

# Updated Impact Assessment & Recovery Needs Overview

City of Minneapolis

*Operation Metro Surge*

**June 10, 2026**

**TABLE OF CONTENTS**

EXECUTIVE SUMMARY .....3

RECOMMENDATIONS FOR EARLY RECOVERY .....4

AFFECTED POPULATION .....5

ASSESSMENT METHODOLOGY, LIMITATIONS & ASSUMPTIONS.....8

FUNDING FOR NEEDS & RECOVERY .....9

ASSESSMENT FINDINGS ..... 16

PROTECTION..... 17

YOUTH & EDUCATION ..... 24

LIVELIHOODS..... 30

SHELTER ..... 38

HEALTH..... 43

FOOD SECURITY ..... 48

CITY OPERATIONS ..... 51

CONCLUSION ..... 52

ACKNOWLEDGEMENTS ..... 53

## EXECUTIVE SUMMARY

By April 2026, Operation Metro Surge (OMS) caused nearly \$700 million in costs and increased basic needs across Minneapolis, severely impacting much of the city.

OMS began Dec. 1, 2025, and brought more than 4,000 federal agents to Minnesota, causing extreme harm in Minneapolis. This included the deaths of three people and injuries to a number of community members, separated families, loss of the ability to work and pay rent, and a lack of safety when accessing food sources, healthcare and schooling. Although a drawdown was announced in February 2026 and the number of federal agents in the state has since decreased, the consequences of OMS continue to shape daily life, community wellbeing, and the city's long-term recovery needs.

During OMS, residents reported widespread fear, behavioral changes, and violent experiences. The increase in firearm permit inquiries—more than doubled from January 2025 to January 2026—captures in part the impact of this fear.

A recent survey found that almost 40 percent of Minneapolis respondents avoided urgent care or hospital visits due to concerns about OMS. An unknown number of Minneapolis residents detained remain in federal custody, preventing them from working and supporting their households. The risk associated with everyday activities included detention, transport to out-of-state facilities, deportation, family separation and experiences of violence. The widespread trauma of these actions remains even as OMS has ended.

While estimates suggest that the overall impact of OMS on some basic-needs sectors may have begun to improve in March, the lingering effects continue to adversely affect Minneapolis families. The impact is disproportionate on immigrants, refugees, American Indian/Native American, Black/African American, Latino, East African, and Asian/South East Asian communities.

Despite extraordinary efforts by residents, mutual aid groups, nonprofits, foundations, and the private sector, Minneapolis faces long-term recovery challenges. Local government, individual donations and local nonprofits do not have sufficient resources to meet the scale of need created by OMS. The community and the City of Minneapolis (“City”) experienced nearly \$700 million in additional costs and needs due to OMS, and additional funding is urgently needed to support recovery efforts and address the sustained increase in need, complexity and harm across the community.

# RECOMMENDATIONS FOR EARLY RECOVERY

The following recommendations for early recovery address essential need sectors and reflect an approach of recovery as a whole ecosystem that includes government, community and nonprofit organizations, private institutions, and foundations. While many of these recommendations require funding to implement, the recovery actors have an opportunity to coordinate initial steps.

## **1. Institutionalize trauma-informed, culturally and linguistically responsive practices.**

Minneapolis service providers should implement cross-sector standards for trauma-informed and culturally grounded service delivery. This includes investing in culturally specific providers, multilingual resources, and practices that minimize re-traumatization and ensure equitable access to services for immigrant, refugee, LGBTQIA+, and other disproportionately affected communities, especially those who reported experiencing racial profiling and discriminatory treatment by federal immigration enforcement agents.

## **2. Strengthen workforce well-being and operational capacity across critical service sectors.**

Minneapolis organizations and institutions should consider workforce support strategies that span private and public sector service providers to reduce burnout, address trauma exposure, and increase staffing capacity for frontline workers.

## **3. Expand access to integrated legal assistance and system navigation services.**

Minneapolis service providers should strengthen legal and system navigation supports that address interconnected needs—housing stability, immigration status, discrimination, labor exploitation, and victim-service eligibility. This should include broadened awareness and access to legal remedies beyond T and U visas.

## **4. Identify sustained recovery funding from state, federal and private sector partners.**

Small businesses and nonprofit organizations require substantial funding to meet basic recovery needs created by Operation Metro Surge across sectors including education, food assistance, mental health, and legal services. Renters continue to need direct financial assistance.

## **5. Support workers who experienced wage loss.**

The impact of OMS on workers was significant, and to support a person-centered recovery approach, a form of wage replacement for qualified individuals is necessary. The state should consider programs that support economic stability for families below a certain income-threshold who lost income as a result of Operation Metro Surge and “through no fault of their own,” similar to criteria utilized for Workers’ Compensation and Unemployment Insurance.

## AFFECTED POPULATION

The targeted federal enforcement actions under OMS disproportionately affected immigrants, refugees, American Indian/Native American, Black/African American, Latino, East African, and Asian/Southeast Asian communities, regardless of citizenship or national origin. In some cases, enforcement impacts extended to U.S. citizens, particularly within mixed-status families and communities experiencing heightened surveillance or policing. While OMS affected the broader Minneapolis community, the burdens and consequences were not experienced equally across all communities.

The specific targeting and racial profiling of immigrants, refugees, American Indian/Native American, Black/African American, Latino, East African, and Asian/South East Asian communities negatively impacted their ability to go about their lives, participate in the community, earn an income, and take care of themselves and each other. Recent findings substantiate the assumption that OMS enforcement targeted immigrant and refugee communities, regardless of their immigration status or criminal history. Freedom of Information Act (FOIA) data released by the Deportation Data Project and reported by multiple Minnesota news outlets shows that of the approximately 3,800 people arrested in Minnesota during Operation Metro Surge, the vast majority were from Latin American countries.

An analysis of the FOIA data conducted by the City's Racial Equity, Inclusion, and Belonging Department found that people from Ecuador accounted for the largest share of arrests with more than 1,000, followed by Mexico with close to 900, which together represented roughly half of all OMS arrests in Minnesota. Somali nationals—the stated original targets of the operation—accounted for fewer than 3 percent of arrests, underscoring that OMS enforcement fell overwhelmingly on Latino communities rather than the populations named in the operation's public justification.

Due to enforcement actions of OMS, many Minneapolis residents were afraid to leave the house for fear of being targeted, harassed, detained, or worse. Vulnerable individuals did not go to work, did not send their children to school, didn't open their businesses, delayed shopping for basic needs, missed medical appointments, skipped court hearings, and did not seek emergency medical attention, among other activities. Physical and psychological harm associated with actual or threatened immigration arrest and detention were and remain commonplace among communities of color, especially within the Latino, Somali, and Southeast Asian communities that were directly targeted by OMS enforcement.

Additionally, Minneapolis continues to grieve the deaths of Renee Good and Alex Pretti at the hands of federal immigration enforcement agents in Minneapolis, and of Victor Manuel Diaz, who died in a Texas facility after being detained in Minneapolis. The community also reckons with the violence perpetrated against residents in Minneapolis. These are irreversible harms, and the compounded effects of the violence perpetrated by OMS enforcement continues to impact the broader Minneapolis community.

This sustained period of fear, as well as the lasting impacts of the arrest or detention of families' primary income-earner, jeopardizes the ability of vulnerable people to fulfill their basic needs, access critical health services, and afford shelter. These impacts contribute to ripple effects across the economy, negatively affecting businesses dependent on residents and visitors. These impacts are particularly felt most by small businesses owned by and serving immigrants and refugees and other industries that rely on immigrants and refugees in their workforce, such as the hospitality industry and healthcare.

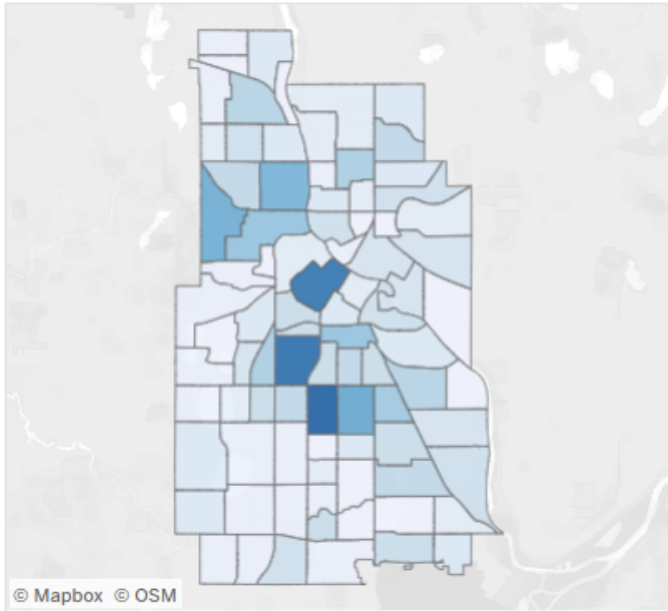
Within the targeted communities, vulnerabilities exist that exacerbate the negative impact of OMS. People with disabilities and LGBTQIA+ individuals—particularly those who are also Black, Indigenous, or people of color—faced compounding barriers to accessing basic services, as OMS enforcement tactics rooted in racial and ethnic profiling intensified fear, restricted movement, and disrupted access to care across already-marginalized communities. Barriers such as language, lack of trust in government systems, and insufficient access to relevant mental health support systems increased the vulnerability of children, families and individuals. Some residents who were most in need due to the impacts of OMS were already distrustful of government, making them less likely to seek government-provided assistance or safety services even when needed.

Throughout OMS, the Minneapolis community banded together to support friends, family, neighbors, and community. However, this sustained period of stress, fear, and resistance took a toll. Service providers, many of whom were staffed by community members from the targeted groups, reported staff exhaustion and burnout, which negatively affected their ability to support those in need. Community members participating in community-driven mutual aid often suspended or delayed their regular responsibilities and obligations to help. In many cases, members of the community witnessed or experienced acts of violence and fear that have lasting impacts. The organizations and people involved continue to feel the impacts and reverberations today.

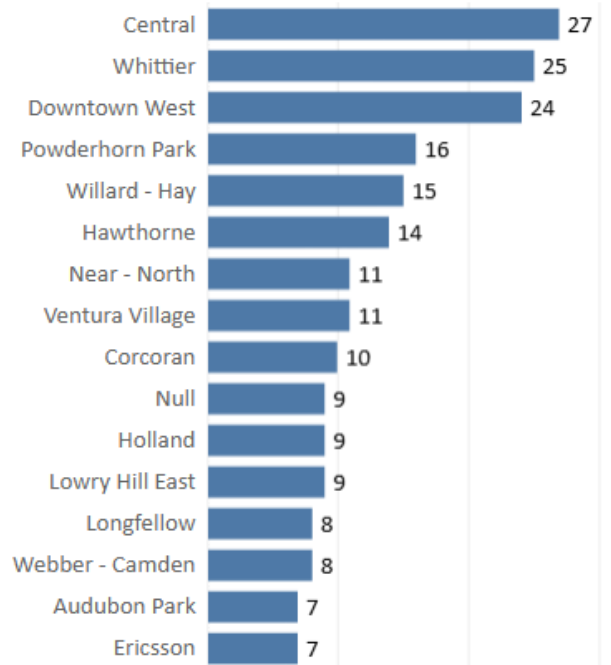
The City compiled reports received by the City via staff, residents, and others of OMS-related federal law enforcement activity between December 24 and April 10, as represented in Chart 1 below. The City acknowledges that this data is not comprehensive. It represents what was reported, via 911, 311, and other channels, but it provides a partial snapshot and substantiates the conclusion that OMS activity was disproportionately concentrated in Central, Whittier, and Downtown West neighborhoods.

Chart 1: Instances of ICE Activity Reported to City, by Neighborhood (Dec. 24-Apr. 10)

### Neighborhood map



### Neighborhood bar chart



## ASSESSMENT METHODOLOGY, LIMITATIONS & ASSUMPTIONS

This assessment represents estimates using the data and reports that were available to City staff at the time of drafting. Data was collected from City records, the U.S. Census, the American Community Survey, surveys conducted by the City and partner organizations, public reporting and reports, and conversations with community groups. The authors have attempted to clearly articulate the assumptions and calculations needed to estimate monetary need across the sectors included in this report. In almost all cases, the document's authors prioritized the most conservative estimates or figures, so the numbers in this report are very likely underestimates. In addition, City staff and community groups continue to report that some people are likely not reporting their needs due to fear.

The timeframe analyzed in this document primarily runs from December 2025 to the end of March, with some data extending into April 2026. For some sector analysis, following additional data and time, methodologies for the initial assessment calculations were adjusted. Thus, this report is best read as an updated, more comprehensive impact assessment, rather than a percent change from the previous report.

This impact assessment collected information directly from residents and local experts to understand real-time needs. All personally identifiable information has been removed using non-human methods. The data reflects community-level patterns.

Due to the limitations of the data and complex situation, there may be multiple, confounding factors impacting these results. Further study will be needed in the years to come to arrive at a precise figure that fully disentangles the impacts of OMS from broader economic trends. This approach helps coordinate City efforts to strengthen resilience and community after OMS.

## FUNDING FOR NEEDS & RECOVERY

Given the immense needs due to OMS, funding efforts for recovery require every part of the City's collective response system, from government to nonprofit organizations, mutual aid networks, foundations, and the private sector. To date, the City government, mutual aid networks, nonprofits, community-based organizations and foundations have mobilized significant investments of resources; however, these initial investments fall far short of meeting the nearly \$700 million in identified needs to date.

