

Behind the Protests: Lessons From My Undocumented Patients

Matthew Yu, DO, MPH, DipABLM; Mohak Kumar, DO

AUTHOR AFFILIATION:

Department of Family Medicine,
Charles Drew University of Medicine
and Science, Los Angeles, CA

CORRESPONDING AUTHOR:

Matthew Yu, Department of Family
Medicine, Charles Drew University of
Medicine and Science, Los Angeles,
CA,
matthewyu@cdrewu.edu

HOW TO CITE:

Yu M, Kumar M.
Behind the Protests: Lessons From
My Undocumented Patients. *Fam
Med.* 2025;X(X):1–2.
doi: [10.22454/FamMed.2025.338884](https://doi.org/10.22454/FamMed.2025.338884)

FIRST PUBLISHED: December 22,
2025

KEYWORDS: health care access,
health equity, immigrant health

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As a family medicine physician working in the primary care safety net of South Los Angeles, I (Matthew Yu) serve immigrant families, many undocumented, with deep roots in this community. I live just blocks from the now iconic image of protest in Paramount, California, where a car burned near Home Depot. While national headlines fixate on scenes of unrest, the quieter story I witness is in exam rooms and in my community, where fear, not fire, is what burns most intensely.

Over the past few months, I have seen a sharp rise in distress among my patients due to targeted and unjust enforcement by US Immigration and Customs Enforcement (ICE). Community members tell of roundups, abductions based on ethnic appearance, with ICE detaining even those who have legal status. They fear what will happen to their children at school, whether their families can survive if the sole financial provider is taken, and deportation to remote locations unfamiliar to them. The fear is pervasive. The trauma is real.

One patient working in the flower district of downtown Los Angeles described how unmarked vans pull up with tinted windows, and masked agents jump out. “*La migrá!*” she yells, as people scatter. Those who cannot run are grouped and taken. Friends have been detained. As they were taken away, they called out to her to reassure their families, their interlocked eyes conveying they might not see each other for years. She came to the United States at age 14 and is now in her 50s, still waiting for legal status. Her family recently gathered for Sunday dinner, and as they shared carne asada tacos, they wept over the cherished family moment that could be their last. Moments like this remind me how fragile preventive care becomes when fear dictates whether a patient dares to seek help.

In clinic, fear rarely arrives with sirens and armed law enforcement. Instead, it shows up in absence with canceled visits, skipped prenatal care, and postponed surgeries. One woman seeking birth control asked for an expedited visit, not for medical reasons, but because she had an immigration court hearing later that week and did not know whether she would be detained after following proper process. Every blank space in my schedule is not just a no-show; it is continuity of care disrupted by policy.

While social media debates rage over protest images, the real crisis remains largely unseen—a crisis that plays out in the quiet lives of families just trying to survive. Judicial approval of ICE detaining based on visual suspicion, racial profiling, is conducted in a callous and cruel manner. My family and I live close to the more violent protests portrayed in the news, and we do not feel unsafe; what unsettles me more is our military being deployed to neighborhoods like mine, another public fire that deepens private fear.

This work has changed me. My patients speak with affection when they call me their doctor, and I love them. I recently sat with an older patient who has lived in Los Angeles with her immediate family for decades and who disclosed plans to self-deport out of fear. We cried together. And as we ended the visit, she took my hand, told me she loved me and would miss me. On my drive home that day, I reflected on my own privilege to move through public spaces without fear for my family. For her, taking multiple buses for preventative care could end in detention. I must account for these forces and expand my definition of care beyond the exam room. I am resolved to do more: to hold space in visits, to organize with colleagues, and to speak when my patients cannot.¹

Her story is not unique. Our patients without legal status raise their children with the same dreams I have for mine. Yet their human rights are being stripped away. Without protected human rights for immigrants, safe and effective delivery of health care is

severely undermined. Fear drives people from our clinics, silences them in public spaces, and erodes the trust needed for healing.

Even within our university, a nationally recognized institution focused on minority health, millions in federal research dollars have been cut. It is destabilizing for a university that has responsibly used grants to study effects of inequity. Even the very language of “health disparities” is now discouraged. As terms and research support disappear, the data disappear and accountability fades. Without measurement, policy loses the evidence required to drive equitable change. This erosion undermines clinicians trying to respond to what we witness daily and further obscures the needs of communities already pushed to the margins.

Contrary to political myths, undocumented immigrants do not increase violent crime rates.² People come for many reasons: poverty worsened by climate change, unstable economies, violence in their neighborhoods, or the hope of reuniting with family.³ Despite these realities, bipartisan consensus already acknowledges that US immigration policy is broken and overdue for reform.⁴ For those of us in medicine, the effects are unmistakable. Fear of deportation worsens health disparities and discourages engagement in care.⁵ Immigration enforcement has become a social determinant of health.

What would humane, comprehensive immigration reform mean for clinical care? It would reduce fear-driven delays, protect clinics and hospitals as safe spaces, expand coverage and preventive services regardless of status, and stabilize families through work authorization and pathways to legal status. And it would enable continuity of care that lowers emergency utilization. For frontline family medicine physicians, it would turn invisible voids into visible visits and better health.

My heart grieves, but I also hope. Change is possible. We need immigration policies that protect families and enable health. Jobs are not being stolen, crime is not rising; but lives, entire families, are being shattered. As physicians, health care leaders, neighbors, and citizens, we each have a voice and a platform. I speak out because my patients cannot. I ask you to do the same.

REFERENCES

1. Chen AT, Murthy VH. The power of physicians in dangerous times. *N Engl J Med*. 2025;392(19):1873–1875. doi:10.1056/NEJMp2502493
2. Light MT, Miller TY. Does undocumented immigration increase violent crime? *Criminology*. 2017;56(2):370–401. doi:10.1111/1745-9125.12175
3. Solano P, Massey DS. Migrating through the corridor of death: the making of a complex humanitarian crisis. *Journal on Migration and Human Security*. 2022;10(3):147–172. doi:10.1177/23315024221119784
4. Brown TC, Sprick E. *Has Congress Given Up on Bipartisan Immigration Reform?* Bipartisan Policy Center; 2025. Accessed September 18, 2025. https://bipartisanpolicy.org/wp-content/uploads/2025/08/BPC_Bipartisan-Immigration-Reform-Report.pdf
5. Yu M, Kelley AT, Morgan AU, Duong A, Mahajan A, Gipson JD. Challenges for adult undocumented immigrants in accessing primary care: A qualitative study of health care workers in Los Angeles county. *Health Equity*. 2020;4(1):366–374. doi:10.1089/heq.2020.0036