

Renaissance

Greater Philadelphia Chapter

Sept 2011

About Us:



Renaissance is a non-profit organization devoted to support, education, and social integration for transgendered individuals, their friends, families, allies and supporters

Greetings from Chapter Leader Rebecca

Welcome to the September 2011 Renaissance Greater Philadelphia Chapter meeting.

Can you believe that it is September already? Well, since it is fall now, we can all start to wear our autumn colors. This is a wonderful season, it's not too hot and it's not too cold.

Please be careful in your endeavors and drive very carefully.

Please save these dates for future Renaissance Meetings

October 15th, November 19th and December 17th

Other Chapters



Delaware Renaissance, PO Box 5656, Wilmington, DE 19808; 302-376-1990; email: del@ren.org. Meets the second Saturday of each month at 8:00 pm.

Lehigh Valley Renaissance, PO Box 157, Trexlertown, PA 18087-0157. Meets the second Saturday of each month at 8:00 pm.

Renaissance National is in the process of reorganizing, and may be contacted at 987 Old Eagle School Road, Suite 719, Wayne, PA 19087

Upcoming Events!

- **Southern Comfort Atlanta, Georgia** September 20-25 www.sccatl.org
- **World Professional Association for Transgender Health (WPATH)** September 24-28, 2011 at the Emory Conference Center Hotel Atlanta, GA www.wpath.org/events_symposium.cfm
- **Fantasia Fair Provincetown, MA** Oct 16-23, 2010 <http://www.fantasiafair.org/>
- **Eureka Enfemme Getaway (in conjunction with Dignity Cruise)** Eureka, AR Oct 29-Nov 3, 2011 <http://www.femmegetaway.com/>
- **Beauty at the Beach Rehoboth Beach, DE** November 2-6, 2011 <http://www.cdspub.com/batb.html>
- **Transcending Boundaries Springfield, Massachusetts** November 11-13 www.transcendingboundaries.org
- **First Event 2012 Transgender Conference**, January 18-22, 2012 http://tcne.org/?page_id=20

Recurring Events!

- **EVERY MONDAY Night T-Girls at Tavern on Camac** www.transvamp.com/events
- **THE FIRST AND THIRD SATURDAY NIGHT OF EACH MONTH** Angela's Laptop Lounge www.tgat2.tv

Harvard Hires for New Gay Student Life Post

By Trudy Ring



Harvard College — the undergraduate wing of Harvard University — has hired its first director of bisexual, gay, lesbian, transgender, and queer student life.

Lisa “Lee” Forest (pictured) will assume the position in November, *The Harvard Crimson* reports. Her appointment was announced Thursday. She currently heads the Gay, Lesbian, Bisexual, Transgender, and Allies Pride Center at Bridgewater State University in Massachusetts.

Dean Evelyn Hammonds created the position last spring, after students criticized the college’s Queer Resource Center for its lack of paid staff and drab basement location. Harvard convened a BGLTQ Working Group of students and staff, which recommended a paid director and a new space, both of which the college approved.

The new space will include a student lounge, a work area for undergraduate interns, and offices for Forest and Emily J. Miller, a student at Harvard Divinity School who was named Thursday to the post of graduate assistant for BGLTQ student life.

Miguel Garcia, a student member of the working group, told the *Crimson* he is “very pleased with how the report of the working group is being treated,” but he added that Forest has “a huge job” because Harvard is “very far behind our peer institutions.”

Forest, for her part, issued a statement saying, “This new program will be a valuable resource for the campus community, and it represents an exciting new chapter in Harvard’s history. I am eager to collaborate with Harvard’s outstanding students, faculty, and administrators who have paved the way with an impressive array of BGLTQ-related initiatives, and I look forward to working together toward a shared vision of social justice.”

Harvard is located in Cambridge, Mass.

Chaz Bono on naysayers: 'These people have an agenda. I have one as well' by Lynette_Rice



Chaz Bono is feeling pretty sore these days, but it's the grueling rehearsals on *Dancing with the Stars* — not the internet backlash to his being the show's first transgender — that is keeping him on ice.

Bono spoke of the grueling choreography while walking the red carpet of the Creative Arts Emmys on Saturday. "It's tough ... everything is hard, the position that everything is supposed to be in," he told EW. "I'm icing a lot, trying to sleep and eat well."

