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[Recording starts from the middle of the sentence.] Man's voice talks about health care planning in communities. They want local involvement from the communities, but the situations are amorphous because there's nobody to turn to. They have talked about local involvement for years but since there's no leadership pattern that has to do with health, local involvement hasn't happened because people aren't organized. People are displaced and it'll take some time until the leadership structure that they can work with is established.

The speaker wants to say that they should first do some planning and then send out people like an engineer and a tuberculosis specialist and other professionals to go around and observe, after which they could come back with practical suggestions for particular communities. They have taken that approach frequently in the past but instead they need to think about taking a group of 2-3 people to form a team that helps with starting to implement a program. That approach would be akin to having a doctor who takes with him a nurse, a pharmacist, and a technician, who could cover all the basis while it is possible to do so.

4:13 A different approach is to implement a plan of comprehensive personal or community health services even if the community only has 20 or 100 people. They think about the variety of services that are needed and the general practitioner would need his ancillary people to address health problems. The speaker thinks they need a single generalist who is truly a social worker, a public health nurse, a physician's assistant, a sanitarian, educator, and work in combination with other people.

Many people feel that the public health nurse is that generalist in many communities, although the role might be different in Native and non-Native communities. They are still going to be faced with the usual problems that they encounter in the Interior Alaska.

6:11 The speaker poses a question of whether it is possible to have a generalist with enough knowledge, support, and communication, so that he can carry on much of the health service that they need in communities. If they can work that out, they would be sending out more than one person. If they have emergencies like tuberculosis, they could send in a hot spot team. For ongoing services, training of the individual and backups is needed and without that they would be spending lots of time and money on staff people [?]. Sending a number of people into the communities might become impossible.

The practicalities of the situation are that they don't have the budget to map out an idealistic program and implement it. They need to plan in very practical sense in order to do what they thought of.

8:19 In some communities, there have been generalists. As many of the listeners know, Dr. Blomen [sp?] in California has developed generalists who can do various things in the communities. He sought help in cases in which he needed it but he didn't need help all the time.

The speaker wants to indicate that that is what he would call "planning in terms of interaction." They need a variety of services, knowledge and disciplines that go into maintaining health of an individual and of a camp. They don't know even know how to do it in Alaska and it might be easier to do it in "more circumscribed location" and under a new set of circumstances.

If they plan with interdisciplinary thinking, their planning can be more effective, and it can be evaluated as they go along. It involves dealing with communities from 10 to 300-400 people.

The speaker thanks the audience. [Applause.]

10:34 A man's voice thanks "Doctor" and invited Dr. Schaible to speak. Schaible thanks Bill, and tells that private practitioners look forward to collaborating with all agencies, providing health services to the Far North. Traditionally, he is concerned with medical care, but he also realized the value of preventative health care, research, and sanitation. Schaible's comments will

deal with the medical care aspect of the problem. Rather than “advocating sweeping innovations” for delivery of health care, Schaible believes that the existing system can be upgraded.

He first wants to review the present way of providing health care to the Arctic. The Native population of the area is served by the U.S. Public Health Service which has hospitals at Point Barrow and at Kotzebue. Public health nurses and school teachers provide the first echelon of care and they are able to report to doctors at hospital centers via radio. Public Health Service doctors and hospitals may provide care for non-Natives on emergency basis when facilities and capabilities are available.

12:07 At present time, medical care for the oil industry in the Arctic is provided with unorganized basis. There’s no physician who would be stationed on the North Slope. Several communities have a first aid man and other companies rely on first aid provided by foreman, expeditors, and so on. There are no hospital beds, or central medical clearing station. Severe injuries are evacuated by the first available plane and sent to Fairbanks or Anchorage for care. Some companies require pre-employment physical examinations but others do not. Routine medical care is non-existent.

Schaible will talk about how the existing system could be improved. Firstly, all the people who are sent to the Arctic should be pre-employment screened and physical standards should be established. The Federal Electric Corporation with considerable experience in the North, for example, insists that all employees pass a rigid physical examination. They have established minimum physical standards on all Arctic projects.

Concerning their pre-employment testing they say “Quote. Personnel working on the DEW-line may be subjected to extreme cold, will live in close contact they have today with the same people, may be confined to an isolated station, will have limited recreational facilities, and will experience the psychologically and physically depressing effect of long hours of darkness during the winter months. Such person must be emotionally stable and physically fit, they must be cooperative and able to maintain a high degree of cleanliness in their living quarters and their own personal habits. If, in physician’s opinion, the applicant is not likely to meet all these requirements, he should be rejected. Unquote.” The company also requires some laboratory tests.

