

**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.

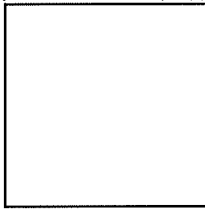
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**Survey Details**

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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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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

**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

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**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.

---

### 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

---

**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.

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### 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.

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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:**  
[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**

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**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**

---

**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

---

**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 recommended, 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	Johngard & 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).

#### REFERENCES:

- APA Task Force on Appropriate Therapeutic Responses to Sexual Orientation. (2009). *Report of the Task Force on Appropriate Therapeutic Responses to Sexual Orientation*. Washington, DC: American Psychological Association.
- Baker, T.B., McFall, R.M., & Shoham, V. (2009). Current status and future prospects of clinical psychology: Toward a scientifically principled approach to mental and behavioral health care. *Psychological Science in the Public Interest*, 9 (2), 5-145. Retrieved on 04/21/10 from:

[http:// www.psychologicalscience.org /journals/pspi/inpress/baker.pdf](http://www.psychologicalscience.org/journals/pspi/inpress/baker.pdf).

Mischel, W. (2009). Editorial: Connecting clinical practice to scientific progress. *Psychological Science in the Public Interest*, 9 (2), 1-4. Retrieved on 04/21/10 from:

[http:// www.psychologicalscience.org /journals/pspi/inpress/baker.pdf](http://www.psychologicalscience.org/journals/pspi/inpress/baker.pdf).

Tyler, L. (1969). An approach to public affairs: Report of the Ad Hoc Committee on Public Affairs. *American Psychologist*, 24(1), 1-4. doi: [10.1037/h0037787](https://doi.org/10.1037/h0037787)



**Britney K. Stobbe**

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**From:** Kurt Eggebrecht  
**Sent:** Tuesday, January 07, 2020 11:22 AM  
**To:** Britney K. Stobbe  
**Subject:** FW: Phone Msg

Here is one more-  
Kurt

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**From:** Jamie Griesbach  
**Sent:** Tuesday, January 07, 2020 10:46 AM  
**To:** Tim Hanna <Tim.Hanna@appleton.org>  
**Cc:** Kurt Eggebrecht <kurt.eggebrecht@appleton.org>  
**Subject:** Phone Msg

Vicki Wells, Appleton resident, called re: Resolutoin 15-R-19, Converstion Therapy. She is not in favor of the ban and does not recommend the resolution. She has also urged her Alderperson, Denise Fenton, to vote against it.

I also have her address and phone number if you'd like it.

Thank you,

Jamie



## Britney K. Stobbe

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**From:** Kurt Eggebrecht  
**Sent:** Tuesday, January 07, 2020 9:02 AM  
**To:** Britney K. Stobbe  
**Subject:** FW: Appleton, WI: Contact Us email from website

One more

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**From:** Mayor  
**Sent:** Tuesday, January 07, 2020 8:58 AM  
**To:** Kurt Eggebrecht <kurt.eggebrecht@appleton.org>  
**Subject:** FW: Appleton, WI: Contact Us email from website

FYI...more conversion therapy comments.

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**From:** [webmaster@appleton.org](mailto:webmaster@appleton.org) <[webmaster@appleton.org](mailto:webmaster@appleton.org)>  
**Sent:** Monday, January 6, 2020 7:23 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:** 01/06/2020 8:23 PM  
**Response #:** 817  
**Submitter ID:** 41112  
**IP address:** 2603:6000:844d:d98:4933:25e3:5bac:9115  
**Time to complete:** 30 min. , 58 sec.

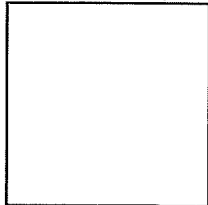
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### Survey Details

#### 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

*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  
8:00 a.m. to 4:30 p.m.  
2020 City Hall Closings

\*\*\*\*\*

January 1 - New Years

May 25 - Memorial Day  
July 3 - Independence Day Observation  
September 7 - Labor Day  
November 26 & 27 - Thanksgiving  
December 24 & 25 - Christmas

