



A message from MNORN President, Cami Peterson-DeVries,

Minnesota is living through difficult and heavy days. Many of the current events unfolding across our state carry uncertainty, grief, and strain that reach far beyond any one place or moment. Nurses experience this not as observers, but as professionals who stand close to human suffering by listening, supporting, and caring while the rest of life continues around us.

This is not about politics but about people.

The pandemic shaped us as nurses in ways that will never fade. COVID taught us how quickly circumstances can change, how deeply fear and isolation affect health, and how essential calm, ethical leadership is during crisis. Those lessons matter now.

From COVID, we learned the importance of being present. When families could not be together, nurses became the steady human connection. In today's challenges, that same presence by listening without judgment, showing up consistently, and offering reassurance is one of our greatest tools.

During COVID we learned the value of clear, evidence-based practice. In times of confusion and emotion, nurses relied on science, professional standards, and ethical grounding. That discipline continues to guide us as we now care for individuals affected by stress, trauma, and uncertainty tied to our current events.

We learned resilience and teamwork. The pandemic reminded us that no nurse carries the load alone. Checking in on colleagues, sharing responsibility, and supporting one another are not extras but essential to sustaining care. Those habits are just as important now as they were during the height of COVID.

We also learned the necessity of compassion for others and ourselves. Many nurses are still processing loss and exhaustion from the pandemic years. Professionalism includes recognizing when we need rest, support, and grace, just as much as our patients do. We are better when we care for ourselves.

Across Minnesota today, nurses are modeling what the profession looks like at its best:

- Remaining calm and grounded in emotionally charged moments
- Providing care that honors dignity and humanity without judgement
- Supporting coworkers who are stretched thin
- Holding fast to ethical and professional standards

As members of the Minnesota Organization of Registered Nurses, we are united by the values that have always grounded us as nurses: integrity in our work, science in our decisions, compassion in our care, and respect for every human life. Our role is to be a steady, trusted presence when people need it most.

Minnesota has been shaped by the strength of its nurses before, and it continues to be shaped by you now. The lessons of COVID remind us that even in the hardest times, nursing leads with professionalism, humanity, and care.

Thank you for continuing to show up with care, steadiness, and purpose. Our state is a better place because of you.



Resources: supporting community during ICE operations

Minnesota is once again facing a dark moment. Our communities grieve the loss of life of Renee Nicole Good who was killed by an Immigration and Customs Enforcement (ICE) agent on January 7 in south Minneapolis. Amidst this tragedy, our state is also undergoing what the federal department of Homeland Security has called the “largest scale immigration operation ever,” an onslaught that is blatantly instigating and escalating harm, is endangering our friends and neighbors, breaking up families, and traumatizing children.

In times of grief and anger, it is important to remember we still have power. Please consider the below resources and actions to support our community.

WAYS TO SUPPORT

- [Donate to Monarca](#), a coalition network that provides training and resources to community members who want to understand their rights and support immigrants.
- If you are able, [visit immigrant-owned restaurants](#), which need our support as many have had to limit hours and access due to ICE activity.
- Donate to the Women's Foundation of Minnesota's [Immigrant Rapid Response Fund](#), a philanthropic effort that provides “fast, community-informed funding to trusted organizations responding on the ground.”
- Provide food support if you are able. See a list of [food drives and opportunities to donate](#).
- For folks outside of our network and our state wanting to support Minnesota, [here is a great curated list of resources, actions, mutual aid, and nonprofits](#) you can forward.

TRUSTED MEDIA (NONE OF THESE MEDIA RESOURCES HAVE A FIREWALL)

- [Sahan Journal](#), a nonprofit digital newsroom reporting for immigrants and communities of color in Minnesota.
- [MPR News](#), an NPR-affiliate radio station covering statewide news.
- [Minnesota Reformer](#), a nonprofit newsroom, an affiliate of States Newsroom.
- [MinnPost](#), an independent, nonprofit newsroom covering Minnesota news.
- [Blck Press](#), an independent publication with the goal to connect news to Black culture.

