



Minnesota Hospital Association

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July 16, 2020

**Via email: [tim.walz@state.mn.us](mailto:tim.walz@state.mn.us)**

Governor Tim Walz  
State of Minnesota  
75 Rev. Dr. Martin Luther King Jr. Blvd., Ste. 130  
Saint Paul, MN 55155-1611

Dear Gov. Walz:

As we watch the COVID-19 case counts, positivity rates and hospitalizations increase throughout the country, there are actions we must take now to avoid that same surge hitting us.

First, we sincerely thank you for your leadership, and we thank Minnesotans for their sacrifices in March, April and May to stay home to stay safe. Those efforts bought hospitals and health systems significant time to put in place surge plans that included additional hospital capacity and personal protective equipment (PPE) to keep our workforce safe. Our health care heroes have done an exemplary job of preparing and caring for patients. We have experienced the devastating toll that COVID-19 takes on our patients and their families: lengthy hospital stays, attacks on the body's organs and long recoveries. At points, several Twin Cities hospitals were nearing ICU capacity. We are trying new therapies to treat COVID patients. We have done all this while reengineering our health systems with e-visits to ensure we can serve our patients in this new normal.

We appreciate that hospitalizations are currently down. This is allowing us to care for other patients who deferred care because of COVID-19. But we also know that the positivity rate and case counts are increasing again in the state.

On July 14, the Centers for Disease Control and Prevention -- after reviewing the latest science -- reaffirmed that cloth face masks are a critical tool in controlling the spread of COVID-19, especially when used *universally* within communities. We know that asymptomatic people can spread the virus. We know that masks help prevent people from spreading the virus to others. This knowledge is especially important when we factor in the 3.3 million adults nationwide age 65 or older living in a household with school-age children.

In addition, as testing delays and testing supplies continue to challenge providers in being able to do widespread, timely testing, masking is an even more important tool. We have to assume many more people have the virus than we know.

**We have a narrow window of time to slow the spread of the virus, so we are asking you to mandate the wearing of face masks statewide as soon as possible.** We will stand with you in asking Minnesotans to again come together to support and protect our health care heroes, our family members -- including our children and grandparents -- and our communities by wearing a mask.

Taking this action universally, rather than city by city or business by business, is important. If all Minnesotans double down and wear masks every time we are in public indoor places and outside when we cannot be physically distant from others, we can continue to flatten Minnesota's curve and avoid the overwhelming hot spots and surges we are seeing in other states.

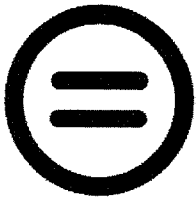
For five months, our health care heroes have come to work and suited up behind tight-fitting and hot PPE, including face masks. We know that asking Minnesotans to mask up in summer is hot, uncomfortable and unfamiliar. But this small act by every Minnesotan supports us and protects others while we navigate learning to live with this virus until there is a vaccine. We want our kids to go back to school. We want our businesses open to support our economy. We want to safely do the activities that bring some normalcy to our lives. Masking up is how we can do this. Thank you again for your continued strong partnership with hospitals and health systems.

Sincerely,

*R. Koranne.*

Rahul Koranne, M.D., MBA, FACP  
President and CEO

c: Commissioner Jan Malcolm, [jan.malcolm@mn.gov](mailto:jan.malcolm@mn.gov)  
Chris Schmitter, Chief of Staff, [chris.schmitter@mn.gov](mailto:chris.schmitter@mn.gov)



**Urban League  
Twin Cities**

*"We believe an equitable society  
can be realized."*

April 21, 2020

Hon. Governor Tim Walz  
State of Minnesota  
130 State Capitol  
75 Rev. Dr. Martin Luther King Jr. Blvd.  
St. Paul MN 55155

Transmission via email: [tim.walz@state.mn.us](mailto:tim.walz@state.mn.us) [gov.contact@state.mn.us](mailto:gov.contact@state.mn.us)

Dear Governor Walz:

The United States has the highest number of reported cases of novel coronavirus (COVID-19) cases in the world, and our state, as of today, has 2,470 confirmed cases of infection and 143 deaths. The greatest density of infection is located in the metro areas of Hennepin (975), Ramsey (202), Washington (97) and Anoka (95) counties, areas with opportunity zone designations by your administration based on poverty guidelines.