**Email Address \*** [crahncat@gmail.com](mailto:crahncat@gmail.com)  
**First Name:** Carol  
**Last Name:** Rahn  
**Address:** 1008 North Bay Ridge Rd  
**City:** Appleton  
**State:** Wisconsin  
**Zip Code:** 54915  
**Phone Number** 920-915-7738  
**Fax Number:** Not answered  
**Comments/Questions**

Please say NO to the proposal that bans Conversion Therapy.  
What causes more harm for our young people is the struggle in society and among their peers to who they really are. Think about it. There are only 2 choices: man or women.  
Who is going to help these young people? Drugs, Alcohol, Suicide? Changing your gender does not end well.  
Please DO NOT TAKE AWAY THEIR FREEDOM  
TO GET HELP FROM THEIR PARENTS, SCHOOL  
OR CHURCH.

Thank you,  
Appleton, WI

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**This is an automated message generated by the Vision Content Management System™. Please do not reply directly to this email.**  
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, January 06, 2020 8:16 AM  
**To:** Britney K. Stobbe  
**Subject:** FW: Automatic reply: Appleton City Ban on Conversion Therapy

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**From:** Mark & Jane Isaac [mailto:[isaacmj7@gmail.com](mailto:isaacmj7@gmail.com)]  
**Sent:** Sunday, January 05, 2020 2:54 PM  
**To:** Kurt Eggebrecht <[kurt.eggebrecht@appleton.org](mailto:kurt.eggebrecht@appleton.org)>  
**Subject:** Re: Automatic reply: Appleton City Ban on Conversion Therapy

Mr. Eggebrecht,

I want to provide you with a link regarding the TRUTH that those confused about their sexual orientation CAN change and clear up their confusion with proper Talk Therapy and counseling. This is why the Appleton common council should OPPOSE the proposed ban on Talk Therapy. This is an agenda driven proposal by the LGBTQ community, and although well intentioned is misguided and will HURT minor children who need loving, compassionate counseling by those who can help them with their confusion brought on often by bullying, grooming, and sexual molestation at a young age. Denying these children help when they need it most is True Child Abuse. Please don't sentence these vulnerable children to a life of confusion and self-hate which often ends in suicide without proper help and loving counseling.

[https://www1.cbn.com/cbnnews/us/2020/january/former-lgbtqers-testify-if-you-no-longer-want-to-be-gay-or-transgender-you-dont-have-to-be?fbclid=IwAR3QckX0a-bR\\_oHDVNCYinXXM6rc8VwGwNMMNE9AD58IU\\_CLfGZW9IPYqFU](https://www1.cbn.com/cbnnews/us/2020/january/former-lgbtqers-testify-if-you-no-longer-want-to-be-gay-or-transgender-you-dont-have-to-be?fbclid=IwAR3QckX0a-bR_oHDVNCYinXXM6rc8VwGwNMMNE9AD58IU_CLfGZW9IPYqFU)

Mark J. Isaac

On Mon, Dec 9, 2019 at 8:29 AM Kurt Eggebrecht <[kurt.eggebrecht@appleton.org](mailto:kurt.eggebrecht@appleton.org)> wrote:

Sorry about that 7:00 am on Wednesday.

Thanks,

Kurt

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**From:** Mark & Jane Isaac [mailto:[isaacmj7@gmail.com](mailto:isaacmj7@gmail.com)]  
**Sent:** Friday, December 06, 2019 10:29 AM  
**To:** Kurt Eggebrecht <[kurt.eggebrecht@appleton.org](mailto:kurt.eggebrecht@appleton.org)>  
**Subject:** Re: Automatic reply: Appleton City Ban on Conversion Therapy

Thanks Kurt, what time is the meeting next Wednesday?



Mark

On Friday, December 6, 2019, Kurt Eggebrecht <[kurt.eggebrecht@appleton.org](mailto:kurt.eggebrecht@appleton.org)> wrote:

Next Wednesday this will be an action item at the Board of Health meeting which is held in room 6A of the City Center located at 100 N Appleton Street.

The Board of Health report then move to Common Council the following Wednesday in the same location at 7:00 pm. In order to speak at the Council meeting you will want to sign in ( table in the back of the room) 15 minutes prior to the start of the meeting.

