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## Remembering Alex Pretti, RN

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January and February have been remarkable months in Minnesota. The surge of Immigration and Customs Enforcement agents in the Twin Cities, suburbs and other cities in Minnesota have put us in the national and international spotlight. After the death of

registered nurse Alex Pretti, MNORN has received condolences and notices of candlelight vigils all around the world. Alex was doing what all nurses do - asking "are you alright?" - when he was killed.



**Patrick Smith RN**, wrote in an [STAT Article \(1/28/2026\)](#) that he "I was not surprised to learn that Pretti was a nurse. In his final moments, he did what nurses are educated to do: notice, care, and respond to an emergent threat. I did not know Alex Pretti, but I know others like him. In videos of his death and the moments immediately preceding it, I saw a clinician, community member, and federal employee placing himself between armed agents and a vulnerable other. I saw preventable death, shock, and [collective trauma](#) likely to reverberate far beyond Minneapolis"

**MNORN member Kathleen "Katie" Clark** wrote this in a [Nursology Blog \(1/30/2026\)](#)

"I write this as a nurse educator in Minneapolis, where federal immigration enforcement has become part of everyday life. As nurses, we have a fundamental responsibility to respond to the crises and challenges of our time, centering on [emancipatory approaches](#). As a nurse who had previously known George Floyd and endured the aftermath of his death in a [collective community of carers](#) seeking to protect those unsheltered or vulnerable in Minneapolis, I now find myself in another unthinkable reality – the targeting of the Somali people, ICE overtaking our city and the killing of peaceful citizens by agents of the government."

Nurses are grieving and nurses are taking care of our patients and neighbors. Patrick Smith RN reminds us that "At our best, nurses are helpers and leaders who build bridges, improve clinical care, and advance social movements for equity."

And, finally, some thoughts from Sharon Weinstein about nurses as influencers. Thank you for all you are doing.... The ripple effect of nurses taking action is exactly what we need right now, and always.

**What Is a Nurse #Influencer-And How Do You Know You Are One?**

A nurse influencer isn't defined by followers-it's defined by impact.

It's the nurse...

- whose ideas shift thinking,
- whose voice sparks change, and
- whose presence elevates the profession.

You influence when you speak up for safety, champion innovation, mentor others, or advocate for patient dignity.

Influence grows through storytelling, authenticity, expertise, and a willingness to show up consistently. When others quote you, seek your perspective, or change practice because of something you've shared-you've become an influencer.

Takeaway: Influence isn't a title. It's a ripple effect.

— Sharon Weinstein

2/3/2026





## Nursology: Call Them Somali Americans

January 30, 2026 / Guest Contributor  
Contributor – Kathleen “Katie” Clark, DNP, RN

This blog is dedicated to the memory of Alex Jeffrey Pretti, a beloved ICU nurse whose compassion and skill touched countless lives, especially Minnesota's veteran community. His life and service will not be forgotten.

### **WITNESS – WHY WE CANNOT LOOK AWAY**

I write this as a nurse educator in Minneapolis, where federal immigration enforcement has become part of everyday life. As nurses, we have a fundamental responsibility to respond to the crises and challenges of our time, centering on [emancipatory approaches](#). As a nurse who had previously known George Floyd and endured the aftermath of his death in a [collective community of carers](#) seeking to protect those unsheltered or vulnerable in Minneapolis, I now find myself in another unthinkable reality – the targeting of the Somali people, ICE overtaking our city and the killing of peaceful citizens by agents of the government.

### **RELATIONSHIP – WHAT WE LEARN TOGETHER**

My understanding of what is unfolding is shaped by nearly two decades of relationship, care, and learning within the Somali community of Cedar-Riverside. Alongside a Somali physician and a Somali nurse, I co-founded the Health Commons in Cedar-Riverside, a health-focused drop-in center in the most densely populated neighborhood of Somali Americans in our city. Now in its fifteenth year of existence, it has become part of the community, and so have I.

The power of the Somali American community in the area lies in collective commitment to one another, to religious beliefs, and to a relational view of health. To think of the world in terms of individualism and health as an illness-cure framework is foreign to this community. And because relationships with health care workers are often lacking in depth or understanding of how Somalis view the connection between health and their faith, trust has been stunted, with ripple effects in this moment.

