Too Afraid to Leave Home: ICE's Toll on Latino HIV Care

In Minneapolis, heightened immigration enforcement is disrupting HIV care for Latino communities, a group already disproportionately affected by the virus.

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For two weeks, Albé Sanchez didn't leave their house in South Minneapolis.

"[I was] forced into survival mode," Sanchez told Uncloseted Media and Rewire News Group (RNG). "I felt like there was an invisible wall [to the outside world] that I couldn't cross unless I really wanted to put myself in a place where there was a chance that I might not be able to come back."

Queer and Mexican American, Sanchez was afraid of being targeted by the Immigration and Customs Enforcement (ICE) presence in their neighborhood, even though they are a U.S. citizen.

"Every day is a risk," they say, adding that even if they have paperwork, if they fit the profile, they are a target, making it scary to go even to work or the grocery store.

Sanchez, a 30-year-old sexual health care educator, has been taking oral PrEP, the daily preventive medication for HIV, for over a decade. But the mounting stress of ICE raids has made it harder to keep up with dosing.

"A missed dose here and there pushed me to make the appointment [for something more sustainable]," they say.

Sanchez says they felt like somebody would have their back at their local clinic. It was only a 10-minute drive from where they worked, they knew its staff from previous visits and community outreach, and they could count on finding Spanish-speaking staff and providers of Latino heritage. But not everybody has had that same experience accessing care.

Albé Sanchez receives care at Aliveness Project.Courtesy of Uncloseted Media and Rewire News Group/Liam James Doyle

These findings are particularly alarming for Latino communities, who, as of 2023, are 72% more likely than the general U.S. population to be diagnosed with HIV. And while overall infections in the United States have decreased, cases among Latinos increased by 24% between 2010 and 2022.

In a January 2026 declaration as part of a lawsuit seeking to end Operation Metro Surge in the days following Renee Nicole Good's killing, the commissioner of the Minnesota Department of Health said HIV testing among Latino populations has "dropped dramatically" and that "although grantee staff continue to go into the community to promote and provide testing, people are not showing up."

Local clinics are reporting the same thing. The Aliveness Project, a community wellness center in Minneapolis specializing in HIV care, told Uncloseted Media and RNG they have seen more than a 50% decrease in new clients. The clinic serves a large number of Latino and undocumented clients, and while it usually sees 750 people walk through their door each week, according to providers, it reported seeing 100 fewer people each week since December.

Red Door, Minnesota's largest STI and HIV clinic, has had a "modest uptick" in no-shows and missed appointments since December.

Today, there are multiple medications available that work to prevent HIV and dozens that treat it once a person tests positive. Many people who consistently take their medication have such low levels of the virus that they can't transmit it through sex. But becoming undetectable requires

patients to stay on their medication; otherwise, the virus replicates and mutates, weakening the immune system and increasing the risk of life-threatening infections.

“If patients aren’t on their medicines consistently, HIV can learn about the medication and become resistant to them. When this happens, the medicine will not work for the patient, and the new resistant virus could potentially be passed on to others,” says George Froehle, a physician assistant and provider at Aliveness Project. “Medication adherence is one of the most important aspects of HIV care.”

To maintain care and prevent dangerous, untreatable strains from spreading in Minnesota, providers at Aliveness Project have begun delivering medication to patients when possible, offering telehealth when they can, and pausing routine lab work to limit in-person appointments.

Sanchez understands the risks of inconsistent treatment, which is why they opted for the injectable preventative medication.

But injectable HIV treatments are commonly dosed at two weeks to six months apart, and the medication must be administered in a clinic—a setting many patients are avoiding, according to providers.

“They have a two-week window” to get their shots, according to Froehle, who added that because patients are afraid to come in person, they have had to transition people off of their injectable HIV treatments. This has caused patients to return to oral HIV treatments without the testing they would normally receive had ICE not been in Minneapolis. “[Oral treatments] weren’t super successful [for these patients] to begin with and that’s why they were on injectables.”

Oral HIV medications, too, must be taken consistently to work. In response, providers have urged patients to have their pills with them at all times in case they get deported or detained.

