

Civilian Dentist and PHS Dentist Disagree on Rural Dental Care

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With a rural population scattered among small communities separated by hundreds and thousands of miles, how does Alaska provide dental care for all of its citizens?

Mainly, since most rural residents are Alaskan Natives, it is the federal government which faces this responsibility.

The Indian Health Service, the branch of the U.S. Public Health Service which provides health care to the Indian population of the U.S. stations dentists throughout the state of Alaska to give dental care to Alaskan Natives at no fee.

Is this the best method for providing such care? Many dentists in Alaska disagree, suggesting a system in which private dentists would provide dental services in most areas under government contract.

This system was recently abandoned in Fairbanks for medical services. What are the relative advantages?

"Contract care in metropolitan as well as in remote areas can provide incentive for better distribution of private dentists," says Dr. G.T. Morrow, President of the Alaskan Dental Society.

Dr. Morrow recently wrote to the Tundra Times to answer questions about the Alaska Dental Society's views on dental care in Alaska.

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Dentists Disagree . . .

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According to Dr. Morrow, government program dentists in rural areas discourage private practitioners from moving to rural areas—thus concentrating them in the Anchorage area.

"I believe that ALL Alaskans would be better served if government funds were used to provide contracts to dentists to care for Alaskan Native beneficiaries.

"Then if care in addition to that rendered (free of charge) as per the contract were desired, it could be provided on a fee basis to any patient, Native or non-Native, regardless of age or heritage, and at less cost to the tax payer than the current government system.

"The PHS can then relocate manpower deeper and deeper into the remote areas."

The problem with contract care, according to Dr. John H. Reiber, DDS, head of the PHS dental clinic in Fairbanks, is money.

"It costs more for contract care," says Dr. Reiber. Dr. Reiber and Dr. Paul Eleazer, who works with him in the Fairbanks clinic, figure that dentists from their clinic spent over 185 days in the field last year—visiting rural villages across the Interior of Alaska. Other PHS dentists "cover" other areas of Alaska.

Dr. Reiber has been with the Public Health Service for 10 years, most of them in Montana, Washington and South Dakota with the Indian Health Service. He has been in Fairbanks since last July.

The PHS dental program, explains Dr. Reiber, leans heavily toward preventive dentistry—treating children's problems to prevent major problems in the next generation of adults.

"Our care is limited for adults," admits Dr. Reiber. "PHS is primarily a children's program. It is based on an incremental type of program developed in Washington to solve the problem of how to do the most good with limited manpower."

The incremental program was designed to solve the problem of how to catch up on the immense amount of backlog of dental problems in Alaska's rural areas.

PHS dentists concentrate on the younger age groups—who don't need dentures or other extensive, time consuming restorative work. Care for adults is limited to emergency work for the most part—filling cavities and pulling teeth.

"At this point," says Dr. Reiber, "I'd say the children in the villages get good care—except for having no orthodontics. We'll go into a village and apply fluoride and clean teeth, examine children starting with the youngest and working our way up through the school

children." The dentist is hampered in the field by lack of X-ray and other complicated equipment, which may make him "miss" some problems.

The program in Fairbanks, as versus the field program, treats only children and adults who come for appointments.

"Our problem here," says Dr. Reiber, "is too often patients don't show up for appointments."

Many children never come to the dentist. Probably, the same children get good dental care—the ones who go to the clinic.

The dental clinic is presently trying to negotiate with the Fairbanks Native Association for transport to bring children from the schools to the clinic in small groups.

One advantage of the dental clinic in Fairbanks is their access to a social worker, whom they "share" with the Alaska Native Health Service.

The social worker, Joel Bostrom, can often arrange for welfare and other agencies to pay for prosthetic devices—dentures, false teeth, etc.—which the PHS will not pay for.

Dental patients must pay their own lab fees—costs which can range to several hundred dollars for complicated work.

Recently, the social worker managed to arrange funds to pay for dentures for a high school girl from Tanana who was missing several front teeth. The funds also paid for two trips to Fairbanks for dental work to be done—work the girl's family would never have been able to pay to mend her disfigurement.

Dr. Reiber has serious doubts about the feasibility of contracting care of Natives in the cities and towns to private dentists and restricting PHS to more rural areas.

"We already have a problem in filling PHS slots," he says. "I doubt we could hire enough people to stay in the bush." PHS draws many of its professionals from the same sources as the U.S. army—young men who choose 2 years of PHS service to their stretch in the army. With a reduction in military strength, this incentive may not be as strong.

Dr. Reiber also doubted whether local dentists in Fairbanks would be able to fill the place of two PHS dentists. Comparatively busy, they would be strained at the extra patient load.

Hopefully, the preventive dentistry PHS is practicing will soon see results. Already, computer records show the application of fluorides to be leading to lower incidences of tooth decay.

With their "backlog" ended PHS may be able to expand its focus of dental care.