When Fear Returns

The Impact of Operation Metro Surge Human Rights Abuses on People Seeking Asylum in Minnesota



The CENTER for VICTIMS of TORTURE

When Fear Returns: The Impact of Operation Metro Surge Human Rights Abuses on People Seeking Asylum in Minnesota

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Authorship in alphabetical order

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Cover Art

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Executive Summary

Operation Metro Surge, a large-scale anti-immigration operation in Minnesota, was launched by the Trump administration in early December 2025 and resulted in rampant human rights abuses into 2026. The Center for Victims of Torture (CVT) conducted interviews and focus groups with 19 current and former clients in Minnesota and 13 staff members to document the experiences of survivors of torture, refugees, and people seeking asylum during Operation Metro Surge and related federal actions.

For most Minnesotans, Operation Metro Surge was an unprecedented rupture, a frightening departure from the ordinary functioning of law and government. For the survivors of torture, refugees, and asylum seekers who are clients of CVT and whose experiences are included in this report, it was more than that. Nearly every one of them had fled state violence, war, or persecution before reaching Minnesota, and they repeatedly described the surge as the reappearance of a threat they thought they had escaped. This report examines the psychological and social consequences of these operations. The findings reflect the experiences of a specific population of CVT clients and are not representative of all immigrant communities in Minnesota.

Pervasive fear extended beyond direct encounters with immigration agents. Interviews with CVT clients and consultations with staff indicated that exposure to the surge took many forms: direct detention, brief encounters in the course of daily life, and secondhand exposure through the arrest or detention of a friend, coworker, or family member. Regardless of direct experience, fear was pervasive and debilitating, reshaping decisions about work, school, healthcare, and even whether to leave home at all.

The surge reactivated fears rooted in survivors' previous experiences of repression, violence, and displacement. For CVT clients whose lives had already been marked by persecution, the surge carried a specific and layered meaning. It echoed state violence experienced before in settings they believed operated by different rules; it revived the fear of being returned to the very dangers that had prompted their flight; and it threatened repeated dispossession in the form of loss of homes, work, and the stability that they had only recently begun to rebuild. These fears were not abstract. They were rooted in harms clients had already lived through, which is part of what made this period so psychologically terrifying for those seeking asylum.

The surge had significant psychological, social, and economic consequences for individuals and families. The consequences of paralyzing fear were concrete. Clients lost work, fell behind on rent, withdrew from school, church, and community life, and in some cases lost housing altogether. Clients and staff described psychological effects consistent with traumatic and chronic stressors including disrupted sleep, panic attacks, episodes of dissociation, depressive symptoms such as hopelessness and crying, and the resurfacing of symptoms tied to earlier experiences of persecution, such as intrusive memories. While there were expressions of solidarity, the surge also increased the fragility of clients' networks and eroded collective trust in public or social spaces.

The surge undermined survivors' sense of safety and trust in the United States as a place of refuge. Underlying many CVT clients' accounts of what it was like to live through this period was a foundational loss: the idea of the United States as a place of protection. Many clients described the erosion of an idea they had once held of the United States as governed by rule of

law, offering safety, due process, and refuge from the dangers many clients had fled. For clients who had already lost one homeland, this loss of an assumed safe harbor was, for some, as consequential as the surge's practical disruptions.

Survivors emphasized that healing and justice require assurances of safety and progress towards lasting change. When asked what healing and justice would require, clients described both immediate needs and broader principles. For many, healing was tied to a need for certainty about their legal status, an end to visible enforcement activity, and the ability to resume ordinary life and restore their sense of belonging. Justice meant due process, humane treatment during immigration-related activities, accountability for harm, and reform to ensure the situation is not repeated.

Key Recommendations: This report demonstrates the need to repair the extensive harms caused by the U.S. government to survivors of torture, refugees, and asylum seekers. The findings call for federal, state, and local governments to take immediate action to end harmful practices including discriminatory stops and immigration detention, to uphold fundamental human rights, to investigate abuses and pursue accountability at every level, and to guarantee meaningful redress and rehabilitation. Civil society organizations and service providers should expand access to specialized trauma rehabilitation and integrated support, preserve evidence needed for accountability and a historical record, and provide access to material support and economic relief for those struggling to recover. It is critical to center survivor agency and expertise in documentation, recovery, and redress for harms, ensuring informed choice and prioritizing safety throughout these processes. Detailed **Recommendations** are provided at the end of the report.

Introduction

Purpose and Scope

Following abuses of power that violate people's rights and dignity, it is a complex endeavor to try to make things right for those who have been harmed. Acknowledgement of the truth is an essential step, often the foundational step, in seeking justice. Particularly in contexts where it is unlikely that perpetrators or those otherwise complicit in the harms will accept responsibility, apologize, or truly be held accountable, having a broader community recognize and validate what occurred can be powerful for survivors. This is part of vindication, as the broader community acknowledges not only what happened, but that it was morally, legally, or otherwise wrong.[1] This report is one contribution, among many that are now emerging, to documenting the truth of what occurred during Operation Metro Surge and Operation PARRIS in Minnesota.

Many individuals, communities, and institutions were harmed during this period. While there were commonalities, experiences during and after the surge were shaped by diverse identities, histories, resources, and vulnerabilities. This report documents experiences of survivors of torture and other abuses who fled repressive regimes and violence around the world, seeking asylum in the U.S. and pursuing legal asylum cases, or who have status as refugees or asylees. The 19 individuals who documented their stories in this report have endured state violence and persecution prior to coming to the U.S. They have deep resilience and survival strategies, while also being uniquely harmed as the surge ignited reactions rooted in previous traumas.

Documenting these specific narratives contributes to establishing a more complete historical archive and collective memory of this period. This is the only account, to our knowledge, that focuses on survivors of torture, refugees, asylees, and asylum seekers. The goal of this project is to give historically marginalized individuals the opportunity to tell and record their stories in a way that is personally meaningful and contributes to their own pursuit of healing and justice.

Context of the Federal Anti-Immigration Surge

The U.S. government has a long history of violating immigrants' human rights, including through arbitrary detention and violating the prohibition on torture and other cruel, inhuman, and degrading treatment or punishment.[2] Since January 2025, the Trump administration has implemented policies of mass detention and deportation and increased the U.S. government's abuse of immigrants,[3] including widespread human rights abuses committed by U.S. Immigration and Customs Enforcement (ICE), U.S. Customs and Border Protection (CBP), and other federal agencies in sweeping, military-style anti-immigration operations designed to create fear.[4] Across the country, these abuses have profoundly reshaped everyday life for whole communities.

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[1] Herman, Judith L. 2023. *Truth and Repair: How Trauma Survivors Envision Justice*. New York: Basic Books.
[2] Koehler, T. July 21, 2023. *Backgrounder: Arbitrary & Cruel: How U.S. Immigration Detention Violates the Convention against Torture and Other International Obligations.* The Center for Victims of Torture. https://www.cvt.org/wp-content/uploads/2023/06/Arbitrary_and_Cruel_d5_FINAL.pdf
[3] Human Rights Watch. June 18, 2026. *"A Manufactured Crisis:" Minnesota Communities Terrorized by the Federal Government*. https://www.hrw.org/report/2026/06/18/a-manufactured-crisis/minnesota-communities-terrorized-by-the-federal-government
[4] Amnesty International. 2026. *"We Had Whistles, They Had Guns:" Human Rights Violations in U.S. Immigration Enforcement Operations and the Case to Abolish ICE*. https://www.amnesty.org/en/latest/news/2026/09/ee-uu-

Operation Metro Surge, was a large-scale operation launched by the U.S. Department of Homeland Security (DHS) on December 4, 2025.[5] The operation followed a December 2 White House cabinet meeting in which President Trump referred to people from Somalia as "garbage," stated that "we don't want them in our country," and told them to "go back to where they came from."[6] Two days later, DHS began deployment of between 3,000 and 4,000 additional federal agents from ICE, CBP, and Homeland Security Investigations (HSI) to Minneapolis, St. Paul, and the greater Twin Cities area, later expanding throughout the state.[7]

Federal officials publicly framed the operation as a public safety initiative aimed at removing undocumented violent offenders from Minnesota. The White House continuously described the effort as focused on what the administration characterized as the "worst of the worst" and emphasized the removal of individuals with serious criminal histories. However, according to the Deportation Data Project, there were over 4,000 arrests in Minnesota during this time; fewer than one-quarter of those arrested had a criminal conviction on their record.[8]

For more than two months, masked and armed agents conducted warrantless stops, arrests, and home raids across Minnesota, targeting immigrant communities with aggressive approaches that included tactical gear, chemical irritants, and the largely indiscriminate use of force against non-violent individuals. Federal agents frequently operated in or near sensitive locations, such as schools, healthcare facilities, childcare facilities, and courthouses, resulting in widespread fear and avoidance of facilities that provide essential services.[9] Federal lawsuits alleged that thousands of Minnesotans were stopped and arrested on the basis of perceived race or ethnicity, regardless of citizenship or immigration status, and Amnesty International documented "a pattern of widespread and systematic racially discriminatory immigration enforcement."[10] Plaintiffs further alleged that agents continued targeting actual or perceived Somali and Latino individuals even when presented with documentation demonstrating lawful status or U.S. citizenship.[11] Two U.S. citizens, Renée Good and Alex Pretti, were unlawfully killed by federal agents during the operation.

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amnistia-internacional-pide-la-disolucion-del-ice-tras-documentar-violaciones-generalizadas-de-derechos-humanos-en-operaciones-contra-inmigrantes/.

[5] "ICE Arrests Worst of the Worst Criminal Illegal Aliens During Operation Metro Surge in Minneapolis Including Pedophiles, Domestic Abusers, and Gang Members," *Department of Homeland Security (DHS)* news release, December 4, 2025, https://www.dhs.gov/news/2025/12/04/ice-arrests-worst-worst-criminal-illegal-aliens-during-operation-metro-surge (accessed October 31, 2026).

[6] Gold, Michael. December 2, 2025. "Trump Calls Somalis 'Garbage' and Says They Should 'Go Back Where They Came From'." *New York Times*, https://www.nytimes.com/2025/12/02/us/politics/trump-somalia.html.

[7] City of Minneapolis. June 10, 2026. Updated Impact Assessment & Recovery Needs Overview: Operation Metro Surge. https://www.minneapolismn.gov/media/-www-content-assets/documents/Updated-Impact-Assessment--Recovery-Needs-Overview---June-10-2026.pdf; Declaration of Sam Olson, Exhibit B, Hussen v. Noem, Case No. 0:26-cv-00324 (D. Minn., filed February 23, 2026), https://storage.courtlistener.com/recap/gov.uscourts.mnd.230424/gov.uscourts.mnd.230424.169.2.pdf (accessed October 29, 2026).

[8] In Minnesota, Deportation Data Project reports 819 arrests in December 2025, 2,524 in January, 643 in February, and 141 in March 2026; 24.8 percent of those had a criminal record. https://deportationdata.org/.

[9] Human Rights Watch. June 18, 2026. *"A Manufactured Crisis:" Minnesota Communities Terrorized by the Federal Government*. https://www.hrw.org/report/2026/06/18/a-manufactured-crisis/minnesota-communities-terrorized-by-the-federal-government.

[10] Amnesty International. 2026. *"We Had Whistles, They Had Guns:" Human Rights Violations in U.S. Immigration Enforcement Operations and the Case to Abolish ICE*. https://www.amnesty.org/en/latest/news/2026/09/ee-uu-amnistia-internacional-pide-la-disolucion-del-ice-tras-documentar-violaciones-generalizadas-de-derechos-humanos-en-operaciones-contra-inmigrantes/. p. 56.

[11] District Court for the District of Minnesota, Hussen v. Noem, Findings of Fact and Conclusions of Law, Case No. 26-cv-324 (ECT/ECW), March 9, 2026, https://www.aclu.org/cases/hussen-v-noem?document=PI-Decision

On January 9, 2026, several weeks into Metro Surge, U.S. Citizenship and Immigration Services (USCIS) launched a companion operation called PARRIS (Post-Admission Refugee Reverification and Integrity Strengthening), targeting resettled refugees who had not yet adjusted to lawful permanent resident status. Federal agents went door-to-door arresting refugees, including children and the elderly, and transferred many to detention camps in Texas.

The official drawdown of Operation Metro Surge was announced on February 12, 2026, though ICE activity continued, particularly in the Twin Cities suburbs.

The Center for Victims of Torture in Minnesota

The Center for Victims of Torture (CVT) is a nonprofit organization that works to heal the wounds of torture and support survivors in rebuilding their lives. The organization was founded in Minnesota in 1985, and has grown to include programming in other parts of the U.S. and around the world. CVT is a human rights organization and its approach is grounded in protections of international human rights laws and norms, including the prohibition against torture and other cruel and inhuman treatment[12] and the right to redress[13] following such violations.

CVT provides specialized mental health and other rehabilitative services to survivors and their families through culturally responsive, trauma-informed care. In Minnesota, CVT has decades of experience serving refugees, people seeking asylum, and other survivors of torture and persecution through psychotherapy and case management, supported by community programming, legal support, and referrals for other assistance.