### **POWER – VIOLENCE MADE ORDINARY**

Yet, the social-political issues underlying these realities are deeply traumatic. Many of these individuals in this community fled a country they loved due to ongoing war, to live in fractured realities, separated from their beloved communities, families, and homelands.

These experiences are still ongoing, and over time, multiple events have compounded these realities.

As many Somali Americans emigrated to the United States, the unspeakable happened on September 11th, 2001, resulting in rampant Islamophobia and racism throughout the world. Another event occurred in 2016, when President Trump called the Somali community “problematic” and enacted Executive Order 13769, known as the “Muslim ban.” The Somali community lived in deep fear of what this would mean for their safety, their families, and their futures. In the present day, most Somali people living in Cedar-Riverside often lack economic stability and reside in conditions that are far from ideal, with the majority of the housing units being public or subsidized.

While this is not an exhaustive list, it provides necessary historical context for the mounting stressors and intersectional realities shaping this current moment in the area being most targeted. This is a result of the system and hegemonic powers that continue to ensure privilege benefits those who hold it. Yet, despite these realities, there are endless Somali Americans who have been able to remove these shackles of oppressive systems imposed on them as an immigrant community – they are politicians, business owners, professionals, teachers, nurses, and doctors. They are robust members of the community who contribute to the common good. A narrative other than that is simply not true.

The situation now unfolding—regardless of whether it is publicly framed with overt hate speech—is one in which a community is being dehumanized, blamed for the wrongs of others, and living in a state of ongoing fear that they will be detained, removed from their homes, or separated from their loved ones. This grinding, inescapable stress has profound physical and emotional consequences, eroding people's ability to feel calm, safe, or well.

I myself feel paralyzed by my experiences with the sustained ICE presence. Federal officers are walking into restaurants and public spaces, demanding proof of citizenship. A 20-year-old man without identification was forcibly detained, despite being a citizen born in the United States. Officers shoved him face-first into the snow. He had no previous charges or indications that he was a “criminal.” As bystanders recorded and shared the incident, comments flooded social media celebrating what was happening. People are cheering, witnessing the violence, and exclaiming, “This is what they voted for.” This is the world we are living in.

In these last weeks, I have witnessed people get pepper-sprayed, people afraid to leave their homes for fear of being racially profiled, and violence both in words and in physical form. And this all while trying to provide care to the community I love and to show up when things once again are “uncertain.” What I describe here is not an isolated incident, but part of a documented pattern of racialized immigration enforcement in public spaces.

I am struck by how often nurses respond to harm instinctively, even at personal risk. We saw this in Alex Pretti's actions. He was a nurse responding to the needs in the moment. Something we would all do as nurses when witnessing harm. If his death doesn't call us to action, I don't know what will.

The health implications are profound and will have long-term outcomes—cancelled medical appointments, people not working or leaving their home for fear of being a target, families without food or necessities because they are frozen with fear, and people who are internally displaced within the confines of their own community in a land promised to give them freedom. Nurses also share this palpable trauma.

I have seen people cry in the streets, at grocery stores, and at work. First Renee, and now Alex. Why isn't someone coming to our aid? Power is often described as something held by those with weapons, authority, and the ability to coerce. That form of power is real and violent.

But there is another kind of power—moral, relational, and collective—that emerges when people act together to protect one another's dignity and lives. Nursing stands in the ethical gap between these forms of power: witnessing the harm enacted while remaining accountable to the people who bear its consequences. This power resides in being with one another.

### **WITH – STAYING BEYOND CRISIS**

Equally, I have witnessed people organize into watch groups to warn community members about ICE's presence, document incidents as they unfold, and provide support to those caught in the crossfire. Somali community members have brought Somali tea and sambusas and expressed their gratitude for showing up for them.

The Health Commons's fresh food distribution has had to change drastically. We need more volunteers to escort people to their homes in the high-rise apartments and to ensure we are aware of the protocols to follow if a federal agent enters our doors. Endless people have helped us — offering their time and energy as they show up with their neighbors. Yet it is a fine line between keeping our services available and ensuring we do not pose a risk to people's safety. This is not choosing a political side. This is choosing every day to do what we can to mitigate harm. And also remember that doing nothing and staying silent also bears harm.

