CITY OF CHARLESTON
WEST VIRGINIA

Council Member – Ward 5

Jeanine Faegre
1105 Highland Road
Charleston, WV 25302
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Ordinance and Rules Committee, Chair
Parks and Recreation Committee

TO: Ordinance and Rules Committee
FROM: Jeanine Faegre, Chair
RE: Committee Meeting

A meeting of the Council Committee on Ordinance & Rules will be held on Tuesday, July 27, 2021 at 5:30 PM**. To be held in person and over Zoom (audio only)**
AV ROOM #308, CITY HALL

***Join via internet:**
https://us02web.zoom.us/j/83770864362?pwd=QWo0QTUrN0t6U0hGRXNybXlOOHRrdz09
Passcode: 556076
***Join via Telephone: (312) 626-6799 or (929) 436-2866**
Webinar ID: 837 7086 4362

Agenda

APPROVAL OF PREVIOUS MINUTES

1. 5-27-2021

BILLS

1. Bill No. 7919 - A BILL to amend the Municipal Code of the City of Charleston, by adding four new sections relating to protecting the safety and health of Charleston residents by prohibiting conversion therapy; defining terms; setting forth enforcement provisions, and stating penalties association with violation.

ADJOURN

***Meetings may be recorded and broadcast via internet https://charlestonwv.civicclerk.com**

JF/ns

MINUTES

ORDINANCE AND RULES COMMITTEE MEETING

5:30 P. M., MAY 27, 2021

*IN RESPONSE TO THE COVID-19 PANDEMIC, THE MEETING OF THE ORDINANCE AND RULES COMMITTEE WAS CONDUCTED ELECTRONICALLY. THE MEETING WAS MADE AVAILABLE TO THE PUBLIC AS A LIVE STREAM VIA ZOOM (PER THE AGENDA).

Jeanine Faegre, Chairperson, called the meeting of the Charleston City Council Committee on Ordinance and Rules to order at 5:30p.m., MAY 27, 2021.

Committee Members Present:
Jeanine Faegre, Chair
Bobby Reishman, Vice Chair
Robert Sheets
Keeley Steele

Absent:
Courtney Persinger
John Kennedy Bailey
Bobby Haas

Councilmembers also Present:
None

1. Approval of Previous Minutes – Councilmember Reishman moved to approve the minutes of the previous meeting on 4-26-2021. Councilmember Sheets seconded. There was no objection, and the minutes were approved.

2. Bill No. 7907 – A BILL to amend the Municipal Code of the City of Charleston relating to updating the Charleston Human Rights Ordinance to include protections against discrimination because based on hair textures and protective hairstyles and defining terms.

Councilmember Faegre added that Councilmember Wesley-Plear sponsored the bill, and that it was important to support.

With no further discussion, Councilmember Reishman made a motion to approve the bill. Councilmember Sheets seconded. With the yeas being unanimous, Bill No. 7907 was approved.

Councilmember Reishman motioned to adjourn the meeting. Councilmember Steele

seconded. Meeting adjourned.

Bill No. 7919

Introduced in Council:	**Adopted by Council:**
July 19, 2021	
Introduced by:	**Referred to:**
Caitlin Cook	**Ordinance and Rules**

Bill No. 7919 - A BILL to amend the Municipal Code of the City of Charleston, by adding thereto four new sections, designated Section 58-51, 58-52, 58-53, and 58-54, all relating to protecting the safety and health of Charleston residents—and promoting the public safety, health, welfare and good order of said residents—by prohibiting conversion therapy; defining terms; setting forth enforcement provisions, and stating penalties association with violation.