CVT also advances human rights through research, advocacy, partnerships, and support to and collaboration with civil society. Much of this work globally is focused on supporting survivors as advocates and rights holders, reinforcing the resilience and efficacy of civil society organizations and other stakeholders in repressive contexts, protecting human rights defenders who are vulnerable to persecution and targeting, and strategizing with institutions, agencies, and organizations working for justice in the wake of human rights abuses.

During the months of the surge (December through February), CVT had 272 active clients receiving individual services across its clinics in St. Paul and St. Cloud, Minnesota. These clients are from nearly 40 different countries of origin, with the highest proportions coming from Cameroon, Ethiopia, Myanmar, and Togo. Clients come from a range of contexts, including those with authoritarian governments, inter- and intrastate wars, state-sponsored persecution of minorities, and individualized targeting. Over three-quarters are primary survivors of torture and over a third are secondary survivors of torture (someone closely associated with a primary survivor who is impacted by their torture and subsequent trauma), according to the Office of Refugee Resettlement (ORR) criteria.[14] Among clients with information available about why they

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[12] United Nations Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (UNCAT), 1984, https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-against-torture-and-other-cruel-inhuman-or-degrading.

[13] Article 14 of the UNCAT protects victims' right to redress, and this is expounded in: United Nations General Comment No. 3 on the implementation of article 14 by States parties, 2012, https://www.ohchr.org/en/documents/general-comments-and-recommendations/catcgc3-general-comment-no-3-2012-implementation.

[14] Office of Refugee Resettlement. *Survivors of Torture Program Eligibility Determination Guidelines Revised 2023.* Accessed October 29, 2026. https://healtorture.org/wp-content/uploads/2023/07/ORR_SOT_Eligibility_Determination_Guidelines_Revised_2023.pdf

were targeted, the most common reasons for targeting were based on political party or ethnic group. About ten percent describe being targeted specifically for reasons of activism, human rights work, or protests. At the time clients started CVT services, over 80 percent were asylum seekers or asylees, with smaller groups of refugees, permanent residents, U.S. citizens, and other statuses.

Methodology

CVT invited clients and staff to share their experiences during the surge via interviews and focus group discussions conducted during the summer of 2026.

Population

CVT clients. This report focuses on understanding the experiences and perceptions of asylum seekers, refugees, asylees, and survivors of torture engaged with CVT though current or past service provision. CVT clients who are lawfully present in the U.S. were invited to participate.[15] These participants have a history of fleeing conflict, persecution, and state violence; they represent a subset of the broader immigrant community in Minnesota.

The team interviewed 19 current (n=18) and past (n=1) CVT clients between 21 and 61 years old from June to August 2026. The majority were primary survivors of torture (84%, n=16)[16] who have been in the U.S. for less than five years. Over half were women (63%, n=12). Most were from Africa (79%, n=15), with four participants from Central and South America. The participant sample was broadly consistent with the profile of current CVT clients in Minnesota, although the sample did not include any participants from Asia and fewer participants from East Africa than are represented in CVT's general client population.

CVT staff. In addition to interviews with clients, the study included interviews and focus group discussions with CVT staff (n=13). Ten of these were psychotherapists, social workers, and community health workers who worked closely with affected individuals and families in Minnesota during the surge. An additional three staff work with CVT's human rights focused programs around the world.

Provider accounts served as a complementary source of evidence that helped contextualize and interpret patterns observed across client interviews. Because providers worked with multiple clients over an extended period, they were able to identify recurring themes, describe common responses across individuals and communities, and offer professional observations on how prior experiences of persecution, displacement, and trauma shaped clients' reactions to the surge. Provider evidence was used primarily to corroborate, contextualize, and deepen understanding of findings emerging from client narratives.

[15] The right to seek asylum from persecution is established in international human rights law, including Article 14 of the Universal Declaration of Human Rights, https://www.un.org/en/about-us/universal-declaration-of-human-rights.
[16] As defined by 18 U.S. Code §2340, which is used by the Office of Refugee Resettlement's Survivors of Torture Program, a primary donor supporting CVT's clinical work in Minnesota.

Data Collection and Analysis

CVT clients were invited to participate through informational posters displayed at the clinic in multiple languages, announcements at events, and through staff sharing information during regular sessions with clients. Interviews were conducted in-person at a CVT clinic, by phone, or on Zoom, depending on the participant's preference. Interviews were conducted in the preferred language of participants, which included English, Spanish, Arabic, and French (the latter two with trauma-informed interpretation provided). Interviews were optional and confidential. Participants completed an informed consent process. Participants were given gift cards as a token to recognize their contribution. Audio-recorded interviews were transcribed,[17] reviewed, and deidentified. All identifying information was minimized, separated from responses, and protected according to CVT's data security practices.

Interview and focus group data were analyzed using structured thematic coding. The team developed a coding framework and codebook based on study questions, draft themes, and initial readings of the transcripts. The framework included themes and sub-themes for participants' backgrounds; experiences during the surge; connections to prior persecution; individual and community consequences; perceptions of healing, justice, and accountability; lessons from survivors' global experience; and participant recommendations.

Transcripts were coded at the excerpt level using a workbook-based coding matrix for organization and analysis. The matrix linked each passage to its interview, participant subgroup, language, and thematic codes. The team recorded analytic notes alongside excerpts and flagged material that did not fit the existing framework for discussion as a potential emergent theme. Analysis proceeded through comparison of coded excerpts within and across client interviews and provider interviews and focus groups.

Survivor-Centered and Trauma-Informed Approach

One goal of this initiative was to contribute to the collective good through establishing a public record of what happened, according to CVT clients who were affected. However, an additional fundamental goal was to offer CVT clients a space to tell their stories. The goal was for individuals to participate only if they felt doing so could support their healing or contribute to a sense of justice for them personally.[18] The team did not want clients to participate primarily out of a desire to "help CVT" or contribute to a study if participation could be personally harmful. The entire process was therefore designed to be sensitive and responsive to individual participants' needs, from the initial contact, coordination, and logistics through the interview itself and subsequent follow-up and sharing of their stories.

The research team was CVT staff who are trained and experienced in work with culturally diverse participant groups, including those with trauma histories and other vulnerabilities. Interview protocols were developed in consultation with CVT clinical staff and were reviewed by an internal CVT ethics review panel prior to data collection. The interview team piloted the first several interviews and adjusted the guide through an iterative process to improve the experience for participants. The primary revision was to how participants were asked about previous experiences in their home countries; this section was intended to prompt reflective

[17] Interviews conducted with an interpreter resulted in a transcript of the verbal interpretation. Interviews conducted directly in Spanish were transcribed and then translated.
[18] Herman, Judith L. 2023. *Truth and Repair: How Trauma Survivors Envision Justice*. New York: Basic Books.

comparison while clarifying that participants were not being asked to share their full, often wide-ranging history of potentially traumatic experiences.

Psychological support was available to participants during and after the interviews. Interviewers allowed time for breaks and encouraged clients to consider utilizing preferred coping strategies, which might include examples such as breathing exercises. Some participants had emotional reactions during the interviews, including crying. After each interview, the team tailored follow-up to the individual participant, including calling to check in and coordinating additional support with the participant's clinical care provider, if requested or otherwise deemed to be beneficial.

The team also facilitated opportunities for interview participants who wanted to take additional steps to share their experiences. The primary mechanism was a pathway for submitting testimony to the Minnesota Truth Council established by Minnesota Governor Tim Walz.[19] Interview participants were informed about the initiative, and CVT offered to prepare written submissions based on their interview transcripts. Six participants chose to share their stories in this way. CVT deidentified and prepared their submissions, reviewed the document with participants, and then submitted their testimony to the Council. This process allowed survivors to tell their stories only once, while connecting them to a broader initiative seeking truth and justice in the wake of the surge.

Finally, it is important to recognize that gathering testimony of this kind can be difficult for the research team. Interviewers at times experienced emotional reactions during interviews. This was compounded by the cumulative weight of hearing multiple stories from CVT clients within a short time span. The four members of the research team intentionally checked in with one another after interviews and on a regular weekly basis, offering to take on interviews for one another when needed. They also checked in with interpreters to support their well-being. Because reviewing transcripts can also carry an emotional weight, the team allowed time for data processing and remained attentive to the well-being needs of team members throughout the process.

Limitations

Despite participants' history with CVT resulting in an assumed baseline level of established trust, along with the safeguards described above, some clients remained hesitant to participate. Of those who initially expressed interest, two decided not to participate before the interview, and one completed an interview but subsequently withdrew from the study. The primary reasons given were concerns that participation could adversely affect pending immigration cases or lead to targeting by ICE for speaking out. This reluctance, despite client information being carefully de-identified and protected in this study, points to an important limitation of this study and, likely, of other documentation and storytelling efforts conducted in this context: people who face the greatest risks or experience heightened vulnerability may be the least able or willing to share their experiences. Their perspectives are therefore likely to be systematically underrepresented in the findings about this period.

Several CVT clients were detained during the surge, and some had not yet been released at the time of data collection. Because individuals who remained in detention could not be included,

[19] The Truth Council was established in March 2026. The Council collected testimony to preserve a historical record of Operations Metro Surge and PARRIS, including the harms experienced in Minnesota and the community's response. https://mn.gov/governor/about-gov/councils/truth-council/

the report does not capture their firsthand accounts, including experiences of arrest, detention, transfer, or ongoing confinement.

The study was not designed to produce findings representative of all survivors of torture, asylees, people seeking asylum, refugees, or the broader immigrant population, including those who are undocumented. Rather, it provides an in-depth examination of the experiences of a specific subpopulation: current and former CVT clients, many of whom are survivors of torture, who have sought asylum, and who arrived in the United States relatively recently. This sample of CVT clients is not representative of all CVT clients in Minnesota, nor of everyone in Minnesota impacted by the surge. The findings should therefore be interpreted in relation to this particular population and context.

Experiences During the Federal Anti-Immigration Surge

Direct Encounters with Immigration Agents

Direct contact with immigration agents took several forms across the interviewees, ranging from prolonged detention to brief encounters. During Operation Metro Surge, six CVT clients were detained by federal agents. At the time this report was written, two clients remained in detention.

One of the clients that was arrested and later released decided to be interviewed for this report. Their account is presented here.

The client had first started hearing about arrests from a neighbor but recounted that they thought it was all people here “illegally” or who had a criminal record that were being arrested. Because they had no criminal history and had a pending immigration case, they thought “ICE is not here for me.” However, one day when headed to their work, two vehicles positioned themselves around their car. They described their initial assumption that the stop was a case of mistaken identity:[20]

> *Maybe I look like somebody they are looking for. And they'll just let me just go. And then when we get there, they will check. They will check my record, they will know that I'm not a criminal. It’s not me…it’s the wrong person. I don’t resist.*

Agents requested identification. When the client could not produce a passport, they were told they needed to go to a station. At this point, the client still believed ICE agents would discover the error and release them. Instead, they were sent to a holding room; they described the poor conditions of the holding room, including a lack of privacy and exposure to cold:

> *The toilet and the water is just there for you to drink...Using the toilet, and people are sitting, watching you, using the toilet... [it] was freezing... I couldn't even hold something. I was just shaking.*

[20] Quotes in this report are not attributed to individual participants, including by pseudonym or participant number. Because people could be identified by combining details across multiple quotations, we have not linked quotes to one another or to individual speakers. Throughout the report, identifying details may be removed or tweaked in order to further protect identities.

The client was not told where they were being taken, and learned their destination only after asking directly:

> *I told ICE that my social worker is here. He told me that you cannot see anybody. You are going to El Paso. I don't even know, what is El Paso? I don't know.*

They described being fed once in the first thirteen hours in custody. Agents confiscated their bag, which contained prescribed life-saving medication, and did not return it despite repeated requests. They described going without that medication for over a week, despite continually asking for it, then receiving two doses, and then going without it again for a further seven days. This client had their physician advocate for their release on medical grounds, but was told they would not be released “unless I’m dying.” They remained in detention.

They described being moved between facilities without explanation, including being held in a very cold room before being transferred to a facility in New Mexico:

> *They come and wake us around 4 am. We went to that other room, they were transferring us somewhere, I don't know what went wrong. They keep us in another room there, we stay there the whole day... Finally, they took me from that place, sent me to another station in New Mexico.*

Ultimately this client was detained for many weeks before being released through a successful *habeas corpus* petition. They were dropped at an airport in New Mexico and left to arrange their own way to Minnesota. The client reported immediately seeking emergency medical care. The release document the client was given did not include their date of birth, and immigration authorities had retained all their identification documents, including their work permit and Social Security card. Without identification, the client was unable to drive, attend appointments, or easily access services and medications. Describing the experience months later, this client emphasized both the practical consequences and the humiliation of repeatedly having to explain why they could not produce identification when asked.