And now, as I prepare for another week as a nurse, a colleague, an educator, and a friend in this neighborhood, I ground myself in the analogies provided by Kagan, Smith, and Chinn(2014) on what emancipatory actions look like in this moment through: facilitating humanization, disrupting structural inequities, self-reflection, and engaging communities and

examining the complexities surrounding taking action that must be named. (See [summary of this source here](#))

I continue to ask myself: "Am I doing this for self-centered reasons or for the community?" Those of us who care deeply for this community but live outside it often feel helpless and compelled to protect it. I witnessed this same dynamic in the aftermath of George Floyd's death. Too often, people acted without asking the community members themselves what they wanted or considering whether the community would bear the consequences if situations escalated. People acted in the moment on behalf of others they didn't consult, people who weren't there when their actions impacted the community after they were back home and no longer responded to their needs – not the communities – in the moment, ultimately risking the safety of others in the long term.

Before taking action, a pause is needed – to ask whether action is needed at all, and whether it will truly help.

I also feel a responsibility to speak openly with my students, not about why this situation is happening, but why it has become normalized to racially target and abuse one group of people. This normalization runs deeper than surface-level narratives or what the media says. It requires reckoning with the ethical foundations of normalizing hate. A pattern that our country was founded on, and one we swore we would disrupt, end, and begin to heal from.

Collective action is more than providing care as a nurse to the individuals in this community. Yes, we have had to rethink how we deliver care or distribute food safely, but we also must share these political realities beyond our immediate circles. We must engage policymakers, challenge the system, and work to prevent this from continuing. And, we must stay beyond this crisis to support community members when these realities end.

They don't need an outsider to fix this for them. They need to know they matter, that they are seen, and that they will endure through their inherent strengths, collective agency, and political will. And now they have requested us to change our narrative and call them what they rightly are -Somali Americans. Naming Somali Americans is not semantic. It is a refusal of criminalization, foreignness, and disposability.

The knowledge and relationships I have gained with them have been transformative, grounded, and profound. The Somali American people are my mentors, friends, and colleagues. The Somali American people stand up. They rise. They have grace and passion, and they know that this, too, will end, and we hope that day will soon arrive.

But in the meantime, hate has no place here.

**Reference**

Kagan, P. N., Smith, M. C., & Chinn, P. (2014). Philosophies and Practices of Emancipatory Nursing : Social Justice as Praxis. <https://doi.org/10.4324/9780203069097>

**About Katie Clark, DNP, RN**

Katie Clark is an educator, community-engaged scholar, and nurse providing care in Minneapolis, Minnesota. Her work is grounded in nearly two decades of leading the Health Commons, health-focused drop-in centers that foster community connections and advance health for all. Her perspective is informed by relational accountability, critical consciousness, and a commitment to emancipatory nursing praxis that centers humanization, community wisdom, and the ethical imperative to do no harm—individually and collectively.

**About Nursology:**

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To subscribe to Nursology (at no cost): <https://nursology.net/about/>

STAT

**Alex Pretti was a nurse to the end -  
His death should galvanize the rest of us**

By Patrick Smith Jan. 27, 2026

Smith is a registered nurse and public health researcher.

On Saturday, amid demonstrations over Immigration and Customs Enforcement activity in Minneapolis, federal agents fatally shot Alex Jeffrey Pretti, a 37-year-old intensive care unit nurse. [Videos](#) of Pretti's last moments show him acting non-violently: filming officers' actions, directing traffic, and attempting to help a woman who had been pushed to the ground. Still, he was pepper-sprayed, restrained, shot multiple times, and, per [sworn testimony](#), denied timely CPR.

I was not surprised to learn that Pretti was a nurse. In his final moments, he did what nurses are educated to do: notice, care, and respond to an emergent threat.

I did not know Alex Pretti, but I know others like him. In videos of his death and the moments immediately preceding it, I saw a clinician, community member, and federal employee placing himself between armed agents and a vulnerable other. I saw preventable death, shock, and [collective trauma](#) likely to reverberate far beyond Minneapolis.