### City Funding

In early 2026, the City approved \$3.8 million in emergency rental assistance to be administered by Hennepin County, and \$7 million in business assistance to businesses impacted by OMS through the creation of the Minneapolis Small Business Resiliency Fund (Resiliency Fund).

The City first allocated \$1 million for rental assistance in February 2026, followed by an additional \$2.8 million in March—an amount intended to be matched by a community philanthropist to double its impact and ensure continued support for renters facing crisis-level displacement and income loss. Rental assistance will be administered under a Joint Powers Agreement with Hennepin County to provide cash rental assistance to people facing eviction and distributed via trusted community partners across the city.

The City authorized \$7 million directed toward supporting small businesses through the creation of the Resiliency Fund. This funding provides \$4.5 million in direct relief to businesses. This includes \$4 million to fully or partially cover business license fees or \$500,000 directed to cultural markets. License fee relief will support more than 2,000 food and hospitality establishments—one of the sectors most affected by OMS—with an average benefit of \$1,800 per business. Cultural market operators can receive up to \$50,000 to support operations, security, marketing, and needed improvements. The Resiliency Fund also provides \$2.5 million to support business activation and marketing in commercial districts. Including funding for commercial demand, free business technical assistance, activation of business areas with waived city fees, and leveraging the arts community to produce music, arts events, and creative storytelling to help drive customers back to impacted small businesses and celebrate community.

In addition to economic and rental support, the City strengthened its immigration-focused safety net. In February 2026, Minneapolis increased its funding for immigration legal services by an additional \$500,000, more than doubling the annual legal services budget for the year. This investment addressed the rapidly growing demand for legal representation and assistance as residents faced escalating enforcement activity, detention, and sudden loss of income and documentation.

Collectively, these allocations represent a commitment by the City to mitigate the acute harms of OMS—supporting renters, stabilizing businesses, and ensuring that immigrant, refugee and mixed-status families had access to critical legal services during a period of profound disruption.

## State Funding

The Minnesota Legislature completed its work on May 18<sup>th</sup> and considered bills that would have provided small business relief, rental assistance, and direct aid to cities to address the impacts of OMS.

*The Legislature, as part of the final housing bill, included \$40 million for the Family Homeless Prevention and Assistance Program (FHPAP). This program provides one-time assistance to renters state-wide. In Minneapolis, this program is administered by Hennepin County. The appropriation comes from unused funds from a court settlement dealing with tax-forfeited lands.*

The Legislature considered bills that would have provided up to \$100 million in funding for forgivable loans or grants to small businesses impacted by federal immigration enforcement activity statewide. These bills had hearings in both the House and the Senate but were not part of any final agreement.

A bill to provide \$10 million in direct aid to cities for the impacts of federal immigration enforcement activity was introduced in the House and had a hearing in the Senate Taxes Committee on April 21. Under this proposal, cities would submit eligible costs incurred due to federal immigration enforcement activities to the state for reimbursement. Eligible costs include public safety overtime, public works, emergency management, and legal costs. This bill was not included in any final agreement.

## Federal Funding

As of April 2026, no direct funding has been made available by the federal government to reimburse the City or community of Minneapolis for expenses related to OMS to the City's knowledge. The City is continuing conversations with its Congressional delegation about possible avenues to seek financial reimbursement and economic support due to the impacts of OMS.

## Mutual aid

During OMS, community-driven mutual aid efforts played an essential role in meeting basic needs as fear of enforcement disrupted daily life and formal systems struggled to keep pace. Across Minneapolis, residents organized rapidly, pooling significant financial resources and mobilizing large volunteer networks to support neighbors facing food insecurity, loss of income, and isolation.

Although the full scale of mutual aid during OMS is impossible to quantify because of its decentralized nature, available data indicate that community members contributed well over an estimated \$10 million in support to Minneapolis residents. The Stand With Minnesota website—one of the most comprehensive hubs for mutual aid requests and donations—reported nearly \$20 million redistributed statewide by mid-February 2026<sup>1</sup>. Several individual fundraisers hosted through the platform raised between \$700,000 and \$1 million each by the end of March. These figures do not include the direct person-to-person transfers that occurred through informal networks, through networks and anonymous community contributions.

To support the increased food needs due to the impacts of OMS, residents donated and collected donations using chat communication tools to support shopping trips to wholesale food centers and other grocers. Schools, churches and other faith institutions, restaurants, and breweries were among those that raised funds and organized food drives to support mutual aid home deliveries. As an example, Neighbors Helping Neighbors, a prominent mutual aid group, had raised over \$2.6 million and mobilized over 2,800 volunteers to help meet over 3,700 requests for help with groceries and other forms of assistance as of March 27, 2026.<sup>2</sup> This aid was not distributed exclusively in Minneapolis, but their group was only one of multiple mutual groups operating in the city and beyond.

Initially, many food shelves experienced a decline in visits as vulnerable clients stayed home out of fear, with some reporting a decline of up to 60 percent.<sup>3</sup> This is notable because the winter holiday season is typically a time of increased need and food shelf visits. Some Minneapolis food shelves were able to quickly add home food deliveries for established clients using existing systems, volunteers and staff. Hunger relief and food justice organizations also began modifying their operations to better accommodate increasing demand as they heard from unions, schools, churches and other faith institutions, and neighbors seeking food for home deliveries. Food shelves eventually saw steep increases in the number of proxy shoppers, or those shopping on behalf of others. Many food shelves added additional days and hours of service, dramatically increased their ordering, and began making deliveries to locations such as schools and churches to make it logistically easier for volunteers to do last-mile food delivery. Every Meal, an organization that addresses childhood hunger by distributing nutritious, shelf-stable food bags via schools and other community sites, ramped up their distribution during this time, expanding both the number of bags and the number of schools and other community sites served.

Alongside the critical work of mutual aid networks, food shelves and other hunger relief organizations, the region's two food banks also ramped up efforts to support local partners. As an example, DHH Church served thousands of families in hiding and needed a partner. That led The Food Group, one of the food banks that serves Minneapolis hunger

---

<sup>1</sup> Stand With Minnesota. (n.d.). *Directory*. Retrieved April 2026, from <https://www.standwithminnesota.com/directory>

<sup>2</sup> Neighbors Helping Neighbors. Changing the culture of how we help each other. Accessed April 5, 2026. <https://nhn-tc.org/>.

<sup>3</sup> Harvest from the Heart. Decline in Food Shelf visits. January 2026. Unpublished partner interview.

relief agencies, to share part of their warehouse and cold storage with DHH Church. They also provided food safety expertise, access to their assembly line, and a place to accept deliveries, including from Second Harvest Heartland.<sup>4</sup>

Between January 9 and March 31, Second Harvest Heartland, the region's largest hunger relief organization, distributed 31,685 pre-packed food boxes to its partners in Minneapolis free of charge. With a wholesale food cost of approximately \$15 per box, that represents a \$475,275 investment, not including costs related to production, coordination, transportation, and other administrative costs. As a food bank, Second Harvest Heartland purchases food at deeply discounted prices, so this spending represents well over that dollar amount in retail grocery value.

Taken together, the mutual aid response during OMS reflects an extraordinary collective mobilization. Neighbors covered one another's rent, food, medicine, transportation, and survival needs during a period marked by fear and uncertainty. These community-driven systems provided a lifeline during the height of OMS, and many of these resources are now depleted, leaving ongoing needs that outlast the emergency itself.

---

<sup>4</sup> Moini N & Kuznetsov A. Minneapolis church has delivered more than 12,000 boxes of groceries to families in hiding. MPR News. Updated January 16, 2026. Accessed April 6, 2026. <https://www.mprnews.org/episode/2026/01/15/minneapolis-church-has-delivered-more-than-12000-boxes-of-groceries-to-families-in-hiding>

# Philanthropy's Response to Operation Metro Surge

## From the Minnesota Council on Foundations

In response to Operation Metro Surge, the Minnesota Council on Foundations (MCF), the statewide association for grant makers, launched a rapid response coordination effort to increase shared visibility into philanthropic activity and support cross-sector engagement to identify where deeper conversation, investment, and coordinated action are needed in response to enforcement activities.

Philanthropy has played an important role in helping resource the work of nonprofit and mutual aid groups to support individuals, families, and communities impacted by enforcement activities. While this data does not capture all philanthropic activity, as of May 14, MCF is tracking the following philanthropic sector response:

- More than \$70.5 million in total philanthropic activity—institutional grantmaking and pooled funds—from December 2025 to April 2026 focused on response and recovery efforts and to support nonprofits, businesses, CDFIs, schools, congregations, and mutual aid efforts across Minnesota. This is very likely an underestimate of the total philanthropic activity, as not all foundations and pooled funds provided data to MCF on their giving.
- MCF is tracking 33 pooled funds totaling approximately \$58.9 million across three focus areas: Basic Needs (e.g., housing and rental assistance, food assistance, mental health), Economic Impact (e.g., small and commercial businesses, workforce), and Strategic Response (e.g., legal strategies, community organizing, narrative strategies).
- About 87 percent of pooled fund resources have been disbursed across Minnesota.
- Basic Needs represent the largest percentage of pooled funds, with 66 percent of pooled funds supporting this area, exclusively or in some aspects.
- Housing and rental assistance, legal support, and food assistance continue to be the highest areas of need.
- Many individual foundations are engaging in significant grantmaking outside of pooled funds, often going above and beyond their planned grantmaking budgets.
- Foundations and intermediaries have provided non-monetary support such as providing no-cost or low-cost fiscal sponsorship for mutual aid efforts, organizing donation drives to support impacted individuals and families, and advocating in support of relief and recovery packages at the state legislature.

Philanthropic institutions and intermediaries based in Minneapolis have played a key role in rapid response efforts, including managing two of the largest pooled funds that support organizations and businesses across the state, the Immigrant Rapid Response Fund (IRRF) at the Women's Foundation of Minnesota (\$12.3 million granted to-date) and the Economic Response Fund at the Minneapolis Foundation (\$4 million in anticipated grants). Both funds are still accepting donations. Minneapolis has received a significant share of philanthropic dollars, including 26.5 percent of all dollars from the Immigrant Rapid Response Fund the largest collective philanthropic effort.

These philanthropic efforts are important and meaningful. Alongside individual giving and mutual aid, philanthropic dollars are often the first to reach communities during a crisis. However, we know that it takes everyone working together to address the needs of community. We are grateful to local government entities, including the City of Minneapolis, for supporting community recovery, as well.

Addressing significant community harm requires a multi-sector response. We are proud of how philanthropy is stepping up, and we need state resources to join these efforts. This partnership is essential to supporting relief and recovery in Minneapolis and across the state. As the response transitions from immediate relief toward longer-term recovery and stabilization, continued coordination and investment across sectors will be critical to achieving the scale of support needed in Minneapolis and across Minnesota.

## From the Minnesota Council of Nonprofits

In response to Operation Metro Surge, nonprofit organizations across Minnesota mobilized rapidly to support communities impacted by immigration enforcement activity. While responses varied by organization and geography, several consistent themes and needs emerged through sector-wide actions, challenges, and lessons learned.

As a state association for nonprofits, the Minnesota Council of Nonprofits (MCN) convened and supported the sector's response by amplifying on-the-ground expertise, curating resources for nonprofit employers, and hosting events to share timely information on evolving conditions and organizational safety. These efforts addressed immediate challenges, reinforced that organizations were not alone, and highlighted ongoing responses while identifying gaps. MCN also engaged in direct outreach with foundations, capacity-building organizations, arts and immigrant groups, and Greater Minnesota leaders to surface trends and elevate nonprofit experiences, while continuing to amplify community-led events and resources. Key lessons included the importance of centering expert voices without overburdening impacted organizations, maintaining clarity about organizational capacity and roles, and ensuring that rural and Greater Minnesota communities are visible in both response efforts and broader narratives.

### **Sector Response and Adaptation**

Nonprofits across the state, particularly in communities most impacted by OMS enforcement, rapidly expanded services, mobilized funding for neighbors in need, and adapted delivery models to meet rising and evolving demand, often without additional infrastructure or advance preparation. Many organizations relied on existing networks, mutual aid partnerships, and community expertise to respond in real time, building on systems and relationships developed during the COVID-19 pandemic and the 2020 uprising following the murder of George Floyd.

#### **The sector concentrated efforts in several key areas:**

- **Legal services:** Significant increases in demand for legal consultations, public education, training for non-immigration attorneys, and support related to habeas petitions
- **Mental health:** Expanded need for crisis counseling, trauma-informed care, and culturally responsive mental health services
- **Basic needs:** Food and emergency assistance providers shifted to new distribution models, partnering with schools and houses of worship as in-person access declined due to fear, even as demand increased

At the peak of the surge, nonprofits reported sustained and often escalating demand for services, alongside a need for deeper coordination with community institutions—including schools, houses of worship, and local government—as well as philanthropic partners and mutual aid networks. While demand has since stabilized, nonprofits continue to meet ongoing needs related to basic services and legal support in the weeks following the drawdown of enforcement activity; however, this sustained need is occurring alongside a decline in donations, as organizations that experienced a surge of support during the peak of the operation are now facing reduced giving amid broader economic pressures and cuts to basic needs programs.

## Private Sector

At the time of publication, a comprehensive list of all private sector contributions to OMS recovery was not available. Many private sector contributions were funneled through philanthropic organizations and may be captured in the funds tracked by the Minnesota Council on Foundations.

