

January 21, 2007

Boston, MA

Daily Circulation: 386,415

The Search for Beautiful

Cosmetic surgery is no longer just for white women. Now record numbers of African-Americans, Asian-Americans, and Hispanics are lining up for a nip here, a tuck there. Are they chasing a Caucasian ideal of beauty? Or are they aiming for racial and ethnic ambiguity?

By Anupreeta Das

For almost a century, the women who have turned to cosmetic surgery to achieve beauty or some Hollywood-meets-Madison Avenue version of it were of all ages, shapes, and sizes but almost always of one hue: white. But now, when there seems to be nothing that a few thousand dollars can't fix, women of color are clamoring in skyrocketing numbers to have their faces and bodies nipped, snipped, lifted, pulled and tucked. This is a step forward, right? In the land of opportunity, we applaud when barriers break down and more people get to partake in the good life, as it were.

There are many explanations for the new willingness of minorities to go under the knife: their swelling numbers and disposable income, the popularization of cosmetic surgery and its growing acceptance as a normal beauty routine, and its relative affordability. What's significant are the procedures minorities are choosing. More often than not, they're electing to surgically narrow the span of their nostrils and perk up their noses or suture their eyelids to create an extra fold. Or they're sucking out the fat from buttocks and hips that, for their race or ethnicity, are typically plump. It all could lead to one presumption: these women are making themselves look more white or at least less ethnic.

But perhaps not to the extent some suppose. "People want to keep their ethnic identity," says Dr. Arthur Shektman, a Wellesley-based plastic surgeon. "They want some change, but they don't really want a white nose on a black face." Shektman says not one of his minority patients -- they make up about 30 percent of his practice, up from about 5 percent 10 years ago -- has said, "I want to look white." He believes this is evidence that the dominant Caucasian-centered idea of blond, blue-eyed beauty is giving way to multiple ethnic standards of beauty, with the likes of Halle Berry, Jennifer Lopez and Lucy Liu as poster girls.

"No way," is the answer Tamar Williams of Dorchester gives when asked if her desire to surgically reduce the width of her nose and get a perkier tip was influenced by a Caucasian standard. "Why would I want to look white?" Growing up, the 24-year-old African-American bank teller says, she longed for a nose that wasn't quite so wide or flat or big for her face. "It wasn't that I didn't like it," Williams says. "I just wanted to change it." Hoping to become a model, she thinks the nose job she got in November will bring her a lifetime of happiness and opportunity. "I was always confident. But now I can show off my nose."

Yet others are less convinced that the centuries-old fixation on Caucasian beauty from the Mona Lisa to Pamela Anderson has slackened. "I'm not ready to put to rest the idea that the white ideal has not permeated our psyches," says Janie Ward, a professor of Africana Studies at Simmons College. "It is still shaping our expectations of what is beautiful."

Whether or not the surging number of minority patients is influenced by a white standard, one point comes with little doubt: The \$12.4 billion-a-year plastic surgery industry is adapting its techniques to meet this demand. **The American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS)**, for example, has in recent months held meetings on subjects ranging from Asian upper-eyelid surgery to so-called ethnic rhinoplasty. The discussion will come to Boston this summer when the academy will host a five-day event that will include sessions on nose reshaping techniques tailored to racial groups. And increasingly, plastic surgeons are wooing minorities who make up one-third of the U.S. population by advertising specializations in race-specific surgeries and using a greater number of nonwhite faces on their websites.

It could be that these new patients are not trying to erase the more obvious markers of their ethnic heritage or race, but simply to reduce them. In the process, they're pursuing ethnic and racial ambiguity. Take Williams. With her new smaller nose and long, straight hair, the African-American woman seems to be toying with the idea of ambiguity. And maybe we shouldn't be surprised. The intermingling of ethnicities and races via marriages, friendships and other interactions has created a peculiar fusion in this country. It's the great mishmash where Christmas and Hanukkah and Kwanzaa are celebrated in one long festive spirit, where weddings mix Hindi vows with a chuppah, where California-Vietnamese is a cuisine, where Eminem can be black and Beyonce can go blond. And the increasing number of nonwhites getting cosmetic surgery is helping society accelerate from a crawl to a full-bore sprint toward one truly melted, fusion community.

