Making Dark Skin Visible:
The Oral History Of Ethnic Skin/Skin Of Color Dermatology In The United States

Charlton Oral History Research Grant Final Report
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The "Making Dark Skin Visible" oral history project documents the development, history, and proliferation of professional practices and traditions in dermatology oriented toward the medical management of the skin, hair, and nails of people with dark skin, "ethnic skin," or "skin of color," in the United States in the 20th and 21st Centuries. Because patients with dark skin have been historically neglected, this project aims to highlight practices and traditions that have responded to these patients' needs, as well as the people behind these practices. Ethnic skin and skin of color dermatology are still relatively new practices and traditions, and their history has yet to be well documented and archived in an accessible way.

Background

In the wake of the police killing of George Floyd, American unrest began to touch many spaces that had until then elided attention being brought to their racist histories. One of those spaces was American dermatology. Some had long recognized disparities in the pursuit and sharing of knowledge around the normal and pathological function of darker skin. Since then, "Ethnic Skin" and "Skin of Color" Dermatology have become increasingly deployed phrases and, in some cases "buzzwords." However, in this moment more than any others in the past, ethnic skin and skin of color dermatology became increasingly recognizable not only as coherent areas of interest within dermatology, but as necessary to diversity and inclusion in the field of dermatology. This oral history project preserves the history of ethnic skin and skin of color dermatology to ensure that the people who began these pursuits long before the wave of attention they received in 2020, their struggles, and their motivations are documented and accessible to the public.

While "ethnic skin" and "skin of color" have been used interchangeably, part of this project was to understand the genealogies of each terminology and the extent to which the aims and practices of each were and are overlapping or distinct. Another aim of this project was to show that dermatology's "problem with skin color"(Rabin, 2020), as well as the issues pursued within ethnic skin and skin of color dermatology today are not new by any stretch. However, the aim was not to search for the roots of the problems but the roots of mainstream dermatology's newfound potential solution: turning to these sub-areas attending to the unique dermatological landscape for people with dark skin. This landscape includes not only manifest differences in disease presentation that mainstream dermatology had historically not sought to study or teach, but also the historical neglect of diseases and conditions more prevalent, harmful, or impactful among people of color. What were and are those diseases and unique presentations? Where are

we in their study and how did we get here? Whose prior work should be looked to as more dermatologists engage in efforts toward repair and racial justice and inclusion within the field? And finally, who and what were the forces that pushed now generations of dermatologists to pursue making dark skin visible? This project provides some of the answers to these questions.

One of the findings to be stated at the outset for clarity is that there is significant overlap between what has been called “ethnic skin,” “skin of color,” “pigmented skin,” and “Black” dermatology. Although there are subtle and sometimes obvious differences, as well as distinct historical trajectories for these fields, it is generally reasonable to talk about them as one field. Though “skin of color” has become more prominent in common dermatological parlance, partially due to the fast and strong ascendence of the Skin of Color Society, I use “ethnic skin” throughout because it is the older term, is widely recognizable, and its scope seems to be broader.

Narrators

This project includes oral history interviews among 22 narrators, most of whom were and continue to be practicing dermatologists at the time of their interviews. Non-dermatologist interviewees included family members of dermatologists who have been extremely impactful within skin of color dermatology, as well as people who worked alongside dermatologists in areas like the publishing of one of the key textbooks on skin of color dermatology, *Dermatology for Skin of Color.* Not all, but the vast majority of these interviewees identified as Black or African American, partially because of the strong organizational presence of Howard University and the National Medical Association in the development and proliferation of ethnic skin dermatology. These organizations were historically and continue to be geared toward Black people, including patients, physicians, and trainees.

Around half of the dermatologists included are also academicians. What this means is that they spend at least some of their time on not only research, but also training of new dermatologists. This is worth mention because research, training, and mentorship have been significant means of preserving the legacy of and expanding ethnic skin dermatology.

A Short Narrative History of Ethnic Skin and Skin of Color Dermatology[1]

Some locate the beginnings of ethnic skin dermatology in the United States in the training and eventual large, vibrant, and impressive clinical practice of Theodore Kenneth (“T.K.”) Lawless. Lawless is often cited to be the first Black dermatologist, though there is some dispute.[2] In any

[1] The evidence for this section is drawn from the collection as a whole, unless otherwise

[2] Specifically, it is thought that a Dr. Charles O. Hadley may have preceded Dr. Lawless in practice [see interview with Dr. Novell V. Coots, this collection], but the details of his career have not been made clear as of yet. See also Lovett, Bobby L.; Wynn, Linda T.; and Eller, Caroline, "Profiles of African Americans in Tennessee (Second Edition)" (2021). Nashville Conference on African American History and Culture. 60. https://digitalscholarship.tnstate.edu/conference-on-african-american-history-and-culture/60 , pp. 112-114

case, because medical practice was often segregated, early Black dermatologists generally had clinical practices that served only or primarily Black patients. Tending to the specifics of Black skin was therefore crucial in these early days. However, among the narrators in the study, there was a strong tendency to credit the establishment and growth of ethnic skin dermatology in general, and "Black dermatology" specifically, to Dr. John A. Kenney, Jr.