In media coverage following Pretti's killing, I, like others, learned that he was known for his [compassion](#), intellectual [curiosity](#), and [community engagement](#). Reading a statement from [Pretti's family](#), I learned that he was "a kindhearted soul who cared deeply for his family and friends and also the American veterans whom he cared for."

I was unsurprised to learn these things, in part, because Pretti's demonstrated concerns — for an individual and for a community affected by escalations in federal force — reflect [core values](#) of our profession.

**AT OUR BEST, NURSES ARE HELPERS AND LEADERS WHO BUILD BRIDGES, IMPROVE CLINICAL CARE, AND ADVANCE SOCIAL MOVEMENTS FOR EQUITY.**

During the Crimean War, [Florence Nightingale](#) laid foundations of modern nursing practice by identifying and intervening on overlooked determinants of mortality, including nutrition, sanitation, and hygiene. [Clara Barton](#), a Civil War nurse once known as the "angel of the battlefield," founded the American Red Cross and was instrumental in U.S. ratification of the [Geneva Convention](#). [Lillian Wald](#), the founder of public health nursing, was also a champion of women's suffrage, poverty alleviation, and racial equality. [Mary Eliza Mahoney](#), our nation's first Black licensed nurse, overcame pervasive discrimination to build a robust clinical career and lead movements for [inclusion](#) that persist, [necessarily](#), today.

We honor these histories because they are aspirational, but also because they offer instruction on how to uphold our profession's core values while working through stress, conflict, and [broken systems](#). We have institutionalized their lessons in a [code of ethics](#) that calls on nurses to "enact and resource practices, policies, and legislation to promote social justice, eliminate health inequities, and facilitate human flourishing." We have carried them into guiding reports on the [future of nursing](#) and health equity.

It matters that Pretti was a nurse: not because this makes his life more valuable than others, but because his final actions reflect the instinctive application of ethical principles of a profession charged with responding to harm. Honoring his legacy requires that nurses commit to sustained engagement and mutual support across geographic and political divides. It requires that we remain focused on structural factors — within and outside clinical settings — that contribute to poor health.

The greatest [consequences](#) of the public health hazard of immigration enforcement will fall on [communities](#) targeted by discriminatory policing, arrests, detentions, deportations, and violence. But recent federal actions also create spillover effects — [collective trauma](#), [lost trust](#), [moral injury](#), and a chilling of [bystander care](#) — that undermine health for us all.

Addressing these intersecting crises requires that nurses — [all 4.7 million of us](#) — continue to pay attention. It requires that we work to understand and address the needs of the hardest-hit communities. It requires that we reflect on the power of our collective voice to advocate for conditions in which all of us — patients, community members, and colleagues — can be safe.

Patrick Smith is a registered nurse and public health researcher writing in a personal capacity. Views expressed in this piece are his own, and do not reflect those of his employer.

retrieved 1/28/2026 - [https://www.statnews.com/2026/01/27/alex-pretti-nurse-ethics-activism/?utm\\_campaign=morning\\_rounds&utm\\_medium=email&\\_hsenc=p2ANqtz-wY-qtRErS0Ez01RecmAz-8xkzuMY28I5cN9pWfEswkAjGXgAprwKSLcJ1XdScMLBvxO7D-Jq6deJyZruTGlxTpVFHw&\\_hsmi=400755337&utm\\_content=400755337&utm\\_source=hs\\_email](https://www.statnews.com/2026/01/27/alex-pretti-nurse-ethics-activism/?utm_campaign=morning_rounds&utm_medium=email&_hsenc=p2ANqtz-wY-qtRErS0Ez01RecmAz-8xkzuMY28I5cN9pWfEswkAjGXgAprwKSLcJ1XdScMLBvxO7D-Jq6deJyZruTGlxTpVFHw&_hsmi=400755337&utm_content=400755337&utm_source=hs_email)

**Honoring the life of Alex Pretti**  
means doing more than remembering.  
It means **taking action.**

👉 **10 ways to honor Alex:**

1. Vote in every election.
2. Volunteer on election days.
3. Donate to causes and candidates you believe in.
4. Write (and call) your legislators—hold them accountable.
5. Serve on boards or commissions.
6. Volunteer in your community.
7. Peacefully protest.
8. Use science and facts—not misinformation.
9. Know your constitutional rights—and speak up.
10. Run for office—or support someone who should.

