b>Type of Establishments Inspected</b>	<b>Current Month</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
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Food and convenience stores, restaurants, bakery and candy stores, dairy plants and stores, drug stores, hardware stores, variety stores, gas stations, salvage and recyclers, pet shops, and garden centers, industrial manufacturing plants, concrete and asphalt plants

Total number inspected	27	560	546
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<b>Equipment and Devices Examined</b>	<b>Inspected</b>			<b>Number Not in Compliance</b>		
	<b>Current Month</b>	<b>Year to Date</b>	<b>Last Year to Date</b>	<b>Current Month</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
Scales and balances	86	508	535	0	13	3
Measures (includes gas pumps and fuel oil truck meters)	79	1,052	1,005	3	40	35
Weights	0	24	12	0	0	0
<b>Total</b>	<b>165</b>	<b>1,584</b>	<b>1,552</b>	<b>3</b>	<b>53</b>	<b>38</b>

<b>Commodity Report</b>	<b>Current Month</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
Total units of product investigated	14,486	143,637	125,805
Random sample size	2,090	16,304	19,134
Total products/units found short weight	260	1,157	1,267
Total products/units found mislabeled	122	1,500	694

<b>Price Scanning Inspections</b>	<b>Current Month</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
Number of inspections	1	121	118
Number of items scanned	25	4,100	3,952
Pricing errors found	1	98	123



**I. Preventing Disease**

Immunization Clinics	Current Month	Year to Date	Last Year to Date
Persons Immunized	12	126	106
Immunizations administered	15	301	247

Communicable Disease Cases	Current Month	Year to Date	Last Year to Date
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**Gastroenteric**

<a href="#">Campylobacter</a>	0	15	19
<a href="#">Cryptosporidiosis</a>	0	9	9
<a href="#">Cyclosporiasis</a>	0	6	6
<a href="#">E. Coli (STEC)</a>	1	16	57
<a href="#">E. Coli (Other)</a>	1	37	0
<a href="#">Giardiasis</a>	1	11	5
<a href="#">Hemolytic Uremic Syndrome</a>	0	0	0
<a href="#">Listeriosis</a>	0	0	0
<a href="#">Salmonellosis</a>	0	18	16
<a href="#">Shigellosis</a>	1	3	3
<a href="#">Vibriosis</a>	0	2	2
<a href="#">Yersinia</a>	0	0	1

Other Communicable Diseases	Current Month	Year to Date	Last Year to Date
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<a href="#">Acute Flaccid Myelitis</a>	0	0	1
<a href="#">Babesiosis</a>	0	1	0
<a href="#">Bacterial Meningitis</a>	0	0	1
<a href="#">Blastomycosis</a>	0	0	0
<a href="#">Burkholderia Pseudomallei</a>	0	0	0
<a href="#">Carbon Monoxide Poisoning</a>	1	10	2
<a href="#">Cat Scratch Disease (Bartonella species)</a>	0	0	0
<a href="#">Ehrlichiosis / Anaplasmosis</a>	1	5	2
<a href="#">Haemophilis Influenza</a>	0	1	0
<a href="#">Hepatitis A</a>	1	3	0
<a href="#">Hepatitis B</a>	0	4	4
<a href="#">Hepatitis C</a>	3	46	45
<a href="#">Histoplasmosis</a>	0	1	1
<a href="#">Hospitalized Influenza</a>	0	30	58
<a href="#">Invasive Group A Strep</a>	0	0	1
<a href="#">Invasive Strep, Other</a>	0	0	9
<a href="#">Jamestown Canyon</a>	0	0	0
<a href="#">Kawasaki</a>	0	0	2
<a href="#">Legionellosis</a>	0	1	1
<a href="#">Leprosy</a>	0	0	0
<a href="#">Lyme Disease</a>	2	21	15
<a href="#">Malaria</a>	0	0	0
<a href="#">Neisseria Meningitidis, Invasive Disease</a>	0	0	1
<a href="#">Novel Influenza</a>	0	0	0
<a href="#">Rocky Mountain Spotted Fever</a>	0	0	0
<a href="#">Streptococcus group B invasive disease</a>	0	15	7

