JOURNAL OF THE NATIONAL MEDICAL ASSOCIATION

November, 1974 · Vol. 66 · No. 6

Pseudofolliculitis Barbae in the Military*†

A Medical, Administrative and Social Problem

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PSEUDOFOLLICULITIS barbae, colloquially known as "razor bumps" or "shaving bumps", undoubtedly has been with us for centuries, but it was not accurately described and named until 1956, when Strauss and Kligman[1] delineated the pathogenesis of the disorder and gave it the name "pseudofolliculitis of the beard" (pseudofolliculitis barbae). They found that it was the ingrowing hairs in the beard area of the face and neck that caused the problem. This condition, far more common and much more severe in blacks, was facilitated by the natural curvature of the hair and hair follicle in this race. They noted regular shaving to be the precipitating stimulus.

The *sine qua non* of PFB is the ingrown hair. The characteristic lesion is the papule. Papules are formed as a result of an inflammatory foreign body-like reaction to the ingrowing hair. If the reaction is severe enough, papules may become pustules and the latter may become abscesses. After many months or years of suffering, almost continual crops of these eruptions, and after a comparable time of shaving over and through these lesions, the individual stands a great chance of permanently disfiguring his face. Indeed, not only is scarring a common sequelae of PFB, but in a recent unpublished survey conducted by one of us (A.M.A.), 52% of 25 practicing dermatologists reported having seen keloids as a complication of the disorder.

PREVALENCE

The exact prevalence of PFB is unknown. Strauss and Kligman[1] called it ". . . exceedingly common . . ."; Kenney[2] called it ". . . a rather frequent problem in Negro men . . ."; Steck[3] called it ". . . a very common disease . . ."; and Cirincione[4] was ". . . struck by the prevalence of this condition among adult Negro males . . .". These

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* Read at the 78th Annual Convention of the National Medical Association, New York City, August 12-16, 1973.

† The information contained in this document is derived from the personal opinions, experiences, and knowledge of the authors; it is not intended to reflect the official position of the United States Department of Defense or any of its components.

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TABLE 1.—GRADING OF PSEUDOFOLLICULITIS BARBAE (PFB)

*Grade**	*Interpretation*	*Shaving Difficulty*	*Therapeutic Indications*
Grade 0	No evidence of PFB	None	None
Grade I	Ingrown hairs and less than 20 papules of 2mm or greater diameter	Minor	Vitamin-A acid, topical steroids?
Grade II	Ingrown hairs plus 20 or more papules of 2mm or greater diameter	Moderate	Vitamin-A acid, topical steroids?, shaving abstinence
Grade III	Grade II plus multiple pustules	Severe	Shaving abstinence, topical antibiotics?
Grade IV	Grade II or III plus abscess formation	Severe	Incision & drainage, shaving abstinence, topical or systemic antibiotics?

* The modifier "a" can be added to Grades I-IV to denote secondary scarring; the modifier "b" can be added to denote keloid formation.

statements are informative but represent only crude estimates of the prevalence of PFB.

To get a better idea of its prevalence, the dermatologists in the survey were asked to estimate the percentage of black men who had PFB. The mean of their estimates was 22%, with a remarkable range of 0.1-80%. While this approach certainly leaves much to be desired, it does offer some insight into what the men who treat PFB think about its prevalence. Nevertheless, we went another step by examining 50 black males who were patients on the wards of a U.S. Army hospital. These men had been hospitalized for various disorders having no bearing on PFB. The diagnosis of PFB was made primarily by inspection. However, if the patient was wearing a beard at the time he was examined, and gave a history of the disorder, his records were inspected to corroborate his statement. Using this method we found the overall prevalence of pseudofolliculitis to be 45%, with 22% having Stage II or greater severity (Table 1). It is our belief that these data represent the most accurate estimate to date of the prevalence of PFB among black servicemen; indeed, it may well be the most accurate estimate of the prevalence of PFB in blacks.

GENETIC ASPECTS

The marked prevalence of PFB in black men, compared to its uncommon occurrence in white men suggests the tendency to develop PFB after regular shaving, may be a racial characteristic. However, not all black men have psuedofollcu-litis. Impressed by this latter fact, we asked 50 black men who had PFB whether or not their father and/or brother(s) had the condition also. Fifty-two percent answered the question affirmatively. In addition to this, one of us (A.M.A.) has two black female patients with pseudofolliculitis. One woman has facial hirsutism, uses a safety razor, and has early PFB, the other woman, in the habit of shaving her pubic area, has ingrown hairs in this region (pseudofolliculitis pubis).