Still, the only child of Cher and the late Sonny Bono admitted that the response by naysayers took him by surprise. Some of the pushback was so ugly that his famous mother took to Twitter to defend her son. "I didn't completely expect it," he said of the negative reaction, before adding, "It's really pretty much rolled off my back and I'm just trying to concentrate on dancing because it's hard."

Surprisingly, Bono doesn't think *DWTS* needs to focus on his personal journey once it returns for its 13th season on Sept. 19. Bono was the subject of the recent documentary *Becoming Chaz*, which aired on OVN and chronicled his emotional and physical transformation from a woman to a man. "You treat it as I'm not going to be doing anything on the show other than dancing."

Still, it's de rigueur for the competition show to feature back stories on its celebrities, so its likely scenes from the documentary will be included before one or two of Bono's performances. Fortunately, Bono is used to heavy scrutiny. "I've been into activism since '95. I'm really used to this. I debated Jerry Falwell and I've had people picket events I've been at, so it's not that big of a deal. I have a very thick skin ... otherwise you'd be upset all the time.

"I look at it as a chess game," he continued. "These people have an agenda. And I have one as well." - *With reporting from Carrie Borzillo*

Gays, Lesbians Lose Out in Med School Curricula

By Michael Smith, North American Correspondent, MedPage Today

Medical schools devoted a median of five hours of classroom time to teaching about the healthcare needs of lesbian, gay, bisexual, and transgender patients, a survey revealed.

A third of 132 schools in the U.S. and Canada that responded to the survey spent no time on the issues during the clinical part of medical training, according to Mitchell Lunn, MD, of Brigham and Women's Hospital in Boston, and colleagues.

Nine schools (6.8%) reported they had no time devoted to such issues during preclinical years and five (3.8%)

said such issues played no part of their curriculum, Lunn and colleagues reported in the Sept. 7 issue of the *Journal of The American Medical Association*.

Lesbian, gay, bisexual, and transgender people have a range of specific healthcare needs, including the risk of HIV and adolescent mental health, and are "more likely [than heterosexual patients] to face barriers accessing appropriate medical care," Lunn and colleagues argued.

The Association of American Medical Colleges has urged schools to educate medical students on those needs, but it's not clear how well they are doing. To find out, Lunn and colleagues asked deans of medicine at all 141 allopathic medical schools in Canada and the U.S. and all 28 osteopathic schools in the U.S. to complete a 13-question Web-based questionnaire.

The questionnaire asked the deans to say how many hours were devoted to the issues; to state which of 16 topics specific to lesbian, gay, bisexual, and transgender patients were addressed; and to rate how well they thought their schools were doing.

All told, 150 schools responded, and 132 (or 75%) completed the questionnaire fully, Lunn and colleagues reported.

Analysis showed:

- The median number of curriculum hours devoted to the issues was five, with a range from 0 to 32, with a corresponding average value of seven.
- Most of those hours took place in the preclinical years, with a median of four hours versus two in the clinical years, a difference that was significant at $P < 0.001$.
- Six of the 11 Canadian allopathic schools (54.5%) reported no clinical hours as did 12 of the 19 responding U.S. osteopathic schools (or 63.2%). In contrast, only 26 of the 102 U.S. allopathic schools (25.5%) said they had no clinical hours. The differences were significant at $P = 0.001$.
- Most of the schools (128 or 97%) reported that they teach students to ask patients if they have sex with men, women, or both when obtaining a sexual history. And 95 (72%) reported teaching students the difference between sexual behavior and identity, while 28 schools (21.2%) did not know whether the difference was taught.
- 83 of the 132 schools (62.9%) reported teaching at least half of the 16 topics as part of the required curriculum and 11 (8.3%) said they taught all of them.

Deans' evaluation of their schools' effort was most commonly "fair" -- 58 deans (43.9%) gave that response; 32 deans (24.2%) thought their curriculum was either "very good" or "good" and 34 (25.8%) thought it was either "very poor" or "poor," Lunn and colleagues reported.

The researchers cautioned that, despite a high response rate, the study might still not apply to all schools. As well, they noted, using reported classroom hours as a metric might underestimate the amount of time spent on issues relating to lesbian, gay, bisexual, and transgender patients. Some topics pertinent to this community might be covered in case studies, for instance.

The report is a "valuable snapshot" even if it likely misses some of the instructional time spent on those issues, according to Raymond Curry, MD, of the Northwestern University Feinberg School of Medicine in Chicago.

