National Latino Physician Day 2026

Data, Articles, and Talking Points

New Articles in Dark Green

Includes Supplements:

Physician Shortage, Medicaid Cuts, and Immigration

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Current Status of Latino & Latina Physicians

AAMC Data
https://www.aamc.org/media/6046/download?attachment

- Only 6% of accepted matriculants identify as Latino (more likely given some may have identified as multiple ethnicity/race).

Documenting Latino Representation in The US Health Workforce.
I Islas et al Health Aff (Millwood). 2023 Jul;42(7):997-1001.
https://www.healthaffairs.org/doi/epdf/10.1377/hlthaff.2022.01348

- All Latino groups were overrepresented in occupations for support staff compared to being underrepresented as physicians.
- Mexican Americans were the most underrepresented subpopulation in professions requiring advanced degrees and comprise 1.77% of U.S. physicians.
- https://www.npr.org/2023/08/23/1195387929/finding-a-latino-doctor-can-be-difficult-a-new-study-points-out
- https://www.washingtonpost.com/wellness/2023/08/06/latino-underrepresented-health-care-degrees/

The National Deficit of Black and Hispanic Physicians in the US and Projected Estimates of Time to Correction
H Mora et al. JAMA Netw Open. 2022 Jun; 5(6): e2215485.
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9161019/

- It would take 92 years of sustained doubling of the number of matriculating Hispanic medical students in 2015 to correct the deficit of Hispanic physician from 2015, the longest out of any racial or ethnic group. It would be 66 years for Black medical students.

Improvement Needed in Latina Physician Representation: Implications for Medical Education, Training and Policy
Y Balderas-Medina Anaya et al. UCLA Latino Policy & Politics Institute Report. CESLAC STUDY
https://latino.ucla.edu/wp-content/uploads/2023/08/Improvement-Needed-in-Latina-Physician-Representation_UCLA_LPPI_8.01.2023.pdf

- Latinas are severely underrepresented in the US and California physician population and are 35.6 times more likely to speak Spanish.
- Recommendations for pipeline solution for K-12 and undergraduate students.

The Latino Resident Physician Shortage: A Challenge and Opportunity for Equity, Diversity, and Inclusion.
E Martínez et al. Acad Med. 2022 Nov 1;97(11):1673-1682. CESLAC STUDY
https://pubmed.ncbi.nlm.nih.gov/35731597/

- Severe shortage of Latino resident physicians.

- Majority of Latinos in states with large Latino Populations are choosing primary care instead of medical sub-specialties.
- Recommendations of increasing the number of Latinos in residency programs, increasing the number of Spanish-speaking physicians and Latino international medical graduates (IMGs).

AAMC Shows that Numbers of Black and Hispanic Medical School Enrollees Fell by Double Digits in the 2024 – 2025 School Year, After Supreme Court Ruling
https://www.aamc.org/news/press-releases/new-aamHispanic,%20Latino,%20or%20of%20Spanish%20Origin%20matriculants%20fell%2010.8%.-data-medical-school-applicants-and-enrollment-2024
https://www.chiefhealthcareexecutive.com/view/admission-of-black-hispanic-medical-school-students-falls-by-double-digits

- Hispanic, Latino, or of Spanish Origin matriculants fell 10.8%.

Cultural & Language Concordance

Language Concordance as a Determinant of Patient Compliance and Emergency Room Use in Patients with Asthma
Manson A. Med Care. 1988 Dec;26(12):1119-28.
https://pubmed.ncbi.nlm.nih.gov/3199910/

- Spanish speaking asthma patients cared for by Spanish speaking physicians were more less likely make an emergency room visit, less likely to miss office appointments and less likely to omit medication usage.

Physician–Patient Language Discordance and Poor Health Outcomes: A Systematic Scoping Review
NCano-Ibáñez N et al. Front Public Health. 2021 Mar 19; 9:629041
https://pubmed.ncbi.nlm.nih.gov/33816420/

- Systematic literature concluding over half the evidence collated showing that physician–patient language concordance was associated with better health clinical outcomes. 8/15 studies in review were in Spanish speaking patients.

Patient-Physician Language Concordance: A Strategy for Meeting the Needs of Spanish-Speaking Patients in Primary Care
Kanter et al. The Permanente Journal. Vol 13, Issue 4. Dec. 2009
https://pubmed.ncbi.nlm.nih.gov/20740108/

- Paper recommends increasing patient-physician language concordance in other health care settings so that organizations can effectively serve a growing Hispanic/Latino, Spanish-speaking patient population.

Evaluating the Impact of Language Concordance on Coronavirus Disease 2019 Contact Tracing Outcomes Among Spanish-Speaking Adults in San Francisco Between June and November 2020

Eliaz et al. Open Forum Infectious Diseases, Volume 9, Issue 1, January 2022
https://pubmed.ncbi.nlm.nih.gov/34993261/

- Spanish-speaking contacts had 20% higher odds of completing COVID-19 testing and 53% greater odds of receiving I&Q support service referrals if they were interviewed by a Spanish-speaking contact tracer.

Racial Concordance on Healthcare Use within Hispanic Population Subgroups

Ma, A., et al. J. Racial and Ethnic Health Disparities (2023)
https://pubmed.ncbi.nlm.nih.gov/37479955/

- Hispanic patient-provider concordance is statistically significant and positively associated with higher probabilities of seeking preventive care, seeking care for a new problem, and seeking care for an ongoing problem.

The Influence of Patient–Provider Language Concordance in Cancer Care: Results of the Hispanic Outcomes by Language Approach (HOLA) Randomized Trial

Seible et al. International Journal of Radiation Oncology, Volume 111, Issue 4. 2020
https://pubmed.ncbi.nlm.nih.gov/34058256/

- This study shows improved patient-reported satisfaction among patients with cancer who had limited English proficiency and were cared for in direct Spanish speaking physicians compared with interpreter-based communication. Further research into interventions to mitigate the patient-provider language barrier is necessary to optimize care for this population.

Patient-Physician Race Concordance, Physician Decisions, and Patient Outcomes

Han Ye & Junjian Yi. The Review of Economics and Statistics 2023; 105 (4): 766–779
https://direct.mit.edu/rest/article-abstract/105/4/766/112419/Patient-Physician-Race-Concordance-Physician?redirectedFrom=fulltext

- Patient-physician race concordance increases consultation time and decreases the probability of inpatient admission and diagnostic testing. Subsequently, race-concordant patients have lower revisit rates after ED discharge.

Patient-Physician Race/Ethnicity Concordance Improves Adherence to Cardiovascular Disease Guidelines

Nguyen et al. Health Serv Res, 55: 51-51, 2020
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7440568/

- Patient-physician race/ethnicity concordance was associated with adherence to four of our six outcome measures: aspirin use, blood pressure, smoking screening and cessation, and meeting treatment targets.

Language Barriers and Health Equity: The Challenges Faced by Californians with Limited English Proficiency

Hartman L at the State Health Access Data Assistance Center (SHADAC)

https://www.chcf.org/publication/californians-with-limited-english-proficiency/

- Economic and insurance disparities. People with LEP are more likely to have lower incomes, be uninsured, or enrolled in public health insurance programs.
- Health status and discrimination. They often report fair or poor health status, experience discrimination within the health care system, and more likely identify as Latino/x.
- Communication barriers. People with LEP frequently have trouble understanding health care providers and are less likely to access telehealth services or have a usual place to go for care.
- Use of informal interpreters. Among people with LEP, 29% rely on family members or friends for help understanding their doctors, and 23% are unaware of their right to an interpreter
- https://www.chcf.org/wp-content/uploads/2024/08/AdultsLimitedEnglishProficiency.pdf

Evaluating Delivery of Trauma-Informed Care in the Trauma Bay

EE Isenberg et al. JAMA Surg . 2026 Sep 16:e264161.

https://jamanetwork.com/journals/jamasurgery/fullarticle/2854295

- In this study 291 video-recorded trauma evaluations across six US trauma centers. The patients were alert and hemodynamically stable, and researchers assessed how consistently trauma-informed communication and care principles were applied.
- Only 34.2% of patients received a complete exam. The gap by language was large: 13.7% of Spanish-speaking patients got a complete exam, compared with 38.6% of English-speaking patients.
- Language and communication barriers led to more than weaker rapport. They caused measurable gaps in the physical exam and in documentation. The study didn't show a direct link to patient harm.

The United States Needs More Spanish-Speaking Physicians

https://www.aamc.org/news/united-states-needs-more-spanish-speaking-physicians

- More than 42 million Spanish speakers in this country.
- More bilingual physicians could improve equitable care in Latino communities.

Lost in Translation: We Need More Spanish-Speaking Doctors Now — Language-concordant care can be an act of reassurance at a terrifying time for immigrants

https://www.medpagetoday.com/opinion/second-opinions/122795

- **A workforce gap:** About 43 million people in the US speak Spanish, and nearly 28 million have limited English proficiency. Yet while 43.2% of first-year residents report speaking some Spanish, only 22.7% of them rate their proficiency as advanced or native, the level needed for high-stakes medical conversations.
- **Language concordance improves care:** In a randomized trial, Spanish-speaking cancer patients treated directly in Spanish reported better communication, empathy, trust, and quality of care than patients seen by the same doctors through interpreters. They also asked more questions. This matters more now, as fear of immigration enforcement drives immigrants to skip care: the share who postponed care rose from 22% in 2023 to 29% in 2025.
- **What the author recommends:** Medical schools and residencies should expand medical Spanish training, assess clinical language proficiency, and treat bilingualism as a clinical competency. Professional interpreters should stay available, since the goal is to build more language-concordant care, not replace them.

Cancer

Latinos only comprise 3.9% of radiation oncologists, despite the fact that cancer is the leading cause of death in Latinos and Latinos are more likely to be diagnosed with advanced stages of disease, have longer times to definitive diagnosis and treatment initiation, and experience worse outcomes when compared to other groups.

