

Milena Bates,
Bloomington, MN

Testimony regarding the School Resource Officer Bill,

Dear Chair Pryor and Committee members, I write this testimony from the perspective of a parent of children receiving special education services, educator, community organizer, as well as a member of the disabled and immigrant communities.

I appreciate some of the language in the bill, especially as it relates to requiring training on de-escalation, mental health, trauma and child development. The exceptions for untrained officers being hired are concerning, such as those for long term substitutes and six months for new hires. I have been in a school staff position where I had such a period of time to complete necessary training, and after finally going through it, I was resentful of some of the difficulties that both the students and I would have been spared if I had been able to get the training right away.

The generous allowances of discretion regarding use of force are disturbing to me as a parent. The language allowing for prone restraint is downright alarming. As someone who has managed crisis situations personally and professionally, there is no need to use a restraint procedure with such a high risk as prone restraint. Restraint procedures in general carry a high risk of trauma and most are still at the disposal of peace officers. Excluding the one that carries the most risk of death and is outlawed for use on adults, is less than the minimum consideration of minors that we are trying to keep safe. These procedures must also include consideration of equity, because students at the intersection of multiple minority identities are at compounded risk of being subjected to them.

I sincerely hope you will reflect on the many joined voices of the local organizations that are representing the interests of children as well as the students themselves, sounding the alarm on the risks of allowing prone restraint in any form. There is a lot of specialized professional knowledge informing these statements that should be weighed heavily, lest we achieve the opposite of our stated goal.

Thank you for your attention,

Milena Bates

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,

Ryan Boevers, LISW
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February 12, 2024

Dear Representative Pryor and members of the Education Policy Committee:

I am writing to you today to express my strong opposition to HF3489, and to ask for you vote against this troubling and dangerous legislation.

I am writing as a pediatric neuropsychologist who has worked with children with a variety of developmental, medical and behavioral and emotional complexities. My work is a joy. Every day these children and adolescents face barriers that many of us can only imagine. Like all of us they have good days, and they have bad days. What is currently keeping me up at night is the fact that a bad day for these children puts them at direct risk for long-lasting injury or worse if this bill becomes law. Research has clearly demonstrated that children with disabilities, and particularly children of color, are at substantially higher risk for seclusion and restraint. Federal data indicates that more than 100,000 students face seclusion or restraint each year in our public schools. Nearly 4 out of 5 of each of these students is a student with a disability. Those disabilities place them at much higher risk for adverse outcomes as well. Features of their disability such as low muscle tone and communication impairments make it much more likely that they will suffer adverse medical impacts such as restricted breathing, damage due to hypoxia, and cardiac arrest. Again, statistics show that fatalities that result from prone restraint are much more likely to occur for children and adolescents with disabilities, particularly children of color with disabilities (e.g. Nunno et al, 2021). We must also keep in mind that physical injury and death are not the only impacts that must concern us here. Physical restraint and seclusion have deep, lasting emotional impacts on the students that experience them. The outcome is increased anxiety, increased incidence of depression, increased incidence of Post-Traumatic Stress Disorder. These emotional impacts ultimately lead to impairment in social and emotional development, decreased ability to participate in daily activities, including therapeutic intervention and learning, and often times lead to increased emotional and behavioral dysregulation, the very thing the restraint was aiming to address in the first place.

We have many effective tools to positively respond to escalation, and we know the deep, lasting and negative impacts of using these techniques. We saw with our own eyes what happens when law enforcement officers use these techniques when we watched the death of George Floyd. In over two decades of practice, working with children through adults, in inpatient and outpatient settings, often in highly charged situations I have never once been in a situation in which prone restraint was needed, or would have been appropriate for my patients. It would have been unsafe for them and it would have been unsafe for me. And I am not alone in this. Hospitals, prisons, psychiatric facilities and law enforcement agencies across the country have taken steps to eliminate and often ban prone restraint as a tool for behavioral management. Within our own schools, our teachers, paraprofessionals, support staff and therapists, the people who know these students best, are by statute not allowed to use prone restraint as a tool for behavioral management. Prone restraint is not safe, and it is uniquely targeted to the most vulnerable in our student populations. Giving the go ahead to school resource officers to use this dangerous and outdated practice is going backwards, and it is putting the lives of our most vulnerable students at risk. Please do not allow this bill to move forward.

Sincerely,

Rebecca Vaurio, Ph.D.
Pediatric Neuropsychologist
Constituent of district 64B

Re: HF 3489

Chair Pryor and Committee Members:

I am writing to you as a career educator and in my individual capacity as a Hopkins School Board Director to express deep concern regarding police use of force on children in our schools.

In Hopkins Schools, we have spent the last four years investing in a districtwide restorative culture and holistic safety model (based on what numerous studies have shown fosters school safety) instead of a model that relies on police presence and the criminalization of children. In the creation of this model, we were especially concerned about the disproportionate impact of police in schools on Black, brown, LGBTQ+ and neurodiverse children.

One of the many factors that led to this decision was community concern regarding police use of force on students. Another factor was a lack of standardized policy and training for SROs across the state. I support the portion of HF 3489 that would bring together professional and community groups with the POST Board to create a statewide SRO policy and training protocols. This would align the role and requirements of SROs with other professionals who work in our schools (social workers, nurses, etc.), undergo extensive training, and are held to high standards when interacting with our children.

I appreciate your time and work on behalf of students and school staff. Thank you for reading my testimony.

Sincerely,

Jen Westmoreland (she/her)

Dear Members of the Education Policy Committee,

I am writing **in support of keeping the ban** on prone holds and breath-impacting restraints on children in Minnesota schools. I fully support these prohibitions for school resource and police officers remaining in statute as approved by the legislature last year.

Such restraints are already prohibited in many places in many contexts, including in Minnesota prisons and schools:

- a New York City law forbids police from using such restraints--a law that has been upheld by the New York Court of appeals in an *unanimous* decision just this past fall ([source](#))
- in the year following the death of George Floyd in Minneapolis by a police officer using such a restraint, 24 states restricted or banned the use of such restraints ([source](#))
- the Minnesota legislature bans correctional officers from using such restraints on inmates ([source](#))
- Prone restraints have been prohibited in Minnesota schools against students with disabilities since 2015 ([source](#)).

There is an abundance of evidence and prior legislation that demonstrates clearly that prone holds and breath-impacting restraints have no place in Minnesota schools. Schools are places where young people should feel safe and supported, and not put in danger by the adults in the building.

Thank you,
Anita Chikkatur
Professor of Educational Studies, Carleton College
Organizer, Education for Liberation Minnesota
Resident/Register Voter, Minneapolis
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