CORRESPONDENCE

We Do Care

TO THE EDITOR: As physicians, we took an oath to care for others and to do no harm, promising, in part, "I will remember that I remain a member of society, with special obligations to all my fellow human beings." The mandate *primum non nocere* — first, do no harm — has been ingrained in us since medical school.

So here we stand, compelled to share our stories in this moment, so the rest of the country knows what is happening in our state. We are bearing witness to what fear can do to the health of a community.

Regardless of whether we have lived here our whole lives or moved here from the other side of the world, we all call the beautiful state of Minnesota our home. We live in big cities, in suburbs, and in rural areas.

We work in large health systems, in private practices, at academic health centers, in the VA Health Care System, in federally qualified health centers, and with the Indian Health Service. We care for patients throughout our state from birth to death. We teach the next generation of physicians.

In a powerful article in the *Journal* last spring, Drs. Alice T. Chen and Vivek H. Murthy called on physicians to use their voices to advocate for the health of patients and communities during dangerous times.[1]

In Minnesota, we have found ourselves in an extraordinarily dangerous time.

As the presence here of Immigration and Customs Enforcement (ICE) has increased, our clinic schedules have filled with missed appointments. Patient volumes have plummeted in our emergency departments (EDs). Each of these missing patients represents a lost opportunity: a chance to intervene, to make a diagnosis, to start or alter treatment, or to turn the tide of chronic illness.

These aren't patients who don't care. These are patients who are terrified. When we call to check on them, they tell us they are scared to leave their homes. Scared to drive. Scared to take a bus. Scared that a walk across a parking lot to clinic — a place meant to heal — could put them and their families at risk. To be clear: it is not just undocumented immigrants who are affected; immigrants and refugees who are here legally and U.S. citizens are also being affected.

When our patients go without medical care, the harm is not theoretical. It is measurable. Fear doesn't just keep people away from clinics and EDs, it pushes patients into crisis. We know what happens when the symptoms that signal a medical crisis are ignored in the hope that they will just go away. When their conditions worsen, patients arrive in EDs and hospitals with advanced cases of illness. We have seen the cost of waiting: appendixes rupture, mild infections transform into life-threatening sepsis, patients end up on ventilators in the ICU because they could not get medications they needed. And sometimes, it is too late; those hours of waiting in fear become their last.

We watch in horror as a pregnant woman is dragged through the snow by federal agents and understand why our patients choose to stay home rather than seek prenatal care. But we also know what happens when prenatal care is neglected. Some women arrive at our hospitals with very little previous care because they feared being taken by ICE. They and their unborn babies are not well; some are critically ill. We also keep vigil with women in labor who are terrified when their husbands suddenly stop answering the phone, the old excuses of a dead phone battery or an unpaid phone bill drowned out by worries of detention and deportation.

Children are not exempt from this crisis. In our clinics, there are missed immunizations, missed follow-ups for seizures, diabetes, developmental delays, complex medical conditions. In the neonatal intensive care unit, we stand by the bassinets of the critically ill infants whose parents are too terrified to come to the hospital to comfort them. In our neighborhoods, innocent children have been exposed to tear gas used by federal

agents, to violence. Kids are going hungry as food insecurity skyrockets.

We also know the mental health impact of this crisis. Political unrest and the unfair targeting of immigrant communities have deepened fear, grief, and division, and we see the emotional toll every day. Patients are presenting with symptoms of post-traumatic stress disorder, with suicide attempts. We sit with people whose loved ones have been detained, families fractured, and communities shaken by uncertainty and loss. Our hearts break for all of them. These are not abstract issues in a news cycle — they are human lives, families, and communities hurting in very real ways. Holding space for this pain has reminded us that suffering affects us all. Fear, grief, and exhaustion cross political and cultural lines.

We are not immune simply because we are physicians. Dread, desperation, and isolation tighten their grip day by day. We are devastated to witness a beloved nurse colleague, Alex Pretti, gunned down by federal agents. Some of us step out of our homes to provide care for the people of Minnesota knowing that today might be the day when the amount of melanin in our skin outweighs the degrees we have earned and the people we have healed.

And yet we push forward, doing what we can.

We make calls to patients, attempting to manage what we can from afar. But too often the calls go unanswered. Are our patients afraid to pick up? Or are they unable?

We make covert home visits, organize emergency hotlines. We deliver medications, food, and diapers to those who cannot safely leave their homes. When patients *do* come to see us, we ensure that they leave with enough medication to (we hope) survive this crisis.

We are trained to respond to emergencies. We are trained to go above and beyond in moments of crisis. Whether that means working longer hours tending to the sick or linking arms with vulnerable colleagues to walk them to their cars, we help however we can.

Nevertheless, we struggle against feelings of helplessness, especially when we are not allowed to help. We read the testimony of a pediatrician who repeatedly insisted she be allowed to check Alex Pretti's pulse, to attempt CPR. We watch the video of one of us, identifying himself as a physician and begging to reach Renee Nicole Good, to check a pulse, to tend to her in the last moments of her life, only to be told by an armed agent of the federal government, "I don't care."

But we *do* care.

We are Minnesota physicians who care for the people of Minnesota, regardless of whether we share our patients' opinions or immigration status or religion or political views. We care for our patients because they are human beings. Our patients are being harmed. People are dying unnecessarily. And so, in order to uphold our professional covenants, we call for an immediate end to the violence and trauma that is being inflicted on our patients and our communities by ICE. We implore all in our medical community to use the power of your voices as well, to protect our patients and your own.

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*Signatories to this letter are listed in the Supplementary Appendix, available at NEJM.org.

The views expressed in this letter are those of the signatories and do not necessarily reflect those of their employers.

Disclosure forms provided by the author are available with the full text of this letter at NEJM.org.

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1. Chen AT, Murthy VH. The power of physicians in dangerous times. N Engl J Med 2025;392:1873-5.

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