Thanks

Kurt

Sent from my iPhone

On Dec 5, 2019, at 12:50 PM, Mark & Jane Isaac <[isaacmj7@gmail.com](mailto:isaacmj7@gmail.com)> wrote:

Hi Mr. Eggebrecht,

Can you please email me when all the meetings will be held regarding the proposed ban on Talk Therapy for minors?

Thanks so much,

Mark J. Isaac

On Wed, Nov 27, 2019 at 12:05 PM Kurt Eggebrecht <[kurt.eggebrecht@appleton.org](mailto:kurt.eggebrecht@appleton.org)> wrote:

Thanks for your e-mail. I am away from the office until Dec 2 . If this is an urgent matter please call 920-832-6429 and another staff member will assit you.

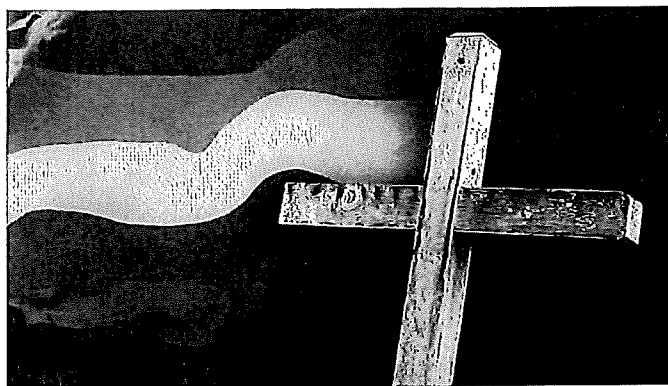
Thanks,

Kurt

Allow Ads

## **Former LGBTQers Testify: If You No Longer Want to Be Gay or Transgender, You Don't Have to Be**

01-05-2020



CAPITOL HILL—A number of former homosexuals and transgendered people gathered recently outside the U.S. Congress to say sexual identity can be changed, and their changed lives are proof.

Here are excerpts from their remarkable testimonies of change.

### **APRIL LOCKHART FROM ALBUQUERQUE, NEW MEXICO:**

"I am a former lesbian. I'm very passionate about this topic because I really embraced that life. I won't talk about how or why I went into that lifestyle. But I fully embraced it, and I was confident in who I was and I sought it out. I was a champion for the LGBT and I really even liked to just be out there and promote it."

"I had fully believed in this lie that gets perpetuated that people don't change, they can't change, and if you try to change them, it's detrimental to their health. And I just want to say that's a lie."

"I almost missed out on some of the best and most precious moments of my life. I wasn't going to get married. I wasn't going to meet my husband. I wasn't going to get to have my own children. This is not something that my mind was even open to. I didn't know that it was a possibility for me. And I stand before you now a changed woman. I don't struggle with same-sex attraction. It's almost like it never was for me. And so I would like for that lie to stop being perpetuated. It's just simply not true. People can and do change if they want. And we need to be allowed as free Americans to seek that out. Nobody has the right to tell you you can't be what you want to be. And I did want change. And through the power of God, the Creator of heaven and earth, this was able to happen. These days we're able to happen. These moments. And I'm a happy woman. I don't suffer depression. I don't suffer with anxiety. I don't drink myself into stupors like I used to have to."

**LUIS RUIZ FROM ORLANDO, FLORIDA:**

"For a long time, I was very broken and hurt. I found out that I was HIV positive because I was promiscuous. My generation would say a 'ho.' While I was searching for men, sleeping around a lot, I didn't realize that there was a man looking for me."

"And His name is Jesus. I was able to find a church where they loved me. And they taught me that my identity is not my behavior. My identity was not who I thought it was. But it was a child of God. So I stand here to say that I was a homosexual, a former 'ho.' And now I am a child of God."

**KEVIN WHITT OF DALLAS, TEXAS:**

"I'm a former transsexual, drag queen, and prostitute. I lived a life of much gender confusion, much abuse -- verbally, physically, sexually -- by my father."

"Over the years I had had probably 5,000 sexual partners because I was a sex worker. I hated myself. I hated the fact that I was a man. I never knew how to accept myself or truly love myself. And then about six years ago, someone invited me to church."

"And God began to change my life. Began to change my heart. And began to change my sexual identity, my gender confusion. And I began to heal from all those things."