WHEREAS, West Virginia Code 8-12-2(a)(9) provides that the City of Charleston has plenary power and authority to adopt an ordinance not inconsistent or in conflict with the West Virginia Constitution, state code, or city charter, that provides for the government, protection, order, conduct, safety and health of persons or property; and

WHEREAS, West Virginia Code 8-12-5(23) and (44) provides that the City of Charleston's City Council has the plenary power and authority to adopt an ordinance that provides for the elimination of hazards to public health and safety and to abate or cause to be abated anything which is declared a public nuisance and to protect and promote the public safety, health, welfare and good order; and

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

WHEREAS, conversion therapy has been rejected by every major medical and mental health organization, including the American Psychological Association, American Psychiatric Association, American Medical Association, American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry, American Counseling Association, American Psychoanalytic Association, American School Counselor Association, American School Health Association, National Association of Social Workers, and the Pan American Health Organization; and

WHEREAS, conversion therapy leads to critical health risks including anxiety, depression, decreased self-esteem, substance abuse, homelessness, and suicide; and

WHEREAS, minors are especially vulnerable to the harms associated with conversion therapy; and

WHEREAS, the City has a compelling interest in protecting the physical and psychological well-being of minors, including lesbian, gay, bisexual, and transgender youth, and in protecting its minors against exposure to serious harms caused by conversion therapy.

Now, therefore, be it ordained by the Council of the City of Charleston:

That the Municipal Code of the City of Charleston, as amended, is hereby amended to add four new sections, designated Sections 58-51, 58-52, 58-53, and 58-54, all to read as follows:

CHAPTER 58. – HEALTH AND SANITATION.
ARTICLE III. – CONVERSTION THERAPY ILLEGAL.

Section 58-51. Definitions.

"Conversion therapy" means any practices or treatments that seek to change an individual's sexual orientation or gender identity, including efforts to change behaviors or gender expressions or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same gender. Conversion therapy shall not include counseling that provides assistance to a person undergoing gender transition, or counseling that provides acceptance, support, and understanding of a person or facilitates a person's coping, social support, and identity exploration and development, including sexual-orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices, as long as such counseling does not seek to change an individual's sexual orientation or gender identity.

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

Section 58-52. Conversion Therapy Prohibited.

No person shall engage in conversion therapy with a minor within the City.

Section 58-53. Enforcement.

(a) The City Solicitor shall have the authority to enforce the provisions of this ordinance. If the City Solicitor determines that a violation of this ordinance has occurred, the City Solicitor or the City Solicitor's designee may mail to the medical or mental health professional written notice to immediately cease and desist the violation. If the medical or mental health professional fails to immediately cease and desist, the City Solicitor or the City Solicitor's designee may impose a civil fine on the medical or mental health professional as provided in Section 58-54 of this code.

(b) An individual who is the victim of an action in violation of this Article may bring a civil action for appropriate injunctive relief or damages or both against the person or persons who acted in violation of this Article. As used in this subsection, “damages” includes damages for injury or loss caused by each violation of this Article, including reasonable attorney fees.

Section 58-54. Civil Penalty and Appeal Rights.

(a) A violation of Section 58-54 of this code, if enforced by the City Solicitor or the City Solicitor’s designee pursuant to Section 58-53 of this code is punishable by up to a $1,000 fine for each violation. Each day in violation constitutes a separate offense.

(b) A person subjected to a civil penalty under this section may appeal the civil penalty within ten days of its issuance to the municipal court. Prior to filing an appeal with the municipal court, the person shall pay the required civil penalty in full to the City Collector as bond pending evidentiary hearing before and resolution of the case by the municipal court. The City Collector shall issue a receipt showing the amount of the bond paid, which shall be attached with the appeal to the municipal court clerk. Failure to properly effect appeal in a timely manner constitutes waiver of the right to contest the civil penalty. A final decision from the municipal court may be appealed to circuit court in the same manner as a tax appeal, as set forth in Section 110-115 of this code.

(c) Any civil penalties assessed, which remain unpaid within thirty days of a final determination under this section shall be deemed past due and the City shall have all remedies available to the City Collector for collection upon a delinquent debt.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®

West Virginia Chapter of the American Academy of Pediatrics
INCORPORATED IN WV

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The Honorable Members of the West Virginia State Legislature
West Virginia State Capital Complex
Charleston, WV 25305

January 6, 2020

Dear West Virginia Legislators,

On behalf of the West Virginia American Academy of Pediatrics (WV AAP), a non-profit organization of more than 290 primary care pediatricians, Pediatric medical subspecialists and pediatric surgical specialists dedicated to the health, safety and well-being of infants, children, adolescents and young adults, I write to express our support of The Youth Mental Health Protection Act.