Other interviewees described a range of encounters with immigration agents, such as brief contact while going about ordinary activities, sustained proximity through work, and direct observation of arrests of others. Several clients described interactions and observations while driving, running errands, or attending appointments. One participant described an encounter at a gas station:

> *There was actually an ICE person that came to put gas in their car. I did not know what to do, if I should escape, leave, run. There was a guy who they started arguing with [the agent], and they started screaming at each other, and so they were preoccupied with him, and so I left without putting in gas. My legs were trembling because of the fear.*

Another participant described a similar reaction after seeing agents while driving:

> *I was about to take a corner. I saw them. I froze. I was just driving straight instead of the direction I was supposed to go. I parked in a complex, and I was there for like twenty minutes. I was shaking. I called my sister. I could not even talk.*

For other clients, exposure to agents was sustained, arising through routine contact required by work. One participant described the effect of daily proximity to federal agents receiving service at their workplace, including a direct physical reaction:

> *I've been seeing them every day. Every hour, every ten minutes. I was shaking a little bit sometimes. I asked one of my co-workers to come with me whenever I see them, for one or two weeks.*

Providers described clients seeing neighbors taken away, raids unfolding nearby, and arrests occurring in their communities. They described a client having a drone hover outside the client's apartment window. One client observed an anti-immigration action directly, from a nearby vantage point:

> *I was renting a room on the second floor of a house, and from there I was able to record everything: how ICE agents sprayed gas at people, threw them to the ground, and arrested two people... The police arrived, and it became even more chaotic. There was a Latino man, and they pulled him out, arrested him, put him in the vehicle, and left his car abandoned there in the street.*

For several of these clients, the effects of the encounter persisted long after the moment itself. Participants described physical and psychological effects that persisted afterward, including disrupted sleep and heightened alertness in subsequent days. These effects, along with fuller accounts of resurfacing trauma symptoms and hypervigilance, are addressed in **Psychological and Physical Effects**, below.

Indirect Exposure through Experiences of Others

Beyond direct or witnessed contact with immigration agents, many clients described learning that someone in their network—a coworker, friend, family member, neighbor, or other community member—had been detained or deported.

> *We heard they were tracking. They would track your plate number…They went to a Cameroonian guy's house. They were looking for a lady there…she came [to the U.S.] a few months before me. She was driving to work, and they just stopped her by the road and took her to Texas. People that I know and were close to were being taken. It was something that was too close to me that it was a reality.*

One participant recounted hearing of a friend's arrest:

> *It's what I heard from different people, and they were two friends who used to go together to work and one of them was arrested... he was waiting for his friend, and just by chance, the ICE was around and they asked him questions and then they took him away.*

For another participant, news of a community member's detention brought a distinct, secondary fear, that a detained acquaintance might be pressured to inform agents about others:

> *One of the community members, they told me, they took [an acquaintance] to Texas. I was like in shock. Because one of my friends told me that detainees — if you give them [ICE] someone who they know who came the same way, then they will release them from detention. I was worried about that, right after they got detained.*

Two participants described the uncertainty facing families of those detained, several of whom had no information about a family member's location:

> *We had a lot of our brothers from the same country and sisters who were taken to detention by ICE during that time. Some of them, the family don't even know where they are... It's so traumatizing for the family because they don't even know where their family member is.*

> *We have a ton of them who are still locked up in Texas. You cannot even intervene, you don't even know where they are. No communication with very close ones that we know. Knowing...that some of your community members are in jail, it's already a lot on us.*

For another client, awareness of others' outcomes shaped his own expectations. He described ongoing fear while awaiting a decision on his own case, informed directly by what he had seen happen to others who arrived with him:

> *I was still waiting for a call from [immigration authorities] or a letter... I am very afraid, because the only thing I can imagine is that they will tell me, 'No, you have a deportation order.' What has been experienced by some friends of mine who came on the same flight as us, many of them have already been picked up, and even though they had work permits and everything...and some have been deported.*

One participant shared hearing of a community member who was deported and immediately imprisoned in his home country and another who died by suicide during the appeal process after his asylum case was denied. The community raised funds to arrange a burial in Minnesota, since there was no means of returning his body to his family home, as is customary.

For each instance of arrest, detention, or deportation, the effects rippled through social networks of those connected to the detainee, particularly clients' often close-knit communities.

> *Suddenly you started to hear that a friend that we know has been arrested, and another friend, and so from there on you realize one day that you cannot act like you acted before.*

Chronic Fear and Insecurity

Pervasive Fear and Retreat from Public Life

> *It was fear. It was fear every morning, every dawn, and even now, when I hear that they are nearby, I get up afraid. I check the doors of my house to see if there are any strange trucks or cars. When I am on the road, I watch to see if anyone is following me.*

Fear was the most consistently reported experience across interviews. Clients described fear as a pervasive condition that shaped daily life during the surge, extending well beyond specific encounters with immigration agents. Providers frequently characterized the reactions they observed as closer to terror. Several described clients feeling directly targeted, actively sought out, or under constant threat of detection. One provider described how the conditions of the surge interacted with past traumatic experiences to result in deep fear:

> *Some of the stories that I was hearing from people [clients]…it's not just feeling afraid, it's literally feeling hunted. And I think that is synonymous with so many of their experiences from back home, that they were personally sought out. And that is what we're observing here that they're seeking out individuals, looking for people. I had one client tell me that he was out walking down the street, and then he saw an SUV with tinted windows and he started running and some other neighbor…saw him and was like, "Get in my car, get in my car!" There was no reason to think that he was individually being targeted, but it doesn't matter because the way that that experience here interplays with their previous traumas, is it provokes terror: "They are coming after me."*

For many clients, the surge created a sense that ordinary assumptions about safety no longer applied. News of arrests, reports of enforcement activity, and stories circulating through community networks produced a climate in which people felt continuously at risk.

A recurring feature of clients' accounts was uncertainty. Many described not knowing who might be targeted, where enforcement activity might occur, whether legal status would provide protection, or even whom they could trust. Several clients initially believed actions of federal agents would focus on people with criminal records, only to learn of friends, coworkers, or community members with work authorization or pending asylum claims, and without criminal records, who had been detained. As those stories accumulated, clients described a growing sense that the boundaries of risk were unclear.

Fear also extended beyond concern for oneself. Across client interviews and provider discussions, fear for spouses, children, friends, and community members emerged as a central part of the surge's impact. Stories of arrests circulated widely through social networks, and many people followed news of detentions closely, checked on relatives, limited children's movements, weighed whether to send children to school, and made contingency plans in case a parent or family member was taken. In some cases, this planning included discussions about guardianship, emergency caregiving, or who would care for children if parents were detained.

The result was a pervasive atmosphere of insecurity that affected entire households and communities. Many interviewees described how ordinary activities increasingly came to be viewed through the lens of risk. This atmosphere of fear shaped the decisions clients made about where they went, whom they saw, and how they navigated everyday life. One participant

described feeling "encircled" by fear and unable to venture beyond an "invisible limit" surrounding the home:

> *I felt like I was encircled or surrounded by the fear that is there and I didn't feel security, even at home, I didn't feel any kind of security... And I couldn't even go out to put my garbage and so it's as if there was an invisible limit around me and my house that tells me that you cannot move from here.*

A common response to the surge was a dramatic reduction in movement outside the home. Some CVT clients were directly advised by their lawyers to stay home as much as possible. One client said their lawyer instructed: “Don’t leave your house, don’t go to work, don’t do anything.” Clients frequently described limiting trips, avoiding public places, and spending extended periods indoors. Several characterized this period as a near-total suspension of normal activity. These findings were replicated in an internal survey conducted with CVT providers about their observations of the surge’s impact on their clients.[21] One participant described reaching a point where he could no longer leave the house or continue working because of the uncertainty surrounding ICE and related activity. Another participant summarized the experience:

> *Everything stopped completely. I couldn't even go out to buy some food or some groceries... The only connection I had was the phone... we ended up in a sort of complete stop.*

Clients described avoiding stores, parks, churches, shopping centers, and particular neighborhoods. In some cases, locations became de facto "no-go zones" because of rumors, social media reports, or the known presence of immigration agents nearby. As one participant explained, activities that had once been routine increasingly were viewed as unnecessary risks. In addition to reporting these shifts in their own lives, clients also observed this withdrawal from public spaces at the community level. One client described how this combination of fear and isolation felt:

> *Like I was locked up and afraid. Like being free, but at the same time not being free. And a kind of psychosis, that any moment it could be your turn, that they could grab you or hit you, something like that.*

For some clients, this restriction of movement extended into forms of concealment within the home itself. Client and provider accounts described people trying to reduce their visibility and presence by staying away from windows, avoiding noise, keeping lights off, barricading doors, taking showers only at night, and delaying even minor tasks such as going to the mailbox or taking the trash out. Fear limited not only where people went in public, but also how they inhabited their private space.

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[21] In February and March 2026, CVT conducted an internal survey to provide a snapshot of the impact of the surge on current clients. Providers completed the survey thinking about a particular case of a client they were supporting, resulting in data about 58 clients. Staff reported that clients had their daily lives significantly impacted by ICE’s presence, with the large majority leaving their homes much less than they had before the surge, including for basic activities of daily life. For example, staff indicated that 88 percent of clients in this survey did not leave their home at all to buy groceries during the peak of the surge, among those who shopped independently previously. Forty-three percent did not leave home to go to work or school at all during this time, with an additional 33 percent doing so less than before the surge. Overall, during the surge, providers observed a pattern of clients retreating from or drastically reducing participation in most forms of public life. These data are not necessarily representative of all CVT clients at the time and most were not reported by the clients themselves (though ten percent of surveys were completed by the provider with the client’s direct input).

Unique Fears for Survivors of Persecution and Torture

> *It made me feel like I am living in that moment again.*

For many Minnesotans, Operation Metro Surge represented a frightening departure from their ordinary understanding of the functioning of law and government. Hearing about and directly observing armed and masked federal agents in communities, ongoing arrests, surveillance techniques, and instances of violence generated fear and uncertainty for many people in Minnesota, beyond immigrant and other communities directly targeted by the operation. Many residents altered routines, avoided certain places, or became more cautious in their daily lives.[22]

For the survivors of torture, refugees, and asylum seekers that CVT serves, however, the fear generated by the surge carried an additional meaning. This population had previously experienced repression, persecution, state violence, arbitrary detention, and other types of violence and human rights abuses before arriving in the United States. As a result, clients frequently interpreted the events unfolding around them through the lens of experiences they had already lived through. To them, what was happening in Minnesota was not entirely new. The fear they described was shaped as much by memories of past harms and the possibility of their recurrence as by present circumstances.

Client interviews and provider observations consistently pointed to three distinct but related concerns:

1. **Repeated repression:** The recognition of patterns associated with governmental repression and state violence that many believed they had escaped.
2. **Risk of returning:** The fear of being returned to the dangers that had prompted flight and seeking asylum in the first place.
3. **Cycles of dispossession:** The prospect of losing, once again, the homes, livelihoods, relationships, and sense of stability they had worked to rebuild after displacement.

These fears often overlapped in clients' narratives and together help explain why the surge was experienced so intensely by this population.

The most immediate fear described by clients was the possibility that forms of state violence they had encountered before were reappearing in a place they believed would be different and safe. The most easily recognized parallels were sensory and immediate. The same scenes that felt completely new to many in Minnesota actually carried familiar meanings for survivors of torture and conflict: armed agents in public spaces, people being taken away, and families receiving little information about where detainees had gone. In this context, distinctions between ICE, police, and other uniformed authorities could become blurred, because many clients' prior

[22] Human Rights Watch. June 18, 2026. *"'A Manufactured Crisis': Minnesota Communities Terrorized by the Federal Government."* https://www.hrw.org/report/2026/06/18/a-manufactured-crisis/minnesota-communities-terrorized-by-the-federal-government.

experiences of harm had involved state actors or armed forces whose uniforms, weapons, and authority signaled danger. One participant described watching footage of enforcement actions and feeling her own history rise to the surface:

> *When I saw the way people were being apprehended—you tie your hands in the back, and they are mashing you with boots, beating you with batons—it is exactly what happened to us back then. Exactly. We thought those things were done, that they only happen in a third-world country like ours. But when we saw it happen with our very eyes in the United States, we said: maybe the land of freedom we were looking for is no more.*

The same participant connected this recognition to memories she believed had largely receded. Describing the anxiety associated with war in her home country, she explained:

> *The trauma, the stress, the anxiety that we brought had gone down. But when the ICE thing came again, all the bad experiences, the torture that we had back in our country, we saw it again.*

Clients also drew parallels at the institutional level. One participant compared his experience of arbitrary detention in his country of origin to what he understood of immigration detention during the surge:

> *[Back in my home country] When I asked to be taken to court, they refused and said they would keep me there instead. It reminded me that they have been doing the same thing with ICE: they're not going to take you to the courts, no police station, they're just going to take you to the detention. Everything is connected for me as the same.*

Another participant also compared the surge to persecution and imprisonment in his home country, and specifically notes memories associated with masked agents:

> *I come from persecution in my country, and honestly the persecution in my country was by my country's government. I was imprisoned unjustly for thinking differently. I come from mistreatment in the prisons… So seeing all of this impacted me again. I remembered again what those masked people did in my country, what they did to us.*

For others, the similarity was less about particular practices than about the return of a familiar atmosphere and associated reactions. One participant explained that in her home country people "sleep with one eye open, one eye closed," and said that this was how her life felt again during the surge. Clients repeatedly described using survival strategies they had used previously in their lives, such as hypervigilance - becoming alert to signs of danger, monitoring their surroundings, and feeling that ordinary assumptions about safety no longer applied.