This isn't partisan.  
**It's civic responsibility.**

👉 **Pick one.** Do it this month. *Then help someone else do the same.*

#HonorAlexPretti #TakeAction #DemocracyInAction #CommunityMatters



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27 January 2026

Cami Peterson-DeVries - President  
Katheren Koehn - Executive Director  
Minnesota Organization of Registered Nurses

Email: [kkoehn@mnorn.org](mailto:kkoehn@mnorn.org)

Dear Cami and Katheren

As Secretary of the Victorian Branch of the Australian Nursing and Midwifery Federation, and on behalf of all our members, I want to send my deepest condolences to you and your members following the death of registered nurse, Alex Pretti.

I understand that Alex is being remembered as a wonderful and kind-hearted man who, in his last moments, appears to have been trying to help a woman who had been pushed to the ground by an Immigration and Customs Enforcement officer.

While the exact circumstances of Alex's death are still being investigated, what seems clear is that he was trying to help others - the deepest tenet of our work as nurses.

His death has reverberated around the world and leaves us all heartbroken for his family and friends, his nursing colleagues and patients, and for his city and nation. In its aftermath, multiple members have reached out to me in distress, asking how we can help. As nurses and midwives, as carers, we feel the tragic and violent loss of one of our own profoundly and we stand in solidarity with you and your members as you mourn.

In unity

A handwritten signature in blue ink, appearing to read 'M. Harradence'.

**Maddy Harradence**  
**Secretary**  
**ANMF (Vic Branch)**

CC: Records

Australian Nursing and Midwifery Federation (Victorian Branch) offices:

Ballarat Bendigo Geelong Melbourne Morwell Shepparton Swan Hill Wangaratta Warrnambool

**Pflegekammer Nordrhein-Westfalen**  
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**Date 09.02.2026**

### **Letter of condolence: In memory of Alex Pretti**

Dear Madam President Peterson-Devries,

On behalf of the North Rhine-Westphalia Chamber of Nursing, we would like to express our deepest sympathy and heartfelt condolences following the tragic death of your colleague, Alex Pretti, on January 24.

We received this news with profound shock, sorrow, and disbelief. As the largest chamber of nursing professionals in Germany, we feel closely connected to the Minnesota Organization of Registered Nurses through our shared profession, our common values, and our joint commitment to care, human dignity, and professional responsibility. It is precisely this shared professional bond that makes the death of Alex Pretti so deeply affecting far beyond national borders.

The violent loss of a nursing professional has caused great distress and mourning within the nursing community here in Germany as well. The death of Alex Pretti is not only a personal tragedy, but a loss that touches the entire global community of nurses. It has left many of us with a profound sense of grief, incomprehension, and concern. At a time when fascist and anti-democratic developments are also a growing concern in Germany—developments that we as the North Rhine-Westphalia Chamber of Nursing are already resolutely opposing in 2024 with a clear resolution rejecting any cooperation with right-wing extremist actors—this act is particularly shocking.

Our thoughts are with Alex Pretti's family, friends, colleagues, and all those who are mourning this devastating loss. Please convey to them our sincere compassion and our deepest condolences during this difficult time.

We stand with you in solidarity and share in your grief as members of the worldwide nursing community.

With deepest sympathy,

Sandra Postel  
President  
Nursing Chamber North Rhine-Westphalia

Seite 1 von 1

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**February MNORN Member Meeting, February 26th (virtual)**



**PLEASE JOIN US ON THURSDAY, FEBRUARY 26TH WHEN SECRETARY OF STATE STEVE SIMON WILL TALK TO US ABOUT THE IMPORTANCE OF GETTING OUT THE VOTE INITIATIVES AND ELECTION INTEGRITY. (NON-PARTISAN)**

