

**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; MARCOS CHARLES, 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,

**FIRST DECLARATION OF
DARCIE M. BOSCHEE:
INVESTIGATIVE SUMMARIES
OF HEALTH CARE PROVIDER
AND FAITH LEADER
INTERVIEWS**

Defendants.

I, Darcie M. Boschee, hereby declare under penalty of perjury pursuant to 28. U.S.C. §1746 that the following is true and correct:

1. I am a resident of the State of Minnesota. I am over 18 years of age and have personal knowledge 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. For the Court's convenience, I am submitting two separate declarations dated January 22, 2026. This first declaration summarizes investigative interviews with health care providers, community members, and faith leaders.

3. By way of background, I am employed as an investigator in the Minnesota Attorney General's Office, and prior to joining the Minnesota Attorney General's Office, I was employed at the United States Attorney's Office in the District of Minnesota. I have over fifteen years of experience in civil litigation including fraud investigations and have been a Certified Fraud Examiner for over 10 years. This certification requires adherence to the highest ethical standards.

4. In the course of investigating cases for civil litigation, it is typical for investigators to interview witnesses and gather information from witnesses through narrative interviews. I have many years of experience conducting and participating in witness interviews and generating accurate written summaries of interviews.

**INVESTIGATIVE SUMMARY: IMPACT ON PATIENTS AND
HEALTH CARE PROVIDERS**

5. In connection with the Minnesota Attorney General's litigation regarding Operation Metro Surge, I have personally interviewed a number of healthcare providers who have reported concerns regarding impacts to public health associated with aggressive DHS enforcement activities. Key facts from those interviews are summarized below. For each of the providers I interviewed, I was able to verify their licensure through the Minnesota Board of Medical Practice or the Minnesota Board of Psychology. Each provider expressed concern that if they were identified by name or facility, it would invite potential federal or political retaliation against them and their patients, or against the healthcare systems at which they are employed. Each of the providers also took care not to provide any identifying information regarding their patients.

6. **Provider 1:** I interviewed a family medicine physician based in a town west of the Twin Cities metro area. She stated that many of her patients, especially Hispanic patients, are afraid to come to the hospital and are cancelling appointments because of the ICE surge. She stated this has become much worse in the last couple of weeks, and that the impact extends to patients who are citizens or are otherwise legally present, but concerned about racial profiling and unlawful detention. She was able to provide me with several examples of ways this has threatened the health and wellbeing of patients:

- a. She had a pregnant patient who initially refused a transfer to a larger hospital in the metro because of fears about ICE. The patient only relented once the situation became life-threatening. She was admitted to the hospital upon arrival and remains hospitalized.

- b. Another pregnant patient has reported being scared to leave her house and is only going out for her doctor's appointments. This woman is a US citizen but is still afraid to go anywhere because she saw a video of ICE agents throwing a pregnant woman to the ground.
- c. This provider is especially concerned about these pregnant patients because with anything pregnancy-related there are many potential complications.
- d. This provider also expressed concern about patients with chronic diseases that may not be well managed without labs and monitoring. These are conditions such as diabetes and heart disease. The long-term effects include increased risk of heart attack, kidney disease, and other adverse outcomes.
- e. This provider noted that while some visits can be done virtually, many things cannot be done without coming to the clinic such as ultrasounds to measure fetal growth or listening to the fetal heartbeat.

7. **Provider 2:** I interviewed a licensed physician assistant practicing in Minnesota. She reported that she had a patient that was due for a follow-up with a specialist a few days after the patient was seen by the provider in early December. The patient did not go through with the follow-up, and the patient and their spouse both expressed fear of ICE as the reason. The patient finally went in to see the specialist a few days ago and had to undergo an amputation. This provider believes the amputation would likely have been prevented if the patient had seen the specialist within the required timeframe.

8. **Provider 3.** I interviewed a family medicine physician based in a town south of the Twin Cities metro area. This provider is multilingual and a Spanish-speaker. She reported witnessing a trend of patients cancelling or refusing to schedule appointments and said that this has only occurred within the past several weeks, since about early December, and that nothing similar to this level of cancellations or refusals has happened

before during her career. She indicated that some of the patients have expressly told her the reason they are cancelling appointments is because they are afraid to go outside due to ICE presence. This provider specifically noted that parents were asking for virtual appointments or skipping well child visits because they are afraid to leave their house.

