



Is Race Plastic? My Trip into the ‘Ethnic Plastic Surgery’ Minefield

By [Maureen O'Connor](#)

“You’ve got some nice Caucasian features,” Dr. Edmund Kwan says, inspecting my face at his Upper East Side plastic-surgery practice, where the waiting room includes an ottoman larger than my kitchen table. “You’re half-Asian mixed with what?” Chinese mom and white dad, I reply. “You inherited a Caucasian nose. Your nose is nice. Your eyes have a little bit of Asian mixed in.” He proposes Asian blepharoplasty, a surgical procedure to create or enlarge the palpebral fold, the eyelid crease a few millimeters above the lashline that many Asians lack. “You’ve got nice big eyes,” he admits, but eyelids more like my father’s would make them look bigger.

To some, Kwan’s assessment may seem offensive—an attempt to remove my mother’s race from my face as though it were a pimple. But to others, it will seem as banal as a dietitian advising them to eat more leafy greens—advice having nothing to do with hiding one’s race or mimicking another. Asian blepharoplasty belongs to a range of niche cosmetic procedures known colloquially as ethnic plastic surgery, the popularity of which has spiked in recent years—and is prone to heated arguments, major misunderstandings, alternating whiplashes of sympathy and disgust, and some intensely uncomfortable reckonings. (Including, perhaps, the ones in this article.) The issues at stake are loaded: ethnic identity, standards of beauty, the politics of diversity, what constitutes race, and whether exercises of vanity can reshape it.

From [2005](#) to [2013](#), the American Society of Plastic Surgeons estimates that the number of cosmetic procedures performed on Asian-Americans increased by 125 percent, Hispanics by 85 percent, and African-Americans by 56 percent. (Procedures on Caucasians increased just 35 percent.) This is, in part, simply a mark of rising purchasing power: Plastic surgery is nothing if not a sign that one has money to burn and status anxiety to spare.

And doctors comfortable advertising their expertise in ethnic plastic surgery are growing wealthy creasing Asian eyelids, pushing sloped foreheads forward, and pulling prominent mouths back. These are procedures outsiders generally view as deracinating processes, sharpening the stereotypically flat noses of Asians, blacks, and Latinos while flattening the stereotypically sharp noses of Arabs and Jews. Some are refinements of formerly rare procedures like the ones that deformed a generation of Jackson-family noses, while others arrived Stateside from the bone-breaking, muscle-shrinking, multi-procedure extremes of Korean and Japanese plastic surgery. And, in fact, many procedures under the “ethnic” umbrella have no Caucasian model at all, as the Asian women asking surgeons to reduce their cheekbones can attest.

And yet this new wave of such plastic surgeries has produced something of a principled outcry from people of all races and ethnicities. “Did I give in to the Man?” *The Talk* host and broadcast-news veteran Julie Chen [asked last year](#), displaying photos from before and after the double-eyelid surgery she got after weathering workplace racism in the ’90s. So many people replied “yes” that [Chen took time to defend her choice](#) the following week. Reports about Asians overseas getting surgery to resemble “pretty Western celebrities” have a tendency to go viral in Western outlets ranging from [The Daily Mail](#) to [BuzzFeed](#) to [“This American Life.”](#)

None of this should be too surprising: White standards still anchor our beauty culture, in part because white people still anchor our privileged classes. Procedures to “white-ify” minorities are not altogether new, nor have their politics been resolved: Just this April, the U.S. Army banned many natural African-American hairstyles for women (an [outcry](#) produced only a promise of review). But walk down the street in New York, Miami, Chicago, or L.A.—or Macon, or Clovis, or Dearborn, or Kailua—and you’ll see people exhibiting a vast array of personal and cultural aesthetics, some overlapping, others starkly polarized. A tour of the cosmetic-medicine clinics shaping those bodies and faces paints a more complicated portrait of beauty, too—one that includes “white” ideals like thin noses and arched eyes, yes, but also alternative archetypes like childlike chins and exaggerated butts. The patients display an equally wide array of motivations.

