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**Recommended Citation**

[https://doi.org/10.25172/slrforum.74.1.5](https://doi.org/10.25172/slrforum.74.1.5)

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SMU Law Review Forum

Volume 74  August 2021  118–129

SCHOOL POLICE REFORM: A PUBLIC HEALTH IMPERATIVE

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ABSTRACT

Out of the twin pandemics currently gripping the United States—deaths of unarmed Black victims at the hands of police and racialized health inequities resulting from COVID-19—an antiracist health equity agenda has emerged that identifies racism as a public health crisis. Likewise, calls for reform of school policing by those advocating for civil rights, racial justice, and Black Lives Matter have simultaneously intensified. Yet each remains siloed, despite the natural connection and implicit overlap between these separate movements and debates. Indeed, there are documented negative health effects of school policing for Black, Indigenous, people of color (BIPOC) youth. But these have gone largely ignored or underemphasized by the movement to reform school police. Similarly, the racial health equity movement has overlooked race-conscious health equity reforms to school policing. This Article aims to fill the gap by connecting these distinct movements and debates and articulating a public health-based response to school policing.

I. INTRODUCTION

The COVID-19 pandemic brought racial inequality and structural discrimination to the forefront of national discourse. Simultaneously, the death of George Floyd at the hands of Minneapolis police in May 2020 fueled a social movement against police violence. The convergence of these social and health

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We wish to acknowledge Emma Kaikilani Burrows and Cassiopeia Land for their invaluable research in preparation of this article. We also wish to thank Alexis Etow and Cesar De La Vega for their feedback on this article.
pandemics, each rooted in and sustained by racism, has led to the emergence of a new antiracist health-equity agenda. This multi-sectoral and transdisciplinary agenda is marked by a guiding focus on addressing the co-influential social, economic, political, and legal systems that uphold racism and affect both individual and population health. Within the movement for race-conscious health and public health approaches, there is a clear recognition that advancing racial health equity requires not only expanding access to high-quality and equitable healthcare, but also shaping health-impacting systems outside of the healthcare fields. To do so, scholars, researchers, and policymakers have increasingly turned their attention to how racism shapes the social determinants of health and social risk factors that drive health inequities. For example, leading public health law scholar, Professor Ruqaiijah Yearby, has developed a revised social-determinants-of-health framework identifying structural discrimination (racism, sexism, ableism, and classism) as a root cause of health inequities and law as a tool reinforcing racism in social-determinant systems.

Despite a commitment to system-level transformation and the significance of education as a social determinant of health, the antiracist health-equity movement has paid little attention to changing the structural conditions in

   As a structured system, racism interacts with other social institutions, shaping them and being reshaped by them, to reinforce, justify, and perpetuate a racial hierarchy. Racism has created a set of dynamic, interdependent, components or subsystems that reinforce each other, creating and sustaining reciprocal causality of racial inequities across various sectors of society.


5. Ruqaiijah Yearby, Structural Racism and Health Disparities: Reconfiguring the Social Determinants of Health Framework to Include the Root Cause, 48 J.L. MED. & ETHICS 518, 519 (2020).


7. Within the antiracist health-equity agenda, education is most often listed as one social condition tied to health outcomes, without further interrogation of how specific policies in the education space impact youth health. See, e.g., Health Equity Considerations and Racial and Ethnic Minority Groups, CDC, https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html [https://perma.cc/M7KS-6G2A] (last updated Apr. 19, 2021); Sharrelle Barber, Place Matters: From Health and Health Care Disparities to Equity and Liberation, 81 N.C. MED. J. 173, 173–74 (2020); When specific education policies and practices are identified for targeted intervention, common areas of focus include school-based healthcare, access to healthy school lunches, safety in the built environment, and improved academic instruction quality. See, e.g., Health Equity: School-Based Health Centers, CMTY. GUIDE, https://www.thecommunityguide.org/findings/promoting-health-equity-through-education-programs-and-policies-school-based-health-centers [https://perma.cc/8FQY-D5LB] (last updated Sept. 30, 2020); Albert Lee et al., Health Promoting Schools: An Update, 18 APPLIED HEALTH ECON. & HEALTH POL’LY 605, 607, 609, 611 (2020); Alana M.W. LeBrón et al., The State of Public Health Lead Policies: Implications for Urban Health Inequities and Recommendations for Health Equity, 16 INT’L J. ENV’Y T RSCH. & PUB. HEALTH 1064, 1083 (2019); NAT’L ACADS. SCI., ENG’G, & MED., COMMUNITIES IN
schools that negatively affect BIPOC students’ mental health, threaten their safety and wellbeing, diminish their social supports (school-based health-protective factors), disrupt their educational attainment, and place them at significant risk for justice system involvement. The absence of an antiracist public-health response to practices, policies, and systems of racism in schools that maintain white supremacy is a critical mistake. Though parallel and co-influential structures function in the U.S. educational system to diminish the health and wellbeing of BIPOC students, this Article specifically calls attention to the presence of police in schools and use of policing tactics. As the antiracist health-equity agenda evolves, there is a critical need for public health intervention to strengthen the defunding-school-police movement. Such intervention will not only provoke new discourse and promote rigorous exploration of the relationship between school police and health but, as importantly, will advance legal and policy changes that resist systemic oppression.