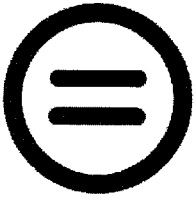
As you are aware, mounting evidence indicates African Americans are disproportionately impacted by the spread of COVID-19. Some cities and states are reporting that black people are contracting the virus at a rate twice that of their percentage in the overall population. Compounding that alarming trend, the morbidity rates for African Americans is nearly three times their percentage in the population. Black people across the nation and here in Minnesota historically have less access to healthcare and tend to work in lower wage, "high touch, close quarters" jobs in the food service, retail, construction, transportation and personal care sectors that cannot be performed from home—all of which makes them more susceptible to contracting COVID-19. Moreover, longstanding health disparities among African Americans, the result of decades of disinvestment and apathy among policy makers and health care professionals, have resulted in high incidences of risk and morbidity factors like immunodeficiency disorders, hypertension, heart disease, diabetes, and respiratory disease.

Despite these high-risk factors among African Americans and people of color, there is alarmingly little publicly-available information about the race of persons tested for COVID-19 exposure and case fatalities. The CDC has been tracking age and gender data and underlying health factors in its Morbidity and Mortality Weekly Report in order to understand the relationship of these particular factors to severe outcomes in COVID-19 patients. As of this writing, however, the CDC has not released any racial data about persons under investigation for COVID-19 infection, despite the fact that these data are supposed to be collected in CDC's "Human Infection with 2019 Novel Coronavirus Person Under

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Glover Sudduth Center for Economic Development and Urban Affairs  
2100 Plymouth Avenue North | Minneapolis, MN 55411

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Investigation (PUI) and Case Report Form" (available at <https://www.cdc.gov/coronavirus/2019-ncov/downloads/pui-form.pdf>).

In Minnesota, the Department of Health publishes a daily Situation Update of COVID-19 impacts that includes a single table on race and ethnicity. Unfortunately, that table only aggregates the numbers of cases statewide by race, but does not provide disaggregated race data by county, city, neighborhood, zip code or census tract, which is needed.

To limit the duration and severity of this pandemic, our state needs a comprehensive and accurate assessment of the problem to determine where to target direct testing, treatment, and mitigation efforts. Accordingly, we request public release of de-identified/aggregate demographic data, including race, on who has received COVID-19 diagnostic testing, who has tested positive, and the clinical disposition of those who tested positive, including recovery and death. **It would be most helpful to release these data at the census-tract level.** Several jurisdictions already have released racial data, including the District of Columbia, Illinois, Louisiana, Michigan, North Carolina, and Milwaukee, Wisconsin.

A better understanding of who needs to be tested, the rates of infection, mortality, and recovery are necessary to "flatten the curve." Our failure to examine and study racial data could exacerbate the higher infection and death rate for African Americans and persons of color. We must act now to save lives. We look forward to the public release of these data without delay.

Sincerely,

Steven Belton  
President and CEO  
Urban League Twin Cities  
Phone [REDACTED]  
[sbelton@\[REDACTED\]](mailto:sbelton@[REDACTED])

cc: Lieutenant Governor Peggy Flanagan, [peggy.flanagan@\[REDACTED\]](mailto:peggy.flanagan@[REDACTED])  
Commissioner of Health Jan Malcolm, [jan.malcolm@\[REDACTED\]](mailto:jan.malcolm@[REDACTED])

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# Open Letter to Gov. Walz from Minnesota's Adult Beverage Industry

BY MLBAADMIN MARCH 20, 2020

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3/20/2020

*MLBA members:*

*This is a letter that was collaboratively sent to Governor Walz's office today. It's intent was to let the Governor know that the industry stands together and deeply need assistance now and in the future. We are here to serve you.*

*Tony Chesak*

*MLBA Executive Director*

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March 20, 2020

Governor Tim Walz

75 Rev Dr. Martin Luther King Jr. Boulevard, Suite 130

St. Paul, MN 55155

Email: [tim.walz@state.mn.us](mailto:tim.walz@state.mn.us)

