

**UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MINNESOTA**

State of Minnesota,
by and through its Attorney General
Keith Ellison, City of Minneapolis, and City
of Saint Paul,

Case No. 26-cv-190 (KMM/DJF)

Plaintiffs,

v.

KRISTI NOEM, in her official capacity as Secretary of the U.S. Department of Homeland Security; JOHN CONDON, in his official capacity as Acting Executive Associate Director of Homeland Security Investigations; U.S. Department of Homeland Security; TODD LYONS, in his official capacity as Acting Director of U.S. Immigration and Customs Enforcement; MARCOSCHARLES, in his official capacity as Acting Executive Associate Director, Enforcement and Removal Operations; U.S. Immigration and Customs Enforcement; RODNEY SCOTT, in his official capacity as Commissioner of U.S. Customs and Border Protection; U.S. Customs and Border Protection; GREGORY BOVINO, in his official capacity as Commander of the U.S. Border Patrol; U.S. Border Patrol; DAVID EASTERWOOD, in his official capacity as Acting Director, Saint Paul Field Office, U.S. Immigration and Customs Enforcement,

**DECLARATION OF
DR. BROOKE CUNNINGHAM,
COMMISSIONER OF THE
MINNESOTA DEPARTMENT
OF HEALTH**

Defendants.

I, Brooke Cunningham, hereby declare as follows:

1. I am a resident of the State of Minnesota. I am over 18 years of age, and have personal knowledge or knowledge based upon reports of MDH employees of all the facts stated herein, except to those matters stated upon information and belief; as to those matters, I believe them to be true. If called as a witness, I could and would testify competently to the matters set forth below.

2. I am currently serving as the Commissioner for the Minnesota Department of Health. I have served in this role since 2023. Pursuant to Minn. Stat. Ch. 144.011, the commissioner role is one which serves without regard to political affiliation, but with regard to ability and experience in matters of public health. Prior to my appointment, I served as an assistant commissioner for the Health Equity Bureau, and prior to that, as an assistant professor, general internist, and sociologist in the Department of Family Medicine and Community Health at the University of Minnesota. I hold doctorates in medicine and sociology from the University of Pennsylvania, have completed a residency in internal medicine at Duke University, and have completed fellowships in health services research, health policy, and bioethics at Johns Hopkins University.

Overview of MDH and the Importance of Public Health

3. The Minnesota Department of Health (“MDH”) is an executive office of the State of Minnesota and its powers and responsibilities are defined by Minnesota law at Minn. Stat. Ch. 144. MDH is tasked with responsibility for protecting, maintaining, and improving the health of all people in Minnesota. Minnesota’s public health system is

known as one of the best in the nation. It's built upon a strong partnership between MDH, local public health agencies, Tribal governments, and other organizations. MDH has more than 1,900 employees.

4. The Minnesota Department of Health does many things to help keep people healthy, including but not limited to:

- a. Monitoring infectious diseases and quickly responding to outbreaks;
- b. Ensuring tap water across the state is safe to drink and foods are safe to eat;
- c. Supporting statewide food programs for women, infants, and children;
- d. Providing birth certificates and death certificates;
- e. Advancing policies and programs to prevent chronic diseases and improve mental health;
- f. Inspecting nursing homes, hospitals, and other facilities to ensure quality care;
- g. Gathering and analyzing data on Minnesota's health care system to find ways to make it better for more people;
- h. Advising on how to reduce environmental and pollution risks to health;
- i. Screening newborns for rare disorders and hearing loss to prevent long-term health problems;
- j. Minimizing health impacts caused by climate change and extreme weather; and
- k. Offering grants and contracts to community groups to support grassroots efforts to improve health.

5. A central part of MDH's work is protecting and improving health for all communities. Some communities have more opportunities to be healthy than others – this

leads to what many within the field of public health refer to as “health inequities.” Peer-reviewed research regularly relied on by those working in health fields shows that the conditions needed for health are safety, shelter, education, food, income, and social justice. In other words, research supports the conclusion that health is more than just the prevention of disease or injury.

6. The fact that public health is fundamental to a State’s success likely goes without saying. Improved public health increases quality of life, helps children thrive, decreases healthcare costs, and leads to longer, more productive and enriched lives.

7. One important pillar to public health is regular utilization of healthcare services, and many of MDH’s initiatives are geared at increasing and improving utilization of existing healthcare services. This includes work in the area of healthcare affordability, but also includes programming and resources aimed at reducing barriers that prevent people from attending regular check-ups or getting recommended vaccines or preventative care, all of which is critical to successful public health initiatives.

