

Commentary

What Will It Take?

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Introduction

This commentary emerges in response to immigration enforcement in the United States, a system scaffolded atop “tough on crime” ideologies birthed during the Clinton administration and security theatre ushered in by George W. Bush in the aftermath of 9/11, policies reinforced by Barack Obama and Joe Biden and escalated under Donald Trump to the live-streamed ICE raids and executions we see today. These policies should not surprise us, given this genealogy. Any astonishment, dismay, bewilderment at contemporary United States state violence is resolutely ahistorical. The United States is unquestionably built on dispossession, genocide, and chattel slavery. Under these circumstances, the violent realities of life under the Trump administration are not novel or unexpected. Instead, in the aftermath of

the summary execution of nurse Alex Pretti on January 24 2026, on the heels of the cold-blooded murder of mother Renee Good, the outpouring of public outrage reveals the dawning realization that the violence is coming for us, too. By “us” here we mean those of us who have enjoyed relative social, political, economic, and cultural safety who could easily disregard the 237 documented deaths in ICE custody over the last decade (Walker, 2026). The only thing new about the violence is its proximity to groups of people previously insulated from it.

In the face of this rising authoritarianism, professional nursing organizations (“nursing”), inclusive of the American Nurses Association who asserts the “power of nursing” in an effort to lead the discipline, fail us. Rather than engaging substantively in repairing and resisting the harms of a state hellbent on control, power, and subjection, nursing refuses to grapple with its own participation in carceral logics, surveillance, and punishment (Jenkins, Wolfe & Dillard-Wright, 2024; Perron, Fluet & Holmes, 2005). Instead, nursing organizations pop up in the aftermath of spectacles of violence, offering

tepid thoughts and prayers, assuming a tone of generalized indignation and grief (American Nurses Association. Jan 24 2026). Such narratives frame nursing as politically neutral, oblivious to and detached from ever-expanding forms of state violence, and inherently benevolent — an intrinsically political frame (For more on the politics of nursing neutrality, see Dillard-Wright, 2025a, 2025b; Jenkins, 2025). Under this hegemony, nursing ethics are operationalized in palatable and polite ways that obscure, normalize, and individualize violence rather than expose its structural dimensions. For us, this neutralizes any moral authority professionalized nursing might claim. Claims to moral authority as the most trusted profession are further undermined when nursing weighs in only when one of their own is harmed, as in the case of Alex Pretti.

But Alex Pretti was not shot because he was a nurse. To imagine so is a cooptation, an act of posthumous exploitation. His murder is not some specific affront to the nursing profession—and it is a demoralizing abjection that nursing can only see or understand their stake in the political landscape when violence steals a nurse’s life, a white male nurse. As if somehow Renee Good - a queer woman- was less worthy of our consideration. Or Keith Porter, Jr., a Black man, killed in December by an off-duty ICE officer (Levin, Jan 17 2026). Or the people who have died in ICE custody – at least 32 in 2025 and already 8 in January of 2026 (Hellmann, Jan 28 2026).

Alex Pretti, we imagine, was a nurse for the same reasons he was out protecting his neighbors during ICE’s occupation: “Alex,” according to his parents, “wanted to make a difference in this world” (Jim Sciutto, Jan 24 2026). In this desire, Alex is not alone. Nurses have shown up and shown out across space and time to effect social change in robust and overt ways. In thinking about nurse resistors, the life and memory of Maria Stromberger, an Austrian nurse who served as head nurse at Auschwitz under Nazi German control, comes to mind. While occupying an official role within a genocidal institution, Stromberger smuggled food, medications, and weapons into the camp, materially supporting resistance and survival in a system organized for death (Benedict, 2006). Unlike Stromberger, however, many nurses were content to participate in the Nazi regime euthanasia programs, using their nurse training and authority to murder more than 10,000 people in the name of medicine, efficiency, and obedience (Benedict & Kuhla, 1999).

Stromberger was not the only one. Across histories of occupation and empire, nurses have made divergent choices under violent regimes, beyond and despite the institution of nursing. During the Algerian liberation struggle, nurses working with the Front de Libération Nationale and its armed wing, the

Armée de Libération Nationale, operated clandestine clinics, falsified records, hid combatants in hospitals, and rerouted medical supplies away from French colonial forces (Ferial Naili, Oct 31 2024). In the United States, Black Panther Party community health nurses organized free clinics, resisted the police, and exposed medical neglect as a deliberate form of state violence (Branch, 1973; Gatrall, Oct 29 2020). They did not seek professional recognition from the state or the nursing profession – and in fact often faced considerable resistance from both. Instead, nurses worked in and alongside their communities to build parallel systems for survival, recognizing that no institution would support them, let alone save them.

As the US two-steps in an embarrassingly predictable way toward the drum beat of white supremacist fascism, the nursing profession and especially disciplinary “leaders” give little indication that there will be an organized response beyond complicity and falling into lockstep. At the very best, we get flaccid calls for investigations and better federal officer training, and other vapid reformist solutions that ultimately serve to sanitize and stabilize violent systems (Mbembe, 2019). Such strategies present significant benefits, as they permit the profession and its ostensive leaders to retain proximity to state power while shielding themselves from critiques and revolts against it.

We – the authors – are no longer interested in mourning nursing’s complacency and complicity under fascism. Nor can we afford to waste time convincing, cajoling, coddling to bring nursing along. Staccato expressions of grief substitute for action, offered after the fact and without meaningful next steps, keep us all activated without changing anything at all. The reality is that we are at a crossroads. Nurses must decide, individually and collectively, whether or not we will intervene in the conditions killing our patients, our neighbors and, increasingly, one another.

As communities come together to decide what survival looks like, professionalized nursing can pitch in or they can do what they usually do. Nurses, we think, will show up. In answer to how nurses might respond and support the communities of which they are part, we invoke questions. These are real questions being asked between neighbors, in Signal chats, and among community groups: Do you know how to help someone who has been pepper sprayed? Do you have ear protection that can withstand a long-range acoustic device? Can you care for a globe rupture caused by a rubber bullet? Do you have a tourniquet? How will you defend yourself if it comes to that? Do you have a respirator that filters tear gas? Do you have a communication system that can’t be monitored and will function in the absence of functioning internet, cell towers,

and electrical grid? Do you have an exit plan in case a situation escalates? Do you have enough food, water, and medication for you and your family? For how long? Are you eating well? Are you getting your body as fast and strong as possible? What strategies and tools are available to you to protect your spaces? Can you build a barricade in under 15 minutes? Are you part of a buddy system, and do you and fellow nurses check in with one another at regular intervals? While not the standard fare of institutionalized nursing, these questions reflect the realities of the threats faced by communities subject to increasing authoritarian violence – questions salient long before the current escalation of ICE violence for many in our communities. What no one needs is another nursing PowerPoint, one more flaccid letter, any more doubledealing lobby efforts designed to prop up nursing without regard to the maelstrom beyond the profession's bounds.

Unlike our usual approach, we will not conclude with reassurance. How can we possibly reassure anyone as we witness endless videos of terrified people surrounded by federal officers with rifles? As we watch yet another angle of the execution of nurse Alex Pretti? No more handwringing. No more strongly worded letters. Time for action. Time for accountability. Time for change. Time for community and resistance. Time for nursing to cash in some of its precious social capital in service to finally walking the talk we so relentlessly blather on about. There is no ethical neutrality, our innocence is not credible.

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