EDUCATION / TRAINING OPPORTUNITIES

- [Legal resources for immigrants](#) (MIRAC).
- [Know Your Rights with ICE](#): FAQ on U.S. Immigration and Customs Enforcement (ICE) to help Minnesota organizations continue to provide safe and welcoming environments for everyone they serve (Minnesota Attorney General).
- [Immigrants & Refugees: Know Your Rights](#): How to handle encounters with ICE depending on your location, navigating possible detention, and legal assistance resources (Immigrant Law Center of Minnesota).
- [Free download: Red Cards](#): All people in the United States, regardless of immigration status, have certain rights and protections under the U.S. Constitution. The ILRC's red cards give examples of how people can exercise these rights, available in multiple languages (Immigrant Legal Resource Center).
- [ICE Raid resources for housing providers](#): Guidance for homeless service providers on what to do before, during, and after a raid by ICE (National Homelessness Law Center).
- [The Economic and Fiscal Impacts of Mass Deportation: What's at Risk in Minnesota](#): There are far-reaching social and humanitarian implications of this type of enforcement regime. But there is also an economic risk that can be quantified (Minnesota Budget Project).

TAKE ACTION

- [Report incidents involving federal agents to the Attorney General](#), including violations of constitutional rights, business closures, reduced access to healthcare, school, or child care, etc.
- Stay connected with [MIRAC](#), an immigrant rights collective that organizes protests, and educates community members on knowing their rights.

retrieved 1/20/2026: <https://minnesotanonprofits.org/community-resources-ice-operations>

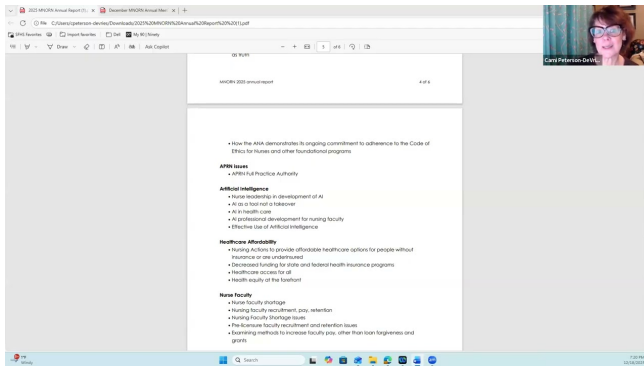
November and December MNORN Member Meeting Recordings



“Nurses Leading the Way: Preserving the Essence of Nursing in a Technological Age”

Presenter: Kathi Koehn

[slideshow](#)



Annual Meeting and “Why MNORN is Important to the American Nurses Association”

Presenters: Cami Peterson-DeVries and Kathi Koehn

[slideshow](#)

Updates from MNORN

Nursing Collaborative on Climate and Health, hosted by the the Alliance of Nurses for Healthy Environments:

- MNORN was invited to become a member of the Collaborative. There are quarterly meetings of the collaborative members. Berg Ellenberger will be MNORN's representative.
- You can read about the Collaborative at <https://envirn.org/nursing-collaborative/>

Minnesota Student Nurses Association (MSNA) Convention:

MNORN is a sponsor at the convention, which will be held on February 7th at Coffman Union, University of Minnesota. We will be an exhibitor. If anyone would like to join Kathi Koehn at our booth, please let me know. Times are 9 am -2:30 pm. You could come for the whole time or part of it. This is a great time to talk with nursing students from allover the state.

U of MN Nursing Research Day, April 17th:

As a Research Day Community partners, MNORN is allowed to submit one oral presentation until the six community partner oral presentation spots have been filled and two poster presentations until the ~20 community partner reserved poster spots have been filled. Let Kathi Koehn know if you are interested in presenting either an oral presentation or poster presentation.

Information/guidance can be found at https://docs.google.com/document/d/1uWQHS2132wOFu6p7xA-nThF_iyZApYKKNIOXQwCytTg/edit?pli=1&tab=t.0



ANA seeks public comment on the proposed revision to the Nursing Scope and Standards of Practice.

Please use [this link](#) to provide feedback. **The deadline for comments is Thursday, February 19, 2026, at 5pm ET.**

ANA seeks feedback and welcomes the insights offered. Use this opportunity to contribute your comments and suggestions. We seek a broad range of input so please share this announcement with colleagues, students, health care consumers, and other interested persons, members, and non-members. Please note that the ANA Board of Directors has not yet considered this document.

Please provide your response for each section in the survey boxes indicated. When providing your feedback, please identify the line number(s) associated with your comment(s). If you need to save your responses and return to the survey at a later time, select that option at the top right corner of the survey page and provide your preferred email. If you have any questions, please reach out to us at practice@ana.org.