There were 11.5 million cosmetic procedures done in 2005, including surgical ones such as face lifts and rhinoplasties and nonsurgical ones such as Botox shots and collagen injections. One out of every five patients was of African, Asian, or Hispanic descent (separate statistics aren't available for white versus nonwhite Hispanics). According to the American Society for Aesthetic Plastic Surgery, the number of minority patients undergoing cosmetic procedures increased from 300,000 in 1997 to 2 million in 2005. Although the total demand for cosmetic procedures also increased from 2 million in 1997 to 11.5 million in 2005 the rate of increase for minorities is higher than the overall rate. (Women account for more than nine-tenths of all cosmetic procedures.)

Different ethnic and racial groups favor different procedures. **Statistics compiled by the AAFPRS show that in 2005, more than six out of every 10 African-Americans getting cosmetic surgery had nose jobs.** Unlike rhinoplasties performed on Caucasians, which may fix a crooked bridge or shave off a hump, doctors say African-American and Asian-American nose reshaping usually leads to narrower nostrils, a higher bridge, and a pointier tip.

For Asian-Americans, eyelid surgery either the procedure to create an eyelid fold, often giving the eye a more wide-open appearance, or a regular eye lift to reduce signs of aging is popular. **According to the AAFPRS, 50 percent of Asian patients get eyelid surgery. Dr. Min Ahn**, a Westborough-based plastic surgeon who performs Asian eyelid surgery, says only about half of the Asian population is born with some semblance of an eyelid crease. Even if Asians have a preexisting eyelid crease, it is lower and the eyelid is fuller. "For those born without the crease," he says, "creating the double eyelid is so much a part of the Asian culture right now. It's probable that this procedure is driving the Asian demand for eyelid surgeries." Breast augmentation and rhinoplasty top the list of preferred procedures for patients of Hispanic origin, followed by liposuction. Asian-Americans also choose breast implants, while breast reduction -- the one procedure eligible for insurance coverage -- is the third most preferred choice for African-American women after nose reshaping and liposuction. Doctors say African-American women typically use liposuction to remove excess fat from their buttocks and hips, two areas in which a disproportionate number of women of this race store fat.

Of course, the assimilative nature of society in general has always demanded a certain degree of conformity and adaptation of every group that landed on American shores. People have adjusted in ways small and large such as by changing their names and learning new social mores. Elizabeth Haiken, a San Francisco Bay area historian and the author of the 1997 book *Venus Envy: A History of Cosmetic Surgery*, says ethnic minorities may use plastic surgery as a way to fit in to the mainstream, just as another group used it in the early 20th century. “The first group to really embrace cosmetic surgery was the Jews,” says Haiken. Her research indicates that during the 1920s, when cosmetic surgery first became popular in the United States, being Jewish was equated with being ugly and un-American, and the Jewish nose was the first line of attack. Most rhinoplasties therefore sought to reduce its distinct characteristics and bring it more in line with the preferred straighter shape of the Anglo-Saxon nose.

“That people would go to such extremes to change their appearance should come as no surprise. Going back to early 20th-century culture, there is a deep-seated conviction that you are what you look like,” Haiken says. “It’s not your family, your birth, or your heritage, it’s all about you. And your looks and appearance and the way you present yourself will determine who you are. In the initial sizing-up, the face is the fortune. Physical beauty becomes enmeshed with success and happiness.”

Plastic surgeons commonly say that minorities today choose surgery for the same reasons as whites to empower, better and preserve themselves. “It’s the universal desire to maintain youthfulness, and it doesn’t change from group to group,” says Dr. Frank Fechner, a Worcester-based plastic surgeon.

The culture of self-improvement that surrounds Americans has also made plastic surgery more permissible in recent years. “Making oneself over one’s home, one’s car, one’s breasts is now a part of the American life cycle,” writes *New York Times* columnist Alex Kuczynski in her 2006 book, *Beauty Junkies: Inside Our \$15 Billion Obsession With Cosmetic Surgery*. “Doctors have sold us on the notion that surgery...is merely part of the journey toward enhancement, the beauty outside ultimately reflecting the beauty within.”