9. **Provider 4.** I interviewed a physician and surgeon working in family medicine and obstetrics. She reports that patients have cancelled visits because they are afraid of ICE, including patients who are US citizens or otherwise have legal residency. She indicated that her system was originally documenting the reasons patients were cancelling their visits, but they have since become concerned that those notes will be accessed and used by the federal government to put patients at risk, and have stopped including these details. She indicated that these cancellations have dramatically increased since Operation Metro Surge began, and that clinics seem like “ghost towns.” She provided a number of examples:

- a. She indicated she has a patient in the final weeks of pregnancy who has major health risks including a geriatric pregnancy, gestational diabetes, and hypertension. Because she is afraid to receive in-person care, she is not receiving the recommended ultrasounds to monitor fetal growth, nor is she having her blood sugar levels and blood pressure checked. If these conditions are not well managed, there could be serious health effects for both mother and child.
- b. This provider estimates that at least 20 other patients also nearing their due date and dozens more are earlier in pregnancy are choosing to stay home instead of coming in for ultrasounds and other tests because they are afraid of something happening to them on the way to or at the clinic. Many of these are high-risk patients with conditions like chronic hypertension or gestational diabetes.
- c. This provider explained that not having regular pregnancy screenings puts patients at higher risk of pre-term delivery, pre-eclampsia, and other

adverse outcomes for mom and baby. These risks are well documented in medical literature, so the potential for measurable harm is very high. Home visits are not enough to detect or prevent these harms.

- d. She indicated that her health system has explored options for arranging home visits or mobile care, but worries that healthcare branded vans may draw ICE attention.
- e. This provider is spending time and money to bring food and toiletries to patients who are deciding not to leave their homes. She has heard from some patients that they are not going to work because they are afraid of being detained. One is a teenager who had no food or toilet paper at home who is doing online school and dealing with her first pregnancy. She is afraid to go out at all. Another is a woman who is at 34 weeks with a pregnancy that carries risks of heart defects and should be going to the clinic for fetal monitoring two times per week. She also has no food in the house other than what this provider brings to her. These patients would rather go hungry than risk leaving their homes.
- f. This provider's travel to patients' homes means that she has less time available to see patients in clinic and do procedures. She usually offers a vasectomy clinic that is being postponed due to time constraints and because patients do not feel safe coming to the clinic.
- g. This provider indicated that clinic housekeeping staff are afraid to come to work and other staff members are driving them back and forth.
- h. By way of specific data, this past Friday, 25% of the scheduled patients did not show up for their appointment. This provider described that as highly atypical.
- i. This provider indicated some patients who have legal status have told her they are nonetheless thinking about leaving the US because of their fears about being illegally detained and held in horrible conditions at a camp somewhere. Those patients are hearing stories from their friends about abusive treatment.
- j. The provider described a birth center that is working to set up a hotline for people who don't want to go to the hospital even for the birth itself, trying to match nurse midwives and others to these women so the births are not unattended. Even with that, it would be much safer for these women to have their babies at the hospital, especially for those who have high risk pregnancies.

10. **Provider 5.** I interviewed another physician practicing in Minnesota. This physician indicated their practice sees a lot of refugee and immigrant patients, including a large number Karen and Hmong refugees. One of this provider's patients, who is a green card holder, refused to go to a specialist appointment this week. The patient said they were worried about ICE and that was the reason for skipping the appointment. This visit would have included testing that cannot be done remotely. This physician is worried that the patient, who has a serious illness, will suffer dire consequences due to skipping this appointment and not receiving needed care. This physician has had other patients who reference the ICE presence as a reason when cancelling appointments and other patients who are cancelling but not stating a reason. The level of appointment cancellations has increased markedly in the last several weeks, since Operation Metro Surge.