14:49 As the population growth on the North Slope stabilizes and population density patterns emerge, a central community will be established. In the near future, a resident physician should be placed there. That man would be a general medical practitioner with some additional training with surgery and trauma. He would provide first echelon medical care and have access to good communications with medical staff in population centers.

The quality of medical care will be greatly improved by implementation of newer techniques and communication. Reliable telephone service to villages and camps will facilitate rapport between paramedical personnel, private practitioners and medical specialists in metropolitan areas. The public advice via satellite telephone may be in future. That has potential use in long-distance diagnostics or at least in determining whether the patient should be evacuated. Patient's electrocardiogram could be transmitted to the medical center for diagnosis.

16:21 Medical communication science has potential but it requires trained paramedical personnel. Duke University [?] is training sub-professional personnel for performing many of the functions that are ordinarily done by physicians. In lieu of the shortage of doctors, that type of personnel will fill a great need.

Medical care in the Arctic will further be improved by better methods of transportation and evacuation of seriously ill and injured patients. The camps should have supplies to support patients during transportation.

A service of an air ambulance must be considered, but Schaible regards the proposal with a great deal of ambivalence. The kind of a service is in use in Australian bush but the conditions aren't comparable. In Australia, services are provided for isolated ranches, but in North Slope, the air traffic is very frequent and waiting for an ambulance would be waste of time. If they had necessary equipment, any plane could serve as an ambulance.

18:06 Unless the ambulance service was supported by reliable communication system, abuse could occur and the expense could be prohibitive. There may be situations in which ambulance service is necessary. The Air Force has been cooperative and they have provided outstanding service in the past.

It is generally expected that the mortality rate from some sicknesses is related to the time of transport, especially when the transport doesn't happen with adequate ancillary medical

equipment. Same is true with injuries if people don't immediately receive proper care. That is evident from the decrease in death rate due to injuries during Vietnam War as compared to WW-2. The decrease in mortality has been aided by better communication and transportation.

There are other, perhaps insoluble problems in connection with delivery of health services to Far North. The ideal would be to have a physician and ancillary medical equipment wherever there's a camp, but that would never be feasible. Some problems are the price they have to pay when venturing into unknown and hostile environments. In that context, the highest quality of medical care for everyone on the North Slope will never be available instantly. [Applause.]

20:31 A man's voice thanks Doctor, and says that the panel has comments and questions to each other that they can think about while Art Secksauer [sp?] gives his presentation. Art thank Joe. He tells that his qualifications to participate in the panel are that he's been "here" for 20 years and has served on the council as well as in the Borough Assembly. He has faced some of the health problems locally. They live in cities for a number of reasons and have proven that most health requirements are most effective when they operate on area-wide basis. That includes garbage disposal, refuse, and etcetera.

22:23 Art isn't only talking about what the consumer might expect in regards to arctic health protection but he believes that wherever man goes, he inflict lesions on the earth. It seems to him that there are many countries that have larger cities on same latitude [with Fairbanks] that are faced with same problems, and Fairbanks [?] could learn from them.

It's disturbing to Art when government spends large sums of money in carrying out research ad-infinitum that mushrooms into a bureaucratic giant whose original purpose has long been forgotten, especially when a great deal of the information that they seek to discover could be found elsewhere in the world if they would look for it. He agrees that people can no longer sit back but they have to express themselves and be stewards of their world. Art thinks it should be in positive way and he hopes that the other panels in the symposium have as positive an approach as this one has.

25:02 Free enterprise, like in United States, has the tendency among competitive business to improve its standards by itself. Not everything has to be legislated. In some cases, there is lack of addressing the issues by free enterprise. What has been dumped on them by the "tremendous

discovery” [of North Slope oil] has caused many problems, health being one of them. They had caused the same problems in any community of “our size.” There’s that small percentage of people who will price gauge no matter what the community.

The vast majority of people will look for positive solutions and it disturbs Art when he sees nothing but critical approach. USA wouldn’t be the nation it is now without the positive approach.

26:56 They can’t completely draft civilization or be stampeded by emotional approach. The consumer has the right to expect health standards and they have a right to expect them of industry and free enterprise. Art thinks that the government should contract with free enterprise for that control. They have proven over and over again that that is the best approach and that the level of service has increased by so doing.

Art likes Dr. Schaible’s approach that takes into account the advances in technology, and gets people flown into hospitals.

