

House Select Committee on Racial Justice Report to the Legislature

December 22, 2020

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Reader Note: This report summarizes public testimony and articles provided by members of the public to the Select Committee. The report is therefore a summary of the statements and positions taken by those presenting to the committee. To the extent feasible, we have included citations and links to the actual testimony. The result is a readable summary of testimony that often draws from sources that may not all be cited herein.

I. Background

A. Enabling Resolution

The House Select Committee on Racial Justice (“Select Committee”) was established by the Minnesota Legislature in 2020 (see [Minnesota Laws Second Special Session 2020, House Resolution 1](#), Appendix A) to declare and address racism as a public health crisis and to ensure House legislative efforts are analyzed through an intersectional racial equity lens. The enabling resolution focused on several goals:

1. Collaborate with the state's legal and justice agencies and the community to work to ensure public confidence that public safety is administered equitably.
2. To study, evaluate, and conduct an assessment of the existing policies and practices of the Minnesota House of Representatives through an intersectional lens of racial equity, setting measurable goals to advance equity through these policies and practices.
3. Conduct an assessment related to all human resources, vendor selection, including reviewing internal processes and practices related to hiring, promotions, and leadership appointments.
4. To enhance data-driven education efforts on understanding, addressing, and dismantling racism, and how racism affects public health, family stability, early childhood education, economic development, public safety, housing, and the delivery of human services.
5. Supporting local, regional, and federal initiatives that advance efforts to dismantle systemic racism and partnering with local organizations with a demonstrated track record of confronting racism, and meaningfully engaging with communities of color.

B. Select Committee Membership

The Speaker of the House, Melissa Hortman, appointed the 13 members of the Select Committee on Racial Justice:

- Committee Co-Chair Representative Rena Moran
- Committee Co-Chair: Representative Ruth Richardson
- Committee Vice Chair Representative Lisa Demuth
- Representative Jamie Becker-Finn
- Representative Rob Ecklund
- Representative Heather Edelson
- Representative Kaohly Her
- Representative Erin Koegel
- Representative Sandy Layman
- Representative Jamie Long
- Representative Anne Neu
- Representative Steve Sandell
- Representative Dean Urdahl

II. Select Committee Meetings

The Select Committee held a series of informational hearings focused on providing definitions, a historical framework, and current data related to the impact of systemic racism and race-related disparities in the fields of health, education, housing, public safety, and economics.

The Select Committee invited experts and researchers in these fields from across Minnesota and the United States to testify and conducted public meetings to gather testimony from interested community members from around the state.

The Select Committee met six times. Audio of each Select Committee meeting as well as meeting minutes, agendas, and handouts are all available on the [Select Committee on Racial Justice website](http://www.house.leg.state.mn.us/committees/home/91036) (www.house.leg.state.mn.us/committees/home/91036).

This report uses the term “Black, Indigenous, and People of Color” (“BIPOC”) to refer to the Native and Indigenous North and South American, Black and African-descendant, Latinx, Asian and Pacific Islander, and non-white communities that have faced racial oppression in the United States. The report also occasionally uses the term “communities of color,” which is intended to have the same meaning as BIPOC.

Meeting One - September 22, 2020

Topics, testimony, and presenters included:

- **“What is Racism?”** presented by Dr. Camara Jones, M.D., M.P.H., Ph.D.
- **“Maternal-child Health Mortality and Morbidity Black Reproductive Health: Getting at the Root Cause of Inequity,”** presented by Dr. Rachel Hardeman, Ph.D., M.P.H.

Meeting Two - September 29, 2020

Topics, testimony, and presenters included:

- **“Adverse Childhood Experiences (ACES) and Racism,”** presented by:
 - Dr. William H. Dietz, M.D., Ph.D., Chair, Sumner M. Redstone Global Center for Prevention and Wellness, Milken Institute School of Public Health, George Washington University
 - Dr. Wendy R. Ellis, Ph.D., M.P.H., Assistant Professor, Global Health; Director, Center for Community Resilience, Sumner Redstone Global Center for Prevention and Wellness, Milken Institute School of Public Health, George Washington University
 - Linsey McMurrin, Director of Prevention Initiatives and Tribal Projects, Family Wise Services - Prevent Child Abuse MN; Certified ACE Interface Master Trainer

Meeting Three – October 6, 2020

Topics, testimony, and presenters included:

- **Historical trauma of Indigenous people in Minnesota**, testimony by Dr. Kate Beane, Ph.D. (Flandreau Santee Sioux Dakota) Public Historian and Educator and Carly Bad Heart Bull, J.D. (Flandreau Santee Sioux Dakota), Executive Director of Native Ways Federation
- **Historical trauma of African Americans in Minnesota**, testimony by Sam Simmons, LADC Behavioral Consultant, Samuel Simmons Consulting

Meeting Four – October 13, 2020

The Select Committee invited the public to testify on the impact of racism on communities in Minnesota.

(See Appendix B for Meeting Minutes and a list of individuals who testified for the committee.)

Meeting Five – October 20, 2020

The Select Committee watched an excerpt from the Twin Cities Public Television (TPT) documentary “Jim Crow of the North,” as it relates to the economic costs of racism in Minnesota, and heard from Dr. Bruce Corrie, Ph.D., who testified on the topic of “The Economic Costs of Racism.”

Meeting Six – December 22, 2020

The Select Committee adopted the final report to the Legislature.

III. Definitions

This section defines terms used in the discussion of racial justice and in this report. The terms include racism, equity, inclusion, social justice, racial privilege, social determinants of health, health equity, and environmental justice.

Racism

It is not uncommon for conversations on racism to derail when people are using terminology in different ways. A key challenge to effective communication about race is to move people from the individualized definition of racism to a focus on the systemic interpretation of racism. According to the [Annie E. Casey Foundation](#) “to illuminate racism, we need to name it, frame it and explain it.” The foundation speaks to the importance of establishing “a shared language to present data, describe conditions and outcomes, and identify root causes of inequities to create a platform for coordinated work toward equitable outcomes.”¹

According to the [American Public Health Association](#), “racism is defined as a system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call ‘race’), that unfairly disadvantages some individuals and communities, unfairly advantages other individuals and communities, and saps the strength of the whole society through the waste of human resources.”²

“**Racism is a system**, not an individual character flaw or a personal moral failing. It is a system of power that structures opportunity (education, housing, jobs, justice) and assigns value (worthy or unworthy, full of potential or full of menace) based on so-called “race”, the social interpretation of how we look.”³

According to Dr. Camara Jones, [the system of racism](#) has three critical impacts.⁴ “First, racism unfairly disadvantages some individuals and communities. When we think or talk about racism at all in this country, this is what we see.”

“But it is important to understand that every unfair disadvantage has its reciprocal unfair advantage. The second impact of racism is that it unfairly advantages other individuals and

¹ “Equity vs. Equality and Other Racial Justice Definitions,” *Casey Connects* (blog), The Annie E. Casey Foundation, Aug. 24, 2020, <https://www.aecf.org/blog/racial-justice-definitions/>.

² Racism and Health, American Public Health Association, <https://www.apha.org/topics-and-issues/health-equity/racism-and-health>.

³ “How Racism Makes People Sick: A Conversation with Camara Phyllis Jones, M.D., M.P.H., Ph.D.,” Kaiser Permanente Institute for Health Policy (blog), Aug. 2, 2016; <https://www.kpihp.org/blog/how-racism-makes-people-sick-a-conversation-with-camara-phyllis-jones-md-mph-phd/>.

⁴ Id.

communities. That is the whole notion of unearned White privilege that we hardly ever talk about in this nation.”

“The third, and perhaps most profound, impact is that racism is sapping the strength of the whole society by wasting human resources. When the brilliance in some of our communities is ignored and we’re not investing in the full education of our kids—because we don’t think there is genius in the barrios or in the ghettos or on the reservations—that’s sapping the strength of our whole society.”

In short, the definition of racism is not centered on a narrow interpretation of “who’s racist and who’s not.” Rather the definition is more comprehensively focused on the systemic impact of racism, which has a harmful impact on our entire state and nation. We are all adversely impacted by the system of racism, and we all play a role in addressing the adverse impacts.

Internalized Racism

“Internalized racism describes the private racial beliefs held by and within individuals. The way we absorb social messages about race and adopt them as personal beliefs, biases, and prejudices are all within the realm of internalized racism.”

“For people of color, internalized oppression can involve believing in negative messages about oneself or one’s racial group. For White people, internalized privilege can involve feeling a sense of superiority and entitlement or holding negative beliefs about people of color.”⁵

Institutional Racism

“Institutional racism is racial inequity within institutions and systems of power, such as places of employment, government agencies, and social services. It can take the form of unfair policies and practices, discriminatory treatment, and inequitable opportunities and outcomes.”

“A school system that concentrates people of color in the most overcrowded and under-resourced schools with the least qualified teachers compared to the educational opportunities of White students, is an example of institutional racism.”⁶

Equity versus Equality

“Equity involves trying to understand and give people what they need to enjoy full, healthy lives. Equality, in contrast, aims to ensure that everyone gets the same things in order to enjoy

⁵ “Equity vs. Equality.”

⁶ Id.

full, healthy lives. Like equity, equality aims to promote fairness and justice, but it can only work if everyone starts from the same place and needs the same things.”⁷

Inclusion

“Inclusion is the action or state of including or of being included within a group or structure. More than simply diversity and numerical representation, inclusion involves authentic and empowered participation and a true sense of belonging.”⁸

Social Justice

“Justice is the concept of fairness. *Social Justice* is fairness as it manifests in society. That includes fairness in healthcare, employment, housing, and more. Discrimination and social justice are not compatible.”⁹

Racial Privilege

“Like two sides of the same coin, racial privilege describes race-based advantages and preferential treatment based on skin color, while racial oppression refers to race-based disadvantages, discrimination, and exploitation based on skin color.”¹⁰

Social Determinants of Health

The CDC defines the social the determinants of health as follows. “Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Conditions (e.g., social, economic, and physical) in these various environments and settings (e.g., school, church, workplace, and neighborhood) have been referred to as “place.” In addition to the more material attributes of ‘place,’ the patterns of social engagement and sense of security and well-being are also affected by where people live. Resources that enhance quality of life can have a significant influence on population health outcomes. Examples of these resources include safe and affordable housing, access to education, public safety,

⁷ Id.

⁸ Id.

⁹ “What Does Social Justice Mean?” Human Rights Careers, <http://humanrightscareers.com/issues/what-does-social-justice-mean/>.

¹⁰ “Equity vs. Equality.”

availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins.”¹¹

Health Equity

Dr. Camara Jones defines “health equity as the realization by all people of the highest attainable level of health. Achieving equity requires valuing all individuals and populations equally, and entails focused and ongoing societal efforts to address avoidable inequalities by assuring the optimal conditions for optimal health for all groups. This is particularly critical for those who have experienced historical or contemporary injustices or socioeconomic disadvantage.”¹²

Environmental Justice

“The principle of environmental justice asserts that no people, based on their race or economic status, should be forced to bear a disproportionate burden of environmental risks.”¹³

“Environmental justice deals explicitly with the distribution of environmental benefits and the burdens people experience, at home, at work, or where they learn, play, worship and spend leisure time.”¹⁴ In short, environmental justice is an important part of the struggle to improve and maintain a clean and healthful environment, especially for those who have traditionally lived, worked, and played closest to the sources of pollution.

¹¹ “Social Determinants of Health: Know What Affects Health,” Center for Disease Control and Prevention, <https://www.cdc.gov/socialdeterminants/index.htm>.

¹² Camara Jones, “Introduction to Health Equity and Social Determinants of Health,” *Achieving Behavioral Health Equity for Children, Families, and Communities: Proceedings of a Workshop*, National Center for Biotechnology Information, 2019, <https://www.ncbi.nlm.nih.gov/books/NBK540766/>.