A second fear that was uniquely felt by the clients we interviewed was the possibility of being returned to dangerous contexts outside of the United States. For most immigrants facing removal, deportation means the loss of legal status, employment, and community ties built in the United States. For survivors of torture and conflict, it also carries a more immediate fear: return to the targeted violence, persecution, or instability that had necessitated their flight in the first place. One participant, describing what an unfavorable asylum decision would mean, framed removal as a likely death sentence:

> *If tomorrow this asylum is refused me, and they say I'm going back... I think I'll have to die in that plane before I ever reach wherever I will be going to, because the torture back there will be terrible.*

Another participant, living with a physical disability resulting from violence in his country of origin, described the fear in practical terms. Returning would not simply mean leaving the U.S.; it would mean returning to a place where he no longer believed he could live safely or independently. Clients repeatedly described deportation as return to a danger they knew intimately.

A third fear concerned dispossession: the prospect of losing, once again, what had been rebuilt after forced displacement. Many clients had already experienced profound losses before arriving in the U.S. To escape persecution, they had left homes, businesses, possessions, careers, communities, and family members behind. The surge raised the possibility that this process of loss could be repeated. One participant, reflecting on what she had already sacrificed when fleeing her country, explained:

> *We had to abandon everything we have worked for. I used to work for the government… in my country. And I had worked for almost 30-something years prior to that. I was almost preparing for my retirement. Then what happened, happened. We had to abandon property, houses, abandon my mother, who is 87 years old, abandon my other siblings because I could not afford air tickets and flights*.

Others described watching community members impacted by the surge lose jobs, belongings, housing, and years of effort with little warning. As one participant observed:

> *Many people lost everything because they left their belongings behind when they were caught and deported, without even having time to do anything with their things.*

For clients who had already rebuilt their lives once, the prospect of starting over again carried a particular weight. The fear was not only physical danger, but of repeating a cycle of loss that many believed they had finally escaped.

These three fears were distinct but deeply interconnected. Clients feared the reappearance of forms of state violence they recognized from past experience. They feared being returned to the conditions that had forced them to flee, and which still presented imminent danger for them. And they feared losing, once again, the lives they had painstakingly rebuilt after displacement. What gave these fears their particular intensity was that they were not fears of unknown possibilities. They were fears rooted in experiences clients had already endured. For many, the surge was not frightening because of what might happen, or how unfamiliar it was, but because it resembled harms they knew well.

> *It's a circle that keeps on coming back. It's what my life was. It still is.*

Individual Consequences of the Surge

Psychological and Physical Effects

> *I started to have nightmares again. People running behind me with a gun, people running to take my life.*

The psychological and physical impacts described in this section draw on both participant accounts and provider observations. The patterns described across interviews and provider discussions are consistent with trauma and chronic stress responses and are often linked with re-traumatization: sleep disruption, panic, dissociation, depressive symptoms, hypervigilance, and dysregulation. Providers helped place these accounts in clinical context, describing even previously high-functioning clients who appeared to experience substantial regression during the surge, including heightened anxiety, sleep disruptions, emotional dysregulation, and diminished day-to-day functioning. These reactions were observed across clients at different stages of recovery, including individuals who had nearly completed treatment as well as others who were earlier in the healing process. Even clients who had developed strong coping skills and made substantial therapeutic progress frequently saw symptoms return that they thought they had successfully alleviated.

For many clients, distress surfaced at night. One participant described a stress response that mirrored what she had lived through before coming to Minnesota: "I was also stressed. I did not sleep well. It is like remembering again what one lived through in one's country." Another client described the onset of the surge in similar terms and required medication for anxiety and to help her rest. Other clients described recurring nightmares of persecution and a nightly cycle of crying and waking from dreams of being back in detention, only managing to fall asleep near dawn.

Others described distress that manifested as acute somatic symptoms. One client described a stress-induced headache severe enough to require urgent care. Another participant recounted an encounter near an ICE agent that left her shaking and in physical pain even after the moment had passed:

> *After I got out of the gas station, my legs were trembling because of the fear. I felt that it was the longest moment ever... My back hurt so much, and after that, my whole body aches. I was not able to walk at all.*

One client described a similar physical response that recurred daily at work after repeated sightings of agents near his workplace: "I'm shaking, most of the time." Another described having to pull over after spotting agents while driving, unable to speak when she called her sister: "I was shaking. I could not even talk." And another client described a similar reaction after a near-encounter in proximity to a medical appointment, severe enough that she reported almost passing out and not being able to eat for three days afterward.

One participant described losing awareness (a potential dissociation) while driving after seeing agents in tactical gear:

> *When I even see just a military person, it's kind of a trigger for me. Because I had to literally flee from where I came from. I don't know if I shared this, but when I saw those people with those black outfits, I went unconscious in the car. I don't know how I stopped*

> *the car. I had my newborn in the car with my 5-year-old… I was like, oh, this is happening again to me. Like, why me?*

Several clients described symptoms consistent with depression, and in one case, thoughts of not wanting to continue living. One client, describing the period after losing his work and housing, said plainly:

> *It affected me a lot. It was sad. I felt like many things. There were moments in my head when I wished I was not here, that I did not exist.*

Another client described living in "a state of fear, uncertainty, hopelessness," compounded by isolation that made it difficult to think about even months later. Many clients shared that they intentionally hid the severity of the situation from family members abroad because their relatives depended on them financially and were already worried about them.

For several clients, the surge reactivated symptoms tied to earlier trauma. Another client's anxiety centered specifically on the possibility of family separation, a fear she connected explicitly to prior loss. And another client described tactical clothing and equipment as a direct trigger, tied to the reason she had originally fled her home country: seeing it "got a hold of me... this is what happened to me before."

One provider described a client who had previously made a lot of progress in trauma processing and rebuilding their life after seeking asylum. The client was detained by ICE for many weeks, and had now been released, but was struggling with how the experience had triggered reactions associated with past experiences of torture:

> *[The client] was released with an ankle monitor… and they have to go to regular immigration check-ins every other week… It is really impacting their ability to feel comfortable doing things like going to work. They are also somebody who had three experiences of torture back in their home country, very, very brutal. So it's really triggered a lot of those memories. And even this morning, I met with them, and they are just still not wanting to really leave the house. They just go to work and back and stay home. Our sessions are focusing on helping them kind of challenge those thoughts that are making them just feel chronically hopeless and isolated.*

Clients' children, too, showed visible signs of strain. Caregiver accounts reported increased irritability, heightened distress, and difficulty coping with prolonged confinement. One participant described her son's behavior changing while confined indoors for extended periods, as he "developed more stress," became "more aggressive," and began biting more than before. These effects reflected the way the surge reshaped family life as a whole, placing pressure not only on adults managing their own fear but also on children whose routines, movement, and caregiving environments were disrupted.

Disruptions to Work, School, and Other Essential Activities

> *I just told myself I'm staying home, and they're just going to have to break down the door to come get me because I'm not going out.*

The restrictions clients placed on their movement frequently affected essential activities. Work, school, childcare arrangements, healthcare appointments, and grocery shopping all required navigating an environment perceived as unpredictable and unsafe. Providers observed that many behaviors during the surge resembled survival strategies clients had previously used during periods of conflict, persecution, or forced migration.

Clients reported missing work, reducing work activities, or altering employment arrangements to minimize exposure. Many clients described weighing the risks associated with different forms of employment and modifying their routines accordingly, without withdrawing from work altogether. Some changed travel routes, monitored reports of enforcement activity, or adjusted work schedules in an effort to reduce exposure. One participant described leaving for work at 3:30 or 4:00 in the morning so he could reach his workplace before immigration agents started working. Another described sleeping at her workplace to avoid travel. Other clients abandoned secondary employment; one participant, for example, stopped working as a food delivery driver because the job required frequent travel and interaction with strangers. Clients often described making careful calculations about which activities were worth the risk.

Some employers accommodated these concerns by providing transportation, allowing employees to miss shifts, or encouraging them to stay home when they did not feel safe traveling. Even as they found creative ways to adjust their work, clients relied on coworkers or supervisors for flexibility, arranging shift coverage or missing work when they did not feel safe traveling.

> *I spoke with the manager…I told her that I was very afraid, because I did not have enough hours, sick hours. She supported me and told me to not be afraid. She told me at any time if you feel that you're scared, you can stop. And I did that many times.*

Clients often framed these decisions as ongoing efforts to balance the need to remain employed with the perceived risks of moving through public spaces, rarely a simple trade-off between work and safety.

One participant explained how the loss of work during the surge set off a longer sequence of financial strain. Her small business temporarily closed, and she fell behind on rent. A mutual aid group covered one month, but it was not enough to sustain her, and she eventually turned to what savings she had left: "I emptied my entire account to pay for all my bills."

For another participant, financial hardship compounded a personal loss, as the surge coincided with his father's death, making it difficult for him to work enough to cover funeral expenses. The loss of work led to the loss of housing altogether for another participant. The shop he had been working at closed along with other local businesses during the surge:

> *I had no way to pay rent or anything, and I had to sleep in the car... I borrowed money from my family, and I was able to support myself during this time. The situation was difficult because I could not work or go out.*

Access to education was disrupted for clients and their family members alike. One client stopped attending his English classes altogether, later relying on online instruction as "the only way" to continue learning, and described losing touch with school friends, as some stopped showing up, and eventually so did he. For another, continued schooling was possible only because of special accommodations; his professor allowed him to attend classes online rather than in person, and extended deadlines without penalty when he needed them. One participant stopped attending school entirely.

Family members' education was affected as well. One participant described watching her daughters, several of whom were enrolled in nursing programs, lose their jobs and miss classes rather than risk the commute.

Younger children's schooling required its own set of precautions. Caregivers reported altered daycare arrangements, avoided taking children to activities, or limited school-related travel. Several clients specifically referenced the detention of five-year-old Liam Conejo Ramos as a moment that deepened their fear, reinforcing the perception that even children might not be beyond the reach of federal agents' actions.[23] In response, some families adopted heightened monitoring and safety practices. One interviewee had to repeatedly change her son's daycare arrangements, at times keeping him home entirely after learning that teachers themselves had been taken into custody at the daycare. One parent described placing a phone with location tracking in a child's backpack and following the child's journey to and from school each day, explaining that the family developed "many plans" in order to navigate the period safely, including coaching her on what to say if stopped ("I am going to school," and nothing more), and quickly opening then closing the door behind her when the child neared home. Another client's daughter kept attending, "although with some fear," reassured only once the school confirmed in writing that it would not allow ICE to enter.

Clients also reported changes to how they accessed basic necessities. Grocery shopping was frequently postponed, consolidated into fewer trips, or avoided completely; some clients additionally relied on a temporary CVT grocery delivery service or similar services from other groups. Healthcare appointments were often delayed, moved online when possible, or attended only when considered absolutely necessary. For therapy and social work appointments with CVT, most appointments moved to telehealth rather than in-person at CVT's clinics in St. Paul and St. Cloud.

The material effects of the surge also extended to public benefits and housing assistance. Provider accounts indicated that some clients declined to enroll in SNAP food assistance, dropped existing benefits, or avoided benefit systems because they feared that personal information could be shared with immigration authorities. In some cases, fear of institutional records and public systems affected housing decisions as well, including decisions to leave public housing. These patterns suggest that the economic impact of the surge was not limited to lost work or depleted savings; it also narrowed access to the programs and supports that might otherwise have helped households absorb those losses.

In most cases, access to food, transportation, and medical care depended on assistance from community organizations, faith communities, mutual aid networks, or service providers. All but one participant described relying on others to obtain groceries, provide transportation to medical

[23] Dernback, Becky Z. and Cynthia Tu. June 29, 2026. "More than 70 Minnesota children detained in Operation Metro Surge, data show." *Sahan Journal,* https://sahanjournal.com/immigration/ice-detention-data-minnesota-children-operation-metro-surge/

appointments, or help to meet other essential needs during periods when they did not feel safe leaving home. As discussed further in **Solidarity, Mutual Aid, and Renewed Meaning** below, these networks functioned not only as practical sources of assistance but also as important sources of reassurance and solidarity during the surge.

Although Operation Metro Surge officially concluded in February 2026, many clients reported that these habits and precautions had not fully disappeared by the time these testimonies were gathered months later. While some described a gradual return to normal routines, others continued surge-era behavior in response to ongoing uncertainty. Clients reported still avoiding certain locations and remaining alert to signs that immigration agents might return. Several explained that the fear generated during the surge had become difficult to separate from everyday decision-making, even months later. As one participant put it, "everything is calm now... but we still [are] watching our back." Another explained that although the fear had diminished, "it does not go away completely because now you do not know what will happen tomorrow."

For most clients, the effects of the surge extended beyond the period of early 2026. Even where daily routines had partially resumed, uncertainty continued to shape how people adapted to provide for their basic needs in a heightened risk environment.

Community Consequences of the Surge

Beyond its toll on individuals, the surge changed something at the level of community itself, both in positive and negative ways. This period affected the informal trust between neighbors, the willingness to rely on one another, and the sense of belonging to a place. Clients' accounts point in two directions at once. In some ways, the experience of being targeted collectively eroded the trust that had once made daily life feel secure. But at the same time, the collective threat drew out forms of solidarity and mutual aid that clients described as factors that sustained them.