II. RACISM, STRUCTURAL DISCRIMINATION, AND SCHOOL POLICE

School-based policing practices are not a new phenomenon. As the educational system in the United States developed, white decision-makers not only prescribed limits on Black peoples’ access to education but entrenched patterns of behavior, control, and conformity grounded in multiple layers of discrimination. As Professor Michael Dumas notes, “the slave has no place in the most privileged and highly-regarded school spaces,” thus turning Black people into “educational anachronism[s]” that are not “suited for [the] idealized multicultural learning community.” School policing and practices were developed to serve as “instrument[s] in the ‘afterlife of slavery’” to continue the “captor” of Black people and position Black students as “perpetually and involuntarily open to surveillance and control.” As schools were acculturated through social, political, and legal racialization processes, norms of law and order became deeply rooted educational conditions. For Black students, this translated to school environments in which they were “perpetually watched but [...] simultaneously denied access to their humanity, including rights and privileges over their lives.


8. Michael J. Dumas, Against the Dark: Antiblackness in Education Policy and Discourse, 55 THEORY INTO PRACT. 11, 16 (2016).


10. Dumas, supra note 8, at 17.


12. Jennifer Jee-Lyn Garcia & Mienah Zulfacar Sharif, Black Lives Matter: A Commentary on Racism and Public Health, 105 AM. J. PUB. HEALTH e27, e28 (2015) (defining racialization as “the process by which meaning and value are ascribed to socially determined racial categories, and each racial category occupies a different position in the social hierarchy”); see also Dumas, supra note 8, at 16 (arguing that education policy is a site of anti-Blackness).
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and bodies.”¹³

The formalization of police in schools emerged in the 1950s as one response to white fears during desegregation that the lack of discipline among Black children would bring disorder to schools.¹⁴ During this time, politicians and academics reinforced white supremacy and “diagnosed” socioeconomic inequality, rising poverty rates, and uprisings of urban residents “as a lack of ‘law and order’ caused by Black and Latin[x] residents themselves rather than the discriminatory systems they confronted.”¹⁵ By the mid-1960s, schools across the country had deployed armed and unarmed police officers to control students of color.¹⁶ Simultaneously, local- and state-level policies and laws gave teachers, administrators, and law enforcement the authority to identify students as “pre-delinquent,” giving rise to the school-to-prison pipeline.¹⁷

Contemporary racial disparities in school policing are clear—from the disproportionate presence of sworn law enforcement officers in high schools with high Black and Latinx student enrollment¹⁸ to referral rates¹⁹ to school-based arrests.²⁰ Analysis of the most recent U.S. Department of Education Office for Civil Rights’ Civil Rights Data Collection indicates that, when compared to white peers, Black girls are at 3.66 times the risk for arrest at school.²¹ Similar patterns exist for students of color with disabilities. In 2018, a Government Accountability Office (GAO) report found that “Black students with disabilities represented about 19 percent of all K-12 students with disabilities, and accounted for nearly 36 percent of students with disabilities suspended from school.”²² Yet, despite the

¹³. Wun, supra note 11, at 173.
¹⁵. Id.
¹⁶. Id. at 4.
¹⁷. Id. at 5.
¹⁹. Compared to their white peers, Black students are more than twice as likely to be referred to law enforcement. SARAH E. REDFIELD & JASON P. NANCE, THE AMERICAN BAR ASSOCIATION JOINT TASK FORCE ON REVERSING THE SCHOOL-TO-PRISON Pipeline PRELIMINARY REPORT 30–31 (2016).
fact that evidence demonstrates these disparities are not the result of more frequent or more serious misbehavior on the part of BIPOC students, school policing has often been discussed without explicit acknowledgement of its connection to racism.