¹³ “What Is Environmental Justice and Why Should We Care?” Sustainability Office, Colgate University, April 23, 2014.

¹⁴ Social and environmental justice, Forest Research, <https://www.forestresearch.gov.uk/tools-and-resources/urban-regeneration-and-greenspace-partnership/greenspace-in-practice/practical-considerations-and-challenges-to-greenspace/social-and-environmental-justice/>.

IV. Racial Disparities: The Minnesota Paradox

This report chronicles the persistent and unacceptable racial disparities that permeate our state and our nation’s economic, education, health care, child protection, and public safety systems. The report highlights research findings that address the rates of racial disparity and provides an introduction to their underlying causes throughout the various systems explored. The historical context of racial disparities reveals a narrative that government-sanctioned policies and practices have facilitated an unequal playing field and created barriers for BIPOC communities.

With this historical context we shine a light on and indict the systems that have created and perpetuated racial disparities that persist today. Too often we present racial disparities as a mere reflection of statistics. However, behind the numbers are the powerful stories of real people who bear the pain and harm of a legacy of government-sanctioned historical trauma. Addressing these persistent inequities takes more than contextualizing the history. Addressing these disparities requires a commitment to action. The report concludes with a series of recommendations on how the Minnesota Legislature can work to reduce and eliminate disparities.

This section discusses racial disparities in Minnesota and provides further information based on testimony at committee hearings. As is detailed below, the committee finds that: (1) systemic racism exists; (2) systemic racism is harmful; and (3) systemic racism must be addressed

In recent years, the elimination of racial and ethnic disparities has received more attention in Minnesota from the legislature, governor’s office, educational institutions, philanthropic organizations, faith communities, health care associations and the state’s business community. University of Minnesota Economist Dr. Samuel Myers coined the term the “Minnesota Paradox”¹⁵ to illustrate the tale of two states with specific groups of Minnesotans experiencing a high quality of life and other groups of Minnesotans experiencing poor outcomes and persistent racial disparities. These disparities are some of the worst in the nation and are measured by racial gaps across systems in unemployment, income, wealth, incarceration rates, arrest rates, homeownership rates, mortgage lending rates, home appraisal rates, test scores, reported child maltreatment rates, out-of-home placement rates, school discipline, air quality, life expectancy, maternal and infant mortality and morbidity, and even drowning rates.

Although BIPOC Minnesotans make up a little over 20 percent of the population, they are consistently over-represented in the harmful disparities present in every system in our state.

¹⁵ Samuel L. Myers, Jr., “The Minnesota Paradox,” Hubert H. Humphrey School of Public Affairs, <https://www.hhh.umn.edu/research-centers/roy-wilkins-center-human-relations-and-social-justice/minnesota-paradox>.

Minnesota Race and Hispanic Origin – U.S. Census Bureau 2019¹⁶	Percent
Black or African American alone	7.0%
American Indian and Alaska Native alone	1.4%
Asian alone	5.2%
Native Hawaiian and Other Pacific Islander alone	0.1%
Two or More Races	2.6%
Hispanic or Latino	5.6%
White alone	83.8%
White alone, not Hispanic or Latino	79.1%

The Economic Costs of Racism

Demanding an end to systemic racism, and a remedy for its harmful legacy, is not just a moral imperative, but an economic one. When we talk about systemic racism “[sapping the strength of the whole society](#)”¹⁷ that includes the reality that systemic racism is expensive. A [recent study](#) conducted by CITI group estimates the U.S. economy lost \$16 trillion dollars, and an estimated 6.1 million jobs were not generated over the past 20 years because of discrimination against Black people in areas including education, access to business loans, and housing credits.¹⁸ Economist Dr. Bruce Corrie’s [research on racial disparities](#)¹⁹ estimates BIPOC Minnesotans have lost an estimated \$287 billion dollars. This includes a \$22 billion loss in income because of the wage gap, \$174 billion loss in lifetime earnings because of educational opportunity and skills gaps, \$24 billion loss in homeownership, higher rent burdens and higher property taxes, and \$67 billion loss in business revenue because of the capital gap. Continued failure to confront racism will continue to perpetuate a racial wealth gap and a less prosperous Minnesota.

Minnesota’s Racial Wealth Gap

The U.S. and the Minnesota racial wealth gap is substantial, and it has been and continues to be driven by public policy decisions. The current racial wealth gap has its roots in the historical legacy of public policy decisions built on a system of racial inequality. The racial wealth gap is not an accident, but rather the consequence of decades of racial inequality that created barriers to wealth accumulation. These barriers include explicit prohibition during chattel

¹⁶ <https://www.census.gov/quickfacts/MN>.

¹⁷ “Racism and Health,” American Public Health Association, <https://www.apha.org/topics-and-issues/health-equity/racism-and-health>.

¹⁸ Dana M. Peterson and Catherine L. Mann, “Closing the Racial Inequality Gap: The Economic Cost of Racial Inequality in the U.S.,” Citi Global Perspectives and Solutions, Sept. 2020, <https://www.citivelocity.com/citigps/closing-the-racial-inequality-gaps/>.

¹⁹ Bruce Corrie, “The Minnesota Solution to Close the \$287 Billion Racial Economic Gap,” Empowering Strategies, <https://empoweringstrategies.org/the-minnesota-solution-to-close-the-287-billion-racial-economic-gaps/>.

slavery and unequal treatment following the emancipation proclamation. In the aftermath of emancipation [public policy decisions](#) supported legally mandated segregation in education, housing, and in the labor market.²⁰ Furthermore, government-sanctioned practices like redlining served to reduce access to capital in Black neighborhoods. Labor markets are also one of the primary drivers of the racial wealth gap, and the impacts of government-sanctioned discrimination in the labor market created uneven and unequal foundations for BIPOC families. The median Black family in the Twin Cities area earns \$38,178 annually, which is less than half of the median White family income of \$84,459 annually. The state of Minnesota has the second largest income inequality gap between Blacks and Whites in the United States, only the District of Columbia is worse.²¹

Minnesota's Wage Gap

The disparity in median income is impacted by the wage gap. Compared to White Minnesotans, Asian people earn 94 cents on the dollar, Black people earn 71 cents, Latinx people earn 70 cents, and Indigenous people earn 68 cents. These wage disparities are rooted in historic injustices and carried forward by practices and policies that fail to reverse inequitable trends.²² As a result, poverty rates in Minnesota are especially high among Black (28.6 percent) and Indigenous Minnesotans (28.2 percent).²³

The COVID Pandemic Exacerbates Disparities

Prior to the COVID-19 pandemic, the Black [unemployment rate](#) in Minnesota was at a historic low, however, it was still double the White rate of unemployment.²⁴ The pandemic has only served to exacerbate existing disparities. The Minnesota Department of Employment and Economic Development reports that an estimated [one in two](#) Black workers in Minnesota have

²⁰ Dionissi Aliprantis and Daniel R. Carroll, "What is Behind the Persistence of the Racial Wealth Gap?", Federal Reserve Bank of Cleveland, 2019, <https://www.clevelandfed.org/en/newsroom-and-events/publications/economic-commentary/2019-economic-commentaries/ec-201903-what-is-behind-the-persistence-of-the-racial-wealth-gap.aspx>.

²¹ Greg Rosalsky, "Minneapolis Ranks Near the Bottom for Racial Equality," Planet Money, National Public Radio, June 2, 2020, <https://www.npr.org/sections/money/2020/06/02/867195676/minneapolis-ranks-near-the-bottom-for-racial-equality>.

²² Dr. Bruce Corrie presentation to the committee on Oct. 20, 2020; data from Bureau of Labor Statistics.

²³ "People in Poverty in Minnesota," Minnesota Department of Health, Minnesota Public Health Data Access, https://data.web.health.state.mn.us/poverty_basic#:~:text=Poverty%20has%20increased%20in%20Minnesota&xt=Recently%20about%2010%25%20of%20people,in%20nine%20children%20in%20Minnesota.

²⁴ Ibrahim Hirsi, "Yes, the unemployment rate among black Minnesotans is at a record low. But it's still almost double the state average," *MinnPost*, June 19, 2018, <https://www.minnpost.com/good-jobs/2018/06/yes-unemployment-rate-among-black-minnesotans-record-low-its-still-almost-double-s/>.

applied for unemployment since mid-March compared with one in four White workers.²⁵ The impact of the pandemic continues to be felt and an estimated 60 percent of Black workers and 46 percent of Indigenous workers have filed for Unemployment Insurance benefits.

The racial wage and wealth gaps in Minnesota are not a new phenomenon. The COVID pandemic has shined a bright light on the inequities experienced by BIPOC Minnesotans and has led to a deepening of already unacceptable disparities. These disparities are not an accident. Instead, they reflect the design of our historical and current public policy decisions. Understanding that racially discriminatory public policy decisions shaped these disparities, the Legislature will need to consider and implement racially conscious policy changes to overcome these disparities.

Housing Disparities

Access to safe and affordable housing is the foundation to a healthy life. In the United States and in Minnesota, housing has also been a foundation for racism, discrimination, and exclusion. There is a historical record of discriminatory displacement in Minnesota, and the legacies of those forced removals are felt in the present day. The forced removal of the Dakota people in 1851, the destruction of the immigrant community on the Riverside Flats in the 1960s, the displacement of upper-middle, middle class, and working-class Black Minnesotans in the Rondo Community with the construction of Interstate 94 are just a few examples. At one point in Minnesota's history, Black residents had high homeownership rates. Unfortunately, these households faced government-sanctioned displacement from their neighborhoods, encountered redlining policies, and had to contend with discriminatory policies that limited their employment opportunities.

The *State of the State's Housing 2019* report demonstrates that the failure to address significant and increasing gaps between housing costs and income has created severe and damaging impacts that disproportionately impact BIPOC Minnesotans. Minnesota has one of the largest renter populations in the Upper Midwest with 611,160 renter households. In addition, Minnesota consistently has one of the highest homeownership rates in the country. However, BIPOC households are much less likely to own homes than White households. While 77 percent of White households own their home, 57 percent of Asian, 46 percent of Native Americans, 45 percent of Latinx, and just 24 percent of Black households own their home. Minnesota has one of the widest homeownership gaps in the nation. In Minnesota, only 39

²⁵ Kavita Kumar, "Half of Black workers in Minnesota have lost work during pandemic," *StarTribune*, July 18, 2020; <https://www.startribune.com/half-of-black-workers-in-minnesota-have-lost-work-during-pandemic/571820441/>.

percent of BIPOC households are homeowners, compared with 75 percent of White households.²⁶

In addition to the homeownership gap, there are disparities in households experiencing cost burden. “Cost Burden” is when a household spends more than 30 percent of its income on housing. When housing costs exceed 30 percent of a household’s income each month, families are less likely to have sufficient resources to pay for basic needs like food, medicine, health care, and transportation. In total, an estimated 27 percent of Minnesotan households are cost burdened. There are clear racial disparities present as 40 percent of BIPOC households are cost burdened compared with 23 percent of White households.²⁷

Homeownership is critical to the accumulation of wealth and is a significant factor in the stark difference between the net worth of White families and Black families. In the United States, people have primarily built their wealth and transferred it to their descendants through homeownership. Many obstacles including government-sanctioned policies and programs have hindered the ability of Black Minnesotans to buy property. The Federal Housing Administration (FHA) played a significant role in denying homeownership to Black Minnesotans by refusing to insure mortgages in predominantly Black neighborhoods in a practice known as redlining, named for the color-coded maps the FHA used to determine which mortgages to insure. The system of redlining built, by design, a cycle of segregation. That segregation has persisted for decades even after redlining was suspended. The result is a significant gap between White and Black homeownership today—the largest since 1890. This racial housing gap is a driving factor in the racial wealth gap.²⁸

Another critical driving factor is the fact that houses in predominantly Black neighborhoods have been generally appraised at lower values than houses located in neighborhoods that are majority-White. Even when comparing similar housing stocks that have consistent characteristics in age, square footage, number of bedrooms, etc., this undervaluing persists. A recent study finds that the racial makeup and composition of a neighborhood is a “stronger determinant” of a home’s appraised value in 2015 than in the 1980, to Black homeowners’ increasing disadvantage. Analyzing reported home values, “Howell and Korver-Glenn found that the race appraisal gap has doubled since 1980: The difference in average home appraisals

²⁶ *State of the State’s Housing 2019: Biennial Report of the Minnesota Housing Partnership*; page 8, <http://www.mhponline.org/images/stories/images/research/SOTS-2019/2019FullSOTSFinal-small.pdf>.