Providers emphasized that many refugee and survivor communities entered the surge with unusually strong social ties forged through shared experiences of displacement, conflict, and resettlement. These preexisting networks often became important sources of information, practical assistance, and emotional support during the operation, though the threats associated with the surge increased their precarity.

Constricted Social Spaces

Clients described an erosion of the relationships and social routines that had anchored their lives in Minnesota. One participant stopped attending church for the duration of the surge, even though he continued to pray at home, and described the loss as something bigger:

> *Where you go to church you have a community... you meet the pastor, you discuss, you share ideas, you see friends, you smile... through that period, there was no church activity.*

The same participant described missing birthday parties and other social gatherings out of fear of moving through public space, and another participant similarly stopped seeing friends altogether, giving up regular soccer games he had once looked forward to. For another participant, the disruption took a more everyday form: shopping at Target, Walmart, or ALDI

rather than a Hispanic grocery store that she worried may be targeted by federal agents, a shift she described as a small but meaningful loss of connection to food she identified with culturally.

The isolation clients described was not simply a matter of individual choice nor did it have only an individual-level impact; it was compounded by the fact that entire communities were withdrawing at once. One participant described the disappearance of a structured social outlet that had once anchored her routine, explaining that the support groups she used to attend "closed down," leaving her with nowhere to go. For another, isolation and economic loss were inseparable. With her small business closed, she lost not only income but also the clients who had once been her main source of company and conversation, and some of those clients, targeted by the same surge, left the area entirely:

> *Me, myself, I was alone. I didn't have my clients to talk with, where I forget all my worries... I felt very alone during that time.*

One client described this same dynamic at the level of an entire community, rather than as an individual circumstance, explaining that "everyone was scared," and emphasizing that because the surge targeted entire communities, people lost access to the very networks they might otherwise have relied on for support. For another participant, isolation bled directly into a broader sense of hopelessness that was still difficult to revisit months later: staying indoors and "depending on other people to come deliver food" became, in her words, "some kind of isolation."

For some, this withdrawal has not fully reversed despite the surge having officially ended. One participant explained that even months after the most intense period of the surge, she still avoids social gatherings altogether, attending only church, and even then, a specific congregation she does not feel is "targeted" because it has more non-immigrant church members.

Operation Metro Surge and PARRIS produced concrete and often lasting social consequences for the individuals interviewed, as the ordinary rhythms of their life in community were disrupted. For some, the effects of these changes did not resolve once the most intense period of the surge had passed; they continued to shape daily life for months afterward.

Fraying Trust and Communal Vulnerability

Because the surge targeted an entire community instead of isolated individuals, clients often found that their own support networks were just as exposed as they were. One participant described how relying on friends for even basic errands began to feel like an imposition, since those same friends were themselves at risk:

> *Talking to the friends who I had at the time, and asking them to bring me some food or some stuff, started to feel like a chore. I started to feel uncomfortable asking them about that because they have their own problems.*

For the same participant, this went beyond discomfort with asking for help; the fear of being reported to ICE extended to people within his own circle, forcing a broader retreat from social contact altogether:

> *I literally lived with the fear every day, and that fear is not simply that ICE would show up…but also the fact that I couldn't even trust the people around me. Because I was*

> *afraid that someone would go and say, 'there is an irregular here.' …So I had to shut up and not talk to anyone and try to stay invisible in a sense.*

Other clients described a similar caution, driven by rumors (often unverified) that circulated within their own communities. One participant described deliberately limiting whom he confided in after hearing that people were being paid to identify others:

> *I didn't tell them about my case, except some of my friends, because I trust them. Because it's hard when you tell them. It's also hard to believe everyone... that's why I've been keeping my distance from everyone.*

Another participant described this uncertainty as an inability to know who around her might pose a risk: "I didn't know who to trust. Who is watching me? Who will call them on me?" For some clients, the erosion of trust extended beyond specific relationships to a general sense that the broader community itself had changed.

> *Honestly, it is no longer that Minnesota I trusted, that I said was so beautiful. The people are very good, but honestly there are people who have come to damage this state... and to take away the peace that used to exist in Minnesota.*

That loss of trust in shared public space shaped how families moved through it. One participant described instructing his children not to speak Spanish while out, a precaution aimed not at any specific threat but at an environment that had become unpredictable, explaining that, "You no longer know if it is the police, if they are federal agents... there are many good people, but also bad people who judge us just because of our color."

The erosion of trust also extended beyond personal relationships and public space onto institutions. CVT providers shared that clients questioned whether volunteers were truly safe to engage with, whether people offering help might be followed by ICE, whether healthcare providers or county agencies could share information with immigration authorities, and whether service organizations, including CVT, could fully protect client information. For many clients, the concern was that they could no longer reliably know where immigration agencies ended and other institutions began. Providers also described some clients becoming less willing to seek assistance from law enforcement because they were unsure whether local police were collaborating with federal immigration authorities, including in situations where they might previously have called police for help.

The surge frayed trust across multiple levels at once: within social networks, within neighborhoods, and between clients and the institutions they might otherwise have relied on for safety, care, or support.

Solidarity, Mutual Aid, and Renewed Meaning

Alongside this erosion, some clients described a countervailing current: collective responses that, for many, came to mean something beyond the material help they provided. Food deliveries, rides, and community networks played a much-needed practical role in meeting daily needs, and clients also described these same acts of solidarity as evidence that they were not facing the surge alone.

Public demonstrations of solidarity, particularly the "ICE Out" march held across multiple locations in Minnesota but largely concentrated in downtown Minneapolis on January 23, 2026, were described repeatedly as key moments that shaped how clients understood their place in the broader community, particularly among non-immigrants. One participant reflected on who had shown up to march, and what that participation meant to him:

> *I really appreciated the Minnesota community for coming out in numbers, even though the cold was really severe. Most of these people that went to that march, they're not even people that are within the target of ICE… They're mostly white, they're mostly American citizens. And they went down, organized, and marched.*

Another participant, who had organized advocacy work in her home country and had not been able to attend the march herself out of fear, described watching the demonstration with visible emotion:

> *The population of Minnesota was so supportive. At times I would sit and cry. In the coldest of the coldest weather in Minnesota, I saw people go out there because of me. I could not even go out for the march, but people breathed the cold... shouting they love their neighbors. I was so, so happy.*

Beyond public demonstrations, clients described more informal, everyday forms of solidarity that carried similar weight. One participant explained how information-sharing within her network became a source of both practical protection and reassurance:

> *When people come together, the network becomes strong. At least people would say, 'Do not go this way, ICE is here,' with photos and people contacting each other. That is the good thing, that even when one does not have support from one side, one finds support in another way.*

For other participants, the words that accompanied material aid mattered as much as the aid itself. One recalled the encouragement offered by volunteers at a local food bank, describing it as a reminder of the community she had come to know before the surge:

> *At the food banks, the people already knew us, and they sent messages saying, “Stay calm. This storm will pass. Do not worry, we are with you.” Those are words of motivation that fill you, that tell you everything will be okay. Those people, even though we are not citizens or anything, do support us.*

For some, the support they received from neighbors, service providers, employers, faith communities, and advocates in Minnesota during the surge remained an important difference between their countries of origin and the U.S. One participant contrasted the solidarity she witnessed during the surge with the conditions in her home country:

> *I worked with a lot of people too who are white, and they were fighting for us, so it gives a lot of comfort and makes us feel like at least we are not alone on this. And the way we can fight for us is different now from the way people can fight in our country. Some voices have been heard. In my country, no voice is being heard. That's just the difference. So those who are fighting and raising their voice here, it's widely heard. But in my country, if you raise your voice, you'll be killed.*

At the same time, provider accounts suggest that access to these supports was uneven. Some clients did not know what support was available, could not safely obtain information, were too frightened to engage with volunteers or organizations, or feared that sharing personal information might expose them to further risk. These accounts qualify the importance of the support clients described: mutual aid and community solidarity were critical for many, but fear and isolation also shaped who could access them.

The Idea of the United States, Before and After

Even with these expressions of solidarity, clients also described the erosion of a specific idea of what the U.S. would be: a place not only of physical safety, but of predictable rules, equal treatment, and refuge from the dangers they had fled. One participant described the hope she carried on arrival:

> *When I was en route to America, I was so proud because I had only seen it on TV. It was a place where dreams are coming true, where everyone can go to have a beautiful life, work, help your family. If I'm there, I'll be very happy and safe. That was my hope.*

Before the surge, many clients described lives defined by routines, stability, and a sense of normalcy they had not expected to recover after their initial displacement. As one participant recalled: "Prior to the ICE surge in Minnesota, we were living very peacefully." Another participant described a daily rhythm that felt sustainable: "I have three jobs... I had a very beautiful routine, very nice people here in Minnesota." Another participant spoke of rebuilding an identity that had been lost in flight:

> *I was able to go to church, which is something that I love doing, which is good for my mental health... So I was more like a normal mom who is just looking out for her child, and looking out to finding her identity.*

For many, the U.S. had allowed them to live ordinary lives again.

Having viewed the U.S. as a place of refuge, they experienced the surge as a shock because safety had been assumed, and its absence was unanticipated. One participant described this as a return of circumstances she believed she had left behind: "We were leaving a situation that was really horrible, to come and see the same thing."

Part of that idea was an assumption about the limits of state violence specifically. It was extremely hard for clients to reconcile the familiar signs of state violence with the belief that the U.S. respected human rights and had well-established rule of law. One participant described her deep belief that violence in the U.S. was constrained in a way it had not been in her home country, but said that this broke down once she heard about the killing of Renée Good. She went on:

> *I know that they can't just kill somebody like this in America. It is not like in my country, where you cannot say something. Here you can say something, and they will listen to you. Maybe they might arrest you, but not to the point of killing.*

For another participant, the promise was framed at the level of the country's role in the world, and the surge undid that position of global leadership entirely:

> *When ICE was very active, I couldn't believe this was the United States of America. I felt like I was in Africa. The United States has always been a safety zone for the world; if someone is chasing after anybody, the doors were always open. When you get to the United States, you just feel safe. What was going on here in December and January left me hopeless.*

Another participant shared that the disillusionment was an acute reversal of the specific expectation that had brought him:

> *I said, I was wrong. They brought me to the wrong country, because here we are not okay anymore.*

Many clients had believed that obtaining documents, following procedures, and complying with U.S. immigration law would provide safety. For some, that assumption broke down completely during the surge. One participant described what it meant when even work permits no longer felt protective:

> *When [documents] arrived, yes, one felt safe. But now one does not even feel safe with those documents, like they are not valid. One thinks that at least with a work permit and by getting documents and doing things in the right way there is at least some kind of [security]. But no. It is like that does not work either.*

Provider accounts indicate that this collapse of legal assurance extended beyond asylum seekers without permanent status. Providers described fear among naturalized citizens and permanent residents, as well as asylum seekers who believed that work permits, Social Security numbers, and compliance with immigration requirements should have protected them. Regardless of where they were in the immigration process, clients felt their belief in legal protections erode during the surge.

The loss these clients described is not just the loss of safety but the loss of the idea of a safe place. People who have already lost one homeland invested the United States with the whole weight of that hope. When the surge made the U.S. resemble the state they fled, it called into question whether any place on earth could offer the refuge they sought. As one participant asked, “If America became this, I mean, where else could I go?”

Not all clients experienced the disillusionment in the same way, and some continued to distinguish between the government and the country itself, holding onto the belief that the U.S. system would eventually correct course. One participant distinguished between his experiences of injustice at home and his continued belief that accountability remained possible in the United States: "I know there will be justice one day... In my country, I still do not expect that justice." But even for those who retained that hope, the surge had fundamentally altered what it meant to be safe in the U.S.

Provider accounts echoed this deeper loss of refuge and belonging. Some clients shared with their therapists that they felt unwelcome both in the country they had fled and in the U.S., a formulation that captured the emotional consequence of seeking safety and then feeling that safety disappear again. Providers also observed that some clients responded to the surge through a familiar survival logic: when danger appears, one flees. Several left the metro area or the state during the surge, not simply as a reaction to a new threat but as a repetition of a pattern they had already lived through. For clients who had once made the decision to flee because they were unsafe, the reappearance of danger in the place where they had sought

protection raised a profound question about whether they could keep themselves safe anywhere. As one client said:

> *It changed everything. My mind, everything in my mind. My mind is no longer here… I can't even go back to my country… The place I was coming that I'm safe, like, this is my home. Now...I don't feel safe. I don't feel like I belong here... But right now, I'm more and more confused, because I don't know where I belong.*

Healing and Justice Through Survivors' Eyes

Clients' views on what healing and justice mean to them reflect immediate needs such as legal security, freedom from fear, and the ability to resume ordinary routines, as well as wider principles. Healing benefits from safety and stability: knowing they could stay, work, and move through public space without the threat of detention or deportation. Justice means due process, humane treatment during enforcement, accountability for violence, and systemic reform to ensure the surge would not be repeated. While some clients hoped to see individuals held accountable for abuses, more emphasized the need for recognition of harm and changes to how enforcement operates. Clients sought the restoration of a future in which they could live without fear.

