

Beauty + Justice Podcast
EP5: + The Role of Dermatology with Dr. Chesahna Kindred

LISSAH JOHNSON

You're listening to the Beauty + Justice Podcast where we talk with folks from a variety of fields about what it will take to create a more clean and equitable future beauty for everyone. These conversations are led by Dr. Tamarra James Todd, a trailblazer at Harvard TH Chan School of Public Health and head of the Environmental Reproductive Justice Lab, and I'm your host, Lissah Johnson, a PhD candidate at Harvard Chan.

Hey listeners, Happy New Year! Thanks for tuning in to our first episode of 2023. Our hair and our skin are the physical attributes presented first to the world and whether we intend this or not, society makes assumptions and draws conclusions about us based on these attributes. So how then does dermatology, the study of hair, skin, and nail health intersect with the beauty justice movement?

DR. CHESAHNA KINDRED

Black women, we have been doing our own natural hair for millennia, right, for thousands and thousands of years. It's in these last, what, 5, 6, 7, 8 generations where we have to make our hair like their hair and then we know how to do it and we've literally created diseases, right, traction alopecia, tension from hairstyles.

LISSAH JOHNSON

That was our guest for this episode, Dr. Chesahna Kindred, a dermatologist and founder of the Kindred Hair and Skin Center in Columbia, MD, and in this conversation she and Dr. Tamarra James-Todd will talk about some of the hair and skin conditions that disproportionately affect Black women and how Eurocentric beauty standards and the resulting use of certain personal care products contribute to these conditions. They also discuss what we lose when we lack diversity among practitioners and clinicians in dermatology and other medical disciplines. This is another vital conversation on the role of clinicians in beauty justice work. So, let's get into it.

DR. TAMARRA JAMES-TODD

I am delighted to be here today with friend and colleague Dr. Chesahna Kindred and I would love if she would take out a bit of time to introduce herself to our listeners.

DR. CHESAHNA KINDRED

First, thank you for having me and yes, I'm Chesahna Kindred and I'm a board-certified dermatologist practicing in MD, Associate Professor at Howard University Department of Dermatology, and Founder of Kindred Hair and Skin Center.

DR. TAMARRA JAMES-TODD

Wonderful and Chesahna, I actually don't know much about your story for how you decided to go into dermatology and really doing this critical work at the intersection of Black women's health and really focusing in on, you know, dermatology which is a field that we aren't as well represented and so could you tell us a little bit about your story, your journey.

DR. CHESAHNA KINDRED

So, I actually thought I would go into Pediatrics, right, who doesn't want to help the kids, right?

DR. TAMARRA JAMES-TODD

I think like so many of us, right, we're all like we're going to be a pediatrician when I grow up.

DR. CHESAHNA KINDRED

Yes, that's exactly it. But then it's obvious that that's my only exposure to medicine. So, I did pretty well I had a ton of jobs while I was in college, did a lot of community, I don't know activism, was the chair of the Black Student Assembly my sophomore year, and more leadership positions after that, but no one pulled me aside and said, hey, organic chemistry is not your jam, right, you hate it. You don't study it like you should, you fall asleep every time you crack open the book and you're only relying on what you heard in class to take these tests. So, I get a C I haven't had a C in I don't know how long or if I have ever had a C before that and I go to the guidance counselor for guidance. And he guided me right out of the dream of being a doctor. He said I wouldn't make it to medical school. I changed my major from a science major to Spanish because I was really good in Spanish, and I remember, this probably the only time my mother cursed me out. Look, my mother does not curse. She cursed me out when I called and told her I changed my, I changed my major, I turned right back around, and I mean I went back so fast.

DR. TAMARRA JAMES-TODD

Thank goodness for moms.

DR. CHESAHNA KINDRED

They hadn't even processed my major, they just did the paper away.

DR. TAMARRA JAMES-TODD

Thank goodness for moms.

DR. CHESAHNA KINDRED

Thank goodness for moms. Shout out to all the moms. So yes. Uh, literally told me I would not make it into medical school. Same thing happens in dermatology. Dermatology is one of the most difficult, it is the most difficult field actually to enter and despite Blacks making up what 13 or so percent of the population in the US, only 3% of us are dermatologists. That's only if you include African immigrants and 1st generation Africans, right? So, if we look at Black Americans, right, descendants of enslaved Blacks, my guess is they're probably like 1 1/2. Then on top of that, if I look at the Black men, Black American men who are practicing and I really try to really know who all the black dermatologists are, right? I'm the Chair of the dermatology section for the National Medical Association, NMA, and I can't count 20 I cannot count in 2022, 20 Black American men who are dermatologists.