Dr. John A. Kenney, Jr. is considered, interchangeably, the "grandfather," "godfather," or "father" of Black dermatology in particular, and ethnic skin dermatology more generally. Having lived until 2003, Kenney mentored and/or inspired many of the dermatologists whose lives and careers are chronicled in this collection. Kenney entered the world of dermatology through training in Michigan among dermatologists recognized as some of the most significant figures in the study of pigmentation: Thomas Fitzpatrick (who created the Fitzpatrick skin phototyping scale still used today) and Aaron Lerner. These early connections would be crucial to the careers of some of the most important ethnic skin dermatologists today, such as Dr. Pearl Grimes, a protégé of Dr. Kenney, who was involved in joint NIH-funded projects on the study of vitiligo. This ultimately catapulted Dr. Grimes's long career in treatment of and research on vitiligo and other pigmentary disorders, for which she remains widely known today.

Kenney's contributions to ethnic skin dermatology are wide, but the training and mentorship of dozens of especially Black dermatologists remains one of the highlights of his legacy. Although he was not the first dermatologist on Howard's staff, Kenney is credited with the development of the residency program at Howard University, which was the first and is the only remaining dermatology residency program affiliated with a historically Black college or university. Many of the narrators of this project began their careers in dermatology as residents in the program at Howard, where they recalled that issues around ethnic skin were always at the forefront of their learning, research, and clinical training.

Mentorship was a key theme across this collection. Given the paucity of dermatologists who were people of color when this program was initiated, part of Kenney's strategy was to train dermatologists who would go out and start practices all across the United States, often as the only Black physician in an area, and potentially the only one seeing Black patients. The story of "The Magnificent Seven," as they were dubbed by Kenney, resonates throughout the ethnic skin dermatology community and serves as a testament to the power of mentorship, and of what a small group of people can do for the field. The Magnificent Seven was a group of seven Black male medical students from Howard that Kenney personally inspired to go into dermatology and to set up shop in places like Detroit, Atlanta, and Los Angeles.[3] One of them, Dr. Orlando G.

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[3] The Magnificent Seven included James Hobbs of Los Angeles, California, the only one still alive; Fletcher Robinson of Washington, D.C. and St. Thomas, Virgin Island; A. Paul Kelly of Los Angeles, California, and Oakland, California; Isaac Willis of Atlanta, Georgia; Orlando G. Rodman, Jr. of Bethesda, Maryland; Robert P. Heidelberg of Detroit, Michigan; and, finally, L. Boyd Savoy of Detroit, Michigan. – This information was provided

"O.G." Rodman, even became the Chief of Dermatology at Walter Reed Army Medical Center. Over the course of their careers, The Magnificent Seven and other mentees of Dr. Kenney would go on to mentor numerous Black dermatology residents, whether through their own academic careers, or by inviting them into their own practices to assist with clinics and learn the ropes of primarily clinical practice, especially with largely Black clientele.

Another (now defunct) HBCU-affiliated program was affiliated with Charles R. Drew University of Medicine and Science and Martin Luther King Jr. Medical Center ("King Drew") by another protégé of Dr. Kenney, A. Paul Kelly (1938-2014), one of the Magnificent Seven. Kelly, whose major research program across his career involved the study of keloids,[4] is also widely recognized for his mentorship of dermatologists. One of the accomplishments Dr. Kelly is most well-known for is his contribution to the ground-breaking textbook *Dermatology for Skin of Color*, for which he served as co-editor with Dr. Susan Taylor. "Taylor and Kelly's"—as it is often referred to—gathered input from a host of dermatologists, initially from all over the country and now from all over the world as well, to produce a comprehensive text that focused on dermatological disorders and their specific effects and presentations in people with skin of color.