Cancer Outcomes in Hispanics/Latinos in the United States: An Integrative Review and Conceptual Model of Determinants of Health

J Lat Psychol. 2016 May; 4(2): 114–129.
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4943845/

- Latino radiation oncology statistics: https://www.aamc.org/data-reports/workforce/data/active-physicians-hispanic-alone-or-any-race-2021
- Latino Cancer statistics: https://www.cancer.org/research/cancer-facts-statistics/hispanics-latinos-facts-figures.html

Cardiovascular Health

Cardiovascular disease tops cancer as leading cause of death among Hispanic adults in U.S.
http://newsroom.heart.org/news/cardiovascular-disease-tops-cancer-as-leading-cause-of-death-among-hispanic-adults-in-u-s

State of Cardiovascular Disease and Stroke in Hispanic/Latino Adults in the United States: A Scientific Statement From the American Heart Association
https://www.ahajournals.org/doi/10.1161/CIR.0000000000001463

- A new American Heart Association report finds cardiovascular disease is now the leading cause of death among Hispanic adults in the US. Only 1 in 5 Hispanic adults has ideal heart health
- Researchers point to social, economic, and environmental factors, including limited health coverage, food insecurity, and language barriers.
- Cardiologist Dr. Amol Bahekar says the findings are "unfortunately not surprising," reflecting the high rates of obesity, diabetes, and hypertension he sees among Hispanic patients.
- "Improving heart health in Hispanic communities requires more than raising awareness," said Eduardo Sanchez, M.D., M.P.H., FAHA, the Association's chief medical officer for prevention. "We must ensure every person has access to heart and brain health information and care that reflects their culture, language and unique needs."

Infectious Disease

The Disproportionate Impact of COVID-19 among Undocumented Immigrants and Racial Minorities in the US

Bhuiyan et al. Int J Environ Res Public Health. 2021 Dec; 18(23): 12708.
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8656825/

- Health and economic disparities among undocumented immigrants placed them at increased risk for COVID-19 infections and deaths. The fear of deportation, healthcare access concerns,

and environmental challenges (e.g., quarantine issues in multipartite households) can result in a disproportionate number of COVID-19 infections, complications, and deaths in the undocumented population.

Excess mortality among Latino people in California during the COVID-19 pandemic
Riley et al. SSM Popul Health. 2021 Sep; 15: 100860
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8283318/

- Deaths in COVID-19 higher were greatest for Latinos born in Mexico or Central America, Latinos with less than a high school degree, and Latinos in food-and-agriculture or manufacturing occupations.

COVID-19 mortality in California based on death certificates: disproportionate impacts across racial/ethnic groups and nativity
https://www.sciencedirect.com/science/article/pii/S1047279721000430

- Latino immigrants, between the ages of 20 and 54, are nearly 11.6 times more likely to die from the virus than U.S.-born people who are not Latino, the highest amongst any racial or ethnic group.

Hispanic Paradox

The 'Hispanic Paradox' intrigues a new generation of researchers determined to unravel it
https://www.statnews.com/2023/09/14/hispanic-paradox-life-expectancy-research/

California

California Health Care Foundation: California Physicians A Portrait of Practice. March 5th, 2021
https://www.chcf.org/publication/2021-edition-california-physicians/#related-links-and-downloads

- The Latino population is underrepresented among physicians. Latinos represented 39% of California's population, but only 6% of the state's physicians and 8% of the state's medical school graduates.

Latino Physician Shortage in California - The Provider Prospective
A Bustamante & L Beltran. UCLA Latino Policy & Politics Initiative. March 2019. CESLAC STUDY
https://www.altamed.org/sites/default/files/documents/2022-01/latino-physician-shortage-in-california_0.pdf

- Latinas are just 2.4% of Physicians in the U.S.
- In California, Latinos are 40% of the population, **yet only 11% of medical school graduates.**
- It would take 500 years to close the Latino physician gap (achieve adequate representation) in the United States.

California Health Care Foundation (CHCF) Presents Data on Health Inequities in the Central Valley

chcf.org/blog/fresno-event-chcf-presents-data-health-inequities-central-valley/

- 56% of the 1.8 million residents in the Central Valley counties of Mariposa, Madera, Fresno, Kings, and Tulare think their communities do not have enough mental health care providers.
- 63% of adults living in and around Fresno reported skipping or delaying health care due to costs
- Correlation between affordable health care services and the risk that untreated symptoms may advance toward serious health problems

California Healthcare Foundation: Advancing Latino/x Health Equity
https://www.chcf.org/advancing-latino-x-health-equity/

- Latino/x Californians are the state's largest racial and ethnic group, 14.7 million people or 39% of the population. Yet they're more likely to live in poverty, be uninsured, and have poor health outcomes.
- Latino/x Californians have more difficulty finding a doctor and are less likely to use mental health services. They make up only 6% of the state's physicians and 8% of its medical school graduates.
- The foundation works on expanding Medi-Cal regardless of immigration status and making it easier to stay enrolled. It also supports community health centers, grows the Latino/x health workforce (including community health workers and promotores), and invests in Latino/x health tech entrepreneurs.

2026 CHCF California Health Policy Survey
https://www.chcf.org/resource/2026/02/25/2026-california-health-policy-survey/

- This year's survey focuses largely on health care costs and Californians' experiences affording health care. It also presents Californians' opinions about the major federal tax and budget bill, H.R. 1, passed by Congress in the summer of 2025.
- Health care costs are causing economic hardship to large percentages of Californians across income levels.
- Although health care affordability challenges are experienced by a wide range of Californians across race and region, Californians living in the Rural North and Latino/x Californians experience greater burdens.
- **Latino/x Californians are more likely to say it is difficult for them or their family to afford various types of health care, such as specialty and primary care, than Californians of other races/ethnicities**

UCLA Latino Policy and Politics Institute: State of Latinos in California, 2026: Unlocking California's Potential by Closing Latino Opportunity Gaps
http://latino.ucla.edu/research/solc-2026/
Report 1: State of Latinos in California, 2026 (published March 26, 2026)

- **Population:** Latinos will stay about 40% of California's population through 2070. They're younger than non-Latinos (median age 30 vs. 42), but only 16% hold a bachelor's degree, compared with 47% of non-Latinos.
- **Work and wages:** Latinos are 39% of the workforce, about 7.8 million workers. They're paid less in every major industry: Latinas earn a median of $18 an hour and Latino men $20, versus $29 and $35 for their non-Latino peers.
- **Health coverage:** Latinos are uninsured at three times the rate of non-Latinos (12% vs. 4%), rising to 30% among noncitizens. State rollbacks and federal Medicaid cuts are expected to widen these gaps.

- **Housing and environment:** Latino homeownership is 45%, versus 60% for non-Latinos, and 58% of Latino renters are cost-burdened. Latino neighborhoods also face more air pollution and about 1.6 times as many extreme heat days.
- **Report 2, California's Latino Workforce:** industries, wages, and job quality, statewide and by region.
- **Report 3, Homeownership and Housing Stability:** barriers such as mortgage credit and affordability.
- **Report 4, Environment and Health:** exposure to extreme heat and air pollution, and the related health outcomes.

Central Valley Community Foundation: Central Valley Health Care Landscape Study
https://www.centralvalleycf.org/_files/ugd/387008_92d742ee9f3c46eea6a850d93dbea795.pdf

- **A physician workforce that doesn't match its community:** Latinos make up 58.7% of the Central Valley's population but only 11.9% of its physicians. Leadership in local health systems also isn't representative of the region, which the report says makes it harder to attract and keep diverse doctors.
- **Half the doctors, and heavy barriers for Latino patients:** The Valley has 68.8 primary care physicians per 100,000 people versus 98.8 statewide, and 86.6 specialists versus 177. That leaves 85% of residents in primary care shortage areas. Latino patients face added hurdles: few Spanish-speaking behavioral health providers, fear of immigration raids that keeps people from seeking care, and a coming enrollment freeze for about 136,000 undocumented Medi-Cal enrollees.
- **The fix is "grow our own":** Doctors who come from the Valley and train there are the most likely to stay. The report recommends expanding local pathways such as CHSU's osteopathic school, SJV PRIME+, and new residency programs. It also calls for continued push toward a stand-alone UC medical school, along with loan forgiveness, higher pay, and housing support to recruit and retain physicians.

UCLA Latino Policy and Politics Initiative: California's Language Concordance Mismatch.
L Martinez et al. March 2019. CESLAC STUDY
https://www.altamed.org/sites/default/files/documents/2022-01/californias-language-concordance-mismatch_0.pdf

- There are 62.1 Spanish-speaking physicians per 100,000 Spanish-speaking Californians, compared to 344.2 physicians for English-speakers, representing the most underrepresented language in medicine.
- Increase medical school admissions of Spanish, Tagalog, and Southeast Asian language-proficient applicants to address the physician-to-patient language disparity observed in rural and urban underserved communities.
- https://dailybruin.com/2018/09/28/lppi-study-recommends-med-school-students-study-underrepresented-languages

Why doesn't California have more Latino doctors?
8/12/2022
https://centerforhealthjournalism.org/our-work/insights/why-doesn't-california-have-more-latino-doctors

California Medicine Scholars Program (CMSP)
https://californiamedicinescholarsprogram.org/wp-content/uploads/2022/11/The-California-Medicine-Scholars-Program-RFP-for-External-Evaluators.pdf

https://www.chcf.org/blog/california-medicine-scholars-program-prepares-take-flight/
Regional Hubs of Healthcare Opportunity (RHHO): provide a holistic strategy to remove barriers faced by underrepresented in medicine students such as course mapping, student skills, tutoring, pre-health advising, mentoring, and financial assistance.

- UC Davis School of Medicine, Greater Northern California Regional Hub for Healthcare Opportunity, (GNCRHHO)
- UC Riverside School of Medicine, Inland Empire Regional Hub for Healthcare Opportunity (IE RHHO)
- UCSF School of Medicine-Fresno, San Joaquin Valley Regional Hub of Healthcare Opportunity (SJV-RHHO)
- UC San Diego School of Medicine, Region X Hub of Healthcare Opportunity (X RHHO)

UC DAVIS

With End of Affirmative Action, a Push for a New Tool: Adversity Scores
https://www.nytimes.com/2023/07/02/us/affirmative-action-university-of-california-davis.html?smid=nytcore-ios-share&referringSource=articleShare

How one medical school became remarkably diverse — without considering race in admissions
https://www.statnews.com/2023/03/07/how-one-medical-school-became-remarkably-diverse-without-considering-race/

Avenue M -
https://health.ucdavis.edu/news/headlines/uc-davis-creates-new-pathway-to-medical-school-that-starts-in-community-college/2022/06

Prep Médico inspires Latino students to pursue health careers
https://health.ucdavis.edu/news/headlines/prep-mdico-inspires-latino-students-to-pursue-health-careers/2023/09

UCLA

UCLA Family Medicine – IMG Program
https://www.uclahealth.org/departments/family-medicine/img

PRIME Programs
https://health.universityofcalifornia.edu/about-us/diversity-equity-and-inclusion-health-sciences/building-equity-medical-school-curriculum

https://health.universityofcalifornia.edu/news/seventy-percent-uc-medical-school-graduates-will-enter-residency-programs-california-hospitals

University of California's Report to the Legislature on Programs in Medical Education (PRIME)

https://www.ucop.edu/operating-budget/_files/legreports/2023-24/uc_prime_legrpt.pdf#Programs%20in%20Medical%20Education%20(PRIME)%20Legislative%20Report

UC Santa Cruz, UC Davis score state funding for physician training, recruitment program
https://www.eastbaytimes.com/2026/07/20/uc-santa-cruz-uc-davis-score-state-funding-for-physician-training-recruitment-program/?utm_campaign=mrf-facebook-eastbaytimes&utm_source=facebook&utm_medium=social&mrfcid=202607216a57c397e14a60365488cfcc

- California's 2026–27 budget includes $3.3 million for PRIME Central Coast, a joint UC Davis and UC Santa Cruz medical training program. The money goes toward staff to build the program and professional development for the local physicians who will teach in it. The program aims to train students from Santa Cruz, San Benito, and Monterey counties and keep them practicing there, in a region long short on doctors. It started with $1.5 million in seed funding in 2025 and plans to enroll its first students in 2027.