ANA seeks public comment on a new position statement: Addressing Nurse Fatigue to Promote Health, Safety, and Well-Being for All.

ANA seeks feedback and welcomes the insights offered. Use this opportunity to contribute your comments and suggestions. We seek a broad range of input so please share this announcement with colleagues, students, health care consumers, and other interested persons, members, and non-members.

Please note that the ANA Board of Directors has not yet considered this document.

Please use [this link](#) to provide feedback. **The deadline for comments is Friday, March 6 at 5pm ET.** Please provide your response for each section in the survey boxes indicated. When providing your feedback, please identify the line number(s) associated with your comment(s). If you have any questions, please reach out to us [via email](#). About Have You Ever Served in the Military?

"Have you ever served in the military" will get you more yes responses than the question "Are you a veteran?"



Have You Ever Served in the Military?[™] is an effort by the American Academy of Nursing to improve the care provided to Service Members, Veterans, and their families. This pocket card lists the most common health concerns linked to military service, as well as questions the

clinician should ask the Veteran or the Veteran's family to obtain a more complete medical history. Nurses are uniquely positioned to facilitate awareness of the health of Service Members, Veterans, and their families to ensure vital information is obtained and recorded to improve the care provided.

HISTORY OF HAVE YOU EVER SERVED?[™]

The Academy's Military & Veterans Health Expert Panel, formed in 2011, studies service members' health care and develops policy recommendations. To facilitate outreach and proper referral for veterans, the Military & Veterans Health Expert Panel recommended launching Have You Ever Served in the Military?[™].

Nurses, healthcare's equivalent to the boots on the ground, are uniquely positioned to facilitate a fundamental change in care which ensures vital military service information is obtained and recorded in order to improve the quality of healthcare provided to our Veterans and their families.

Linda Schwartz, a Fellow in the American Academy of Nursing, former U.S. Veterans Affairs Assistant Secretary of Policy and Planning and former Commissioner of the Connecticut Department of Veteran's Affairs, spoke at the Academy's 2013 policy conference in Washington, DC about the unique health concerns of military Veterans. A research and policy brief appeared in the September 2013 issue of Nursing Outlook.

In 2013, the Academy, with the assistance and cooperation of State Directors of Veterans Affairs, launched Have You Ever Served in the Military?[™] in 10 states: Alabama, California, Connecticut, Florida, Illinois, New Jersey, Ohio, Texas, Virginia, and Washington. By April of 2015, Have You Ever Served in the Military?[™] was rolled out in all 50 states.

<https://aannet.org/page/HaveYouEverServed> has robust helpful information for nurses and the public, as well as a well-organized pocket card for clinicians.



Nursology: Nursing Ethics is a Century Older than Bioethics

By Marsha Fowler on November 12, 2025

Marsha Fowler's Nursology.net posts

Nursing Ethics, 1880s to the Present: An Anthology of Lost Wisdom and Identity

The earliest nursing ethics literature began with modern nursing itself. It was a main ingredient, baked into the cake of nursing, and was not decorative frosting. It went on to become an extraordinary and extensive body of literature in nursing ethics textbooks, journal articles, and more. So why, now, is it hard to describe how nursing ethics and bioethics differ in practice? Nursing ethics is structured on the basis of 6 structural relationships. It is not based on the four principles of biomedical ethics. It is clearly relationally based in the structural relationships that are interpersonal. Throughout it is informed by virtue ethics, and by the philosophy of Pragmatism, an American home-grown philosophy that influenced both American and Canadian nursing. Bioethics, on the other hand is chiefly influenced by Anglo-European philosophies, grounded in abstract rationalist principles, specifically respect for autonomy, beneficence, nonmaleficence. But how might

the two look different in practice? It is difficult to find a single clinical case that exemplifies the difference between bioethics and nursing ethics.

However, enter Netflix, with a case that does.

I unexpectedly happened upon a TV movie, *My Oxford Year*, and started to watch it because, well, its Oxford – a wonderful city and amazing architecture, a wonderful university, and of course it has the scholar's heaven—the Bodleian Library. It is not a great movie and follows a standard romance-movie plot. However the later half of the movie demonstrates a difference between how bioethics and nursing ethics function (at 1 hour 5 minutes into the movie – you can start here if you wish to skip the gorgeous Oxfordian scenery).

