American Indians as Dental Patients

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THE AMERICAN INDIANS, who number about 500,000, became beneficiaries of the Public Health Service on July 1, 1955. These people are dispersed throughout the land, with about three-fourths of them living on reservations. Although they are exposed to varied environments and have the different languages, customs, and other particularities of their respective tribes and locales, full-blooded American Indians form a distinct group and are very much alike in essence. So when I speak of the various types of Indians in this paper, I am not referring to the different tribes, such as the Navajo, the Sioux, or the Blackfeet, but rather to types within the one general category of American Indians.

Being an Indian myself, I have been in contact with Indian tribes all of my life, and recently as a Public Health Service Commissioned Corps dental officer, I have had the opportunity to work among six distinct tribes. From it all I came to the conclusion that American Indians as dental patients tend to fall into certain types which I will describe. I hope this brief description will help to explain the various patient personalities that Public Health Service dental officers encounter in their clinics.

Even as late as 1955 a majority of the American Indians had never had the services of a dentist, and there were many more who had never had any kind of restorative dental treatment. When the Public Health Service's Division of Indian Health was created and given responsibility for health services for American Indians, dental care became for the first time an integral part of the Indian's health picture, and dentistry became a profession to be proved, elevated, and recognized in its own right.

Prior to this the Indian was a beneficiary of the Health Branch of the Bureau of Indian Affairs, Department of the Interior. Because of limited facilities and lack of professional personnel, it was not uncommon for ideal medical care to be greatly lacking and for dental care to be almost entirely lacking. Where a dental clinic was to be found, it was usually sadly limited in its physical attributes. Commonly, it was located in an out-of-the-way part of the hospital or health center, shrouded in a cheerless atmosphere and in need of space, equipment, and supplies. The clinic consisted of a dentist whose practice was often limited to emergency treatment because his workload left him no time for restorative or preventive care. It was not uncommon to find one dentist treating the populace of not one but several reservations, sometimes creating a ratio of 1 to 20,000 or more.

Until recently, the Indian "day school" had been a prominent part of the educational system set up by the Bureau of Indian Affairs. One or more of these small schools were located on each reservation to provide elementary education through the sixth grade. After finishing day school, students were transported to large Indian boarding high schools situated throughout the country. In these day schools dentists set up their portable equipment to give treatment. The dentist's schedule gave him no alternative but to limit his practice to extractions. In many instances anesthesia was not available but procedures were carried out any-

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way. The portable equipment consisted of a metal folding chair and a folding stand to which the belt and arm and adjoining handpiece could be attached. The cuspidor was usually a rubber tubing with a metal attachment similar to the apparatus that prizefighters sometimes use at the ringside.

Since, in the minds of many of the hospital supervisors of that time, dental care lacked position on the totem pole as far as its relative importance as a health measure was concerned, it was not uncommon to find the dentist, his gear, and his patients routed to the most inconvenient space in the building. Sometimes the only location available was the lavatory.

Such conditions were the rule rather than the exception as late as 10 years ago.

Imagine yourself as a child paying your dentist a first visit under the following conditions. Let us assume you have an acute toothache and the pain is unbearable. The dentist is making his quarterly or biannual rounds of the schools and happens to be passing through your reservation at this time. You are told that you will see the dentist to have the tooth pulled. First, there is always that feeling of curiosity about what it is like to have a tooth removed. Chances are you have already been told about it by one who has had an encounter with the dentist, and so now you can't dismiss the thought that it will be painful. Then you wonder, How much will it hurt? You are herded with the others into the basement of the hospital or a like place and made to stand in line in the hallway, usually next to the laundry room or the boiler room, where the lighting is dim and where heating and water pipes loom ominously overhead. The floor is cold concrete and the walls are chipped and unpainted. In these surroundings, you wait your turn for your so-called dental appointment, frightened by the crying of those ahead. Now, it is your turn. If you are fortunate, the dentist is a friendly man this time. You can tell if he takes pride in his work, irrespective of the circumstances. If his assistant is nice too, she will transmit the warmth of friendliness that does much to allay apprehension. Their attitudes can make a tremendous difference in how you cooperate and in your consequent feelings about dental care and dentists. In this instance, however, the dentist is irritable, sloppy, and very much in a hurry. To him, you are just a number that will go down on his monthly progress report.

Could it be any wonder that it would have to be almost by force that this patient is brought to the dentist for another visit? Ask me, for I was that patient.

The memories of such treatment are still clear in the minds of our patients on the reservations today. From such treatment have grown strongly held impressions that dental care means pain and consists of no more than the pulling of teeth.

During World War II, Indian soldiers were introduced to better dentistry, and when they returned home they created demands on the reservation dentist. When the dentist could not meet the expectations, the Indian regarded his free care as being inferior and consequently became reluctant to seek it. He asked such questions as, "How come our dentist doesn't fill teeth, replace missing teeth, or take X-rays?"

Although much credit and respect is due to those few areas that did create and maintain commendable dental standards for Indians, the situations described thus far existed on most reservations when the Public Health Service took over in 1955.

Apart from the physical problems, dental officers have had to cope with the attitudes toward dental care that the Indians have developed over many years. It is my feeling that, in this short period of 6 years, the Indian has gone far in his acceptance of dental care, in consideration of the obstacles he has had to overcome and contrasted against his non-Indian neighbors who have had a century or more head start. However, there are several distinct types of people on these reservations who still maintain a certain reluctance toward dental care.