As they traffic in all these modified body parts, even the most esteemed surgeons in the field can come across as almost blasphemously politically incorrect in casual conversation. (I had never thought *Mongoloid* was anything other than an insult until a black surgeon used it to praise a mouth, and even the term “ethnic plastic surgery” confuses most accepted distinctions between ethnicity, which is tied to culture and language, and race, which includes physical appearance.) These exchanges can be jarringly retro but also oddly refreshing—discussions of race with strangely post-racial specialists who choose to see beauty as something that can be built, à la carte, with features harvested from peoples all over the world. It feels like science fiction—but utopian or dystopian, I can’t decide.

Because, as we all know, race is hugely more complicated than a handful of traits on a face. And many of these new procedures come with horror-show backstories, stretching from the ugly days of phrenology and eugenics to contemporary cultural flash points like hair-straightening and skin-lightening. Practitioners have long defended those treatments, too, as personal beauty choices and not deracination. But the stakes for ethnic plastic surgery are higher than those for a hairdo—most are alterations to the identity-giving part of the body, the face, and often permanent. Still, even as phrases like *nice Caucasian features* sneak into their language, the practitioners and recipients insist that ethnic plastic surgery isn’t about looking white. To them, this new expanse of procedures is not a sign of ethnic self-loathing but proof that the loud-and-proud club of American narcissists has admitted a new set of members—and with them new ideas of what qualifies as beautiful. The people I interviewed differed in their aesthetics, politics, and medical preferences. But they passionately agreed on one thing: No matter what white people say, this isn’t about them. Plastic surgery doesn’t have to be a sign of deference to some master race, they told me. In fact, it could be the opposite.

So why won't outsiders take them at their word? The most obvious answer is history. The first known Asian eyelid surgery was performed in 1896 in Japan, to create symmetry in a woman born with one creased eyelid and one monolid. Thirty years later, it had reached the States. “Changes Racial Features: Young Japanese Wins American Bride by Resort to Plastic Surgery,” the *New York Times* announced, in 1926, of a man named Shima Kito who fell in love with a white woman named Mildred. She agreed to marry him only after he “cut the eye corners so that the slant eye so characteristic of the Japanese race was gone. He lowered the skin and flesh of the nose so that the upturned trait disappeared, and he tightened the pendulous lower lip.” Then he changed his name to William White and got engaged to Mildred.

The modern history of double-eyelid surgery is short enough that it can be told through the careers of two linked men—Edmund Kwan, the man who thinks my eyes need work, and his mentor, Dr. Robert Flowers, a white surgeon who began performing the operation in the 1960s.

Growing up in Fairfield County, Dr. Kwan heard about family friends who had their eyelids and noses “done.” In medical school he gravitated first to surgery, then plastic surgery, thinking he’d one day serve Asian clientele. But in 1994, after training at Georgetown, Cornell, and Johns Hopkins’s renowned facial-trauma surgery unit, he still hadn’t performed a single Asian blepharoplasty. (Anti-aging eye lifts are also called blepharoplasties; the scars are similar but the procedures distinct.) Though the operation was known among Asians, and would grow more so in the decades ahead, it was less known in the general population, and thus in the corridors of medical schools and teaching hospitals. So Kwan moved to Hawaii to apprentice under Flowers. Flowers’s technique, which requires sedation and an incision between the lashline and brow, is still predominant.

Flowers, who was raised in Tuscaloosa, Alabama, was a military surgeon when he first arrived in Hawaii in 1960. “I got over there just when we were stirring up a little mischief in Southeast Asia,” he said through a southern drawl in a recent phone interview. An amateur artist, he found himself “fascinated by the Asian face! I think there was only one Asian family in the State of Alabama back then. When I got to Hawaii, it was so interesting and alien. I would draw pictures of what I considered to be lovely Asian faces and eyes, sketching and so forth. Sometimes a boyfriend would come up and I would get into a bit of trouble, just looking at and sketching Asian eyes,” he said with a laugh.

“Everybody was a Flower,” Kwan reminisces of those days. “Bob was truly an innovator. He didn’t go to Hawaii with the intent of operating on Asian patients. He opened his practice and, just by the population out there, a lot of his patients were Asian.”