All children and adolescents deserve the opportunity to learn and develop in a safe and supportive environment. “Conversion”, or “reparative therapy” is never indicated for Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) youth. This therapy is not effective and has been deemed harmful to LGBTQ individuals by increasing internalized stigma, distress, and depression. The WV AAP supports your efforts through the Youth Mental Health Protection Act to prohibit mental health professionals who try to engage in “sexual orientation change efforts” with patients.

Homophobia and heterosexism inherent in conversion therapy can contribute to health disparities as marginalization negatively affects the health, mental health, and education of those who experience it. Struggles with self-image and self-esteem result in significant health disparities for sexual minority youth related to depression and suicidality, substance abuse, social anxiety, altered body image, and other health issues.

The WV AAP is focused on meeting three of every child and adolescent’s most basic needs: sound nutrition, nurturing relationships and safe environments. We are pleased to support the Youth Mental Health Protection Act because it will protect sexual minority youth from the harms of “conversion” or “reparative “therapy. If the AAP can be of any further assistance, please do not hesitate to contact myself or our Executive Director, Candice Hamilton.

Sincerely,

Traci Boyd Acklin, MD, FAAP
President, WV AAP

West Virginia Psychiatric Association
A District Branch of the American Psychiatric Association

Tiffany Sparks, MD
President

Lauren Swager, MD
President-Elect

January 13, 2020

Senate President Mitch Carmichael
Speaker of the House Tim Armstead
Members of the West Virginia State Legislature
West Virginia State Capitol Complex
Charleston, West Virginia 25305

Dear Legislators of West Virginia:

The West Virginia Psychiatric Association, the medical society of more than 180 psychiatrists practicing in the state, would like to express strong support for the **Youth Mental Health Protection Act, HB2817.** This important legislation will protect West Virginia's youth from harmful and potentially deadly psychotherapy practices aimed at changing sexual orientation in minors.

Since 1973, the APA has held the position that homosexuality is not a diagnosable mental disorder and therefore does not require treatment or therapy. Conversion therapy has not been shown to have any scientific basis whatsoever. It also has the opposite effect, making youth feel stigmatized and causing them emotional harm.

The American Psychiatric Association published its 1998 position statement that "APA opposes any psychiatric treatment, such as "reparative" or "conversion" therapy, that is based on the assumption that homosexuality per se is a mental disorder or is based on the a priori assumption that the patient should change his or her homosexual orientation." In 2013, the APA expanded on the position, stating "The American Psychiatric Association does not believe that same-sex orientation should or needs to be changed, and efforts to do so represent a significant risk of harm by subjecting individuals to forms of treatment which have not been scientifically validated and by undermining self-esteem when sexual orientation fails to change. No credible evidence exists that any mental health intervention can reliably and safely change sexual orientation; nor, from a mental health perspective does sexual orientation need to be changed."

Please support the **Youth Mental Health Protection Act, HB2817** for West Virginia's children. If you need further information, please contact me at tsparks@hsc.wvu.edu

Regards,

Tiffany Sparks, MD

Tiffany Sparks, MD,
President, West Virginia Psychiatric Association
Assistant Professor and Program Director, Psychiatry Residency Program,
West Virginia University, Charleston Division

West Virginia School Psychologists Association
wvspa.org

19 December 2019

Dear West Virginia Legislators,

As Social Justice Chair of the West Virginia School Psychologists' Association, I would like to re-address our association's support, originally announced in November of 2018, for a state-wide ban on conversion therapy for West Virginia youth identifying as gay, lesbian, bisexual, transgender, or queer. Such a ban would serve to protect youth mental health by prohibiting referral for conversion therapy practices, which are proven harmful and ineffective.

Conversion therapy, also known as reparative therapy, has been rejected by every mainstream medical, mental health, and educational organization. Several states and municipalities have enacted formal laws "protecting youth from this abusive practice". According to *The Lies and Dangers of Efforts to Change Sexual Orientation or Gender Identity* from the Human Rights Campaign (2018), some practitioners who have used conversion therapy have since denounced the practice. Banning the implementation of conversion therapy with youth under the age of 18 is in the best interest of the children.