RE: Responsible Beverage Sales are Essential During COVID-19 & Financial Relief For Minnesota's Hospitality Industry

Dear Governor Walz:

April 21, 2020

Sent to the following recipients via e-mail:

Governor Tim Walz, [tim.walz@state.mn.us](mailto:tim.walz@state.mn.us)  
Commissioner Jan Malcolm, [jan.malcolm@state.mn.us](mailto:jan.malcolm@state.mn.us)

Dear Governor Walz and Commissioner Malcolm,

On behalf of the American Civil Liberties Union and the American Civil Liberties Union of Minnesota, I write to thank your office for collecting race/ethnicity and other demographic data showing COVID-19 infections and deaths rates. I also urge you to share additional data, to the extent privacy laws allow, so Minnesotans can better understand any racial disparities that may exist. As other jurisdictions release racial data about COVID-19 infections and deaths, it is becoming increasingly urgent that Minnesota identifies communities that are in particular need of support and makes sure they are protected, to save as many lives as possible.

At least 15 states (including Minnesota) and Washington, D.C., have begun releasing racial breakdowns of COVID-19 in their jurisdictions.<sup>1</sup> According to the data released so far,

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<sup>1</sup> See *Characteristics of Laboratory-Confirmed Cases of COVID-19*, Alabama Public Health (April 9, 2020), <https://www.alabamapublichealth.gov/infectiousdiseases/assets/cov-al-cases-040920.pdf>; *COVID-19 Statistics*, Illinois Department of Public Health, [www.dph.illinois.gov/covid19/covid19-statistics](http://www.dph.illinois.gov/covid19/covid19-statistics) (last accessed April 9, 2020); *Coronavirus (COVID-19)*, Louisiana Department of Public Health, [ldh.la.gov/coronavirus/](http://ldh.la.gov/coronavirus/) (last accessed April 9, 2020); *Coronavirus Disease 2019 Outbreak*, Maryland Department of Health, <https://coronavirus.maryland.gov> (last accessed April 9, 2020); *Coronavirus Disease 2019 Cases in MA*, Massachusetts Department of Public Health (April 9, 2020), <https://www.mass.gov/doc/covid-19-cases-in-massachusetts-as-of-april-9-2020/download>; *Michigan Data*, Michigan.gov, [https://www.michigan.gov/coronavirus/0,9753,7-406-98163\\_98173---00.html](https://www.michigan.gov/coronavirus/0,9753,7-406-98163_98173---00.html) (last accessed April 9, 2020); *Coronavirus Disease 2019*, Mississippi State Department of Health (April 9, 2020), [https://msdh.ms.gov/msdhsite/\\_static/14,0,420.html](https://msdh.ms.gov/msdhsite/_static/14,0,420.html); *Fatalities*, New York State Department of Health, <https://covid19tracker.health.ny.gov/views/NYS-COVID19-Tracker/NYSDOHCOVID-19Tracker-Fatalities?%3Aembed=yes&%3Atoolbar=no&%3Atabs=n> (last accessed April 10, 2020); *NC Cases COVID-19*, North Carolina Department of Health and Human Services (April 9, 2020), <https://www.ncdhhs.gov/divisions/public-health/covid19/covid-19-nc-case-count#by-race-ethnicity>; *COVID-19 in Virginia*, Virginia Department of Health, [www.vdh.virginia.gov/coronavirus/](http://www.vdh.virginia.gov/coronavirus/) (last accessed April 10, 2020); Kenya Evelyn, 'It's a racial justice issue': Black Americans are dying in greater numbers from Covid-19, *The Guardian* (April 8, 2020), <https://www.theguardian.com/world/2020/apr/08/its-a-racial-justice-issue-black-americans-are-dying-in-greater-numbers-from-covid-19> ("On Monday, Washington's Mayor Muriel Bowser published coronavirus numbers by race for the first time: of the District's 24 deaths, 14 were of black patients."); *COVID-19 Wisconsin Data*, Wisconsin Department of Health Services, <https://www.dhs.wisconsin.gov/covid-19/data.htm> (last accessed April 9, 2020); *COVID in New Mexico*, New Mexico Department of Health <https://cvprovider.nmhealth.org/public-dashboard.html> (last accessed April 16, 2020); *County of San Diego Daily 2019 Novel Coronavirus (COVID-19) Race/Ethnicity Summary*, <https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/Epidemiology/COVID-19%20Race%20and%20Ethnicity%20Summary.pdf> (last accessed April 16, 2020); *Situation Update for Coronavirus*