²⁷ *Id.*, page 6.

²⁸ Adam J. Levitin, “How to Start Closing the Racial Wealth Gap,” *The American Prospect*, June 17, 2020, <https://prospect.org/economy/how-to-start-closing-the-racial-wealth-gap/>.

between neighborhoods that are majority-White and those that are predominantly Black and Latinx was \$164,000 in 2015, up from about \$86,000 in 1980.”²⁹

Black homeowners consistently have their homes undervalued, even when their own homes are located in predominantly White neighborhoods.^{30, 31} Differences in home and neighborhood quality do not fully explain the devaluation of homes in Black neighborhoods. Homes of similar quality in neighborhoods with similar amenities are worth 23 percent less (\$48,000 per home on average, amounting to \$156 billion in cumulative losses) in majority Black neighborhoods, compared to those with very few or no Black residents.³²

The impacts of over 50 years of barriers to Black homeownership continue to be felt today. These barriers have meant a disproportionate number of Black families in Minnesota and across the nation have been left out of the benefits of home price appreciation. The appreciation of homes is one of the key drivers to wealth accumulation in our nation. “The Federal Reserve’s Survey of Consumer Finances reported that as of 2016, Black homeowners continued to hold the least amount of housing wealth compared to other racial groups. The median amount of housing wealth for a Black family was \$124,000, while the median amount for White families was \$200,000, Latinx households \$158,000, and other households \$240,000.”³³

“The racial wealth gap is much larger than the wage or income gap by race. Average wealth for White families is seven times higher than average wealth for Black families. Worse still, median White wealth (wealth for the family in the exact middle of the overall distribution—wealthier than half of all families and less-wealthy than half) is *twelve times* higher than median Black wealth. More than one in four Black households have zero or negative net worth, compared to less than one in ten White families without wealth, which explains the large differences in the racial wealth gap at the mean and median. These raw differences persist, and are growing, even after taking age, household structure, education level, income, or occupation into account. Overall, housing equity makes up about two-thirds of all wealth for the typical

²⁹ Brentin Mock, “A Neighborhood’s Race Affects Home Values More Now Than in 1980,” *Bloomberg CityLab*, Sept. 21, 2020, <https://www.bloomberg.com/news/articles/2020-09-21/race-gap-in-home-appraisals-has-doubled-since-1980>.

³⁰ Debra Kamin, “Black Homeowners Face Discrimination in Appraisals,” *The New York Times*, Aug. 25, 2020, <https://www.nytimes.com/2020/08/25/realestate/blacks-minorities-appraisals-discrimination.html>.

³¹ Alesandra Dubin, “What Does Racism Have to Do with Real Estate Appraisals?” *HomeLight*, Sept. 30, 2020, <https://www.homelight.com/blog/buyer-real-estate-appraisals-racism/>.

³² Andre M. Perry, Jonathan Rothwell, and David Harshbarger, “The Devaluation of Assets in Black Neighborhoods,” *Brookings*, Nov. 27, 2018, <https://www.brookings.edu/research/devaluation-of-assets-in-black-neighborhoods/>.

³³ See Appendix D: “Closing the Racial Inequality Gap: The Economic Cost of Black Inequality in the U.S.” *Citi Global Perspectives and Solutions*, Sept. 2020.

(median) household. In short, for median families, **the racial wealth gap is primarily a housing wealth gap.**³⁴

Policy decisions have played a central role in creating and maintaining the racial wealth gap. Race conscious and discriminatory policies created the foundation for the racial wealth gap and that reality means it will be difficult to close the gap with merely a focus on individual choices and behaviors of African-Americans. “Educational attainment, the right occupation, and full-time employment are necessary, but not sufficient conditions for building wealth (and even equalizing these between races would be nothing short of miraculous). The typical Black family with a head of household working full-time has **less wealth** than the typical White family whose head of household is unemployed.³⁵ This outcome holds for Black families regardless of the time and money spent on educational attainment. Median wealth for Black families whose head of household has a college degree, for example, has only one-eighth the wealth of the median White family whose head of household has a college degree. Even the typical Black family with a graduate or professional degree had more than \$200,000 less wealth than a comparable White family.”³⁶

Disparities in State Procurement

Disparities have also been identified in the state’s procurement and contracting. The **2017 Minnesota Joint Disparity Study** found substantive disparities between the number of minority-owned businesses in Minnesota and the procurement dollars spent by the state with these businesses.³⁷ The analysis found that only 1.39 percent of procurement dollars went to minority-owned businesses; this is only one-fifth of the share of dollars that the analysis found could have gone to these businesses based on availability. Furthermore, minority-owned businesses were less likely than majority-owned firms to have been awarded or bid on contracts of \$1 million or more.

Significant research demonstrates that BIPOC business owners are not on a level playing field with White peers when it comes to winning government contracts. This begins with even starting a business; BIPOC entrepreneurs face discriminatory lending practices, including disproportional loan denial rates, that inhibit the ability to launch a business and then to grow

³⁴ Janelle Jones, “The racial wealth gap,” *Working Economics* (blog), Economic Policy Institute, Feb. 13, 2017, <https://www.epi.org/blog/the-racial-wealth-gap-how-african-americans-have-been-shortchanged-out-of-the-materials-to-build-wealth/>.

³⁵ Darrick Hamilton and William Darity, Jr., “The Political Economy of Education, Financial Literacy, and the Racial Wealth Gap,” *Economic Research Review*, First Quarter 2017, vol. 99, no. 1, Federal Reserve Bank of St. Louis, Feb. 15, 2017, <https://www.stlouisfed.org/~media/Files/PDFs/HFS/20160525/papers/Hamilton-paper.pdf>.

³⁶ Jones, “The racial wealth gap.”

³⁷ 2017 Minnesota Joint Disparity Study: Phase 1 Report, prepared for Minnesota Department of Administration, by Keen Independent Research, Jan. 2017, https://mn.gov/admin-stat/documents/Keen_Independent_2017_Minnesota_Joint_Disparity_Study_Phase_1_Report.pdf.

large enough to be eligible for certain government contracts.³⁸ Furthermore, racial bias in hiring and advancement practices throughout contracting industries creates barriers for BIPOC employees from entering the field or from advancing to the managerial positions that often develop the skills, confidence, and relationships often needed to start one's own business.³⁹

There remain substantial barriers to winning government contracts even for those BIPOC entrepreneurs that do overcome these barriers and successfully build their own businesses. Business relationships and the "good ol' boy" network are purportedly an important aspect of the bidding process that disadvantages BIPOC-owned businesses that may face stereotyping and racial bias.⁴⁰ States and municipalities that desire to reverse the gap in contracting face legal hurdles. The 1989 *City of Richmond v. J.A. Croson Company* Supreme Court decision significantly limits the ability of state and local governments to operate race-conscious contracting programs.⁴¹

Education Disparities

The State of Minnesota has one of the nation's worst education opportunity gaps between Black and White students. In 2019, Minnesota ranked 50th when it comes to racial disparities in high school graduation rates.⁴² Data from the National Center for Education Statistics shows the contrast in outcomes for Minnesota students. Nationally, the high school graduation gap between Black and White students is 11 percent – 89 percent for Whites compared with 78 percent for Black students. In Minnesota, that gap is 20 percent for Black students, 37.4 percent for Indigenous students, and 21.6 percent for Latinx students. Only one in three Black and Indigenous students in Minnesota are meeting math standards and only one in four are meeting reading standards; this is less than half the achievement rate of White students.⁴³

Disparities in academic achievement are not caused by innate differences between the academic ability of students of different races; rather, a compounding set of circumstances limits the opportunities afforded to BIPOC children and prevents too many from reaching their

³⁸ 2017 Minnesota Joint Disparity Study: Minnesota State Colleges and Universities, draft report, prepared for Minnesota State by Keen Independent Research, Jan. 29, 2018: https://mn.gov/admin/assets/Keen%20Independent%20MnState%20Disparity%20Study%20draft%20full%20report%2001292018_tcm36-325261.pdf.

³⁹ 2017 Minnesota Joint Disparity Study, Dept. of Admin.

⁴⁰ 2017 Joint Disparity Study, MN State.

⁴¹ Id.

⁴² Greg Rosalsky, "Minneapolis Ranks Near the Bottom for Racial Equality," Planet Money, National Public Radio, June 2, 2020, <https://www.npr.org/sections/money/2020/06/02/867195676/minneapolis-ranks-near-the-bottom-for-racial-equality#:~:text=%2B%20The%20state%20of%20Minnesota%20has,in%20high%20school%20graduation%20rates.>

⁴³ School and District Accountability, Minnesota Department of Education, <https://education.mn.gov/MDE/dse/account/>.

full potential. Disparities in education begin early in the lives of children in Minnesota, and current policies can foster inequities. Policy decisions not to invest in quality preschool education set the stage early for racial disparities that exist across K-12 to higher education. Racial bias in educational institutions, poverty, food and housing insecurity, and school resource inequities are some of the factors that contribute to the opportunity gap. National data shows that Black and Latinx students have less access to high-level courses; high schools with high Black and Latinx enrollment are significantly less likely to offer calculus, physics, and chemistry.⁴⁴

School discipline disparities contribute not only to the graduation gap but also the school-to-prison pipeline. A Minnesota Department of Human Rights analysis found that while Indigenous students only make up 1.7 percent of Minnesota's student population, they are ten times more likely to be expelled or suspended than their White peers. Black students are eight times more likely to be expelled or suspended than their White peers. Students with disabilities are twice as likely to be expelled or suspended than their peers without disabilities. Overall, BIPOC students are twice as likely to be expelled or suspended than their White peers.⁴⁵ Research has demonstrated that racism and implicit bias begins before children enter preschool, finding that teachers more closely "watch" Black students for bad behavior.⁴⁶

Taking an intersectional approach, we can see there are also stark disparities for BIPOC students with disabilities. Indigenous students are four times more likely to be placed in special education and Black students are six times more likely to be placed in restrictive special education. There are also deep disparities in the areas of seclusions and restraints. Indigenous students, who account for approximately 3 percent of the special education population, are also overrepresented in the state's physical holding and seclusion data. Black students constitute 33 percent of physical restraints, yet they only represent 12 percent of students with disabilities generally.⁴⁷

⁴⁴ 2013-2014 Civil Rights Data Collection: A First Look, Office for Civil Rights, U.S. Department of Education, Oct. 28, 2016; <https://www2.ed.gov/about/offices/list/ocr/docs/2013-14-first-look.pdf>.

⁴⁵ "Minnesota Department of Human Rights Finds Suspension and Expulsion Disparities in School Districts Across the State," news release, Minnesota Department of Human Rights, March 2, 2018; https://content.govdelivery.com/attachments/MNDHR/2018/03/02/file_attachments/967458/MDHR%2BSuspensions%2BDisparities%2BNews%2BRelease%2B3.2.18.pdf.

