

To the members of the Minnesota Legislator,

My name is Ryan Boevers. I am a licensed social worker, will soon be a lawyer, and I have worked with youth for over ten years. I provide this testimony in opposition of HR 3489.

The restrictions on law enforcement officers in their use of physical restraints in schools, particularly prone restraint, is sound policy that protects the safety of children. It is policy that is supported by the National Alliance on Mental Illness and the National Association of State Directors of Special Education. The National Association of School Nurses does not support the use of restraint unless it is to prevent imminent danger. A prone restraint puts pressure on a child's diaphragm, restricting, and sometimes preventing, the child from breathing, and can result, and unfortunately has resulted, in a child's death. Even when physical restraints are not injurious, they are deeply traumatic as a child in crisis is prevented any physical autonomy as an adult, or adults, wrestles them to the ground. This is why physical restraint should only be used to prevent imminent danger and why other forms of crisis management are crucial to keeping schools safe.

In my ten years working with children, one of my jobs was working in a locked, residential, psychiatric facility for teenagers. These children struggled with chronic distress and violent behaviors. I implemented physical restraint in this facility on almost a daily basis. I could not use prone restraints. I could only implement a restraint when there was risk of imminent danger. I faced circumstances where my safety, my coworker's safety, and the safety of the children I served were put in significant jeopardy. Never, did I once think that I wish I could put a child in prone restraint, and never did I wish that I could put a child in a restraint sooner. In fact, lowering the bar for the implementation of restraints may cause more danger to all involved, including law enforcement. By far, the safest option for a child in crisis (or anyone for that matter) is verbal de-escalation. I saw first-hand how the implementation of restraints can get out of hand and cause injury. The only time I have ever been to the ER is because of physical injuries I received while implementing a restraint. Moreover, restrictions on physical restraint are crucial to ensuring they are used appropriately. I have seen first-hand how someone, caught up in the adrenaline and emotion of a crisis, can respond with inappropriate force.

The policy that this bill seeks to roll back is policy that we require for our school staff and mental health professionals. Often, they are working with the very same children that law enforcement interacts with in school. Never has the legislator thought these policies inappropriate until now. SROs are granted far more ability to intrude on student's privacy in school based partially on the educator/law enforcement dual role that they hold. It follows then that with that power comes the responsibility to be held to the same restrictions as everyone else in the school building. This is particularly so considering that the restrictions still allow law enforcement to physically respond to an immediate danger and, of course, would allow for a response to exigent circumstances in the exact same manner that mental health professionals are allowed. This is not complex; school staff and mental health professionals have been doing this for decades.

To conclude my testimony, I offer two stories. One is a personal experience; the other is more broadly known.

The first time I saw a child experience a mental health crisis as a professional, I was working as a paraprofessional in a Saint Paul Public High School. The SRO responded as the child's crisis was unsafe for himself, the other students, and staff. The SRO, who had an excellent reputation with students and staff, handcuffed and arrested the student, leading him from the classroom. As the SRO lead him down the hall, the child resisted. The SRO brought him to the ground, face down, and sat on his abdomen. At that moment the child was not an imminent danger, cuffed and in the custody of law enforcement, and was in prone restraint. Perhaps the SRO did not know better, but it is undeniable that this could have resulted in injury. A more measured approach was called for in that moment.

And finally, not too long ago a 16-year-old child was in a residential facility in Michigan. This boy struggled with persistent mental health issues, chronic distress, and behavioral issues. Before being placed in this facility, at 12 years old, he found his mother, dead in her bed. She had died in her sleep. His father was incarcerated and lost custody. He entered the foster care system at 12-years-old, an age at which exit from foster care before turning 18 is unlikely, especially for African American boys. Parentless and adrift in a sea of professionals, this child's trauma compounded. He was separated from his siblings. He began acting out his trauma. His use of intimidation and physical force was likely a front to hide the pain and despair within. One day he became upset at another child. He threw his sandwich at them. In response staff wrestled this child to the ground, and seven staff held him there for twelve minutes. After twelve minutes, this child, our child, was dead. If it takes a village to raise a child, it also takes a village to break one.

Say his name: Cornelius Frederick

Thank you for your time,

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