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MEETING PATIENTS WHERE THEY ARE: THE CASE FOR SHELTER-BASED DERMATOLOGY FREE CLINICS

Access to specialized dermatology services is notoriously limited. Insurance hurdles and wait times stretching for months create a system where patients are left in limbo, often with consequences that extend far beyond skin-deep. Delays and denials breed distrust in medicine, leave conditions undiagnosed or misdiagnosed, and push people toward risky home remedies. Even when an initial visit is finally secured, resolving many dermatologic issues requires frequent follow-ups and multiple medication trials. For those experiencing housing insecurity, these barriers are amplified, and it is this population that demands urgent, targeted outreach from dermatology departments.

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As a dermatology medical assistant, I have witnessed firsthand the frustration of patients struggling to secure timely appointments, afford expensive medications, or even maintain insurance coverage. When I began volunteering at a weekly homeless shelter free clinic, the consequences of this access gap became even more glaring. Even when we successfully enroll patients in Medicaid, the number of dermatologists who accept that insurance is alarmingly small. As a result, serious skin conditions often remain undiagnosed and untreated. Beyond the obstacles faced by the general population, these patients encounter unique challenges: limited transportation, no safe place to store medications, and daily exposure to harsh elements. Skin conditions are thus easily overlooked until they reach a breaking point.

Of all the patients I saw while shadowing in an emergency department (ED), one memory in particular frequently crosses my mind: a patient arrived requesting wart removal. The attending physician bristled, frustrated that such a seemingly non-emergent issue was using ED resources. But for many low-income and housing-insecure patients, the ED is the only door left open. Reliance on emergency care for chronic skin conditions leads to misdiagnoses, inadequate treatments, and unnecessary hospital costs. At the shelter clinic, I see the effects of this weekly. I think of one man who silently raised his hands to show me the thick plaques coating his palms and restricting his usability. He had once gone to the ED for the rash but received medication that failed to help, subsequently giving up hope. Working as a dishwasher to get by, each dish he washed was a reminder of a system that had overlooked him and of daily, preventable suffering.

This is not an isolated story. Nearly every patient I encounter in the shelter bears some form of visible skin disease. The need is undeniable. Some dermatology clinics offer monthly free clinic services, a promising start. But to reach those who need it most, dermatology departments must meet patients where they are. Establishing free dermatology clinics within shelters would provide reliable access to specialized care and allow for early screening of conditions that can silently progress or require expert diagnosis.

The impact would ripple far beyond the shelter walls. Expanding access would reduce unnecessary ED visits, lower morbidity and mortality from untreated dermatologic disease, and ease daily suffering for those living without stable housing. For people unsure where they will sleep or whether they will eat each night, relief from painful, treatable skin conditions is a tangible restoration of quality of life.

Dermatology has the expertise and the responsibility to close this gap.