8. The presence of any ongoing barrier to health care risks causing serious harm to overall public health.

Impacts to MDH's Public Health Mission

9. In my role as Commissioner of MDH, I have received information from MDH leadership and employees regarding the manner in which MDH's ability to deliver services and carry out its mission has been impacted by Operation Metro Surge. For example:

- a. MDH administers a Vaccine Preventable Disease/Immunization Program involving mobile units and town halls to answer questions about vaccine confidence. Town Halls and mobile units have both been cancelled in recent weeks due to fears in the community impacting the public's willingness to travel to and appear in public meeting spaces.
- b. MDH has a "Food, Pools, and Lodging Services Section" which is responsible for licensing and inspecting food and beverage establishments and lodging establishments in Minnesota. Staff within that section at MDH have had to modify their inspection sections to avoid working in areas with the highest ICE-related safety concerns and have encountered instances where establishments have closed due to ICE-related safety concerns and require modifications to inspection schedules.
- c. MDH has an "Environmental Surveillance & Assessment Section," which includes important work in screening blood lead levels amongst children within Minnesota. MDH staff responsible for that critical work have observed a recent decline in their ability to engage with and interact with families with elevated blood level children, particularly those within Hispanic and Somali families. Staff responsible for field work who are not white have also reported instances of being followed or tailed by federal law enforcement vehicles, even when they are in State-issued vehicles.
- d. MDH provides Disease Intervention Services related to sexually transmitted infections and HIV. The staff responsible for those services are limiting field work in light of safety concerns. And, based on staff concerns about potential unlawful detentions, arrests, or profiling by DHS agents, those staff who must go out in the field are now going in pairs. This strains MDH resources in an important initiative.
- e. MDH has programs that improve access to screening for certain cancers (including breast and cervical cancer) and heart health. Over the past few

days, these programs have observed a significant decrease in Spanish speakers calling to schedule cancer or heart health screening appointments.

10. In many instances, MDH partners with community organizations or local public health agencies for delivery of services. In my role as Commissioner of MDH, I have received information from MDH program leadership and employees regarding the manner in which the ability of MDH's partner organizations to deliver services and support MDH's mission has been impacted by Operation Metro Surge.

For example:

- a. MDH is the Minnesota state agency that administers the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). Local WIC agencies have reported a decrease in WIC recipients attending appointments for important services such as infant health screening, lactation support, and help accessing healthy food and infant formula.
- b. MDH grantees who provide HIV prevention services to predominantly Latino populations report that their HIV testing numbers have dropped dramatically. Although grantee staff continue to go into the community to promote and provide testing, people are not showing up.
- c. MDH's Refugee Health program has been informed that least two out of three refugee resettlement agencies in Minnesota are declining new arrivals and redirecting them away from Minnesota due to safety concerns.
- d. MDH's Health Promotion and Chronic Disease division (HPCD) reports that community partners are cancelling in-person activities like vaccine clinics and door-to-door outreach. HPCD community partners also report that it is difficult to have conversations and provide education about chronic disease when people are focused on their immediate safety and survival and are concerned about meeting their basic needs.

11. As the state public health agency, MDH regularly interfaces with health care providers and providers of other public health-related services. I have

received information about data or reports MDH has received from such providers about the impacts of Operation Metro Surge on the individuals they serve. For example:

- a. MDH collects and analyzes certain data from hospitals to detect potential public health threats in real time. As of Friday, January 16, emergency department data collected by MDH indicated a notable increase since January 7, 2026, in emergency department visits for injuries potentially related to protest activity. Injuries related to protest activity were identified by searching text fields for related terms or phrases (such as “protest”, “rally,” “tear gas,” “pepper spray”) or diagnostic codes (such as codes related to the toxic effect of tear gas).
- b. MDH is the Minnesota state agency that administers the Family Home Visiting program. Family Home Visiting is a voluntary service for pregnant people and families with young children that involves individualized services, such as education, health-related screenings, and referrals to community services, from a trained home visitor. Local agencies that deliver Family Home Visiting services have provided MDH with reports of families isolating themselves, to the point of delaying medical care (including prenatal or post-partum appointments) or storing garbage in their homes instead of bringing it outside to their driveway or alleyways. Home visitors also report families being worried about eviction due to inability to go to work.
- c. A Federally Qualified Health Center (FQHC) that works with MDH’s Diabetes Unit has noted a 40% increase in their rate of “no shows” for appointments. FQHCs have also reported to MDH an increased number of patients requesting virtual appointments, which limits the type of care and screenings that can be provided.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on January 21, 2026 in St. Paul, MN

Brooke
Cunningham

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Cunningham
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Dr. Brooke Cunningham