DR. TAMARRA JAMES-TODD

Chesahna, I want to kind of sit with that for a second because I can't tell you how many of us that story really resonates with the issue of being a stellar student, going to college, and having had that one

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course for some of us, it was chemistry, some of us was physics, some of us you know biology, whatever. That course was, we just didn't perform as well on and then to have someone who is supposed to be supportive, sponsoring us, encouraging us, talk us out of it. And then what that causes in that you know, we often talk about the pipeline, but what that causes within the pipeline so that by the time you get to specialties where we really need.

DR. CHESAHNA KINDRED

Desperately need.

DR. TAMARRA JAMES-TODD

You really need it, and there's no one that is a part of our experience present if not very few and that really resonates because that is so many stories I know, that that was my experience at my undergraduate as well. Yeah, and I'm grateful that your mom talked to you back.

DR. CHESAHNA KINDRED

Shout out to moms again.

DR. TAMARRA JAMES-TODD

But that is really powerful. For our listeners who don't know what the National Medical Association is, can you tell us a little bit about that and about your role in that organization?

DR. CHESAHNA KINDRED

Absolutely, so I long stopped sugarcoating it. So in in 1800s the AMA, American Medical Association had a racist policy and Black physicians couldn't be members and they would say, oh, you need to jump through these hoops, and you could be a member then they would change it. So on and so forth. So, in 1895, a group of Black physicians formed the National Medical Association. What's unique about the National Medical Association is that it's still the most thriving organization for Black physicians to this day. It's I believe about it's 10s of thousands of members. I think I heard 50,000 at one point. And it's the only medical organization where we do indeed have an assembly, right, talk about policies, race equity DEI before diversity, equity and inclusion was a term and then also simultaneous scientific conventions with its specialties under the same roof. What that means is I get cutting edge knowledge about things that are specific to Blacks. The reason why it is important, the reason why that is critical and why it is essential is because we are not fairly represented in our dermatology textbooks, right? So, if you look at the pictures in our dermatology textbooks, look at the chapters covering diagnosis, diagnosis where we carry the burden, right, keloid, the picture of keloids is on the White patient. Lupus, the picture of lupus on a White patient. Sarcoidosis, White patient, right, so on and so forth. However, you will find pictures of Black patients, plenty of them in the STD section. Right, it's getting better. It's finally getting better and unfortunately it took 2020 to happen for it to get better, but I'm finally seeing some significant positive changes so nonetheless, so NMA derm is the group for Black physicians and we keep each other accountable for delivering excellent care regardless of the patient race, but specifically for those that need it most, which is Blacks who tend to be at the bottom of the totem pole.

DR. TAMARRA JAMES-TODD

You know, Chesahna, I really, again, this really resonates with me around the mission of the work that we're doing here with this podcast, with the Environmental Reproductive Justice Lab and what, you know, conditions affect Black women more and what exactly are those like? What are keloids or what is sarcoidosis for example?

DR. CHESAHNA KINDRED

The last answer was the easiest one, so I'm gonna start with that one and then what are keloids and what is sarcoidosis. Keloids is a type of scar that doesn't know when to sit down, right? It's a scar that keeps growing, it grows well beyond the injury. It takes on a life of its own. It can be painful, socially debilitating, very refractory to treatment and it just simply isn't enough research, that's the part that sucks right? When we look at our knowledge of keloids and compare it to our knowledge of acne. Of acne. It pales in comparison. There's no comparison, and we have what, maybe 2-3 dermatologists, doing robust research in keloids, despite how devastating it is and no one has made a medication for keloids, we're borrowing medications from other disease states and trying to create these cocktails for our keloid patients. Sarcoidosis is where you it's almost like a protein matter if you will that just kind of builds up in different organs, skin being the largest organ, lungs, kidney, heart, Blacks carry the burden of that as well. But for Black women especially, what I see most commonly and what is quite devastating and but limited to dermatology almost, those two are hidradenitis suppurativa or HS and central Central centrifugal cicatricial alopecia or CCCA. So, I'll start with HS, HS is a disease where boils repeatedly appear where they recur in skin folds under the breasts, the under arms, the groin area. And Black women carry the burden of HS. For the longest time we had antibiotics and injections for HS and finally there is indeed robust research for HS what was disappointing is they took the disease where Blacks carry the burden, Black women, they carry the burden, and I don't know 94% of the participants in the clinical trial were non-Black.

DR. TAMARRA JAMES-TODD

Excuse me.