### III. THE MOVEMENT TO DEFUND SCHOOL POLICE

There is a long history of community-based advocacy against violent and racialized policing practices that operate as social control mechanisms to subordinate BIPOC communities. However, the nationwide protests in the summer of 2020 in response to police brutality and murder of Black people produced new conditions intensifying the calls of civil rights and racial justice advocates for specific reform—defunding school police. And school districts across the country responded. Since June 2020, education and policy leaders have engaged in review of school policing and-indigenous-students-with-disabilities-the-trump-administration-has-data thats-likely-to-prove-it/ [https://perma.cc/TWB9-BG57].

23. REDFIELD & NANCE, supra note 19, at 20–21.


practices, initiated discussions with police departments to reform policing practices and modify contracts, proposed phase-out plans, and even ended school police contracts. Presently, more than thirty school districts have taken initial steps to reevaluate their relationship with school policing.

As a mechanism of social control, school policing is nestled within a larger social and political context of racism, including the proliferation of police presence in Black and Latinx neighborhoods to surveil and subordinate people of color post-de jure segregation. Calls to defund school police directly confront the permanence and adaptability of structural discrimination and the operation of racism as a root cause of school policing disparities. Racialized school policing practices are part of a social system with mutually reinforcing laws, policies, and practices that strengthen punitive frameworks, criminalize BIPOC youth, and feed the school-to-prison pipeline. School policing redefines normal youth


34. FRENCH-MARCELIN & HINGER, supra note 14, at 2.

35. Id. at 2–3.

behavior as criminal, inserts police and the criminal justice system into everyday school disciplinary matters, and increases risk of arrest for “disorderly conduct” and other minor and subjective offenses.

The downstream consequences of school policing include school pushout, disproportionate juvenile justice system contact, and increased reliance on the carceral system. Youth in schools that receive federal funding for school police are significantly less likely to graduate from high school and enroll in college than their peers in schools without such funding. Further, a first-time court appearance nearly triples the chances that a student will not graduate from high school. Students who do not graduate from high school have a higher likelihood of future incarceration and unemployment. However, the consequences of school policing are not simply about risk factors for negative educational, professional, socioeconomic, and criminal justice outcomes. School policing practices also contribute to unsafe and unsupportive school environments.

During a two-year period, the American Civil Liberties Union identified 141 media reports of school police using abusive force, including the use of pepper spray, Tasers, and chokeholds, among other forms of physical violence. In addition to the use of direct physical violence against BIPOC students, advocates argue that school policing stigmatizes youth, fostering feelings of distrust and

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38. FRENCH-MARCELIN & HINGER, supra note 14, at 13, 15–16.
43. EQUAL JUST. SOCY, supra note 40, at 16; Thompson, supra note 40.
44. AARON KUPCHIK, HOMELESS SECURITY: SCHOOL DISCIPLINE IN AN AGE OF FEAR 115–16 (2010).
disconnection and driving truancy and pushout. They also identify violations of students’ civil rights as a result of school policing.

IV. SCHOOL POLICING IS A PUBLIC HEALTH ISSUE

The relevance of school policing to health is clear. Education is recognized as a key social determinant of health that shapes health outcomes from early childhood through adulthood.49 The impact of education on health is crosscutting and amplified as educational attainment is a predictor of other social determinants (e.g., income and employment) that powerfully shape health.50 Research shows that reduced educational attainment is a strong predictor of a range of negative health outcomes, including chronic disease and low life expectancy.51 The development and promotion of health-protective factors are also critical to lifelong health. School connectedness, peer connectedness, and school climate protect youth against poor mental health outcomes, including emotional distress, suicidal ideation, and suicide attempts.52 School policing negatively impacts each of these areas.53 Students stopped by police in schools are more likely to report poor mental health outcomes, such as post-traumatic stress and emotional distress, and police exposure is linked to increased trauma and


48. ADVANCEMENT PROJECT, supra note 45, at 51 (centering students’ constitutional rights vis-à-vis school police). School police often have access to student records and other private information, which they use to further control and criminalize students, for example, by sharing that information with law enforcement outside of schools. FRENCH-MARCELIN & HINDER, supra note 14, at 16–17.