Putting all of the above information together, it would appear that the tendency to develop ingrown hairs after regular shaving is a "genetic" rather than a "racial" characteristic. And while some might consider this distinction to be only a semantic one, we feel the separation is justified. A test of our hypothesis would be to examine a group of African black men who are not the products of miscegenation.

TREATMENT

In spite of the numerous technical advances made by that segment of industry that concerns itself with shaving, the most effective, and often the only, tool in the management of PFB is the beard. Not only has this been our experience, but the experience of 60% of the aforementioned group of dermatologists. Why does growing a beard result in the resolution of PFB? It has been demonstrated[1] that by allowing the beard to grow, the hairs are ultimately freed from their pseudofollicles by a combination of physical forces that result in the upward movement of the hair; fur-

ther, by running a comb or brush through the beard additionally imbedded hairs are dislodged. The net effect of all this is the healing of the lesions, with or without scarring.

The second most satisfactory approach to managing PFB, according to these dermatologists, was the use of chemical depilatories; however, the endorsement of their usage was considerably weaker, only 24% choosing it as the treatment of choice. Chemical depilatories also carry a limited patient acceptability because of their foul odor and/or irritation, as well as their time-consuming nature.

Another approach to managing PFB is the use of medicinal agents to ameliorate the inflammatory reaction. At best, such products are "helpful" but in no way "curative"; moreover, they very often fail to reduce the intensity of the reaction to the point that the individual can shave without significant discomfort.

Recently vitamin-A acid, primarily an agent used in the treatment of some stages of acne vulgaris, has been used to treat PFB.[5] The data suggest that vitamin-A acid may be of some value in mild or early cases of PFB.

PFB AS AN ADMINISTRATIVE AND SOCIAL PROBLEM

The U.S. Navy is the lone exception when it comes to barring beards. Under the forward-looking leadership of Admiral Elmo R. Zumwalt, the Navy has authorized the wearing of beards by *any* man who chooses to do so, no matter what his race, creed, or color. This policy, along with its obvious benefits, carried with it a coincidental by-product, the virtual elimination of PFB as a medical-administrative problem for the Navy.

But for the black non-Navy serviceman, wearing a beard can make his life difficult or intolerable, even if the beard has been prescribed by a medical specialist.

THE ARMY

The Army can boast having the "best" regulation concerning the medical-administrative management of PFB. Nevertheless, it is inadequate and misleading. Reading this regulation, one is led to believe that PFB is a transient disorder which with "proper" shaving, will go away in all but a few cases. This is not so. The problem of PFB once developed, can be anticipated to plague its victim for as long as he shaves regularly. This may be a lifetime.

But even if the Army's regulation is better than that of the Air Force and Marines, it doesn't stop many of its line officers and senior enlisted men from engaging in oppressive tactics to force black men with PFB to shave. For example, a young black G.I. recently had a bar to re-enlistment instituted against him, *only* because he had a profile authorizing him to wear a therapeutic beard for PFB. This man had an outstanding service record and after eight years of service was planning an Army career. Being unfairly forced to choose between proper treatment of his skin condition and the termination of his career, the man chose to resume shaving in spite of its consequences. This is just an example of the harassing tactics being used by some Army personnel against black soldiers with PFB.

We know the above situation is not unique within the Army, that wherever there are black soldiers with PFB, they are likely to be subjected to calculated oppression and if they cry out for redress they may be labeled "militants" or "troublemakers."

While there are some non-medical personnel in the chain of command who recognize PFB for what it is, a medical condition, they are either powerless to effect changes, afraid to speak out, or hope the problem will just "go away." Then there are those who say things like, "I understand the problem, but we are having an inspection today and I was wondering if you could have the men shave, or just let me send them up to your office so nobody will see them." Finally, of course, there are those whose positions are blatantly emotional and, therefore, lack sound reason. Such words as "unmilitary," "unhealthy," "unbecoming," "unnatural," issue from their thoughtless mouths.