## ASSESSMENT FINDINGS

As of April 2026, the overall financial impact of OMS on the Minneapolis community, as well as the financial impact on City government operations, is estimated at nearly \$700 million.

<b>Estimated Cost to Minneapolis – Financial Impacts of Operation Metro Surge</b>	
<b>(Data collected from December 2025 to April 2026)</b>	
<b>Sector</b>	<b>Impact</b>
Protection	Unknown
Youth & Education	\$ 2,139,030
Livelihoods	\$ 607,031,728
Shelter	\$ 62,800,000
Health	\$ 7,425,000
Food Security	\$ 8,712,400
City of Minneapolis Operations	\$ 9,728,680
<b>Total</b>	<b>\$ 697,836,838</b>

## PROTECTION

A protection crisis is a large-scale, complex event marked by violence and power dynamics that results in people being denied their freedom and rights to access basic services. Key characteristics of a protection crisis, as defined by the United Nations Refugee Agency, include:

- Abduction, kidnapping, enforced disappearance, arbitrary or unlawful arrest and/or detention;
- Attacks on civilians and other unlawful killings;
- Child and forced family separation;
- Discrimination and stigmatization, denial of resources, opportunities, services and/or humanitarian access;
- Impediments and/or restrictions to access to legal identity, remedies and justice;
- Psychological/emotional abuse or inflicted distress;
- Theft, extortion, forced eviction or destruction of personal property;
- And unlawful impediments or restrictions to freedom of movement, siege and forced disappearance.

From December through at least the end of February, these characteristics were present due to the actions by federal immigration agents deployed in Minneapolis. During OMS, the Minneapolis community experienced:

- Large-scale apprehension, detention and transport out of state of refugees who had not yet obtained permanent resident status pursuant to Operation Parris;<sup>5</sup>
- Federal agents' killings of Renee Good and Alex Pretti, and the shooting of Julio Sosa-Celis;<sup>6</sup>
- Detention in conditions leading to death in immigration custody;<sup>7</sup>
- People transported out of state for immigration detention and subsequently released out of state without legal/identity documentation and with no way to return home to Minnesota;<sup>8</sup>

---

<sup>5</sup> International Refugee Assistance Project. (2026, January 24). *Refugees sue Trump administration to stop ICE terror campaign*. The Advocates for Human Rights; Center for Human Rights and Constitutional Law; Berger Montague. <https://refugeerights.org/news-resources/refugees-sue-trump-administration-to-stop-ice-terror-campaig>

<sup>6</sup> Svirnovskiy, G., & Cheney, K. (2026, March 24). *Minnesota sues Trump administration for access to evidence in Alex Pretti, Renee Good killings*. Politico. <https://www.politico.com/news/2026/03/24/minnesota-shooting-renee-good-alex-pretti-evidence-lawsuit-00841757>

<sup>7</sup> PR News Staff & Kocherga, A. (2026, January 18). *Man detained in Minneapolis dies in ICE custody in Texas*. MPR News. <https://www.mprnews.org/story/2026/01/18/man-detained-in-minneapolis-dies-in-ice-custody-in-texas>

<sup>8</sup> Vue, K. (2026, February 5). *Hmong refugee stranded in Texas after release from ICE facility*. Sahan Journal. <https://sahanjournal.com/immigration/ice-detainees-stranded-after-release/>

- Systematic denial of access to counsel for detained noncitizens transported to a makeshift immigration holding location (Whipple Building in Hennepin County, MN), where detainees were held in overcrowded conditions and rapidly transferred out of state before lawyers could reach them;<sup>9</sup>
- Apprehension and detention of residents based upon race and ethnicity alone;<sup>10</sup>
- Federal agents and contractors engaging in additional acts of violence and intimidation, including brandishing weapons, breaking car windows, assaulting targets of apprehension and bystanders, and indiscriminate use of tear gas/chemical irritants;<sup>11</sup>
- Apprehension and detention of children, with or without their parents or guardians.<sup>12</sup>

In addition, protection crises often include increases in domestic violence and trafficking of persons, leaving already vulnerable individuals in even more precarious situations. The risk of increased domestic violence, particularly, is an elevated risk for a prolonged period during and after protection crises due to extreme impacts on livelihoods and mental health. This section of the report focuses on domestic violence, trafficking and access to legal services.

## Key Data and Considerations

- The high risk of immigration enforcement in local government spaces, such as the Hennepin County Government Center, during OMS deterred victims of domestic violence from accessing justice and continues to deter victims from pursuing cases to resolution.
- Since the end of OMS, reports of domestic violence have increased, and calls have become more complex with survivors experiencing more complicated safety concerns.
- OMS resulted in an increase in calls to legal service organizations or navigator organizations leading people to legal services.

---

<sup>9</sup> Democracy Forward. (2026, March 26). *Court strengthens and extends relief for people detained in Minnesota, restricting transfer out of state and protecting access to counsel*. Retrieved from <https://democracyforward.org/news/press-releases/court-strengthens-and-extends-relief-for-people-detained-in-minnesota-restricting-transfer-out-of-state-and-protecting-access-to-counsel/>

<sup>10</sup> Thamer, S. (2026, March 10). *Judge finds “troubling” evidence ICE agents stopped people based on racial, ethnic identity*. MPR News. Retrieved from <https://www.mprnews.org/story/2026/03/10/judge-denies-temporary-halt-alleged-rationally-biased-ice-enforcement-tactics>

<sup>11</sup> Leingang, R., & Singh, M. (2026, January 29). *Minneapolis ICE watchers face violence, teargas and arrests. They keep showing up*. *The Guardian*. Retrieved from <https://www.theguardian.com/us-news/2026/jan/29/minneapolis-ice-observer>

<sup>12</sup> Dernbach, B. Z. (2026, January 23). *ICE sends 2-year-old from Minneapolis to Texas, despite court order*. *Sahan Journal*. Retrieved from <https://sahanjournal.com/immigration/ice-minneapolis-2-year-old-detained-texas-transfer/>

## Domestic Violence

Government agencies and community organizations confirm an increase in reports of domestic violence following OMS. However, offering victim support has become more complicated. Victims and witnesses have expressed fear about testifying and require additional support, including for safety plans not just relating to their abuser. One governmental entity reports an increase in follow-up calls from Spanish-speaking victims who express more concerns and engage in longer conversations regarding safety and support for their families.

For cases that have been filed, some victims have not wanted to testify and have requested dismissals of active domestic violence cases for fear that defendants, or victims, may be picked up by ICE on their way to the hearing or at the courthouse. This has resulted in some victims being forced to continue living with their abuser due to fear of immigration-related consequences, such as fear or deportation of the abuser—even in cases where the abuser may have had legal status—creating additional barriers to seeking safety and leaving abusive situations for survivors.

One organization reported that crisis line calls decreased in December 2025 and January 2026, but that by February 2026, call volumes increased, and the complexity of the issues raised. Calls focused on both domestic violence-related situations and other crises deeply affecting safety and stability. Calls came from people across different living situations, including shelter, community-based settings, and transitional housing. In these situations, supporting victims towards autonomous decision-making included expending greater resources to make contact and identify any existing support resources out of state.

During OMS, seeking assistance in situations of domestic violence was often put on the back burner given more immediate pressing concerns, including accessing food and avoiding situations that could lead to family separation. In addition, there were additional barriers to safety. Government agencies and service providers reported that people were deterred from getting orders for protection out of fear and victims frequently asked if the criminal case would negatively impact their immigration status. At times, victims refrained from participating altogether due to mistrust in the system. In cases that were charged, victims and witnesses were fearful to testify, and victims felt intimidated from reporting.

## Service Organization Impact

Staff at organizations serving victims of domestic violence reported risk of harm and experienced fear relating to actions of federal enforcement agents, despite possessing the legal right to be in the United States, including people with valid work authorization, US permanent residents, and US citizens. One victim service provider indicated, “I saw myself and empathized with every single person I spoke to on the phone because we suddenly shared the same exact worries and nothing else mattered.” During OMS, some staff of organizations serving victims of domestic violence were harassed, detained or otherwise

could not safely go to work, impacting their ability to serve community and in some cases leading to economic impact on staff themselves.

The increased needs in this space are combined with an already difficult operational landscape, in which some crime victim services were facing a potential 20 percent cut in funding. At least one community organization indicated that this cut in crime victim funding would negatively impact their ability to hire additional staff to meet current needs.

In addition, service providers noted that complex cases led to the need for increased financial assistance for immigration legal services beyond what nonprofit immigration legal providers can cover, as well as increased language and translation services.

## Trafficking and labor exploitation

OMS did not occur in a vacuum for trafficking survivors and those at risk of exploitation. Prior to OMS, immigrant communities—who are disproportionately represented among labor trafficking victims in Minnesota—already faced significant barriers to reporting exploitation and accessing services. OMS compounded those barriers across three documented dimensions.

First, the federal government's own protection infrastructure for trafficking survivors was directly undermined during this period. Legal service providers reported that individuals with approved T visa applications—the federal designation specifically created to protect trafficking survivors<sup>13</sup>—had their cases reopened by federal authorities.<sup>14</sup> Reports of T visa applicants being detained created a chilling effect that extended beyond undocumented individuals to survivors with valid, pending legal protections<sup>15</sup>.

Second, OMS created conditions of fear that suppressed labor rights enforcement. While service providers continued to receive reports of exploitative labor practices during and after OMS, people felt significantly less empowered to assert their labor rights or seek assistance — directly benefiting the employers and traffickers exploiting them.

Third, the investigative infrastructure that trafficking identification and prosecution depends on was directly depleted. Congressional investigators and federal data documented that HSI — Homeland Security Investigations, the primary federal agency responsible for dismantling trafficking networks — had entire units reassigned to OMS-style immigration enforcement operations. Federal prosecution data showed that prosecutions under Project Child Safe, the nationwide initiative against child sexual exploitation, were on track to fall 27 percent in 2025. Freedom Network USA's March 2026

---

<sup>14</sup> American Immigration Council. (2026, January 14). *Immigration detention expansion in Trump's second term* [PDF]. Retrieved from <https://www.americanimmigrationcouncil.org/wp-content/uploads/2026/01/immigration-detention-report.pdf>

<sup>15</sup> Victims of Trafficking and Violence Protection Act of 2000, Pub. L. No. 106-386, 114 Stat. 1464 (2000).

report, “Flying in the Face of Survivors,” documented the compounding result: as immigration and law enforcement functions became increasingly entangled, immigrant survivors grew unable to trust any form of law enforcement, driving victims further underground and handing traffickers greater impunity<sup>16</sup>. When communities fear that any contact with government triggers immigration consequences, and the agents trained to investigate trafficking have been redeployed, trafficking goes unreported, victim identification collapses, and offenders operate without consequence.

## Access to justice and legal protection

OMS significantly disrupted access to justice and the ability of immigrant and refugee community members to obtain timely, trusted, and effective legal protection. Across governmental agencies, community organizations, and legal service providers, there was a shared perception that fundamental rights had been suspended, creating a sense that “no one had rights” during the height of OMS activities. Reports of violence and assault, including within detention centers, compounded this fear and eroded trust in legal systems and institutions.

A major and ongoing impact has been the increased need for immigration-focused legal services. OMS led to complex and rapidly evolving legal situations, including detentions, the transfer of individuals out of state or out of the country, and the need for emergency litigation. Legal providers mobilized quickly to respond, including filing petitions for habeas corpus to secure the release and return of Minnesota residents. The Minnesota Habeas Project coordinated a swift attorney response to emergent cases, and by early 2026, more than 1,000 lawsuits related to immigration detention had been filed since the start of OMS.

Despite this mobilization, community members faced substantial barriers to accessing legal information and representation. Due to fear of immigration enforcement, many individuals avoided government buildings, prompting governmental and community-based service providers to transition to virtual or alternative meeting formats. While necessary, these virtual modalities were consistently described as less effective than in-person interactions, especially for sensitive or complex immigration matters. At the same time, the proliferation of immigration scams made it difficult for residents to discern which online resources or service providers could be trusted. Even legitimate providers reported that clients required repeated reassurance that services were confidential and truly pro bono.

The environment created by OMS also reduced willingness to engage with the justice system. Some people delayed or avoided applying for passports, naturalization, or

---

<sup>16</sup> Ecker, E. (2026, March). *Flying in the Face of Survivors: How the Trump Administration dismantled anti-trafficking services and threatened survivors in 2025* (FNUSA HT Policy Report). Freedom Network USA. <https://freedomnetworkusa.org/app/uploads/2026/03/Flying-in-the-Face-of-Survivors-2025-FNUSA-HT-Policy-Report.pdf>

immigration benefits. Out of fear, crime victims expressed hesitation about leaving their homes, appearing in court, or testifying—sometimes requesting meetings in community-based offices rather than government centers. In some cases, attorneys were required to meet clients at their homes to obtain signatures or provide support. A lack of options for virtual court testimony further impacted both victims and defendants who wished to avoid in-person appearances due to immigration enforcement concerns.

Service providers faced challenges, including disruptions from child-care closures or capacity reductions linked to OMS, affecting their ability to staff offices or attend court proceedings. Providers who personally held identities targeted or perceived to be at risk during OMS reported heightened concerns for their own safety, adding another layer of instability to an already strained system. Providers described constantly monitoring enforcement activity, checking over their shoulders while walking through government buildings, and carrying passports at all times in case of sudden detention.