<a href="#">Streptococcus pneumoniae</a>	0	1	3
<a href="#">TB, Latent Infection</a>	0	30	16
TB: Atypical	0	7	13
<a href="#">TB: Mycobacterium</a>	0	2	0
<a href="#">Viral Meningitis</a>	0	0	0
<a href="#">VISA</a>	0	0	0
<a href="#">West Nile Virus</a>	0	0	0

<b>Vaccine Preventable</b>	<b>Current Month</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
<a href="#">Measles</a>	0	0	0
<a href="#">Mumps</a>	0	0	0
<a href="#">Pertussis</a>	0	3	8
<a href="#">Rubella</a>	0	0	0
<a href="#">Varicella</a>	1	9	5

<b>Sexually Transmitted Disease</b>	<b>Current Month</b>		<b>Year to Date</b>		<b>Last Year to Date</b>	
	<b>All Ages</b>	<b>≤18</b>	<b>All Ages</b>	<b>≤18</b>	<b>All Ages</b>	<b>≤18</b>
<a href="#">Chlamydia</a>	33	3	292	26	318	39
<a href="#">Gonorrhea</a>	10	1	52	3	46	4
<a href="#">HIV</a>	0	0	3	0	2	0
Other STD	0	0	0	0	0	0
Partner/Referral Program (Contacts)	0	0	1	0	1	0
<a href="#">Syphilis</a>	1	0	5	0	6	0

<b>Licensed Establishments</b>	<b>Current Month</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
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**PE & D, Retail Food, Hotel/Motel, Bed & Breakfast, Manufactured Home Community, Vending Machines, Swimming Pools, Tattoo & Body Piercing, Rec/Ed Camps,**

Plan Reviews	0	2	4
Preinspections	2	64	39
Inspections	38	365	484
Reinspections	4	40	103
Complaints	3	33	31
Complaint Follow-ups	1	8	5
Consultations	28	387	445

<b>Food Borne/Water Borne</b>	<b>Current Month</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
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Number of Outbreaks	0	0	0
Number of Interviews	0	0	2
Number of symptomatic	0	0	2

<b>Laboratory/Field Tests</b>	<b>Current Month</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
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**Swimming Pool Water Samples**

Total number of pools sampled	19	218	209
Total number of pools resampled	1	1	6
Total positive HPC	1	1	0
Total positive coliform	0	0	6

***II. Protecting the Environment***

<b>Environmental Investigations</b>	<b>Current Month</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
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**Community water supplies, private water supplies, surface water pollution, standing water nuisance, animal nuisances, rabies control, insect control, rodent control, hazardous substance control, indoor/outdoor air pollution, noise, radiation, garbage/rubbish, private residence/housing, other business (non-licensed)**

Consultations	9	143	202
Complaints	4	17	11
Complaint Follow-ups	0	5	14

### III. Promoting Health

Community Health Visits	Current Month	Year to Date	Last Year to Date
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Includes contact to elderly and adult clients, parents, and children for purposes of assessment, teaching, referrals, and case management

Patient Home/Telephone Visits	88	845	853
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### IV. Protecting the Consumer

Consumer Complaints	Current Month	Year to Date	Last Year to Date
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Weights and Measures, Product Labeling, and Trade Practices

Total number of consumer complaints	2	40	38
Total number found in violation	1	8	8

Type of Establishments Inspected	Current Month	Year to Date	Last Year to Date
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Food and convenience stores, restaurants, bakery and candy stores, dairy plants and stores, drug stores, hardware stores, variety stores, gas stations, salvage and recyclers, pet shops, and garden centers, industrial manufacturing plants, concrete and asphalt plants

Total number inspected	41	601	576
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Equipment and Devices Examined	Inspected			Number Not in Compliance		
	Current Month	Year to Date	Last Year to Date	Current Month	Year to Date	Last Year to Date
Scales and balances	24	532	563	1	14	3
Measures (includes gas pumps and fuel oil truck meters)	1	1,053	1,005	0	40	35
Weights	0	24	12	0	0	0
Total	25	1,609	1,580	1	54	38

Commodity Report	Current Month	Year to Date	Last Year to Date
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Total units of product investigated	13,237	156,874	128,668
Random sample size	1,896	18,200	20,024
Total products/units found short weight	17	1,174	1,267
Total products/units found mislabeled	214	1,714	694

Price Scanning Inspections	Current Month	Year to Date	Last Year to Date
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Number of inspections	11	132	128
Number of items scanned	325	4,425	4,252
Pricing errors found	5	103	126