We need not argue any of these points because, even if they were valid criticisms, the fact remains that black men with moderate to severe PFB are authorized by physicians to wear beards. But just for the sake of it, what is "unmilitary" about wearing a beard? The U.S. Navy is still considered a part of the United States Armed Forces and all their men have the option of wearing beards. Furthermore, if one studies briefly U.S. Army history, it is found that there is no Army tradition when it comes to wearing beards. Some of the Army's greatest generals wore beards, just as some of its greatest generals did not. Clearly, then, the wearing of a beard does not have any correlation

with ability, willingness to serve, commitment to a cause, or capacity for greatness. American military history has proven this.

"Unhealthy"? Not at all! Wearing a beard, no matter what the reason, does not predispose its wearer to any affliction that he could not contract with a shaven face. And, on the other hand, properly attired surgeons all over the world daily enter the operating room sporting various types of beards. We are unaware of any complications that could be traced directly to the operators' hirsutism. Indeed, in 1955, Craig[6] published a paper entitled "Shaving—A Cause of Skin Disorders." In this communication he pointed to some of the problems related to shaving and emphasized the susceptibility of blacks.

"Unbecoming"? This judgement, purely in the eyes of the beholder, is not subject to absolute criteria anymore than are various standards of beauty by which women of the world are appreciated.

"Unnatural"? Quite the contrary. What is more natural than the fact that as a man comes to physical maturity he will acquire facial hair in varying degrees. To remove this hair, if the man so desires, he must rely on artificial ("unnatural") measures.

Consequently, if one really thinks objectively, a beard cannot be labeled as "unmilitary," "unhealthy," "unbecoming," or "unnatural."

THE AIR FORCE

Managing PFB in the Air Force is particularly frustrating. Discrepancies arise because no practical guideline is given for PFB or other specific dermatologic problems, therefore, local bases are allowed to "invent" policy dependent upon the opinion of area commanders. To validate these policies, the Air Force draws on its career medical officers who, too often, find it "easy" to go along with the commander's opinion. These validations, highly susceptible to challenge, are used exclusively to override previous medical data based on unbiased scientific investigation. This unfortunate sequence of events is being used in the Air Force to justify the continual harassment of black airmen. One of the guidelines[3] for treatment implies that with proper care and adherence to a given shaving procedure PFB will not recur; and it goes so far as to state, "If the disease recurs after resumption of shaving, the patient is doing something wrong." This is entirely contrary to what is known and stated about the mechanism and course of the disorder.

Generally speaking the military initially deals with its problem by simply denying that a problem exists. When this is not effective, voluminous "paper tigers" can be bred to give the impression of coming to grips with the problem, but what is actually delivered from these efforts barely scrapes the surface of the profound issues facing the Armed Forces. Because commanders pass their responsibilities to lesser ranking officers, and they pass theirs to senior enlisted men, who in turn relegate the duties to lower ranking sergeants in supervisory capacities, a gross amount of dilution and neglect exists, with the burden often falling on the shoulders of those perhaps least capable of handling it.

Though some commands will allow men with PFB to wear beards, it is done with certain restrictive provisions. Such as allowing growth only on those areas showing the severest involvement. In many black men this is only on the neck and/or underside of the chin. By permitting hair growth only in these areas it is hoped that the individual will "put up" with his condition and resume shaving to avoid such an outrageous appearance. These humiliating "patch profiles," as they are called, have been deemed a successful tool in "dealing with" the situation by commands in Thailand and Vietnam, which curiously claim they have little problem with PFB.

Prevailing military attitudes as to why blacks primarily have PFB completely negate the facts that have already been documented in existing medical literature. Commanders and supervisors instead insist on making purely racist allegations such as that the serviceman deliberately has placed gasoline, lighter-fluid, or jet fuel on his face to "create" the condition.While it is true that these agents may cause damage to the skin, they cannot produce PFB.

"Only militants and radicals wear beards" is the cry by many in leadership positions. As a result of these judgements, fines and harassment have plagued numerous blacks who have refused to submit themselves to the existing regulations which spawn intimidation and smack of ignorance.