Nothing captures this journey better than the swarm of plastic surgery TV shows such as ABC’s *Extreme Makeover*, Fox’s *The Swan*, and FX’s *Nip/Tuck*. These prime-time televised narratives of desperation and triumph, with the scalpel in the starring role of savior, have also helped make plastic surgery more widely accepted. Through sanitized, pain-free, 60-minute capsules showcasing the transformation of ordinary folks, reality TV has sold people on the notion that the Cinderella story is a purchasable, everyday experience that everyone deserves.

Mei-Ling Hester, a 43-year-old Taiwanese-American hairdresser on Newbury Street, believes in plastic surgery as a routine part of personal upkeep. So when her eyelids started to droop and lose their crease, she rushed to Ahn, the plastic surgeon. He sucked the excess fat out while maintaining, he says, the Asian characteristic of her eyelids. Hester also regularly gets Botox injected into her forehead and is considering liposuction. “I feel great inside,” she says. With hair tinted a rich brown and eyes without lines or puffiness, her beauty is groomed and serene. “I work out, I eat right, I use good products on my face. It was worth it,” she says of her surgery. Although Hester says she pursues plastic surgery for betterment and self-fulfillment, she recognizes her privileged status as someone born with the double eyelids and sharper nose so prized in much of the Asian community. “I just got lucky, because if you look at my sister, she’s got a flat nose. Another sister was born without the eyelid crease and had it surgically created,” says Hester.

The concept of the double eyelid as beautiful comes from the West. “For many, many years, the standards for beauty have been Western standards that say you have to have a certain shape to the eye, and the eyelid has to have a fold,” says **Dr. Ioannis Glavas**, a facial plastic surgeon specializing in eyelid surgery, with practices in Cambridge, New York City, and Athens. Sometimes, the demand for bigger eyes can be extreme. Glavas recalls one young Asian-American woman he saw who, in addition to wanting a double eyelid procedure, asked him to snip off some of the bottom lid to expose more of the white. “I had to say no to her,” he says.

Glavas says both Asian women and men demand the double eyelid surgery because it is a way of looking less different by reducing an obvious ethnic feature. Presumably, Asian patients aren't aiming to look white by getting double eyelids (after all, African-Americans and other minorities have double eyelids), but the goal is social and cultural assimilation, or identification with some dominant aesthetic standard.

In recent years, the dominant aesthetic standard in American society has moved away from the blond, blue-eyed Caucasian woman to a more ethnically ambiguous type. Glossy magazines are devoting more pages to this melting-pot aesthetic, designed (like the new Barbies) for across-the-board appeal. Today's beautiful woman comes in many colors, from ivory to cappuccino to ebony. Her hair can be dark and kinky, and she might even show off a decidedly curvy derriere a feature that has actually started to prompt some white women to get gluteal augmentation, or butt implants.

However, critics say these are superficial changes to what is essentially a Caucasian-inspired ideal -- the big-eyed, narrow-nosed, pillow-lipped, large-breasted, boyishly thin apparition. "There has been a subtle change in the kind of models you see in Victoria's Secret catalogs or *Vogue*," says **Dr. Fred Stucker**, the head of facial plastic surgery at Louisiana State University, Shreveport. But "they take the black girl who has the high cheekbones, narrow nose and pouty lips." It's not uncommon, he says, to find "a white face with dark skin."

Going by the recent surge of minorities demanding plastic surgery, it is plausible that this attempt by canny marketers and media types to promote a darker-skinned but still relatively uniform ideal is working. After all, they are simply following the money. According to the University of Georgia's Selig Center for Economic Growth, which compiles an annual report on the "multicultural economy" in the United States, minorities had a combined buying power of several trillion dollars in 2006. In 2007, the disposable income of Hispanics is expected to rise to \$863 billion, while African-Americans will collectively have \$847 billion to spend. By 2010, Asians are expected to have buying power totaling \$579 billion. And all of these groups are showing a greater willingness to spend it on themselves and the things they covet, including cosmetic surgery.

Katie Marcial represents exactly this kind of person. The 50-year-old African-American is newly single, holds a well-paying job in Boston, and has no qualms about spending between \$10,000 and \$20,000 on a tummy tuck and breast surgery. "I'm doing this mainly because I'm economically able to do so," says Marcial, a Dorchester resident whose clear skin and youthful attire belie her age. With her three children all grown, her money is hers to spend. "I can indulge in a little vanity," she says. Marcial says she chose a young, Asian-American doctor to perform her surgery because "I thought she would know the latest techniques and be sensitive to ethnic skin."