"Change is possible. Because if God can change me, He can change anybody."

**ANGEL COLON, A MASS SHOOTING SURVIVOR:**

"My name is Angel Colon. I am a former homosexual. I am a survivor of the Pulse Nightclub shooting on June 12, 2016. I was shot six times, sustained a shattered femur and suffered nerve damage. A day I will never forget -- a big turning point in my life. Even in the midst of chaos, I prayed and prophesied over my life that I would survive and live free. And here I am today, standing here with no pain, here in the Capitol with my Changed family. Many think I've made my decision to leave the LGBT community lifestyle because of the shooting. But I was desiring change way before June 12, 2016. Going through this horrible tragedy made me make the biggest decision in my life, which I'm very happy with. I made this decision a year after the Pulse nightclub shooting -- finding what was the most important thing in my life, which was finding my true identity. Which was in Christ. And today I stand here in the Capitol, sharing to the world that change is possible. Yes, I am known as a Pulse survivor, but I really want to be known as living proof that God does transform lives."

**KATHYGRACE DUNCAN OF PORTLAND, OREGON:**

"My name is KathyGrace Duncan, I'm from Portland Oregon and I'm a former trans-man, former transgender. Before I went to kindergarten, at a very early age like three or four, I believed that I should have been a man. I felt that I should have

been a man. Dysfunctional family situations: my dad was very emotionally and verbally abusive to my mom, which told me that women were hated, women were weak and they were vulnerable."

"I was then molested by a family member which went on for two years, also confirming that women were weak, vulnerable and hated. At age 18, I finally surrendered and went into the lifestyle, took hormones and changed my name. From there, I began to live as a man. Two weeks later, I got saved. However, because I didn't hear from the Lord, I thought He was okay with my lifestyle."

"Four years later I was confronted by the church, and they asked me 'Who are you? Who are you really?' And at that point, I told the truth and said 'I'm a woman living as a man.' And the Holy Spirit blew into me. And I realized at that point I needed to go back to being the woman that He created me to be. The next day I started that journey out. Five years later -- it took five years for the hormone effects to really wear off -- and at that point, I crossed over and began to live fully as a woman. That was 26 years ago. And I have to say, I'm changed I'm free. I no longer struggle with the attraction to women."

**ELIZABETH WONING, CHANGED MOVEMENT CO-FOUNDER:**

"I was often suicidal or out of control. I came out during my early 20s and found solace and comfort in the LGBTQ community. They were my family. I was pursuing the path of an ordained pastor in the LGBT-affirming church movement when I began questioning my faith. That long journey led me ultimately to question my sexuality as a lesbian. Over time as my faith brought deeper emotional health, I also experienced an unexpected change in my sexual desires. Today I've been married to my husband for 14 years. I no longer experience same-sex desires and I no longer have symptoms of bipolar disorder. I've seen the restoration I have in countless lives of other Christians. Our faith compels us to share what we have received. We simply want to offer a vision to those who feel conflict in their sexual orientation. But also to ask that America recognize there are multiple options for people who experience LGBTQ. People deserve the right to choose their own path and follow their religious convictions, especially in matters of their sexuality."

**EDWARD BYRD OF WASHINGTON, DC:**

"I was born to a mother who had me at 15 years old. My home was very dysfunctional. It was abusive. I actually have seen my father put his hands on my mom. It left mental scars and emotional scars in me. It got to the point where my dad ended up abandoning us, and that left me really, really sad. As a young child, I can only remember wanting to have a relationship with my father. And him continually not showing up and being there. It was very tragic to me. So I grew up with a single mom. She was one of my only influences. And I was the guy who was not into sports. I was not going to get dirty, I was like 'that's not for me.' I want to dance and I want to sing and I want to be an actor."

"I never had the desire to be a homosexual. But it wasn't until people began calling me homosexual, it wasn't until they began planting these seeds and saying, 'Hey, you like hair, you like to dance, you over there with the cheerleaders instead of the football players. You're a homosexual.' And so that began to create curiosity. I already suffered emotional wounds from my dad not being there, that abandonment, and I was looking for male affirmation."

"For most of my teen years, I was abused by a close family member; physically abused, which led to more pain and more hurt. And so I dived into the lifestyle. I really gave myself over to promiscuity. By the time I was 18, I was stripping, I was into living the nightlife, drinking every night, partying from Sunday to Sunday."