In addition, immediate survival needs—food, childcare, rent—often overshadowed individuals’ ability or willingness to engage with legal processes. As one service provider observed, “victims were angry and sometimes didn't want to hear about their cases because they were focusing on how they were going to pay rent at the end of the month, who was going to take care of their children if something happened to them, or how they were going to eat.”

Overall, OMS produced a multifaceted and enduring impact on access to justice, diminishing trust in legal institutions, constraining the ability of residents to seek protection, and unsettling the infrastructure of immigration legal services across Minneapolis. The ripple effects, including increased service demand, ongoing fear of enforcement, and reduced system engagement, are likely to persist well beyond the end of OMS activity.

## Risk of Detention and Loss of Liberty

OMS also created an environment of heightened intimidation, resulting in a lack of freedom of movement. The potential for immigration enforcement led individuals to question whether visiting U.S. Citizen and Immigration Services to retrieve a work permit would result in arrest. This concern was compounded by indiscriminate enforcement practices; according to the U.S. Immigration Policy Center, federal agents frequently conducted broad, non-targeted stops of residents in Minneapolis and St. Paul.<sup>17</sup> Community members reported an inability to perform routine daily activities such as buying groceries, riding public transit, or pumping gas without risking an encounter with enforcement officers.<sup>18</sup> Some of these encounters escalated into detention or violence,

---

<sup>17</sup> Wong TK. Large-Scale Immigration Enforcement and Its Consequences: The Impact of Operation Metro Surge. Published March 24, 2026. Accessed April 6, 2026. <https://usipc.ucsd.edu/publications/usipc-impact-metro-surge.pdf>

<sup>18</sup> Sahan Journal. (2026, January 15). *Metro Transit workers decry ICE activity at transit stops*. Retrieved from <https://sahanjournal.com/immigration/metro-transit-union-speaks-out-against-ice-surge/>

including incidents involving U.S.-born individuals. Tear gas was also reported in certain operations.<sup>19</sup>

OMS resulted in an estimated 3,700 apprehensions, with individuals often transported out of Minnesota in ways that put them in legal limbo and unsafe conditions.<sup>20</sup> Policies like Operation PARRIS—which involved door-to-door apprehensions of lawfully admitted refugees who had not yet obtained permanent residence—raised clear legal and constitutional concerns. The City’s Office of Immigrant and Refugee Affairs received numerous communications from residents overwhelmed by the unexpected financial burden of securing release from detention, paying for travel from out-of-state facilities, and hiring immigration attorneys. Many people borrowed money they had no means to repay, creating long-term financial instability.

Fear of enforcement also disrupted community functioning. Some individuals avoided food shelves without accompaniment, and some community groups stopped meeting due to low attendance. Organizations had to transport clients to work to reduce the risk of apprehension. Staff were sometimes at risk themselves, with reports of service providers being threatened or harmed by federal actors.

Overall, OMS created widespread loss of liberty, heightened risk of detention, and pervasive insecurity—all of which significantly undermined access to justice and prevented community members from engaging safely with legal systems. Even with an unprecedented mobilization of resources, critical needs remain to ensure that victims of crime such as domestic violence and trafficking, as well as individuals at risk of continuing immigration enforcement, can access justice and pursue legal remedies.<sup>21</sup>

---

<sup>19</sup> Krauss, L. (2026, January 22). *Border Patrol’s Greg Bovino seen lobbing smoke canister as agents use chemicals in Minneapolis*. *Star Tribune*. Retrieved from <https://www.startribune.com/border-patrol-greg-bovino-smoke-canister-chemical-spray-ice-protests-observers-minneapolis-dhs/601568184>

<sup>20</sup> McVan, M., & Chen, A. (2026, March 31). *More than 3,700 immigrants arrested during Operation Metro Surge, per new data*. *Minnesota Reformer*. <https://minnesotareformer.com/2026/03/31/3700-immigrants-arrested-during-operation-metro-surge/>

<sup>21</sup> Bright, E., & Bui, N. (2026, April 8). *How one group rapidly distributed millions in just 3 months during ICE surge*. MPR News. Retrieved from <https://www.mprnews.org/story/2026/04/08/how-one-group-rapidly-distributed-millions-ice-surge>

## Youth & Education

OMS triggered a sustained disruption to youth wellbeing, safety, and education across Minneapolis. School closures and the rapid transition to virtual learning severed access to school-based meals, counseling, and trusted adult relationships, deepening risks for food insecurity, depression, and academic decline. Students—especially immigrants, refugees, English-learners, and students of color—reported pervasive fear and isolation. Families experienced detentions, separations, relocations, and job loss, destabilizing household routines and support systems. School-based clinicians described a surge in grief, dysregulation, and trauma symptoms, even as in-person care became more difficult to access.

### Key Data

- Minneapolis Public Schools (MPS) served 183,539 fewer meals in January, 146,875 fewer in February, and 110,767 fewer in March compared with October 2025, resulting in nearly \$1.9 million in lost nutrition program revenue.
- Nine Minneapolis Health Department school-based clinics saw a 47 percent decline in medical visits and a 45 percent decline in revenue following closures on January 8–9 and the January 12 shift to virtual learning; school-based mental health visits fell by 22 percent from January–March 2026 versus the same timeframe in 2025.
- MPS spent \$253,000 to deploy technology that supported temporary online learning through April 22.
- Student departures from MPS increased by approximately 70 percent compared to the same period the previous year.

### Education

The information in this section was compiled directly from inputs provided by Minneapolis Public Schools (MPS) and from 17 voluntary responses from private and charter schools that were surveyed by the City’s Emergency Management Department on the impacts of OMS on schools and students.

From December through February, students experienced profound disruptions to their well-being, safety, and access to education during OMS. Due to increased enforcement activity near MPS facilities, schools were closed on Jan. 8 and 9. To be responsive to student and family safety concerns, MPS moved to offer hybrid flexible learning from Jan. 12 through April 6, 2026. MPS reported that approximately 6,000 students participated in voluntary online learning during the time it was offered. This shift to online learning required deploying additional technology tools, including internet hotspots, which had a cost of \$253,000. Private and charter schools reported that many students stayed home for weeks at a time due to fear, anxiety, and uncertainty. Two schools reported that less

than half of the students attended in person, and another experienced attendance declines of 30 percent or more. In some buildings, 50 percent or more of students shifted to online learning or stopped attending altogether.

## Student Food Security

While the hybrid and online model provided some safety for some students, MPS students participating in online learning could not access the USDA's school meal program. To bridge this gap, MPS partnered with non-profit organizations, including Every Meal, to ensure students had access to meals. From January through March 2026, MPS reported a loss in revenue of \$ 1.87 million due to lower participation in the USDA school meal program. The number of students who left MPS from December to February increased by approximately 70 percent compared to the same period the year prior, while private and charter schools reported losing students due to families self-deporting or moving out of Minneapolis during OMS. MPS notes that although not all student departures can be directly attributed to OMS, there was a notable shift in enrollment during the same period.

Private and charter schools reported large numbers of students, particularly in Latino and English learner communities, who experienced family separation, sudden detentions, or the self-deportation of loved ones. Some children lost primary caregivers with no time to plan for stable support at home. Several families moved, doubled up with relatives, or left the area entirely. These disruptions led to hunger, housing instability, and financial crises, with many families unable to work, pay rent, or cover basic needs. Food insecurity increased sharply, and schools struggled to meet growing requests for food, rent assistance, and other essentials, often relying on donations. Families described fear of leaving their homes, especially in neighborhoods where ICE vehicles circulated or staged near school grounds. Between December and February, MPS experienced a significant increase in lockout and secure-site events compared to the same period the year prior, largely due to increased OMS enforcement activity near school campuses. In response, the MPS Emergency Management, Safety, and Security (EMSS) Department enhanced safety protocols and expanded operational hours to ensure timely coordination and continued support for schools, students, and staff.

Private and charter schools reported that students also showed elevated emotional and behavioral needs throughout this period. Staff described widespread fear, grief, dysregulation, and difficulty concentrating. The number of active users accessing Wayfinder, MPS's Social Emotional Learning tool, increased by 17 percent from October 2025 to January 2026, and by an additional 51 percent in February 2026. According to private and charter schools, many students displayed signs of trauma, including withdrawal, hypervigilance, and heightened emotional reactivity. Mental health needs rose significantly as students coped with ongoing stress, yet their ability to access support weakened when they stayed home. Youth expressed feeling under attack and unsure of whom to trust, and many struggled to engage in academics while navigating daily collective trauma.

Staff also felt the strain of supporting students during a rapidly changing crisis. Schools faced unplanned closures, shifting schedules, and a need to maintain consistency for children whose home environments had become unstable. Although staff worked to provide communication, emotional support, and academic continuity, the scale of need outpaced available resources. The compounding effects of fear, disrupted routines, and family instability created lasting impacts on students’ social-emotional health, behavior, and learning.

## 2026 MPS Estimated Impacts

Table 1 Estimated MPS Impacts

ESTIMATED MPS IMPACTS				
Item	January	February	March	Total
Deploying technology tools for hybrid learning as of April 22, 2026	\$253,000	n/a	n/a	\$253,000
Lost revenue from lower participation in USDA school meals program through March 2026	\$774,794	\$625,512	\$485,724	\$1,866,030
				<b>\$2,139,030</b>

## Youth Health

OMS increased exposure to adverse childhood experiences (ACEs)—stressful events in a child's life that occur before they turn 18 that have the potential to impact their future health and well-being—and eroded protective factors that typically support resilience in youth. According to the 2025 Minnesota Student Survey (MSS), the most reported ACE among Minneapolis students was mental health issues at home (17.3 percent).<sup>22</sup> In 2025, 97.7 percent of respondents in this survey reported feeling safe at home, 94.5 percent at school, and 92.9 percent in their neighborhood—all key protective factors. OMS activity compromised these protective factors, particularly perceptions of safety, trust, and connection. With documented increases in mental health stressors during OMS and higher rates of arrests and deportations, the prevalence and severity of ACEs among affected youth are likely to rise compared to the 2025 survey.

Several studies have connected ACEs to long-term health outcomes. A large study by Felitti et al. found that people who had experienced four or more ACEs had a 4- to 12-fold increase in health risks for alcoholism, drug abuse, depression, and suicide, and a 2- to 4-fold increase in smoking and sexually transmitted infections (STIs), compared to those

<sup>22</sup> Minnesota Department of Health. Adverse Childhood Experiences (ACEs) Interactive Data: District Overview. Updated December 11, 2025. Accessed April 1, 2026. <https://www.health.state.mn.us/communities/ace/data/district.html>

who had experienced none.<sup>23</sup> An analysis of the Behavioral Risk Factor Surveillance System (BRFSS) data from 25 states, including Minnesota, for 2015 – 2017, showed increased risk for poor health outcomes associated with increased ACEs, for chronic diseases, depression, and other health risk behaviors.<sup>24</sup> Finally, exposure to ACEs also poses an ongoing economic burden into adulthood due to increased health issues.<sup>25</sup> Taken together, these findings suggest that OMS-related stressors may imprint lasting health and economic disparities on Minneapolis youth.

Because of OMS, clinical access fell when students needed it most. During the school day, the City’s School Based Clinics (SBC) Health Department mental health counselors, at five schools, provided therapy both in person and virtually. As more students stayed home and more parents were detained and deported, the needs of students grew. Throughout the school day, SBC therapists heard the same stories: intense fear, loneliness, and isolation.

According to the Health Department, school closures and the transition to hybrid and online learning reduced students’ access to the nine SBCs, which saw a 47 percent decline in medical visits and a 45 percent decline in revenue during OMS, according to SBC reporting. Additionally, school-based mental health visits were down 22 percent between January and March 2026 at the clinics compared with the same period in 2025, even as students presented with heightened anxiety, grief, and trauma responses. Clinicians noted that it was often impossible to “do therapy” when students were hungry, isolated, or acutely fearful. Staff who provided services to students experienced many of the same impacts.

## Youth Food Security

According to the 2025 MSS survey, 4.3 percent of Minneapolis students reported skipping meals in the prior 30 days because their family didn’t have enough money to buy food.<sup>26</sup> For some students, school meals may be their only source of food for the day.<sup>27</sup> With attendance rates below normal, this had a significant detrimental impact on food security.

MPS culinary service saw sharp declines in the number of meals served during OMS. According to MPS Food Service, as of April 22, 2026, MPS served an average of 2,098 fewer

---

<sup>23</sup> Felitti et al. Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults – The Adverse Childhood Experiences (ACE) Study. *Am J Prev Med* 1998;14(4)

<sup>24</sup> Merrick MT, Ford DC, Ports KA, et al. *Vital Signs: Estimated Proportion of Adult Health Problems Attributable to Adverse Childhood Experiences and Implications for Prevention — 25 States, 2015–2017*. *MMWR Morb Mortal Wkly Rep* 2019;68:999-1005. DOI: <http://dx.doi.org/10.15585/mmwr.mm6844e1>

<sup>25</sup> Peterson et al. Economic Burden of Health Conditions Associated with Adverse Childhood Experiences Among US Adults. *JAMA Netw Open* 2023;6(12):e2346323. DOI:10.1001/jamanetworkopen.2023.46323

<sup>26</sup> Minnesota Department of Health. Adverse Childhood Experiences (ACEs) Interactive Data: District Overview. Updated December 11, 2025. Accessed April 1, 2026. <https://www.health.state.mn.us/communities/ace/data/district.html>

<sup>27</sup> First Focus Campaign for Children. Universal School Meals Policy Brief. Published September 2023. Accessed April 6, 2026. <https://campaignforchildren.org/wp-content/uploads/sites/5/2023/10/FFCFC-Universal-School-Meals-Policy-Brief.pdf>.

breakfasts per day and 4,050 fewer lunches per day in January, 1,602 fewer breakfasts and 3,515 fewer lunches per day in February, and 1,402 breakfasts and 3,247 lunches per day in March. This represents 183,539 fewer total meals and snacks in January, 146,875 in February, and 110,767 in March compared with October. This resulted in a significant loss of free, nutritious food for MPS students, and significant reductions in reimbursement for MPS culinary services, totaling a loss of 1.87 million.