11. **Provider 6.** I spoke with a licensed psychologist who specializes in treating children and teenagers. She indicated there has been a notable increase in the number of patients, particularly Hispanic patients, who are cancelling appointments or requesting virtual appointments, and that this increase has been particularly marked in the past three weeks. She believes most of the patients cancelling are doing so because of the ICE presence; four of her patients or family members of patients have told her this outright. She provided the following additional examples:

- a. One patient was working on getting an IEP 504 classification that would allow them to have individualized lesson plans in school. Since the patient is not coming in person it makes it harder to know what the patient needs and complete this assessment. She has attempted to work virtually with this individual but the family decided not to go forward with treatment.
- b. Another patient was working on trauma focused cognitive behavioral therapy. However, due to the patient's increased anxiety about ICE raids, the provider is having to focus on that instead of treating the other issues, essentially delaying care for those serious problems. This patient has switched to virtual appointments.
- c. This provider has additional patients working on trauma-focused cognitive behavioral therapy ("TFCBT") who are also switching to virtual appointments. They are Spanish speakers, and if they come into the clinic, the provider has a Spanish interpreter who is trained in TFCBT, but when using the online system, she is unable to work with that interpreter and whoever she gets may not be familiar with that type of therapy which makes communication harder.
- d. This past week, this provider had a family come in with an escort due to fear of ICE abduction. The patient was having a psychological evaluation, the results of which were skewed by their obvious anxiety. Psychological testing is expensive and if the patient needs to have it repeated due to invalid results, the family may be forced to pay for it out of pocket because insurance rarely covers repeat testing.

12. **Additional Reporting Individual.** In addition to the foregoing providers, I interviewed an individual with close familiarity with a family who has cancelled all appointments for their daughter with Down syndrome. The parents told this individual that they have seen too many examples of ICE pulling parents from vehicles and leaving children behind while the parents are detained, and felt they could not risk this happening to their daughter.

13. **OTHER PUBLIC SOURCES.** The Minnesota Attorney General's Office investigative efforts are ongoing. In addition to these interviews, I have reviewed public

sources in which healthcare providers expressed concerns about how aggressive DHS enforcement activities are impacting their ability to ensure health and wellbeing for patients. By way of several examples:

- a. On January 6, 2026, Sahan Journal described an outpouring of HCMC staff and others gathering outside HCMC to call on hospitals to adopt policies to prevent ICE officers from entering their facilities without a warrant. A true and correct copy of that story is attached hereto as **Exhibit 1**. It is my understanding that after this protest occurred, DHS issued an I-9 audit notice on HCMC.
- b. On January 14, 2026, MPR News reported concerns about ICE impacts on patient care which were relayed by five nurses at HCMC. A true and correct copy of that story is attached hereto as **Exhibit 2**.
- c. On January 16, 2026, the University of Minnesota published a story describing U.S. citizens within Minnesota who are delaying healthcare appointments due to concerns that they will be caught up in raids, subjected to unlawful stops, or otherwise caught up in dangers attributable to DHS activities. A preserved copy of that reporting is attached as **Exhibit 3**.
- d. On January 20, 2026, a group of healthcare providers issued public statements to the Minnesota Senate. Included within that presentation, one medical provider stated “Children and families are avoiding potentially life-saving medical care because they are terrified to leave their homes...I’ve seen babies miss their jaundice follow ups...we’ve seen moms who have called and said, ‘My baby is having trouble breathing, I don’t know if I should come in,’ ...we’ve seen a burst appendix that could have been detected earlier had somebody not been afraid to come in.” A true and correct excerpt from that event is attached herewith as **Exhibit 4**, and a write-up summarizing the statements is attached as **Exhibit 5**.

**INVESTIGATIVE SUMMARY: IMPACT ON FAITH LEADERS
AND CHURCH COMMUNITIES**

14. In addition to my interviews with health care providers, I also participated in interviews with two pastors from two different churches located within the Minneapolis-St. Paul metro area. As with the others I have interviewed, both faith pastors expressed an extremely high degree of concern regarding the possible invitation of retaliation or animus onto their communities and parishioners, and requested that they and their churches remain unnamed.

15. **Lead Pastor 1:** This lead pastor is responsible for a congregation of approximately 400 people with weekly attendance averaging around 250-275 per week. She noted that the majority of the congregation is now West African, and primarily Liberian. She explained that some twenty to twenty-five years ago, when Liberians fled civil war and were given safe haven in the United States, many settled in the community surrounding this church, and the church and community have grown together in vibrancy and connection.