Despite communications in Armed Forces publications as well as group discussions on PFB, unreasonable attitudes persist; persist because of the basic inherent racism that is devouring America

and its military forces alike. Existing Air Force regulations do not permit the treatment that is required. It has already been demonstrated that there is no shaving method that can be relied upon to control PFB satisfactorily. Therefore, men with the problem are authorized by physicians to wear beards. This medical recommendation is met by the Air Force with constant administrative surveillance of the treatment. Every two weeks the patient is re-evaluated and may be ordered to shave at any time. The fact that the condition will simply recur has no credibility in this kind of system; the fact that it is decidedly uncomfortable and, in some cases, painful to allow the beard to grow out to dislodge all ingrown hairs is of no issue; the fact that thousands of men must report to dispensaries to receive this evaluation instead of being constructive in their career fields is meaningless and insignificant; and, the fact that increasing resentment is developing among the ranks of black servicemen because of unjust treatment is, and will continue to be, denied until a major confrontation occurs. Then, in response to crisis, corrective action will be taken. American history is full of such *ex-post facto* remedial maneuvers that, because of their tardiness, are only partially effective and of highly questionable sincerity.

THE MARINE CORPS

The black Marine with PFB can expect harassment just like his Army and Air Force counterpart. However, our contact with members of this branch of the military has been less extensive than that with Army and Air Force personnel. Nevertheless, one of us (A.M.A.) has been consulted on several occasions by Marines with PFB who are being processed for administrative (not medical!) discharge. Such discharges avoid the probability of the man obtaining compensation for his medical disorder as personnel with other service-connected afflictions so often do. Moreover, this kind of discharge, though honorable, tends to haunt the individual after he leaves the service, for drug abusers often receive the same kind of discharge. Therefore, when a man with PFB goes job-hunting, his Administrative Discharge is likely to jeopardize seriously his chances for employment.

Should a man with PFB receive the same kind of discharge as an illegal drug abuser? Or should a man be discharged at all, just because he has PFB? We would say "No" to both questions.

Still, the attitude of the Marine Corps regarding men with PFB is not at all surprising when one compares the racial make-up of its enlisted with its officer ranks. The Marine Corps has no black generals and few if any black full colonels. Yet, how many black men have given their lives wearing the uniform of the U.S. Marine Corps?

THE BLACK SERVICEMAN

Many black servicemen come into the military not having shaved before. In our survey of 50 black men with PFB, only 42% were aware that they had the condition before entering the service. But when the serviceman begins his basic training he is expected to shave daily, even if he has only "peach fuzz" on his face. It is this requirement that ultimately ushers in the problem of PFB in many black men.

Because the existing military system of monitoring shaving profiles (waivers) stimulates the development of an adversary relationship between the black serviceman and his supervisor and/or commander, who is usually white, a large number of blacks feel they are the victims of unfair discrimination. In fact, when asked if they felt they were being unfairly harassed because they wore beards, only 50% of 50 black servicemen said, "No." Of those who felt they had been unfairly harassed, 72% were of the opinion that the harassment was racially motivated.

Of course, it is likely that much, but not all, of what some of these men call racially motivated harassment is just *their* perception of a man, who again is usually white, doing what he feels is his duty. However, what one perceives frequently affects one's actions. If a man has the perception that he is the victim of racial discrimination, he will act accordingly.

In response to this harassment some men have "knuckled under" to the pressure, which essentially means they have been forced to ignore their medical problem; some men have refused to submit to the pressure and to ignore their disorder, yet, because the pertinent regulations are inadequate, these unfortunate but uncompromising men find themselves in violation of military appearance standards—something punishable under the Uniform Code of Military Justice; and, still other men have sought legal, congressional, clerical and, even psychiatric help as they struggle against the op-

pressive, unreasonable attitudes of too many military personnel.

It is tragic that there are those in the miltary who find it necessary to intimidate black servicemen because of the type of therapy they are receiving for a medical condition. And while some progress has been made in the area of race relations, many black servicemen with PFB are being pushed into a situation that can only provoke a volatile response.

THE PHYSICIAN

The military's approach and attitude toward PFB places the conscientious physician in a very unenviable position. He knows, as do many of his patients, that the best therapy for PFB is a beard, yet he also knows that his patients may come under various unnecessary stresses at the hands of non-medical personnel. Some of these stresses will be minor, others will be devastating. The overall effect of this intolerable situation is that the physician is actually a victim, too. He is the victim of an approach-avoidance conflict that could indirectly and adversely influence his choice of therapy. He wants to authorize the patient to wear a beard, but he knows the man is likely to be harassed; he knows that growing a beard will solve the patient's PFB problem but it will create many others; and more than anything else, he knows that he should not have to be subjected to, and be required to practice in an environment that beckons him to compromise his professional ethics.