DR. CHESAHNA KINDRED

Yeah, ohh that's so common either there's little to no research on diseases that we're vulnerable to or exclusively vulnerable to, or almost exclusively vulnerable to, and then when there is research, we're almost excluded from it, and I am talking about like robust research. You can find case reports, right, you know I can, I can take, I don't know, 10-20 patients that I have and write something on it I can present on it, but I'm talking about like really bench side research looking at the molecular characteristics of cytokines, the gene expression, et cetera. That's not happening, but it finally is for HS and I think the original studies that kind of excluded us—that's the part where I got frustrated. And that's what made me more vocal, like shame on you, shame on you.

LISSAH JOHNSON

Lack of representation in clinical trials is a widespread problem, according to data from the Food and Drug Administration 75% of participants in clinical trials in 2020 were White, even though people of

color make up 40% of the US population. This lack of representation is particularly concerning for clinical trials assessing drug treatments for conditions where people of color bear a disproportionate burden.

DR. CHESAHNA KINDRED

And then the other disease is CCCA. This is a disease where it probably is triggered by genetics in every case, we just probably haven't found every gene. This gene, the one we did discover the PADI 3 gene in fact, was a group of dermatologists who which were Black, one in US and one in South Africa and a group of geneticists out of Israel, I believe, discovered the PADI 3 gene. This particular gene encodes an enzymes. So, genes are just recipes or codes for proteins and the proteins that make reactions happen better are enzymes. This enzyme is responsible for folding the proteins that make the hair, so there's a defect in the gene, that's a defect in the enzyme, there's a defect in those proteins, there's a defect in the hair. Your body's immune system is supposed to get rid of any bad products. If your hair follicle is not properly made it floods the scalp with inflammation, destroying that defective follicle and everything around it. And these patients feel itching not related to dandruff. So, if you see a Black woman walking around patting her head, send her to her dermatologist. She might have CCCA, I thought that normal us walking around, patting our head.

DR. TAMARRA JAMES-TODD

That's what we do, right? I mean I see that all the time. I've done that!

DR. CHESAHNA KINDRED

Yes, yes. We thought that was normal. We enfolded that into our culture so we didn't know that was a sign more severely there could be tenderness, I'm highly suspicious that those of us who were labeled growing up as tender headed was Black women recognizing the first signs of CCCA, I'm highly, I need to do a study, then sometimes outright pain, tenderness, soreness. And it starts as a small patch, usually in the center, and it gradually spreads, and it can grow so large that you know we can have women who walk in looking like George Jefferson to paint a picture for audio podcast. That's how severe this form of hair loss can be so CCCA & HS are probably the biggest ones I see in my practice.

DR. TAMARRA JAMES-TODD

Chesahna, you know, as Black women, our hair, you know, I don't know if this is the understatement of the of the century, means so much to us.

DR. CHESAHNA KINDRED

Yes indeed.

DR. TAMARRA JAMES-TODD

You know when you're talking about a condition like CCCA, you know it can be really devastating. It's not just cosmetic, it's not somebody being, you know, petty, it's so much of our self-worth, our ability to get jobs, fit in, and have friends all of that. And it really came to a head even recently with what happened at the recent award ceremony with conversation around, you know, at least increased attention awareness around alopecia and how this can really drive, you know, so much of what happens in society so..

DR. CHESAHNA KINDRED

Yes indeed.

DR. TAMARRA JAMES-TODD

It's, you know, to me, like this is a significant issue and it's not just a cosmetic issue, it's really a major medical issue that it can be quite costly.

DR. CHESAHNA KINDRED

Oh yes.

DR. TAMARRA JAMES-TODD

And when you're thinking about our hair and what we do to our hair, not just fit in but again, get that job, do all these things, you mentioned tender-headedness. But we also use a lot of products to do a lot of things to really partly meet the beauty standards of what's expected of us, but we need to look like and so on. Is it possible that these chemicals in our hair products and our beauty products might be contributing to some of these differences that you just described.

DR. CHESAHNA KINDRED

Yeah, I'm convinced they do, so with each generation CCCA worsens.

DR. TAMARRA JAMES-TODD

Hmm.

DR. CHESAHNA KINDRED

It could be genetic. There are genes that worsen with each generation. But I'm also suspicious that we're exposed to tons more detrimental chemicals as time goes on, which is why it would be worse with each generation. I find that my patients who have relaxers have a worse, they present with more severe CCCA than my patients who don't have relaxers. There's another study, but nonetheless so.

DR. TAMARRA JAMES-TODD

Keep throwing out the studies. We got to figure this out. Get some money.