Conversion therapy is recognized as dangerous as it lowers self-esteem and increases risk of anxiety, depression, drug use, homelessness, and suicide for youth identifying as gay, lesbian, bisexual, transgender, or queer. Empirical and anecdotal research does not support the use of conversion therapy. Furthermore, it reveals the damage caused by such practices. Health and mental health professionals have determined that homosexuality is not a mental health disorder; therefore, attempt to alter sexual identity under the guise of therapy is harmful and nonsensical. Research also indicates the harm suffered by individuals who are not accepted by their families or society due to their gender expression or sexual orientation. Allowing conversion therapy helps to maintain the harmful viewpoint that homosexuality is inherently wrong and is changeable when data has indicated otherwise.

In summary, conversion therapy is a harmful practice, which perpetuates a flawed societal viewpoint that innate sexual orientation can be altered. Mental health, medical health, and educational organizations have expressed clear agreement that conversion therapy on minors is a destructive practice without empirical support. West Virginia has the opportunity to stand together on the right side of history regarding the rights, safety, and most importantly, health of our youth.

For further information, please contact WVSPA's President, Christina Hare, at chare@k12.wv.us or myself at britainey.cooper@k12.wv.us.

Thank you for your consideration,

Britainey A. Cooper

Britainey A. Cooper, MA, Ed.S, NCSP
Lewis County Mental Health Specialist and School Psychologist
Social Justice Chair, West Virginia School Psychologists' Association

West Virginia Psychological Association

February 12, 2021

Senate President Craig Blaire
Speaker of the House Roger Hanshaw
Members of the West Virginia State Legislature
West Virginia State Capitol Complex
Charleston, WV 25305

Dear West Virginia Legislators,

As President, and on behalf of the West Virginia Psychological Association, I offer formal support to the *Youth Mental Health Protection Act*. The purpose of this bill is to protect children and adolescents from harmful and potentially deadly pseudo-therapy practices, specifically the practice known as "conversion therapy." As psychologists, we pledge to provide ethically sound and evidence-based clinical treatment. We are pleased to once again partner with Fairness WV in support of this important piece of legislation that will protect some of West Virginia's most vulnerable citizens. We support this proposed legislation as a critical step toward protecting youth in our state who may otherwise be harmed by this dangerous practice.

The *Youth Mental Health Protection Act* would prohibit mental health providers from engaging in or referring a patient under the age of 18 to sexual orientation conversion therapy. The reasons for our support are as follows: 1) The American Medical Association, The American Psychiatric Association, The American Psychological Association, The American Psychoanalytic Association, The American Academy of Pediatrics, and the National Association of Social Workers all agree that, based on rigorous scientific research, sexual orientation is not a choice and cannot be changed. Furthermore, neither heterosexual, same-sex nor bisexual sexual orientation are considered psychiatric disorders, therefore, we cannot and should not be attempting to "treat" or modify any type of sexual orientation. 2) Attempts at modifying sexual orientation have proven to be particularly harmful to the psychological development and well-being of children and adolescents.

Resolutions that forbid "conversion or reparative therapies" date back to 1997 from the American Psychological Association, and have been consistently re-affirmed over the years. In 2015 the Substance Abuse and Mental Health Services Administration (SAMHSA) joined APA in calling for the end of conversion therapy for LGBT youth. Every major mental health group, including the American Psychological Association, has recognized conversion therapy as baseless, counter to scientific evidence, and dangerous to the public. If adopted, WV would be the twenty-first state to protect minors and ban dangerous and harmful attempts to engage in "sexual orientation change efforts.

For additional information, you may contact me or our Executive Director at info@wvpsychology.org.

Warm regards,

Rebecca Denning, Psy.D. ABPP
President, WV Psychological Association

My name is Carling McManus, I am a property and business owner in Charleston, WV.

The following is a summary of my experience surviving conversion therapy which I am sharing with members of Charleston's City Council so that a deeper understanding of this issue may be reached and so that Charleston may take action to better protect its young people and their families.

I would also like the members of Charleston's City Council to know that I am willing to meet individually in case there are questions that may be difficult to ask in such a public setting. My phone number is 617-240-7311 for those who would like to continue the conversation.