The caution is not unfounded. Federal immigration facilities have a history of denying adequate medical care to people living with HIV, despite internal standards that require them to comply. Since 2025, at least two men living with HIV have been denied access to their medication in a Brooklyn jail, according to lawsuits obtained by THE CITY. One man said he was only given his medication after his lips broke open and he developed an open pustule on his leg. And in January 2025, another man died of HIV complications while in ICE custody in Arizona.

Beyond being detained without proper medication, patients are at risk of being deported to countries with limited access to HIV care, like Honduras and Venezuela, experts say.

“A lot of men [from Venezuela] told me they left because it wasn’t safe to be gay there and because they struggled to access HIV care,” says Froehle. “It’s a little heartbreaking to see new folks not only face the threat of deportation, but to places where they didn’t feel safe medically or identity-wise.”

While ICE’s presence is threatening the infrastructure of HIV care that Minneapolis has built over

decades, experts say there has always been a blind spot in HIV care for the city's Latino community.

Vincent Guilamo-Ramos, executive director of the Institute for Policy Solutions at the Johns Hopkins University of Nursing, describes HIV in Latino communities as a "cascading disaster," the result of years of compounding inequities.

Numbers are rising because structural barriers and stigma are preventing Latinos from receiving care. A 2022 report from the Centers for Disease Control and Prevention found that between 2018 and 2020, nearly 1 in 4 Hispanic people living with HIV reported experiencing discrimination in health care settings. Lack of representation among providers, language barriers and deep-rooted medical mistrust further complicate access to care, according to Guilamo-Ramos.

Beyond the medical system, stigma within Latino communities can be equally damaging. According to Human Rights Campaign data, more than 78% of Latino LGBTQ youth reported experiencing homophobia or transphobia within the Latino community in 2024.

Sanchez agrees that stigma and bias are already massive barriers to care, citing the strict gender norms and Catholic beliefs many Latino communities hold. They say ICE's presence is threatening already delicate access to HIV care.

Palacios, who is Afro-Latine and living with HIV, says the heightened ICE presence is worsening barriers that have long undermined the Latino community's access to HIV care.

"The horizon has always been stark and dim," they say. "And this just feels like one more thing to address and to fight back against."

Navigating HIV care is becoming more difficult across the board, as the federal government has decimated HIV funding, compromising decades of progress made in the fight against the virus since Donald Trump retook office just over a year ago.

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In February 2026, three months into Operation Metro Surge, the Trump administration proposed slashing $600 million in HIV-related grants, targeting four blue states, including $42 million for Minnesota programs. A federal judge has temporarily blocked the cuts.

“We have all the tools, and yet we are staring down this rollback of infrastructure and research dollars, prevention efforts, treatment efforts, that are going to put us squarely back in the 1980s,” says Person, a national HIV expert who grew up in Minnesota. “[There] seems to be no other rationale for that besides cruelty, to be quite frank, since there’s no scientific reason for it.”

Jenny Harding, director of advancement at a Minneapolis-area supportive housing program for people living with HIV, says that while ICE’s presence is lessening in the Twin Cities, the “damage is done.”

Person says that this mending will take time, especially between the medical community and patients, since HIV providers can have a “very fragile” relationship with their clients.

“We need to hold our federal government accountable, particularly HHS, [and] we need to ensure that HIV funding remains intact,” Guilamo-Ramos says, adding that in order to lower rates of HIV in the Latino community, there should be more specialized efforts: such as bilingual and culturally aligned health care providers, community-based outreach programs co-located where risk is highest, trust-building initiatives to address medical mistrust, mobile clinics, and targeted programs to re-engage patients who have fallen out of care.

Aliveness Project’s patient numbers have increased in the last few weeks as the ICE operation has waned, but the clinic staff is keeping “a watchful eye” and is having “difficulty reaching folks who are understandably scared.”

Albé Sanchez outside Aliveness ProjectCourtesy of Uncloseted Media and Rewire News Group/Liam James Doyle

For Sanchez, seeing providers who speak Spanish and are of Latin heritage at Aliveness Project built enough trust for them to reach out and make an appointment despite the risks. Sanchez feels optimistic about their new injectable prevention strategy with the support of their clinic.

“There’s many places where you can receive care here in the Twin Cities where you might not see your skin tone. … There’s still a lot of health care professionals that unfortunately carry bias. … Aliveness is the opposite of that,” they say. “Seeing that representation and knowing someone has that cultural context of how to meet you in moments of sensitivity, it’s crucial.”

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