⁴⁶ Walter S. Gilliam, Angela N. Maupin, Chin R. Reyes, Maria Accavitti, and Frederick Shic, "Do Early Educators' Implicit Biases Regarding Sex and Race Relate to Behavior Expectation and Recommendations of Preschool Expulsions and Suspensions?" a research study brief, Yale Child Study Center, Sept. 28, 2016, https://medicine.yale.edu/childstudy/zigler/publications/Preschool%20Implicit%20Bias%20Policy%20Brief_final_9_26_276766_5379_v1.pdf.

⁴⁷ Alex Migambi and Rebecca A. Neal, "Excluded: The Role of Race and Exclusionary Practices in Minnesota's Special Education," Minnesota Education Equity Partnership, policy brief, Aug. 2018, https://mneep.org/wp-content/uploads/2018/09/AbilityDisability_Final-Web.pdf.

Another of the many factors impacting the opportunity gap is the fact that so few of BIPOC students' teachers look like them. Even though BIPOC students account for approximately 34 percent of the student population, only 4 percent of teachers identify as BIPOC. In Minnesota there is one White teacher for every 10 White students and only one BIPOC teacher for every 108 BIPOC students.⁴⁸ The lack of Black teachers and administrators nationwide can be attributed to intended and unintended consequences of policy decisions. The historic *Brown v. Board of Education* ruling, while a victory for civil rights, resulted in subsequent policies with significant consequences. During the year of the *Brown* decision, there were 82,000 Black teachers responsible for educating two million Black children. In the aftermath of the decision, many Black teachers and principals were pushed out of schools due to White parents and administrators not wanting Black teachers to be in a position of power over White children or teachers.⁴⁹ Following the *Brown* decision there were more than 38,000 Black teachers that subsequently lost their jobs. Black principals were also impacted and pushed out of schools and an estimated 90 percent of them lost their jobs in the aftermath of *Brown*. These decisions were not only harmful to these professionals, but to the students that were impacted as well. Many of these Black teachers were highly qualified and in some cases more qualified than their White peers.⁵⁰ National Education Association data from that period show that 85 percent of Black teachers had college degrees, compared with 75 percent of White teachers. Furthermore, between 1984 and 1989, about 21,500 Black teachers were displaced because of new requirements for teacher education programs and certification.⁵¹

Long after the *Brown v. Board of Education* decision ended legal segregation, de facto segregation by race and poverty continues and is yet another factor in the opportunity gap.⁵² In Minnesota, school segregation has risen dramatically over the past three decades. In 1993-1994, less than 1 percent of Black students in the Twin Cities Metropolitan Area attended highly

⁴⁸ 2019 Biennial Minnesota Teacher Supply and Demand, Minnesota Professional Educator Licensing Standards Board, in collaboration with Wilder Research, Jan. 2019; https://mn.gov/pelsb/assets/2019%20Supply%20and%20Demand%20Report_tcm1113-370206.pdf.

⁴⁹ Mallory Lutz, "The Hidden Cost of *Brown v. Board*: African American Educators' Resistance to Desegregating Schools," *Online Journal of Rural Research and Policy*, vol. 12, iss. 4, 2017; <https://newprairiepress.org/cgi/viewcontent.cgi?article=1085&context=ojrrp>.

⁵⁰ Ben Baxter, "Desegregation's ugly secret: mass layoffs of black teachers," *Advance Local Media*, March 6, 2019, https://www.al.com/opinion/2018/03/desegregations_ugly_secret_mas.html.

⁵¹ Madeline Will, "65 Years After 'Brown v. Board,' Where Are All the Black Educators?" *EducationWeek*, May 14, 2019, <https://www.edweek.org/policy-politics/65-years-after-brown-v-board-where-are-all-the-black-educators/2019/05>.

⁵² Dick Startz, "The achievement gap in education: Racial segregation versus segregation by poverty," Brookings, Jan. 20, 2020, <https://www.brookings.edu/blog/brown-center-chalkboard/2020/01/20/the-achievement-gap-in-education-racial-segregation-versus-segregation-by-poverty/>.

segregated schools; in 2018, one in four Black students attended schools where over 90 percent of the student body was non-White.⁵³

Disparities in education are also present in post-secondary environments. Once students reach college, the impacts of the racial wealth and wage gap continue to foster disparities. In 2019, it was estimated that 62 percent of Minnesotans aged 25 to 44 years completed a postsecondary credential, with White Minnesotans having the highest educational attainment rate at 68 percent, Indigenous and Latinx communities sharing the lowest attainment at 28 percent, and Black, multiracial, and Asian Minnesotans falling in the middle with postsecondary attainment rates of 37 percent, 56 percent, and 64 percent, respectively.⁵⁴ Furthermore, among Minnesotans that do go to college, White and Asian students are much more likely to have gone to a 4-year college while Indigenous, Black, and Latinx students are more likely to attend a 2-year school.⁵⁵ Additional disparities are reflected in the graduation rates and attainment statistics outlined in the following tables.

College Graduation Rates, Minnesota, 2014⁵⁶

Race	3-year graduation plus transfer rates from 2-year colleges	6-year graduation rate from 4-year colleges
American Indian	19%	47%
Asian	40%	62%
Black	42%	45%
Hispanic	41%	54%
White	53%	66%
Multiracial	36%	49%
All	49%	64%

Associate Degree or Higher Attainment, Minnesota adults, 2019⁵⁷

Race	Attainment of Associate Degree or Higher
American Indian	19%
Asian	60%

⁵³ Erin Einhorn and Nigel Chiwaya, “The American dream while black: ‘We took our foot off the gas pedal’,” NBC News, Aug. 31, 2020, <https://www.nbcnews.com/specials/minneapolis-re-segregated-schools-set-the-stage-national-crisis/>.

⁵⁴ “Educating for the Future: 2019 Update,” Minnesota Office of Higher Education, Nov. 2019, https://www.ohe.state.mn.us/pdf/EducatingfortheFuture2019_final.pdf.

⁵⁵ Educational disparities infographic, Minnesota Office of Higher Education, 2016, <https://www.ohe.state.mn.us/pdf/EdDisparitiesInfographic.pdf>.

⁵⁶ Id.

⁵⁷ “Educating for the Future,” page 11.

Black	29%
Hispanic	24%
White	59%
Multiracial	48%
All	54%

Health and Human Services Inequities

The Minnesota Paradox extends to troubling health disparities for BIPOC communities. These significant and persistent disparities cannot be explained away by bio-genetic factors and personal choice. Systemic racism contributes to these outcomes. Minnesota’s [2017 statewide health assessment](#) demonstrated that not all Minnesotans have the same opportunity to be healthy.⁵⁸ BIPOC individuals have less opportunity for health and worse outcomes than Whites. Those disparities can often deepen with an intersectional lens of race, disability, people living in poverty, recent immigrants, and members of LGBTQ+ communities.

Health disparities occur due to differences in quality of the care received in health settings, differences in access to care including preventive and curative services, and differences in life opportunities, exposures, stress and the conditions of our lives. These social determinants of health and illness include factors that are outside of the individual.

Across the lifespan and for all measures Indigenous, Black, and Latinx Minnesotans experience the largest disparities. While Minnesota is one of the healthiest states in the nation, at the same time it is home to some of the worst health inequities. How long a person born in Minnesota can expect to live varies dramatically based on his or her race and ethnicity. According to a [Wilder Research analysis](#) of 2000 census data, life expectancy in the Twin Cities varies from 83 years for Asians and 81 for Whites to lows of 74 years for Black and 61 for Indigenous Minnesotans.⁵⁹

Maternal Child Mortality and Morbidity

The difference in life expectancy begins before birth. For as long as the state and nation has collected data on infant mortality, there has been a racial gap. Black and Indigenous infants in

⁵⁸ 2017 Minnesota Statewide Health Assessment, Minnesota Department of Health, Feb. 2019, <https://www.health.state.mn.us/communities/practice/healthymnpartnership/docs/2017MNSStatewideHealthAssessment.pdf>.

⁵⁹ The Unequal Distribution of Health in the Twin Cities, Wilder Research, study commissioned by the Blue Cross and Blue Shield Foundation, Oct. 2010, https://www.wilder.org/sites/default/files/imports/BlueCross_HealthInequities_10-10.pdf.

Minnesota are twice as likely to die before their first birthday than white infants.⁶⁰ The disparity between infant mortality rates of Black and White babies is larger than the gap experienced under chattel slavery.⁶¹ Furthermore, Dr. Hardeman's research demonstrates when Black newborns are cared for by Black physicians, they were less likely to experience death in the hospital setting. According to the research, when Black newborns in the study were cared for by White physicians, Black newborns were approximately three times more likely to die in the hospital than White newborns. But when Black physicians cared for Black mothers, the excess mortality rate dropped by about 50 percent.⁶²

Nationally, U.S.-born Black women have the worst birth outcomes of any racial group. Even when controlling for household status, education, general health, income, insurance status, and housing, stark disparities remain. U.S.-born Black women in Minnesota are nearly three times more likely to die during pregnancy or within one year postpartum than White women, and Indigenous mothers are nearly eight times more likely to die in this period than White women. We know that approximately 60 percent of these deaths are preventable.⁶³

The fact that these deaths are preventable highlights an important question: If the deaths are preventable, why are Black and Indigenous women dying at a higher rate? There is a dark history associated with the modern practice of obstetrics and gynecology, and the legacy of that mistreatment continues in the present day. The "father of modern gynecology," J. Marion Sims, contributed revolutionary tools and techniques to the medical field. However, a little-known fact is that the medical advances were accomplished through horrific experiments on enslaved Black women without the use of anesthesia.

Between 1846 and 1849, Sims operated on at least ten enslaved women without anesthesia. One enslaved woman, Anarcha, endured at least 30 painful surgeries without anesthesia. After he practiced his brutal methods on Black women, he moved to New York and started treating White women with the procedures, but this time used anesthesia. Sims' decision not to use

⁶⁰ Eliminating Health Disparities Initiative: Fiscal Years 2015 to 2018, Report to the Legislature, Minnesota Department of Health, March 2019, <https://www.health.state.mn.us/communities/equity/reports/legislativerpt2019.pdf>.

⁶¹ Deirdre Cooper Owens and Sharla M. Fett, "Black Maternal and Infant Health: Historical Legacies of Slavery," *American Journal of Public Health*, vol. 109(10), Oct. 2019, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6727302/>.

⁶² Brad N. Greenwood, Rachel R. Hardeman, Laura Huang, and Aaron Sojourner, "Physician-patient racial concordance and disparities in birthing mortality for newborns," *Proceedings of the National Academy of Sciences*, Aug. 17, 2020, <https://www.pnas.org/content/117/35/21194>.

⁶³ "Racial and Ethnic Disparities Continue in Pregnancy-related Deaths," press release, Centers for Disease Control and Prevention, Sept. 5, 2019, <https://www.cdc.gov/media/releases/2019/p0905-racial-ethnic-disparities-pregnancy-deaths.html>.

anesthesia or any other numbing technique, was based on his misguided belief that Black people didn't experience pain like White people.⁶⁴

The idea that Black people experience pain differently than Whites continues to the current day. Black patients continue to receive less pain medication for broken bones and cancer. Black children receive less pain medication than White children for appendicitis.⁶⁵ Disturbing beliefs that Black people's nerve endings are less sensitive than White peoples or Black people's skin is thicker than White peoples are not relics of the 19th century. They are notions held by medical students and residents as recently as 2016. According to a study published in the Proceedings of the National Academies of Science, half of White medical trainees (first and second year medical students) believe myths such as Black people have thicker skin or less sensitive nerve endings than White people.⁶⁶ The abuse of enslaved bodies as medical test subjects is just one example of a historical legacy of medical apartheid that includes [The Tuskegee experiment](#)⁶⁷ and [Henrietta Lacks](#)⁶⁸, and the damaging impacts of those unethical and abusive medical interventions continue to the present day. The dark legacy of medical apartheid looms in the present day with our state and our nation's stark disparities in maternal and infant mortality and morbidity rates.