In the first group are the "old-timers," who are beyond approach. They are firmly set in their ideas about dental care, ideas molded by a lifetime in an environment void of any exposure to modern dental health. Only if they are in extreme pain will they seek attention and then only for relief of the particular ailment. They will not seek any further treatment. They follow the rule, "Let sleeping dogs lie." The next time there is a tooth aching they will return, and sometimes they will be content with

just one or two teeth remaining in their jaws rather than wear a denture. They are proud of the claim that they still have some of their natural teeth, which, in the Indian's way of understanding things, is quite commendable. One tooth can mean to them the difference between happiness or despair, youth or old age.

The second group are middle-aged and quite conscious of what is being done for their young ones and what can be done for them too. But they feel a little guilty that they have neglected their teeth almost to the point of no return and are fearful of treatment because of memories of past visits to the dentist. Consequently, they would as soon not hear the diagnosis and would rather maintain the thought, "As long as I am able to eat fairly well and am feeling no pain, I'll let things remain just as they are." Sometimes they do feel pain, and if they went to the dentist at this stage perhaps the tooth could be saved. But since they still have the feeling that to go to the dentist means losing another tooth, they wait until the pain is unbearable, and then the tooth usually does have to be removed, again substantiating their original convictions.

How can we overcome this way of thinking? First, through educational programs of lectures and visual aids, and second, by providing these people with an opportunity to experience the restoration or replacement of a tooth, or some preventive procedure. Revealing modern methods of dentistry in an atmosphere of kindness will make any practitioner popular among this particular group.

It is especially important to educate members of this group because they have a tendency to impart their fear and way of thinking to their children. As a consequence, the otherwise conscientious child patient is frightened and becomes only half-willing or fearful about seeing his dentist. The present approach emphasizing the treatment of school children while they are quite young is a fine one. Besides helping to relieve the backlog of dental problems, it introduces the child to a type of dentistry that he does not have to fear, and he will in turn relate his experience to his brothers, sisters, and parents. On the other hand, in this situation an unusually heavy obligation naturally falls upon the dental officer, especially since he will often be the first dentist to come upon the scene, causing his abilities and personality to be examined with much concern.

A third group of reluctant patients are those, believe it or not, who are ashamed to visit the dentist. The average Indian has a great tendency to hold himself automatically inferior to the non-Indian. (This is not hard to understand when all the reasons are given, but such an explanation would be a book in itself.) The Indian is quick to compliment the white man for his good looks, his education, and his advancement, and take away from his own attributes. This feeling of inferiority is magnified if he realizes that his physical being is lacking, especially if it is through his own fault. This is his reason for feeling ashamed to see the dentist; he fears he will be scolded by the dentist, adding another blow to his already damaged self-esteem. Seldom will you find Indians in this group seeking routine dental care unless the dentist has proved himself to be one who can make them feel welcome to his services.

In contrast to this, there is a group with a pride second to none. They will have no one telling them that they have to see a dentist. First of all, their dentist is a white man and therefore not welcome. They have a persecution complex and are still fighting the Indian wars against the Government. However, it is amazing to see how rapidly this group changes from belligerence to extreme friendliness when treated carefully and properly, particularly when one of their leaders is "converted" to acceptance of dental care.

In another group are those that maintain the old Indian customs, relying on do-it-yourself treatment. These people will suffer through the painful acute phases of a dental abnormality and encounter any of the chronic complications with a prideful toughness that amazes the outsider. Then too, there are a few who still rely on the medicine man, his prayers, herbs, and techniques for relief from pain.

Conclusion

The American Indian, through lack of exposure to many aspects of the life most other Americans know, can behave in a way that is extremely hard to understand at times. This

is more characteristic of certain tribes than of others. Their past histories explain a great deal of this. For example, the warlike tribes have passed their belligerence down through the generations. Also, in areas where integration has been very limited, a show of rudeness to outsiders is more evident. The Indian in such areas has lived within a confining environment, and through fear of the unknown and the scarring effects of being pushed around, he is quick to become angry when regimented. For this reason, he may counteract anyone telling him to make a dental appointment. He may dislike the dentist because he is a white man affiliated with the Government, because the dentist earns much more money than most Indians can hope for, and because he feels that the dentist is on his reservation only until he has had enough experience to go back to the big city and treat his own kind. This type of patient may never utter a word of gratitude no matter what the dentist might do for him.

However, I must also say that Indians can detect with extraordinary accuracy the individual who is sincere, and when a dentist who possesses a sincere desire to help comes to their community, they will go out of their way to cooperate with his wishes. The dentist will know when he is liked. His appointment books will show it. Although there is no fee for dental services, these people will not approach the dental clinic unless they like their dentist. A dental officer who, besides exercising his professional ability, shows his genuine desire to work for the total well-being of his Indian patients will see true gratitude in their actions and attitudes.

Dental health on the reservations is still in the embryonic state. A dental officer who has been assigned to a reservation goes into a field with a professional and social challenge second to none and where there are many possibilities for achievement. The present program, which emphasizes educating the Indian about the importance of dental care to his health, will bring to every reservation the rewards of a recognized dental profession. The time is not far off when the American Indian will equal his non-Indian neighbor in recognizing the importance of complete dental care.

Oral Drugs for Diabetes

A new form of treatment for diabetes, using combinations of oral antidiabetic drugs, has been tested by several groups of physicians supported by the National Institute of Arthritis and Metabolic Diseases, Public Health Service, and by other investigators.

Two of the oral drugs, tolbutamide and chlorpropamide, have been effective for many diabetes patients, but for some they have either caused side effects or did not sufficiently lower the blood sugar level.

In the combined therapy, the new drug phenformin is used with either tolbutamide or chlorpropamide. Apparently the blood sugar lowering action of the individual drugs is increased, but the side effects are not. Thus adequate control has been achieved in a number of diabetics whose blood sugar level was insufficiently decreased by either drug alone.