16. This pastor shared that in her experience, this church is a space where cultural interactions happen freely, which strengthens congregants' relationships with each other as well as with their faith, while feeling truly welcome and understood. She described how for many of her congregants, the ability to practice and build faith is critical to their ability to thrive as a happy, whole person. Her congregants have expressed that having the ritual of coming together every week, raising their voices in song and entering into prayer with one another is part of being complete.

17. Unfortunately, she noted that this wholeness, and the freedom to practice their faith together and in community, has been devastated by Operation Metro Surge. She described how these impacts began in December 2025, when one church member was detained by ICE agents. Then, on January 11, 2026, multiple people at the church witnessed ICE agents in the church parking lot during church services. (Notably, that day the church was offering both a traditional service, and a service advertised as a “contemporary African service,” and the ICE agent presence was observed during the latter, which draws a greater percentage of immigrant worshippers, making it feel targeted and particularly painful.) ICE agents were observed driving through the parking lot, gathering license plate numbers, and ultimately, following at least one church member home. This felt to the church community like an intentional effort to cause fear and further intimidate immigrants, making them feel that not even their access to a house of worship was safe.

18. After this experience, on January 18, 2026, this church added security to the parking lot and began staffing volunteer “greeters” to ensure that ICE agents were turned away. Greeters spotted ICE agents driving by slowly and looking at the parking lot, but they ultimately drove away and appeared deterred by the presence of greeters.

19. Since December, this pastor has observed a significant drop in attendance. She has had multiple conversations with congregants who have expressed they are afraid to come for fear of interacting with ICE. She confirmed these views were expressed by people who she knows to have legal status or be United States citizens; despite their knowledge that they should not fear deportation, recent conduct by ICE and the apparent willingness to arrest, detain, or attempt deportation of legally present people based on the

color of their skin has contributed to this feeling. This pastor has increased her efforts to bring food to people's homes and otherwise reach congregants who do not feel safe in the community, but noted she has heard congregants express high levels of depression, isolation, and anxiety as a result of Operation Metro Surge.

20. **Lead Pastor 2:** This pastor is responsible for a different church than Lead Pastor 1. In terms of church size, this pastor's church has seen weekly service attendance of approximately 250 people, however, this pastor confirmed that ICE enforcement activities have had a dramatic impact on church members' comfort and ability to gather for worship. This pastor described their church community as multi-cultural, noting it is about 50% white and 50% Black, Asian American, and Latino. He indicated the church also hosts a Spanish-speaking congregation within the building, and that service has gone completely online since Christmas due to the level of fears expressed. This pastor, as with the other faith leader, confirmed that when he heard fears about encountering ICE, they have included fears expressed by people who are citizens or have legal status but fear racial profiling or other illegal actions will be taken against them. He described a new system whereby volunteers accompany racial minority worshippers to their car in hopes that it will make them feel safer.

21. This pastor explained the largest toll has been to the ministries this church offers throughout the week, rather than just Sunday services. He noted impacts to a free health clinic that was previously offered in person at the church but now has gone completely online because its constituency is primarily people of color. He described how a preschool which had been hosted Monday through Friday at the church (acting as critical

daycare for many families) had been impacted after an ICE agent followed families all the way up to the door, causing small children to cry as masked, armed men pursued them, and the pastor indicated the preschool had closed down altogether after Renee Good's killing. Other important ministries aimed at addressing emergency needs within the community have closed down or moved to less fulsome, virtual outreach as the church develops ways to provide help safely.

22. This pastor also identified practical, physical impacts of Operation Metro Surge. He described at least one instance in which ICE vehicles used the church parking lot for staging operations, despite the lot being private property. The church has had to block off their parking lot and ask for volunteers to move traffic cones in and out of place for regular (non-ICE) vehicles. The church has also been in close proximity to ICE operations in which chemical irritants and pepper balls have been deployed, causing staff standing in their own parking lot to experience burning eyes and other effects.

23. As with others interviewed, this pastor reiterated that reports of retaliation and tracking by ICE compounded many fears, and caused difficult conversations on the need to separate acts of mercy (namely, aid to families within the community) from acts of justice (such as legal observing) to avoid inviting ICE retaliation against the former activities.

Executed on January 22, 2026, in St. Paul, MN

/s Darcie M. Boschee
Darcie M. Boschee