At a time when the military is on the verge of suffering a critical shortage of physicians, a shortage that will get much worse before getting better, we cannot imagine *anything* that would engender more alienation or apathy than putting a physician in a situation where he cannot practice medicine at his best. This is fundamental.

REMEDIAL MEASURES

In 1972 a Department of Defense commission investigating charges of racial discrimination in the U.S. Armed Forces, gave evidence that the military was guilty of "intentional and unintentional"[7] racism in many areas of its operation. We have shown that even in the realm of medicine, blacks are being mistreated by segments of the military. The problem exists in all but one branch of the service and we find personnel in the U.S. Army, U.S. Air Force, and U.S. Marine Corps guilty of flagrant neglect and misconduct in dealing with the situation despite more than adequate scientific proof to the contrary. We can find no justification for prolonging the continual denial of the medical nature of PFB. We can no longer stand idly by and allow the military to think that black personnel wearing beards as treatment for PFB can be hidden from public view; harassed by bigotted, narrow-minded commanders and supervisors blind to any form of reason; and deprived of promotion or continuation in the military because this dermatologic condition is best and often treated by not shaving. Furthermore, with recent Pentagon reports[8] showing a progressive increase in the proportion of blacks enlisting in the U.S. Armed Forces, it becomes even more urgent that effective and equitable action be taken to rectify the complex issue of PFB in the military—an issue that affects the lives of thousands of America's black servicemen.

We therefore propose the following:

1. That the National Medical Association make a public statement in opposition to the military's maltreatment of black personnel with pseudofolliculitis barbae.

2. That there be a ceasing of the harassment and discrimination against those individuals who are authorized by their physicians to wear beards as treatment for pseudofolliculitis barbae. The following areas should be *specifically* dealt with:

a) Duty Assignments

b) Promotional Opportunities

c) Bars to Re-enlistment

d) Administrative Separation

3. That a functional and comprehensive program designed to educate non-medical personnel (emphasis on commanders and senior non-commissioned officers) with regard to the particulars of pseudofolliculitis barbae be instituted at the Department of Defense level, and expeditiously implemented at all subordinate levels.

4. That a uniform pan-military profiling system be implemented; that *permanent* profiles be authorized by *all* services in designated severe or chronic cases; and that the grading system featured in Table I be adopted by all branches of the Armed Forces.

(*Concluded on page* 479)

is hemostasis. The operative intervention is generally termed successful if less than two units of blood are required postoperatively.[4] In view of the clinical findings described by Lucas et al. and the experimental work of Harjola and Sivila, it is not surprising that the procedures advocated which were short of total gastrectomy were attended by a high incidence of rebleeding. The bleeding starts in the fundus. Bleeding is more likely a consequence of local effects of shock than of vagal influence. The report of Menguy,[9] in 1969, advocating total gastrectomy for stress bleeders thus appears more than reasonable. He reports 35 cases of stress bleeders not responsive to intensive medical therapy who had dismal results following procedures short of near total or total gastrectomy. He reports that in 10 patients treated by near total or total gastrectomy, none of the survivors rebled. He states that, "We believe when massive hemorrhage complicates a serious or acute or chronic illness, the operation aimed at arresting the hemorrhage represents the patients only chance under these circumstances. Total or near total gastrectomy represents the patients only chance. Under these circumstances total or near total resection insures against further bleeding. However, if the patients condition, age, etc., are such that continued bleeding and/or a second operative procedure would not be tolerable. Suture ligation of the obvious bleeding points with vagotomy and pylorolasty are recommended with the realization that the patient may rebleed."[8]

SUMMARY

Our experience with three operative cases is presented. Based on this experience, the operative treatment of stress bleeding at Hubbard Hospital will be total gastrectomy. We feel that this review of the literature offers potent support for this change in therapy.

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(*Alexander, from page* 464)

5. *WE FINALLY SUBMIT THAT THE ENTIRE PROBLEM OF PSEUDOFOLLICULITIS BARBAE IN THE MILITARY—ITS MEDICAL, ADMINISTRATIVE, AND SOCIAL RAMIFICATIONS—CAN BE* BEST *AND MOST EFFICIENTLY DEALT WITH BY PAN-SERVICE ACCEPTANCE OF THE VOLUNTARY GROWTH OF A BEARD BY* ANY *SERVICE MEMBER. THIS IS CURRENT U.S. NAVY POLICY.**

* This measure would supersede measures 1-4.

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