50. FD.


54. Jackson et al., supra note 53, at 631.
anxiety in young people.\textsuperscript{55} The use of abusive force subjects BIPOC students to direct risks for physical injuries,\textsuperscript{56} and cumulative exposure to violence, including police violence, is associated with poor self-rated health in youth.\textsuperscript{57} Though there is a significant need for race-conscious public-health research on school policing, it is not unlikely that the disproportionate targeting of BIPOC students may drive racial health inequities given that racial discrimination itself is associated with poor physical health and high rates of anxiety, depression, and schizophrenia.\textsuperscript{58}

We assert that the school-to-prison pipeline, specifically the link between school policing and criminal justice system involvement, is also an issue of racial health inequity. Incarcerated youth are at an increased risk of developing a myriad of health problems, including trauma, depression, suicidal ideation, and suicide attempts.\textsuperscript{59} These adverse health outcomes are not limited to childhood; research shows that youth incarceration is associated with worse mental and physical health in adulthood.\textsuperscript{60} Incarceration in adulthood is likewise recognized as a major public health concern because individuals in correctional facilities are significantly more likely than the general population to suffer "from infectious disease, mental health problems, and substance use and addiction."\textsuperscript{61} Formerly incarcerated individuals also face higher rates of hospitalization, morbidity, and mortality.\textsuperscript{62} Put simply, the school-to-prison pipeline is a fundamental driver of poor health outcomes that follow BIPOC people from childhood through adulthood.

V. A CALL FOR ANTIRACIST HEALTH ENGAGEMENT WITH THE SCHOOL DEFUNDING MOVEMENT

Despite the health-harming effects of racialized school policing and the implicit relationship between the defunding movement and racial health equity, the negative health effects of school policing for BIPOC youth have been largely underemphasized as a justification for reform in the movement to defund school police.\textsuperscript{63} Movement activists have demanded divestment from school police and

\textsuperscript{55} Amanda Geller et al., Aggressive Policing and the Mental Health of Young Urban Men, 104 AM. J. PUB. HEALTH 2321, 2321, 2323–24 (2014) (finding association between police exposure and increased trauma and anxiety among young men).

\textsuperscript{56} FRENCH-MARCELIN & HINGER, supra note 44, at 23–24.

\textsuperscript{57} Renée Boynton-Jarrett et al., Cumulative Violence Exposure and Self-rated Health: Longitudinal Study of Adolescents in the United States, 122 PEDIATRICS 961, 961, 964–65, 967 (2008); see also HUM. IMPACT PARTNERS, supra note 26, at 7–8.


\textsuperscript{60} Id. at 66–67.


\textsuperscript{62} Id.

\textsuperscript{63} Thalia González, Race, School Policing, and Public Health, 73 STAN. L. REV. ONLINE 180, 180,
reinvestment in school-based health providers but have not engaged an interdisciplinary approach to defunding school police supported by public health research and action. Further, while educational attainment, professional and socioeconomic trajectories, and school-based health-protective factors (e.g., school connectedness and school climate) are all familiar topics to public health experts, the negative health consequences of school policing are often overlooked in health-equity discourse. This absence of a public health lens supporting the defunding movement presents a unique opportunity for public health and health law professionals to stand in solidarity with civil rights, educational justice, and racial justice advocates and turn the tools of the growing antiracist health-equity agenda in a new direction.

Though school policing is presently absent from the antiracist health-equity agenda, we believe it is key to highlight the current focus on systems interrelated with school police. For example, there is robust advocacy to address individual and community health impacts of incarceration. Similarly, policing outside schools is prominent within the antiracist health-equity discourse. Identifying both police violence and interlocking layers of racism within policing practices and systems as public health crises, advocates have called for legal reforms in such areas as police accountability, racial bias training, and bans on the use of certain physical restraints. Coupled with national-level activities, more than two hundred cities, counties, states, and other public entities have issued resolutions declaring racism a public health crisis with the vast majority in direct response to the death of George Floyd and widespread protests denouncing law enforcement as a systemically racist institution.