Although MPS partnered with nonprofits to reach online learners, these efforts could not fully offset the scale of meal loss. Clinicians emphasized the direct connection between hunger and diminished capacity for therapeutic engagement and learning—another pathway by which food insecurity compounded mental health impacts during OMS.

## Youth Shelter

OMS expanded and exacerbated interrelated disruptions to housing and school stability. Children experiencing homelessness and housing instability face exacerbated barriers to their social, emotional, and physical well-being. The MPS Homeless/Highly Mobile Department tracks and supports students and families experiencing homelessness and housing instability. Prior to OMS, approximately 20 percent of its students had experienced homelessness at some point in their time in the district. There is a bidirectional pull between school attendance and homelessness: homelessness is the largest risk for students not graduating high school. Not graduating is the largest risk for becoming homeless as an adult.

As part of OMS, federal immigration officers detained caregivers and students, removing income-earners from households, and causing families to reconfigure or move altogether to stay safe and housed. Even before the official launch of OMS, local schools noticed an increase in absenteeism among Latino students, presumably due to concerns about the increase in immigration enforcement, according to an interview with the MPS Homeless and Highly Mobile Director.

Local school staff reported significant ICE presence throughout Minneapolis school neighborhoods during OMS, but especially in the immediate vicinity of Spanish immersion schools and schools with higher immigrant student populations. Students who were in attendance experienced significantly increased stress, anxiety, and fear. Students brought comfort items to help them feel safer coming to school. Students called caregivers throughout the day to make sure they were safe. When they could not reach their caregivers, students struggled to stay emotionally regulated throughout the school day, according to reports from educators.

Requests for housing assistance through Stable Homes Stable Schools—a housing stability program—spiked during OMS. The program, run in partnership with the Minneapolis Public Housing Authority and the City’s Community Planning and Economic Development department, shifted policies in order to accommodate the specific needs

brought on by the immigration enforcement surge. Specifically, the program temporarily paused the requirement that families show a regular income source to receive housing assistance. That policy is now resuming, but staff shared concerns that many Latino families, in particular, will no longer be eligible for the help they need because many Latino caregivers lost their jobs as a result of the federal immigration operation.

## Youth Protection

Detentions of caregivers and enforcement presence near school neighborhoods destabilized families, prompting relocations or cohousing with relatives, or leaving the area. An unknown number of families experienced separation of a primary caregiver, which has lasting impacts on children's well-being. In addition, legal tools meant to protect children, such as the Delegation of Parental Authority (DOPA)—a document that ensures that someone can make important decisions about a child's care, custody, and property when the parent is unable to do so—proved difficult to use in practice due to isolation, safety risks, and the complex realities of survivor households.

# LIVELIHOODS

Table 2 Livelihoods Estimated Costs

LIVELIHOODS ESTIMATED COSTS					
	December 2025	January 2026	February 2026	March 2026	TOTAL
Business revenue loss	n/a	n/a	n/a	\$444,880,820 (total represents December-March)	<b>\$444,880,820</b>
Worker wage loss	\$47,000,000	\$47,000,000	\$47,000,000	\$11,750,000	<b>\$152,750,000</b>
Hotels and Hospitality	n/a	\$5,400,000  (total represents December – January from Meet Minneapolis)	n/a	\$3,900,908  (total represents December – March from City Convention Center)	<b>\$9,300,908</b>
Construction	no data available	\$100,000	no data available	no data available	<b>\$100,000</b>
<b>TOTAL</b>	<b>\$47,000,000</b>	<b>\$52,500,000</b>	<b>\$47,000,000</b>	<b>\$460,531,728</b>	<b>\$607,031,728</b>

The cumulative effects of OMS have severely disrupted livelihoods of thousands of families in Minneapolis. Individuals and families have experienced lost wages due to fear of going to work, decreased small business revenue from dwindling sales or permanent closure, and the federal detention of a family’s primary income-earner.

The most acute impacts on livelihoods occurred at the height of OMS in between December 2025 and February 2026. While estimates based on partner surveys and interviews suggest the overall impact of OMS on livelihoods may have begun improving in March, the lingering economic and household impacts continue to have adverse impacts on livelihoods, especially for immigrants, refugees, American Indian/Native American, Black/African American, Latino, East African, and Asian/South East Asian communities. The Initial Impact Assessment released in February 2026 estimated a cost of \$171 million in the livelihoods sector in January alone. Following a change in assumptions and methodology based on updated information, this estimate has been adjusted—from December through March, the total estimated cost is approximately \$607 million.

## Key Data

- OMS livelihood impacts resulted in losses of approximately \$607 million over four months, with compounding harm across businesses, workers, hospitality, and construction—disproportionately affecting immigrant communities and sectors reliant on in-person activity and contributing to prolonged instability in the local economy.
- Minneapolis businesses experienced severe disruption, with approximately \$445 million in lost revenue throughout the duration of OMS, reflecting steep declines in customer traffic, widespread reductions in hours, and prolonged operational instability.
- Workers across Minneapolis faced profound income loss, with an estimated \$47 million in lost wages each month among foreign-born workers with limited English proficiency. The total estimated loss of more than \$152 million from December through March mirrors similar large-scale losses documented by independent surveys.
- Hotels and hospitality providers reported significant financial harm, including 13,500 canceled room nights, \$4.7 million in lost hotel revenue, more than \$700,000 in lost wages, and event cancellations resulting in an additional \$3.9 million in unrealized economic activity, totaling roughly \$9.3 million in losses during the first quarter of 2026.
- The construction sector experienced marked disruption, with early 2026 showing the lowest first-quarter construction value in a decade, project delays affecting at least 20 city-supported affordable housing developments, and holding costs estimated at \$100,000 for delayed small-scale projects.

## Impacts on Businesses

Minneapolis continues to learn more about the impacts on businesses from OMS. In the first iteration of this report, the only source of information on this topic was a survey distributed by the City’s Community Planning & Economic Development department. Initial responses supported an estimate of losses for consumer-facing businesses in January. A new survey conducted by the University of San Diego in April 2026 affirms the impacts described by respondents to the City survey and provides a more complete picture of the likely losses for all Minneapolis businesses during the course of the Operation.

The complete set of 181 responses to the City survey reinforces the initial analysis of business impacts. Just under half of all responses were from food service establishments. Personal and professional service establishments made up another 20 percent. The survey was distributed in English, Spanish, and Somali. Thirty Spanish responses and one Somali response were received. Responses were received from across the city, with South Minneapolis being most heavily represented.

As an opt-in survey, responses likely reflect the experiences of businesses with more direct exposure to and/or negative experience of immigration enforcement activities. Ninety-eight percent of respondents reported at least one challenge related to OMS. Impacts included: decreased days or hours of operation, temporary or permanent closure, reduced profit/owner pay, reduced employee hours, and/or staff layoffs. About 75 percent reported decreased customer traffic and sales. On average, respondents noted both traffic and sales as down by about half. Notably, for Spanish-language respondents, traffic and sales were down about 75 percent. The average reported monthly loss across all sectors was just over \$43,000. However, many restaurants and cafes reported monthly losses in the six-figure range.

After the City survey closed, the University of California San Diego (UCSD) conducted a probability-based survey of a sample of all Minneapolis businesses. Respondents of that survey reported levels of challenges related to OMS comparable to those reported in the City survey. These similar results demonstrate that negative impacts associated with OMS were not limited to a narrow subset of Minneapolis businesses. Researchers at UCSD specifically designed their survey to ensure a wide variety of respondents in terms of establishment size, industry, and exposure to immigration enforcement activities.

Sixty percent of the UCSD survey's almost 500 respondents reported that OMS negatively impacted their businesses. Of the businesses that reported negative impacts, experiences were similar to those reported to the City.<sup>28</sup> Seventy-two percent reported decreased customer traffic, 64 percent reported reduced sales or revenues, 40 percent reduced hours or days of operation, and 26 percent temporarily closed. Twelve percent of businesses reported that federal immigration enforcement agents physically entered their businesses during OMS.

UCSD researchers estimate that Minneapolis businesses lost approximately \$445 million because of OMS. The largest loss, about \$260 million, was among businesses categorized as "other," which accounts for three-fourths of businesses in Minneapolis and includes places like dental clinics and law offices, according to UCSD. The City does not typically interact with many of these types of businesses through licensing or other means, so it was unlikely that these business types received the City survey and were notably underrepresented in the City survey. The second most impacted sector in the UCSD survey was restaurants, with an estimated revenue loss of about \$83 million. Revenue losses from other business sectors, as reported in the UCSD survey, are shown in the table below.

---

<sup>28</sup> State of Minnesota, by & through Attorney General Keith Ellison; City of Minneapolis; & City of St. Paul. (2026). *First amended complaint for declaratory and injunctive relief* (No. 26-cv-00190-KMM-DJF) [Court document]. Minnesota Office of the Attorney General. [https://www.ag.state.mn.us/Office/Communications/2026/docs/00190\\_DHS\\_Amendend-Complaint.pdf](https://www.ag.state.mn.us/Office/Communications/2026/docs/00190_DHS_Amendend-Complaint.pdf)

Table 3 April 2026 UCSD Survey Results on Lost Revenue

<b>LOST BUSINESS REVENUE</b>	
Restaurants	\$82,759,939
Personal Care	\$10,804,946
Grocery Stores	\$28,152,170
Retail	\$63,583,141
“Other”	\$259,580,623
<b>TOTAL</b>	<b>\$444,880,820</b>

## Impacts on Workers

Fear was widespread among residents in Minneapolis—especially among immigrant and refugee residents—that they would be taken by federal agents if they left their homes. Many of these individuals were employed but were unable to leave home to go to work. Some families lost their primary income earner due to detention in a federal facility, leaving the household with unsustainable means to meet basic needs. Based on the most recently available Census data, it is possible to estimate the wages lost by a subset of the population who may have been prevented from working as a result of OMS.

This group is defined as households in Minneapolis that a) earn wages at a job instead of relying on public assistance, b) identify as foreign-born, and c) have limited English proficiency. The lost wages for this group of households are at least \$47 million for each month OMS continued. For December 2025, January 2026, and February 2026, lost wages are estimated at \$141 million. While there were some indications that some people felt safer going to work in March 2026, it is not possible to quantify with available data exactly how many people resumed working. If returning to work for this group followed estimates from community partners about the return of business activity, then reducing monthly estimates of income loss by 75 percent would mean that \$11.75 million in wages were lost in March due to OMS. This brings the total estimate of lost wages to more than \$152 million from December to March.

Results from a University of California San Diego survey conducted in March on the impact of OMS estimated income loss in a similar magnitude more than \$189 million<sup>29</sup>. The survey found that 35.7 percent of respondents who were in the labor force indicated that they had missed work. While the duration of missed work varied significantly, the average days missed across all occupations and industries was 7.9 days. This suggests that the typical experience was not a single shift, or the result of the organized “ICE Out of Minnesota” general strike on January 23, but a more sustained disruption resulting in unrealized income. Additional analysis from North Star Policy Action features the narrowest

---

<sup>29</sup> Wong, T. K. (2026, March 24). *Large-scale immigration enforcement and its consequences: The impact of Operation Metro Surge* [Report]. U.S. Immigration Policy Center, University of California–San Diego. [usipc-impact-metro-surge-1.pdf](#)

assumption and most conservative estimate of income loss available<sup>30</sup>. With a metro-wide scope using only the relatively low hourly wage of food prep and service employees, estimates are as low as \$106 million or as high as \$143 million depending on additional assumptions. The estimate in this report falls between these lowest and highest additional reference points, with each source in relative agreement on the magnitude of income loss due to OMS.

The estimate for income loss used in this report is derived from the following function using American Community Survey 2020-2024 estimates.

- Foreign-born Households (29,000) x Median Income of Foreign-born Households (\$57,000) = \$1.64 billion in Annual Foreign-born Income
- \$1.653 billion in Annual Foreign-born Income x the rate of Foreign-born Households with Earnings Income (0.82) = \$1.34 billion in earned Annual Foreign-born Income
- \$1.34 billion in earned Annual Foreign-born Income / 12 = \$111.8 million in Earned Monthly Annual Foreign-born Income
- \$111.8 million in Earned Monthly Annual Foreign-born Income x Proportion of Foreign-born Who Speak English “Less Than Very Well” (0.42) = \$47 million in lost monthly Foreign-born income from work

In reviewing the findings that have emerged, estimates of income loss fall in close enough proximity to believe that OMS had a massive effect on income loss in Minneapolis.