Washington State

Increasing the Latino Physician Workforce Now
https://latinocenterforhealth.org/wordpress_latcntr/wp-content/uploads/2020/09/Final_LPWS-Exec-Summary_210324.pdf

- Latinos are the largest in number and among the fastest growing racial/ethnic minority groups in the State of Washington.
- 3.1% Latino physicians compared to the states 13.1% Latino population.

Academics

Trends of Academic Faculty Identifying as Hispanic at US Medical Schools, 1990-2021
M Saxena et al. J Grad Med Educ (2023) 15 (2): 175–179.
https://meridian.allenpress.com/jgme/article/15/2/175/492299/Trends-of-Academic-Faculty-Identifying-as-Hispanic

- Number of U.S. medical school faculty who identify as Hispanic has not increased, though the population of Hispanics in the U.S. has increased.

Intersectional Analysis of U.S. Medical Faculty Diversity over Four Decades
S Kamran et al. N Engl J Med 2022; 386:1363-1371. April 7, 2022.
https://www.nejm.org/doi/10.1056/NEJMsr2114909

- Among full professors from URM backgrounds, there has been a steady increase in the representation of Hispanic men over time (from 1.6% in 1977 to 3.0% in 2019), followed by Black men (from 1.0% to 1.3%); these two groups remained the most represented among URM groups in 2019.

Defending Racial and Ethnic Diversity in Undergraduate and Medical School Admission Policies

R Hamilton et al. JAMA. 2023;329(2):119-120.
https://jamanetwork.com/journals/jama/fullarticle/2799539

- Despite long-standing efforts to improve diversity in medicine, individuals of Black race or those of Hispanic or Latino ethnicity remain highly underrepresented. In fact, relative to the increasing diversity of the US population, the representation of physicians from racial and ethnic minority groups has been decreasing over time.

Underrepresented in Surgery: (Lack of) Diversity in Academic Surgery Faculty.
F Valenzuela & MA Romero Arenas. J Surg Res. 2020 Oct; 254:170-174.
https://www.journalofsurgicalresearch.com/article/S0022-4804(20)30228-6/fulltext

- Only 1% of academic surgeons are Latina.

DACA (Deferred Action for Childhood Arrivals) Recipients in the United States Workforce

DACA is a U.S. policy established in 2012 that provides temporary protection from deportation and work permits to some individuals who were brought to the United States as children. While DACA recipients are not granted lawful immigration status, this policy has allowed them to live and work in the U.S. legally for a renewable two-year period (currently being contested in the courts).

- The American Medical Association (AMA) estimates about 27,000 DACA recipients work in healthcare roles, including nearly 200 medical students, residents, and physicians (American Medical Association).
- Across medical trainees and practicing physicians under DACA, each is estimated to care for 1,533 to 4,600 patients per year, collectively potentially impacting 1.7 to 5.1 million patients over their careers (American Medical Association).
- The AMA projects that an additional ~5,400 physicians could enter the U.S. workforce in coming decades if DACA or similar legislation remains in place or expands access.
- DACA recipients are more likely to be bilingual and serve underserved or rural communities, helping to reduce disparities in access to culturally competent care (AAMC).
- Congressional resolutions acknowledge that 41,700 to 60,000 DACA recipients perform critical roles in healthcare, providing medical care to 1,533– 4,600 patients per year (Congress.gov).

Pipeline & College Barriers – Post SCOTUS

Community college pathways: improving the U.S. physician workforce pipeline
E Talamantes et al. Acad Med. 2014 Dec;89(12):1649-56.
https://pubmed.ncbi.nlm.nih.gov/25076199/

- There is both high representation of URM students and higher prevalence of intention to work with underserved communities among community college pathway participants.

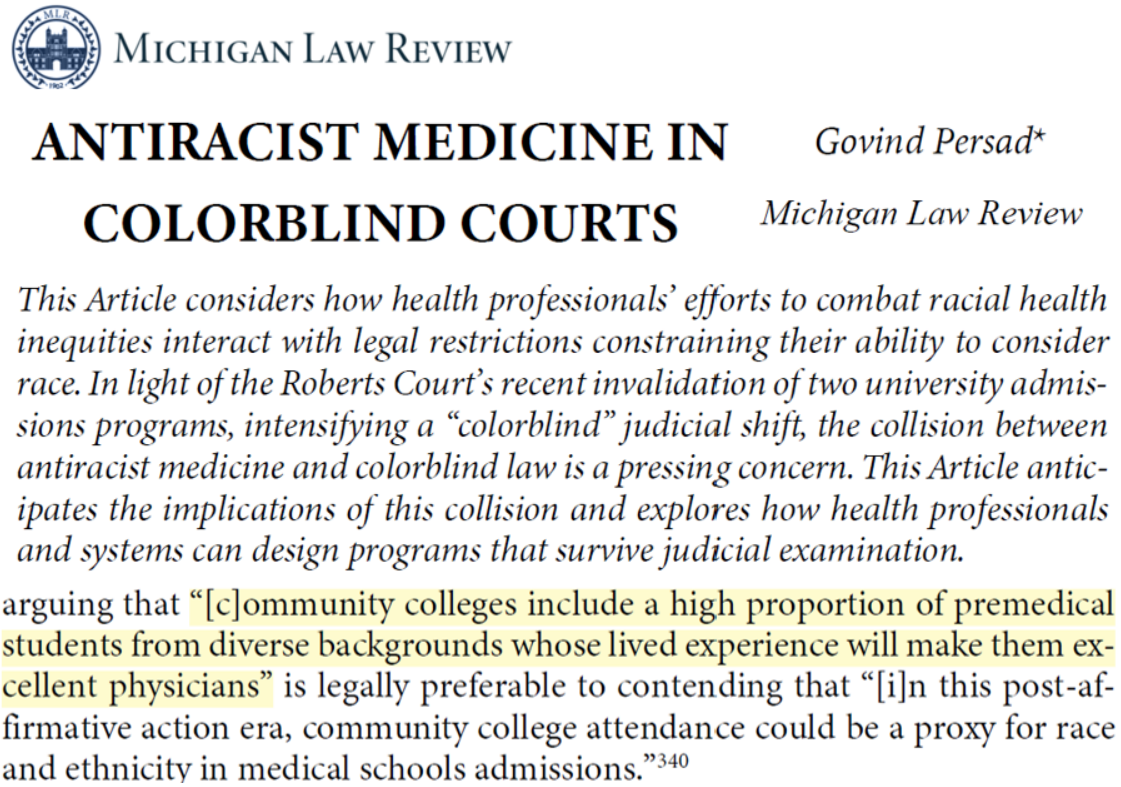
To Diversify Medicine Post–Affirmative Action, Look to Community Colleges

https://www.scientificamerican.com/article/to-diversify-medicine-post-affirmative-action-look-to-community-colleges/

- The Supreme Court ruling on affirmative action will make it harder for medical schools to build diverse classes. Community colleges could be part of the solution

"Antiracist Medicine in Colorblind Courts" by Govind Persad.
What happens when efforts to fix racial health disparities run into a legal system that forbids using race? This law article dives deep into that collision—and even cites this *Scientific American* piece on how community colleges could be key to diversifying medicine.
https://repository.law.umich.edu/mlr/vol123/iss2/2/

- This Article considers how health professionals' efforts to combat racial health inequities interact with legal restrictions constraining their ability to consider race. In light of the Roberts Court's recent invalidation of two university admissions programs, intensifying a "colorblind" judicial shift, the collision between antiracist medicine and colorblind law is a pressing concern.
- With SCOTUS gutting affirmative action, this is essential reading for anyone working to make health equity legally defensible. How can you diversify medical schools? Accept those that come from community college who have lived experience that will make them excellent physicians.



MICHIGAN LAW REVIEW

ANTIRACIST MEDICINE IN COLORBLIND COURTS

*Govind Persad**

Michigan Law Review

This Article considers how health professionals' efforts to combat racial health inequities interact with legal restrictions constraining their ability to consider race. In light of the Roberts Court's recent invalidation of two university admissions programs, intensifying a "colorblind" judicial shift, the collision between antiracist medicine and colorblind law is a pressing concern. This Article anticipates the implications of this collision and explores how health professionals and systems can design programs that survive judicial examination.

arguing that "[c]ommunity colleges include a high proportion of premedical students from diverse backgrounds whose lived experience will make them excellent physicians" is legally preferable to contending that "[i]n this post-affirmative action era, community college attendance could be a proxy for race and ethnicity in medical schools admissions."[340]

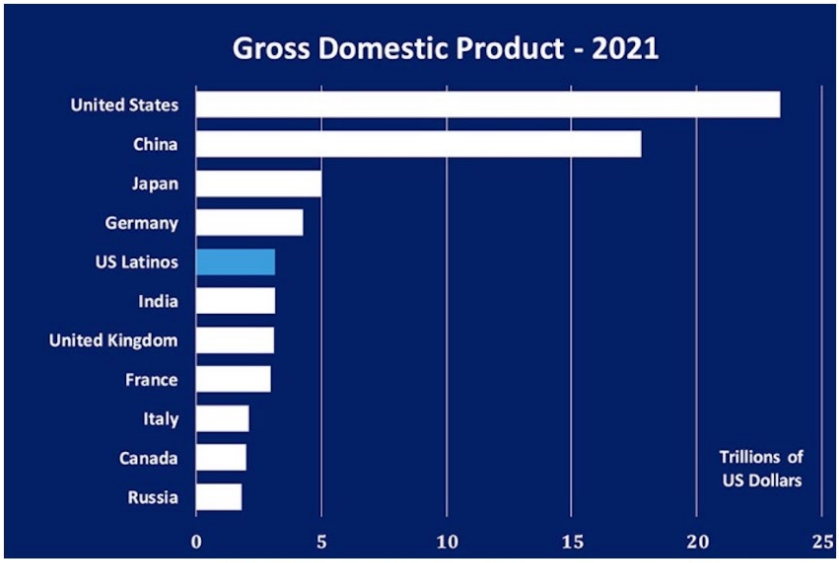
At N.Y.U., Students Were Failing Organic Chemistry. Who Was to Blame?
https://www.nytimes.com/2022/10/03/us/nyu-organic-chemistry-petition.html