What Healing Means to Those Seeking Refuge

Participants' accounts pointed to a common thread: healing is rooted first in establishing safety. Many clients described the end of the federal government's intensive operations as a necessary pre-condition for healing to begin. One participant framed healing as "to recover from all this harm would mean knowing that ICE is not in the streets of Minnesota." Another said they need the government to "issue a statement saying that ICE is no longer present, that they have left, that there is not a single one left, not even half of one." These accounts reflected the extent to which immigration agents' activity had become woven into clients' experience of public space, and their strong desire for this to end.

Even months after the surge officially ended, many described continued vigilance such as monitoring reports of ICE sightings, avoiding certain locations, remaining alert to vehicles that might signal enforcement presence. For one participant, even with the decrease in ICE activity, she still felt it was very difficult to ever feel secure:

> *You are left with this fixed [idea] in your mind: that you are still in danger. As long as this government is there, you are not safe. Yes, you are not safe at all. You do not know if suddenly tomorrow there will be a new law. You do not know if something is going to happen.*

For most participants, healing from the surge also requires resolution of their immigration proceedings. The uncertainty surrounding their immigration status, whether they would be allowed to stay, whether their cases would be heard, and whether documents they held would actually protect them, had become a source of constant stress that the surge had only intensified. "Maybe if I happen to meet with the judge. And they listen to me... At least I will know," said one participant, when asked to describe what healing would look like for them. For those with pending immigration cases, safety requires more than the end of active ICE activity in

the streets. It requires a definitive answer to the question that the surge had made inescapable: whether they would be allowed to remain in this place they had come to for refuge.

The surge had changed how clients moved through the world, and survivors stated that regaining a sense that public spaces were navigable would be an important component of healing. What unified these accounts was a need for certainty and safety; a clear end to the state of instability the surge had created. One participant, reflecting on his gradual recovery in the months after the most intense period of enforcement, described feeling that he was "on the way to getting better and better," a process he linked directly to regaining psychological and mental comfort. Another participant's responses implied that recognition of her efforts to build a life within the law may contribute to her sense of healing: "I'm in America, I'm working. I'm not stealing... Why can't the government just look at that?" Her account framed healing in terms of validation; the government seeing her as she saw herself and allowing her to live accordingly. And another participant offered perhaps the simplest formulation: "At the end of the day, wherever you're living, everyone on Earth, we just want peace and comfort." The surge had disrupted both.

Clients described lives organized around managing threats, calculating risk, and preparing for loss. Healing meant the reversal of that condition: the ability to make plans without contingency, to move through space without monitoring, to invest in relationships and routines without the fear that everything could be taken away again. For people who had already rebuilt their lives once after fleeing persecution, the restoration of ordinary life was neither a small ask nor a given. It was the measure of whether refuge had actually been found.

Understanding Meaningful Justice

Interviewees were also asked what justice means to them, and what could help people feel that there was progress towards "making things right or fair and addressing the wrongs."

First, several clients emphasized that justice (similar to healing) originates from stopping the surge, persecution of immigrants, mass deportations, and deaths. They emphasized that making things right begins with establishing peace. As one client stated, "So that seems to me to be what would be just: for people to live in peace, calmly, without fear. We want to live in peace." This stabilization is a starting point for thinking about justice.

Fairness and Non-Discrimination

Many clients tied justice to the end of discrimination on the basis of race, ethnicity, language, or any other characteristic, emphasizing that justice is rooted in being fair to all. Several explicitly referenced respect for human rights, and contrasted this to discriminatory, rights-violating regimes in their home countries. As two participants articulated:

> *Justice is respecting other people the way they are. God created the human beings differently. And as such, a way to operate with them, it's just…to be fair, when we are fair in treating people. Yeah, because if in my home country there was this justice, I would not have found myself here. It's because of lack of justice, marginalization, and then torture. Because when people come out to express their views, express what they are going through, instead of going down, listen to them, and see how you can help, you instead go crack down on them, torture, beat, maim them and killed so many people. It's*

> *so, so traumatizing. So justice is something that, when it is exercised, people will live freely. Human rights will be respected.*

> *We all have fundamental human rights…It don't mean that because you're coming from Africa, you're coming from the Caribbean, or you are not a U.S. citizen, or you are not a U.S. green card holder that you'll be treated differently. I just believe that justice should be given to everybody.*

Individual Well-Being

Third, justice was framed in individual terms for many clients. One person hesitated to define justice at all, arguing that it must be individualized to be meaningful:

> *No, I don't think I have an idea [of what justice is for those harmed in the surge]. Justice might seem different from everybody, so I think the people who face both injustice, they might have their own version of justice, which might not be the same like what I think, so I don't think I can answer that question.*

Others saw the process of repair as linked directly to individual healing for those affected or as linked to resolution of individual immigration cases. They see justice as restoring dignity of those harmed by direct or indirect actions of immigration agents or the system more broadly. This could come from primarily internal processes, such as coming to terms with harms, as one participant said:

> *I just want to feel free. From inside and outside, I just want to be like, okay, just feel free. That's how I feel. And some people might have another opinion or another way of seeing justice…I don't want to be like, okay, how can I undo it? And the only way to pass through is…forgetting about it and forgiving it… Justice would be like, hey, you know, for me, even though things happen everywhere, in every country and it happened in my own one as well, but the only justice that I could possibly think like okay is just forgiveness, like forgive everyone. You know, like, hey, things happen.*

On the other hand, some clients linked repair directly to a change in their external circumstance: notably, the resolution of their asylum claims and allowing them to find secure refuge in the U.S.:

> *You cannot punish our [home] country for what they did to me, but you can help secure a safe space for me because they have failed to give me that. I came to your country because I know and I believe and I trust you that while I'm here, I will be in the safe space. But if I run and come to you, and then you're trying to make that difficult again for me, then you leave me very hopeless and frustrated.*

Immigration System Functioning and Reform

Clients want to see the legal immigration system function as designed, calling for the restoration of legal processes that they perceived had been bypassed or violated during the surge. One participant emphasized that laws on the books should be applied to all equally, that ICE should be accountable to laws and standards, and that asylum seekers must be allowed to present their cases:

> *[Accountability is] if there is a law that allows people and it is a law that is in the books, you know, and that law basically says when someone comes at the border, they should be allowed to present their case, and they should be allowed to stand up in front of a judge and to decide what happens to them down the road. But what ICE is doing, in essence, is negating that and not recognizing those laws, which means they are creating new laws that are not necessarily…I don't know if there was a new law that allows ICE to do what they do, but I would be surprised that that law contradicts the first law. So something is not right. My approach would be to hold them accountable to that.*

Another participant framed due process through the courts as the foundation of what justice would mean, in contrast to what was witnessed during the surge:

> *Justice is if somebody comes to the United States and if they are illegal and if they surrender themselves to the justice system or to the legal department, let the law take its course. Let's let the people go to court, you know, and follow through with whatever case they have. I don't think it's proper that people should be caught on the highway, treated so badly. If somebody is here and they have an ongoing case. Justice is let them go face the courts. Let the courts do their job.*

What these accounts shared was a demand for the opportunity to present their cases and receive decisions according to established law. For clients who had fled countries where legal systems operated arbitrarily or not at all, the denial of that process carried particular weight. While they generally still had confidence in the U.S. legal structure and judicial system, some clients did link justice to immigration system reform. For example, one participant called for legal changes to the immigration system:

> *One thing that should be done is the…immigration laws should change. It took me many, many years to just speak with my attorney…and then after you wait for three years afterwards. More, longer years, just to get a piece of paper.*

And another advocated for a moral shift in the U.S. immigration system to align with their view of justice:

> *Justice to me, in my point of view as an immigrant, is listening to us and then taking into consideration that we left where we were coming from to here because we know and believe that this is a safe space for us. So making things more difficult for us, I don't know what you expect us to do. Honestly. Because we expect you to fight for our justice because what happened to us is injustice. So, if we are here, we are expecting you to see, to reason with us, and give us the justice that we desire, that we deserve.*

These accounts pointed to a form of justice that addressed the immigration system as a whole: its accessibility, its fairness, and its responsiveness to the realities that drive people to seek asylum. While not new, the surge had exposed fractures in that system, and clients argued that justice required repairing them and holding actors to legal standards of implementation.

Responsible Parties are Held Accountable

Fifth, some clients reflected on whether those directly or indirectly responsible for abuses during the surge should be held accountable, and they offered mixed responses. A few called for individual punishment of ICE agents, saying they want to “see that ICE is punished for what they

have done, a lot of families lost children, some are still traumatized" or another wanting ICE to "answer for their actions" in court after observing violent encounters and agents intentionally embarrassing people and causing people to lose their self-esteem and sense of belonging.

A few who called for individual accountability suggested it should focus on learning and restorative justice rather than punishment, as two participants explained:

> *We need to be able to bring them [ICE] back to justice, to legality, and to teach them that what they did was wrong and how it could affect the society, and what did it do to the society, so that they learn… in fact, we need to teach them that they were wrong.*

> *I would say it's hard [to punish ICE agents] because they also have a family, kids… I would say making them accountable becomes the way they learn from that, so they won't do that for the next, like, future. It's hard for me to be able to explain because they also have a family. They also did that [harms] to a lot of families… Courts I would say, make them accountable. And have them apologize to the family. They did a lot of things. And they can also learn, they can also apologize to the family [of those killed], and the family accept the apologies.*

Several participants located responsibility higher than individual agents. One explained, "In order to get justice, you must go down to the root cause of the problem." To them, the root cause is political. The federal government as a whole is seen to be at fault, particularly those holding significant power, including U.S. President Donald Trump. For these clients, holding these powerful officials to account would be justice: "If you committed a crime, you pay." And additionally, recognizing the system that allowed the abuses is important: "what needs to be held responsible is the system, because the system was the one that gave the order, not the person."

There were a few clients who described feeling some responsibility, personally, for what others suffered during the surge. One explained their feelings of grief and responsibility:

> *People were killed. The two people who lost their life in Minnesota, I keep putting down my head and crying, those people died because of me [participant starting weeping] …She died because of me. I keep praying for the administration not to kill and somebody won't die because of me, oh God. Let somebody not die again because of me.*

Recognition and Documentation

For several participants, justice meant recognition and non-repetition more than retribution or accountability. One emphasized the need to acknowledge the deaths of those who had defended immigrants: "what is fair is that it be recognized, that there were these losses, and because of that, to say, well, we are going to stop so much persecution, because we are destroying our own people." Another found justice in people speaking up on behalf of others:

> *What you're doing, honestly, I know you guys are our voices. I think if you talk to more of us and gather a lot of evidence, we can win this… I'm just being careful, because of my status. But if I were a citizen, I would stand tall and say what I want, and say whatever I want to say, without even hiding my identity. And now I'm at risk. I'm not afraid of them, but again I'm afraid of my status, I'm afraid of what will happen to me and my daughter.*

The call was for changes to practices, acknowledgment of harm, and assurances that enforcement would not operate the same way again. A primary way to do this was through documenting the experiences of affected communities during the surge:

> *They will gather all the information, all the irregularities, all the things, the videos, because they can remove all the laws, but social media, video, and all of that will always be there. And I know there will be justice one day.*

Is Justice Possible?

Some interviewees said they did not or could not know how possible repair might be for the harms of the surge. One said, “I’m a guest here in this country, I don’t make the rules. I’m just someone trying to survive…I really don’t know whether we’re gonna get justice.” Another said that repair was just not possible.

Many were skeptical about the possibility of justice, tying any chance of repair or restoration to political change, reflecting both hope in U.S. systems and resignation that justice would not come under the current administration. One participant described the need for political will:

> *Justice cannot be done in the absence of negotiation, political negotiation… The whole thing has been going on is political. So justice depends on how the White House sees it… somebody must have the political will. There must be a political will to dispense justice.*

Some participants expressed patience, grounded in faith that the system would eventually function: "I know that it will take time but justice will prevail… there's still good people... who have the love of mankind in their heart." What distinguished these accounts from despair was the belief that change remained possible within the U.S. system. For clients who had fled countries where governments operated without accountability, the expectation that a change in administration could bring justice represented a form of continued faith in U.S. institutions.

Conclusion

This report finds that **Operations Metro Surge and PARRIS** affected asylum seekers and refugees, including survivors of torture, through detention and other direct encounters with immigration agents, witnessing enforcement, and learning of arrests, detention, or deportation within close-knit communities. These experiences created pervasive fear that extended far beyond direct contact, leading participants to restrict their movement and withdraw from work, school, healthcare, worship, social relationships, public benefits, and other essential activities. As a result, interviewees experienced income loss, housing instability, isolation, and disrupted family and social life. Participants and providers described severe psychological effects, including panic, sleep disruption, hypervigilance, dissociation, depressive symptoms, diminished functioning, and reactivation of earlier trauma, as well as distress among children.

For survivors of torture and persecution, the surge was especially harmful because it evoked recognizable patterns of state repression, intensified fears of return to grave danger, and threatened another cycle of dispossession after they had rebuilt their lives in Minnesota. At the community level, the surge constricted social spaces and eroded trust among neighbors and in law enforcement, government agencies, healthcare providers, service organizations, and the protections associated with legal status, while mutual aid, practical assistance, advocacy, and visible public solidarity helped some participants retain a sense of belonging and hope. Participants described healing as requiring safety, resolution of immigration cases, and restoration of ordinary life. They understood justice in varied but overlapping terms that included an end to harmful enforcement, fairness and non-discrimination, due process, immigration reform, recognition and documentation of harm, and accountability for responsible individuals and systems.

