



## In Favor of Covering Ethically Important Cosmetic Surgeries: Facial Feminization Surgery for Transgender People

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Dubov and Fraenkel have identified an important issue—the lack of insurance coverage for transgender health care. Their analysis of FFS, however, is limited by taking several things at face value. They accept a sharp contrast between cosmetic and medically necessary treatment and fail to acknowledge that FFS contains intrinsic cosmetic components. Their acceptance of the goal of surgery as “passing” disregards the negative connotations of this term and their reliance on the diagnosis gender dysphoria may perpetuate stigma and medical gatekeeping. It would be more productive to recast their emphasis on well-being in terms of a functional approach to health care financing, and pursue legislation to establish a minimum package of transgender health care required of all health insurance policies. ■

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# In Favor of Covering Ethically Important Cosmetic Surgeries: Facial Feminization Surgery for Transgender People

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The terms of debate over insurance coverage of transition-related interventions, which includes facial feminization surgery (FFS), has been defined through the reconstructive versus cosmetic dichotomy (Singer 2013). In their article in this issue, Dubov and Fraenkel (2018) adhere to this tradition by arguing that FFS is medically necessary insofar as it facilitates social intercourse for transfeminine people by enabling them to “pass” as cisgender, thereby alleviating gender dysphoria as defined by the *Diagnostic and Statistical Manual of Mental Disorders*, fifth edition (DSM-5).

Such an approach confines our understanding of trans embodiment to gender dysphoria, excluding gender euphoria and creative transfiguration, and calls into question the value of FFS for those who will never be able to “pass” as cisgender.

With consideration to the diversity of trans experiences of the body and the variety of reasons why trans people desire FFS, we invite policymakers to move away from justifications of insurance coverage that rely on the putative mutual exclusivity of medically necessary care and cosmetic care, arguing that aesthetic experiences of

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the self can be sufficiently ethically important to justify insurance coverage on their own.

### BLENDING IN AS CISNORMATIVE FANTASY

Not all trans people wish to blend in socially. A projected desire for gender conformity is a dominant feature of medical and critical literature on trans people and reflects cisnormative fantasy more than trans perspectives (Spade 2006; Vipond 2015). Cisgender ideals are framed around the bodies of cis people, with the assumption that a woman has a vagina and breasts and looks a certain way.

Genital surgeries shaping both penis and vagina are an example of trans surgical desires in excess of cisgender ideals. For some, recourse to medical technology that tends toward blending in must be balanced by other alterations that remakes the person visibly trans. For example, following their facial and genital surgeries, one of us, Ashley, got “t4t” and a trans version of the Birth of Venus as tattoos.

We hold that Dubov and Fraenkel’s statements that “FFS is undertaken to produce femaleness” and that “the ability to ‘pass’ [is] the ultimate treatment goal” are inaccurate. Shared conceptions of ideal gendered bodies play a part in defining the contours of gender dysphoria but can never fix them. Gender dysphoria is forever a wanderer across gender norms, never fully recognizing the legitimacy of their borders. Alleviating gender dysphoria may or may not lead someone to blend in; it is a contingent relation.

Seeing FFS as reconstructive ties us to this cisnormative ideal: Reconstructive surgeries are performed on abnormal structures to improve function and produce normal appearances.

What is this abnormality? Are visibly transgender bodies abnormal or, worse, monstrous? We find such an implication unsavory. Nor can the abnormality lie in gender dysphoria, since defining transition-related care in relation to mental illness would run contrary to the depathologization movement, which sees being transgender as a product of normal human variability.

### GENDER EUPHORIA AND CREATIVE TRANSMUTATION

Two further experiences must come into account in any attempt to define insurance coverage for FFS: gender euphoria and creative transfiguration.

“Gender euphoria” is the positive homologue of gender dysphoria. It speaks to a distinct enjoyment or satisfaction caused by the correspondence between the person’s gender identity and gendered features associated with a gender other than the one assigned at birth. The connection between gender euphoria and gender dysphoria is contingent: Some people only experience one of the two or

experience both asymmetrically. Following FFS, the same bodily feature that once produced dysphoric moments, now altered may be experienced euphoric, enabling a fuller and more empowered relationship to the world.

“Creative transfiguration” is a related experience that centers on creativity and aspirational aesthetics. Trans embodiment can be irreducibly creative. Creativity is one of the manifold ways in which we may assert ownership over our bodies, transforming them into an art piece that is truly ours out of previously alienating flesh. Describing their experience of self-creation through double mastectomy, J. Horncastle located their greatest pleasure not in self-recognition and affirmation, but in “a sense of being able to feel a way into the poetry of my gender” (Horncastle 2018, 262).