Historically, plastic surgery has been tailored to Caucasian women. Glavas says that in medical texts, the measurements of symmetry and balance two widely recognized preconditions of beauty were made with Caucasian faces in mind. Such practices led to a general sense among minorities that plastic surgery was for whites and kept them away from tinkering with their faces and bodies. But even as the industry now adapts to its new customers, plastic surgeons are divided over whether surgical specialization in various ethnicities and races necessarily caters better to the needs of minority patients. Dr. Julius Few, a plastic surgeon at Northwestern University's Feinberg School of Medicine, hails the fact that plastic surgeons are customizing their procedures to focus on minorities, "so it's not just the one-size-fits-all mentality of saying, well, if somebody's coming in, regardless, they're going to look Northern European coming out." He even sees a sort of subspecialty emerging in various ethnic procedures. Meanwhile, **Dr. Jeffrey Spiegel**, who is chief of facial plastic and reconstructive surgery at Boston University Medical Center and has a large number of nonwhite patients, is skeptical of the notion of specialization in ethnic and racial cosmetic surgery. "It strikes me more as a marketing tool than a real specialization," he says.

In 1991, Michael Jackson crooned, “It don’t matter if you’re black or white.” Jackson’s message about transcending race may have won singalong supporters, but his plastic surgeries did not. His repeated nose jobs and lightened skin color (he has maintained he is not bleaching but is using makeup to cover up the signs of vitiligo, a skin condition) were perceived by minorities especially African-Americans as an attempt to look white. Doctors say that “Don’t make me look like Michael Jackson” is a popular refrain among patients. “People were put off by dramatic surgeries and preferred subtle changes,” says Shekman, the Wellesley-based plastic surgeon.

Choices have expanded since then. Minorities can now hold themselves up against more ethnically and racially ambiguous role models that may still trace their roots to the once-dominant Caucasian standard but are becoming more composite and blended. “The concept of ideal beauty is moving toward a mix of ethnic features,” says plastic surgeon Ahn, a Korean-American who is married to a Caucasian. “And I think its better.”

The push toward ethnic and racial ambiguity should perhaps be expected, because the cultural churn in American society is producing it anyway. Sure, promoting ambiguous beauty is a strategic move on the part of marketing gurus to cover their bases and appeal to all groups. But it’s also a reflection of reality. Not only are minorities expected to make up about half the American population by 2050, but the number of racially mixed people is increasing tremendously. The number of mixed-race children has been growing enough since the 1970s that in 2000 the Census Bureau created a new section in which respondents could self-identify their race; nearly 7 million people (2.4 percent of the population) identified themselves as belonging to more than one race.

For minorities, this new melting-pot beauty aesthetic perhaps the only kind of aesthetic standard that befits a multiethnic and multicultural society is an achievable and justifiable goal. Increasingly, advertisements use models whose blue eyes and dreadlocked hair or almond-shaped eyes and strong cheekbones leave you wondering about their ethnic origins. The ambiguous model might have been dreamed up on a computer or picked from the street. But advertisers value her because she is a blended product someone everyone can identify with because she cannot be immediately defined by race or ethnicity. By surgically blending or erasing the most telling ethnic or racial characteristics, cosmetic surgery makes ambiguity possible and allows people of various ethnicities and races to fit in. For the Jewish community in the 1920s, fitting in may have had to do with imitating a Caucasian beauty ideal. For minorities today, it’s a melting-pot beauty ideal that is uniquely American. How appropriate this ambiguity is, in a culture that expects conformity even as it celebrates diversity.