**Time:**

6:30 - 7pm - check-in/networking  
 7-8pm - Secretary Simon's presentation

"Nurses are patient advocates, providing compassionate and effective clinical care. We center wellness and justice, and we contend with social factors that cause health disparities. But when it comes to representing these ideas in America's most important policy conversations, the otherwise confident nursing voice softens. **Nurses are among the least likely health professionals to vote.** How is it that we can so boldly support patient needs within clinical spaces but not outside of them? To build a healthy society nurses must connect key ideas, such as patient advocacy, to voting and include civic engagement as part of our practice. For those who are eligible, a commitment to regularly vote in local, state, and federal elections is consistent with core nursing values."  
[from "A healthy democracy needs voting nurses" American Nurse, October 31, 2022.](#)

*"Nurses have a role at every level of the democratic process. This includes informed voting in local and national elections; running for office; combating voter suppression; and working closely with local, state, and federal elected officials to develop, promote, and facilitate the passage of health and social policy change."*

9.5 National Policies, Programs, and Legislation, Code of Ethics for Nurses.( p.41)

**Objectives:**

- Understand the professional obligation that nurses have to participate in local and national elections and take steps to create an awareness among other nurses of the importance of voting.
- Examine the steps the state of Minnesota takes to ensure election integrity.
- Identify resources that support get-out-the-vote initiatives and information about election integrity.

**Attendees will receive 1.0 continuing education credit/ There is no charge for this meeting.**

**Register: <https://evite.me/J4AnTFPKPp>**

**January MNORN Member Meeting Recording:  
Dialogue about Nurse Advocacy at the Local and State Level**



**Mary Chesney and Sue Stout, two outstanding nurse colleagues, led a conversation about practical ways for nurses to advocate and the local and state level.**

**Objectives:**

1. Construct a list of actions/tools/resources for discerning between truthful information and disinformation/misinformation in our post-truth political environment.
2. Examine strategies for effectively communicating with local, state, and national elected officials.
3. Identify one or two action steps you will take in the coming month to become politically engaged with an issue of importance to you.

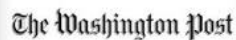
**Evaluations of the meeting included:**

What factors influenced your decision to attend?

- I make it a priority to attend MNORN monthly member meetings.
- Topic
- Topic
- Program topic and social time
- Great meetings
- Time
- I try to attend every meeting as an MNORN member.
- The topic. The ability to network prior to the meeting.
- Timeliness of topic, speakers
- Important to discuss issues
- Monthly attendee, networking, learning
- Date and Zoom meeting
- I am a new board member and wanted to be more connected

Other comments:

- Thank you for this very important, timely, and engaging conversation!
- I contacted Bishop Hebda as an action step to become politically engaged with an issue of importance to me
- This was a great topic and very timely, with excellent presenters!
- I found the meeting very beneficial!
- Excellent forum, speakers, topic
- Wonderful tips
- I really appreciated the talk this month prior to the presentation. I so respect the MNORN members and like to hear their opinions.
- It was great timing for this topic
- I love this group!
- As usual, well done!



## An arbitrary rule change is threatening America's health care system

An '80s-inspired student loan tweak will make it harder to enter advanced nursing roles.

By Kimberlee Montgomery is a professor and executive director of nursing at Drexel University College of Nursing and Health Professions and a women's health nurse practitioner. Mary Ellen Glasgow is a professor and dean at the School of Nursing at Duquesne University.

February 23, 2026 at 7:00 a.m. EST

A pregnant woman in rural Pennsylvania goes into labor at 2 a.m. Thankfully, the hospital has a certified nurse midwife on call. A teenager in crisis needs immediate mental health care, and the only available appointment is with a psychiatric-mental health nurse practitioner. A trauma patient arrives in the emergency room needing surgery, and the clinician prepared to safely administer anesthesia is a certified registered nurse anesthetist.

These nurses aren't "support staff." They are the primary clinicians whom millions of Americans rely on for essential health care. Yet a little-known federal policy change could make it significantly harder for students to enter these advanced nursing roles by sharply reducing access to the federal loans required to complete graduate nursing education.

Graduate students have historically been able to borrow up to the [full cost of attendance](#) for their programs, but as part of implementing the One Big Beautiful Bill Act, the Education Department restructured graduate student loans through the Reimagining and Improving Student Education [negotiated rulemaking process](#). The new rule splits borrowers into two categories: "Professional students" can take out up to \$50,000 in annual loans and \$200,000 in total, while "graduate students" are limited to \$20,500 annually and \$100,000 in total. The

changes are set to take effect in July, with an [open comment period](#) in place through March 2.