The alarming number of deaths of Black and Indigenous women during childbirth and soon afterward is a persistent issue that has only recently gained national attention. The high-profile deaths of Dr. Shalon Irving and Kira Johnson and the delayed response to Serena Williams' request for treatment of a post-delivery complication shined a light on the issue. "In each of these cases, the woman or her family asked for help with one or more warning signs of complications, like severe pain and difficulty breathing, and were not heard. From the rich and famous to the less well-to-do, Black mothers are often not listened to when they report signs of possible complications of pregnancy and birth. Not only are their concerns dismissed, but

⁶⁴ Brynn Holland, "The 'Father of Modern Gynecology' Performed Shocking Experiments on Slaves," History Stories, The History Channel, Aug. 29, 2017, <https://www.history.com/news/the-father-of-modern-gynecology-performed-shocking-experiments-on-slaves>.

⁶⁵ Camila Domonoske, "'Father of Gynecology,' Who Experimented on Slaves, No Longer on Pedestal in NYC," National Public Radio, April 17, 2018, <https://www.npr.org/sections/thetwo-way/2018/04/17/603163394/-father-of-gynecology-who-experimented-on-slaves-no-longer-on-pedestal-in-nyc>).

⁶⁶ Janice A. Sabin, "How we fail black patients in pain," Association of American Medical Colleges, Jan. 6, 2020, <https://www.aamc.org/news-insights/how-we-fail-black-patients-pain>.

⁶⁷ Elizabeth Nix, "Tuskegee Experiment: The Infamous Syphilis Study," History Stories, The History Channel, May 16, 2017; <https://www.history.com/news/the-infamous-40-year-tuskegee-study>.

⁶⁸ Rebecca Skloot, "Rebecca Skloot and 'The Immortal Life of Henrietta Lacks'," History Stories, The History Channel, April 22, 2017; <https://www.history.com/news/rebecca-skloot-on-the-immortal-life-of-henrietta-lacks>.

traumatic birthing experiences are so common that one quarter of Black women report disrespect and abuse from medical professionals in the hospital.”⁶⁹

Tobacco Disparities

Despite all the work to reduce smoking rates in Minnesota, smoking remains the leading cause of preventable death and disease in the state. Smoking kills over 6,000 Minnesotans annually, and the social costs are estimated to exceed \$7 billion dollars. The burdens and social costs associated with smoking are disproportionately impacting Black Minnesotans. The Federal Drug Administration’s refusal to ban menthol has resulted in adverse impacts.⁷⁰

The tobacco industry has a 50-year history of [targeted marketing of menthol cigarettes](#) and products to Black people.⁷¹ This targeting has taken the form of direct advertising in Black publications and neighborhoods, sponsoring entertainment events, and even engaging in distribution campaigns by driving in predominantly Black neighborhoods and handing out free samples of menthol cigarettes.

The impacts of that targeted marketing are felt in the present day; 88 percent of Black Minnesota adults who smoke use menthol, compared with 22 percent of White smokers.⁷² “The exclusion of menthol tobacco in a federal 2009 ban on flavored cigarettes has institutionalized these disparities and cost precious lives. One research study found that if menthol had been banned when all other cigarette flavors were disallowed, by 2050 there would be an estimated 10 percent reduction in overall smoking prevalence and up to 633,252 lives would have been saved, including more than 200,000 Black lives.”⁷³

Environmental Disparities

BIPOC Minnesotans experience higher cancer and asthma rates than their White peers. Black and Indigenous students are the most likely to be diagnosed with asthma. There are also disparities in death rates due to asthma as Black Minnesotans’ death rates are four times higher

⁶⁹ “How the CDC and others are failing Black women during childbirth,” Leslie Farrington, STAT, Sept. 18, 2020; <https://www.statnews.com/2020/09/18/how-the-cdc-and-others-are-failing-black-women-during-childbirth/>.

⁷⁰ “Menthol Cigarettes Are Easier to Start and Harder to Quit,” Truth Initiative, <https://www.thetruth.com/the-facts/fact-373>.

⁷¹ Why Tobacco is a racial justice issue, Truth Initiative, Aug. 3, 2020; <https://truthinitiative.org/research-resources/targeted-communities/why-tobacco-racial-justice-issue>.

⁷² *Minnesota Adult Tobacco Survey: Tobacco Use in Minnesota: 2018 Update*, ClearWay Minnesota and Minnesota Department of Health, unpublished data. Jan. 2019.

⁷³ “Ending Menthol Tobacco Sales Would Address Public Health Crisis of Racism,” press release, Minnesotans for a Smoke-Free Generation, Oct 13, 2020; <https://www.smokefreegenmn.org/pr/ending-menthol-tobacco-sales-would-address-public-health-crisis-of-racism/>.

than their White peers.⁷⁴ Overall, Indigenous Minnesotans have the highest rate of cancer diagnoses and mortality in the state.⁷⁵ These health disparities have links to higher concentrations of environmental pollutions in these communities. Empirical evidence of environmental injustice along racial and socioeconomic lines has been produced time and again. Vulnerable populations continue to bear a disproportionate burden of society's environmental harms, as illustrated in the recent water crises in Flint, Michigan, and St. Joseph, Louisiana. We also see this same type of behavior in Minnesota. For example, in North Minneapolis where the metal shredder Northern Metals violated pollution standards, a high degree of lead poisoning and asthma was detected in nearby neighborhoods and homes.

According to the air pollution models provided by the Minnesota Pollution Control Agency, there are stark and significant environmental racial disparities. Related to air quality, 32 percent of all communities have air pollution-related risks above health guidelines. However, the percentages of BIPOC Minnesotans that experience air pollution-related risks above health guidelines are far higher at 91 percent. Furthermore, the likelihood of living near a facility that emits pollution at a level above health guidelines is higher for BIPOC Minnesotans. Only about 6 percent of the general population communities are near one or more of these facilities compared with 14 percent for BIPOC.⁷⁶

Dental Disparities in Minnesota

Dental disease is the most common, chronic childhood illness in Minnesota, exceeding the cases of asthma, diabetes, and obesity, and leading to thousands of hours of missed school and work. Low-income children and families and BIPOC Minnesotans are most severely affected. BIPOC children in Minnesota are less likely to receive dental sealants to prevent cavities and more likely to have untreated cavities than their White peers. Among adults, Black and Indigenous men have the highest rates of oral cavity and pharyngeal cancers. Poor oral health is an indicator for many chronic health conditions such as heart disease, arthritis, stroke, etc.⁷⁷

COVID Hospitalization and Mortality Rates

The COVID pandemic has exacerbated deep and persistent health inequities and disparities across the nation and in Minnesota. For example, in Minnesota, Black and Latinx individuals have the highest age-adjusted rates of hospitalization from COVID. Of all Indigenous individuals who test positive for COVID, 11 percent are hospitalized, the highest rate of any of the race

⁷⁴ Asthma Quick Facts, Minnesota Department of Health, <https://www.health.state.mn.us/diseases/asthma/data/quickfacts.html>.

⁷⁵ *Cancer in Minnesota: 1988-2014*, Report to the Legislature, Minnesota Department of Health, fiscal year 2017, <https://www.health.state.mn.us/data/mcrs/docs/2017biennial.pdf>.

⁷⁶ Disproportionate impacts in Minnesota, Minnesota Pollution Control Agency, <https://www.pca.state.mn.us/air/disproportionate-impacts-minnesota>.

⁷⁷ *Advancing Health Equity in Minnesota*, Report to the Legislature, Minnesota Department of Health, Feb. 2014; <https://www.astho.org/Programs/Health-Equity/Minnesota-Health-Equity-Report/>.

groups with data collected. For Asian and Black Minnesotans who test positive, 9 percent are hospitalized, for Latinx Minnesotans, 6 percent are hospitalized.⁷⁸

When Minnesotans from Indigenous communities and Asian Americans are diagnosed with COVID-19, they are hospitalized and go to the ICU at rates higher than the general population. The ICU rate for positive cases for White Minnesotans is 1 percent. That percentage rate rises to 4 percent for Indigenous communities and 3 percent for Asian communities. For both Black and Latinx Minnesotans the rate is 2 percent. Also, Indigenous, Black, and Latinx Minnesotans have the highest age-adjusted rates for COVID deaths.⁷⁹

As noted in the [2019 Minnesota Department of Health Eliminating Health Disparities Initiative](#) report to the Legislature, it is important to keep in mind that less granular data points can be misleading; disparities in health outcomes exist not just between but also within racial and ethnic categories.⁸⁰ For example, premature birth rates for Asian Minnesotans overall is 9 percent, only slightly higher than Minnesota's prematurity rate of 8.3 percent. However, when the data is further broken down, we find that some groups (Cambodian and Laotian) have much higher prematurity rates than others (Asian Indian, Chinese, and Japanese). Health outcomes also vary significantly within the Indigenous community when accounting for tribal affiliation.

Family Separation

Separation of BIPOC children from their family has a long history in America and in Minnesota. Policies have been used as weapons to foster exclusion and separation and has impacted Black families during slavery,⁸¹ Indigenous families during the boarding school era, and [Japanese-Americans](#)⁸² during internment, to name a few.

In Minnesota, Dakota and Ojibwe children have been forcibly separated from their families for centuries, including in 1862 when Dakota elders, women, and children were forcibly moved to a concentration camp at Fort Snelling, while Dakota men were moved to a military installation in Davenport, Iowa. Not all families were able to unify following this forced separation.

⁷⁸ COVID-19 Data by Race/Ethnicity, Minnesota COVID-19 Response, <https://mn.gov/covid19/data/data-by-race-ethnicity/index.jsp>.

⁷⁹ *Id.*

⁸⁰ *Eliminating Health Disparities Initiative: Fiscal Years 2015 to 2018*, report to the Legislature, Minnesota Department of Health, March 2019; <https://www.health.state.mn.us/communities/equity/reports/legislativept2019.pdf>.

⁸¹ "The forming and fracturing of families on a South Carolina rice plantation, 1812-1865, *The History of the Family*, vol. 23, iss. 1, Feb. 2017; https://www.researchgate.net/publication/313591449_The_forming_and_fracturing_of_families_on_a_South_Carolina_rice_plantation_1812-1865.

⁸² Donna K. Nagata, Steven J. Trierweiler, and Rebecca Talbot, "Long-term Effects of Internment During Early Childhood on Third-Generation Japanese Americans," *American Journal of Orthopsychiatry*, March 24, 2010, <https://onlinelibrary.wiley.com/doi/abs/10.1037/h0080378>.

This forced separation of children from their families continued throughout the boarding school era. Many Indigenous families experienced children being ripped away from their parents and sent to military-style institutions designed to promote the cultural genocide based on the philosophy “Kill the Indian to save the man.” Minnesota had 16 boarding schools that drew children from all 11 tribes. Children were forced to renounce their religious beliefs, cut their hair, abandon their identities, and were forbidden from speaking their ancestral language. Some children were then leased out to White families as indentured servants. Many parents who resisted were arrested or punished, and their children were forcibly taken. The children were condemned to schools with insufficient food, overcrowded dorms, substandard medical care, and exploitative child labor practices. This forced family separation has left deep scars and a legacy of intergenerational trauma, unresolved grief, and pain that continues in our state and the nation.⁸³ This practice went on until the passing of the Indian Child Welfare Act of 1978, when Native American parents were [given the legal right](#) to refuse boarding school education.⁸⁴

The harmful legacy of family separation and intergenerational trauma also exists for descendants of enslaved Black people during chattel slavery; there was [daily buying and selling of children](#).⁸⁵ [No legal restraints](#) existed on slave owners, who chose to dispose of their property as they saw fit.⁸⁶

The internment of people of Japanese descent was also a time of enactment of exclusionary policies by the American government. President Roosevelt ordered that Japanese, many of them United States citizens, be forcibly removed and held in camps. Children, even infants, were placed in these camps with their parents, and sometimes without.