Dr. Susan Taylor was of a younger generation of dermatologists. Having grown up in Philadelphia, Taylor received her dermatology training in New York, after a residency in internal medicine. In New York, she met Dr. Vincent DeLeo who became a mentor. After she went off on her own, recognizing both her talent and a need for attention to the unique concerns of people of color in New York, Dr. DeLeo invited Dr. Taylor to head a center dedicated to these concerns. In 1998,[5] the first ever center of its kind was born, and after some deep brainstorming that would capture the essence its mission, was named the "Skin of Color Center." Dr. Taylor's work at the center eventually resulted in some small initial conferences and the publication of a groundbreaking paper defining skin of color.[6] While the paper includes "Africans, African Americans, African Caribbeans, Chinese and Japanese, Native American Navajo Indians, and certain groups of fair-skinned persons (eg, Indians, Pakistanis, Arabs), and Hispanics" (p. S41) under the banner of "skin of color," it was sure to add that "racial classifications are more or less arbitrary" (p. S42). The paper provided crucial information about how this grouping was being made and who exactly might be included while also acknowledging that a different classification

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by Dr. Beverly Baker-Kelly, the widow of Dr. A. Paul Kelly and a narrator in this project, through a personal communication.

[4] Keloids are hypertrophic or thick scars that are often painful. Keloids are more common among persons and groups with skin of color. The last years of Dr. Kelly's life were spent in Oman on a Fulbright grant to study the genetic basis of keloids.

[5] Some say 1998 and some 1999, but the distinction seems to be administrative.

[6] Taylor S. C. (2002). Skin of color: biology, structure, function, and implications for dermatologic disease. Journal of the American Academy of Dermatology, 46(2 Suppl Understanding), S41–S62. https://doi.org/10.1067/mjd.2002.120790

system might eventually be more suitable. The shift, though incredibly subtle, from the language of “ethnic skin” actually made the category more exclusive—everyone has an ethnicity. At the same time, ethnic skin for many reasons had generally been concerned with the distinction between Black and white skin, so the terminology came to explicitly include non-Black people with darker skin. A common reference point became the Fitzpatrick Skin Type,[7] with skin of color representing persons with skin types 4, 5, and 6.[8]

After the traction gained from these events and this paper, the Skin of Color Society was developed by Dr. Taylor who brought together a cadre of dermatologists who had already been doing influential work in this clinical, research, and academic space, some under the banner of ethnic skin and others without having attached a name to it. The group was established to bring more awareness to issues around skin of color, but also to increase education and research on the issues of importance to dermatologists and their patients, for whom they recognized real gaps. Throughout the 20th century and now into the 21st, dermatologists found it difficult to find treatments that worked for their patients of color, cosmetics that would help to mask the effects of diseases like vitiligo, and technologies like lasers that would work for people of color without causing additional harms. The Skin of Color Society worked with pharmaceutical companies and other organizations early on to ensure that these issues would not just get attention, but material support. With a wide potential constituency—a quickly growing population of “people with skin of color”—this group could be economically attractive to funders.

But before the Skin of Color Society, another organization, the Dermatology Section of the National Medical Association (NMA Derm) had long been working on the above issues, though focused more specifically on African Americans. And, unfortunately, they had not always received the material support from industry to do this. Since 1940 NMA Derm had been a second “home” and a second “family” (as many narrators put it) for Black dermatologists. It was a place where they could network, grow and maintain lasting friendships, and share the knowledge they had gained from practice among often largely Black patient populations at their clinical practices. They taught one another about niche methods of managing dermatologic diseases on Black skin, hair, and nails, including things like how to safely conduct laser treatments in darker skinned patients. Conferences were therefore a key feature of NMA Derm’s influence, which many influential Black dermatologists had attended since their residency programs and have been proud to rarely miss.

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[7] The Fitzpatrick Skin Phototyping Scale was developed by Dr. Thomas B. Fitzpatrick as a way to categorize people by risk of development of skin cancers, primarily melanoma. The scale goes from Type 1 to Type 6, with people with Type 1 skin bearing the highest risk of skin cancers caused by sun damage. The scale is intended to incorporate both skin color and the way the skin usually reacts to sun exposure (burns vs. tans), but is often used simply to denote skin color.

[8] There continues to be dispute about the utility of the Fitzpatrick skin type outside of understanding risk of UV damage, particularly leading to skin cancers. Others, including Dr. Susan Taylor, have proposed using different scales to better capture a meaningful measure of skin color.

Dr. Kenney himself was said to rarely miss NMA meetings, his father having been an earlier prominent member of the NMA. Kenney was said to be an engaged meeting attendee in general and was known to speak up and ask questions when he was in the audience of a conference lecture, often adding something "profound," as noted by narrators in this collection. Dr. Kenney also encouraged other Black dermatologists to speak up as well, to always have something to say, and to be *seen* in the crowd by, for example, sitting at the front of the lecture space. He did this both with his own mentees and with people he took under his wing for no other reason than that they were Black dermatologists in the DC area where he was based.

Dr. Kenney, as well as other mentors mentioned in this collection, really *saw* young dermatologists of color who were faced with the everyday reality of being in a specialty where people of color—patients—weren't being seen, where this was an open secret. They had to really see their patients, and they also had to make sure they were seen in mainstream dermatology in order for their patients' concerns to be elevated.