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When I was 13 years old in 1997, I told my parents that I thought I may be gay. They expressed disappointment and said I must be confused. They set up appointments with a therapist who they felt would be more qualified to "help" me than they were.

The therapy lasted about a year. The therapy consisted of treatments using shame, guilt, and humiliation in order to change my sexual orientation.

The therapist repeatedly forced me to describe sexual content in detail. My visible discomfort with these experiences was used as evidence that my sexual orientation was a problem that needed to be treated. The more discomfort I felt, the more therapy was required for treatment.

Some sessions lasted 2+ hours. Some sessions included my parents, who were asked to tell me how my sexual orientation was hurtful to them and disappointed them, they were also present while I was forced to describe my attraction to women in detail. I was often taken out of school for hours at a time for these appointments. This brought attention from other students and teachers, who treated me like I was sick.

The therapist made claims that if I were gay, I would never be able to get a job, I would never be happy, I would spend my life suffering, that my choice to be gay would only cause my family pain, and that if my grandparents found out, their shock and disapproval would cause them so much stress, it could potentially kill them.

I asked repeatedly to stop the treatment, but my asking to stop was also understood to be proof the therapy was working. These traumatic experiences caused me a lot of anxiety, intense trepidation and fear.

I experienced feelings of hopelessness and began to believe that the sessions would never stop. It was already difficult knowing that I was different than my peers and the prevailing culture, but knowing that my parents and their trusted therapist rejected me was devastating. The hopelessness caused me to wish I were dead instead of continuing to live through the humiliation and shame.

As a last resort I begged to apply to boarding school and was able to prove to the therapist that I was ready and able to go by telling her that I had a boyfriend. The relationship was disingenuous, the boy was a friend, but the therapist believed she had successfully converted me and I went back into the closet at age 14 in 1998.

I came out again at 16 in 2000 while I was in boarding school. The school, being my legal guardian during the semester, protected me from my parents' attempts to intervene again. I began seeing a school counselor in 2000 who validated my sexual orientation and explained to me that being gay was not an illness.

Between 2000 and present day, I have managed depression and anxiety disorders that are the result of the trauma caused by the conversion therapy.

During the conversion therapy, I suffered from suicidal thoughts and I began to believe that I wouldn't live to see my 16th birthday. When I did turn 16, I was glad I had survived, but even then a part of me believed I would eventually succumb to the overwhelming shame and depression and not make it to my 18th birthday. Suicidal thoughts have followed me throughout my life and while I turned 37 last week, there is still a part of me that is convinced I don't deserve to live.

Despite the trauma I endured as a teenager, I have been very successful in my life. I am happily married to my wife, we have been together for 12 years. We married in 2016, after the Supreme Court ruling made it legal for us to do so. I run a growing business here in Charleston that employs seven people.

In my lifetime, acceptance of LGBTQ+ people has become widespread, culturally and legally. The shame and fear that my parents felt because of my sexual orientation made them susceptible to the non-medical and homophobic opinions of a therapist.

In April 2019, the Governor of Massachusetts signed a bill banning the practice of conversion therapy on minors, the same legislation that has been passed in 20 states to date. The ban means that the state licensed therapist would have lost her license for using shame and humiliation to change my sexual orientation. Had a ban been in place in 1997 when my parents called the therapist, she would have had to explain to them that conversion therapy causes long-lasting trauma and that being gay is not an illness.

Looking back on my life so far, I think of all that I've accomplished despite the paralyzing depression and anxiety, and I wonder what more I could have achieved had the local laws protected me from the harm caused by conversion therapy.

Until this point, I have not shared my experience in such a formal and public context, and while I know that the trauma was not my fault, I still feel intense shame sharing this information with you.

Despite the increased visibility of LGBTQ+ people who live openly in every community, survivors of conversion therapy often cannot talk about their experiences. Unfortunately, that silence has led to a false belief that conversion therapy either doesn't exist or that banning conversion therapy won't help anyone.

If I could talk to myself at age 13, I would tell her that her future is full of so much love and belonging, that she would eventually live in a family that accepts her and in a city and community that is glad she calls it home.

There are children living in Charleston who are just like I was at 13, and they deserve to be protected from the harms caused by conversion therapy.