DR. CHESAHNA KINDRED

Gotta figure this out, you're exactly right. I also find that when a patient stops using relaxers once they diagnosed her with CCCA we have an easier treatment course and it's hard to regrow hair, still hard, but it's not as hard as the ones that hold on to that that relaxer that creamy crack, right? Get rid of it, it really it really helps.

LISSAH JOHNSON

Unfortunately, there is currently very little research on how some of the personal care product chemicals of concern might be involved in the development of these skin conditions. However, some research does exist on how these chemicals may affect the immune system. This is important because

immune system dysfunction drives many of the skin conditions that Dr. Kindred mentioned. This really emphasizes the need for more robust research on the link between personal care product use and these skin conditions in order for us to develop interventions and solutions.

DR. CHESAHNA KINDRED

It's something about our hair, the more we leave it alone, the healthier and better it is, which brings us to the beauty standard that you mentioned, right. Black women we have been doing our own natural hair for millennia, right, for thousands and thousands of years it's in these last what 5, 6, 7, 8 generations where we have to make our hair like their hair and then we know how to do it right? We have to straighten our hair then we know how to how to manage it. And we've literally created diseases, right traction alopecia, tension from hairstyles, is from us being obsessed with neat edges as our stylist here says. So, as you know Tamara, I'm the first dermatologist with a full-service hair salon in-house. So okay first off, let me tell you, patients y'all wrong, y'all tell her the truth and you lie to me, but thank goodness she turns around and tells me the truth, so very early I can tell what patients like, what they don't like, what's working, what's not working because I get the inside scoop from her but nonetheless, she does a really good job of helping women to transition from relaxers to natural and since she's only done natural hair over the last 30 years. She's helped women to realize our own hair, like natural hair, isn't just twists and isn't just braids. There's a ton of styles with our own hair where it doesn't have to be straightened, and so if we can change our mindset that beauty is straight hair, light skin, light eyes. Right, if we can just get that out of our brains it actually be healthier for our hair and so we don't need as many products right, so even when we go natural and we add a ton of products to make our hair look something other than our hair is and it's leave in products. And we're not talking about a shampoo and conditioner to rinse out. We want our hair to be somebody else's curl pattern, even though we gave up the straight pattern, we still want it to be ringlets.

DR. TAMARRA JAMES-TODD

And so, gel and all of this..

DR. CHESAHNA KINDRED

Right? Gel. Yeah, so we have to we have to keep having conversations like this Tamarra, so this podcast you're doing is just really incredible for that way we can remind people we were beautiful for thousands and thousands of years, and somehow we have been made to forget that. We've been made to forget that.

DR. TAMARRA JAMES-TODD

And we get to define beauty.

DR. CHESAHNA KINDRED

Absolutely.

DR. TAMARRA JAMES-TODD

We get to define it.

DR. CHESAHNA KINDRED

Yeah, it's the reason why once I was a dermatologist, had my own practice, had a few like really high leadership positions. I don't straighten my hair when I need to give a presentation. I don't straighten my hair when I go to a conference. I don't straighten my hair giving a talk or a high, a high-level meeting right. All the letters after my name MD, MBA, FAAD. I think they tell you I'm smart. I'm professional. I know my ish. So, if you see my hair like this in this position then the person you're interviewing when you see their hair look like mine. You know you're looking at somebody who in the future will have MD, MBA, FAAD after their name too, right? It's those of us who are in these positions of power if we can, we'll be helping the cause by not fitting the box they want us in straight hair, light skin, talk a certain way. Talk how you talk, right? I intentionally introduce slang when I'm talking, not really just slang, but African American vernacular English. I intentionally do it. I tell you how many times in the talk I'll say anybody got time for that and keep on rolling, right?

DR. TAMARRA JAMES-TODD

I love I love love, you know, this though. I love your authenticity. You are who you are. You show up as who you are and it's beautiful. And for those of you that you're listening to us, you don't know what we look like necessarily. But I'm sitting here with my gorgeous friend who has her hair in a natural.

So, I think my last question really deals with how can we get other dermatologists, other clinicians involved in this work around environmental and beauty justice efforts? What do you think it will take? Because right now in medical school curriculum, environmental health...

DR. CHESAHNA KINDRED

Oh no no no no.

DR. TAMARRA JAMES-TODD

That's not. That's not covered in as you said, even in the textbook we're not there, so let alone, you know, when I first brought up hair products people were like ohh shampoo and conditioner and I was like no, that's not what I'm talking about.

DR. CHESAHNA KINDRED

There's levels to this. Especially for our hair styles.

DR. TAMARRA JAMES-TODD

What do you think it will take to make people aware and really make them aware of the context of being able to treat us because that in and of itself is a health equity issue. How can you effectively treat somebody if you don't know what they are using or doing and why they might have what they have?