- A petition by students results in a professor's contract being terminated

Latino GDP

- Latinos in the United States make up the 5th largest GDP (Gross Domestic Product) in the world. Over 3 trillion dollars.

https://newsroom.ucla.edu/releases/us-latinos-have-fifth-largest-gdp-in-world
https://latinogdp.us/



2023 U.S. Latino GDP Report | Source: International Monetary Fund

Black Physicians

- 5.7% of Physicians in the United States are Black or African American compared to the 13.6% of the U.S. population that is Black or African American.

https://www.cnn.com/2023/02/21/health/black-doctors-shortage-us/index.html

- National Black Women Physician Day is February 8th (Founded in 2021)

https://www.blackwomenphysicians.org/national-bw-physicians-day

- National Black Men Physician Day is September 12th (Founded in 2022)

https://www.blackmenphysicians.org/

- 5.7% of US doctors are Black, and experts warn the shortage harms public health

https://www.cnn.com/2023/02/21/health/black-doctors-shortage-us/index.html

American Indian and Alaskan Native Physicians

- American Indians and Alaska Natives (AI/Ans) physicians in the United States make up only 0.4% of the physician workforce.
- According the 2018 American Medical Association (AMA) Council on Medical Education Report “Study of Declining Native American Medical Student Enrollment”

Physician Assistant Data

According to the 2022 Statistical Profile of Board-Certified PAs by the NCCPA, 7% of physician assistants (PAs) in the United States identify as Hispanic or Latino.
https://www.nccpa.net/wp-content/uploads/2023/04/2022-Statistical-Profile-of-Board-Certified-PAs.pdf#page=12

Medical Misinformation on Social Media

Why we need more doctors on social media (Dr. Salas Whalan)
https://www.instagram.com/p/DLV1eESM6GB/?img_index=2&igsh=OXZ0M21qMXJ3YWsy

- Growing crisis of medical misinformation on social media—and the deafening silence from many in our profession.
- “You don’t need to be perfect. You need to show up. - Start small. - Be consistent. - Say what you wish every patient knew. Because when we stay silent, misinformation wins. And our patients pay the price.”

“United States Worsening Physician Shortage Crisis” Supplement

The Complex Physician Shortage Crisis — A Growing Problem of Fewer Primary Care Doctors, Specialists, and a Shrinking Diverse Workforce

The future of healthcare in the United States is in serious trouble. It’s not just a doctor shortage but a collapse of access for all individuals and their families to physicians. With our baseline shortage starting with:

- 86,000 physician shortage by 2036 (AAMC).
- 42% of current physicians are over age 55 (retirements incoming).
- 202,800 more doctors needed right now in underserved areas just to meet demand.

And yet the current administration has made it harder to train the next generation of physicians by **creating NEW COMPLEX problems**:

- **Student loan caps** (to $200,000)!
- **Loan forgiveness dismantled**.
- **NIH & Research funding cut** (across our prestigious universities).
- **Anti-immigrant policies** creating new challenges for Internal Medical Graduates (IMGs) who make up 25% of the workforce.
- **Anti-DEI (Diversity, Equity and Inclusion) policies** are driving away future talent, students that have lived experience to contribute to underserved communities.
- **Pipeline programs have been cut.**
- **Brain drain** of top students and trainees are leaving the U.S. given the this climate change in medicine.
- **Pediatric residencies unfilled**.
- **Lack of Primary Care Doctors** which will be worsened with lack of loan forgiveness and costs.
- **Many critical subspecialties require 10+ years of training**, and are at higher risk of shortages.

This crisis isn’t just about workforce numbers because now the United States will be managing chronic problems but now new acute ones, making this complex.

It’s about **values, access, and who our healthcare system truly serves every single human in the United States**.

We’re on track to build a healthcare system that has **LESS ACCESS TO DOCTORS for children, our aging population, and ALL** unless we take action **now**.

- Support policies that BUILD the physician pipeline and not break it.
- Invest in future doctors. Remain steadfast and supportive of DEI.

- Approach EACH of these acute and chronic problems that have resulted in this complex problem that will result in a future massive shortage of doctors.

Nationwide Physician Shortage

The United States is facing a growing physician shortage—projected to reach up to 86,000 doctors by 2036—with pediatric and primary care fields hit especially hard.

New AAMC Report Shows Continuing Projected Physician Shortage
https://www.aamc.org/news/press-releases/new-aamc-report-shows-continuing-projected-physician-shortage

- *The Complexities of Physician Supply and Demand: Projections From 2021 to 2036.*
- The United States will face a physician shortage of up to 86,000 physicians by 2036.
- Demographics — specifically, population growth and aging — continue to be the primary drivers for increasing the need for more doctors.
- Physicians are nearing the traditional retirement age One third of the workforce is expected to retire in the next decade.
- If communities underserved by the nation's health care system could obtain care at the same rate as populations with better access to care, the nation would have needed approximately 202,800 more physicians as of 2021.

Where are the Pediatricians?
https://jamanetwork.com/journals/jama/fullarticle/2820548

The Pediatric Workforce: Recent Data Trends, Questions, and Challenges for the Future.
https://pubmed.ncbi.nlm.nih.gov/33692163/

- In 2024 only 91.8% of pediatric residency slots were successfully filled by programs before the supplemental phase of the match.
- With increasing debt burden from medical training, choosing pediatrics or another low-paying specialty becomes more and more difficult.
- Funding for equitable reimbursement would allow children's hospitals, community hospitals, and clinics to provide the equipment, staff, and pediatricians needed to care for children.
- The AAMC's 2025 Report on Specialties shows an increasing number of unfilled fellowship positions across pediatric subspecialties (2025 National Matching Residency Program).
- There are many pediatric subspecialty fields that are having workforce problems, that are complex in nature requiring an nuanced understanding of the challenges that affect multiple pediatric subspecialities

Free medical school won't solve the doctor shortage Too many Americans can't find a doctor
https://www.vox.com/future-perfect/361620/bloomberg-johns-hopkins-free-medical-school-doctor-shortage

- Michael Bloomberg's $1 billion gift to Johns Hopkins to make medical school free for families earning under $300,000 annually is a generous however experts say it likely won't fix the U.S. doctor shortage, particularly in underserved areas or in primary care, without addressing deeper issues like residency capacity, specialty pay disparities, and geographic incentives.

Why America faces a primary care shortage – and why it matters
https://www.pbs.org/newshour/video/horizons/2026/08/why-america-faces-a-primary-care-shortage-and-why-it-matters

- There's a critical need for primary care physicians across America, but a shortage of doctors and rising insurance costs are forcing people to forgo preventive care altogether. Americans die of preventable, treatable diseases at far higher rates than people who live in other similar nations. Horizons moderator William Brangham explores possible solutions with Dr. Lucy McBride and Renuka Rayasam.

Student Loan Caps and Loan Forgiveness

Proposed student loan caps and cuts to loan forgiveness programs threaten to worsen the physician shortage by making medical education financially inaccessible, particularly for lower-paid specialties like pediatrics and primary care, as new borrowing limits have created an additional barrier for underserved students.

Medical School Costs have Increased
https://educationdata.org/average-cost-of-medical-school

- The cost for medical school education has risen by about 2.5% each year since 2014. The average cost of medical school is $238,420, which does not include living expenses.

Loan plan in Republican bill could worsen doctor shortage, experts warn
https://www.theguardian.com/us-news/2025/jun/01/republican-trump-bill-doctor-shortage

- Proposal to limit student loans for professional programs risks driving people away from medicine, critics say.

Plans to cap student borrowing could shatter an everyday profession
https://www.politico.com/news/2025/06/21/republican-medical-student-loan-limits-00415741

- The Senate education tax bill establishes a $200,000 ceiling on federal student loans for professional degrees, like medicine. But the median cost of attending four years of medical school for the class of 2025 is $286,454 for public institutions and $390,848 for private schools, according to the Association of American Medical Colleges.

Medical students fret over the new student loan cap
https://www.nbcnews.com/politics/congress/medical-students-fret-student-loan-cap-big-beautiful-bill-rcna217228

- The bill will cap total medical loans at $200,000 — far below the more than $300,000 median cost of attending medical school.

Proposed changes to the Public Service Loan Forgiveness (PSLF) program would be devastating to new physicians
https://shorturl.at/P0MSJ
https://time.com/7301329/student-loans-forgiveness-pslf-trump-executive-order/

- Executive order may result larger effects to lower-paid specialties like family medicine, pediatrics, primary care and infectious disease.

The 'Big Beautiful Bill' Has Thrown a Big Wrench in My Med School Plans
https://www.medpagetoday.com/opinion/second-opinions/116503

- One Big Beautiful Bill (OBBB), House Resolution 1 Reconciliation Bill
- Premed students have had options limited while others are forced to walk away

New Federal Loan Caps Could Further Narrow the Path for Latino Medical Students
https://latino.ucla.edu/press/new-federal-loan-caps-could-further-narrow-the-path-for-latino-medical-students/

- **New borrowing limits:** As of July 1, 2026, medical students can borrow at most $50,000 a year and $200,000 total in federal loans, and Graduate PLUS loans are gone. The median four-year cost of medical school now exceeds that lifetime limit, which could push students toward private loans that have fewer protections and don't qualify for federal loan forgiveness.
- **Latino students hit hardest:** In 2019–2020, 35% of Latino medical students borrowed more than $50,000 a year in federal loans, and about 76% relied on federal loans overall. They were also more likely to use credit cards (59% vs. 50%) and nearly three times as likely to rely on family support.
- **A wider physician gap:** Latinos are 19% of the US population but only 7% of physicians. LPPI warns the caps could push talented Latino students out of medicine and make the physician workforce even less representative, which makes grants and other non-loan aid more important.

