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On a Monday afternoon in Southeast D.C., the waiting room of the GW Teledermatology Clinic fills with faces and stories that stay with me long after I leave. A teenager clicks into the video screen with a rash that refuses to heal. A mother holds her child close, worried about eczema that keeps him up at night. An older man shifts nervously, wondering if the spot on his cheek might be something more ominous.

For many of these patients, this clinic, run by Dr. Adam Friedman and his fellows Mina Farrah and Nikkia Zarabian, is the only place they will ever see a dermatologist. Some have waited years for answers. Some are only here because every other door was closed to them.



It is here, more than in any classroom or lecture, that I learned an undeniable truth: dermatology has an access problem.

Skin disease is one of the most common reasons people seek medical care, yet access to dermatologists is strikingly unequal. Entire neighborhoods are “dermatology deserts,” and even where specialists exist, waitlists and insurance barriers keep care out of reach. The results are devastating: melanomas diagnosed too late, hidradenitis suppurativa left untreated, children missing school because of uncontrolled eczema.

One encounter has never left me. A mother brought in her two sons, and her oldest had eczema that worsened after he joined the after-school wrestling team. She encouraged him to join, not only because it kept him active but because she wanted him away from the house. She confided that she was trying to leave a difficult relationship with their father and was searching for affordable housing as a single parent. Wrestling gave her son a safe outlet, but it also brought painful rashes. Worse, she noticed his skin erupted in flares whenever the parents fought. Stress was written across his skin as plainly as any rash.

In that moment, I realized his eczema was not just a medical condition. It was a reflection of instability at home, a child struggling to stay safe, and a mother’s quiet determination to hold her family together. Dermatology was intertwined with their emotional, social, and financial reality.

Medical school has exposed me to extraordinary advances such as biologics, lasers, and genetic testing. These innovations are exciting, but they risk widening the gulf between patients who can access the future of dermatology and those still waiting for the basics.

Volunteering at the GW Teledermatology Clinic grounds me. It reminds me that practicing medicine is not about chasing the newest drug alone. It is about showing up, listening, and doing what we can within the constraints of the system. Medical students are uniquely positioned to help because we have the time, the energy, and the willingness to reach patients too often overlooked.

Addressing inequities in dermatology requires effort at every level. Systemically, we must expand teledermatology, incentivize practice in underserved areas, and guarantee coverage for essential treatments. Educationally, equity must be woven into medical training as a core skill, not an afterthought.

But change also happens in smaller steps. Dermatologists can partner with local groups to host screenings. Societies can lift up equity-focused projects. Medical students can volunteer, advocate, and refuse to let this issue fade into the background.

Dermatology is sometimes dismissed as cosmetic, but for patients, skin disease is rarely just about appearances. It shapes confidence, identity, and dignity. When access is unequal, so is the chance to live free of pain, stigma, or fear.

For me, this once-a-month clinic is more than a volunteer shift. It is a lifeline for the patients I meet, and a reminder of what equity should mean in our field. It is a good thing, but it is not enough. The people of Southeast D.C. should not have to rely on a monthly clinic when others can access care with ease. If we, as future dermatologists, commit to equity as our guiding principle, we can build a specialty that serves everyone, no matter where they live, what insurance they carry, or how long they have been waiting to be seen.”