DR. CHESAHNA KINDRED

And that's the part that hopefully will change a little bit at a little bit faster pace, right? If I as a dermatologist did not know how to recognize actinic keratosis, which are precancerous, which are subtle, sometimes you got can't see it, you have to feel it. You have to anticipate, look at the type of skin. Is it sun damaged skin? If I did not know how to do how to, how to recognize AKs. I would be

considered an incompetent dermatologist. But I have colleagues who do not know the standard of care for the top five things that, top five reasons Blacks come to see a dermatologist. There's 4000 dermatologic diseases I just said the top five. They're still an expert, right, they don't know the standard of care for CCCA. And that's and we mentioned NMA derm not too long ago. Let me tell you, at our meetings, we're not talking about ohh what is a keloid? How much do you inject in a keloid? We're talking about what do you do when the first line, second line, and third line treatments don't work, right? What do you do when they failed everything that's in the textbook? Right, that's what those conversations are about, but if we don't know how to treat the top 50 things White patients come into our office for, we're incompetent, so we're long ways I think before that, the Med school level is barely scratching the resident level, the attendings need to get it together. I think in order for us to really move it forward we will have to more specifically defined action items, right? I can bring everybody who's passionate about this because we're there, because we're living it every day seeing patients but really spelling out what the tasks are that need to be done. And once we know specifically what those tasks are and then breaking it up into bite sized pieces, right, then I can take our NMA derm members and other people who are passionate about it and more progress. We're doing it. We're trying to increase the numbers of Black men in dermatology. It's a long game. We're not going to see this come to fruition for 10 years, but the same for beauty justice, right? It's going to be some years before we see our vision realized, and that's OK. I found that the long game is more important than the short wins, it's harder, right, it's more, short wins are nice. It gives you motivation. Right, it keeps you going it tells you can do this. But we have to still implement the long game. I think that's what it's gonna have to take. But we can't know the tasks until we can really uncover all the shadiness happening right? All the deceit happening? Why are we allowed to say the ingredient is fragrance, what is that? Right, the ingredients fragrance that means you don't know what the heck is in that product, and nobody knows that.

DR. TAMARRA JAMES-TODD

We need to know that.

DR. CHESAHNA KINDRED

We need to know what's in there--it should be disclosed and you can keep secret the amount, right we are not asking for the concentration. But how am I going to be able to really figure out what specific chemical could be worsening CCCA. If you don't tell me and you just call it fragrance, so we have to I think before we know what all the tasks are needed, we have to really figure out what is the shadiness? What is the deception? What's the basic? What's the truth? We can know what's real, yeah? Then we'll know what those tasks are that's the long game.

DR. TAMARRA JAMES-TODD

And at the end of the day, right? Like doing that equitably, because the this inequality thing is costing all of us.

DR. CHESAHNA KINDRED

Costing all of us.

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DR. TAMARRA JAMES-TODD

It's expensive, inequality is, so that's not the bottom line that that if it's not just the moral issue of like it is not acceptable that the way that we present, you know, images in medical book curricula, it's not acceptable that you don't know the top five conditions that a Black patient comes in and how to treat them with those particular conditions. If that's not really the issue, right? If the instead the, you know, what is the bottom, the bottom line of money well that's expensive.

DR. CHESAHNA KINDRED

That's expensive. That's expensive. I like to sleep at night, so, right? I try to do right by my patients, yeah.

DR. TAMARRA JAMES-TODD

Alright, I think that's a wrap for us.

DR. CHESAHNA KINDRED

Excellent!

LISSAH JOHNSON

We know that for Black folks and people of color, our skin and our hair and how they do or do not conform to Eurocentric beauty standards have a large bearing on our ability to get jobs, find meaningful relationships and other essential aspects of the human experience. Back in episode one, Lori Thorps made the case for why we need diversity in all areas of society and in this episode Dr. Chesahna Kindred clearly highlighted the consequences of not having people of color well represented in physician roles, clinical trials, and medical school curricula. Diversity and representation are necessary for us to reach beauty justice. That's it for this episode of the Beauty + Justice podcast. We'd love to hear from you, so please leave us a rating and a review on whatever podcast streaming platform you use. And don't forget to subscribe. Be well and join us for the next episode when we talk to Dr. Lucy Chie an OBGYN to discuss the role of acculturation and beauty product exposures on health outcome.

This episode was produced and edited by Marissa Chan, Lissah Johnson and Felicia Heykoop with assistance from Ilkanya Chowdhury-Paulino. We received funding from the Environmental Defense Fund.