"I knew there had to be more. And then I encountered the love of God. And He came and radically changed my life. The person you see here today is not the person I used to be. I am changed, I am fulfilled, I am living my best life. I'm smiling and I'm dancing and I'm loving life. And I want to tell the government that you cannot make decisions that will block people who were like me, who needed to change and who want to change, to find freedom."

#### **CHRISTOPHER SIMS, WAS TORTURED BY HIS PARENTS:**

"I'm a person who formerly had a same-sex attraction. When I was very young in New York City, my father – who is a pastor – raped me. And when I got to kindergarten, my mother and my father decided to take me out of school. And I was taken out of school for a total of eight years. And during that time, I was tortured by my mother. My mother was very hurt by men. So any sign of masculinity was a trigger and a threat to her. I can remember her beating me with a wire hanger until I was bloody and putting alcohol all over my body as I stood in front of a mirror. And I learned at that moment that I could not be masculine. I learned that I had to be effeminate. I had to emulate my sisters to avoid triggering her and so that I could survive."

"By the time I was 18, I had been living in Alaska for a year. I had been through foster care. That was a time where the things that I had suppressed began to manifest themselves through pornography addiction. By that time I had a restraining order. I was in anger management. I was in counseling for PTSD. And I had a measure of gender dysphoria. And it was also that year that a friend who was 18 decided to force me to go to church. I wanted nothing to do with church. But when I went to that church, I saw something in those people's eyes that I had never seen before. I saw a God that my parents did not tell me about. Those people in that church – they didn't hate me or anything. They loved me. I saw life inside of them and I wanted that freedom and that life. The love that I saw inside of their eyes convicted me of the error of my ways. And I remember for three weeks just telling God how sorry I was for all the wrong that I had done. And He said 'Christopher, I love you.'"

**GREG QUINLAN, PRO-FAMILY NETWORK FOUNDER:**

"I grew up in a dysfunctional American family like most everyone else. But my father was emotionally, physically, verbally abusive. I'm the oldest of four children, and he took his venom out on me...and his rage. I was eight years old and my dad was...it was an autumn day kind of like this...my dad was working on the car in the driveway, and he was about to explode. And I knew I was going to be the target of his venom. I just looked at him and said, 'You hate me, don't you?' He looked back at me as he took the Lord's name in vain and laughed, 'Yes, I hate you.' That wasn't a revelation. That was like 'Yeah, I knew that.'

"Then at 10 years old, the neighborhood boys found their dads' Playboys. You see, Hugh Hefner was my first molester. I was introduced to porn, and I became instantly addicted. At 10 years old, I was sexually active with boys in the neighborhood."

"My father, on his death bed, the night before he went into a coma, said to me...I said, 'Bye, Dad. I'll see you tomorrow.' He said, 'Bye, Greg. I love you, Greg.' I felt like I was in the Twilight Zone. The very man who told me he hated me now told me he loved me. From that point on, that was my journey: when I finally forgave my father, that's when the same-sex attraction started to wane. That's when it started to leave. There are so many people trapped in homosexuality who want out, that have stories so similar to everything you've heard here. And standing right here on this stage is proof that homosexuality doesn't have to last a lifetime. Ex-gays, formers, ex-trans, prove that change is possible."

These folks came to Capitol Hill to warn Congress is considering legislation banning some counseling that could lead LGBTQ people out of those lifestyles. They're leery of legislation they feel discriminates against former gays and transgenders. They said they oppose HR5, HR3570 and Senate 2008.

**PASTOR JIM DOMEN, CHURCH UNITED FOUNDER:**

"I was in the lifestyle for five years, and I was so desperate to love and be loved, I didn't care if my partner was HIV positive and Hepatitis C positive. Thankfully, I was protected and I didn't get any of those terminal illnesses. Yet, June 8, 2002, an incredible experience happened to me. Jesus transformed me. I chose to go the route of Christ. I chose to change my sexual identity. I needed help to do that. I chose to follow my faith, my belief in the Bible. I received professional counseling, psychiatrists and psychologists, as well as pastoral counseling. And bills like HR5, HR3570 and Senate 2008 would not have allowed me to get the help that I needed. Or anyone on this stage or anyone who wanted to change their sexual attraction or behaviors. I dealt with same-sex attraction since the seventh grade. No one ever forced me to change. No therapist. My parents did not. My pastor did not. My heart, my mind -- I chose to change."