During their fight for statehood, the speaker was intrigued by a report that said that many congressional committees reported on the application of the territory of Louisiana for statehood. Many thought that the vast swamplands would never be inhabited. Art thinks that Alaskans would resent people coming to survey Alaska and then writing a thorough publication about what’s wrong with Alaska.

30:02 If Art had invested in a business in Alaska 19 years ago and taken the negative talk seriously, he would have slit his throat.

As a dairy operator, they supply milk to the North Slope, as well as to villages, and they started to fly it 5 years ago. Art doesn’t think that it’s been universally reported, but now one can buy milk from Point Barrow that is at least as fresh as milk that’s sold in Washington. They can get it to North Slope in less than 24 hours (from Fairbanks). That is another indication of technology that is coming about.

The men, money, and machines still form the relationship that makes the world go around. No-one has the expertise on the North Slope, not even the oil industry. It’s been adequately documented that it’s costing the oil companies 5-6 times the money to drill a well on North

Slope than it does to drill it in more temperate climates. If Art was on board of directors of one of the oil companies, he'd like to know why.

They are learning how to cut down costs by trial and error. He thinks that they are enforcing the level of health and protection from accident victims upon industry. There are villages where Art thinks they have done excellent job and oftentimes, due to budget limitations, they have to do the best they can. There are unusual conditions on the slope and as a businessman, Art can tell that the level of the efficiency of employees is only 25-50%. He thanks the audience. [Applause.]

34:13 The man's voice thanks Art and welcomes questions. [A man's voice says something unclear.] Another man's voice addresses Art and says that the government should contract private industries for the health services in the Arctic, and wonders with whom the government would contract.

Art says that the contract should be contested with private industry. He says that he's going to pass the question to someone more informed and says that if the person who asked the question wants to know about the particular companies, they must ask supervision of the North Slope from the established governmental agencies and units. If the federal, state, or local governments want to exercise control over the land, they should also accept the responsibility of accepting the contracts and controls.

36:06 Dr. Friedman wants to comment on the previous question, saying that in terms of contracting, it could be with oil companies or any producers at North Slope. When he says that, he doesn't mean that they would provide the health services themselves, but rather be in a partnership arrangement. They could and should be involved with development of appropriate facilities, funding, and services. Services that usually are scattered in the community, like laboratory, private physician's offices, and a public health clinic, and other services, should be consolidated into one medical plant that would be supported by private and public sectors.

A man's voice says that oil companies take care of their employees, for example in Arabia, where they have the central hospital concept with satellite health facilities. There's no reason to believe that the oil industry won't assume the responsibility [over health care] on the North Slope. They will need cooperation from governmental agencies in providing the health services.

Another man's voice says that the infractions on North Slope aren't made by responsible people, but by the rare individuals who are only seeking profit with no regard to the resource or to the climate. They have also witnessed the same thing in Fairbanks business community where they only have to check what is called "the Scandal Sheet" to notice the number of freeloaders. They are the people who will need the greatest amount of policing.

39:04 A man's voice thanks the previous speaker and welcomes other questions. Since none are coming, he welcomes questions from the floor. Another man says that comprehensive planning for health is completely different thing from comprehensive health planning. He thinks that when they are talking about comprehensive health planning, they are talking about providing health services, while comprehensive planning for health includes things like transportation and education.

Since they are going to [unclear], they have to follow the oil industry itself. They might not provide the service, but they would have some ideas on what they would like to have provided.

The announcer thanks Dr. [Unclear] and says that his comment was very good, and then he invites a comment from Dr. [Unclear].

41:01 The next speaker says that he agrees with the previous speaker in some respects. The [unclear] is appropriately called the partnership for [unclear] and it does talk about comprehensive health planning. He wants to underscore what has been said in regards to getting the feds, state and the oil companies to work together. He wants to ask what kinds of approaches would [Unclear name] take to make the various organizations concerned with people.

Another man answers that he doesn't have a real good solution to that, but that in general, they hope to employ more sociologists and anthropologists who could give them an insight into those things. They should contract with universities for information.

In the health field, there are no big issues in health professionals not understanding the people. The people who are providing the direct health services are involved with people and understand them, but for the researcher, it is easy to forget.

43:05 The moderator's voice thanks Dr. Reynard and invites another question. A man's voice says it's more of a comment, and says that he thinks that they are heavily loaded with discussions

toward the present concern with oil development in North Slope. He tells that he spent last two years in an oil producing state of Oklahoma and one thing that has impressed him was that oil production didn't concentrate population.