Refusing to cover FFS motivated by gender euphoria or creative transfiguration is not trivial. Being told “no” in a cisnormative, transantagonistic world that devalues trans bodily autonomy can generate compelling levels of distress and suffering while nevertheless being incommensurable with gender dysphoria.

### GENDER DYPHORIA AND GATEKEEPING

Figured as the sole heir of trans realities, gender dysphoria forces trans people to produce a fiction of gendered past and of bodily desire that is dominated by suffering, stifling the truth of years of doubt, tension, and turmoil that trans people navigate through before finally settling on undergoing interventions.

By focusing on gender dysphoria, Dubov and Fraenkel risk legitimating continued gatekeeping and medical regulation of trans lives at a time when gatekeeping is increasingly understood as a wrong (Vipond 2015; Spade 2003). To quote Heyes and Latham: “Individual trans patients should be able to describe their past, present, and future; embodied experience and aspirations; felt sense of self; and so on, in diverse terms without being disqualified from surgery” (Heyes and Latham 2018, 186).

Gatekeeping through gender dysphoria diagnoses contributes to the degradation of therapeutic alliance, incentivizing lies and sanitization of personal narratives, in stark contrast to the open and honest communication channels that are necessary for proper patient-centered care and the development of scientific knowledge. It is neither in the interest of trans communities nor in the interests of the medical profession.

### THE THICKNESS OF AESTHETIC RELATIONS TO THE SELF

Art history can attest to the at-times revolutionary importance of aesthetics, leading us to ask the question: Why would cosmetic surgeries be a priori inadmissible

for insurance coverage? Why are only reconstructive surgeries deemed necessary and reason enough for insurers to provide coverage?

We may have moral warrants to provide FFS even when there is no preexisting flaw to fix, no disease or illness to cure. An argument can be sketched for covering FFS based not on medical facts—foregrounding disease (gender dysphoria) and cure (surgical intervention to correct/cure gender dysphoria)—but rather on socio-moral facts: affirmative empowerment and self-actualization for marginalized groups are a form of distributive justice.

Cosmetic surgeries are often rejected from insurance coverage on account of being a form of enhancement. Yet there is little moral difference between curing an illness and enhancing people who are worse off through no fault of their own but rather because of marginalization. Transition-related surgeries are morally indicated because they tend toward the mean. This is a form of justice.

A similar argument from justice can be deployed in the context of FFS even if it is understood as a cosmetic surgery. For those opting to undergo it, FFS provides a palliative measure against social marginalization along gender lines without us having to assume illness or restoration to a cisgender bodily ideal. Inequality is a feature of existence for trans people, understood as social, embodied beings navigating being-in-the-world. It is this inequality that allows us to distinguish between cosmetic surgeries that are morally necessary and those that are not: By recognizing the value of trans lives and granting trans people power over their own body as a medium of gender, FFS promotes trans equality.

Gender is a core aspect of the self. Aesthetic experiences of the self can be sufficiently ethically important to justify insurance coverage on their own. This is especially important to highlight for trans people, given the patterns of identity denial and reality enforcement they are routinely subjected to because of their bodily history (Bettcher 2009; McKinnon 2017). To empower people's self-actualization and self-creation in terms of gender is rife with moral potential.

Although cosmetic surgeries aren't reconstructive, they are decisively constructive and should be covered by insurance on that account. Empowerment of the socially marginalized and connection to core aspects of the self can serve as guiding threads in distinguishing cosmetic surgeries that compel insurance coverage from those that do not.

Collapsing FFS onto the reconstructive category is ill-advised because it misrecognizes the complexity and diversity of trans relationships to the body and to surgeries. It would exclude from coverage the multitude of

trans people whose surgery-seeking narratives aren't fully captured by social invisibility and gender dysphoria. This will disproportionately impact trans people whose gender expression falls short of conformity, or whose gender identities cannot be contained to the man-woman binary.

Foregrounding the ineluctable moral thickness of aesthetic relations to the gendered self as a reason to provide insurance coverage better recognizes and respects the wealth of trans people's experiences and makes room for those whose experience also rebuffs traditional social configurations: eunuchs seeking gonadectomies, butch lesbians seeking mastectomies.

Trans people frequently take years before concluding that they wish to undergo surgery. Trans embodiment is complex and complicated. It is a process that weaves happiness, displeasure, and self-creation in a pattern that cannot be reduced to gender dysphoria. Gender euphoria and creative transfiguration are necessary components of the picture. ■

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