What occurred in Minnesota should be considered **in the global context**. Human rights frameworks clearly define and prohibit arbitrary detention, discrimination, torture and other ill-treatment, violations of due process, and failures to provide redress. Experience from other repressive contexts shows that abuses rarely remain confined to a single operation: impunity for harms, normalized exceptional measures, weakened oversight, and public withdrawal can create conditions for repetition. Prevention requires action before practices become entrenched, through the functioning of independent courts, meaningful legislative and administrative oversight, protected civic space, reliable documentation, and immigration agents and agencies bound by law rather than political direction.

Some conduct documented here requires investigation under the UN Convention against Torture and other **human rights laws**. At minimum, the report reinforces what prior investigations have found about the structural dangers of U.S. immigration detention, including arbitrary confinement, inadequate medical care, and treatment capable of causing severe physical and psychological harm. Protecting rights now requires ending abusive practices, preserving asylum protections and due process, ensuring access to courts, and pursuing accountability up the chain of command as well as at the point of direct contact. Where domestic remedies are unavailable or ineffective, international human rights standards and mechanisms remain relevant advocacy and accountability tools. Redress is also a human right, and includes rehabilitation, compensation, restoration of property and documents, support for affected families, and guarantees of non-repetition.

The people whose experiences are documented in this report are not only witnesses to repression in Minnesota. Many are **survivors, advocates, organizers, journalists, community leaders, and human rights defenders** with knowledge formed in difficult contexts across the world. They recognized patterns that others in Minnesota experienced as unprecedented, and they also recognized the practices that help communities endure, including sharing information, protecting civic space, documenting abuses, sustaining social ties, defending independent courts, and ensuring that people with greater safety use their voices on behalf of those who cannot speak without significant risk.

Centering this expertise must not become another demand placed on survivors. Participation in documentation, advocacy, or accountability processes should be voluntary, safe, supported, and responsive to individual definitions of healing and justice. People with pending immigration cases and others at heightened risk may be absent from public archives precisely because they face the greatest danger. Their silence should not be mistaken for lack of harm. Ethical efforts to record all stories will require investment of time, protection of autonomy and confidentiality, preparation of interviewers and interpreters for the emotional weight of testimony, and support to those who tell and hear these experiences.

Participants' understanding of both healing and justice begins with **safety and stability**. Clinically, safety is only the first stage of recovery. The surge disrupted progress that many survivors had made toward stability, connection, and rebuilding, and its effects will not disappear with the formal end of an operation. Long-term recovery will require specialized care, legal security, restored livelihoods and routines, trustworthy institutions, and renewed places of communal life. It will also require public acknowledgment that what happened was wrong and concrete evidence that it will not happen again.

These interviews nevertheless preserve an important **source of hope**. Even after their belief in the United States as a place of refuge had been deeply shaken, participants distinguished the actions of government from the actions of neighbors, advocates, providers, and institutions that stood with them. Material aid and public solidarity showed that they were not alone. For asylum seekers and survivors who still look to the United States for protection, those expressions of belonging are not symbolic extras, they are part of what sustains faith in law, community, and the possibility of refuge and safety. The task now is to make that possibility real by restoring the rule of law, repairing harm, and working to ensure that all people in Minnesota can live with safety, dignity, and equal protection.

Recommendations

The recommendations in this report stem from the perspectives of clients and providers shared in their interviews and focus groups, as well as from CVT's experience as a global human rights organization.

For the Duty-Bearers: Government at Multiple Levels

> *A government is not eternal. There is always an entrance, but there is also an exit. And when this government leaves, all that documentation, all of that comes forward, and then we come with a justice process.* – CVT Client

The findings call for immediate action across federal, state, and local government agencies. Top priorities are to stop harmful practices, protect people who face grave risks if returned to their countries of origin, repair the individual and community harms that continue after the surge, and strengthen the institutions needed to prevent recurrence and ensure accountability.

1. **Reform immigration enforcement, grounding activities in legality, necessity, proportionality, non-discrimination, due process, and respect for human dignity.** End warrantless and discriminatory stops, unnecessary force, and tactics that treat people with pending claims or lawful status as threats; use notices to appear and other non-custodial approaches whenever possible; require visible ID and no face coverings; and revise the tactical clothing, weapons, vehicles, and equipment used in civil immigration operations in recognition of their documented adverse psychological impact, particularly on survivors of torture, war, and state violence. End the use of detention for civil immigration enforcement; limit use of detention to situations where there is an allegation of committing a crime.

2. **Transform conditions of arrest, transfer, and detention.** People who are taken into custody must be told promptly where they are being taken, be able to contact family and counsel, retain or rapidly recover identification and essential property, receive adequate food and protection from extreme temperatures, and have uninterrupted access to prescribed medication and necessary medical care. Independent oversight bodies should investigate mistreatment, publish findings, and require corrective action. The detention experiences described by participants in this report reinforce broader evidence that U.S. immigration detention practices may violate the prohibition against torture and other cruel, inhuman, or degrading treatment.

3. **Investigate possible torture and other serious abuses and pursue accountability at every level.** The detention account documented here describes severe physical and psychological suffering, intentional withholding of life-saving medication and necessary care by federal agents, apparent intimidation, punishment, or discrimination, and confinement ultimately ended through a successful *habeas corpus* petition. Cases such as this have been reported elsewhere, as well, and warrant an independent investigation of U.S. immigration detention settings under the Convention against Torture and other applicable laws. Accountability should reach personnel directly involved as well as officials in the chain of command who authorized, enabled, ignored, or failed to prevent abuses. A future federal administration, Congress, and oversight agencies such as the Government Accountability Office and agency Offices of Inspector Generals must investigate this period and act on their findings.

4. **Guarantee meaningful redress, including rehabilitation.** People wrongfully detained or otherwise harmed should have accessible avenues to truth, acknowledgment, compensation, restitution, rehabilitation, guarantees of non-repetition, and access to immigration statuses based on their status as a crime victim. Rehabilitation should include specialized, culturally responsive, trauma-informed mental health care and practical support for family members and others affected by detention. Where domestic remedies are unavailable or ineffective, international human rights standards and mechanisms should remain available as complementary avenues for scrutiny and accountability.

5. **Protect asylum, due process, and people facing grave danger if returned.** The executive branch should reduce the asylum backlog, ensure prompt and fair hearings, preserve access to counsel and judicial review, comply with non-refoulement obligations, including not deport individuals to third countries where they are not nationals. Cases involving credible threats of torture, persecution, imprisonment, or death upon return require intensive review and advocacy, with a stay of removal while claims are pending.

6. **Protect families, children, and property from the ripple effects of detention and deportation.** (See recommendations 1 and 2 regarding use of detention and reform of tactics.) Agencies should promptly notify families after an arrest, maintain reliable systems for locating and communicating with detainees, and support emergency caregiving plans. Federal and state lawmakers should establish procedures to safeguard homes, vehicles, wages, identification documents, and other property so that immigration detention or deportation does not become dispossession. State and local agencies should assess and respond to the needs of children and other family members affected by detention.

7. **Continue economic relief and protect access to public services.** State and local governments should continue and expand rental, food, employment, legal, and emergency assistance for households still experiencing losses from missed work or reduced income due to the surge. Public-benefit, healthcare, school, and local government systems should maintain strong firewalls preventing personal data from being used for civil immigration enforcement, clearly communicate those protections, and invest in long-term trust building with communities that may remain reluctant to approach public institutions.

8. **Shore up the rule of law and prevent recurrence.** Legislatures, courts, inspectors general, attorneys general, local officials, and oversight bodies should protect judicial independence, preserve access to *habeas corpus* and other remedies, enforce constitutional and human rights constraints, and ensure equal protection regardless of citizenship or immigration status.

9. **End collaboration between state and local enforcement agencies with federal immigration enforcement.** States should pass laws to separate federal immigration enforcement from state and local actors. Data should not be shared, and all 287(g) agreements should end. State and local agencies should enforce protected spaces for state entities and state funded entities (e.g., local courts, school daycare centers, and healthcare centers).

For the Advocates and Upstanders: Civil Society and Service Providers

> *I have actual confidence in the United States in comparison to other countries that things will become legal and that civil society has a voice here. The voice is heard. And that's what gives you a positive change.* – CVT Client

Civil society organizations, service providers, the philanthropic and private sectors, and individual human rights defenders have multiple roles: advocating for the end of human rights violations; responding to immediate and long-term harms; and preserving the evidence, institutions, relationships, and global knowledge needed for accountability and prevention. Their work should be guided by the safety, autonomy, and expertise of people most directly affected.

1. **Continue documenting and archiving, but proceed carefully and with clear purposes.** Documentation can help people feel validated and acknowledged, preserve a historical record, support advocacy and litigation, and lay foundations for future accountability. Initiatives should assess risks and benefits at both individual and collective levels; use informed and revocable consent; minimize identifying information; protect data; and preserve each person's control over whether, when, and how their story is used.

2. **Recognize whose experiences are likely to be missing.** People with pending immigration cases, survivors of torture, people in detention, and others facing heightened risk due to other marginalized identities or vulnerable statuses may be least able to speak on record, even in deidentified accounts. Documentation projects should acknowledge this likely systematic underrepresentation, avoid treating silence as evidence that harm did not occur, and invest time in trusted relationships and meaningful risk mitigation rather than pressuring people to participate.

3. **Prepare and support everyone involved in hearing difficult experiences.** Organizations should train interviewers, interpreters, transcribers, and other team members in trauma-informed practice, confidentiality, grounding, referral, and recognition of distress. Clinical or psychosocial support should be available before, during, and after testimony, while supervision, debriefing, workload flexibility, and other measures should address the cumulative emotional burden and secondary traumatic stress experienced by those who hear and process these accounts, particularly when these people are also from affected communities themselves.

4. **Provide specialized, long-term, trauma-focused mental health care.** Fear for one's life and renewed exposure to state violence can produce severe and lasting trauma reactions. Providers should offer culturally responsive services from clinicians trained in trauma rehabilitation and the unique needs of survivors of torture. Care should recognize that the surge pushed many people backward into the first stage of recovery, re-establishing safety, and that ongoing support will be needed to resume later stages of healing, including reconnection and meaning-making.

5. **Support the full circle of people affected by detention and enforcement.** Legal, clinical, social service, faith, and mutual-aid organizations should coordinate assistance not only for detained people but also for children, partners, relatives, friends, and community members coping with uncertainty, financial loss, disrupted caregiving, and

fear. This should include family and child needs assessments, support for caregivers who are managing their own trauma while providing support for others, and research on longer-term effects on children.

6. **Defend courts, civic space, and accountability institutions, and use international mechanisms where needed.** Advocates should continue to focus on protecting judicial independence, access to counsel, the ability of courts to review detention and executive action, and the capacity of civil society to monitor and challenge abuses. Some conduct documented in Minnesota may meet the definition of torture under the UN Convention against Torture (UNCAT), and prior analysis has found that U.S. immigration detention practices have violated international law, including UNCAT. Human rights frameworks and lessons from other contexts should be used both to name what occurred and to develop strategies for prevention, resistance, and accountability. Consistent with the complementary role of international human rights mechanisms, advocates should pursue relevant international avenues for scrutiny and accountability when domestic systems do not provide effective remedies.

7. **Prioritize intensive advocacy for people facing grave danger if returned.** Asylum seekers, refugees, and survivors who face credible risks of torture, persecution, imprisonment, or death in their countries of origin require sustained legal representation, case coordination, psychosocial support, and advocacy against removal. Civil society organizations should identify these cases early, help document protection claims, connect people with qualified counsel and other essential services, and press for full respect for asylum protections, due process, and non-refoulement.

8. **Continue immigrant-serving work and expand practical rights education.** Participants specifically urged organizations such as CVT to continue serving immigrants and helping them understand their rights in encounters with immigration agents and other law enforcement. Organizations should provide accessible, multilingual, and regularly updated know-your-rights information; help people prepare family and legal safety plans; and connect them with trusted legal, clinical, social service, and emergency resources.

9. **Invest in sustained trust building.** Pervasive fear and trauma will continue to shape how affected communities interact with service organizations, healthcare systems, law enforcement, and government agencies after visible enforcement activity declines. Organizations should not assume that trust or participation will return quickly. They should work through established community relationships, communicate clearly about confidentiality and data protection, reduce unnecessary requests for personal information, maintain consistent outreach over time, and allow people to engage at their own pace.

10. **Treat Minnesotans with global experience as experts and partners.** Survivors of torture and people with experience as human rights defenders, organizers, journalists, and advocates have observed stages and characteristics of repression and strategies communities use to resist it in other contexts. Civil society should create safe, compensated, and non-tokenizing ways for them to shape analysis, early-warning efforts, advocacy, documentation, and accountability strategies without expecting anyone to disclose trauma or assume public risk.

11. **Make solidarity both material and visible, and sustain public advocacy.** Food, transportation, legal aid, emergency funds, childcare, accompaniment, and safe access to services remain essential. Public witness also matters. People who face less direct risk, particularly U.S. citizens and White allies, should use that relative protection to show up, speak out, protest, monitor institutions, and affirm that asylum seekers and refugees belong. Participants described civil society voice and advocacy as capable of producing change in the U.S., and visible solidarity as a reason they retained faith in the country and its institutions. Advocates should sustain this engagement beyond moments of crisis and translate it into institutional reform and accountability.