The Story

An American girl (Anna) graduates with a degree in English and has a job offer as a financial analyst for Goldman Sachs (a curious combination - English literature and financial analysis?). The job is to follow a year studying Victorian Poetry at Oxford with Prof. Stein. Girl meets obnoxious and attractive boy (Jamie) when he, a DPhil dissertation student, is unexpectedly assigned to teach Dr. Stein's Victorian Poetry course. They get off on the wrong foot and snipe and snark at one another, slowly falling in love over 15 minutes. Jamie, is now Anna's tutor (instructor) and a "serious piece of crumpet," and has a scheduled meeting with Anna in his "rooms" (office). She shows up and sees him arguing angrily with an older man (later revealed to be his father.) The relationship between Jamie and Anna heats up, but at one point she thinks he is two-timing her. She goes to his apartment (she now has the combination to the door) and walks in only to find him hooked up to IVs and with an attractive woman whom she had previously wrongly thought his girlfriend. Enraged, he screams at her to get out; Anna leaves. Several days later, he discloses that his brother died of an unspecified, rare, incurable, untreatable, genetic illness, and that it was a slow painful death that undid their father. And, Jamie has the same disease. His father wants him to "fight to the end." Jamie tells Anna that the IVs she saw were the last treatment he would accept, but his father can't "respect that choice." Father and both sons had been close and shared a love of assembling model cars together. Since the death of Eddie, Jamie's brother, father and son are angrily estranged and are not speaking. When Anna and Jamie meet his parents at a ball, Jamie gives his father the cold shoulder. The father takes Anna aside and asks her to convince Jamie to accept treatment.

Jamie's parents, the likable Lord and Lady Davenport live in a monstrously large manor, palatial but not a palace, where Jamie throws a birthday party for Anna, inviting her four flat-mates. Before dinner, Jamie goes to the wine cellar (1h 18m) to fetch another bottle and encounters his father. His father is grief-stricken at Jamie's decision, and he tries to explain to Jamie what it means to lose two sons to this disease and that Jamie needs to

keep fighting and “Please, I am just trying to keep you alive.” Jamie responds “It’s not your decision to make.” Yup, there you have it. The bioethicists in the other wing of the manor are huddled, it is an easy question, inviolable principle of respect for autonomy, Jamie has decided, no discussion needed; done and dusted.

But wait, Anna the poet, who should have been a nurse (okay, she’s not a nurse, but nursing is poetic in its own) is distressed by the rupture in the father—son relationship and wants to see it healed for both their sakes. She is outside with Jamie and excuses herself; she has something to do. Next we see her giving a gift to Jamie’s father, with a card. The card is inscribed with words of the poet John Keats: “Stop and consider//life is but a day//A fragile dew-day on//its perilous way.” The father opens the package and it is a model car kit, the Jaguar-E that Jamie drives. Later, as Jamie and his father assemble the car together (1hr 24m in), their freeze thaws, and the father tearfully agrees to Jamie’s wishes. At dinner the father stands and toasts Anna as she has “brought together Keats, cars, and Eddie to make this evening happen” -- to heal the breach between father and son (1h 29m). Days later, when Jamie collapses and is in hospital, the physician says that they need to start treatment now. Jamie’s father says “No, that’s up to Jamie and he would prefer to let nature take its course, and we should respect that.”

Seeing a Difference between Bioethics and Nursing Ethics

With only simple descriptions, it is hard to visualize how bioethics and nursing ethics function differently in clinical cases. This film provides a useful vehicle. Nurse poet Anna had brought together Keats, cars, Eddie, father, and son, in a way that respects the health and healing needs of both father and son, within its relational nexus; ethics as relationship. She dealt with the father’s grief in a way that affirmed both Jamie and his father. This was not decisional ethics based on parsing an abstract principle of respect for autonomy. Instead, Anna was responsive and attuned to their history, love, grief, needs, and wishes, of both father and son, and brought them together wholistically to enact an ethics of relationship.

Nursing ethics is a hundred years older that bioethics.

Nursing ethics brings clinical-ethical wisdom to nursing, grounded in generations of nursing experience, and the community and tradition of nursing’s normative values. It is not a dilemma based, decisional ethics, based on abstract principles, though the principles can be synergistic in the practice setting. Nursing ethics was promulgated by-nurses-for-nurses; grounded in the values and virtues of the community and tradition of nursing; rooted in nursing practice, and responsive to it (see Nursing Ethics, 1880s to the Present) . Interpersonally, as an ethics of relationship it is relationally structured. Additionally it exercises ethics in practice in ways that are widely responsive to health-related needs, in ways that are attentive, situationally attuned, affirming of relationships, and demonstrate relational moral comportment.

retrieved 11/20/2025 <https://nursology.net/2025/11/12/nursing-ethics-is-a-century-older-than-bioethics/#respond>



Now Available: Nurse Professional Liability Claim Report, 5th ed.