Black people are dying at disturbingly disproportionate rates. For example, Black people represent 43% of COVID-19 deaths in Illinois, but make up only 14% of the state's population.<sup>2</sup> In Louisiana, Black people make up 32% of the state but represent more than 70% of COVID-19-related deaths.<sup>3</sup> In Mississippi, Black people make up 38% of the population but represent 52% of COVID-19 cases and 71% of reported deaths.<sup>4</sup> The disparities are battering cities with larger Black and Latino communities, too. In Milwaukee, Black people make up 67% of people who have died from COVID-19, while making up only 39% of the city's population.<sup>5</sup> In New York City, which now has more confirmed cases than anywhere else in the world, Latinos make up 29% of the population but 34% of COVID-19 deaths, and Black people make up 22% of the population but 28% of deaths.<sup>6</sup>

On its website, the Minnesota Department of Health is sharing information about infection rates and death rates for race and ethnicity.<sup>7</sup> While we appreciate the release of this data, which is essential and should continue, it is not sufficient to provide the full picture of any disparities we are experiencing here. An analysis of race and ethnicity should be added to all of the categories listed on the COVID-19 Dashboard and Department of Health website. It is important to know the racial breakout for the additional data released, not just on a state level, but also by county, exposure type, hospital cases, testing, and age.

Based on currently available data, it is difficult to determine the extent of any disparities that exist in Minnesota. For example, Black people represent 13% of confirmed cases, but only 7% of the state's population, so without greater geographic breakouts, one cannot determine the extent of any disparities. In addition, the Dashboard says that race is unknown for 18% of those with reported cases, which could mask even more disparities. Finally, data should be released on the race and ethnicity of who is being tested. This data will help track disparities in access to testing, and ensure information on confirmed cases is not skewed by unequal access to testing.

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*Disease 2019*, Minnesota Department of Health, <https://www.health.state.mn.us/diseases/coronavirus/situation.html#case2> (last accessed April 16, 2020).

<sup>2</sup> See Kat Stafford, Meghan Hoyer & Aaron Morrison, *Outcry Over Racial Data Grows As Virus Slams Black Americans*, AP (April 8, 2020), <https://apnews.com/71d952faad4a2a5d14441534f7230c7c>; *COVID-19 Statistics*, Illinois Department of Public Health, [www.dph.illinois.gov/covid19/covid19-statistics](http://www.dph.illinois.gov/covid19/covid19-statistics) (last accessed April 9, 2020).

<sup>3</sup> See Kat Stafford, et al., *Outcry Over Racial Data Grows As Virus Slams Black Americans*, AP (April 8, 2020), <https://apnews.com/71d952faad4a2a5d14441534f7230c7c>, Louisiana Department of Public Health, [ldh.la.gov/coronavirus/](http://ldh.la.gov/coronavirus/) (last accessed April 9, 2020).

<sup>4</sup> See Emily W. Pettus, *African Americans more than half of Mississippi virus deaths*, AP (April 7, 2020), <https://apnews.com/c45118f1f0e98e35a3d89742c751a7f2>; *Coronavirus Disease 2019*, Mississippi State Department of Health (April 9, 2020), [https://msdh.ms.gov/msdhsite/\\_static/14,0.420.html](https://msdh.ms.gov/msdhsite/_static/14,0.420.html).

<sup>5</sup> *Milwaukee County COVID-19 Dashboard*, Milwaukee County, <https://county.milwaukee.gov/EN/COVID-19> (last accessed April 10, 2020); *Milwaukee city, Wisconsin*, United States Census Bureau, <https://www.census.gov/quickfacts/milwaukeecitywisconsin> (last accessed April 10, 2020).