“The general idea then—and I keep hearing it even today—was that Asians who have facial and eyelid surgery want to ‘Westernize,’ ” says Flowers. “And that’s even what Asian plastic surgeons thought they were doing then as well. But that’s not what Asians want. They want to be beautiful Asians.” Flowers advocated subtler surgeries, pointing out that naturally creased Asian eyelids—which he estimates occur in perhaps half of Asians—are not the same as Caucasian lids. Compared with Asian eyes, the white eye is more deeply set and the crease tends to run more parallel to the lashline. Asian creases may be narrow or nonexistent at the inner eye—the

goopy pink corner may be covered by downward-angled skin called an epicanthic fold—but flared up at the outer edge, creating an overall tilted eye shape.

Not that everyone understood or appreciated the subtlety, particularly at the beginning. “I would say, ‘Wow, those are big eyelid folds,’ ” Kwan says of meeting patients who had undergone earlier, cruder blepharoplasties. He grabs his own eyebrows and yanks them halfway to his hairline so that he resembles a startled cartoon character. “The patients from further back had high eyelid folds, but I noticed the lids were getting smaller and smaller over the years.” Noticing how Asians’ shallower brows and noses deemphasized the “beautiful Asian lid folds,” Flowers began recommending brow-lifts and nose jobs to get the desired effect.

Kwan uses the term “ethnic nose” to describe a category of low-lying noses common to Asians, African-Americans, and Hispanics. “Caucasians usually have a high bridge, so their nose jobs are called ‘reduction rhinoplasty and shaping.’ We remove some bone, narrowing it and smoothing it out and making the tip a nicer shape,” he explains. With “ethnic noses,” “the bridge is flat and we have to add something,” usually a hard silicone implant or cartilage grafted from the ear, rib, or septum. Similar implants can raise the profile of a sloping forehead or weak chin and cost several thousand dollars.

Blepharoplasty and rhinoplasty are among the first procedures that come to mind when thinking about ethnic plastic surgery, and both have charged histories. But this is not the case for other predominantly Asian procedures Kwan performs today, several of which fall under the literally bone-crushing category of “facial contouring.” The first time Kwan broke and rearranged multiple bones in a patient’s face, back in New York, it was by accident. He’d been filing down an Asian patient’s cheekbones to narrow her face, which the patient believed was too wide and flat, when the delicate zygomatic bone snapped off in his hand. “I said, ‘Oh my God! I broke the bone!’ ” he recalls. During his fellowship in the facial-trauma unit, he’d learned to reconstruct faces shattered in car accidents; this time he’d shattered one himself, but knew exactly what to do. “The patient came back and said, ‘I love it!’ ”

Facial contouring is popular in Korea and includes procedures like V-line jaw shaving, which turns round faces into hearts in pursuit of an ideal more manga than *Playboy*, softening the angles of a square jaw and creating a daintier chin. “[Double-jaw surgery](#)” is a procedure sometimes used to treat severe underbites and other deformities, now being used for a cosmetic purpose, in which the jawbone is broken and pulled back while the maxilla (or palate) is broken and pulled forward, to yield a fetishized mini-chin.

To Westerners, facial contouring is among the most mysterious of Asian procedures. When I looked at before-and-after pictures of women with sharply jutting cheekbones who’d had their faces narrowed and smoothed via zygoma reduction, I inevitably thought they were prettier before. Without looking up from the pictures, Kwan replied, “Cheekbone reductions are just ethnic. Asians hate this kind of cheek.” But white people never seem as fascinated with this surgery as they are with double eyelids, he added.

Maybe that’s because the eyelid surgery provides a neat parable for those who believe race can be erased with a scalpel. Reality, of course, is rarely so neat. Monolids are mostly unique to

Asians—but that means cosmetic alterations to them are a uniquely Asian cultural phenomenon, too. As has been the case for hair extensions, chemical straighteners, and wigs, beauty rituals that once seemed designed to oppress sometimes turn into symbols of group membership or the foundations of a new aesthetic. Adopted from Korea into a white family in Queens, Mee Young Mendler befriended Koreans at her school in Fresh Meadows; her brother, also adopted, had mostly white friends. To the extent that Mendler was self-conscious about race growing up, it was that she wanted to be more Asian so she could fit in with her friends. Imitating other girls, she sometimes taped her eyelids, a DIY crease-creating strategy akin to wearing false eyelashes. Mendler didn't fully understand blepharoplasty until she saw it on the news at age 19: "They were talking about the surgery and how sad it is that young girls wanted to change their identity. It may sound weird, but that's what made me go look into it." So she took a credit card and made her first big purchase: 20 minutes under the knife with Dr. Edmund Kwan. Her white adoptive mother did not support the choice—but plenty of her Asian friends did.