"That which is of most enduring importance is ... the assurance of ongoing attention to human sexuality, sexual behavior, and the accompanying medical implications as integral to the curriculum," he argued in an accompanying editorial.

Even if there were no healthcare disparities, Curry noted, "it would still be important for physicians to understand the full range of human sexual behavior and to address the related psychosocial as well as overtly medical needs of the patients in their care."

Tell Dr. Keith Ablow: You're Spreading Dangerous Lies about Transgender Americans

By Dan Rafter



Recently, Dr. Keith Ablow – a member of the FOX News “Medical A-Team” and a psychiatrist – published an opinion piece urging parents not to allow their children to watch episodes of ABC’s “Dancing with the Stars” that feature transgender man Chaz Bono. This is the same medical professional who, earlier this year, warned that a J. Crew ad featuring a mother painting her son’s toenails would “throw our species into real psychological turmoil.”

In his [article](#), Dr. Ablow claims Bono’s presence on the show will influence “tomboyish girls” or “less stereotypically ‘masculine’ boys” to believe they are transgender. He goes on to say the message Bono sends is “very nearly insane. It’s a psychologically destructive myth and can erode our children’s

evolving senses of self.”

Despite the fact that the American Medical Association – a leading nationwide medical organization – has deemed the transition process to be medically necessary and effective, Dr. Ablow compares it to ‘a woman who believes she will be happier without arms [who] has them removed.’

Dr. Ablow goes on to claim that, had Bono come to him for help, he would have “been relentless” in his attempts to compel Chaz to accept his assigned gender and would have “pried loose every family secret hidden by the Bonos.”

This type of rhetoric is dangerous and trivializes the struggles millions of Americans face as they come to terms with their gender identity. Dr. Ablow’s suggested “treatment” options are akin to scientifically rejected “reparative” or “conversion” therapy treatments. Take action now and tell Dr. Ablow he’s using his medical platform irresponsibly. And check out resources, toolkits and FAQ for those struggling with issues of gender identity or going through transition, as well as additional information for family members and loved ones.

Dispatches: Transgender Woman Makes Difference in Region

By Anna M. Schier



Caroline Temmermand of Laurel worked hard to realize her true identity. Now she's working hard to help others stamp out discrimination against transgender individuals.

Sitting on a picnic table, amidst the fresh, bright greenery of one of Arlington, Va.'s public parks, Caroline Temmermand, division chief of Arlington County Parks and Natural Resources, shared her life story.

Perpetually smiling, she spoke with the kind warmth and confidence that comes from complete certainty. She was stylishly dressed and rarely broke eye contact or seemed to question herself in any way. She seemed a woman prepared to take on the world.

Forty-three years ago, Temmermand was a long way from the senior executive and community leader she is today. Her name was Stephen Temmermand. She was a scared 13-year-old boy sent to see a psychologist because of faltering grades.

The psychologist asked Stephen to draw a self-portrait. Stephen drew a girl.

Temmermand was diagnosed with what's known today as gender identity disorder, a somewhat controversial term. Those who work in the field see it as a medical condition in which an individual's gender identity and physical sex do not correlate with one another – a birth defect in which a woman is born in a man's body, or vice versa.

At the time, Temmermand's psychologist told her if she ever spoke about her desire to dress and behave like a woman, she would be taken away from her parents and treated with electroshock therapy – a then-common practice.

After decades of silence, Temmermand has come to accept herself, undergone treatment and begun to teach the world to accept her as well. "I feel like every day I'm living the miracle," said Temmermand, now 56 and living in Laurel.

'Exposing Who You Really Are'

For most of her adult life, Temmermand lived as a man – as the person she appeared to be on the outside. She married, had three children and then got divorced. She worked hard to build a successful career and enjoyed working on cars with her son, David.

But Temmermand's true identity was always present, a seemingly unsolvable and unavoidable question in her life. "You think you're insane," Temmermand said. "You're a woman, you look in the mirror, and you see a guy. They don't match up, what you see in the mirror and what you know is fact."

So two years ago, in the wake of a failed relationship, Temmermand scheduled her first appointment with Martha Harris, an Alexandria-based therapist specializing in gender issues. Not long after, she had a breakthrough about her identity and made the decision to transition from male to female.