As [is being done today](#),⁸⁷ with undocumented children and BIPOC children, these separations were staunchly defended and rationalized, without much consideration of the [negative and long-lasting trauma](#).⁸⁸

⁸³ Denise K. Lajimodiere, “The sad legacy of American Indian boarding schools in Minnesota and the U.S.” *MinnPost*, June 14, 2016.

⁸⁴ About ICWA, National Indian Child Welfare Association, <https://www.nicwa.org/about-icwa/>.

⁸⁵ “Piecing Together Stories of Families ‘Lost in Slavery,’” *Talk of the Nation*, National Public Radio, July 16, 2012, <https://www.npr.org/2012/07/16/156843097/piecing-together-stories-of-families-lost-in-slavery>.

⁸⁶ Colleen A. Vasconcellos, *Children in the Slave Trade*, *Children and Youth in History*, <https://chnm.gmu.edu/cyh/items/show/141>.

⁸⁷ Tal Kopan, “Sessions cites Bible to defend immigration policies resulting in family separations,” *CNN*, June 14, 2018, <https://www.cnn.com/2018/06/14/politics/jeff-sessions-immigration-policy-defense-biblical/index.html>.

⁸⁸ Corinne Purtill, “Japanese-American internment camps taught us what happens to the health of separated families,” *Quartz*, <https://qz.com/1311736/japanese-american-internment-camps-taught-us-what-happens-to-the-health-of-separated-families/>.

According to scholars who have spent many years researching the multigenerational trauma, millions of people who endured slavery continue to pass on behaviors, such as anger, violence, and shame, down to contemporary generations.

Scholars have also researched the impact of American Indian boarding schools. Their findings included reports of abuse in boarding school and [how that manifested](#) in their later years.⁸⁹ As children, they were found to have [high levels of depression](#).⁹⁰ Research has also linked the adverse childhood experience of boarding school with difficulty in managing stress as adults.

The research is clear and demonstrates that multiple out-of-home placements is harmful for children and families. The instability can lead to profound distress and children can also experience a [loss of belonging](#).⁹¹ Family separation is a traumatic experience, and the deep wounds have both a [physical and psychological impact](#) on children and can be disruptive to their development.⁹² Separation can impact attachment and emotional development. Left unresolved, these challenges can persist and cause issues that continue into adulthood. While it is possible to seek to mitigate the [consequences of adverse childhood experiences](#) with the appropriate support,⁹³ it is important to note that there are long-lasting and [intergenerational impacts](#) related to family separation.⁹⁴

The legacy of child and family separation in Minnesota and across the country has contemporary impacts, and there are parallels to [what is occurring today](#).⁹⁵ Historically, children were most often removed from their homes for neglect. In recent years, the majority

⁸⁹ Marc H. Irwin and Samuel Roll, "The psychological impact of sexual abuse of Native American boarding-school children," *Journal of the American Academy of Psychoanalysis*, vol. 23, iss. 3, 1995, <https://psycnet.apa.org/record/1996-00763-008>.

⁹⁰ Amy Bombay, Kimberly Matheson, and Hymie Anisman, "The Impact of Stressors on Second Generation Indian Residential School Survivors," *Transcultural Psychiatry*, vol. 48, iss. 4, Sept. 12, 2011, <https://journals.sagepub.com/doi/pdf/10.1177/1363461511410240>.

⁹¹ Nina Biehal, "A Sense of Belonging: Meanings of Family and Home in Long-term Foster Care," *British Journal of Social Work*, Nov. 2012, https://www.researchgate.net/publication/257254434_A_Sense_of_Belonging_Meanings_of_Family_and_Home_in_Long-Term_Foster_Care.

⁹² Sara McLean, "The effect of trauma on the brain development of children," Australian Institute of Family Studies, June 2016, <https://aifs.gov.au/cfca/publications/effect-trauma-brain-development-children>.

⁹³ "Preventing and Mitigating the Effects of ACEs by Building Community Capacity and Resilience: APPI Cross-Site Evaluation Findings," *Mathematica Policy Research*, July 14, 2016, <https://www.mathematica.org/our-publications-and-findings/publications/final-report-preventing-and-mitigating-the-effects-of-aces-by-building-community-capacity>.

⁹⁴ The long history of separating families in the US and how the trauma lingers, *The Conversation*, June 26, 2018, <https://theconversation.com/the-long-history-of-separating-families-in-the-us-and-how-the-trauma-lingers-98616>.

⁹⁵ Miriam Valverde, "What you need to know about the Trump administration's zero-tolerance immigration policy," *PolitiFact*, June 6, 2018, <https://www.politifact.com/article/2018/jun/06/what-you-need-know-about-trump-administrations-zer/>.

of children now entering the foster care system are due to parental substance use disorders. State mandatory reporting laws contain expansive criteria for reporting child maltreatment, including broad categories of neglect that include poverty-related issues that do not warrant the involvement of child protection agencies. Subjecting families to unnecessary involvement have detrimental human and socioeconomic implications, especially for BIPOC Minnesotans.

While situations can arise that make an out-of-home placement necessary for child safety the goal is to ensure that foster care is the opportunity to mitigate the effects of maltreatment or neglect. In order to facilitate placement in the most supportive and healing environment, it is critical that the Minnesota Department of Human Services continuously monitor and assess conditions including those that resulted in the placement and the conditions within foster care placements.

According to the National Kids Count Data Book, Minnesota has fewer children entering out-of-home care than many other states.⁹⁶ However, recent increases in children involved in child protection and a growing drug epidemic are contributing to more children entering care and staying in care longer. Minnesota has seen a 10.2 percent increase in children experiencing out-of-home care in 2016 from 2015.

Minnesota has significant racial disparities in out-of-home care; Black and American Indian children are disproportionately likely to experience out-of-home care. [Minnesota Department of Human Services, 2013 and 2014]. Compared to White children, Black children in Minnesota are 2.3 times more likely to be involved in a report of maltreatment, and 2.9 times more likely to experience out of home placement. Many elements of the child welfare system such as worker bias, cultural misunderstandings, distrust between staff and families, community or neighborhood risk, and other parent and family factors contribute to racial disproportionality in child welfare.

Poverty is not a basis for bringing children into foster care, and families have a right to raise their children regardless of how much money they have or how much food is in the refrigerator. In the United States, a country with a lot of resources, it is criminal to take children away from their families because they do not have food in the house. The solution is to help the family get food. We need to figure out how to get families the resources they need. The state spends more money to have a child in foster care than what it costs to support the family's basic needs. We must flip the script. If we believe in families, if we think families are important, then we need to figure out how to get resources to families rather than somewhere else. When we spend money on the front end, the outcomes are so much better. We need to make sure that we are not doing as some have hinted: neglect and abuse are often just nice and more acceptable terms for poverty. There are many wars waged on the poor, and the workings of the child welfare system should not be one of them.

⁹⁶ 2016 KIDS COUNT Data Book, The Annie E. Casey Foundation, June 21, 2016, <https://www.aecf.org/resources/2016-kids-count-data-book/>.

There are currently 25 states, the District of Columbia, and one Indigenous tribe that are participating in the federal Child Welfare Demonstration projects. This demonstration project gives states and the tribes the ability to apply for a waiver so they may better target and allocate their respective share of Title IV-E foster care dollars. Minnesota is not currently participating in this demonstration waiver.

Public Safety

In order to understand the current racial disparities in public safety, it is important to understand the evolution of our systems of policing and public safety. The current state of our policing systems and the implications of mass incarceration are related to policy decisions that developed with the enactment of the 13th Amendment of the Constitution and the aftermath of the Emancipation Proclamation.

The 13th Amendment, while creating the framework for the [abolishment of racial slavery or "involuntary servitude,"](#) also built in an extraordinary constitutional exception for enslavement for citizens convicted of a criminal offense.⁹⁷ This exception set the foundation for the development of an unsustainable system of mass incarceration that exists to the present day.

The policy decision to develop a new form of enslavement was to address fears. The policy helped to alleviate fears because enslavement continued through convict leasing.⁹⁸ Convict leasing was a policy decision that established a system that targeted the recently emancipated and unemployed freed men and women by charging them with crimes. The system of cash bail, fines, fees and warrants developed shortly after emancipation during Reconstruction to exploit a new labor force where people paid municipalities to “lease a convict.”

To create a pipeline of “convicts,” states created policies known as “Black Codes.” “Under Black codes, many states required Black people to sign yearly labor contracts; if they refused, they risked being arrested, fined and forced into unpaid labor.”⁹⁹

One of the early forms of “policing” was the system of slave patrols where armed White men were organized to monitor and enforce discipline on enslaved Black people. Slave patrols formally dissolved after the Civil War ended. But formerly enslaved people saw little relief from racist government policies as they promptly became subject to [Black Codes](#).¹⁰⁰

⁹⁷ The 13th Amendment to the U.S. Constitution: Abolition of Slavery (1865), Our Documents, <https://www.ourdocuments.gov/doc.php?flash=false&doc=40#>.

⁹⁸ Convict Leasing, Slavery by Another Name, PBS, <https://www.pbs.org/tpt/slavery-by-another-name/themes/convict-leasing/>.

⁹⁹ Black Codes, History Channel, June 1, 2010, <https://www.history.com/topics/black-history/black-codes>.

¹⁰⁰ Jim Crow Laws, History Channel, Feb. 28, 2018, <https://www.history.com/topics/early-20th-century-us/jim-crow-laws>.

Between 1865 and 1868, Black Codes dictated much of the lives of African Americans. The codes determined where African Americans could work. There were specific amounts that African Americans could be paid. The codes also restricted travel and placed limitations on where African Americans could live. While the ratification of the [14th Amendment](#)¹⁰¹ in 1868 quickly made the Black Codes [illegal](#)¹⁰² by giving formerly enslaved Black people equal protection of laws through the Constitution, other unequal policies followed. [Jim Crow laws](#) were introduced and aimed at subjugating African Americans and denying their civil rights; Jim Crow laws were enacted across Southern and some Northern states, replacing the Black Codes.¹⁰³

For about 80 years, Jim Crow laws [mandated separate public spaces](#)¹⁰⁴ for Blacks and Whites, such as schools, libraries, [water fountains](#),¹⁰⁵ and restaurants—and enforcing them was part of the police’s job. Blacks who broke laws or violated social norms often endured [police brutality](#).¹⁰⁶

Meanwhile, the authorities often did not punish the perpetrators when [African Americans were lynched](#).¹⁰⁷ Nor did the judicial system [hold the police accountable](#)¹⁰⁸ for failing to intervene when Black people were being [murdered by mobs](#).¹⁰⁹ This form of mob violence was not isolated to the South, as it also occurred in Minnesota. On June 15, 1920, an estimated mob of 10,000 people brutally beat and lynched three Black men, Elias Clayton, Elmer Jackson, and Isaac McGhie. After Clayton, Jackson, and McGhie were killed, people gathered around their

¹⁰¹ <https://www.law.cornell.edu/constitution/amendmentxiv>.

¹⁰² Michael A. Robinson, “Black Bodies on the Ground: Policing Disparities in the African American Community—An Analysis of Newsprint from January 1, 2015, Through December 31, 2015,” *Journal of Black Studies*, April 7, 2017, <https://journals.sagepub.com/doi/10.1177/0021934717702134>.

