

June 16, 2006

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To whom it may concern:

I am writing in support of including more specific and supportive language about Facial Feminization Surgery (FFS) in future revisions of HBIGDA Standards of Care. I believe it is medically necessary for male-to-female transitioners.

When I transitioned last century, the conventional wisdom among trans health service providers focused largely on the so-called “triadic therapy” of hormones, genital surgery and therapy as part of a “real-life test.”

However, it was clear to me that the more important procedures for male-to-female trans people, in terms of daily social interaction with others, were feminization of the voice and face. I have been a strong advocate of focusing on these areas for those who wish to assimilate in their target gender. Vocal and facial cues are far more likely to be factors in how others respond to a trans woman and are in my opinion the key to being accepted more easily in one’s target gender. These cues affect everything from one’s personal and professional relationships to one’s ability to move through the world safely. While complete assimilation is not every trans person’s goal, I would argue that a transsexual person is defined as someone who successfully incorporates all available techniques to present in their target gender. My aphorism “passing is from the neck up” holds true in all but the most intimate situations. Those who focus on the so-called “triadic therapies” while neglecting these steps typically have a much harder time being accepted as women.

To that end, there are three key elements a trans woman can focus on to feminize her face:

1. facial hair
2. scalp hair
3. facial feminization procedures

All three should be considered medically necessary for those who seek feminization.

(continued)

Facial hair removal

Halting and eliminating androgen-induced facial hair is critical. In my own case, permanent facial hair removal was enough to allow me to “pass” in many situations. This costly and painful first step should be emphasized as a bottom-line necessity. There’s a reason many female-to-male transitioners wear facial hair—it is an instant gender cue.

Scalp hair

Halting and correcting androgen-induced hair loss is also critical. In the way that women undergoing chemotherapy often find hair loss to be emotionally devastating, trans women dealing with male-pattern hair loss face a difficult obstacle. They must rectify this through medical procedures like hair transplants or scalp advancement, or through prostheses such as wigs and hair replacement systems.

Facial feminization procedures

Males and females have, on average, differentiation on some craniofacial features. Reducing or eliminating male-typical facial characteristics can make a major difference in how one is perceived by others.

This can include bone/cartilage work:

- Reduction of brow bossing
- Making the forehead convex in all planes
- Reducing the mandible and chin
- Feminizing the nose
- Feminizing the throat (trachea reduction)

It can also include soft tissue procedures

- Cheek augmentation
- Lip augmentation
- Skin resurfacing
- Face lift

While there is a relatively weak argument for soft tissue procedures, it is clear that in many cases bone and cartilage FFS procedures are medically necessary for those who wish to be accepted as women.

Many women in my community observe the anniversary of their vaginoplasty as the apex of their transition, but I feel my own turning point occurred a decade ago when I had facial feminization surgery. That was the point I was able to move through the world as a woman, to transition on the

job in a professional setting, and to have personal relationships with people who saw me as I saw myself. I believe the reason my transition has gone as well as it did is because of my focus on face and voice, and I continue to advocate that others make these their top priorities if they wish to assimilate.

Of course, many of these issues would be irrelevant if puberty-delaying androgen blockers were available to gender-variant women at the onset of puberty, but that topic will have to wait for another discussion.

I urge HBIGDA and all helping professionals to place a greater emphasis on voice and face in the Standards of Care, and I especially urge you to consider advocating for the medical necessity of facial feminization procedures for those exposed to androgens during puberty. I am happy to discuss this further with anyone who is interested. I run several websites related to trans consumer issues which get over 10,000 visitors each day (about 4 million annually). I also co-founded a production company that focuses on trans depictions in the media. This letter is a distillation of what I have learned in ten years of correspondence with women in transition.

Thanks for considering this very important issue.

Sincerely,

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