

## VIEWPOINT

# Increasing African American Representation in Dermatology

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**Dermatology is the study and care** of all skin types. Although the US population continues to grow more diverse,<sup>1</sup> dermatologists remain remarkably monochromatic. That is, there is a significant lack of diversity among dermatologists, especially when it comes to underrepresentation of African Americans. This racial disparity is common across all fields of medicine; however, it is especially striking in a field that is focused on treating skin disorders.

African American dermatologists are particularly absent from academic leadership positions. Relative to the 12.8% share of the African Americans in the general US population,<sup>2</sup> only 3.2% of academic dermatology chairs are African American. Underlying this situation is the comparative dearth (4.3%) of African American dermatology residents.<sup>3</sup> Contributing to this problem is the underrepresentation of African Americans in medical schools—only 6% of matriculants were African American in 2011.<sup>4</sup> Viewed in this perspective, the issue can be daunting. After all, if the underrepresentation of African Americans in dermatology is the outcome of a deeply rooted and complex process, what can dermatologists do to address this problem? The history of African American dermatology provides some examples and ideas about how mentorship and sponsorship can create opportunities and challenge the status quo.

John A. "Jack" Kenney Jr was a distinguished dermatologist and one of the first African American physicians trained in the specialty. Kenney had to overcome dramatic obstacles as a young man to become a physician. In 1923, when Kenney was a young boy, his father, chief surgeon at the general hospital at the Tuskegee Institute, was forced to leave Alabama after being threatened by the Ku Klux Klan for attempting to have African American physicians hired at the Tuskegee Veterans Administration Hospital. One of Kenney's greatest accomplishments was serving as chair of the Department of Dermatology at Howard University College of Medicine for almost 20 of his more than 40 years in that department. During that time, Kenney was a founding father in the study of skin of color. Kenney asserted that the manifestations, symptoms, and treatments of many skin disorders are different in black populations and deserve devoted research and clinical effort. During his time at Howard University, Kenney became an inspirational figure to the generations of African American dermatologists who came after him. It has been estimated that Kenney trained or mentored approximately one-third of America's 300 African American dermatologists, and as such, he has been called the "dean of African American dermatology."

A. Paul Kelly was one of those dermatologists mentored by Kenney. The Kelly family also left the South dur-

ing the Great Migration to escape the ravages of racial segregation and discrimination in Alabama for the hope of a better life in the North. He completed his medical degree at Howard University in 1965 under Kenney, who encouraged him and the so-called magnificent 7 (Kelly and 6 of his classmates) to pursue a career in dermatology. Under Kenney's mentorship, the magnificent 7 went on to become leaders in the field of dermatology throughout the United States. Kelly himself received numerous honors and distinctions, including serving as chief of dermatology at the former Martin L. King/Drew Medical Center in Los Angeles, California.

Charles A. McDonald became one of Kenney's mentees while he was a medical student at Howard University College of Medicine. Kenney was a major source of support for McDonald's acceptance into Yale School of Medicine at Yale University for internal medicine and dermatology residencies from 1960 to 1966. McDonald then moved on to Brown University, following his other mentor, Paul Calabresi, who chose him to start and chair the Division of Dermatology within the Brown University Department of Medicine. In 1996, the Division of Dermatology gained departmental status at Brown University, and McDonald served as its founding chair from division to department until his retirement in 2013. Kelly was McDonald's first faculty appointment when McDonald started the division. Kelly joined Brown University's Division of Dermatology after completing his dermatology residency at Henry Ford Hospital, followed by his dermatology fellowship with McDonald at Brown University (personal communication, Charles A. McDonald, MD, October 28, 2014, and August 11, 2015).

Another notable pioneering African American dermatologist is Bennett L. Johnson Jr. After decorated service in the Navy, during which time he served as chair at the Naval Regional Medical Center in Philadelphia, Johnson became an associate professor at the University of Pennsylvania in 1984. During his tenure, he served as interim chair of the Department of Dermatology from 1993 to 1995. However, Johnson is especially notable for his commitment to social justice and community service. He was associate dean for Diversity and Community Outreach at the University of Pennsylvania School of Medicine. The culmination of his work in that capacity was the opening of the Sayre Health Center in 2007, which provides clinical services to West Philadelphia neighborhood residents and educational opportunities to Sayre High School students. Johnson was a champion for underrepresented, often poor, black and brown communities in Philadelphia. He advocated for the fair consideration of underrepresented minorities in medical student and resident selection and faculty recruitment.

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These dermatologists contributed significantly to the profession, and yet they would not have been able to do so had they not overcome substantial obstacles to enter the field. How many other contributions of underrepresented minorities might we have missed out on over the years? The experiences of Kenney, Kelly, McDonald, and Johnson indicate the importance of mentorship and sponsorship by other dermatologists for career development of students, trainees, and young faculty of color.

This lesson holds true today. The medical community of the 1940s, 1950s, and 1960s was often hostile, homogeneous, and cynical; unfortunately, significant structural obstacles to African American participation in the profession remain. Because of these continuing challenges, the value of mentorship and sponsorship has not changed. African American trainees and young professionals need mentorship from many types of individuals; they by no means have to be African American. However, to provide the best support for young African American dermatologists—and attract more to the field—it is highly important to provide trainees with some mentors who have also negotiated the profession as an African American. Increasing African American representation in dermatology also has important implications for our patients. Historically, African American dermatologists have been on the cutting edge of ensuring that dermatology attends to the unique needs of skin of color.

There are long-standing historical and social dynamics that drive racial inequality in education and lead to underrepresentation of Afri-

can Americans applying for residency in dermatology. Even though the policies of dermatology departments are late in the process of engaging African American students to enter the specialty, there are still actions that can be instituted to improve African American representation in dermatology. First, we can prioritize diversity in residency selection and faculty recruitment practices. One concrete way to actualize this process is to ascribe merit to nontraditional accomplishments, such as hardships and hurdles to overcome, when evaluating candidates for residency.<sup>5</sup> Second, we can institute mentorship and recruitment structures that support African American medical students and residents, for example, formalizing meet-and-greet sessions or other social events with the local medical school's Student National Medical Association chapter. Third, we can work on ways to increase access to dermatology residency by advocating for increased financial aid, scholarships, fellowships, and loan repayment targeted toward African Americans, especially those pursuing dermatology. Finally, as discussed above, we can foster mentor-mentee relationships between African American residents and dermatologists in academic medicine and the clinical setting.

The task of increasing African American representation specifically, and underrepresented minorities in general, in dermatology is not easy, but the problem necessitates dedicated action. There is no telling how successful we will be and how much more enriched our field will become. Dermatology should become a role model for other medical fields for diversity and inclusion.

#### ARTICLE INFORMATION

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