Her treatments included hormone therapy, speech therapy at the George Washington University Speech and Hearing Center's voice training program, and facial feminization surgery performed by Dr. Sherman Leis, a Philadelphia-based plastic surgeon specializing in procedures for transgender clients.

Stephen Temmermand legally became Caroline Temmermand in August 2010.

"You can't fix the mind. You can only fix the body to match the mind," Temmermand said. "I don't want everybody to think that this is only about surgery. It's medical in nature, but the medical part is that the body and mind don't align."

Temmermand had to put in extra effort to maintain the professional relationships she'd built. She remembers talking with human resources staff near the beginning of the transition to help them with co-workers who may have difficulty with her status as transgender. Voice therapy was important to eliminate any inconsistency between the way she appeared and the way she sounded.

Through the many physical and emotional hurdles, Temmermand was fortunate to have the support of an understanding group of friends.

"I just tried to understand what it would be like," said Charlene Gardner, Temmermand's co-worker of almost eight years. "For somebody to be harboring something that deep, you just can't even imagine it."

Like anyone undergoing serious medical treatment, Temmermand and those close to her faced many challenges.

"You have to learn to love yourself to be able to embrace the treatments that you need to do if you have this condition," Temmermand said. "There's a huge grieving process that everybody in your life has to go through when you transition. Transition is not about putting on clothes; it's about exposing who you really are."

For her son, David, grief permeated his father's gender transition.

"The hard part isn't accepting somebody new," David Temmermand said. "The hard part is really accepting the loss of the other person."

David and his father were able to weather the difficult transition period from Stephen to Caroline and still maintain a relationship.

In fact, since transitioning Caroline Temmermand has successfully maintained strong relationships with everyone in her extended family, including a brother who works in the military and a sister who teaches Bible school at a Southern Baptist church – proving family ties can prevail over political ones.

"There's so many people who have reached out to me and it's incredible," Temmermand said. "I underestimated a lot of people."

Being Transgender Today

It's easy to understand why Temmermand feared rejection from her family and friends. The current statistics on transgender acceptance nationwide reflect a community denied.

According to the 2009 National Transgender Discrimination Survey, 57 percent of transgender people surveyed experienced significant family rejection.

The numbers are equally illuminating in other arenas of social acceptance. Transgender individuals have double the rate of unemployment of non-transgender people, and 90 percent of those surveyed reported mistreatment or discrimination in the workplace. Nearly 20 percent experienced homelessness.

Transgender people also experience noticeably high rates of abuse by police, abuse in prison and health care discrimination.

Of those surveyed, 41 percent do not have government-issued identification that correlates with their gender identity.

The same percentage has attempted suicide.

Reason for Optimism

Temmermand is working hard to correct the injustices so many transgender individuals experience.

Since embracing her identity, she has become deeply involved in gender-based political activism in Maryland.

In April, Temmermand saw a video circulating online in which a young transgender woman, Chrissy Polis, was brutally beaten at a McDonald's near Baltimore. Two days later she helped organize a transgender rights rally as a response. It drew hundreds.

"It's really ingrained in my personality and who I am that we treat everybody equally," Temmermand said. "I find it kind of amazing that the laws don't always do that."

The beating was pursued by the Baltimore County state's attorney as a hate crime, and has resulted in at least one guilty plea. Pressure is on the Maryland Legislature to expand anti-discrimination laws to include transgender people.

Temmermand is helping apply that pressure. She works with the LGBT organization Equality Maryland to support a bill that would protect lesbian, gay, bisexual, transgender and queer individuals from employment, housing and credit discrimination in Maryland. Temmermand also is a founding member of Gender Rights Maryland, an organization devoted to creating legislation to prevent gender-identity discrimination.

"She gives so much of herself to everybody," said Justine Lehner, a close friend. "She goes out and helps other people."

Despite the bleak statistics and seemingly insurmountable political obstacles, Temmermand remains undaunted. She noted that younger generations are more accepting of transgender individuals and that President Barack Obama has appointed at least one transgender person to his administration. More and more, transgender citizens are becoming just another demographic.

"There is no trans-America," Temmermand said. "There's America. We're as normal and as abnormal as any slice of society." Soon, Temmermand feels, this will be a sentiment universally recognized.

"Transpeople won't have to hide that they're trans in the years to come," she said.

For Caroline Temmermand, the future is as bright as the summer day for transgender Americans.