"I think we're kind of losing ethnic niches. I don't think there's going to be a black race or a white race or an Asian race," says Dr. Michael Jones, a plastic surgeon whose claim to fame is operating on Wendy Williams. (He did my earlobes," [she announces in a radio commercial](#).) "As we travel more, we have more interracial unions. Essentially, in 200 years, we're going to have one race. I see that even now, people just picking things they like from different ethnicities and calling that the ideal for the moment."

This fantasy of racial convergence, and post-racial or supra-racial beauty, is a common one, if sometimes insidious: a shortcut for imagining a sexy future beyond prejudice without any real effort, just some biracial boning. When *National Geographic* published a mixed-race portrait series called "The Changing Face of America," [other websites raved about](#) "the lovely faces" showing "how the 'average American' will look by the year 2050." ("Look at how beautiful it is to see everything diluted that we used to hate," Hairpin blogger [Jia Tolentino groaned](#).) But even the work that Jones performs, on patients who are predominantly African-American, doesn't give a neat picture of racial convergence. "Our two big procedures are ethnic rhinoplasty, which tends to make an ethnic or African nose more Anglo—and butts! We are giving people larger derrières," Jones says. There, "they want more ethnicity." And unlike Asian cheekbone reduction, Jones points out that these "more ethnic" ideals have been adopted by the white mainstream, too. White women want "Kim Kardashian" butts and "a more full, Mongoloid- or African-looking lip," he says, sounding every bit the casually blasphemous plastic surgeon.

Fifteen years ago, Jones started his practice in the first floor of the Harlem brownstone he shared with his TV-anchor wife. He found himself revising bad surgeries from the 1990s that had left his black patients with significant scars or the dreaded L-shaped nasal implant, infamous for poking holes through the tips of patients' noses. Subtler implants have since come into style, and scarring is better understood, too. "It's almost a given that a person of color will exhibit some degree of hyperpigmentation to their scars or even a keloid behind the ear after face-lift surgery," Jones notes. "So we evolved our techniques." Jones estimates that 25 to 30 percent of his practice, now located at a midtown medical spa called House of Beauty, is dedicated to treating scars in patients of color.

A different kind of scar treatment brought Dr. Ferdinand Ofodile to plastic surgery. When Ofodile moved to the U.S. from Nigeria in the 1960s to study medicine, he planned to become a vascular surgeon. But a visit home during the Nigerian Civil War convinced him to pursue treatment for those deformed by traumatic injuries, congenital defects, and burns severe enough to impede locomotion, as when scar tissue fuses arms to the torso. Eventually, he returned to the U.S. and became Harlem Hospital's chief of plastic surgery—and an expert on African-American noses. He spent the early '90s measuring the noses of Harlem Hospital patients, employees, and grad students (and a few cadavers) and discovering that African-American nasal anatomy was more diverse than previously thought. Fewer than half were the shape “formerly called the Negroid nose,” featuring a low or concave bridge and bulbous tip. Ofodile's signature “ethnic rhinoplasty” involves the insertion of a hard silicone implant. He has a trademarked design called the Ofodile nasal implant, an undulating arc of silicone “[suited to satisfy Hispanic and African-American patient needs.](#)”

Name-brand nasal implants, it turns out, are a hallmark of the ethnic rhinoplasty universe. “There is a lot of controversy. A lot of competition. People are just fighting for patients,” explains Dr. Oleh Slupchynskyj, inventor of the proprietary SLUPimplant, a squared-off sliver of silicone not much larger than a matchstick. (He calls his mini-face-lift technique the SLUplift.) Raised by Ukrainian immigrants in the Waterside Plaza towers in Kips Bay, Slupchynskyj has a New York accent, a flair for showmanship, and even less concern for political correctness than the other surgeons. During our interview, he spins in a swivel chair in his basement office, periodically dropping back his head to balance a SLUP implant on the bridge of his nose, followed by *Ta-da!* hand gestures.

