

The Native Health Center

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What do you do in Fairbanks, if you're a Native Alaskan who wants to take advantage of Public Health Services health care?

Till last March, any Native who wanted to see a doctor went to a Public Health Service office in downtown Fairbanks, picked up a slip and went to see the private physician of his choice.

This system has changed with the opening of the Alaska Native Health Center, a new clinic to deal directly with the health problems of Natives in the Fairbanks area.

The Native health center, located in the Arctic Bowl building, is an interim facility.

It will be replaced in approximately two years, when a new Public Health Service clinic is built next to the new Fairbanks Community Hospital under construction.

Till then, the Arctic Bowl clinic staff—a PHS doctor and sociologist, assisted by a nurse, receptionist and medical assistant trainee—is working to improve health service to Natives in the Fairbanks area.

What are the advantages to the system? What are its disadvantages? Dr. Hal Sexton, the doctor who has headed the clinic since it opened could point out both its advantages and disadvantages over the old system.

"Prior to the first part of this year," he explained, "all medical care for Native patients was provided under a contract system in Fairbanks. A sick patient picked up a slip at a downtown office and took it to the clinic of his choice. He took the same chance of finding a good physician as any person in town."

With the advent of the clinic, this changed. Most patients are sent to the clinic, where Dr. Sexton handles general practice work and an occasional obstetrics case. He treats, on an average, 30 patients per day,

sending those with special problems to private specialists in town.

The major advantage of the new medical center is that it serves as a clearinghouse for medical information. It can provide assistance to agencies which help its patients in other areas.

Another major advantage of the clinic is the full time social worker on its staff. Joel Bostrom, a Public Health Service employee who spent three years in Montana working for the service is available to follow up patients' problems which are not medical.

"The medical care which existed before the clinic opened was adequate," explained Dr. Sexton, "but most of the patients have more than medical problems.

"Their biggest needs are not medical, and their private medical care was inadequate. We think we meet some of the chronic problems better."

There are also some major drawbacks to the clinic system of providing medical care. Patients no longer have a choice of which physician will attend them.

As a rule, the clinic now handles two thirds to three quarters of those patients who call for doctors' appointments. The rest are handled by private physicians. Many patients had to change from doctors who had treated them for many years.

"We expected more hostility than there was," explained clinic nurse Fran Alexander. "After all, we're all strangers and some people have gone to the same doctor for many years. As a rule, though, people have accepted us. We try very hard to treat each patient personally, not just as a medical problem."

The temporary facility is, however, less than adequate and poorly located for the needs of most of its patients. The location at the Arctic Bowl building, without a pharmacy or X-ray facility in the building, means many patients must make sev-

eral long trips to and from downtown Fairbanks.

This should be changed next year, or the year after, when the new clinic is built next to the community hospital under construction in Fairbanks.

The new clinic, which has not yet been bid, will house two doctors, two or three dentists, a social worker, medical and dental labs, pharmacy and other facilities not now available at one central location. General hospital facilities will, of course, be right next door.

No estimate has yet been made of whether direct health care by the Public Health Service, as provided by the clinic, is cheaper than the former system of private care.

Under the present dual system, with up to three quarters of the patients treated at the clinic and the rest by private physicians, the clinic is within its budget.

This is despite the fact more patients were treated this year than were treated last year under the completely contract system. Probably, direct clinic care costs less per patient.

Despite its ability to provide social services, the Native health center has disintegrated the Native population from the general public in its health care. Native people in Fairbanks no longer see the same doctors as their white counterparts.

Also, despite staff efforts to develop personal relationships with each doctor, a PHS doctor ends his term of service in two years.

Next year, Alaskan Native patients in Fairbanks face another disruption of doctor-patient relationships, and this will continue.

The question of what method will provide the best health care for Native Alaskans is not yet decided.