## Impacts on Hotels and Hospitality

OMS had a notable impact on Minneapolis' tourism sector. Nineteen major hotels reported upwards of \$4.7 million in revenue losses to Meet Minneapolis stemming from more than 13,500 room night cancellations as of the writing of the first iteration of this report. Minneapolis has about 10,000 hotel rooms in the city, mostly located downtown. Meet Minneapolis notes on its website about 528,000 room nights were reserved for all of 2024. These reporting hotels employ about 2,000 people and estimate greater than \$700,000 in lost wages, affecting 20 percent of staff. These hotels also reported many event and group cancellations extending far out into 2026. Contracts securing lodging for federal agents during Operation Metro Surge may have moderated revenue losses for some hotels. However, these contracts may not have been enough to fully offset the losses of cancelled events. Further, it is unlikely that all of this revenue from federal contracts was captured by Minneapolis hotels, as lodging for federal agents was secured throughout the metro area. Meet Minneapolis plans to conduct another survey in quarter two of 2026, so further information on impact to Minneapolis hotels is forthcoming.

---

<sup>30</sup> Sojourner, A., & Rosenthal, A. (2026, February 24). *Impact of DHS agent surge on Minneapolis–Saint Paul metro area labor outcomes*. North Star Policy Action. <https://northstarpolicy.org/labor-outcomes/>

In addition to direct impacts to hotels, sustained cancellations will further exacerbate the struggling downtown property tax base and will add to revenue and wage losses already experienced by the restaurant and live entertainment sectors as businesses patronized by hotel guests experience less traffic. Additionally, the Minneapolis Convention Center downtown experienced event cancellations during the first quarter as a result of OMS. Three events were cancelled, meaning the city missed out on approximately 2,340 visitors and a potential positive economic impact of approximately \$3.9 million. The estimated economic impact of these large events—which includes visitor lodging, transportation, food and beverage, and other factors—is generated from a model created by Destinations International. This third-party economic organization customizes reports for destinations across the country to adjust for the economic circumstances of the city. Totaling the hospitality impacts from Meet Minneapolis and Convention Center, the total estimated impact on the hospitality sector in the first quarter of 2026 as a result of OMS is about \$9.3 million.

## Impacts on Construction

Construction value is a key economic indicator of the city’s growth and development. Construction value is calculated by estimating the total cost of labor and materials for each building permit issued by the City. Because the cost of labor eventually translates into pay for workers, reduced construction values impact worker livelihoods.

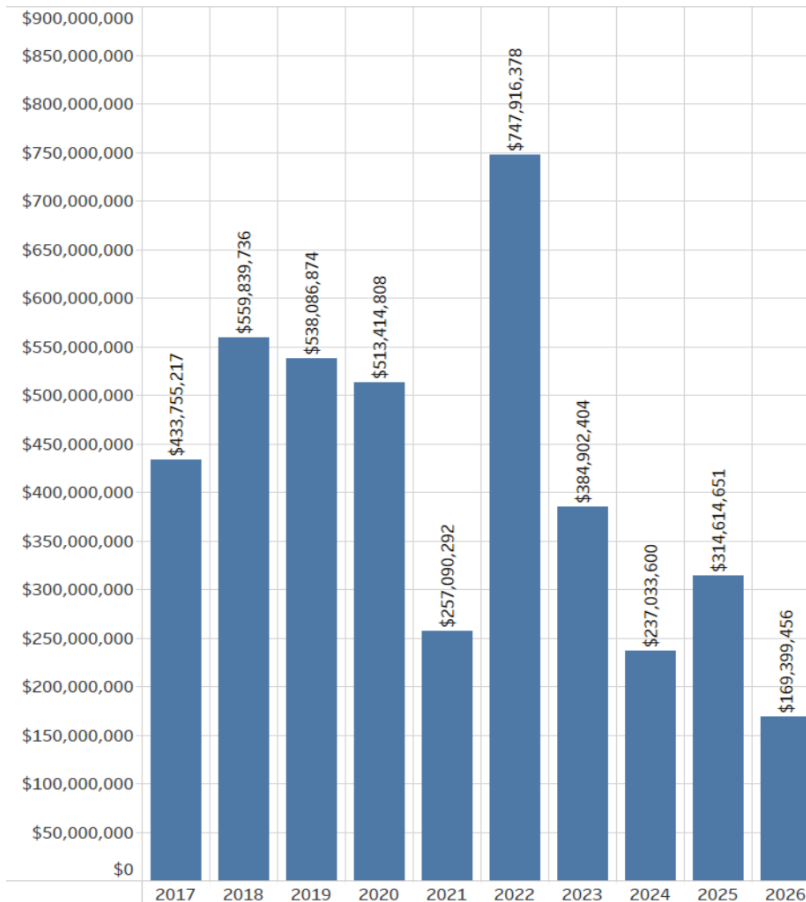
When looking at the months of January, February, and March each year over the past 10 years, 2026 is an outlier. For the three-month period at the start of 2026, the construction value of permits issued was the lowest in the last decade. Similarly, the number of permits applied for and permits issued over that same time is the lowest seen in the available data.

Permit applications can be affected by several factors, including broader economic trends. It is difficult to isolate the impact of OMS on building activity with available data. However, when combined with anecdotal information from City staff about project delays, reports from industry professionals of difficulty finding sufficient labor, and observations of workers being targeted by federal agents at job sites, these factors suggest OMS has had a negative impact on the construction industry in Minneapolis.

This is a change to the methodology previously used to show declines in local construction. The amount of dollars spent on construction is impacted by many variables, so this new estimate of impact relies on reports from city staff that projects under construction experienced delays and increased costs due to OMS. The chart below shows total construction value from the first quarter of each year since 2017. Although the information in this chart is not utilized to calculate the estimated costs to the City as a result of OMS, 2026 reflects the lowest construction value in the first quarter in the last decade.

Chart 2: Construction Value

1st quarter construction value - year over year comparison



City staff that work with low-income Minneapolis residents to buy and maintain homes have reported that approximately 20 out of 33 City-funded affordable home construction projects that were underway during OMS have experienced delays. Most of these projects are new construction that had already received building permits before OMS began, as far back as 2023.

Project delays during construction increase holding costs to the developer while interest, insurance, property maintenance, and utility costs accumulate. The estimated holding costs for delayed projects are about \$2,000 per month for the construction of a 1-4 unit project. The 20 projects with reported delays are only a subset of the many projects for which the City issues permits every year. The City does not track active construction sites, but counting just the permits for the new construction of 1-4 unit residential projects that were issued in 2025, it can be assumed that 82 projects were under construction at the time of OMS. If each of those experienced a one-month delay with the same estimated holding costs, then the total estimated holding costs to developers would be \$100,000 from January to March.

Widespread project delays indicate that some portion of the lower construction value for the first quarter of 2026 can be attributed to OMS. While declines in construction are partly explained by broader economic trends, widespread delays on a subset of projects suggest that the approximately \$70 million difference between the first quarter of 2026 and the next lowest first quarter in 2024 would be less severe without the presence of OMS operations.

The information in this section is not exhaustive and represents the best estimates possible given the information available at the time of publication of this report.

# SHELTER

Table 4 Shelter & Housing Estimated Cost

SHELTER & HOUSING STABILITY ESTIMATED COST					
	December 2025	January 2026	February 2026	March 2026	TOTAL
Rental Assistance Need	\$15,700,000	\$15,700,000	\$15,700,000	\$15,700,000	<b>\$62,800,000</b>

Operation Metro Surge (OMS) has dramatically exacerbated housing instability for Minneapolis residents. This section outlines current available information, which confirms a severe hit to the housing and shelter needs of many Minneapolis community members. Information in this section is based on publicly available data and interviews with internal and external partners. Notably, while the gradual drawdown of federal agents from Minneapolis allowed for some economic activity to resume in March, income loss and other housing stability factors outlined below indicate that the rental assistance need for March remained consistent with previous months.

## Key Points

- 35,000 low-income renter households in Minneapolis could not afford their rent before OMS. Lost household income since December 2025 has created an additional \$15.7 million monthly rent assistance need. Despite some resumed economic activity in March, income loss persisted for the cost-burdened population, indicating a monthly need consistent with previous months.
- Eviction filings in Minneapolis increased in March and April 2026 as compared to January and February 2026, according to available data from Hennepin County Housing Court. Eviction filings are a lagging indicator of housing stability and will therefore require monitoring to understand the ongoing impact. The 211 Resource Helpline—a free, 24-hour, statewide hotline run by Greater Twin Cities United Way—reported increases in calls for housing resources at the end of March and into the beginning of April at 43 percent above their baseline; these calls increased at the beginning of April above even the elevated call levels the hotline experienced at the height of OMS in January and February.
- People experiencing unsheltered homelessness have faced increased risks to their health, safety, and income due to OMS.

## Rental Assistance

Minneapolis is home to more than 90,000 renter households. According to the most recent available Census data (prior to OMS), 35,000 of these households are people with lower incomes who are housing cost burdened. This means they spend more than 30 percent of

their income on rent. Immigrants, refugees, American Indian/Native American, Black/African American, Latino, East African, and Asian/South East Asian communities are disproportionately represented in this group. OMS worsened conditions for those who were already housing cost burdened and created supplemental cost burden that did not previously exist. An estimated \$15.7 million in monthly housing cost assistance is needed to address impacts for December 2025 through March 2026.

To estimate the number of households with lost wages as a result of being targeted by OMS, this report uses American Community Survey data to determine the number of households that identify as foreign-born. This report assumes that some, but not all, of these households lost wages due to OMS. The proportion of foreign-born households that do not speak English “very well” was used to estimate the number of households that lost wages because they stayed home from work. Estimated loss of monthly income from this group totals \$47 million. That lost income results in the inability of affected households to make their rent. At least \$15.7 million in rent assistance is needed each month for these households to be able to pay rent. This estimated cost likely underestimates the need. Groups unaccounted for in this estimate include groups that fear being targeted because of the color of their skin instead of their national origin and people whose work hours were cut because their workplace had to reduce operations.

While a drawdown of federal agents in Minnesota was initially announced in mid-February, the need for rental assistance continued into March. While some with lost income in January and February may have returned to jobs in March, others still did not feel safe coming to work in March or may not have had a job to return to. Some household income contributors were still detained in federal facilities and unable to earn wages, had family members in detention, or faced ongoing income loss due to detention and unexpected legal fees.

Community partners reported a sustained, heightened need for rent and other housing assistance, especially for households with very low incomes and Spanish-speaking renters. In fact, the 211 Resource Helpline—a free, 24-hour, statewide hotline run by Greater Twin Cities United Way—reported increases in calls for housing resources at the end of March and into the beginning of April. This is an increase even from the elevated call levels the hotline experienced at the height of OMS in January and February. Specifically, calls to 211 for rental assistance were 43 percent above baseline at the beginning of April. Spanish-language calls were up 88 percent from their baseline and calls for legal support were up 15 percent above baseline. Calls increased similarly for HOME Line, an organization providing free and low-cost housing legal services to tenants. HOME Line reports that hotline callers seeking financial aid during the first quarter of 2026 were 117 percent higher than in the same period in 2025. HOME Line also reported a significant increase in callers with extremely low incomes and those whose primary language is Spanish.

While no available data provides a clear picture of how household incomes in March differed from the height of OMS, this call data strongly indicates that the housing cost burden made significantly worse by OMS has persisted into the spring. When a household has limited income, the rent usually gets paid first, so the family has a place to sleep while they determine how to meet other household needs. Therefore, even though other calculations show a reduction in estimated need for March, estimates of monthly rental assistance need hold steady at \$15.7 million from December 2025 through March 2026. This brings the total rental assistance need to \$62.8 million. It is certain that some need continued into April and beyond.

## Eviction and Other Housing Stability Impacts

The inability for households to pay their rent, mortgage, and other housing costs puts them at risk of eviction and other forms of involuntary displacement. According to currently available public data from Hennepin County Housing Court, eviction filings this year are elevated and rising. Eviction filings in Minneapolis increased in March and April 2026 as compared to January and February 2026. Filings in March and April were also elevated as compared to those same months in previous years. This data is consistent with the understanding that mutual aid prevented evictions in January and February, and that those resources have since diminished while need for rental assistance has remained high. It is reasonable to assume that some portion of the recent increase in eviction filings is due to OMS exacerbating financial and housing instability in the community. Eviction filing data is a lagging indicator of financial need due to pre-filing notice requirements and data processing timelines. Therefore, ongoing monitoring will be necessary to understand the state of evictions in May and beyond.

Many renters face barriers accessing the rent help they need, which contributes to the high volume of eviction filings, most of which are based on nonpayment of rent. The need far exceeds the amount of existing resources, and existing resources are not accessible to all those in need. Despite the historic efforts of Minneapolis residents to take care of one another in a time of collective crisis, mutual aid resources cannot meet the entire need calculated in this report. Leaders of mutual aid funds have reported that individual contributions have dwindled, and that individuals who still contribute are sharing smaller amounts. Lack of awareness of funds, strict income eligibility requirements, and other rules such as requiring a renter to have already received a 30-day notice or even an eviction filing prevent many from getting support from existing institutional rental assistance programs. Further, individuals concerned about immigration enforcement are hesitant to reach out to governmental agencies for help due to fear of their information being used against them.

While not represented in eviction filing data, involuntary displacement of vulnerable populations of renters continues to occur under the public radar. Due to concerns about immigration enforcement, exacerbated financial challenges, or both, some Minneapolis residents have chosen to move out of their homes, out of the city, out of the state, or even

out of the country. Several partners said that families they work with have chosen to simply move out as a result of OMS. It is unknown how many property owners have terminated or declined to renew leases, reached agreements for households to move out, or threatened households with immigration enforcement. Partners also shared several instances of families cohabitating to avoid eviction. These types of informal involuntary displacement are not trackable, but they have a detrimental impact on the displaced household as well as their communities.