<sup>6</sup> *Fatalities*, New York State Department of Health, <https://covid19tracker.health.ny.gov/views/NYS-COVID19-Tracker/NYSDOHCOVID-19Tracker-Fatalities?%3Aembed=yes&%3Atoolbar=no&%3Atabs=n> (last accessed April 10, 2020).

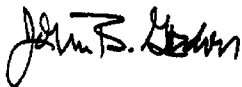
<sup>7</sup> See *race and ethnicity data table* <https://www.health.state.mn.us/diseases/coronavirus/situation.html#raceeth1>

Existing health disparities and other social and economic inequalities make Black and brown people particularly vulnerable to contracting and dying from COVID-19. While public health officials recommend working from home to stop the spread of the virus, only 20% of Black workers and 16% of Latino workers are able to work from home.<sup>8</sup> Black people are also more likely to be uninsured and live in communities without access to quality healthcare facilities, leading to disproportionate rates of chronic diseases such as asthma, hypertension and diabetes, which put people at higher risk from COVID-19.<sup>9</sup> Black and Latina women are overrepresented as essential workers, with Latina women making up 22% of women grocery store workers and Black women making up 27% of women home health aid workers.<sup>10</sup> In addition, people of color are overrepresented in industries that are rapidly laying off workers, leaving many uninsured.<sup>11</sup>

Given the vast disparities across the country, it is likely that Black people and other communities of color are dying disproportionately in Minnesota, too. To effectively address this pandemic by directing resources to where they are most needed, government officials and entities must standardize, collect, and release race and ethnicity data surrounding COVID-19. Without knowing the breadth of how COVID-19 is affecting communities in the state, public health officials, advocates, and affected members of the public will not have the tools necessary to tackle the inequalities this pandemic is exacerbating. Government entities must also provide adequate protections for all essential workers, especially those most vulnerable to the threat posed by COVID-19, including ensuring the equitable distribution of PPE and ventilators.

We urge your office to collect and release this data to the extent consistent with privacy laws so that we may better protect all communities and identify those who are in particular need of support.

Sincerely,



John Gordon  
Executive Director  
jgordon@██████████

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<sup>8</sup> See *Economic News Release*, U.S. Bureau of Labor Statistics (Sept. 24, 2019), <https://www.bls.gov/news.release/flex2.t01.htm>.

<sup>9</sup> See Reis Thebault, Andrew Ba Tran, & Vanessa Williams, *The Coronavirus Is Infecting and Killing Black Americans at an Alarming High Rate*, Washington Post (April 7, 2020), <https://www.washingtonpost.com/nation/2020/04/07/coronavirus-is-infecting-killing-black-americans-an-alarming-high-rate-post-analysis-shows/?arc404=true>.

<sup>10</sup> See *The Wage Gap Has Made Things Worse for Women on the Front Lines of COVID-19*, National Women's Law Center (Mar. 30, 2020), <https://nwlc.org/blog/the-wage-gap-has-made-things-worse-for-women-on-the-front-lines-of-covid-19/>.

<sup>11</sup> See Dan Burns, *How The Coronavirus Job Cuts Played Out by Sector and Demographics*, Reuters (April 4, 2020), <https://www.reuters.com/article/us-health-coronavirus-usa-jobs/how-the-coronavirus-job-cuts-played-out-by-sector-and-demographics-idUSKBN21M0EL> (showing that Asians and Latinos faced the highest rate of increase of unemployment and that the rate of unemployment for Black people is now 65% higher than the rate of unemployment for white people).





