Health Challenges Faced by Displaced Populations: Implications for Dermatological Care

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Currently, there are over 70.8 million people displaced globally because of war, violence, and persecution¹. The global migration crisis has led to numerous health risks and unique challenges for displaced populations. Among the most common health issues faced are dermatological conditions, which are often exacerbated by extenuating conditions related to travel and resettlement. These contributing factors include years of living in cramped conditions, long periods of immobility, lack of adequate food and water, decreased sanitation, and extreme weather¹. Due to this, these communities experience a high prevalence of infectious diseases with cutaneous manifestations, such as tropical and vaccine-preventable illnesses.

Additionally, displaced populations commonly experience various forms of violence and trauma, such as torture, sexual and gender-based violence, and female genital mutilation, which can result in severe physical and emotional complications². These experiences can be particularly detrimental due to systemic and cultural barriers preventing access to healthcare and psychosocial support.

Historically, the response to healthcare for displaced populations has primarily been emergency focused. Many dermatologic conditions do not necessitate emergent care and can be managed in an outpatient setting. By enhancing community-based care, dermatologists can facilitate prompt diagnosis, improve education about effective self-management, and provide culturally sensitive practices for skin disorders within displaced populations³. However, advocacy for preventive health and accessibility to dermatological services is necessary to reduce healthcare inequality among these populations.

It is imperative for healthcare professionals to better understand and address the distinct health risks and challenges faced by displaced populations, especially regarding dermatological care. Further research is needed to develop effective strategies for addressing the healthcare needs of resettling populations, and to reduce the disparities in access and health outcomes.

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