¹⁰³ Jim Crow Laws.

¹⁰⁴ Southern Black Codes, Constitutional Rights Foundation, <https://www.crf-usa.org/brown-v-board-50th-anniversary/southern-black-codes.html>.

¹⁰⁵ Photographs that tell a story—Elliot Erwit’s ‘Segregated Water Fountains,’ Sophie Davey Photographic Journalism (Level 4), <https://sophiedaveyphoto.wordpress.com/2012/11/06/photographs-that-tell-a-story-elliott-erwitts-segregated-water-fountains/>.

¹⁰⁶ Michael A. Robinson, “From the Slave Codes to Mike Brown: the brutal history of African Americans and law enforcement,” American Politics and Policy Blog, Oct. 5, 2017, <http://eprints.lse.ac.uk/85472/1/usappblog-2017-10-05-from-the-slave-codes-to-mike-brown-the-brutal.pdf>.

¹⁰⁷ Taasogle Daryl Rowe and Kamilah Marie Woodson, “How to heal African-Americans’ traumatic history,” The Conversation, June 19, 2018, <https://theconversation.com/how-to-heal-african-americans-traumatic-history-98298>.

¹⁰⁸ Mississippi Burning, Famous Cases and Criminals, Federal Bureau of Investigations, <https://www.fbi.gov/history/famous-cases/mississippi-burning>.

¹⁰⁹ Lynching in America, American Experience, <https://www.pbs.org/wgbh/americanexperience/features/emmett-lynching-america/>.

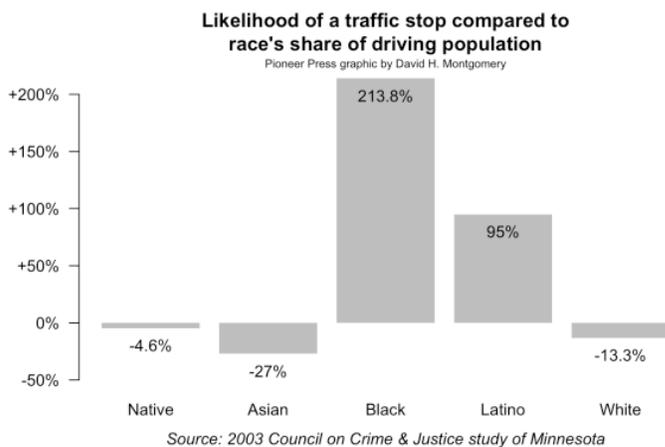
bodies and dozens of White men stood smiling for a photograph that was made into postcards and sold as souvenirs.¹¹⁰ No one was convicted for murders of Clayton, Jackson, and McGhie.

For the past five decades, the federal government has forbidden the use of racist regulations at the state and local level. Yet people of color are still more likely to be killed by the police than Whites. The *Washington Post* tracks data on the number of Americans killed in police encounters. The data is tracked by race, gender, and other characteristics. In 2018, the database indicated that there 992 people who died during a police interaction. The data shows that 23 percent of those deaths were Black. The newspaper’s database indicates that 229 out of 992¹¹¹ of those where Black, even though only about an estimated 12 percent of the country is Black.

There are known racial disparities in Minnesota related to public safety. In 2003, the Council on Crime and Justice studied racial disparities in routine traffic stops in over 65 jurisdictions in Minnesota. The study found:

1. Drivers of color are more likely to be pulled over than whites.

The study found that Black motorists in particular experienced significant disparities in traffic stops. They were stopped far more than their share of the driving-age population: 214 percent more often than expected. Latinx motorists also experienced disparities being stopped 95 percent more often, but White drivers were stopped less often than the average being pulled over 13 percent less than expected. Indigenous and Asian drivers were also stopped less often than average.

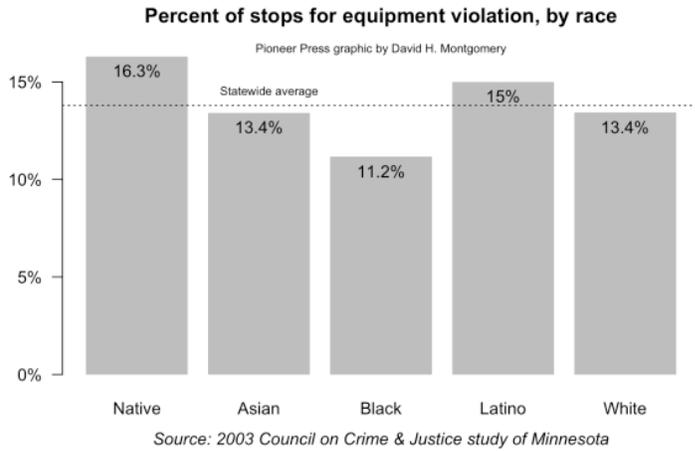


¹¹⁰ White lynch mob posing with murdered African American men, MNopedia, Minnesota Historical Society, <https://www.mnopedia.org/multimedia/white-lynch-mob-posing-murdered-african-american-men>.

¹¹¹ Fatal Force, *The Washington Post*, June 1, 2020, <https://www.washingtonpost.com/graphics/2018/national/police-shootings-2018/>.

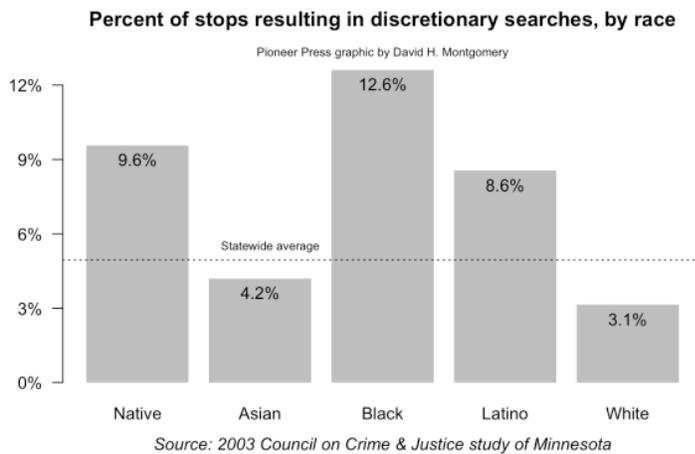
2. Black drivers aren't more likely to be pulled over for equipment violations.

Across the state 13.8 percent of the stops were related to equipment violations. Indigenous and Latinx drivers were stopped most often at above-average rates for equipment issues.



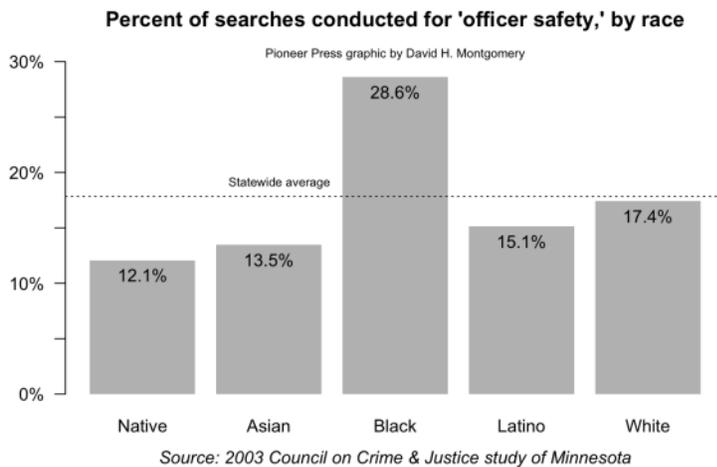
3. Once pulled over, drivers of color are more likely to be searched.

Black drivers were the most likely demographic to be searched and were submitted to discretionary searches 12.6 percent of the time, compared with White drivers who were subjected to searches 3 percent of the time. Indigenous and Latinx drivers also were more likely to be searched more frequently than average. Asian drivers were searched less frequently.



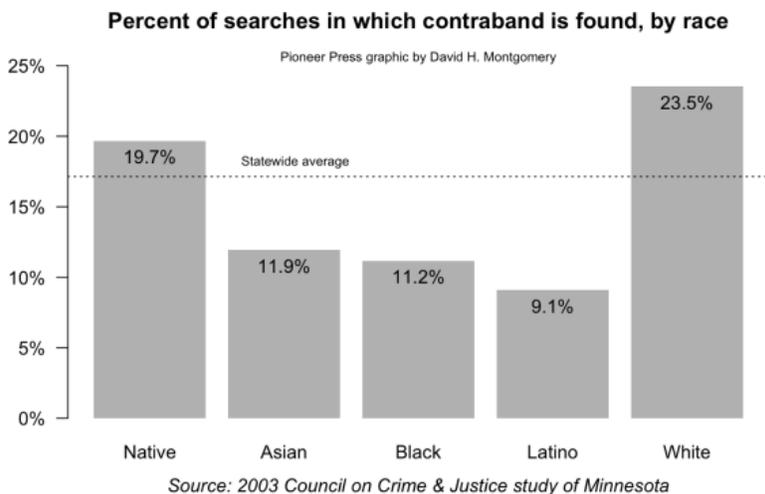
4. Black drivers are more likely to be searched because of a concern for “officer safety.”

Overall, in the general population, 18 percent of searches were conducted because the officer was concerned for his or her safety. However, 28.6 percent of Black drivers were searched for this reason.



5. Once searched, Black drivers were less likely to be found with contraband.

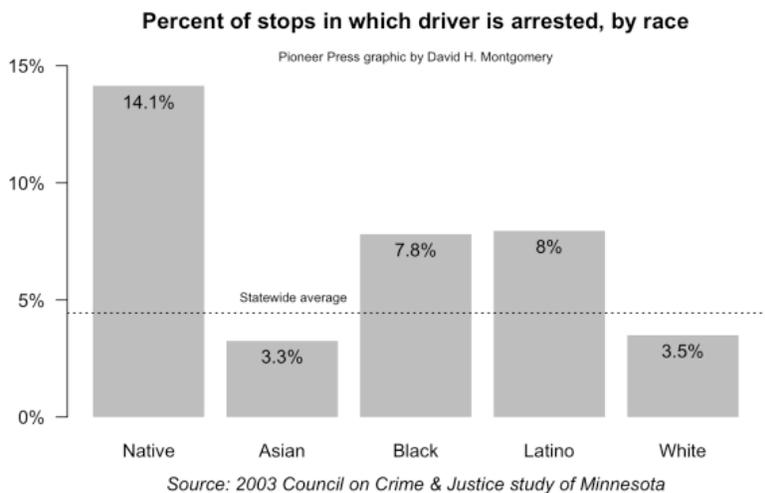
The Council study showed that White drivers were more often caught with contraband than Black drivers. While 17 percent of all drivers had some form of contraband, White drivers were caught at above-average rates (23.5 percent) compared with Black drivers who were caught at below-average rates (11 percent).



6. Drivers of color were more likely to be arrested after a traffic stop.

Overall, for all traffic stops an estimated of 4.5 percent ended with an arrest, but with Black and Latinx drivers, 8 percent were arrested, compared with just 3.5 percent of White drivers were arrested.

Black drivers were less likely to get a warning (47.5 percent) and White drivers were most likely (53.5 percent).



A separate traffic stop study focused on Minneapolis found that Black drivers accounted for nearly 80 percent of police searches and routine traffic stops according to a public defender's study using city policy data. From June 2019 to May 2020, the study found that Black drivers were more often searched as well.¹¹²

To understand the disparities, we see in policing today we must understand that the legally sanctioned systemic racism of decades and centuries ago still matter. There is a legacy of public policy decisions that served to reinforce inequality in our justice system and a legacy of resistance to advances in civil rights. The wave of mass incarceration associated with the 13th Amendment has a legacy that continues down to the present day.