**The key issue is how the Education Department determines which programs qualify as “professional.”**

Rather than evaluating programs primarily on licensure requirements, clinical intensity or job duties, the Education Department relies heavily on the [Classification of Instructional Programs](#), a numeric grouping system first developed in 1980 and maintained by the National Center for Education Statistics. Medicine and dentistry qualify as professional programs, while graduate nursing programs — including those for nurse practitioners, nurse anesthetists and nurse midwives — fall under the “graduate” category.

This narrow, outdated administrative distinction, not the substance or rigor of nursing education, is what places graduate nursing programs under lower borrowing limits. These graduate clinicians, known as advanced practice registered nurses, provide essential care across the country, particularly in rural and underserved communities. [They deliver](#) primary care, mental health services, anesthesia, maternal health care and specialty care in both community-based and acute care settings. Their graduate programs require extensive clinical hours, simulation-based training and specialized faculty supervision. Refusing to categorize them as “professional” for loan purposes does not reflect their rigor or their critical role in the health care system.

Limiting access to loans could make it more difficult for aspiring APRNs to pursue their degrees. Graduate nursing students report average annual education costs of more than \$38,000, nearly double the new loan cap, [according to](#) a survey in November by the American Association of Colleges of Nursing (AACN). More than 80 percent say the new rule will affect their ability to finance their education, and more than three-quarters of deans from AACN member schools expect to see a drop in post-baccalaureate enrollment as a result of the annual borrowing limit.

The United States will need tens of thousands of additional APRNs in the next decade, with demand for these roles projected to grow by roughly 35 percent, [according to](#) the Bureau of Labor Statistics.

Graduate-prepared nurses are also essential for filling faculty roles, the greatest bottleneck in expanding [nursing school enrollment](#). Health systems across the country cannot meet staffing needs without robust partnerships with nursing programs to sustain student enrollment and faculty capacity. Without adequate loan access, student and faculty numbers will decline.

Advanced practice nursing graduates will enter the workforce in high demand, with a demonstrated capacity for loan repayment. APRNs earn a median of roughly \$132,000 per year, or \$63.50 per hour, according to BLS data. Restricting federal loan access for this population contradicts the economic purpose of federal lending programs and undermines the nation's ability to maintain a stable health care workforce.

The consequences will not emerge dramatically. They will unfold quietly, in everyday settings. Hospitals will face protracted hiring for specialized nursing roles. Clinics reliant on psychiatric nurse practitioners will see longer wait times for appointments. Rural surgical centers will face shortages that lead to delayed procedures and service reductions. Universities will see fewer applicants able to pursue doctoral study, reducing the pool of future nursing faculty. Without adequate faculty, programs cannot expand enrollment, worsening shortages at every level.

Individually, these may look like typical workforce challenges. Collectively, they reshape how the public experiences health care: longer waits, fewer local services and a thinner nursing workforce. These outcomes won't appear in the Federal Register, but they will appear in communities across the country. And it all stems from a technical definition most Americans have never heard of but will absolutely feel.

**The nation needs more advanced practice nurses and nursing faculty, not fewer. Recognizing graduate nursing programs as professional is not simply a financial classification — it is critical to sustaining the U.S. health care workforce.**

**Submit a comment to the Department of Education here: <https://ana.quorum.us/campaign/EDcomment/>**

Retrieved 2/23/2026 <https://www.washingtonpost.com/opinions/2026/02/23/nurse-practitioner-loans-aprns-professional/>



### [Minnesota Affiliate of National Association of Clinical Nurse Specialists Student Scholarships](#)

We'd like to share that our affiliate now offers two \$1,000 scholarships to a current CNS student in a MN based program as well as a nurse pursuing courses in preparation for applying and completing a MN based CNS program.

Please share with the masses and reach out with any questions!

## MDH Project Firstline (PFL)

### Introducing the MDH PFL Rash Education Bundle

The MDH Project Firstline (PFL) team has launched a new comprehensive Education Bundle on Rash designed to support frontline staff with easy access to essential training resources—all in one convenient location. Whether for routine education or in response to specific situations, these bundles offer flexible options to fit any schedule. Resource include short tools for quick refreshers, recorded trainings (20–30 minutes), materials in English and Spanish, multimedia resources, and printable materials.