12. **Sustain economic relief for affected workers.** Employers should continue and expand hardship support, including flexible scheduling, paid leave, job protection, and emergency financial assistance, for employees still experiencing losses from missed work or reduced income from the surge, and help connect them to rental, food, legal, and community assistance.

13. **Ensure health coverage includes accessible mental health services.** Employers should provide health plans that cover trauma-informed, culturally and linguistically appropriate mental health and psychosocial support services (MHPSS) at low or no cost, including telehealth and Employee Assistance Program services, and maintain coverage for employees on leave or with reduced hours.

14. **Fund long-term repair after Operation Metro Surge**. Philanthropy should provide flexible, multi-year funding to trusted, community-led and culturally specific organizations supporting recovery, including MHPSS, legal, and economic assistance, and sustain that commitment as emergency funding ends, with affected communities guiding how resources are used.

For Rights-Holders: Survivors and Affected Communities

> *Human rights defenders are very resilient…they have this mission in their life, a goal that they are striving for, so they have this resilience in them, the belief that there's a better world that we should advocate for, for ourself and for others, and that's what keeps the momentum for them going, and that's what keeps them more resilient.* – CVT Staff

Individuals and communities directly affected by the surge should not be expected to repair harms caused by government action. Their safety, autonomy, and immediate needs must come first. The following recommendations reflect forms of connection, mutual protection, and collective voice that may support recovery when they are voluntary, appropriately supported, and responsive to individual circumstances.

1. **Preserve experiences and knowledge on survivors' own terms.** People who wish to document what happened can work with trusted organizations to record testimony, secure evidence, or contribute to collective archives while setting limits on access and future. They should be able to pause, revise, or withdraw participation where feasible and should receive support before, during, and after sharing difficult experiences.

2. **Prioritize safety and informed choice.** Individuals should seek trusted legal advice before sharing identifying information, participating in public advocacy, or submitting testimony, particularly while immigration matters are pending. While there is value in documentation of the surge and its impacts, no one owes their story to a documentation initiative, organization, or movement, and decisions not to participate should be respected without question.

3. **Rebuild trusted spaces and communal life.** Participation in faith communities, schools, cultural associations, neighborhood groups, libraries, and peer networks can help restore relationships that were fractured and serve as places people can gather without having to explain or defend their belonging. Returning to routines, worship, learning, recreation, and mutual care can be part of re-establishing safety and connection.

4. **Take continuing effects on adults and children seriously.** Families and community members should watch for persistent sleep problems, panic, withdrawal, irritability, difficulty concentrating, hopelessness, or changes in behavior and seek culturally and linguistically appropriate trauma-informed support when needed. Healing may begin with safety, but it often requires sustained care well beyond the removal of threat or danger.

5. **Use global experience as a resource without placing new burdens on survivors.** Community members who have lived through repression elsewhere can help identify warning signs, protective practices, and strategies for solidarity and resistance. Their expertise should be recognized, while ensuring that they are not expected to relive trauma, represent an entire community, or place themselves at risk to educate others.

6. **Call on allies and institutions to share the burden.** Communities can ask citizens, elected officials, employers, educators, faith leaders, service providers, and neighbors to provide accompaniment, material support, public advocacy, and institutional accountability. Visible solidarity can help restore belonging and preserve faith that law and community can still offer protection.

Appendices

Appendix 1: Client Interview Guide

Introduction and consent

Interviewer introduces:

1. Purpose of the project: We are speaking with refugees, asylum seekers, and asylees in Minnesota to better understand people's experiences during the federal immigration surge and to help inform future healing, justice, and accountability efforts.
2. Voluntary participation: Remind that participation is completely voluntary, and choosing not to participate will not affect any services or support from CVT
3. Confidentiality: We will keep what you share as private and confidential. Any information you share will be de-identified and stored securely
4. Option to skip questions or stop at any time: You can choose not to answer any question, take a break, or stop the interview at any time for any reason
5. Difficult topics and coping: Acknowledge that we are going to give the opportunity to talk about some things that might be stressful. Ask if they have ways that they have learned that can help them be grounded, or cope with stress. Suggest coping strategies, refer to handouts, and practice, if needed.
6. Communicate available therapeutic support and follow up resources, including referral pathways
7. Ask if they have questions about consent form
8. Ask for consent to proceed with interview
9. Ask permission to record and transcribe the interview

Before we begin, is there anything you would like us to know about what would help you feel comfortable during this conversation? Do you have any questions?

Start recording. Say interview number and date. Start taking notes.

Life in Minnesota and the Surge

A. First, I would like to get to know you a little bit. Could you tell me about your life in Minnesota before the ICE surge began?

Possible follow-up:

- Work, school, family life, or daily routines
- Community involvement
- Sources of support
- What brought you happiness in daily life, what was challenging

Now, we are going to start to talk about what happened to you during the ICE surge this year. This was a difficult time for so many people in our community, and it is understandable if some of these things might feel stressful to talk about. Remember that it is up to you what you might like to talk about today, and we can take a break if things feel difficult. Would you like to proceed?

[OPTIONAL] If participant would like their interview submitted to the MN Truth Council: You said you might like CVT to submit part of your testimony on your behalf to the MN Truth Council. If you decide to do this, the next part of the interview would be the portion

that we would submit. It focuses on what you experienced or observed during the surge and the impacts on you.

B. Can you tell me about any interactions you had with immigration enforcement, or any enforcement activity you witnessed during this period?

Possible follow-up:
- Can you share more details about what happened? Who was involved? Why do you think you or others were targeted?
- Some people were affected by an immigration enforcement effort known as Operation PARRIS, which specifically targeted resettled refugees in the state who had not yet adjusted to or officially received their green cards. Were you or people close to you affected by this in any way?
- Did immigration authorities contact you, require additional check-ins, increase monitoring, or take other actions toward you during this period?

C. Have these events or this period generally affected your emotional wellbeing, relationships, work, education, or daily routines in any way?

Possible follow-up:
- Were there particular places or institutions that no longer felt safe or comfortable during this period?
- How was this different than what your life was like before the surge?

D. How has the surge affected your family, neighbors, or community more broadly?

Possible follow-up:
- Are there impacts from this period that are still affecting you, your family or community today?

E. Have you observed or participated in any positive responses, solidarity, organizing, or community support that have felt meaningful to you?

Possible follow-up:
- Have there been things that helped people cope, support one another, or stay connected during this time?
- What do you think the result of this was?

[Optional] Inform the participant:
This is where we recommend ending the portion of the record that we would send on your behalf to the MN Truth Council.

Thank you so much for all you have shared so far. Before we move to the next parts, let's take a short break.

Life before Minnesota

In the next section, I would like to ask a little about your life before you came to the U.S. or Minnesota. You don't need to tell me everything that has happened to you, but I would like to understand how there might be connections between what happened in the past and what happened this year.

A. **For some people, experiences during the surge connected in different ways to things they had lived through before, in your home country or maybe during your journey to the U.S. Did that happen for you at all?**

Possible follow-up:
- Things that felt familiar or recognizable
- Things that felt different from past experiences
- Changes in how you think about safety, government institutions, or life in the United States
- Changes in sense of belonging
- How do your experiences with immigration agencies during this tie compare with your prior experiences when you were entering the U.S?

B. **Were you involved in any kind of activism, community leadership, journalism, political activity, or human rights work either before arriving in the U.S. or while living in the US/Minnesota?**

If YES, possible follow-ups:
- Do you see yourself as a human rights defender or human rights activist? Why do you say so?
- What led you to this type of work? How has this work changed for you since you came to the US? Did you continue it? If so, how?
- Has the surge affected your identity or your work as an activist, leader, etc?

Healing, accountability, and the way forward

As we have talked about, there is a lot of pain and other negative experiences that people have had because of the surge.

A. **To you, what do you think would help your healing (or restoring your well-being) from the harms that the surge caused?**

Possible follow-up:
- What do you think healing means?
- Do you think healing is important when we think about being able to move on from what happened? Why or why not?
- What has helped your healing so far, if anything? Are there barriers that prevent healing?
- Do you think some people understand healing differently than you do?

B. **In your opinion, what does "justice" mean? Thinking about what you or your community experienced during the surge, what would help people feel that there was some progress towards justice (making things right or fair and addressing the wrongs)?**

Possible follow-up:
- Is obtaining justice important to you?
- What concerns or doubts do you have about the idea of justice?
- Do you think these harms can be repaired or addressed? Why or why not?

C. **What advice or recommendations would you give to communities, organizations, or leaders responding to situations like this?**

Possible follow-up:

- What advice do you have for: individual activists, community groups, schools, religious institutions, service providers, government leaders in MN, government leaders in Washington, or others?
- Are there lessons from your experiences in other countries or contexts that you think are important for people here to understand?
- What helps communities resist fear, isolation, or repression in situations like this?
- If you have one message to share with others to help you or people in your community, what would it be?

Closing

Is there anything important that we did not ask about that you would like to share?

That is the end of my questions today, so I'm going to switch off the recording now.

Interviewer goes over follow up considerations:

1. Reminder of how this information will be used
2. Check in on how they are doing and if they would like follow up support. Tell them you will call them again soon to see how they are.
3. If they want CVT to submit on their behalf to the MN Truth Council, confirm plan to review their documentation and complete additional form for consent to release of information.
4. If they think of anything they want to add (or remove), they can contact interviewer
5. If there were potential to have a full documentation interview for justice or truth-seeking purposes, would they be interested?

Fieldnotes

1. What language was the interview conducted in? Were there any factors affecting communication?
2. Describe how the participant related to the facilitator. For example: was there anything in the set up/contact that may be important to understand or may have influenced the conversation; was it easy or difficult to get them to talk to each other rather than just responding to the interviewer; did they seem interested passionate about the topics?
3. Did any participant experience distress? If so, please describe the situation. Please describe any follow up that is needed.
4. What were the key themes that were raised by this participant? Summarize the perspective shared by this interviewee.
5. Do you recommend any changes to the content or methodology as a result of this interview?

Appendix 2: Staff Focus Group Discussion Questions

Minnesota Clinical Staff

1. **Reactions and responses:** What stood out to you about how clients and communities reacted during the surge?

   Prompts
   - Emotional or psychological reactions
   - Changes in daily routines or behavior
   - Trust or sense of safety
   - Differences across clients or communities
   - What may have shaped those differences
   - Particular effect of Operation PARRIS

2. **What is unique to the client population:** From your perspective, what is important to understand about this client population when thinking about how they experienced and responded to the surge?

   Prompts
   - Prior experiences of persecution, torture, or displacement
   - Relationships to governments or authorities
   - From a clinical perspective, what is specific to cumulative trauma
   - Differences between this population and broader immigrant communities
   - Strengths, resilience, or coping strategies clients bring from prior experiences

3. **Institutional and community impacts:** How did the surge affect clients' relationships with institutions, services, and communities?

   Prompts
   - Healthcare systems
   - Schools
   - Law enforcement or government agencies
   - Community solidarity or mutual aid
   - Institutional responses that seemed (un)helpful or harmful

4. **Lessons and recommendations:** What do you think service providers, policymakers, and communities should learn from this period?

   Prompts
   - Longer-term emotional or psychological impacts
   - Activation or worsening of prior trauma, changes in clients' sense of safety or stability
   - Increased need for mental health or other support services

Global Human Rights Staff

1. When there are repressive actions taken by a government, what have you seen as the primary **harmful effects or consequences of repression** on people? Can you share specific examples from the contexts where you have worked?

   Prompts
   - What primary impacts have you seen on individuals (psychological, social, economic, behavioral, etc.)?
   - What impacts have you seen on communities or on civil society? What effects have you seen on survivors of torture or on human rights defenders in particular?
   - What is the effect when there are cycles or new experiences of repression over time?

2. In repressive contexts, what are some **strengths or potential beneficial effects** that you observe for affected communities? And what makes these most likely to occur? Can you share specific examples from the contexts where you have worked?

   Prompts
   - Have you seen repression result in effective mobilization, deepened community relationships, or other strengths?
   - Where have you seen successful examples of community resistance, resilience, and support?
   - What role have you seen survivors take in this?

3. As you observe the context in the US, and specifically the surge of federal anti-immigration actions in MN, what is your **analysis of the situation**, in global context?

   Prompts
   - Do you see this as a familiar pattern of repression by a government?
   - Do you see unique characteristics that are not present elsewhere, or does it fit a global pattern?
   - How would you evaluate the severity of the situation in the U.S./MN in global context?
   - How do you see the future trajectory of the U.S./MN, learning from other countries' experiences?

4. Drawing from your experiences globally, what are your recommendations to resist repression? What advice or learnings do you have for stakeholders interested in human rights, democracy, rule of law, and justice for communities in Minnesota?

   Prompts
   - What effective tactics have you seen used elsewhere?
   - What support do you think civil society needs? What should policymakers focus on, at different levels?
   - How should those responsible for abuses be held accountable?
   - What should be done to be most supportive to healing and justice needs of those who were directly harmed by the federal surge?

5. Is there anything else you would like to share that we haven't already discussed?