National
RNR Total Broadcasts: 822
RNR Total Stations Represented: 769
Total Audience Impressions: 4,891,000

01/17/07

AAFPRS

PROJECT - DRAFT 3 (FINAL)

ANNOUNCER:

A RECENT SURVEY BY THE AMERICAN ACADEMY OF FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY REPORTS SIXTY-TWO PERCENT OF PATIENTS UNDERGO COSMETIC SURGERY TO “LOOK YOUNGER.” WHETHER DRIVEN TO ENHANCE SELF-ESTEEM, THEIR CAREER PATHS OR BOTH, THE NUMBER OF MEN WHO HAVE CHOSEN COSMETIC SURGERY HAS INCREASED MORE THAN SIXTY PERCENT SINCE 2000. HOWEVER, THE INCREASING AVAILABILITY OF SERVICES TO MEET THIS DEMAND IS NOT ALL GOOD NEWS. HERE’S DR. PETER HILGER, PRESIDENT OF THE AMERICAN ACADEMY OF FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY:

SOUNDBITE:

A youthful appearance has become even easier to achieve with the development of new injectable treatments and fillers. While these treatments are increasingly affordable and allow patients to recover quickly, consumers need to remember that any invasive procedure is surgery. Patients should educate themselves about the procedures they seek and ensure they are selecting a qualified specialist, like an AAFPRS surgeon who is uniquely trained to perform facial plastic surgery.

ANNOUNCER:

FREE INFORMATION ON QUALIFIED DOCTORS IS AVAILABLE AT FACE MD [DOT] ORG. I’M LEE SHEPARD.

Jan. 24, 2007
Washington, DC
Circulation:

Look Good, Feel Good: What's a Medspa?

By [Drew Bratcher](#)

Many day spas now offer medical treatments like Botox. Want to try it but nervous about who's doing the procedure? That's what some doctors are banking on.



Photograph courtesy of Nova

The number of “medspas” in the United States has nearly tripled in the past two years, according to the International Spa Association.

A medspa is a hybrid between a doctor's office and a day spa. Imagine a physician's office with soothing wall colors, art prints instead of body charts, and herbal tea.

While regular day spas now offer treatments like Botox and microdermabrasion, clients at medspas can get these procedures, along with chemical peels, laser hair removal, and Restylane injections by or under the supervision of a physician.

The boom of medspas is due in part to the willingness of people to spend money on their looks. It also can be traced to savvy plastic surgeons and dermatologists who see medspas as not only a way to provide more care for patients but to provide services that don't involve insurance and that may lure new patients.

“For every one person who has a facelift, ten people get Botox, and a hundred people get skincare,” says George Bitar, whose Bitar Cosmetic Surgery Institute partnered with Lofty Salon & Wellness Center in 2005.

The settings can be more clinical than spalike. That's comforting if you're getting laser resurfacing. But having a facial at a medspa isn't always as soothing as at a day spa. You usually won't find robes or a relaxation lounge. And a medspa facial can be twice the price, even though, like a spa facial, it is done by an esthetician.

Not all medspas are created equal. “There are those that exist in a shopping mall that have off-site medical directors where you have technicians providing service,” says Julius Few, a plastic surgeon and spokesperson for the American Society for Aesthetic Plastic Surgery. “Then, you have medspas that are on the premises of a plastic surgeon's practice. They're on-site, and the staff is supervised by a medical doctor directly.”

Eager to tap into the market, some physicians who hadn't done cosmetic work before—for example, gynecologists—have opened up shops.

“Whoever’s running your medspa needs to be involved in aesthetic medicine, and not just as an afterthought,” says **Philip Schoenfeld**, an ear, nose, and throat doctor board certified by the American Board of Facial Plastic and Reconstructive Surgery.

Hannelore Leavy of the International Medical Spa Association stresses the importance of selecting a medspa based on the expertise of the medical supervisors and therapists. Here are a few medspas affiliated with physicians in our [Top Doctors list](#):

Bella Cosmetic Surgery, Clinton; 301-877-7737; bellaplasticsurgery.com. Medical director: Dr. Michael Chiamonte, plastic surgeon.

Botticelli Med Spa, McLean; 703-790-5454; magassy.com. Medical director: Dr. Csaba Magassy, plastic surgeon.

Dermatology & Clinical Skin Care Center, Bethesda, 301-530-8300; Germantown, 301-444-0153; dermskin.com. Medical director: Dr. Roberta Palestine, dermatologist.

Lofty Salon & Wellness Center, Vienna; 703-242-0609; loftysalon.com. Medical director: Dr. George Bitar, plastic surgeon.

Papillon Medi Spa, Rockville, 240-747-5660; papillonmedispa.com. Medical directors: Drs. Adam Tattelbaum, Bennett Yang, Barry Cohen, Frederick Watkins, plastic surgeons.