Once the wells were drilled, the people left, and now there are just pumps working away and inspectors seeing that everything is going well. [Unclear] and that there are going to be just few inspectors who are going to get there by helicopter and disappear then to the center of population like Barrow. He doesn't think the oil industry is going to produce a number of new communities after the boom is over. Comprehensive health planning should be directed toward already existing communities. Small villages will continue to exist because small villages will produce enough population unless [unclear].

45:11 He thinks they have to consider what will happen with the ecology of the people [unclear] with the current oil boom. Also, unless something happens, [unclear] they will have different agencies dealing with [unclear] of Alaska. They may have community development where they are beneficiaries of the military health [unclear talking]. Their real problem is how to provide medical care for any individual regardless of their beneficiary status. That will necessitate local cooperation. [Unclear.] Various health agencies are working on methods of providing services to anybody in need, especially in small villages.

46:39 The moderator thanks Carl and welcomes a comment from Dr. Frazier [?]. He says that they are considering a new concept in health learning that has its roots in a concept that health services are expensive and personnel scarce, and that to make the best utilization of available personnel there must be more comprehensive planning. In the past, many people in many communities have [unclear] relatively little method to control their own future and their own health services. Comprehensive health planning would provide that kind of planning through more local control.

[Unclear.] Frazier questions if [unclear] level is not being consistent approach in that large federal organizations like the U.S. Public Health Service, Division of Indian Health, and the research are beyond the control of comprehensive health planning. The problem is especially significant in Alaska where 1/5 of the population is the responsibility of U.S. Health Services. Frazier would like the panel to address the inconsistency that needs to be resolved with comprehensive health planning.

49:13 The speaker says he was going to reverse Dr. Frazier's question and ask the audience how they would do some of the planning, assuming that they were the comprehensive health planning group. Many of the federal agencies are increasingly activated to consider the states the province where they assist the states. That is easily said, but the speaker thinks there are more clues, including approaches to [?] Arctic Health Research Center.

The speaker says he'd put a large part of the responsibility on the state. It's not easy for people from outside federal agencies to come in and offer their services. He doesn't want to absolve the federal agencies, but given proper guidance, leadership, and clear thinking, identifying problems about integrating services could be part of the answer. They might have to lobby in Washington.

52:19 They have worked in Alaska in more inept fashion with lots of criticism over why they don't they plan comprehensive health on federal level. The speaker think they can help them [who?] to do that, particularly as it relates to Alaska.

The moderator thanks the speaker, and asks if Bill would like to comment. Bill [?] says that Dr. Friedman talked about the same kinds of problems than he was going to. He thinks that the mirror mission of planning at the federal level with respect to federal agencies would be cumbersome at planning on local level. The government is too big now for one to even get their retirement check on time.

Certainly in places like Alaska, the federal agencies, the Alaska Native Service, have been willing to cooperate locally with local officials and not duplicate services. The speaker thinks local communities should take leadership.

54:11 The moderator gives next question to Axel Carson. [Unclear talking.] Wherever they design a building, they have to think about health aspects of [unclear]. He presumes that Dr. Friedman means all people [unclear] by interdisciplinary approach. Dr. Friedman answers that he was talking about all people. He thanks Carson for bringing it up and says that he didn't talk about the architect, the sociologist, and the others, but he agrees that the approach should be that broad. Carson says he'd like to make another comment that [unclear] as an engineer, "a program like this" is education is [unclear].

The engineers and other professions should have an opportunity to express things that medical people sometimes overlook. Seminars are one way to do that but the speaker thinks that Alaska

should do that more often so that there is a better communication. [Unclear] they isolate themselves and don't often work with medical people because they are too busy, although they should communicate more.

56:00 [Unclear]. Next comment says that lots of the important concepts in public law 749 say that [unclear] federal role in health planning. They can do that by creating an environment and legal mechanism so that health problems and the ways of solving them originate from the locals and state level. [Unclear.] Federal and state agencies are stepping into local situations and they identify the problems and methods for solving the problems. They have to get away from dictatorship and from imposing higher will on lower levels of government. That has to be kept in mind, and [unclear]. The leadership resides in Fairbanks.

57:53 Another person says that they are talking about mental health in Alaska and there's one thing that has to be noticed: No-one wants to assume the responsibility. Intellectually they assume the responsibility but they have a problem that grows. They are fighting for the survival of the world and not just for Alaska Native health. They [Alaska Natives] are the easiest people to work with in terms of health education and environmental and qualitative statistics, but now they have to assume the responsibility that they have as human beings.

1:00:24 Moderator thanks for the previous comment.

[End of the recording.]