**KEN WILLIAMS, CHANGED MOVEMENT CO-FOUNDER:**

"Our rights are being threatened in America. Governors think that they know better how I should identify sexually than I do."

"Apparently, we're inappropriate. It's okay for everyone else to choose their sexual identity, but not with us because we're not going with the narrative. How disrespectful of us not to go along with the narrative. Well, with all due respect, what gives you the right to decide what I'd like to pursue with my sexuality? Why in the world would you or someone sitting with a gavel or someone in an elected office decide what therapy I should or should not be able to get?"

**ANGEL COLON, MASS SHOOTING SURVIVOR:**

"This morning I want to tell the US that the Changed movement loves gay people. America needs to hear there is a diversity of experience. We just want our rights as well."

**ELIZABETH WONING, CHANGED MOVEMENT CO-FOUNDER:**

"We have chosen a different route for our lives. And in following that path, either through professional counseling or faith-based discipleship, we've obtained levels of fullness and fulfillment that most assume is impossible. We've all experienced a life-altering change that has impacted our sexuality. Many of us are in happy marriages to our opposite-sex spouses. Some even would say they no longer experience any same-sex attraction. Several of us have de-transitioned. We no longer identify as LGBTQ. And many, many people upon hearing our testimonies of fulfillment are seeking what we have."

**PASTOR JIM DOMEN, CHURCHUNITED.COM:**

"All of us up here, we love, we absolutely love the LGBTQ community. We understand you. We know what it's like. We've lived there. We've walked it. We've been from gay bars and back. We know the journey. We know the pain. And we're not telling you that any of you have to change. But if you've ever thought or needed help or desired to change, we would want to talk to you."

For further help or information contact [Changed Movement](#).

**AROUND THE WEB**

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## Letter to the Board of Health of the Appleton Common Council:

### Modifications to the Youth Mental Health ordinance.

(1. hormones "puberty blockers" 2. Clarifications)

Dear Appleton Board of Health Members/Appleton Common Council,

I am writing with respect to the proposed Youth Mental Health ordinance otherwise referred to as a ban on conversion therapy.

If the Board of Health and the Appleton common council is considering this ordinance as an attempt to protect minors from the physical and psychological harm stemming from treatment of gender dysphoria, I am requesting that the following two modifications be made to the ordinance before passing on to the common council for review:

**1. A ban on the NON-FDA approved, "off label" use of puberty blockers and hormones for children under the age of 18 who are experiencing gender dysphoria.** I work in the pharmaceutical industry and understand that these treatments are not FDA approved for gender dysphoria in minors and are being administered to physically healthy children. It is well known that these treatments, among other things, lead to infertility, disrupt brain development and bone development, and increases the risk of osteoporosis later in life. Experts agree that these treatments are experimental as more studies are needed to show that the benefits clearly outweigh the risks and because the long-term effects of these therapies on youth, both physically and mentally, are not fully known. Bills banning these practices are or have been introduced in other states such as Texas, South Carolina, Georgia, Alaska, Illinois and Kentucky. See links below

In pharmaceutical/medical practice, "off label" use of drugs is common especially in the cases of life-threatening physical ailments such as cancer where, for some patients, conventional therapy has been shown to be ineffective. In this case however, we are prescribing for physically healthy children where studies have shown that 80-98% of those who express a gender identity different from their "bodily sex" will ultimately identify with their sex at birth IF their natural development isn't interrupted. What proven universal selection criteria is being used to avoid the use of hormones for those 80 to 98% of children? There isn't one!