As the visibly white owner of AfricanAmericanRhinoplasty.com, Slupchynskyj has been accused of racism. “Patients, they'll ask me the same question: ‘How did you get into this?’ I'll say, ‘Well, people started coming to me, early in my practice, and they were getting turned away by other surgeons.’ Nobody wanted to operate on these people. They didn't care, they had enough Caucasian rhinoplasty patients. But I saw a niche market.” Ethnic rhinoplasty “requires a lot more surgery, a lot more technique” than “the Caucasian girl from Long Island coming to get a hump reduced.” His rhinoplasties are priced in the ballpark of \$10,000, plus a few thousand more if he's fixing someone else's work. He directs my attention to one of [his YouTube videos](#), in which Slupchynskyj yanks another doctor's mangled nasal implant from the sliced-open face of a sedated black woman. Her facial expression is eerily peaceful.

Why do white people fixate on the “Westernizing” elements of ethnic plastic surgery? While working on this article, I found that people of all races had principled reservations about and passionate critiques of these practices. But the group that most consistently believed participants were deluding themselves about not trying to look white were, well, white people. Was that a symptom of in-group narcissism—white people assuming everyone wants to look like them? Or is it an issue of salience—white people only paying attention to aesthetics they already understand? Or is white horror at ethnic plastic surgery a cover for something uglier: a xenophobic fear of nonwhites “passing” as white, dressed up as free-to-be-you-and-me political correctness?

Regardless of whose face the patient idealizes, modern plastic surgery is often a matter of fitting in. First, each feature must “fit in” with the rest of the face; every surgeon I spoke to emphasized attention to proportions. Second, there’s the matter of any one face “fitting in” with the rest of the population. But fitting in where, exactly? There is a term of art for the attraction to that which is average: *koinophilia*. In nature, averageness tends to be a sign of health, and studies consistently find that composite images of multiple faces are rated as more beautiful than the individual faces composing each image. Blend 50 and it becomes even better.

This phenomenon was first discovered by inventor and eugenicist Sir Francis Galton, who also happened to be Charles Darwin’s cousin. In an attempt to determine which facial traits correlated with criminality, he created composites of mug shots—and discovered that the more mug shots he combined, the more attractive the criminals became. In the end, Galton failed completely at his stated goal of studying the criminal face, but he did make an elaborate map denoting towns in Great Britain where hotties could be found.

A modern map of composite hotties would probably show them floating, vaguely, in the oceans between continents, as the cult of mixed-race idealism promotes racially ambiguous stars like Jessica Alba and Kim Kardashian as avatars for post-racial beauty. In 2011, [an Allure survey](#) found that 85 percent of respondents believed increases in diversity had changed America’s beauty standard; 64 percent considered mixed-race women “the epitome of beauty.”

Though mixed-race couples still report rudeness and outright hostility from strangers—there are plenty of places in this country where they would be reasonably wary of walking in public hand in hand—I would wager that almost as many have experienced the bizarre enthusiasm of strangers who marvel, “Your babies will be so beautiful.” You could be the ugliest man and woman in the world, but if you are from distinctly different races, Americans will chase you down the street to describe the color they imagine your babies will be, perhaps invoking the name of a creamy coffee drink or citing a beautiful cousin of a cousin who has slanted eyes that are *green*. Politically correct people who would never make normative statements about the beauty of one race over another nevertheless feel liberated to adjudicate physical supremacy when the subjects are composed of multiple socially constructed groups. “Asian and white is my favorite,” a blonde soccer mom at my middle school told me once, as though my parents’ decision to marry and have kids was an ingenuity akin to the creation of a Labradoodle. She meant well, of course, even as she fetishized a preteen directly to her face. Today, I would be tempted to respond, “Really? I kind of like Somali-Inuit-Peruvian better,” though it may be worth noting that I’m a lot brattier about the subject when I’m talking to white people.