Support your team in delivering safe, high-quality care—start using the [MDH Project Firstline Education Bundles](#) today. Insert Rash link and qr code?

**Minnesota Department of Health  
Project Firstline Rash Education Bundle**

A rash is an abnormal area of skin that may appear red, irritated, or broken, often with bumps, spots, or blisters. Rashes can be caused by viruses, allergies, injuries, or infections that may spread through touch or the air. Some viruses (like chickenpox or measles) are highly contagious, travel long distances in the air, and can spread by breathing or by disturbing the rash. Even rashes from allergic reaction or bites can carry germs that spread by touch.

**Resources available:**  
Recorded trainings  
Interactive & multimedia resources  
English & Spanish language resources

**MDH Recorded Trainings**

- 20 min** Environmental Cleaning and Disinfection Recorded Training (<https://www.youtube.com/watch?v=02009813356>)
- 30 min** Personal Protective Equipment: Start from the Top Recorded Training (<https://www.youtube.com/watch?v=56206681335687888>)
- 30 min** Recognizing Risk Using Reservoirs (A Review) Recorded Training (<https://www.youtube.com/watch?v=2a2b2e334683f4ad>)

**CDC Interactive and Multimedia Resources**

- 10 min** Rash Micro-Learn (PDF) ([www.cdc.gov/project-firstline/media/pdf/micro-learn-rash-508.pdf](https://www.cdc.gov/project-firstline/media/pdf/micro-learn-rash-508.pdf))
- 10 min** Measles Micro-Learn (PDF) ([www.cdc.gov/project-firstline/media/pdf/1st-MeaslesMicroLearn.pdf](https://www.cdc.gov/project-firstline/media/pdf/1st-MeaslesMicroLearn.pdf))
- 15 min** Did you Know? Germs Live on Broken Skin (YouTube) (<https://www.youtube.com/watch?v=2A2b2e334683f4ad>)

**Print Materials and Other Resources**

- 10 min** Donning and Doffing Personal Protective Equipment (PDF) ([www.cdc.gov/infection-control/media/pdf/Donning-Doffing-PPF-Sequence-P.pdf](https://www.cdc.gov/infection-control/media/pdf/Donning-Doffing-PPF-Sequence-P.pdf))
- 10 min** Germs Live on the Skin (PDF) ([www.health.state.mn.us/division/patientcare/infectioncontrol/pdf/training/2skin.pdf](https://www.health.state.mn.us/division/patientcare/infectioncontrol/pdf/training/2skin.pdf))

**PROJECT FIRSTLINE**  
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Website: [MDH Project Firstline \(health.mn.gov/projectfirstline\)](http://health.mn.gov/projectfirstline)  
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WESTMINSTER TOWN HALL FORUM  
VOICES OF CONSCIENCE FOR 45 YEARS

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## Ethics & Medicine: Does My Neighbor Matter?

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Westminster Town Hall Forum Launched its Spring series. "Ethics Still Matter" on January 29th with a dialogue between Michael Osterholm and Jan Malcolm. The subject of their conversation was "Ethics & Medicine: Does My Neighbor Matter?" noting that throughout time, ethical questions and norms have been grounded in the obligation to care for our neighbors. Yet public health systems norms are being dismantled and attacked at high levels, surfacing the question "Do our neighbors matter?"

During their conversation, Osterholm and Malcolm discussed the following:

- Difference between medical ethics and public health ethics
- The need for humility in public health - that what we know now may change in the future
- Challenges of misinformation and disinformation
- Local, national and global impact of decisions made recently regarding public health
- The importance of advocacy from all citizens
- Thinking with your hearts as well as your heads about what is best for the population

Despite the challenges our public health system faces, this was a hopeful discussion, well worth listening to the recording. "We will bend, we will bend. We will bend, but we will not break."

Links to the recording can be found:

- <https://westminsterforum.org/2026/michael-osterholm/>
- <https://www.youtube.com/live/bHDHtqtafk0>