

Top 10 Reasons to Say NO to School Health Clinics

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Schools have one job: academics. Housing, feeding, clothing, college, religious training and health care for children are responsibilities solely in the purview of parents / guardians.

Governor Mike DeWine recently [announced](#) nearly \$26 million allocated to 136 new or expanded school health clinics in Ohio. He thinks that's a good thing. This is, by the way, mostly federal money from the Biden administration's [American Rescue Plan](#).

The \$26 million is on top of hundreds of millions DeWine has allocated over recent years for expanded mental health and substance abuse counseling in schools, and we hear that many new school counselors and social workers are being hired in Ohio school districts.

DeWine says the purpose is to support the "[whole child](#)." But that's not any school's role.

School-based health clinics are the practical application of the high-risk "social emotional learning" fad and go way beyond the role of the typical school nurse. They are a terrible idea. Here's why.

1. Bypassing parent involvement. An onsite clinic offers the ever-present opportunity for your child to receive physical exams and counseling chosen for them, with or without your permission, because a teacher or counselor decides it is "needed" during the school day, when you are not there. This is not fantasy, but in fact an emerging practice of many school personnel, to "empower" children to make their own decisions with little or no parental input.

The reality is, these clinics don't just fill a perceived need but will create more utilization of such services. Identifying legitimate student counseling needs is valid, but such counseling should be conducted offsite with non-school personnel, consistent family involvement, and well away from the school climate for your child's privacy.

2. Current lawsuits demonstrate the tragic sexual mischief in many schools. In case this statement seems too radical, just check out the policy statement (link below) of the American School Counseling Association on homosexual/transidentity issues. This group, apparently allied with "LGBT" advocacy groups, is totally on board with "supporting" confused students (i.e., approving of these behaviors). The counseling profession leans hard left these days and away from traditional sexual morality. School health clinics are full of such people.

(<https://www.schoolcounselor.org/Standards-Positions/Position-Statements/ASCA-Position-Statements/The-School-Counselor-and-LGBTQ-Youth>)

Many educators and counselors are trained to believe any child with gender confusion deserves an instant “yes” to a desired new opposite sex name, new pronouns and inappropriate costuming. They justify this under the school’s “non-discrimination” policy. Families are often viewed as the enemy and the practice of concocting a secret “transgender support plan” – a private document for the student’s file, withheld from parents—is now standard procedure in many schools (<http://www.protectohiochildren.net/kings>). So with more private, “no-parents” health visits, the likelihood of damage to children rises dramatically, as current court cases launched by heartbroken families attest:

<https://www.christianpost.com/news/moms-tell-how-gender-ideology-threatens-parents-rights-led-to-girls-death.html>

3. Pro-abortion and “LGBTQ” groups love school clinics. Doesn’t this tell us everything we need to know about how some students’ lives will be changed forever during the school day because of a “health” appointment? Consider the views of NARAL, Pro-Choice America, (<https://www.prochoiceamerica.org/wp-content/uploads/2016/12/8.-School-Based-Health-Centers-A-Vital-Resource-For-Young-Peoples-Health.pdf>), which considers school clinics a “vital resource.”

At the existing (since 2019) school clinic for middle schoolers in Jackson, Ohio (<https://www.adena.org/news/detail/adenajackson-city-schools-partner-on-sch>), note that among the list of services available is “reproductive health needs.” Middle schoolers!

Yes, the school clinic may seem like a Godsend on that day when your daughter has a severe sore throat but hard for you to take time off work for a check-up. The health clinic staff is extremely likely in today’s climate to have a conversation with your daughter while she’s at that visit about contraception, her sexual orientation, or the need to get an HPV vaccine, and you may never hear about it.

4. No evidence of improved academic performance. School health clinics are the solution to improved academic success, “readiness to learn,” etc.—so we are told. But do Ohio schools with longer experience with health clinics see improvement on state assessments? And how will we ever know? To accurately make this case, one would have to violate individual student health confidentiality. So the public will never get solid data to back up this claim. The reality may be just the opposite.

5. Consent is sketchy. What schools love is the “blanket consent” signed by parents at the beginning of the school year. This will be the procedure for school-based health care most of the time as well. As we all know, the first weeks of school can be chaotic and the temptation to just sign off and be done with it, is enormous.

But please, parents, stop doing this. We need individual consent for every survey and any encounter with health/counseling staff. And give no consent for any counseling unless you are physically present. Better to keep all appointments off-site.

6. Misdiagnosis. Without parental/family input, any assessment a school gives may be incomplete or flat-out incorrect, especially on mental health issues. The next step is to try to clean up the mess made in your child's life.

7. Privacy. What are the chances that in the school bureaucracy, with data and many more programs implemented or stored electronically, that your child's health/counseling information is shared with others? Or that plain-old gossip about your child gets around? Extremely high considering the reckless approach of today's education progressives, where the trust parents once felt has been severely eroded.

8. Takes advantage of convenience. You are the legal custodian of your child, and his/her health is your responsibility — not the school's. But for busy parents and those with limited incomes, the temptation to just "let the school handle it" will be enormous. The schools know this. In all fairness, some school staff see children going without regular check-ups, in need of eyeglasses or (in their opinion) vaccinations, and they believe onsite clinics are a help. But health providers are available in the community for your child and parents need to own this issue and be involved in every health care encounter your child has. There are too many risks when it is done otherwise.

9. Low-income/minority families are exploited. School health clinics are said to resolve health care "disparities" among poorer and minority families. But hold on. Here we have the classic patronizing attitude that is frankly, the subtext of most of today's hyped-up race agenda and pushes more erosion of family dignity and integrity. There are plenty of affordable community health and counseling resources available for families of all income levels. And with parental oversight, vulnerable teen adolescents can avoid being enabled into contraception/teen sexual activity which will limit the achievement of their goals and dreams—just the opposite of what is claimed. Children deserve unfailing parental involvement in health care and parents need to own these decisions and do the right thing.

10. Operates under the school bureaucracy. Even though technically these clinics are associated with the Ohio Department of Health, they end up as part of the school system. What are your options if there's a medical mishap? Or your child is counseled in such a way that causes a suicide attempt? Beyond the harm to your child, can a parent sue for malpractice? It won't be easy, because schools are shielded from many types of lawsuits. This needs to be clarified.

We urge you to call DeWine's office and say you do not want expanded or new clinics in our schools. Ask him to put a hold on the federal and state funds. Contact your local school board members and tell them you do NOT want these clinics in your local schools. DeWine's office is 614-466-3555.