Some elements of beauty appear to be universal. Symmetry and unblemished skin, for instance, are attractive across cultures, likely as a measure of health. Some believe that eye-size preference has biological underpinnings, too; large eyes, particularly in women, are a mark of youthfulness and thus fertility. Still, when Japan sent a delegation of samurai to the United States in 1860 after centuries of isolation, *Survival of the Prettiest* author Nancy Etcoff reports that the warriors said it was “disheartening” to discover American women had “dogs’ eyes.” Which makes you think that, once you’ve reached the point where beauty ideals are shaped by social power, figuring out the origin of beauty may be beside the point. (Does the fact that hormonal changes at puberty tend to make women paler and men darker, which some use to explain preferences for lighter

pigmentation, make discussions of skin color easier or harder?) And while it's tempting to see new multicultural beauty ideals as democratic in some way, we're still talking about the often cruel happenstance of being born into a body and a face that will be read as symbols, and the sometimes desperate ways people cope with that.

Around the same time that Kwan flew to Hawaii to learn blepharoplasty from Flowers, **Dr. Michelle Yagoda** flew to Japan's Otsuka Academy to learn an incisionless eyelid-creasing technique. A blue-eyed blonde whose last name means *berry* in Russian, **Yagoda** once dreamed of being a painter, but traded portraiture for plastic surgery. Her practice is across the street from the Metropolitan Museum of Art and includes "[integrative beauty](#)" treatments like homeopathy, stress management, and dietary supplements. "If you want it done right, she's the doctor *Ya-goda!*" the staff likes to joke.

Incisionless blepharoplasty can be performed with local anesthesia and a needle in under an hour. The doctor flips the eyelid inside out ("everts" it) and connects one part of the eyelid to another. The upside is no incision or scarring; the downside is that the procedure tends to be less permanent.

When Euny Hong got incisionless blepharoplasty, her then-husband didn't even notice. She had it done while visiting family in Korea. "When I came back I kept waiting for him to say something. After a couple of days I said, 'You know what I did?' He almost didn't believe me, even after I explained and pointed. He's Caucasian, but even some of my Asian friends didn't notice." In the midst of Julie Chen's eyelid controversy, Hong, an American-born journalist who appeared frequently on television, [wrote a column for *The Wall Street Journal*](#) arguing that eyelid surgery isn't about looking white, to mixed response. "I felt that small eyes were just not adapted to TV technology," she said, characterizing hooded eyes as a televisual distraction on par with wearing eyeglasses. "It's kind of a race issue and definitely an explosive issue for some, but it doesn't indicate self-hatred."

Yagoda told me about a black man who had his lips reduced; an Asian family that pressured all female members to get blepharoplasty so their artificial faces would match; and a Latina who had "a nice nose with a small bump and very nice tip," but insisted on having it "scooped" into a ski-jump shape. **Yagoda** tried to persuade her to choose a less drastic surgery, but the woman replied that she wanted to look like her family—then displayed photos of a family of highly plastic women. "All had rhinoplasties. Bad ones, I think, overly scooped. But all looking pretty identical." **Yagoda** stalled, urging the woman to think carefully about the difficult-to-reverse procedure. After a year, the woman still wanted it. **Yagoda** performed the surgery, reasoning that it's not her job to dictate taste.

Dr. Steve Lee shares space with a chiropractor and a hand therapist in a neon-lit building in Flushing, Queens. This would seem to place him a world away from Kwan's office in the Upper East Side, but until recently, both had stock photos of the same Asian model with translucent skin and enormous eyes on the home pages of their websites. And both have made forays into controversial off-label procedures more commonly seen overseas. That off-label spectrum also includes, at its extremes, tabloid body-horror tales grouping elaborate Korean surgery with black-market scam artists who [inject butts with cement](#) and baffling fads like Japan's

“[bagelhead](#)” phenomenon, inviting readers to gawk at faces unlike their own. (The reading experience is what I imagine attending a 19th-century freak show would have been like, conflating foreignness with deformity in the pursuit of titillation.)