John B. Gordon  
Executive Director  
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Office:  
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March 17, 2020

Sent to the following recipients via e-mail:

Governor Tim Walz, tim.walz@state.mn.us  
Chief Justice Lorie Skjerven Gildea, Lorie.gildea@  
Chief Judge Ivy S. Bernhardson, ivy.bernhardson@  
Chief Judge Jay D. Carlson, jay.carlson@  
Chief Judge Edward J. Cleary, edward.cleary@  
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Chief Judge Jodi L. Williamson, jodi.williamson@  
Chief Judge Tamara L. Yon, tamara.yon@  
Attorney General Keith Ellison, keith.ellison@  
Department of Corrections Commissioner Paul Schnell, paul.schnell@  
Robert Small, MN County Attorneys Association, rsmall@  
William Hutton, MN Sheriffs' Association, bhutton@  
Andy Skoogman, MN Chiefs of Police, andy@

Re: Important considerations in responding to COVID-19

We believe that each of you recognizes that the COVID-19 pandemic threatens all of us, but particularly the most vulnerable, impoverished, and marginalized Minnesotans. Without creative and thoughtful action from you, this crisis will only exacerbate the long-standing race-based and wealth-based inequalities Minnesotans already suffer from.

This crisis has the potential to threaten civil liberties, the rule of law, and the Minnesota and United States Constitutions. This letter is an urgent plea for measures based on existing law to avoid constitutional injuries, to protect vulnerable populations, and to reduce the COVID-19 exposure of government officials, those in the care of our prisons and jails, and the entire state.

American Civil Liberties Union of Minnesota  
P.O. Box 14720, Minneapolis, MN 55414 • T  
www.aclu-mn.org

Implementing the following suggestions will help protect the health, safety and rights of all Minnesotans. While every suggestion listed may not apply to all of you, each of you has an opportunity to lead by encouraging adoption of this entire set of recommendations.

**1. Limit arrests to only the most serious offenses.**

State and local governments could reduce COVID-19 exposure for their employees and the public by aggressively limiting custodial arrests to the most serious offenses. Police departments would be wise to follow the lead of Miami-Dade County law enforcement by suspending eviction and foreclosure enforcement during the outbreak.

The Minnesota Rules of Criminal Procedure already require peace officers to cite and release most people charged with misdemeanors, but, as to those who do not fall into that category, peace officers have a lot of discretion in their decision whether to book them into jail. We ask you to encourage all peace officers to slash the number of people they take to jails. In particular, the associations of police chiefs and sheriffs should issue written guidance discouraging officers from taking people to jail, where they will end up endangering themselves, jail personnel, other prisoners, and (after they are released) the general public. As Chief Public Defender Bill Ward said a day or two ago, "It's a petri dish in there."

**2. People should not be in jail because they cannot afford bail.**

Existing bail practices will increase the danger to the public and create monumental backlogs. About 6,000 people sit in Minnesota jails each day; 66 percent of them are awaiting trial and have not been convicted of any crime. They are sitting in jail because they cannot afford bail that is sometimes less than \$100. Confined spaces and the difficulty of providing for hygiene and medical care for those who are locked up will cause many of them to become infected and to infect others. We need to reduce jail populations to the absolute minimum.

We urge the Chief Justice and Chief District Judges to issue guidance to Minnesota judges to ensure that no individuals remain in jail simply because they are unable to pay bail. Minnesota prosecutors and sheriffs should take all steps in their power, including procedures available under Minn. R. Crim. P. 4 and 6, to release all people who are being held based solely on their inability to make bail.

Prosecutors can help by not arguing for punitive bond amounts, by reconsidering whether bond is even necessary, and by ordering the release of individuals arrested without a warrant pursuant to Minn. R. Crim. P. 4.02, Subd. 4.

Judges can help the situation by recognizing that the risk-benefit analysis used in setting bail needs to change drastically: The risks of incarcerating people have skyrocketed for everyone. The vast majority of people should be released unless they have been accused

of a violent felony or there is a substantial likelihood that they will hurt somebody if they are released.

**3. Scheduling problems must not infringe on people's rights.**

It is essential to speed up both probable-cause determinations and first appearances of individuals in pretrial detention. Problems in scheduling or conducting jury trials in criminal cases should not have the effect of extending the time that people spend behind bars. To state the obvious, logistical and scheduling problems must not infringe on the constitutional right to a speedy trial.

**4. At-risk people should not be in jail, absent extraordinary circumstances.**

People who are at high risk of serious illness from COVID-19 are more likely to get sick and die, and more likely to infect others. The Minnesota County Attorneys Association should issue guidance to all prosecutors urging them not to pursue bail for at-risk individuals unless it is absolutely necessary. We urge the Chief Justice and Chief District Judges to issue similar guidance to Minnesota judges.

