

Emily Gordon

From: David Shane <david_shane@fastmail.com>
Sent: Monday, July 08, 2019 10:32 PM
To: City Council
Cc: Steven Roskos
Subject: Letter in opposition to proposed ban on conversion therapy in East Lansing
Attachments: Opposition_to_proposed_conversion_therapy_ban_David_Shane.pdf

Hello,

A letter in opposition to the proposed ban on conversion therapy in East Lansing (which Aaron Stephens intends to formally introduce on July 16) is attached - if attachments are not permitted in emails to the city council, just let me know and I will rework the letter.

The letter is largely my (david_shane@fastmail.com) writing, but I did ask Steven Roskos (seroskos@gmail.com), also an East Lansing resident and a friend and medical doctor, to read over it in the interest of accuracy. He did so, and afterwards also offered to add his name to the letter.

Thank you,

David Shane

July 8, 2019

Greetings,

This is a brief note in opposition to the city's proposed ban on conversion therapy – these comments are based on the text shared by Aaron Stephens on Twitter.¹ Much more could be said, but I will confine myself to one particular objection in this note.

The problem is as follows – we live at a time when, for many people, once a gender identity claim is made, that claim is automatically valid. Therefore, to express any skepticism toward that claim or to challenge it in any way could be considered an attempt to change gender identity, which would be defined as “conversion therapy” in this ordinance and be forbidden. This is why bans on conversion therapy are sometimes described as “affirmation-only” regulations – a minor approaches a counselor, makes a claim of gender identity in opposition to their biological sex, the *only thing* the counselor is permitted to do is affirm that self-diagnosis and guide them through the resulting process. If that is the interpretation put forward, or if the matter is left ambiguous and counselors are just afraid that that might be the interpretation, then to enact a conversion therapy ban would *contribute* to the harm of affected minors, not reduce it.

We know that a large percentage of trans-identifying minors will discontinue identifying as transgender by adulthood,² but the proposed ordinance could effectively compel counselors to behave as if the identification is permanent. It could also make counselors afraid to probe to discover if some other serious issue is expressing itself as a gender identity claim.³ At a time when “transitioning” could involve drug therapies, physical restraints to modify the body, or surgery, “affirmation only” could lead to lifelong regret – and that is not a hypothetical concern, that is regret some people are living with right now.⁴ And, although no one can predict the future with certainty, as young as the transgender movement is in the United States right now (to any degree of significant popularity anyway), I think it is highly likely that, 5-15 years from now, we will see a significant increase in the number of individuals expressing regret at what they were permitted, or indeed encouraged, to do to their body as minors or young adults. The city should not provide legal encouragement to that harm and regret.

If, in banning “conversion therapy”, we are NOT trying to forbid counselors from expressing appropriate skepticism about identity claims, then any ordinance should make that fact explicit. But I am also doubtful, because of this idea that any claim is automatically valid, that the city could actually write an ordinance that would ban “conversion therapy” while still explicitly allowing counselors the freedom they should have to employ an appropriate skepticism and seriously probe other explanations for the thoughts of a minor. Especially as there is probably no one in East Lansing practicing anything they themselves consider to be “conversion therapy” anyway, there is probably a low probability of the proposed ordinance helping anyone, but a much higher probability of the ordinance resulting in increased harm.

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Footnotes

1. <https://twitter.com/AaronDStephens/status/1145479047599874048>

2. "Do trans- kids stay trans- when they grow up?" http://www.sexologytoday.org/2016/01/do-trans-kids-stay-trans-when-they-grow_99.html "The exact number varies by study, but roughly 60–90% of trans- kids turn out no longer to be trans by adulthood."

3. https://twitter.com/ceri_black/status/1141452756475101184 "I lost my sister to the willingness of doctors to believe the easy lies of a suicidal, raped, teenage girl with severe mental health issues. Testosterone was not the answer to her problems, but it's what was prescribed." Just one tweet I came across when composing this note – for other, sometimes tragic, stories like this, see the comments in the link at the next footnote.

4. "Urgent Request to the US Surgeon General: Protect Young People from Irreversible Medical Harm" <https://www.ipetitions.com/petition/urgent-request-to-the-us-surgeon-general#comments> . I have read many stories from people regretting the changes they made to their bodies as minors – I was not aware of any location such stories were collected. A couple days ago I came across this petition, put together by the Kelsey Coalition – in the comments you may find many such stories. I will share just a couple quotations:

"I am a detransitioned woman, meaning I identified as transgender and transitioned, later realizing my gender dysphoria stemmed from a complex series of emotional issues that could not be resolved by changing my outward appearance. I identified as a trans man from the ages of 15-19, and was on testosterone for nearly 2 years. While I was desiring to transition, I spoke with multiple therapists and other adults at my school, and community members who affirmed my identity in a way that did not encourage critical thought and self examination. While I was transitioning, I began to see a new therapist and had life experiences, such as moving away from my family and living on my own, that helped me to emotionally mature and examine my emotional distress in a new light, and I slowly began to realize that my dysphoria, discomfort with my female sex, was caused by a destructive family dynamic in my upbringing, feelings of depression, low self worth, hopelessness, and my eating disorder. By this time, however, I had already been on testosterone for 17 months when I realized with horror that I had been led down the wrong path, away from healthy self exploration and growth and towards a very surface level, highly invasive medicalized reality that has left me with a changed body and health complications I am yet to fully understand due to the dearth of research on cross sex hormone usage. As the petition describes, we are currently looking at a global upsurge of adolescent females looking to transition and the current model of care focuses on 'affirmation' and medical transition. My own experience of starting testosterone was through 'informed consent' where I was given my prescription after only a <1hr appointment at a clinic. There needs to be an emergency investigation into the exponential growth of youth seeking to medically transition, as well as the striking demographic change of those wishing to do so. Nothing can be lost from taking the time to work with a competent therapist to explore emotional issues and taking the time to emotionally mature before making a life changing decision such as medical cross sex transition, but so much can be lost when vulnerable, confused people such as myself are given hormones and surgery more or less on demand. The consequences of this phenomenon going unchecked will be catastrophic."

And, perhaps especially relevant to the city proposal (emphasis is mine):

"Several children in my daughter's small middle school identify as transgender and two have already been on hormones for over 2 years, which will result in permanent sterilization. I have tried to find a therapist for my daughter to help her cope with feelings of sex dysphoria; **however due to laws in place in my state, there are no therapists available who will not immediately push her towards gender transition.** She was seen one time by a counselor locally for suicidal ideation, and was assessed to be a 'transgender male' after a single visit of less than an hour. It is inappropriate to start children on powerful medications with life-altering effects on the basis of their own feelings alone."

We should not be that kind of city.