General Findings

For centuries, systemic racism has contributed to stark and persistent racial disparities in health, education, public safety, and wealth and financial well-being. These disparities can be traced back to government-sanctioned laws and policies that have created a system built on racial inequality where inequity is entrenched in our systems. Government-sanctioned racial discrimination created these inequities and only racially-conscious policies can address the inequities. Each year that goes by without addressing systemic racism costs our state and nation billions of dollars. It is imperative on the Minnesota Legislature to make amends for past and present harms by prioritizing the enactment of laws and policies designed to address racial disparities and expand access to opportunity to build a prosperous state for all Minnesotans.

As documented in this report, history and data leads the Select Committee to conclude the following:

- (1) Systemic racism exists.
- (2) Systemic racism is harmful.
- (3) Systemic racism must be addressed.

The recommendations set forth in the following pages are an important step in addressing our state's persistent disparities and providing the opportunity to build a more prosperous Minnesota.

¹¹² Andy Mannix, "Black drivers make up majority of Minneapolis police searches during routine traffic stops," *StarTribune*, Aug. 7, 2020, <https://m.startribune.com/black-drivers-make-up-majority-of-minneapolis-police-searches-during-routine-traffic-stops/572029792/>.

V. Select Committee Recommendations

The Minnesota legislature must act to dismantle racism.

The House Select Committee on Racial Justice received recommendations designed to address intentional and unintentional systemic disparities and inequities based on race. These disparities and the committee's recommendations address economic development, housing, education, public safety, health and human services, and environmental justice. This section provides policy recommendations to address each of these issues.

Economic Development

Policies that require no new funding:

- Enforce Chapter 16C and require 15 percent of all public contracting to BIPOC businesses, 32 percent workforce goals on all public contracting
- Streamline the bidding process, redesign the request for proposal process, and establish processes to break down artificial barriers to small and minority-owned businesses. Unbundling larger projects and contracts into multiple packages for more participation. Remove unnecessary contract specifications
- Enforce existing HUD Section 3 low-income business and workforce requirements and require annually report to the legislature
- Leverage bank deposits – compact with financial institutions accepting public deposits to increase loans in low-income areas and to partner with BIPOC organizations serving businesses to help bring capital and capacity to BIPOC businesses
- Establish a \$25 million loan guarantee program backed by existing assets, to support bank lending to BIPOC businesses and development projects (for two tracks, businesses with less than \$250,000 sales/revenue and greater than \$250,000 in sales/revenue)
- Disaggregate data to better assess the impact of public program and policies
- Leverage state investment funds for Pension Reserves Investment Management (PRIM)-type investments in BIPOC development projects
- Establish base budget funding for BIPOC organizations in department budgets to ensure there is adequate capacity to serve
- Dedicate 25 percent of the dollars dedicated to art in new construction projects to be provided by BIPOC cultural organizations and artists
- Dedicate 15 percentage of Legacy Arts funding for BIPOC cultural organizations and destinations

New Investments

- Implement salary history bans
- Increase funding for adult workers to gain English language fluency so that they can more effectively serve their customers and grow in their careers
- Fund career pathways and opportunity skills/occupation pathways to help low-income BIPOC workers increase their earnings and skills
- Invest in the Women of Color Opportunity Act

Establish a \$1 billion BIPOC Capital Fund and identify a dedicated revenue stream that will fund BIPOC activities that build the economic development infrastructure needed for wealth creation, which includes and not limited to:

- Grants
- Equity
- Loans
- Technical assistance
- Cultural malls, corridors, destinations, districts
- Capacity development of organizations serving BIPOC businesses and workers
- Land trusts
- Business incubators and maker spaces
- Tools to transform business model to current realities
- Economic development projects
- Affordable housing and homeownership
- Equity building programs for renters
- Career pathways and opportunity occupation pathways for workforce mobility

Housing

- Establish a Memorandum of Understanding (MOU) with top financial institutions receiving deposits from the State of Minnesota to increase lending and the development of financial products (such as alternative finance products, prepaid cards, wealth building tools) especially for the unbanked
- 5 percent of funds in the State investment portfolio should be invested in BIPOC real estate development projects such as mixed-use developments and affordable housing projects
- Allocate low-income tax credit (LIHTC) and housing funds from federal and other sources to BIPOC-led affordable housing and homeownership projects
- Increase home improvement support for both owner-occupied homes and rental properties

- Provide attorneys for public housing eviction actions
- Implement a security deposit cap for so tenants will be required to pay no more than a single month's rent as a security deposit
- Develop uniform screening criteria guidelines for applicants related to rental, criminal, and credit history
- Create a just cause policy for termination of tenancy
- Develop an advance notice of sale policy for rental properties

Education

- Expand and increase state investment for Family Home Visiting and Early Head Start for communities experiencing the greatest educational disparities
- Increase subsidies for early childhood care and education, including through the Child Care Assistance Program and Early Learning Scholarships for communities experiencing the greatest educational disparities
- Increase investment in recruiting, training, retaining, and promoting Teachers of Color and Indigenous Teachers through scholarship and loan forgiveness programs, Grow-Your-Own Pathway grants
- Implement stipends for mentor teachers and paid student teaching opportunities to address income inequality challenges that create barriers to diversifying our pipeline of future teachers
- Increase investments to develop new full-service community schools focused on the districts with the greatest racial disparities
- Increase funding for youth apprenticeships and work experience
- Implement civics and financial literacy requirements for high school students.
- Mandate training for teachers, paraprofessionals, and administrators in anti-racist, culturally responsive, trauma-informed, and restorative practices
- For districts with the most significant racial disparities, build protections for Teachers of Color and Indigenous teachers to improve retention rates
- Fund the hiring of school support professionals in order to meet recommended staff-to-student ratios for school counselors, social workers, behavior specialists, psychologists, and nurses
- Expand the Full and Equitable Participation in Preschool and Pre-K to students in grades K-2
- Institute non-exclusionary discipline practices, including but not limited to: requiring districts to include non-exclusionary discipline policies and practices in their uniform criteria for dismissal, requiring districts to provide alternative educational services if a student is suspended for more than X days, requiring suspended students be able to

complete all assignments and receive full credit for satisfactory completion, and requiring districts complete and implement student readmission plans

- Require reporting on pupil withdrawal agreements
- Increase access to dual credit and other rigorous courses in high school for all students, not just high-achieving students
- Increase access to technical and trade college courses in high school
- Provide access to free post-secondary remedial classes
- Increases investments in tutoring for college students
- Provide tuition-free community college for students with financial needs
- Expand financial preparation and financial aid awareness/education high school students and families
- Develop emergency funding program for post-secondary students

Public Safety

The Legislature should focus on reforming Minnesota's legal system to address disproportionately harmful impacts on communities of color. These issues include:

- Cash bail reform
- Driver's license fines and fees reform for individuals without dangerous driving violations
- Asset forfeiture reform
- Decriminalization of marijuana and expungement of non-violent marijuana convictions
- Technical violations reform
- The Emmett Till Act would fund trauma-informed training to advance healing for families of victims of violent crime, hate-crimes, and police brutality
- Retroactive statutes of limitations reform
- Human rights assessment required in prison and jail inspections
- Raising the age to 18 to try individuals as an adult

Health and Human Services

- Increase doula reimbursement rates and invest in recruiting and retaining doulas from BIPOC communities
- Ensure policies allow doulas to be present with pregnant and postpartum women at all medical visits and procedures if desired by the mother
- Extend Medicaid coverage for pregnant women to 12 months postpartum
- Implement expanded insurance coverage for comprehensive postpartum check-up three weeks postpartum rather than six weeks with ongoing visits that implement a

comprehensive 12-week postpartum check-up. This should include a full assessment of physical, social, and psychological well-being, including the following domains: mood and emotional well-being; infant care and feeding; sexuality, contraception, and birth spacing; sleep and fatigue; physical recovery from birth; chronic disease management; and health maintenance

- The Dignity in Pregnancy and Childbirth Act would implement anti-racism training associated with the leading causes of preventable deaths. The act would also expand the Maternal Mortality Review Committee to include morbidity and expand membership to include surviving family members or individuals that experienced maternal morbidity. Develop a request for proposal program for medical schools and nursing schools to increase training on disparities in maternal and infant mortality and morbidity
- Expand the current exemptions that provide health care workers discretion from requirements to report substance use of pregnant patients to child protection where patients are receiving prenatal care and are seeking substance use disorder treatment
- Institute a state-paid family medical leave program
- Eliminate policies in health care systems that reduce access to care, such as refusing to accept patients insured through Medicaid or policies that delay care or appointments for low-income or uninsured patients
- Eliminate the use of race-based medicine in medical school curriculum and medical practice
- Support recruitment of and employ more physicians and health care providers of color and develop structures that help advance them to positions of leadership. Invest in recruiting, training, and retaining BIPOC health care providers, including mental health/social work and oral health providers
- Ensure parity for all health services including mental health, substance use disorders and dental care
- Increase investment in the Critical Access Dental Payment Program
- Allow Minnesota and tribes to apply for a waiver so that they may better target their share of Title IV-E foster care dollars
- Remove barriers and prioritize Kinship and Relative Caregivers in out-of-home placements
- Create a taskforce for legal representation of parents that expand and evaluate high quality models of parent representation resulting in lower cost to counties, fewer foster care placements, shorter times to parental unification and more stable reunifications with fewer foster care re-entries

- Provide grants for community-based organizations where DHS would contract with community-based agencies who serve Black children and families to provide community-specified services for family preservation, relative care engagement, and reunification services
- Mental Health Consultation Pilot for Mandated Reporters: a school-based mental health consultation pilot for mandated reporters. The purpose is to provide mental health rapid consultation for mandated reporters to ensure reports of child maltreatment are made based on statutory requirements rather than biases
- Strengthen legal representation for removal—require a description of actual agency efforts, including an agency’s assessment of a child safety and alternative family or kin-based arrangements, as part of a court order for removal
- Develop a BIPOC family mentorship program where communities with the greatest disparity in out-of-home placement have access to representative family mentors to support them in navigating the child protection process
- As recommended by the CDC, invest at least \$53 million per year into an effective, comprehensive tobacco control program in order to enhance tobacco use prevention and treatment, combat the youth tobacco epidemic, and address tobacco-related health disparities
- Ban the sale of menthol and flavored tobacco products
- Create a state Truth and Reconciliation Commission that would look at the whole impact of racism in Minnesota, including generational wealth loss and generational trauma, and develop policies based on the recommendations of the commission
- Implement a pilot program concerning women convicted of non-violent drug-related felony crimes; concerning sentencing and criminal procedure; relating to diversion agreements; supervision of people on diversion; certified substance use disorder treatment programs
- Allow prosecutors’ office to enter into agreements for stay of sentences with supervision of people and diversion to participate in certified substance use disorder treatment programs.

Environmental Justice

- Support the Headwaters Community Food and Water Economic Resiliency Program
- Requiring analysis of cumulative pollution and health impact from polluting industries in the community
- Authorizing denial of permits by the Pollution Control Agency when it deems offering, extending, or expanding a permit may negatively impact air quality in the community
- Establish Green Zones in BIPOC communities across the state

- Allocate community resources to support community engagement before the state commits to development projects that impact respective communities on the front end and throughout the life cycle of projects
- Develop Environmental Justice Coordinating Councils

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VI. Appendices

Appendix A: [2020 Second Special Session Law Establishing the Select Committee on Racial Justice](#)

Appendix B: [Meeting Minutes](#)

Appendix C: [Economic Status of Minnesotans 2018](#), State Demographics Minnesota State Demographic Center

Appendix D: [“Closing the Racial Inequality Gap: The Economic Cost of Black Inequality in the U.S.”](#) Citi GPS: Global Perspectives & Solutions, September 2020

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