Until these hormone therapies for minors have passed the properly designed safety and efficacy testing necessary to receive FDA approval, it seems prudent and necessary to ban these seemingly barbaric therapies and be added to this proposed ordinance to fully protect minors' mental and physical health. Do no harm. Please note: I am NOT proposing that licensed therapists be banned from discussing it. Which brings me to my second request for modification

<http://www.house-press.com/2019/10/30/rep-ginny-ehrhart-announces-vulnerable-child-protection-act/>

[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)



2. Further clarification and definition of terms written into the ordinance is warranted and necessary.

*“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”*

This ban is breathtakingly broad and vague in its definition of terms and courts have and continue to rule differently with regards to conversion therapy speech versus conduct. Is this act banning “Talk therapy”? What about the youth that are feeling same sex same attraction and do not want to ... or are struggling with the feeling or experiencing peer pressure that they may be the opposite of their birth sex but do not want to be? Or the 80-98% of youth that outgrow their gender dysphoria? Will these licensed medical professionals be able to discuss this?

Parents also seek licensed professionals that share their own worldview be they Christian, Jewish, Muslim, etc. Will these licensed medical professionals be prohibited from reading from their sacred texts during counseling sessions or just portions of it? What if a licensed therapist also provides paid counselling services at their church, synagogue, mosque? These and many other legitimate questions about this ordinance posed to certain common council members are not being answered. Or being answered differently depending on who you ask. Why is that? How will you enforce something that even council members seem to understand differently?

I know ALL agree that the past uses of abusive physical conditioning therapies were barbaric and that use as a treatment for any mental illness, physical, or phycological condition including autism and gender dysphoria in minors are no longer accepted medical practice and should be/are banned. Perhaps proposing a different, more inclusive ban of these physical and abusive phycological practices for ANY mental and phycological health issue in minors would be a better and less controversial option.

Until these important modifications are addressed and more detail and clarifications are provided *in writing* as to the extent and limitations therein, this ordinance should not move forward as it is currently written.

Respectfully,

Stacy Westmoreland - Appleton, WI

Cc: Mark Vorass - Appleton, WI (District 6)

**Britney K. Stobbe**

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**From:** Kurt Eggebrecht  
**Sent:** Tuesday, January 07, 2020 8:32 AM  
**To:** Britney K. Stobbe  
**Subject:** FW: Appleton City Ban on Conversion Therapy

Here it is-  
Kurt

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**From:** Ralph Wells [mailto:ivbnredemd@sbcglobal.net]  
**Sent:** Monday, January 06, 2020 6:12 PM  
**To:** Kurt Eggebrecht <kurt.eggebrecht@appleton.org>  
**Subject:** Appleton City Ban on Conversion Therapy

Dear Mr. Eggebrecht,

I was recently made aware of Resolution #15-R-19.

After reading this proposal I believe this resolution is a bad idea because it would:

- 1) Tie the hands of our health care professionals. They are professionals and have been trained to treat their patients and their Parents with the counsel they feel is appropriate. They need the freedom to do this.
- 2) This proposal applies to children and minors who have not fully developed mentally or physically. They are too young to make such drastic decisions on their own. This resolution would usurp the parental right to hear all aspects of the issue.
- 3) Many of these unethical practices of conversion therapy have been discontinued. It would be better to have laws that address the abuses and harmful and disastrous procedures if they still exist. Many are done by unlicensed people.
- 4) The City of Appleton does not need this resolution. We have highly trained professionals and this resolution could force parents to seek counseling or therapy services outside Appleton's city limits.

Sincerely,

Vicki Wells

2519 N. Division St.

Appleton, Wi 54911

920-731-8714

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:** Wednesday, January 08, 2020 11:50 AM  
**To:** Britney K. Stobbe  
**Subject:** FW: Citizen Comments - Conversion Therapy

One more

**From:** Mary L. Roberts  
**Sent:** Wednesday, January 08, 2020 11:48 AM  
**To:** Kurt Eggebrecht <kurt.eggebrecht@appleton.org>  
**Subject:** Citizen Comments - Conversion Therapy

Hi Kurt,

Dr. Robin Goldsmith called this morning to voice her opinion on the conversion therapy issue. She is against the Youth Mental Health Act. She's basing this on her work as a doctor for her patients as well as on her faith. She did not leave a phone number for a return call.

Thank you.

*Mary L. Roberts*

Secretary to the Mayor | City of Appleton  
100 N Appleton Street, Appleton, WI 54911  
(920) 832-6400 | [Mary.Roberts@Appleton.org](mailto:Mary.Roberts@Appleton.org)

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