As such, a call for public health engagement with the school defunding movement is not simply driven by the direct health risks that school policing presents for BIPOC students. Framing, naming, and addressing school policing

183–84 (2021); HUM. IMPACT PARTNERS, supra note 26, at 2.
64. See, e.g., WHITAKER ET AL., supra note 20, at 4–5, 40–43.
65. See, e.g., Christopher Wildeman & Emily A. Wang, Mass Incarceration, Public Health, and Widening Inequality in the USA, 389 LANCET 1464, 1464 (2017); JULIA ACKER ET AL., ROBERT WOOD JOHNSON FOUND., MASS INCARCERATION THREATENS HEALTH EQUITY IN AMERICA 21–29 (2019); Zinzi D. Bailey et al., Structural Racism and Health Inequities in the USA: Evidence and Interventions, 389 LANCET 1453, 1453, 1458–59 (2017); Alexandra L. Hernandez et al., Developing a Health Equity and Criminal Justice Concentration for a Master of Public Health (MPH) Program: Results from a Needs Assessment Among Community Partners and Potential Employers, 7 FRONTIERS PUB. HEALTH 1, 1–2, 4–5 (2019).
67. Id.
68. Id.
69. See, e.g., Orange Cnty., Cal., A Resolution Denouncing the Murder of George Floyd and Addressing the Health Director’s Declaration of Structural Racism as a “Public Health Crisis” in Orange County (June 2, 2020), https://www.orangecountync.gov/DocumentCenter/View/11770/George-Floyd-Resolution [https://perma.cc/LQ5S-B9J2] (citing the murder of George Floyd and widespread killing of Black people by police as factor for county resolution). Our analysis indicates approximately one-third of resolutions issued prior to April 2021 reference police in direct relationship to racism as a public health crisis.
as a public health issue is critical if the public health and health law communities seek to actualize the aim of “address[ing] the social, economic, political, legal, educational, and health care systems that maintain structural racism. Because as the Covid-19 pandemic so expeditiously illustrated, all policy is health policy.”

Structural discrimination underpins the laws and policies that support the current school policing paradigm, which in turn shapes the educational system, reinforcing racism and facilitating poor health outcomes for BIPOC youth.

To stand in solidarity with racial-justice and education advocates is to ensure that goals for health equity for all are realized.

To be clear, we are not asserting that public health and health law professionals should assume leadership of the defund-school-police movement. To do so would be reenacting the subordination that the antiracist health-equity agenda seeks to combat. Rather, public health and health law professionals committed to dismantling oppression should develop a collaborative vision with grassroots leaders for how their skills, expertise, and tools can enhance the defund-school-police movement. A wide range of opportunities exist for public health and health law professionals to support school police reform. For example, researchers can increase data on the impact of school policing on student health and conduct participatory community-driven studies that not only examine racialized health effects of school policing but also develop preventative and structural interventions. They can also play a role in articulating how divesting funds from school police and investing them in health-promoting interventions, such as mental health support and services, is a key return on investment by state and local officials. Advocates can advance legal reforms at the local (school and district) and state levels to limit the use of harmful, punitive school-discipline practices, including school policing. For example, they can serve as trusted health champions for the defund movement and testify before city councils holding budget hearings on the negative impacts of school policing practices. Academics can adopt a comprehensive antiracist curriculum inclusive of the examination of racism as a driver of health disparities, the social determinants of health, the effects of racialized school policies and practices, and the role of law in reinforcing

71. See Social Determinants of Health: Know What Affects Health, supra note 3.
73. The antiracist health-equity agenda calls for community-based participatory research, a collaborative approach that equitably involves community partners in all aspects of research and use of findings to implement change. See, e.g., Quianta Moore, Patrick S. Tennant & Lisa R. Fortuna, Improving Research Quality to Achieve Mental Health Equity, 43 PSYCHIATRY CLINIC N. AM. 569, 569 (2020).
74. Empirical studies of health and mental health outcomes for student interactions with school police are significantly limited, with many accounts marginalized in advocacy reports. This finding is consistent with other areas of health and public health literature and calls for increased documentation of racism’s health impacts. See, e.g., Debra Bingham, David K. Jones & Elizabeth A. Howell, Quality Improvement Approach to Eliminate Disparities in Perinatal Morbidity and Mortality, 46 OBSTETRICS & GYNECOLOGY CLINICS N. AM. 227, 227, 229–232 (2019); Courtney D. Cogburn, Culture, Race, and Health: Implications for Racial Inequities and Population Health, 97 MILBANK Q. 736, 736, 738–739, 750 (2019).
structural racism in health-impacting systems. In all instances, the guiding principle to such antiracist work is disrupting the mutually reinforcing laws, policies, systems, and behaviors that fuel the persistence of racial health inequities.