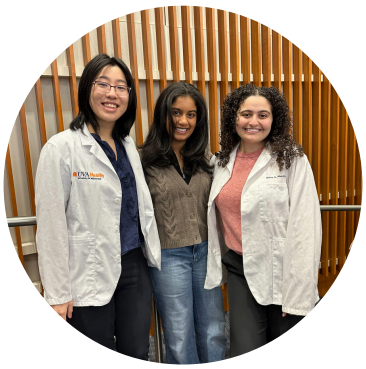

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BEYOND OUR BORDERS, WITHIN OUR RESPONSIBILITY

Armed conflict and humanitarian crisis disrupt nearly every aspect of health care. In these settings, dermatologic diseases are forced to the background, overshadowed by trauma, malnutrition, and infectious illness. However, research consistently shows that skin conditions represent a large and often overlooked share of disease burden in war-affected and displaced populations (1). For dermatologists, including those practicing in Virginia, this reality needs to be addressed.

Multiple studies have shown that skin disease accounts for a significant portion of medical visits in refugee camps and conflict zones. A recent review spanning four decades found that dermatologic conditions composed anywhere from 5% to 25% of medical diagnoses in refugee settings. Sanitation, disrupted health care, and environmental exposure all contribute to this disease burden (2). Within these disruptive conditions, infectious diseases run rampant, including scabies, impetigo, fungal infections, and cutaneous leishmaniasis; chronic inflammatory diseases and drug reactions are also frequently seen (3).

Conflict not only increases the number of skin conditions but also influences how they present and progress. Overcrowded shelters and a lack of clean water access create the perfect environment for parasitic and bacterial infections to fester. When supply chains break down and healthcare systems collapse, patients with otherwise manageable conditions like psoriasis, atopic dermatitis, or autoimmune blistering disorders often lose access to critical treatments, leading to severe or even life-threatening flares. Malnutrition and chronic stress weaken the skin barrier and delay wound healing. In this context, skin disease is not simply cosmetic or minor; it is often painful, disabling, stigmatizing, and at times life-threatening (4).

Voices from survivors of war zones demonstrate these travesties. In Sudan, conflict and environmental crises have increased the burden of neglected tropical diseases that affect the skin. A narrative review of displacement in Sudan found that overcrowding, malnutrition, and disrupted healthcare services have increased the burden of chronic, deforming ailments like leishmaniasis and mycetoma among internally displaced people. These conditions often lead to severe disability and social isolation, underscoring how neglected skin diseases can become devastating in humanitarian crises (5).

This issue is not limited to conflict zones overseas. Refugees and asylum seekers resettled in the United States often arrive with untreated or misdiagnosed skin conditions that began at the onset of displacement. A study of resettled refugees found a high prevalence of both infectious and inflammatory skin disease, showing how crisis dermatology abroad connects directly to clinical practice at home (6).

For dermatologists in Virginia, this is not just an abstract global issue. With an estimated refugee population of almost 100,000 in Virginia, these dermatologic conditions related to displacement and conflict are a routine part of caring for our refugee populations (7).

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Despite the high burden of disease, dermatology remains underrepresented in humanitarian response planning, global health training, and emergency preparedness. Reviews consistently highlight gaps in standardized treatment protocols, limited specialist involvement, and insufficient research relative to disease prevalence (6). Addressing these gaps requires engagement from the broader dermatology community, not just those who work directly in humanitarian settings.

The Virginia Dermatological Society and its members are well-positioned to lead these efforts. Practical steps include adding crisis and refugee training to dermatology residency curriculum and advocating for the inclusion of skin disease management in disaster response planning. Even modest contributions through education, consultation, or advocacy can have a meaningful impact.

In Virginia, the effects of inadequate dermatologic care in crisis settings are neither distant nor theoretical. Our clinics and hospitals increasingly serve refugees and asylum seekers, and we often see the long-term consequences of delayed or interrupted care: chronic infections, scarring inflammatory diseases, advanced cutaneous leishmaniasis, and severe flares of conditions left untreated during displacement. These cases reveal both individual suffering and broader systemic gaps in crisis health care. By engaging earlier through education, advocacy, and humanitarian collaboration, the dermatology community in Virginia can help reduce preventable disease at home and abroad. In doing so, we emphasize that dermatology is essential medicine and that the specialty has a vital role in compassionate, evidence-based care for vulnerable refugee populations.

1. Burke OM, Yang S, Beer J, Htet KZ, Elman SA. Infectious Dermatological Conditions Among Refugee and Immigrant Populations: A Systematic Review. Int J Dermatol. Published online September 2025:ijd.70042. doi:10.1111/ijd.70042
2. Maju M, Siddiqui N, Dunlop-Korsness K, Brandt-Flores C, Emery E, Valladares HC. Dermatologic disease prevalence in refugee camps: a scoping review. Discov Soc Sci Health. 2025;5(1):54. doi:10.1007/s44155-025-00182-9
3. Maas D, Marji JS. Dermatologic Research in Displaced Populations: Importance, Challenges, and Proposed Solutions. JMIR Dermatol. 2025;8:e64828-e64828. doi:10.2196/64828
4. Buffon R. Dermatosis in Conflict Zones and Disaster Areas. In: Rangel Bonamigo R, ed. Dermatology in Public Health Environments. Springer International Publishing; 2023:1413-1428. doi:10.1007/978-3-031-13505-7_56
5. Elsaeed Elhag AA, Dawood I, Mohammed Adam SI, et al. The Impact of Displacement on Skin-Related Neglected Tropical Diseases in Sudan. Clin Exp Dermatol. Published online August 25, 2025:llaf392. doi:10.1093/ced/llaf392
6. Ching AH, Tay T, Brown B, Mohareb AM, Sethi A, Annamalai A. Dermatologic conditions of adult refugees following resettlement in the United States, 2015 to 2018. J Migr Health. 2023;7:100183. doi:10.1016/j.jmh.2023.100183
7. Immigrants in Virginia. American Immigration Council. Accessed January 13, 2026. https://map.americanimmigrationcouncil.org/locations/virginia/"

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