National Institute of Health (NIH) Cuts

Sweeping NIH budget cuts, estimated at over $12 billion, are pausing medical research, slashing health disparity and diversity grants, disrupting clinical trials, and threatening the future of young physicians and scientists and the public health infrastructure that millions rely on.

Trump administration's NIH funding cuts threaten research on sickle cell disease
https://www.pbs.org/newshour/show/trump-administrations-nih-funding-cuts-threaten-research-on-sickle-cell-disease

- NIH scientists have warned that over $1 billion in grant cuts in 2025 specifically cutting research on sickle cell disease that primarily affects Black Americans, are endangering critical studies, halting clinical trials, and risking the careers of early-career investigators dedicated to addressing health disparities.

AAMC President's FY26 Budget Proposes Reductions to Critical Academic Medicine Programs
https://www.aamc.org/advocacy-policy/washington-highlights/president-s-fy26-budget-proposes-reductions-critical-academic-medicine-programs

- The president's FY 2026 budget proposes sweeping reductions including nearly $18 billion cut from NIH funding, elimination of four NIH institutes, reorganization of HHS agencies, and a $1 billion cut in health workforce programs including 15 HRSA (Health Resources and Services Administration) initiative, posing a serious threat to academic medicine's ability to train professionals, fund research, and support public health infrastructure
- In addition the President's budget request calls for a proposed $1 billion cut and the elimination of 15 HRSA health workforce programs.
- HRSA is a key agency within the US Department of Health and Human Services (HHS). It focuses on improving access to health care services for people who are uninsured, isolated, or medically vulnerable.

NIH scientists speak out over estimated $12 billion in Administration funding cuts
https://www.reuters.com/business/healthcare-pharmaceuticals/nih-scientists-speak-out-over-estimated-12-billion-trump-funding-cuts-2025-06-09/

- NIH researchers have publicly condemned the administration's proposed $12 billion in funding reductions; highlighting the termination of more than 2,100 grants, $2.6 billion in contract losses, halted clinical trials, and nearly 5,000 layoffs.

The Surprising Scientists Hit by Trump's D.E.I. Cuts
https://www.nytimes.com/2025/07/10/us/trump-science-nih-grants-dei-cuts.html

- The N.I.H. has terminated hundreds of diversity grants awarded to young researchers, many of whom come from the very places that supported Trump.

NIH budget cuts threaten the future of biomedical research — and the young scientists behind it
https://www.latimes.com/science/story/2025-07-06/nih-budget-cuts-threaten-the-future-of-medical-research-and-young-scientists

- NIH funding cuts including funding freezes and deep budget reductions are jeopardizing critical biomedical research, slashing training grants, disrupting career paths for early-career scientists, and prompting layoffs that leave many questioning whether a future in U.S. science is still viable.

The Bethesda Declaration: A Call for NIH and HHS Leadership to Deliver on Promises of Academic Freedom and Scientific Excellence
https://www.standupforscience.net/bethesda-declaration

- A call for the director of the NIH to reverse course and reinstate all the funding that has been prematurely terminated and all the employees who have been summarily fired
- Concern 1. The politicization of research by terminating peer-reviewed grants and contracts, especially in the areas of health disparities, Covid 19, climate change, gender identity, and broadening participation in biomedical research.
- Concern 2. Interruption of global collaboration.
- Concern 3. The undermining of peer review.
- Concern 4. The threatened indirect cap at 15%.
- Concern 5. The firing of essential NIH staff.

Health leaders launch new Latino-focused data hub to combat NIH budget cuts
https://apnews.com/article/hispanic-health-research-data-hub-d8217f2a6f87f8dd8e2235029b0cf444

- A national group of Latino public health leaders announced a new research institute, which they say is a response to the hundreds of millions in federal funding cuts. The National Hispanic Health Research Institute, will be the first Latino-led community research institute aimed at gathering health data to track and address disparities in underserved communities across the country.

Nonreporting of Race and Ethnicity in Medical Research Harms Us All
SK Inouye et al. JAMA Intern Med. 2026 Aug 24.
https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2852653?guestAccessKey=3008c49e-00ac-4776-93df-d3ec3ba3c3a3&utm_source=twitter&utm_medium=social_jamaim&utm_term=21810643942&utm_campaign=article_alert&linkId=1005329472

- Three recent federal executive orders have led data stewards like CMS to withhold race and ethnicity data, leaving some US researchers unable to report or analyze these variables.
- These data show who was studied, whether results generalize, and where disparities exist, such as higher mortality among Pacific Islander adults
- Nonreporting weakens research and blocks the subgroup meta-analyses that guidelines depend on, so the editors are calling out the orders' harm to medical progress.

IMGs Visas

There are nearly 325,000 International Medical Graduates (IMGs) practicing in the United States, representing about 25% of the physician workforce. This number has increased by nearly 18% since 2010.

Administration Travel Restrictions Bar Residents Needed at U.S. Hospitals
https://www.nytimes.com/2025/06/18/health/medical-residents-travel-ban.html

- Limits on travel and visa appointments have delayed or prevented foreign doctors from entering the country for jobs set to begin in weeks.

Hundreds of international doctors due to start medical residencies are in visa limbo
https://www.nbcnews.com/health/health-news/international-doctors-visa-problems-rcna213710

- Many overseas doctors who were due to start residencies in July can't get to their programs because of a holdup with J-1 visa appointments.

New rule caps foreign student visas at four years, jolting California campuses
https://www.latimes.com/california/story/2026-07-17/new-rule-caps-f1-foreign-student-visas-california-campuses

- **The rule:** DHS ended a policy in place since 1978 and now caps most international student stays at four years, including work time under Optional Practical Training. Students who need longer, such as doctoral and medical students, must seek federal extensions from USCIS, which already has a backlog of more than 11.65 million cases. The post-graduation grace period is cut from 60 to 30 days.

- **California impact:** California enrolls more international students than any other state, about 140,000, including roughly 34,500 at UC, nearly 12,000 at USC, and about 12,000 at CSU. UC said it is "deeply concerned," and students are facing new uncertainty about finishing their degrees. New international enrollment nationwide had already fallen 17% in fall 2025.

Exempting physicians from H-1B visa fee protects patients
https://www.ama-assn.org/about/leadership/exempting-physicians-h-1b-visa-fee-protects-patients

- The $100,000 fee for H-1B visa applications threatens access to physician-led care, particularly for patients in rural and underserved communities.

Anti-Diversity, Equity and Inclusion Rhetoric

Despite being proven to improve healthcare outcomes and supported across party lines, diversity, equity, and inclusion (DEI) efforts in medicine are under coordinated attack, threatening meritorious underrepresented students, dismantling research, and undermining the very foundation of equitable patient care in the U.S. DEI is not affirmative action with not quotas.

Why and how academic medicine must champion diversity, equity, inclusion, and accessibility
A Salles, AT Banerjee, W Caceres, M Mamas, O Blackstock. Lancet . 2025 Jun 7;405(10494):2033-2036.
https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)00575-6/abstract

Panel: **Recommended actions to counteract those opposing diversity, equity, inclusion, and accessibility**

Individuals

- Advocate for policy change by supporting local, state, and federal policies that promote DEIA in medical education and health care and fighting against resegregation and attacks on DEIA
- Use any platform you can to raise awareness by educating people about the benefits of DEIA and how it strengthens social and economic systems
- Partner with people in your community who are involved in local advocacy regarding civil rights and DEIA
- Vote and mobilise others to participate in elections at local, state, and national levels, and encourage others to do the same to elect pro-DEIA, anti-segregation candidates
- Educate and mobilise communities around their rights, including protections against Immigration and Customs Enforcement
- Provide practical support to people who need access to abortions (eg, transport, childcare, help obtaining medications, and donations to local abortion funds)
- Participate in direct actions, such as attending rallies to show solidarity with marginalised groups
- Practise collective care by offering emotional and material support to marginalised people
- Create inclusive, liberatory learning environments that centre anti-oppressive principles
- Commit to long-term mentorship and sponsorship of trainees from marginalised communities

Academic medical centres, hospitals, and universities

- Continue DEIA programmes while explicitly acknowledging how they challenge systemic inequity and expand, rather than limit, opportunities
- Educate the public about the importance of gender-affirming care and continue to provide it
- Overcome legal challenges to DEIA with collective action and support or join lawsuits aimed at protecting these programmes in medicine and science
- Continue to create spaces that are as inclusive and equitable as possible
- Recognise religious and spiritual dates of import to all groups
- File or support lawsuits to fight illegal restrictions on free speech affecting higher education
- Reaffirm commitment to equitable recruitment, retention, and advancement, and opposition to segregation
- Support and engage grassroots movements led by marginalised groups fighting for access to equitable health care
- Financially support researchers whose work is at risk due to a focus on DEIA or health equity
- In addition to having medical interpreters available, intentionally foster training of health-care workers who speak languages common in your area and provide pathways for others to learn those languages

Professional societies

- Make clear, bold, and timely statements about systemic inequities (eg, targeted defunding of scientific research) affecting your members and marginalised communities
- Support community-led health initiatives
- Lobby politicians to support DEIA efforts and fight segregation
- Communicate with members clearly and often regarding your advocacy efforts, including mobilising collective action to address health inequities
- Highlight the importance of DEIA in improving health outcomes by reducing health-care disparities between groups
- Centre and elevate voices and leadership of those impacted by anti-DEIA policies by sharing individual and collective stories
- Avoid holding meetings in locations where not all members will have equal rights

DEIA=diversity, equity, inclusion, and accessibility. Marginalised groups include minoritised racial and ethnic groups, Indigenous peoples, women, LGBTQ+ people, veterans, those with disabilities, first-generation learners, those in rural communities, persecuted religious groups, impoverished people, and immigrants, among others.

As Diversity Declines at Medical Schools, a Warning of DEI Crackdown's 'Chilling Effect'
https://www.usnews.com/news/health-news/articles/2025-03-21/as-diversity-declines-at-medical-schools-a-warning-of-dei-crackdowns-chilling-effect

- Educators fear the number of underrepresented students in medical school will decline even further under the new administration, with potential consequences for patients

Former surgeon general: America needs a better discourse on DEI (Dr. Jerome Adams)
https://www.statnews.com/2025/02/04/dei-ban-former-surgeon-general-seeks-better-discourse-on-controversial-issue/

- Equity-focused policies make the U.S. health care system more effective and affordable for all

Civil Rights Office Investigates California Medical School for Discriminatory Race-Based Admissions
https://www.hhs.gov/press-room/ocr-investigates-medical-school-discriminatory-admissions.html

- U.S. Department of Health and Human Services (HHS) Office for Civil Rights (OCR) initiated an investigation of a major medical school in California to determine whether it discriminates on the basis of race, color, or national origin in its admissions. The investigation is in response to information OCR received about the medical school's admissions practices and policies that may violate Title VI of the Civil Rights Act of 1964 (Title VI) and Section 1557 of the Affordable Care Act (Section 1557).