From NSO:

For nearly half a century, we have been honored to support nurses by providing comprehensive malpractice insurance coverage. As the leading provider of malpractice protection for nurses, we understand the profound responsibility that comes with this role – not only to stand beside nurses when they need us most, but also to proactively contribute to a safer, stronger profession.

This claim report is part of our ongoing commitment to do just that.

Our claim reports are designed to provide nurses with valuable data and insights into trends and factors that drive malpractice allegations. Our goal is to help nurses recognize risks before they become realities, and to empower them with practical tools and strategies that can be integrated into everyday practice. By doing so, we aim to foster safer environments for nurses and for the patients in their care. We recognize and deeply admire the dedication, compassion and professionalism nurses demonstrate every day. You are the backbone of healthcare. This report is for you: to support your work, to inform your decisions and to underscore our unwavering commitment to your success. It is a privilege to serve those who selflessly serve others.

[**CLICK HERE TO DOWNLOAD THE REPORT**](#)

Save the Date

**Ethics of Caring:
Building Moral
Community**

The 2026 National Nursing Ethics Conference
Welcoming All Health Professions

APRIL 16-17 | LOS ANGELES, CALIFORNIA



From Ian Wolf: I am hoping that you will share this conference flyer with students, faculty, and schools of nursing. As a member Planning Committee for the 2026 National Nursing Ethics Conference, I have personally seen the impact of the conference on students. The

education, mentoring, the exposure to acclaimed ethics speakers, and the inclusion in a community honoring ethics builds a powerful foundation for students.

Questions? contact Ian Wolf at Ian.Wolfe@childrensmn.org



MDH Project Firstline (PFL)

Introducing the MDH PFL Education Bundles

The MDH Project Firstline (PFL) team has launched comprehensive Education Bundles 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. Resources include short tools for quick refreshers, recorded trainings (20–30 minutes), interactive modules in both 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.

- Blood
- Cough
- Diarrhea
- Hand Hygiene

Minnesota Department of Health Project Firstline Blood Education Bundle

Always assume blood is infectious. Those infected with bloodborne pathogens don't always have symptoms, but their blood and some body fluids still have virus in them. The pathogens most concerning for infection risks in health care are HIV, hepatitis B, and hepatitis C. Bloodborne pathogens can be spread when infected blood enters the body. This can happen from a needlestick, through breaks or cracks in the skin, or by splashes or sprays to the eyes, nose, or mouth.

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

MDH Recorded Trainings

- Multi-Dose Vials Part 2: Injection Safety Steps Recorded Training
- Fidgeting Fails gets an IV Recorded Training

MDH Project Firstline Table Talk: Fidgeting Fails (PPT)

CDC Interactive and Multimedia Resources

- Fidgeting Fails gets an IV Interactive Scenario
- Blood Micro-Learn (PDF)
- Did you Know? Games Can Live in Blood (YouTube)

Print Materials and Resources

- Games Can Live in Blood (PDF)
- CDC Preventing Unsafe Injection Practices
- EDS Registered Antimicrobial Products Effective Against Bloodborne Pathogens (List 5)

Minnesota Department of Health Project Firstline Cough Education Bundle

Coughing by itself can be caused by a lot of things, but a cough in combination with congestion—a stuffy nose, runny nose, watery eyes, and/or a scratchy nose—is commonly associated with viruses like respiratory syncytial virus (RSV) or influenza. Coughs spread easily when an infected person talks, breathes, coughs, or otherwise blows air out of their nose or mouth. One person inhaling these germs into the air can infect multiple people quickly.