But whereas Kwan slims faces by breaking and shaving bones, Lee will shoot 20 units of Botox straight into a patient’s masseter jaw muscles to wither them temporarily: “I hate to use the word *side effect*, but if you use a higher dose of Botox, not only do you paralyze the muscle, but you can shrink the muscle,” Lee explains, pointing to before-and-after pictures of a square-jawed woman whose lower face he narrowed. “It makes biting and chewing a little weaker. I tell people, ‘If you want a good result, don’t chew gum.’ ” The less you chew, the smaller your jaw.

The same tactic can be used to slim the muscles in a woman’s legs, using “several times” the paralyzing agents necessary to slim a jaw. Kwan has experimented with permanent muscle-reduction techniques pioneered overseas, where there is less governmental oversight. “You actually cut the nerve to the muscle,” he explains, displaying his leg and pointing to a spot below the inside of his knee. “There are some risks to it. There’s a scar associated with it. And you could really cripple someone.”

When blepharoplasty goes wrong, the result is usually correctable—a crease that becomes uncreased, or droops a millimeter or two over time. When it goes really wrong, though, a patient may be permanently unable to close his eyes. “Technically it’s not that they can’t close their eyes, it’s just that there’s still a little gap when they do it,” Lee explains. He performs a Google image search for blepharoplasty complications (never do this) and pulls up photos of a man trying and failing to fully blink.

To reduce costs and keep patients out of the surgery room, Lee often defaults to injectable solutions. He raises the bridge of the nose with fillers like Juvéderm, the squishy substance commonly used for plumping lips and filling wrinkles. He has also shot fillers into the earlobes of superstitious Chinese patients; large lobes signify luck. “Everybody wants something simple, easy, fast, cheap,” he says. But some accept the price of blepharoplasty as the cost of doing business in America.

“One example was a bus driver,” Lee recalls of a recent patient in his 30s. “He had droopy eyes. His supervisor jumped in: ‘Are you sleeping on the job? Why is it every time I see you, you’re sleeping on the job?’ He was worried, and I felt bad because he’s just a bus driver, not like he’s a high-powered CEO or something. But he said, ‘I want to look more awake so I don’t lose my job,’ and I said, ‘Okay, let’s do it.’ ” Lee’s Asian blepharoplasties cost in the neighborhood of \$2,500. He has since seen that patient driving his bus in the neighborhood. He says he looked alert.

But even if the idea of ethnic plastic surgery makes you queasy—even if plastic surgery, in general, makes you depressed—the more you talk to people who have actually undergone these procedures, the harder it becomes to view their choices as simple racial capitulations. (Still, I think I’ll skip that blepharoplasty Kwan recommended.)

With Jamaican ancestry, a British upbringing, and a career that includes fashion journalism for *Essence* and *InStyle*, 47-year-old Zumba and fitness instructor Tina Redwood is something of a test case in multicultural aesthetics. “Growing up with pretty sisters and a beautiful mum, I was the one they called ‘Noseybonk,’ ” she tells me at a coffee shop a few blocks from her home in Harlem. Following the birth of her daughter and the death of her father, Redwood went through a body-image reckoning that included a dramatic weight loss and a nose job. After ruling out a surgeon who created a digital composite that looked like a Caucasian nose pasted on a black face (“Yikes! Don’t want that”), she chose Ofodile. He filed down part of her nose and inserted a modest implant, causing her brother to call her a “traitor” to the Redwood name. “I said, ‘Hey, man, hallelujah. You can carry that look.’ ”

“Older women have asked me if I wanted to look less black. Don’t be ridiculous. Since landing in this country with a British accent, people always thought I was white.” She gestures to the diverse crowd at the coffee shop: “I don’t know what being black is anymore,” she says. “I remember when I was fearful of the weave,” she continues. “Because people were like, ‘Oh, she’s trying to be white with that Korean hair?’ ” Only later, listening to a recording of our interview, do I realize the irony of that accusation. “What’s his name, my sweetheart, Al Sharpton? He said to judge a man by what’s in his head, not on his head, back when he used to have that James Brown perm—we’re finally defining ourselves individually rather than as a group. Because we are not a monolithic group,” she says. “Mike Tyson, I was just watching his show on HBO, and he said, ‘People keep asking me why I’ve got a tramp stamp on my face. If you don’t like it, don’t look! It’s my face.’ I was like, ‘Amen.’ ”

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