Inside the Campaign That Took Down a University President (University of Virginia)
https://www.nytimes.com/2025/07/14/us/politics/university-virginia-president-trump-dei-jefferson-council.html?smid=nytcore-ios-share&referringSource=articleShare

- The Jefferson Council had called for eliminating D.E.I., without much success. But a new lawyer with ties to the group took on the cause for the administration.

Executive overreach: The continued attack on educational equity
https://unidosus.org/progress-report/executive-overreach-the-continued-attack-on-educational-equity/

- Eliminating data and research that identifies disparate impacts of existing regulations and guidance.
- Reinstating harmful school discipline policies.
- Undermining accreditation and diversity in higher education.
- Threatening in-state tuition for undocumented students.

Administration Renews Attacks On Harvard With Negotiations Uncertain
https://www.nytimes.com/2025/07/09/us/politics/trump-harvard-data-accreditation.html

- The Department of Homeland Security issued administrative subpoenas seeking data about the university's international students, while two federal agencies challenged Harvard's accreditation.

Here Is All the Science at Risk in Clash With Harvard
https://www.nytimes.com/interactive/2025/06/22/upshot/harvard-funding-cuts.html

- More than 900 research grants and $2.6 Billion are in jeopardy.

Medical Schools No Longer Required To Teach Health Inequities
https://www.usnews.com/news/health-news/articles/2026-03-30/medical-schools-no-longer-required-to-teach-health-inequities

The Liaison Committee on Medical Education (LCME) has removed language from its standards that had urged medical schools to teach about health inequities. The change affects standards for the 2027-2028 academic year.

White House Moves to Strip Tax Exemption From Schools That Aid Minority Students
hhttps://www.nytimes.com/2026/09/03/business/economy/trump-irs-college-nonprofits.html?smtyp=cur&smid=tw-nytimes

- **The rule:** Treasury proposed rules that would strip tax-exempt status from any school, from secondary schools to universities, with race-based programs such as admissions or scholarships. It could affect up to 18,000 schools and would take effect after May 31. The main cost is to fundraising, since donors could no longer deduct their gifts.
- **The legal basis:** The administration cites the 1983 Bob Jones case and a narrow reading of the 2023 affirmative action ruling to classify race-conscious programs as violating "fundamental public policy." Programs based on geography or income could continue.
- **The pushback:** The American Council on Education plans to oppose the rule, and the AAUP is likely to sue. Legal experts doubt courts will accept the administration's definition, but warn that schools may pull back in the meantime out of fear.

Pipeline Program Cuts

Massive federal cuts to pipeline programs, from NIH internships to HRSA workforce initiatives, are dismantling critical pathways that help underrepresented and disadvantaged students enter STEM and medical careers, threatening the future pipeline and capacity of the United States healthcare and science workforce.

Funding Cuts Hit STEM (Science, Technology, Engineering, and Mathematics) Career Pipelines
https://www.aip.org/fyi/funding-cuts-hit-stem-career-pipelines

- National Science Foundation (NSF) has already terminated hundreds of STEM education-related grants, and Trump's 2026 budget proposes even deeper cuts across the federal government.
- The elimination of grants deemed to be related to DEI has disproportionately affected grants for STEM education, with 213 cancellations in the Division of Research on Learning, which supports research on STEM learning and teaching in K-12 schools and other centers for STEM education

Cancellation of NIH summer internships disrupts 'vital' training program for U.S. scientists
https://www.statnews.com/2025/03/05/trump-nih-freeze-cancels-summer-internships-vital-pipeline-develops-young-scientists/

- Cuts risk discouraging students from pursuing careers in biomedicine, experts say.
- The NIH last week abruptly cancelled an internship program that for decades has given more than 1,000 college students hands-on research training each summer — a step many current scientists say was critical to embarking on a biomedical career.

The President's budget request calls for a proposed $1 billion cut and the elimination of 15 Health Resources and Services Administration (HRSA) health workforce programs (Title VII and VIII)
https://aamcaction.org/action-center/help-protect-title-vii-and-viii-workforce-programs/?emci=48919ebf-ff5c-f011-8f7c-6045bda9d96b&emdi=a8593179-0260-f011-8dc9-6045bdfe8e9c&ceid=12698105

- HRSA Title VII and VIII programs play an essential role in recruiting a talented health workforce by supporting underrepresented, rural, and economically disadvantaged students through recruitment, education, training and mentorship opportunities.

- Programs like the Health Career Opportunity Program (HCOP), Centers of Excellence (COE), and Area Health Education Centers make careers in medicine more accessible to students nationwide and recruit and retain providers to practice in underserved communities. Though there is bipartisan support for these health workforce programs, it is crucial that Congress provides robust funding for all these programs.

Education Department Backs Away From Program for Hispanic-Serving Colleges
https://www.nytimes.com/2025/08/22/us/education-department-hispanic-serving-universities.html

- The federal program (Hispanic Serving Intuitions,) supports universities with high numbers of Latino students (25% of the undergraduate class). Officials said they wouldn't defend it against a lawsuit, which could effectively end the program.

Brain Drain

Brain drain is when professionally educated or skilled people leave their country of origin to work in another country for better opportunities. Amid deep funding cuts and attacks on science and healthcare, the United States is facing a growing brain drain as scientists and physicians seek stability and support abroad.

United States brain drain: the scientists seeking jobs abroad amid assault on research
https://www.nature.com/articles/d41586-025-01489-y

- Five US-based researchers tell Nature why they are exploring career opportunities overseas.

How Canada provinces are leveraging the U.S. 'brain drain' in medicine, and how Canada can help
https://www.cma.ca/latest-stories/how-provinces-are-leveraging-us-brain-drain-medicine-and-how-canada-can-help

- "'With the chaos and uncertainty happening in the U.S., we are seizing the opportunity to attract the talent we need to join and strengthen our public, universal health care system in British Columbia.' Josie Osborne, BC Minister of Health"

Medical Students on Supplemental Nutrition Assistance Program (SNAP) and Medicaid

Cuts to SNAP and Medicaid risk leaving medical students, especially those of underserved backgrounds, without food or healthcare, deepening financial hardship and threatening the future physician workforce.

California's future doctors will go hungry under Administration's 'Big, Beautiful Bill'
https://www.sacbee.com/opinion/op-ed/article309745590.html

- Administration's SNAP cuts could leave California medical students without basic resources, worsening food insecurity and financial hardship for future doctors

Language Cancellation

By pushing to make English the only language for federal services, the administration risks cutting off millions of Spanish-speaking Americans from critical information and assistance, raising concerns about discrimination and access to care.

English only: Administration clamping down on offering federal services in other languages
https://www.usatoday.com/story/news/politics/2025/07/14/english-official-language-trump-federal-services/85197006007/

- Some federal court rulings have found that failing to provide certain services in other languages can be discriminatory.

Physician Shortage Solutions

Solving the nation's growing physician shortage will require bold, coordinated action—from expanding GME slots and funding pipeline programs to valuing bilingual and lived experience applicants and reforming federal policies that currently threaten the foundation of academic medicine and healthcare access. Key components include:

- **Support policies that BUILD the physician pipeline.**
- **Invest in future doctors. Remain steadfast and supportive of Diversity, Equity and Inclusion (DEI).**
- **Approach EACH of these acute and chronic problems (outlined above) that have resulted in this complex problem that will result in a future massive shortage of doctors.**

United States House Resolution (H.R.) 4262 - To reauthorize programs related to health professions education, and for other purposes.

https://www.congress.gov/bill/119th-congress/house-bill/4262

- Introduced by Congresswoman Jan Schakowsky on June 30, 2025; referred to the House Energy and Commerce Committee
- Provides funding for centers of excellence, scholarships for disadvantaged students, faculty loan repayments and fellowships, educational assistance for individuals from disadvantaged backgrounds, primary care training and enhancement, training in general/pediatric/public health dentistry, area health education centers, geriatrics education and training, public health workforce development, the pediatric specialty loan repayment program, and authorization for the National Center for Health Care Workforce Analysis.

U.S. Senate Health, Education, Labor & Pensions (HELP) Hearing: "What Can Congress Do to Address the Severe Shortage of Minority Health Care Professionals and the Maternal Health Crisis?"

- Download the testimony here. Watch the testimony here.

1. **Expand Funding for Pathway Programs and New Medical School Programs.** We can increase the minority physician workforce by recognizing and valuing the lived experiences of Latino identified individuals through pathway programs that start at community colleges, early exposures to medicine, and advocate for holistic medical school admissions. We need a Bilingual and Bicultural Medical School anchored in a Hispanic Serving Institution partnered with local hospitals. We can start with regional satellites of medical schools in predominantly Latino areas of California.
2. **Not Ignore Language.** Language proficiency by physicians is a proven strategy for improving patient outcomes demonstrated by the UCLA Latino Policy & Politics Institute, as research has shown that concordant language enhances compliance with treatment plans and medication adherence.
3. **Mandating Medical Schools to Value Bilingual Skills and Community College Background**. By tying medical school funding and NIH grants to admission practices that prioritize these elements. This will drive medical schools to align more closely with underserved areas. For example, the University of California could be mandated to recruit, accept, and retain these qualified students for the betterment of severely underserved areas.
4. **Funding Loan Repayment Programs.** Including the National Health Service Corp, is essential to attract and retain physicians in underserved areas, ensuring equitable healthcare access.

University of Arizona will offer shorter med school program
https://www.12news.com/article/news/education/u-of-a-will-offer-shorter-med-school-program-arizona-tucson-phoenix/75-819a7b52-be69-401b-87c4-230e358435e2#

- The university's two medical schools in Tucson and Phoenix plan to offer an accelerated medical degree program.

American Medical Association: The physician shortage will worsen—unless Congress acts now (By Bobby Mukkamala, MD, AMA President)
https://www.ama-assn.org/about/leadership/physician-shortage-will-worsen-unless-congress-acts-now

- First solution is removing the administrative headaches that fuel burnout and are contributing to early retirement decisions by physicians.
- A second critical solution is reforming an antiquated Medicare payment system that has seen physician reimbursement drop by more than 33% since 2001, creating enormous financial hardships for independent practices
- A third solution lies with greatly expanding the number of Medicare-funded graduate medical education (GME) residency slots, with particular emphasis on areas and specialties with critical shortages such as primary care and psychiatry. The AMA enthusiastically supports the newly introduced Resident Physician Shortage Reduction Act of 2025, which would add 14,000 Medicare GME positions over seven years and codify the Rural Residency Planning and Development Program.

