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CONDOM CLINICS WILL CASH IN UNDER CLINTON

"This is a coming-out party for school-based clinics," said one clinic director at a gathering of 250 directors in Pittsburgh this fall. They were celebrating their high-profile status in President Clinton's health-care-reform plan and the news that he is requesting a whopping $400 million in federal money for what have become known as condom clinics.

The October conference was hosted by the Center for Population Options, a research group nationally known as a leading promoter of condom clinics in public schools. "The numbers [of condom clinics] are just going to fly" if the Administration plan is adopted, said Debra Hauser, director of the school health care division of the Center for Population Options.

When the Clinton "health security act" was finally unveiled in November, it requested $100 million for school clinics next year and an increase to $400 million a year by 1999. Each year thereafter the funding level will be "substantially more," according to Dr. Robert st. Peter, coordinator of programs for children and schools at the Department of Health and Human Services.

Since the first condom-dispensing clinic opened in 1989, strenuous efforts have been made to expand their number, but according to the Center for Population Options, the number of school clinics has grown to only 327, of which only 60 percent provide contraceptive counseling, only 28 percent write prescriptions for birth control pills, and only 20 percent dispense contraceptives on-site. Now, however, some clinic professionals are predicting that, if Congress adopts the President's adolescent health initiatives, 16,000 new condom clinics will open within the next two years.

The expansion of school condom clinics has been slowed by strenuous parental opposition. Three states have prohibited the distribution of condoms on school property.

School clinic services now vary widely from school to school, with some clinics merely providing immunizations and physical examinations for athletes. The strategy of the condom clinic advocates has been to get their foot in the door by claiming they just want to provide non controversial services for poor children, and then introducing condom distribution later.

At the present time, school health clinics are financed by funds from a mix of federal, state and local taxpayers' money plus grants from wealthy foundations predisposed to finance population control. The percentage of money from each source varies from school to school.

Clinics typically get started with a grant from a private foundation, and then keep going by soliciting funds from federal sources such as Medicaid, maternal-and-child-health block grants, the Drug-Free Schools program (which is supposed to be limited to anti-drug purposes), and Title X of the Public Health Service Act.

Currently, there is no federal program specifically for condom clinics, but since clinics are run by people highly skilled in getting grants of taxpayers' money, they have gotten millions of tax dollars anyway. No one knows how much federal money flows to school clinics, but some officials estimated last year's figure at $17 million.

surgeon General Dr. Joycelyn Elders' enthusiastic advocacy of contraceptives is only the tip of the iceberg of federal involvement. Dr. C. Wayne Bardin, vice president of the Population Council, said that $17 million of the $114 million spent to research and develop Norplant came from the federal taxpayers through the U. s. Agency for International Development. The nonprofit Population Council

collaborated with Wyeth-Ayerst, a U.S. drug company, to bring Norplant to market.

Norplant, the contraceptive that is surgically implanted in women's arms to prevent ovulation for five years, was first used on Baltimore schoolgirls in January 1993. In October, Baltimore announced expansion of the Norplant service to five other schools.

The Clinton health plan calls for a vast expansion of federal funding for condom clinics. The plan's language makes this obvious: "investments in new health programs such as school-based clinics to expand access to care for underserved populations," "training for school-based health providers," "outreach in support of family planning services," and prescription drugs (such as the pill and Norplant).

Since the plan makes no distinction between children and adults, children will be treated without parental knowledge or consent.

The Clinton health plan would require the regional alliances, or health-care collectives, to contract with the school clinics, which would be labelled "essential-service providers. Within five years, the school clinics would be recognized as "providers" and fully integrated into the health collective alliances.

Clinic professionals consider the Clinton health bill "a watershed event." "It would be an incredible boost," according to Claire D. Brindis, an Administration adviser on adolescent health. "Beyond the financial commitment is a policy change. There is a partnership emerging between the Education Department and H.H.S."

Indeed, the Clinton health plan is a watershed event on the road to a totalitarian society. School health/condom clinics will empower government not only to aid and abet sex among minors, but to take control away from parents of the entire health (or non-health) of all children from the moment they walk in the schoolhouse door.