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

MDH Recorded Trainings

- Infection Prevention and Control Actions to Stop the Spread of Viral Respiratory Infections Recorded Training
- Source Control Recorded Training
- PPE Part 4: Masks, Respirators, and Glove Seal Check Recorded Training

CDC Micro-Learn and Multimedia Resources

- Cough and Congestion Micro-Learn (PDF)
- Did you Know? Games Live in the Respiratory System (YouTube)

Print Materials

- Games Live in the Respiratory System (PDF)
- CDC Ventilation in Healthcare Settings (PDF)
- CDC Infection Control Actions for Respiratory Viruses (PDF)

Minnesota Department of Health Project Firstline Diarrhea Education Bundle

Diarrhea is liquid stool and a lot of germs. Diarrhea can be caused by a lot of things, but it is sometimes a sign of a pathogen that can cause illness in healthy people. Infections that cause diarrhea spread because germs move easily between hands, eye contact, and surfaces in health care. Some of these germs can be difficult to kill. Common examples of infections that cause diarrhea and I.D.C. attack resources, and increase largely in children.

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

MDH Recorded Trainings

- Hand Hygiene Recorded Training
- Diarrhea Diarrhea Recorded Training

MDH Project Firstline Table Talk: Diarrhea Diarrhea (PPT)

CDC Interactive and Multimedia Resources

- Diarrhea Diarrhea Interactive
- Diarrhea Micro-Learn (PDF)
- Did you Know? Games Live in the Gut (YouTube)

Print Materials

- Project Firstline Hand Hygiene Steps (PDF)
- Games Live in the Gut (PDF)
- How to Read a Checkers Label (PDF)

Minnesota Department of Health Project Firstline Hand Hygiene Education Bundle

Hand hygiene is one of the most effective ways to prevent the spread of germs including those resistant to antibiotics like methicillin-resistant, health care workers, and the health care environment. Hand hygiene is cleaning hands with soap and water (e.g., soap or with antiseptic alcohol-based hand sanitizer (AHS)) or targeted hand sanitizers. Performing hand hygiene correctly and at the right time ensures safer care and better health outcomes.

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

MDH Recorded Trainings

- Hand Hygiene Recorded Training
- How Games Make People Sick Recorded Training
- What's Wrong With This Picture? Nurses Station Recorded Training

CDC Interactive and Multimedia Resources

- What's Wrong With This Picture? Nurses Station
- What's Wrong With This Picture? Mouth Spread Through Teeth (YouTube)
- Did you Know? Germs Spread Through Teeth (YouTube)

Print Materials and Other Resources

- Project Firstline Hand Hygiene Steps (PDF)
- MDH Infection Control Assessment and Response (ICAR) Hand Hygiene Audit Tool (Excel)
- CDC Clinical Safety: Hand Hygiene for Healthcare Workers

Website: [MDH Project Firstline \(health.mn.gov/projectfirstline\)](https://health.mn.gov/projectfirstline)

PFL mailing list: [Subscribe to MDH Project Firstline Updates](#)

Email: Project.Firstline.MDH@state.mn.us

Social Media: [Facebook](#) | [X](#) | [LinkedIn](#) | [Instagram](#) | [YouTube](#)

Vaccine Recommendations and Access for Minnesotans

The Minnesota Department of Health endorses existing evidence-based guidance from independent experts and professional organizations. We encourage the implementation of these schedules in clinical and community practices.



Birth to 18 years of age

Follow the American Academy of Pediatrics (AAP) schedule:

- [All About the AAP Recommended Immunization Schedule](#) provides answers to frequently asked questions about the schedule and links to:
 - Easy to read: [Birth Through 6 Years Old \(PDF\)](#)
 - Easy to read: [7 Through 18 Years Old \(PDF\)](#)
 - Detailed clinical schedule: [Recommended Child and Adolescent Immunization Schedules for Ages 18 Years or Younger \(PDF\)](#)

19 years of age and older

Follow the American Academy of Family Physicians (AAFP) schedule:

- [Adults 19 and Older Immunization Schedule](#)

During pregnancy

Follow the American College of Obstetricians and Gynecologists (ACOG) schedule:

- [Vaccine Safety During Pregnancy](#)

Vaccine resources

- [Reliable Sources of Immunization Information](#): Where to go for accurate and up-to-date information on vaccines and vaccine safety. Includes websites, and publications.

- [Vaccines Prevent to Protect - YouTube](#)

Videos about how vaccines are a safe and effective way to protect against some diseases. Includes videos in Hmong, Somali, and Spanish.

- [Where to Get Vaccinated](#)

This resource helps people who don't have insurance or whose insurance does not cover the cost of vaccines find free or low-cost vaccines.

Insurance coverage

All immunizations recommended by the CDC as of December 31, 2025, will continue to be fully covered without cost sharing by most insurance plans. We encourage calling your insurance plan with coverage questions.

