

March 3, 2021

Janeane Marks  
Rockville, MD 20853

**TESTIMONY IN SUPPORT OF HB1089**

Primary and Secondary Education – Expansion of Mental Health Services and Prohibition of  
School Resource Officers (Police–Free Schools Act)

**TO:** Chair Kaiser, Vice Chair Washington, and members of the Ways & Means Committee

**FROM:** Janeane Marks

My name is Janeane Marks and I live in District 19. I am submitting this testimony in support of HB1089, Primary and Secondary Education – Expansion of Mental Health Services and Prohibition of School Resource Officers (Police–Free Schools Act).

Jewish tradition teaches us the value of “Ki shama Elohim el kol ha’na’ar ba’asher hu sham: For the Holy One heard the voice of the child who was there” (Genesis 21:17). Our tradition tells us that just as the Holy One listened to each of us, so too should we listen to the experiences of those who are experts on their own lives -- of the students, educators, and nurses like myself who have had negative interactions with School Resource Officers.

As a nurse with over 42 years of experience in health care and a graduate degree in health promotion counseling, I have worked to promote healthy behaviors among adolescents in many clinical settings. I worked as a school community health nurse in Montgomery County high schools and elementary schools from 1993 until my retirement from Montgomery County Health and Human Services in 2014.

I have significant concerns about the utilization of police officers in schools. Initially, particularly after the shootings at Sandy Hook Elementary, I welcomed their presence in high schools. I had worked with police officers before when they had been called by high school administration and security teams. My feelings changed based on my own experiences working alongside a school resource officer.

Here are four situations that illustrate my concerns.

1. Based on a request from an assistant principal, the SRO consistently followed a pregnant, African American student with a history of emotional problems, each time she left the classroom to use the restroom. She came to the health room in tears, telling me and the health room technician that the officer was "following" her.

2. The SRO repetitively intervened when students were brought to me for evaluation for suspected substance abuse. The SRO had no knowledge of students' confidential medical history. He entered the health room without consulting me and did his own evaluation. These actions were disruptive as each time he did this, the health room ceased to be an environment of support and confidentiality, creating a very different climate for students. These events worked to decrease the trust among students that the health room was a place concerned with security, privacy, and effective healthcare delivery.
3. I was called to evaluate a student with a known seizure disorder who was experiencing a seizure in the hallway. Upon examining the student, I noted that she had involuntary tonic-clonic movements of her legs and arms. However, when I spoke to her, she was conscious and able to respond to me. When the rescue squad arrived, the SRO met and told the rescue squad that the student had experienced a grand mal seizure, before I had an opportunity to brief them. I knew her seizure was not grand mal because she maintained consciousness throughout the seizure. I shared this information with the rescue squad and the SRO challenged my assessment in front of school staff, the rescue squad, and everyone present. After this happened I spoke with the school principal and was told that school resource officers are not accountable to MCPS.
4. I saw a high school student who expressed suicidal intentions. I contacted the assistant principal assigned to this student's grade level - per school policy - as well as attempting unsuccessfully to reach a parent. When I was unable to reach a parent, I asked Montgomery County Crisis Team support. This meant that the student would be escorted to the Montgomery County Crisis Center. The SRO, with no knowledge of the information I had received from the student, appeared in my office and stated that he felt the student did not need to be transported to the Crisis Center. I insisted that based on my judgment and experience, he did need to be evaluated. The assistant principal promised me that he would escort the student if he couldn't reach a parent.

These issues are not unique to Montgomery County either- **the same trends can be seen clearly across the entire state**<sup>1</sup>. Maryland leads the nation in incarcerating young black men ages 18-24. Police officers are placed in a unique environment with limited training to deal with children who have complex educational, health, social and emotional needs. This limits their capabilities and has the potential to actually make these situations more harmful. Significant data confirm that the removal of SROs will benefit racial equity in our state.<sup>2</sup> And data also

---

<sup>1</sup> Maryland State Department of Education, Maryland Public Schools Arrest Data: School Year 2018-19 (2020), <http://marylandpublicschools.org/stateboard/Documents/2020/0623/MarylandPublicSchoolsArrestData20182019.pdf>

<sup>2</sup> Maryland Commission on the School-to-Prison Pipeline and Restorative Practices, Final Report and Collaborative Action Plan (2018), <https://www.law.umaryland.edu/media/SOL/pdfs/Programs/ADR/STPP%20%20RP%20Commission%20Final%20Report.pdf>

shows that students are best served by increasing staffing and allowing highly trained teachers, mental health professionals, counselors, school nurses, and well-trained security teams to provide a safe and healthy learning community.<sup>3</sup>

For these reasons, I urge you to support HB1089.

Thank you,  
Janeane Marks

---

<sup>3</sup> Montgomery County Office of Legislative Oversight, The School to Prison Pipeline in Montgomery County, <https://www.montgomerycountymd.gov/OLO/Resources/Files/2016%20Reports/School%20to%20Prison%20Pipeline%20with%20CAO%20Response%2020166.pdf>