Congress revives bill to add 14,000 GME slots over seven years
https://www.ama-assn.org/education/gme-funding/congress-revives-bill-add-14000-gme-slots-over-seven-years?utm_source=fbpage&utm_medium=social_ama&utm_term=17605634144&utm_campaign=Advocacy

- The bill, which has bipartisan support, would help to address a residency-training funding cap that is driving the physician shortage.

The impact of federal actions on academic medicine and the U.S. health care system
https://www.aamc.org/about-us/aamc-leads/impact-federal-actions-academic-medicine-and-us-health-care-system

- The AAMC warns that multiple proposed federal cuts, spanning Medicaid, NIH, student loans, and hospital reimbursements, pose an existential threat to academic medicine, undermining research, clinical care, medical education, and the broader U.S. health-care system.

“Medicaid Cuts = Less Care for Latino and All Populations” Supplement

Medicaid Cuts

Massive Medicaid cuts under the Reconciliation Bill threaten to strip healthcare access from millions of Americans, and will disproportionately harm Latino communities, undocumented individuals, and safety-net physicians. All while destabilizing the United States healthcare system and deepening existing health disparities.

Overview:

- Medicaid is a joint federal and state program that provides health coverage for 96 million people (30% of the U.S. population).
    - This includes children (40% of enrollees), including those of low income families, pregnant women (42% of births), adults with low income, disabilities and the elderly (nursing home care)
- Latinos comprising 28% of enrollees, despite representing 19% of the overall population
    - 1 in 3 Latinos in the United States are covered by Medicaid
- Medicaid (Medi-Cal) in California covers 14.9 million residents, about 38% of the population (2024 data). In Texas Medicaid covers 4.2 million residents, or about 14% of the population.
- Medicaid cuts passed as part of a sweeping federal cost-saving measure aimed at reducing entitlement spending, despite widespread opposition from healthcare providers and policy experts.
- These cuts were embedded in legislation dubbed the “One Big Beautiful Bill,” [House Resolution H.R.1 - 119th Congress (2025-2026) a reconciliation bill] which restructured eligibility rules, capped funding, and rolled back Medicaid expansion elements from the Affordable Care Act (ACA).
- The federal government also authorized restrictive new policies limiting care access for undocumented immigrants and linking Medicaid eligibility to proof of legal status or employment
- Medicaid funding has been cut 1 trillion dollars over the next decade, the largest in the program’s history
- Could result in 12 million Americans without health insurance by 2034 (according to the Congressional Budget Office, CBO)

Medicaid cuts may disproportionately affect Black, Latino doctors and their patients
https://stateline.org/2025/04/24/medicaid-cuts-may-disproportionately-affect-black-latino-doctors-and-their-patients/

- Medicaid funding reductions would likely hit Black and Latino doctor and the patients they treat, exacerbating already existing racial disparities in access to care and health outcomes

Why Medicaid cuts should alarm every doctor

https://kevinmd.com/2025/06/why-medicaid-cuts-should-alarm-every-doctor.html

- Medicaid cuts currently under consideration would destabilize the entire U.S. healthcare system. These cuts will jeopardize safety-net providers, increasing uncompensated care and emergency room overcrowding, worsening public health and equity, and impacting all physicians, even those whose practices don't directly serve Medicaid patients.

Administration cuts undocumented immigrants' access to range of federally funded programs
https://www.statnews.com/2025/07/11/kennedy-issues-ban-undocumented-people-taxpayer-funded-services-clinics-head-start/

- The policy restricts access to community health centers, Head Start, and more

'Joy turned into shame': California's Latino Caucus agonized over slashing immigrant health care
https://calmatters.org/health/2025/07/california-latino-caucus-legislators-immigrants-health-care-medi-cal/

- Legislature's choice to freeze Medi-Cal enrollment for immigrants without legal status and charge monthly premiums.
- Latino Caucus had to balance reining in Medi-Cal's rising costs with helping undocumented immigrants. All but four overcame their misgivings and voted to freeze new enrollment and make other cuts to immigrant health insurance.

How the record cuts coming to Medicaid could devastate California health care
https://www.sfchronicle.com/health/article/california-medical-medicaid-cuts-20421202.php

- In California, 1 in 3 residents relies on Medicaid (Medi-Cal), California is one of the states that expanded Medicaid under the Affordable Care Act (Obamacare)
- Nearly 15 million Californians on Medi-Cal are poised to get less comprehensive benefits or lose elegibility.
- Hospitals, nursing homes, and other health providers that serve will be paid significantly less, probably resulting in reduction in services or closures
- Central Velley counties of Tulare and Fresno are 54% to 64% residents are on Medi-Cal
- California is slated to see a 19% cut in federal funding for Medicaid, or $164 Billion over the next decade (analysis by Kaiser Family Foundation, KFF)

Cost of Obamacare expected to soar as subsidies expire and insurers hike premiums
https://www.nbcnews.com/health/health-care/cost-obamacare-expected-soar-subsidies-expire-insurers-hike-premiums-rcna219440

- People who get their health insurance through the Affordable Care Act could see increases of more than 75% each month, one expert said.

'Crisis brewing' as hospitals shutter at alarming rate, top ER doc warns
https://www.foxnews.com/politics/crisis-brewing-trump-country-hospitals-shutter-alarming-rate-top-er-doc-warns

- When hospitals close it can mean the difference between life and death
- Strategies for Sustaining Emergency Care in the United States

- https://www.rand.org/pubs/research_reports/RRA2937-1.html

The Worst of 'Big Beautiful Bill' Will Be Felt in Rural America
https://www.medpagetoday.com/opinion/second-opinions/116410

- Chief Medical Officer of a Federally Qualified Health Center (FQHC) that serves five rural counties in Missouri, provides perspective.

The Equity Cliff: Federal Medicaid Cuts Are About To Undo California's Health System Gains
https://www.healthaffairs.org/content/forefront/equity-cliff-federal-medicaid-cuts-undo-california-s-health-system-gains

- What California chooses in the next six months will determine whether a decade of Medicaid transformation holds or collapses and how the health and well-being of thousands or millions of California's most vulnerable people will change as a result.
- CalAIM has reached about 453,000 Medi-Cal members through Enhanced Care Management and over 528,000 through Community Supports. H.R. 1's work requirements, more frequent eligibility checks, and funding limits could leave 1.3 to nearly 3 million Californians uninsured.
- Most coverage losses are expected to be procedural rather than true ineligibility. Those losses would fall hardest on Black, Latino, Indigenous, unhoused, and behaviorally high-need people, the same groups CalAIM was built to reach.
- What can be done: Fund culturally responsive enrollment navigation, speed up behavioral health integration under BH-CONNECT, and build race- and ethnicity-stratified data in time for the CalAIM waiver renewal.

Cutting Medicaid for Children— A Bet Against the Future
AD Racine et al. JAMA . 2026 Aug 18;336(7):541-542.
https://jamanetwork.com/journals/jama/fullarticle/2851237?guestAccessKey=7fab669e-ab4f-4a73-9a60-dc533d5beaf3&utm_source=fbpage&utm_medium=social_jama&utm_term=21121738981&utm_campaign=article_alert&linkId=979969533

- **Children lose coverage too:** The One Big Beautiful Bill Act cuts close to $1 trillion from Medicaid over 10 years, mainly through work requirements and more frequent eligibility checks, and could remove up to 7.5 million adults. Because children in households where a parent loses coverage are more likely to go uninsured, and states facing shifted costs tend to cut eligibility and pediatric payments, kids will lose coverage as well.
- **Pediatric care depends on Medicaid:** Nearly half of US children are enrolled at any given time, and over 60% rely on it at some point in childhood. Every pediatric practice, NICU, and children's hospital needs Medicaid revenue, so the cuts threaten care for all children, not just those enrolled.
- **Cutting it costs more than it saves:** Children covered by Medicaid grow up healthier, work more, and pay more in taxes, enough to more than repay the cost of their care. The author calls the cuts a "negative interest rate" investment: a lose-lose that harms children's health now and the nation's fiscal health later.

Medicaid/CHIP Income Thresholds and Health Services Use Among Children In Low-Income Households, 2016–23
CR Ramos et al. Health Aff (Millwood) . 2026 Sep;45(9):1018-1026.
https://www.healthaffairs.org/doi/10.1377/hlthaff.2025.01634?utm_medium=social&utm_source=twitter&utm_campaign=september+2026+issue

- Examining the effects of changes in income eligibility thresholds for Medicaid & CHIP, study find federal Medicaid cuts that may lower income thresholds could contribute to child uninsurance & reduce preventive care use
- 2016–23 National Survey of Children's Health data on 124,250 children to test how state Medicaid and CHIP income eligibility thresholds (averaging 260% of the federal poverty level) relate to children's insurance, preventive care, and unmet medical needs.
- A one-standard-deviation increase in a state's threshold was linked to a 1.10-point rise in consistent insurance and a 0.78-point rise in preventive care use. The preventive care gain came through insurance: children with steady coverage got more preventive care than those with gaps or no coverage. Thresholds had no link to unmet medical needs.
- Federal Medicaid cuts that push states to lower eligibility thresholds could leave more children uninsured and reduce their preventive care.

“ICE is a Public Health Crisis” Supplement

Latino Immigrant Population Being Targeted

The expansion of ICE (United States Immigration and Customs Enforcement) into hospitals, clinics, and communities has stripped away the very autonomy that safeguards health, dignity, and safety that once existed. With unprecedented funding and sweeping access to personal data, immigration enforcement has transformed into a **public health crisis** for Latino populations across the United States. Fear leaves immigrant communities, especially the Latino community, trapped in cycles of medical neglect, untreated trauma, and systemic violence. What begins as surveillance and intimidation ends in suffering: delayed care, deteriorating mental health, and shattered trust in the very institutions meant to heal.