## Impacts on People Experiencing Unsheltered Homelessness

The experience of unsheltered homelessness already comes with inherent, significant safety risks, and the added risk of detention or other unsafe encounters with federal agents led to notable shifts in behavior. On Jan. 9, 2026, ICE detained four members of the Oglala Sioux Tribe from a homeless encampment in Minneapolis. The presence of ICE in the community caused people experiencing unsheltered homelessness to change how they move through the community.

Distrust of government and institutional systems is a pre-existing barrier to connecting people in need with services, and this barrier was exacerbated by OMS. Shelters for some populations have been often full, and even if there were more available space, partners reported that many people became more hesitant to engage with institutions like shelters out of fear of encountering federal agents. While providing immigration status is not required for all resources, outreach workers often need to inquire about an individual's status in order to identify which resources and services they can access. However, there are real and perceived risks associated with sharing personal information with government entities. Reticence to share information with anyone perceived to be associated with government means data on those experiencing homelessness is far from complete, and more importantly, people are not able to access the resources they need to stay safe or housed.

Hennepin County data indicates shelter stays were down this winter compared to the winter of 2024-2025 by a few hundred stays per month. This year, out of concern for the safety of clients, volunteers, and staff, the County did not conduct its annual Point-in-Time count of people experiencing unsheltered homelessness. Homeless response experts on the ground have observed that instead of accessing shelter, people fearing an encounter with ICE opted to find discrete, hidden spaces and spent less time congregating in publicly visible spaces. Specifically, homeless response workers said people were seeking minimal shelter in hidden stairwells, alleyways, and vacant or abandoned buildings. While a change in patterns is typically observed to some degree in winter months when the weather makes being outdoors more hazardous, experts noted a dramatic decrease in unsheltered people spending time in public during OMS. Challenging an assumption that people experiencing homelessness do not work, experts also observed a halt in people congregating for the purpose of connecting with day labor opportunities. This led to a drop in income for some of the most vulnerable residents that is not possible to quantify.

Homeless response workers also shared concerns that people at risk of health emergencies, including overdose and frostbite, were not accessing the care they need, such as opioid antagonists or being seen in emergency departments for acute treatment. Untreated health emergencies are often fatal, and deaths likely went unreported. The full impact on the unsheltered community may never be quantified.

## Impact on Housing Development

OMS has created widespread market disruption, including in the arena of housing development. Many workers could not safely come to job sites, leading to income loss for employees and costly delays to projects for developers. Delays and increased costs due to OMS and several other compounding market factors will likely have an impact on the affordable housing available to low-income Minneapolis residents for years to come. The full impact of the creation of affordable housing in Minneapolis is not yet known. However, initial estimates of a portion of the economic impact of housing development disruption are outlined in the Livelihoods section of this report.

The information in this section is not exhaustive and represents the best estimates possible given the information available at the time of publication of this report.

# HEALTH

## Estimated Impacts

Table 5 Health Center Lost Revenue

COMMUNITY HEALTH CLINIC ESTIMATED REVENUE LOSS				
	January 2026	February 2026	March 2026	Total
Estimated Revenue Loss in 9 Community Clinics	\$ 2,475,000	\$ 2,475,000	\$ 2,475,000	\$ 7,425,000

At its peak, OMS had an acute impact on the physical and mental health of the Minneapolis community. People of Color, including adolescents and children, regardless of their immigration status, were at greatest risk of health care and mental health issues during the operation. In addition, mental health workers, unsheltered populations, parents, disenfranchised and “othered” communities that have lost resources because of federal government cuts experienced compounded impacts due to OMS.

### Key Points

- About 29 percent of residents missed medical appointments, nearly 40 percent avoided urgent care or hospitals, and more than 30 percent missed immunizations during OMS.
- Community health centers operated at roughly 80 percent of expected visits, with medical visits down 25 percent and dental visits down 28 percent.
- No-show or appointment cancelations resulted in lost revenue for nine community health clinics resulting in revenue losses of \$275,000 per month per clinic.
- The uninsured population in Minneapolis is likely to increase to nearly 10 percent—an estimated 40,600 people—driven in part by OMS-related disruptions that caused people to lose coverage.
- OMS may lead to significant long-term mental health needs, with an estimated one in five affected residents—around 67,500 adults and 16,300 children—potentially developing new mental health conditions over the next decade.

### Access to Healthcare

One of the key impacts of OMS on the overall health of the community is access to healthcare. A recent survey found that 29 percent of Minneapolis respondents reported missing scheduled medical appointments; nearly 40 percent did not go to urgent care or a hospital specifically because of concerns about OMS; and more than 30 percent of

Minneapolis respondents who had an immunization appointment missed their scheduled vaccination due to OMS.<sup>31</sup> Missed appointments can delay diagnosis or treatment, worsen chronic conditions, and reduce access to preventative care. They can also increase reliance on emergency medical visits, which are costly and place additional strain on health care systems. Preventive care, such as vaccinations, is an important way to decrease disease, increase community immunity, and keep students in school and parents at work. Many communities of color in Minneapolis already experience limited access to pharmacies and, coupled with data substantiating a decline in medical visits during OMS, it is reasonable to assume there was a decrease in routine visits to pharmacies to seek medicine and medication during the same period.

The data the City has regarding access substantiates these trends. Nine community health centers operate in Minneapolis, all of which serve high-needs community members. Community clinics provide comprehensive primary and preventive medical, dental, and behavioral health care services to the most low-income and medically underserved individuals and families in Minneapolis. Typically, their patient populations include the uninsured, people who have publicly funded health insurance, immigrants, and communities of color. These centers are only a small subset of all health facilities in the City but indicate trends that can be assumed to have impacted all facilities.

Community health centers in Minneapolis operated at approximately 80 percent of expected weekly visits during OMS. Medical visits declined by 25 percent and dental visits declined by 28 percent in late January, according to the Minnesota Association of Community Health Centers (MNACHC). MNACHC reports that each community health center experienced an estimated monthly revenue decrease of \$275,000 compared to their respective budgets. Community University Health Care Center (CUHCC) experienced 2,368 fewer visits between December and January, resulting in a reported \$480,180 in lost revenue, and NorthPoint Health and Wellness (NPHW) experienced a 22 percent decrease in weekly visits, reporting a loss of approximately 5,000 visits from December 2025 – February 2026 with an estimated \$1–2.7 million in lost revenue. No-shows and cancellations at NPHW peaked at 46 percent, about 185-213 cancellations or missed appointments per day, from mid-December through January. In February, visits rebounded; however, no-shows remained around 30-37 percent, resulting in lost revenue that threatens ongoing operations.

Lasting negative health impacts due to OMS will be most severe for the City’s uninsured population. According to the Minnesota Health Access Survey (MNHA), the percentage of Minnesotans without health insurance increased from 3.8 percent in 2023 to 5.8 percent in

---

<sup>31</sup> Wong TK. Large-Scale Immigration Enforcement and Its Consequences: The Impact of Operation Metro Surge. Published March 24, 2026. Accessed April 6, 2026. <https://usipc.ucsd.edu/publications/usipc-impact-metro-surge.pdf>.

2025, resulting in an estimated 116,000 more Minnesotans being uninsured in 2025.<sup>32,33</sup> The increase in the uninsured population may be due in part to a decrease in public coverage (e.g., Medical Assistance, MinnesotaCare, Medicare), which dropped from 44.1 percent to 39.6 percent during the same period. Long-standing disparities in the rates of uninsurance are also observed in Minneapolis data. For example, approximately 21 percent of people identifying as Hispanic, nearly 30 percent of those identifying as another race, and 6 percent identifying as Asian were uninsured in 2023 in Minneapolis, according to the US Census Bureau.<sup>34</sup> Recent changes to MNCare, which undocumented individuals were previously eligible for, further impact the uninsured population across the State, as all undocumented persons lost eligibility as of Jan. 1, 2026.<sup>35</sup> We can assume that at the time of OMS, many of the individuals that were targeted were also uninsured given the changes to MNCare enrollment as of 2026.

The January 1, 2026 MNCare changes were exacerbated by the cumulative impacts of OMS on the Minneapolis community, so that we can assume the 67.6 percent increase in the number of uninsured observed from 2023-2025 will increase. We have deduced that an additional 16,378 people may now be uninsured as of April 2026 for a total of 40,600 people or nearly 10 percent of the City's population. Note that this does not include the number of individuals that lost coverage in 2026 due to the MNCare policy change. Available evidence suggests that OMS likely increased administrative churn among eligible enrollees by increasing fear of interaction with government systems, reducing attendance at healthcare and social service appointments, and increasing the number of people who lost coverage due to missed renewals and reenrollment appointments due to fear. With increased rates of uninsured residents compounded by the effects of OMS, Minneapolis will likely see severe negative health outcomes for years to come.

## Mental Health and Psychosocial Support

According to the Center for Victims of Torture (CVT), "many of the people arriving at U.S. borders have already survived deeply traumatic experiences. Indeed, per CVT's own research, as many as 44 percent of refugees living in the U.S. are torture survivors."<sup>36</sup> Other

---

<sup>32</sup> Minnesota Department of Health. Findings from the 2025 Minnesota Health Access Survey (MNHA): Uninsurance Rates in Minnesota. Published March 2026. Accessed April 7, 2026.

<https://www.health.state.mn.us/data/economics/hasurvey/docs/mnha2025.pdf>.

<sup>33</sup> Minnesota Department of Health. Minnesota's uninsured rate rises sharply according to latest data. Published March 10, 2026. Accessed April 7, 2026. <https://www.health.state.mn.us/news/pressrel/2026/uninsured031026.html>.

<sup>34</sup> U.S. Census Bureau. "Selected Characteristics of Health Insurance Coverage in the United States." *American Community Survey, ACS 1-Year Estimates Subject Tables, Table S2701*, <https://data.census.gov/table/ACSST1Y2024.S2701?q=health+insurance+coverage&g=060XX00US2705343000>. Accessed April 7, 2026.

<sup>35</sup> MNSure Assister Central. MinnesotaCare coverage changes for undocumented adults in Minnesota took effect June 15. Published June 17, 2026. Accessed April 7, 2026. <https://www.mnsure.org/assister-central/announcements/index.jsp?id=34-607905>.

<sup>36</sup> Center for Victims of Torture. (2015, September 29). *U.S. home to far more refugee torture survivors than previously believed* [Press release]. <https://www.cvt.org/statements/u-s-home-to-far-more-refugee-torture-survivors-than-previously-believed>

studies indicate a similar torture prevalence rate among forced migrants in high-income countries.<sup>37</sup> Harsh treatment exacerbates these harms and inflicts new ones.

In addition to immigrants and refugees arriving having experienced trauma, before OMS, Minneapolis residents identifying as multi-racial already experience<sup>38</sup> diagnoses of anxiety, depression, and post-traumatic stress disorder (PTSD) at higher rates than the overall population of Minneapolis.<sup>39</sup> It is reasonable to assume the rates of psychosocial needs have increased due to OMS, as the populations already experiencing mental health needs were the direct targets of OMS, and nearly all those affected by OMS can be expected to experience psychological distress in some form. Because of this, mental health needs will remain high and will have long-lasting impacts on Minneapolis individuals, families, and the community.

According to the World Health Organization (WHO), populations affected by emergencies such as armed conflicts and natural disasters disrupt families, livelihoods, essential services, and significantly impact individuals' mental health. One in five people who have experienced conflict in the previous 10 years will develop depression, anxiety, PTSD, bipolar disorder, or schizophrenia.<sup>40</sup> Due to limitations in the current data of OMS's direct impact on the mental health of the Minneapolis community, the City estimates the impacts using data from the 2025 Health Trends Across Communities report and applies WHO's assumption on the impacts of emergencies on a population to infer the impact of OMS on mental health needs.

In 2025, an estimated 123,120 people in Minneapolis were living with a diagnosed mental health condition (including anxiety disorder, bipolar disorder, depressive disorders, PTSD, psychotic disorders, and suicidal ideation), according to the Minnesota Electronic Health Record Consortium. Applying the WHO assumption, of the 306,834 residents without a current mental health diagnosis, it is estimated that 67,503 (one in five) residents may develop some mental health condition in the next 10 years because of OMS. Additionally, it is estimated that of the 74,473 children without a current mental health diagnosis, 16,384 (one in five) children may develop some mental health condition in the next 10 years because of OMS. It is important to note that these estimates are likely conservative, as many mental health conditions go undiagnosed, and these estimates are based on pre-existing diagnosis numbers as of 2025.

As detailed in the previous impact assessment, while access to mental health services were provided online during and after OMS, some patients who needed to access care did

---

<sup>37</sup> Sigvardsson, E., Vaez, M., Rydholm Hedman, A.-M., & Saboonchi, F. (2016). Prevalence of torture and other war-related traumatic events in forced migrants: A systematic review. *Torture: Quarterly Journal on Rehabilitation of Torture Victims and Prevention of Torture*, 26(2), 41–73. <https://pubmed.ncbi.nlm.nih.gov/27858780/>

<sup>38</sup> Minnesota Electronic Health Record Consortium. Health Trends Across Communities in Minnesota. Accessed June 2, 2026. Health Trends Across Communities in MN | MN EHR Consortium.