Throughout the 20th century, **ethnic skin mattered** to cadres of dermatologists who committed to focusing on skin diseases as experienced by a group of people—people with richly pigmented skin—whose concerns had historically been neglected, people who looked like them. At the turn of the 21st century, the terminology of skin of color allowed people already doing this work and a new band of dermatologists interested in expanding the reach of the field to come together, with an eye to a future where people with skin of color would constitute the majority in the United States.

This collection shows that the approach taken by ethnic skin and skin of color dermatologists was to attend to differences that made a difference, including in:

1. Different impact of disease, such as in the case of vitiligo being more noticeable in people of color;
2. Different epidemiology of dermatologic disease, such as in the case of keloids; or
3. Different approaches to treatment of dermatologic disease, such as in laser treatments

This collection shows that ethnic skin dermatologists have been not only at the forefront of now-mainstream efforts to increase diversity within dermatology. This includes efforts made by Dr. Henry W. Lim during his tenure as president of the American Academy of Dermatology that precede pushes for diversity in the wake of the murder of George Floyd and the protests that sprung from it. More than a niche group of scientists and clinicians, ethnic skin dermatologists have long been major players at the cutting-edge of dermatology, such as 1) research on the natural history and treatment of vitiligo, 2) new methods to correct HIV-associated facial wasting using fillers, and 3) treatment and research on Central Centrifugal Cicatricial Alopecia (CCCA), a form of hair loss that primarily affects Black women. These topics all feature in this collection.

Scholarly Outcomes and Future Directions

In October 2022, findings from this project will be shared at the Oral History Association. The Session will be titled "Oscillating Visibilities: Invisibility, Hypervisibility, the Self, and the Other in Skin of Color Dermatology." The session utilizes the "Making Dark Skin Visible" Project to contextualize contemporary widespread calls to diversify dermatology's *practitioner* base in response to historical exclusion of people of color in terms of patient care.

Future directions for the project include inclusion of the material in my tentative dissertation, public exhibits, and digital exhibits. My dissertation focuses on how dermatologists, in general, learn to see disease in the context of human diversity. The dissertation focuses on the United States. Material from this project will inform two historical chapters in my dissertation, focusing on 1) racism and uses of the Black body in 20th century dermatology, and 2) the history of ethnic skin and skin of color dermatology. The first digital exhibit will be slated for release by February 2023 and promoted during Black History Month via Twitter and other public fora. I also plan to create public exhibitions incorporating material for the exhibit, though due to the ongoing COVID pandemic, I am continuing to consider the best space in which to hold these such that there is maximal benefit to the appropriate parties. I have also maintained contact with participants to continue to locate physical materials to "live" with the oral history interviews and narratives in order to make these exhibits lively and engaging.

Acknowledgements

This work would not have been possible without the participation of the many narrators who agreed to participate in this project and support of the Charlton Grant from the Institute for Oral History. I note my deep appreciation for the narrators who gave not only their stories, but precious time in their busy schedules to sit with me. It is one thing to get an appointment with a dermatologist. It is a-whole-nother thing to get more than 25 appointments with more than 20 dermatologists. I therefore must also acknowledge the hard work of the host of administrative personnel who made navigating busy schedules and coordinating the eventual return of related documents possible. I want to acknowledge additional efforts of people who did and people who did not, for some reason or another, participate in this project who connected me with the people who had stories to tell, sent me resources that would help to contextualize this project, or sat down to chat with me privately.

The folks at the IOH have been gracious and patient with a winding project during a tumultuous year. I worked mainly with Dr. Stephen Sloan and Dianne Reyes, but also appreciate an early conversation with Adrienne Cain. I appreciate the orientation, communication, and equipment provided by the team, as well as the administrative work that is so necessary to this series of interviews becoming an accessible and coherent collection. COVID also changed this project in so many ways, so I appreciate the flexibility of the staff and especially commend the kind and always swift communication with Ms. Reyes.

Finally, I want to acknowledge some people closer to me. My family and friends were patient and accommodating as I made and canceled and switched travel plans during COVID. They also offered frequent words of encouragement and listened (sometimes with fascination) as I told them stories of stories to help myself piece everything together out loud. I thank my PhD advisors, Drs. Andrea Ballestero and Nia Georges who encouraged me, gave me the freedom to do my own thing while offering guidance when I got stuck, and read and responded to my monthly memos about all things related to my dissertation research. They often showed delight at especially my short "Histories" sections, and their enthusiasm and comments made it one of my favorite parts to write. No project is done alone, but I have learned that oral history requires the undeniable contribution of communit*ies*.