Renu Med Spa, Chevy Chase; 301-652-7368; renudc.com. Medical director: Dr. Philip Schoenfeld, otolaryngologist.

Washington Institute of Dermatologic Laser Surgery, downtown DC; 202-628-8855; skinlaser.com. Medical director: Dr. Tina Alster, dermatologist.

PR.COM
National
January 25, 2007

Beverly Hills Plastic Surgeon Pioneers New High Tech Face Lift Done Under Local Anesthesia Promises Quicker Recovery

Beverly Hills Plastic Surgeon Dr. Francis Palmer has pioneered a new high tech face lift procedure that is done under local anesthesia and requires only 3 days recovery time of a traditional face lift. Because the surgery is designed with minimal tissue dissection, it takes 1/5 of the operating time (90 minutes) and has 1/10th of the recovery time (3 days) of a traditional face lift.

Beverly Hills, CA, January 25, 2007 --(PR.COM)-- Dr. Francis Palmer, M.D., F.A.C.S., a leading Beverly Hills plastic surgeon, Head of Facial Plastics for USC, and founder of his own Beverly Hills plastic, cosmetic and facial surgery center, has developed the newest and most advanced cosmetic treatments in Hollywood.

Dr. Palmer's CELEBRITY LIFT is the latest in cosmetic surgery for men and women. Developed for a celebrity who didn't have a lot of time for a long recovery, the CELEBRITY LIFT can make you look 10 years younger in 90 minutes without undergoing general anesthesia. The revolutionary approach combines three procedures: a mini face lift, geometric-design neck lift, and Radiesse injections to sculpt the cheeks and jaw line.

According to Dr. Palmer, instead of 8-inch incisions on each side of the face, he is able to make small 2 – 3 inch incisions which helps eliminate bruising and swelling. Dr. Palmer uses either dissolvable sutures or facial glue, so there are no visible scars. Because the surgery is designed with minimal tissue dissection, it takes 1/5 of the operating time (90 minutes) and has 1/10th of the recovery time (3 days) of a traditional facelift.

Utilizing the "Palmer Beauty Principles" as a guideline, Dr. Palmer uses Radiesse injections to create more masculine or feminine cheeks. "Beauty isn't esoteric. It can be defined and recreated," said Dr. Palmer. "Our cheeks are where our true beauty rests and holds a whopping 75% of a person's overall attractiveness. The eyes are the second most prominent feature determining 7-10% of a person's attractiveness, while the lips come in a close third determining 5-7%," continued Dr. Palmer.

To find out more about Dr. Palmer's Celebrity Lift and Beauty Principles, please visit the Web site: www.drfrancispalmer.com.

ABOUT DR. FRANCIS R. PALMER, M.D., F.A.C.S.

On the cutting edge of technological advancements in plastic surgery, Dr. Palmer has been the Director of Facial and Plastic Surgery for the Head and Neck Surgery Department at University of Southern California School of Medicine since 1991. He also runs a successful private practice in Beverly Hills. Celebrities and world leaders alike trust him to improve and rejuvenate their appearance through his unique knowledge of cutting-edge techniques and state-of-the-art technology.

His work is known both internationally and nation-wide as he teaches and lectures about his techniques frequently, as well as appearing often as an expert on plastic surgery in both scholarly and general media. He has been featured on The View, CNN, ABC, NBC, Fox, KTLA News, Dr. Phil, Montel Williams, ET, Good Day Britain, People Magazine, Us Weekly, Cosmo, Allure, Fit, USA Today and many more.

Dr. Palmer graduated with honors from San Diego State University and received his M.D. From the University of California, Irvine, School of Medicine. He specialized in Facial and Plastic Surgery during his 5-year residency in Head and Neck Surgery at USC-LA County Medical. Following board certification, Dr. Palmer completed a one-year fellowship with **the American Academy of Facial Plastic and Reconstructive Surgery**, and is board certified with the American Board of Facial Plastic and Reconstructive Surgery. Dr. Palmer also completed a one-year fellowship with the American Academy of Cosmetic Surgery and is board eligible with the American Board of Cosmetic Surgery.

Dr. Palmer has created his own line of cosmeceuticals, Francis R. Beverly Hills®, that produces younger looking, healthy skin that radiates well-being.