<sup>39</sup> Minnesota Electronic Health Record Consortium. Health Trends Across Communities in Minnesota. Accessed April 1, 2026. <https://mnehrconsortium.org/health-trends-across-communities-minnesota-dashboard>.

<sup>40</sup> World Health Organization. Mental Health in Emergencies. Published May 6, 2025. Accessed April 1, 2026. <https://www.who.int/news-room/fact-sheets/detail/mental-health-in-emergencies>.

not have private space to do so. This was especially true for adolescents. As detailed in the section on Youth, OMS likely exposed youth to Adverse Childhood Experiences (ACES), stressful events in a child's life that occur before they turn 18 that have the potential to impact their future health and well-being. We can infer that OMS' impact on youth and adults' mental health will potentially lead to negative health outcomes for years to come.

Additionally, mental health practitioners experienced trauma related to OMS, impacting their ability to provide services to other community members. These factors, coupled with the existing stigma around accessing mental health care within immigrant and refugee communities, as well as availability of racially and ethnically diverse mental health providers further exacerbates the impacts of OMS on the mental health of impacted communities.

# FOOD SECURITY

Table 6 Food Security Estimated Impacts

FOOD SECURITY ESTIMATED COSTS				
	January 2026	February 2026	March 2026	Total
<b>Estimated monthly grocery cost for newly food-insecure households</b>	\$ 8,712,400	\$ 8,712,400	\$ 8,712,400	<b>\$ 26,137,200</b>

OMS created significant and sustained disruptions to Minneapolis’s food security landscape, particularly among immigrant communities who were directly targeted by enforcement activities. Food security, as defined by the 1996 World Food Summit, “exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life”.<sup>41</sup> OMS severely impacted the community’s access to adequate and nutritious food as well as the ability to obtain foods that meet their preferences, including culturally significant food. Many individuals were afraid to leave home for work, school, or to purchase food and household items to meet their basic needs. These impacts were layered onto an already strained system marked by rising food prices, disruptions to federal nutrition support (SNAP) distributions, and deep pre-existing racial and geographic disparities in food access in Minneapolis. As a result, OMS intensified both the prevalence and severity of food insecurity across the city, especially in neighborhoods already experiencing elevated need prior to the crisis.

## Key Data

- The monthly grocery need for newly food-insecure households was approximately \$8.7 million, based on a \$1,092 monthly cost for a typical two-person household.

## Community Needs & Impact

OMS created an immediate and far-reaching disruption to food security across Minneapolis, particularly for immigrant communities and households already experiencing economic vulnerability. OMS disrupted daily routines and severely limited the ability of many residents to access food in safe and reliable ways. Fear of encountering enforcement activity kept individuals—especially immigrants, refugees, American Indian/Native American, Black/African American, Latino, East African, and Asian/South East Asian communities—from traveling outside their home for essential needs, which led to sharp declines in grocery shopping, food shelf visits, and school meal participation.

<sup>41</sup> Rome Declaration on World Food Security. World Food Summit. Published November 13, 1996. Accessed March 31, 2026. <https://www.fao.org/4/w3613e/w3613e00.htm>

These barriers magnified existing inequities, as communities of color and low-income households were already experiencing elevated levels of food insecurity due to rising food costs, disruptions to and eligibility changes to SNAP, and long-standing disparities in economic opportunity and geographic access.

Minneapolis has higher rates of food insecurity than Hennepin County as a whole. Data from SHAPE 2022, Hennepin County Public Health Department's most recent population-level health survey, showed significant variability between communities, with the highest rates of food insecurity in Camden/Near North and Phillips/Powderhorn areas<sup>42</sup>. These are also the communities that acutely felt the impacts of OMS activity, as shown in Chart 1. Prior to OMS, 24,026 households—12.5 percent of all households in Minneapolis—relied on SNAP benefits<sup>43</sup>. These households also tend to live in neighborhoods with elevated baseline food insecurity, including Camden/Near North and Phillips/Powderhorn, communities that struggle to absorb the economic impacts that sudden disruptions in access to employment, mobility, and food retail options cause on their household food security.

For many families, the primary barrier during OMS was the inability to safely leave home to access food. This led to a shift toward proxy shopping—when someone buys or obtains products on behalf of someone else—and reliance on home-delivery networks operated by mutual aid groups, faith organizations, and food shelves. These systems, while essential, were resource-intensive and depended heavily on volunteer labor and trusted relationships, as many residents were fearful of interacting with unfamiliar organizations or being in public spaces. Access to culturally significant food for immigrants and refugees was also undermined as many immigrant and refugee-owned restaurants and grocers temporarily closed or reduced their hours. These closures represented not only an economic loss for business owners and employees, but also a significant nutritional and cultural disruption.

Access to food during OMS was shaped not only by fear-driven mobility constraints but also by substantial economic disruptions. Many households lost income due to missed work, reduced hours, school closures and online learning, or the detention or deportation of wage earners, intensifying reliance on already strained food assistance systems.

## Increased Needs & Costs

To estimate the scale of new food insecurity resulting from OMS, the assessment applied a methodology drawn from disaster research, particularly findings from Drake et al., which

---

<sup>42</sup> Hennepin County Public Health. SHAPE 2022 Adult Data Book. Published August 1, 2023. Accessed April 6, 2026. <https://www.hennepincounty.gov/-/media/Hennepin-Headless/Hennepin-Gov/government/about/research-data/shape-surveys/2022/shape-databook-2022.pdf?rev=a6b02990bb0c47728ee17dab860a4036&hash=FE7CD5F056FF6DBDFFC51C8022E363A9>.

<sup>43</sup> U.S. Census Bureau. "Food Stamps/Supplemental Nutrition Assistance Program (SNAP)." *American Community Survey, ACS 5-Year Estimates Subject Tables, Table S2201*. <https://data.census.gov/table/ACSST5Y2024.S2201?q=Minneapolis+city,+Minnesota+SNAP>. Accessed on 31 Mar 2026.

documented a 33.2 percent increase in household food insecurity during the COVID19 pandemic<sup>44</sup>. It is reasonable to infer the impacts of OMS mirrored the impacts of COVID-19 on food security, as both were shocks that caused significant proportions of people to stay home and businesses to close due to a lack of economic activity. By applying this same proportional increase to the 24,026 Minneapolis households receiving SNAP in 2024, it is estimated that approximately 7,977 additional households may have become food insecure due to OMS. This brings the total from 24,026 to 32,003 households, or 16.5 percent of all households in the city. Using the city’s average household size of 2.12 persons, this translates to an estimated 67,846 individuals experiencing food insecurity—an increase of more than 17,500 people.<sup>45</sup> This represents a change in methodology from the initial impact assessment, which used 211 data on food requests in January 2026 to estimate the new need. While this revised approach provides a scalable model for estimating crisis-related impact, it almost certainly underestimates the true scope of need for multiple reasons. SNAP participation does not capture all food-insecure households, particularly those who are ineligible due to immigration status, who were also those most significantly impacted by OMS.

These increases carried substantial financial implications. Using the USDA Thrifty Food Plan as a basis, the estimated monthly cost of groceries for a typical two-person Minneapolis household is \$1,092.19.<sup>46</sup> This is a change in methodology from the Initial Impact Assessment cost per family. When the USDA Thrifty Food Plan basis is applied to the estimated number of newly food-insecure households, the projected cost to meet their basic grocery needs exceeds \$8.7 million per month. This figure likely overstates financial need for some households that experienced only partial income loss, while simultaneously understating the needs of households that were already food insecure but not eligible for governmental food assistance programs. The strain on institutions was notable as well, and most food shelves dramatically increased their purchasing to meet community demand, while absorbing significant staffing, logistical, and operational costs. Collectively, these factors underscore how OMS simultaneously restricted physical access to food and created profound economic hardship that deepened food insecurity across the city.

- 24,026 Minneapolis households receiving SNAP in 2024 \* 33.2 % = 7,977 additional households
- 7,977 \* 1,092.19 monthly food basket for 2.12 persons = 8,712,400

---

<sup>44</sup> Drake AJ, et. al. Food insecurity and disasters: predicting disparities in total and first-time food pantry visits during the COVID-19 pandemic. *Food Security*. 2023; 15:493–504. <https://link.springer.com/article/10.1007/s12571-022-01336-2>. Accessed March 31, 2026.

<sup>45</sup> U.S. Census Bureau. Quick Facts: Minneapolis, Minnesota.

<https://www.census.gov/quickfacts/fact/table/minneapoliscityminnesota/INC110224>. Accessed April 2, 2026.

<sup>46</sup> U.S. Department of Agriculture. Official USDA Thrifty Food Plan: U.S. Average, January 2025. Accessed April 6, 2026. [https://fns-prod.azureedge.us/sites/default/files/resource-files/Cost\\_of\\_Food\\_Thrifty\\_Food\\_Plan\\_January\\_2025.pdf](https://fns-prod.azureedge.us/sites/default/files/resource-files/Cost_of_Food_Thrifty_Food_Plan_January_2025.pdf).

# CITY OPERATIONS

Operation Metro Surge (OMS) drove significant operational and financial impacts for the City’s operations, concentrated in police overtime, surge staffing, and emergency logistics. City costs for March were not available at the time this report was drafted.

*Table 7 Direct City Response Costs, January 7–February 28, 2026*

<b>DIRECT CITY RESPONSE COSTS</b>	
<b>Category</b>	<b>Amount (USD)</b>
MPD overtime (incl. standby & COS)	\$8,672,417
Non-MPD personnel & fringe	\$958,060
Non-personnel (equipment, vehicles)	\$98,203
<b>Total</b>	<b>\$9,728,680</b>

## CONCLUSION

OMS created a profound and multifaceted crisis for Minneapolis residents, reshaping daily life, driving significant financial, social, and emotional harm across the city. This updated assessment makes clear that OMS was not a short-term disruption but a communitywide emergency with consequences that will reverberate for years. Although some indicators began to stabilize following the announced drawdown in February 2026, the data across all sectors—livelihoods, shelter, health, food security, youth wellbeing, protection, and city operations—shows lasting harms, disproportionate impacts on immigrant, refugee, American Indian/Native American, Black/African American, Latino and Asian communities, and a long-term recovery horizon.

Even with the extensive data compiled here, the full scope of OMS's impacts remains only partially known. Many long-term effects will not be captured for months or years, including the cumulative financial strain on cost-burdened renters, potential increases in mortgage foreclosures, the full impact on student enrollment, educational attainment, and school funding, the extent of delays or losses in affordable housing development, and the long-term labor market implications of widespread wage loss and business disruption. Likewise, the trauma-induced impacts on mental and physical health—especially among children, survivors, and targeted communities—will continue to emerge in the years and decades to come.

To understand these long-term impacts, continued monitoring and whole-community, long-term recovery interventions will be essential. Interventions includes tracking unemployment data and workforce participation; significant investments in economic revitalization; continual increase of access to legal resources and referral pathways; coordinated efforts to ensure large-scale, trauma-informed and appropriate care is available; support for service providers across sectors, including schools, who experienced direct impacts themselves, and reforms to national immigration and naturalization policy and law enforcement procedures that prohibits such wide-spread enforcement actions in the future.

To implement long-term recovery at the scale required, there is a need for sustained investment, coordinated cross-sector action, and long-term community-centered strategies. The City, along with partners across government, philanthropy, nonprofit organizations, and community networks, will need to continue working collectively to mitigate harm, restore stability, and rebuild trust. Understanding the full impact of OMS remains an ongoing responsibility, but one that is essential to strengthening safety, resilience, and well-being for all Minneapolis residents moving forward.

## ACKNOWLEDGEMENTS

The City extends its gratitude to the many community, governmental, and culturally specific partners who contributed to this report. Their expertise and commitment were essential in documenting the impacts of OMS and supporting affected residents. Partners offering data, analysis, and insights included Lake Street Council, Latino Economic Development Center, HOME Line, Mid-Minnesota Legal Aid, Greater Twin Cities United Way, Family Housing Fund, Minneapolis Council of Non-profits, Minneapolis Council of Foundations, Metropolitan Council, Hired MN, North Star Policy Action, State of Minnesota Department of Employment and Economic Development, Minnesota Housing, Minnesota Department of Revenue, Minneapolis Public Schools, the Minneapolis Public Housing Authority, and the University of California–San Diego. The City also appreciates the contributions of organizations working directly with immigrant and refugee communities and survivors of domestic violence, including the International Institute of Minnesota and Hennepin County agencies such as the Hennepin County Attorney’s Office and Adult Representation Services.

City staff from multiple departments and the OMS response Sector Coordination groups played an important role in compiling this report. The report acknowledges and thanks staff from all departments, including 311, 911, Arts and Cultural Affairs, Assessing, City Attorney, City Auditor, City Clerk, City Council, Civil Rights, Communications, Community Planning and Economic Development, Emergency Management, Finance and Property Services, Fire, Health, Human Resources, Information Technology, Intergovernmental Relations, Mayor’s Office, Minneapolis Convention Center, Neighborhood and Community Relations and the Office of Immigrant and Refugee Affairs, Neighborhood Safety, Performance Management and Innovation, Police, Public Works, Racial Equity, Inclusion and Belonging, and Regulatory Services for their contributions to this report and the City’s work during this critical time. The City acknowledges and deeply values the ongoing work of all partners who continue to support Minneapolis residents impacted by OMS.