Based on the below reports, Immigration Enforcement Has Led to:

- The recent congressional reconciliation bill (H.R.1 or OBBB) has allocated a substantial increase in funding for ICE, with the agency's budget potentially rising to around $28 billion annually (previously 8 billion annually).
- Research has shown that immigration crackdowns are linked with poorer birth outcomes and mental health status, lapses in care, and fewer people accessing the types of public programs that reduce illness and poverty overall.
- Immigrant communities suffer from high rates of chronic conditions such as high blood pressure and diabetes, which, if left untreated, can lead to heart attack, stroke and other complications.
- Fear of immigration raids has resulted in patients canceling health care visits and not showing up to clinic appointments.
- ICE raids have resulted in related medical problems including heart attacks, seizures, and even death.
- ICE has entered clinic and hospital settings to apprehend patients.
- Health concerns for immigrants held in ICE facilities.

AAP (American Academic of Pediatrics) President: Federal actions on immigration will bring ‘fear and hardship’ to children
https://publications.aap.org/aapnews/news/31154/AAP-president-Federal-actions-on-immigration-will?autologincheck=redirected

- On January 21, 2025, the American Academy of Pediatrics strongly condemned recent administration executive actions, warning they instill fear and hardship, especially through family separation and detention, that harm immigrant children’s health and well-being, including many U.S. citizens, and emphasized that children must have uninterrupted access to essential services like healthcare, nutrition, and education, free from the threat of immigration enforcement.

Pediatricians raise the alarm on the effect of immigration crackdown on kids

https://www.npr.org/2026/09/17/nx-s1-5953989/immigration-crackdown-children-medical-care

- In an American Academy of Pediatrics survey from April to June 2026, **40% of pediatricians said families were staying away from care over immigration concerns.** Thirty percent saw families hesitant to apply for programs like Medicaid, and some families were keeping kids out of school.
- There appears to be limiting of access to health care and public services. Immigration officials will now weigh a wider range of public benefits, including those used by family members, when deciding on entry or legal residency.
- Pediatricians warn that skipped visits mean problems aren't caught early, leading to potential long-term harm to children and more strain on the health system. One Maryland doctor expects the effects will soon become apparent.

Pediatricians' Plea: Don't Separate Migrant Families
https://www.nytimes.com/2025/08/14/opinion/pediatricians-migrant-families-separation.html?unlocked_article_code=1.eE8.MTs6.oU8DIuOwKiFz&smid=nytcore-ios-share&referringSource=articleShare

- As pediatricians, we know that children separated from their parents or those detained in jail-like facilities will suffer long-lasting damage to their mental and physical health.

Migrants Are Skipping Medical Care, Fearing ICE, Doctors Say
https://www.nytimes.com/2025/05/08/health/migrants-health-care-trump.html

- They are finding that people who have been assaulted, or who have serious conditions like diabetes or a high-risk pregnancy, are skipping or delaying care.

ICE raids and Medicaid cuts are bad news for California's immigrants. State cuts could be 'much worse.'
https://www.politico.com/news/2025/07/20/california-health-clinics-immigration-00462706

- Immigration enforcement and funding cuts are forcing creative solutions at the state's clinics.

'We held our ground': LA-area health clinic describes close encounter with immigration agents
https://calmatters.org/health/2025/06/la-area-medical-clinic-immigration-agents/

- Fear of immigration raids is driving Southern California patients to cancel health care. A third of medical appointments and half of dental appointments at St. John's 28 clinics were cancelled this week.

Allowing ICE in hospitals is a public health catastrophe in the making
https://www.statnews.com/2025/01/23/ice-hospitals-citizenship-status-undocumented-workers-health-care/

- Administration ended longstanding protections ICE from conducting raids in hospitals and medical clinics. This decision is not only cruel; it is a public health catastrophe in the making.

Medicaid Recipients Personal Data including Addresses
https://apnews.com/article/immigration-medicaid-trump-ice-ab9c2267ce596089410387bfcb40eeb7

- The U.S. Department of Health and Human Services has authorized the sharing of personal Medicaid data—including names, addresses, birthdates, ethnicities, Social Security numbers,

and immigration status—for approximately 79 million enrollees with DHS/ICE during weekdays through early September, to aid in locating alleged ineligible beneficiaries. This move has triggered privacy concerns, legal challenges from 20 states, and warnings on the effects on vulnerable populations.

ICE is gaining access to trove of Medicaid records, adding new peril for immigrants
https://www.latimes.com/california/story/2025-07-17/ice-getting-access-to-medicaid-records-sparks-new-fears-across-california

- Data will be used for immigration enforcement and may deter vulnerable communities from seeking healthcare.

What Therapists Treating Immigrants Hear (By Geraldo Cadava, Featuring Dr. Erica Lubliner)
https://www.newyorker.com/news/the-lede/what-therapists-treating-immigrants-hear

- Some mental-health-care providers are trying new approaches to treat patients whose worst fears have come true.

Anxiety attacks, tears, questions: The impact of immigration sweeps on children
https://www.pressenterprise.com/2025/08/08/anxiety-attacks-tears-questions-the-impact-of-immigration-sweeps-on-children/

- As federal raids continue in Southern California, children are feeling the toll of detachment and trauma.

Report warns immigration raids creating a mental health crisis for children
https://ktla.com/news/california/report-warns-immigration-raids-creating-a-mental-health-crisis-for-children/?fbclid=IwQ0xDSwMNcORleHRuA2FlbQIxMQABHgbOgexIU8ZKN4CeXcuxf0d3uM7S7nlOkl7bTQnOVhSqgMqwtvQFRI9hpLyK_aem_aRK7il0y1efd7iRXz_0O0g

- A new report published in Psychiatric News from the University of California, Riverside warns that aggressive immigration enforcement practices in the United States are fueling a public health emergency for children in mixed-status families.

Redadas ICE generan “mucho pánico” en niños: alertan problemas de salud mental y desarrollo cognitivo.
https://www.instagram.com/reel/DNJxAAPRfOK/?igsh=eGM3dnV2Mng4aWR4

Proof of Citizenship to Be Required at Low-Income Health Clinics
https://www.independent.com/2025/07/16/proof-of-citizenship-to-be-required-at-low-income-health-clinics/

- The federal government has issued a directive requiring federally funded low-income clinics to verify proof of U.S. citizenship before providing care; threatening to cut off undocumented immigrants, causing confusion among clinic operators, and potentially deterring vulnerable patients.

Border Patrol arrested her selling tamales. Then she suffered a heart attack. 'I told them: I can't breathe'
https://www.latimes.com/california/story/2025-07-14/in-pacoima-an-immigration-sweep-and-its-aftermath

- Matilde, a 54-year-old immigrant selling tamales in Pacoima, was forcefully detained by Border Patrol agents without identification or a warrant, later suffering a minor heart attack and being hospitalized after repeatedly telling them "I can't breathe.

California farmworker dies after 30-foot fall during ICE raid: Report
https://abcnews.go.com/US/california-farm-worker-dies-injuries-sustained-ice-raid/story?id=123690867

- A farmworker has died after falling off a roof after fleeing during an Immigration and Customs Enforcement raid in California.

'It just breaks my heart.' Death of man fleeing immigration raid at Home Depot sparks anger, grief
https://www.latimes.com/california/story/2025-08-14/man-running-from-ice-raid-hit-killed-by-car-on-210-freeway

- A man was hit and killed on the 210 Freeway as he tried to flee Immigration and Customs Enforcement agents during a raid at a Home Depot in Monrovia, California.

California sent investigators to ICE facilities. They found more detainees, and health care gaps
https://calmatters.org/justice/2025/04/ice-detention-center-investigation/

- The California Department of Justice finds that immigration detention facilities across the state continue to fall short in providing basic mental health care, with gaps in suicide prevention and treatment, recordkeeping, and use of force incidents against mentally ill detainees.

Concerns Grow Over Dire Conditions in Immigrant Detention
https://www.nytimes.com/2025/06/28/us/immigrant-detention-conditions.html

- Mass immigration arrests have led to overcrowding in detention facilities, with reports of unsanitary and inhumane conditions.

Migrants Held In ICE Centers Across The U.S. Are Complaining About Being Given Little To No Food
https://www.latintimes.com/migrants-held-ice-centers-across-us-are-complaining-about-being-given-little-no-food-586688

- Reports of poor food conditions "little to no food, with some losing weight as a result and others claiming the food they do get is rotten."
- Reports of critical medications not given to migrants held.

'I can't fight back': Pregnant U.S. citizen hospitalized after ICE detention
https://www.nbcnews.com/video/pregnant-u-s-citizen-hospitalized-after-ice-detention-in-california-241340997523

- A U.S. citizen who is nine months pregnant, was hospitalized after she was detained by ICE agents during an operation.

American Academy of Pediatrics (AAP) strongly opposes the final public charge rule announced on July 16th, 2026

- The public charge policy is an interpretation of U.S. immigration statute that considers whether an individual is likely to become primarily dependent on the government for subsistence when deciding whether to grant an individual a visa or green card. Historically, public charge determinations primarily applied to individuals who were in the U.S. on a visa and were attempting to become a permanent resident.
- In a statement, AAP President Andrew Racine said -
  "This rule will exacerbate the pervasive fear and uncertainty among immigrant families, and lead to children – including those who are U.S. citizens – not receiving vital health services and supports they need and are eligible for.
  "In communities across the country, harmful policies and aggressive immigration enforcement actions have already led to a dangerous chilling effect on children and families who fear accessing needed health care and services. Today's rule will compound this environment of fear, creating confusion for parents and families, causing them to forgo the health, nutrition and housing programs for which they are eligible.
  "When children miss out on the care and services designed to support them, their overall health and well-being suffers needlessly. Policies like this put children's health at risk and make our communities less healthy. We urge the administration to withdraw this rule and instead craft policies that promote and strengthen – rather than undermine – the health and safety of immigrant children and families."

Full Committee Hearing: House Committee on Education & Workforce
Training Activists, Not Physicians: The Impact of DEI on Medical Schools
https://www.youtube.com/live/m4EeaPsxa2s

- https://www.aamc.org/advocacy-policy/washington-highlights/education-and-workforce-committee-holds-hearing-conduct-medical-schools
- The July 14th, 2026 hearing followed August 2025 Letters sent to medical schools from House Education and Workforce Committee Chair Tim Walberg (R-Mich.). In those letters, Walberg mentioned accusations of antisemitic conduct and harassment at these institutions, and further reiterated the medical schools' legal responsibility to combat discrimination on campus. The committee's oversight hearing focused on the universities' responses to assertions of inappropriate accreditation standards, medical school curriculum, social justice and advocacy in medical care, campuswide initiatives to advance racial equity, and alleged incidents of antisemitism on the three campuses. Committee Democrats focused their questions on health equity, the importance of addressing workforce shortages, and the importance of cultural competence in health care.