

VIEWPOINT

Disaster Epidemiology: Human Rights and the US Immigration and Customs Enforcement Siege of Minneapolis

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Before its leadership and staff were gutted, the US Centers for Disease Control and Prevention provided technical assistance and disaster epidemiology training to state and local public health professionals.¹ The field of public health rightly understood that its tools, including surveillance systems to detect emerging threats, risk assessment and vulnerability mapping to identify at-risk and vulnerable populations, and outbreak investigation to quickly identify causes and address risk, could be applied wherever disasters—natural or human-made—emerged.

Public health practitioners, guided by the adage that an ounce of prevention is worth a pound of cure, also developed strategies for the prevention and mitigation of disasters. They routinely designed models to simulate how quickly a disease could spread through crowded evacuation shelters and to estimate medical supply needs.

Core epidemiological principles—defining populations at risk, measuring health outcomes systematically, identifying causal relationships, and evaluating interventions—provide the scientific foundation for evidence-based disaster management. These methods transform chaotic emergency situations into structured problems that can be analyzed and addressed systematically, ultimately saving lives and reducing suffering.

The same approaches need to be applied currently in Minneapolis, Minnesota, amid the ongoing tsunami of violence caused by Immigration and Customs Enforcement (ICE) targeting immigrants, minoritized American citizens, and protesters exercising fundamental human rights to speech and assembly.

Following a disaster epidemiology approach, public health practitioners should respond to the

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ICE-instigated epidemic of violence in Minneapolis by working to build resilient systems, address urgent needs, protect human rights, and ensure accountability.

Preparedness: Building resilient systems

Effective disaster preparedness requires integrated early warning systems coupled with comprehensive public education. Of course, ICE officials understand this as well and act to evade such efforts, moving into cities with little to no warning. Cities, especially those where a majority of citizens did not vote for the current president, need to engage communities, develop plans, and create early warning systems.²

One lesson from previous disasters, however, is that while coordinated efforts and alerts can save lives, they may be insufficient. Communities must understand warning signals and know evacuation routes. Studies following the 2004 Indian Ocean tsunami found that populations with traditional knowledge of ocean behavior and those who had participated in tsunami drills experienced significantly lower mortality rates.³ In other words, be prepared and do not underestimate the cruelty.

Health care infrastructure resilience constitutes another critical preparedness element. Hospitals and clinics in cities targeted by ICE must be prepared for mass casualties, including kinetic projectile impact injuries (e.g., from rubber bullets, beanbags, and pepper balls), chemical agent exposures (e.g., tear gas and pepper spray), and physical and blunt force trauma (e.g., baton injuries), as well as long-term and psychological effects (e.g., vision loss, cognitive impairment from brain injuries, and psychological trauma). Research on the policing of protest crowds has found that a significant percentage of injuries from projectiles are severe, with many affecting the head and neck.⁴

In Minneapolis, ICE officials have shot civilians with impunity, failed to provide first aid, and interfered with those who try to provide lifesaving care.⁵ They have followed this with lies about the risk posed and defamatory statements about victims, which have been repeated by the White House.

For those afraid to leave their homes, preparedness should include stocking critical medicines at home and finding ways to refill prescriptions and food stocks. Telemedicine alternatives should be made available, as should online education alternatives for children afraid to travel to and from school.⁶

Addressing urgent health needs, protecting human rights, and ensuring accountability

The acute phase following an ICE siege in a community requires a coordinated emergency medical response, addressing, in particular, mental health needs. But it also requires efforts beyond disaster epidemiology's traditional view. It requires rebuilding communities shattered by violence but held together by inspiring solidarity. It must also reinforce human rights protections and the rule of law and find mechanisms of accountability.

While research has found that psychological first aid programs and community-based mental health interventions can reduce anxiety and help prevent progression to posttraumatic stress disorder and depression following a disaster, accountability and justice must also be addressed.⁷

The siege of Minneapolis violates numerous US constitutional and international human rights protections. For example, the Universal Declaration of Human Rights and the International Covenant on Civil and Political Rights (ICCPR) protect the freedom of peaceful assembly, including the right to organize and participate in peaceful protests.⁸ The ICCPR also guarantees freedom of expression (article 19), which covers protest speech and demonstration. Restrictions on these rights must be lawful, necessary, and proportionate to legitimate aims.

The US Constitution, in its Fifth and Fourteenth Amendments, guarantees that no person shall be deprived of life, liberty, or property without due process of law.⁹ The use of force must be "objectively reasonable."¹⁰ It is important to note that due process applies to all persons, regardless of immigration status, and includes a right to notice of charges and a hearing before deportation, a right to

present evidence, a right to counsel, and protection against arbitrary detention.

Article 9 of the ICCPR similarly protects against arbitrary arrest and detention, requiring a legal basis for any detention, the prompt notification of charges, the right to challenge detention before a court, and the humane treatment of detainees.

The United Nations Basic Principles on the Use of Force and Firearms by Law Enforcement Officials provide that force should be used only when strictly necessary; lethal force should be used only when strictly unavoidable to protect life; force must be proportional to the threat; and officials must identify themselves and give clear warning before using force.¹¹ All of these principles have been violated in Minnesota.

Conclusion

In addition to disaster epidemiology, public health professionals have recognized, researched, and published articles on violence as a public health crisis.¹² The siege on Minneapolis, the public health impacts, the human rights violations, and the inhumanity must end. Accountability through courts, as well as community forums that create accountability from below, must ensure that what has happened is accurately reported and prevented from occurring again, and that justice prevails.¹³

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