Judges, prosecutors, and sheriffs should take any steps in their power, including those under Minn. R. Crim. P. 4 and 6, to release nearly all people who are at high risk of serious illness from COVID-19.

**5. Institute furloughs, conditional medical releases, and sentence commutations for high-risk people.**

The Commissioner of Corrections has the authority to grant up to three five-day furloughs to assist inmates with family needs, personal health needs, or reintegration into the community. The Commissioner may also grant furloughs "necessary to provide appropriate noninstitutional or extrainstitutional health care." Minn. Stat. §244.07, Subd. 2. And state law grants the Commissioner the authority to authorize conditional medical release for individuals who suffer "from a grave illness or medical condition and the release poses no threat to the public." Minn. Stat. §244.05, Subd. 8. The Minnesota Board of Pardons has the authority to commute sentences based on individual circumstances.

The Centers for Disease Control and Prevention warns us that older adults and people with serious chronic medical conditions are at higher risk of becoming seriously ill from COVID-19. To protect the health of incarcerated people who are high-risk and to minimize exposure for other incarcerated people and DOC staff, we urge the Commissioner to use his discretionary authority to release incarcerated people who are at high risk of serious illness from COVID-19 and who pose no flight risk or threat to public safety. Furloughing incarcerated people who are at high risk if confined in close quarters is "necessary to provide appropriate . . . health care" to these individuals, within the meaning of Minn. Stat. §244.07, Subd. 2.

We urge the Board of Pardons to hold an emergency meeting to consider sentence commutations, under whatever terms the Board sees fit, for incarcerated people who are at high risk of becoming seriously ill from COVID-19.

In all cases, we urge both the Commissioner of Corrections and the Board of Pardons to frequently assess and re-assess COVID-19-related commutations and furlough criteria amid mounting scientific evidence.

**6. Suspend revocations of probation and supervised release that are based on technical violations, and release all individuals who are being detained based on pending revocation proceedings.**

In 2017 about 3,000 people (36.4% of returns) were returned to prison for violations that did not involve a new charge. In 2016 two-thirds of the state's prison admissions were for technical violations. Adding to our prison population because someone failed to show up for a check-in or couldn't afford restitution does not make sense even when we are not in the midst of a pandemic. It makes even less sense now.

**7. Take additional measures to avoid docket backlogs.**

Courts can reduce transmission of the COVID-19 virus by reducing criminal defendants' need to appear in court in person. Generally, bail and release recommendations include a standard condition that a criminal defendant attend all future court proceedings. In practice, many criminal hearings are status conferences or motion hearings at which there is no need to require the person facing a charge to be present in person. We urge the courts to consider not ordering mandatory attendance at all hearings, at least until we understand better what risks we are creating by being around each other. Of course, a person charged with a crime must always have the right to appear at any proceeding.

**8. Provide free phone calls, video calls, and email.**

While in-person visits are currently banned and while our entire country is in turmoil, it is important that people who are incarcerated can easily and regularly communicate with loved ones who are out in the community. Current phone and video conferencing systems can be expensive and unreliable. The Department of Corrections website states that communications may be free or reduced. We ask that you follow through and suspend charging people for phone, video, and email communications, even if the government has to absorb the cost. Prisoners on the inside and families on the outside are worried about each other. We owe it to them and to ourselves as a society to help them stay connected with one another.

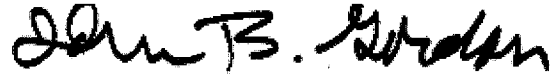
\* \* \* \* \*

The ACLU of Minnesota joins you in your concern for the welfare, not only of those you are responsible for within the criminal justice system, but also of our community at

Gov. Tim Walz, et al.  
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large. Respecting the humanity of all Minnesotans and protecting their constitutional rights will help protect all of us from COVID-19. Pursuing all of these recommendations will support our shared values and make us proud to be Minnesotans. We would be pleased to help in any way we can.

Very truly yours,

A handwritten signature in black ink that reads "John B. Gordon". The signature is written in a cursive, slightly slanted style.

John B. Gordon