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DENTAL HEALTH AIDES FACE D.C. OPPOSITION

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WASHINGTON - For Wynita Lee, an Inupiaq Eskimo in the small village of Shungnak, Alaska, a trip to the dentist for her family meant a 150-mile trip by airplane, at a cost of more than \$200.

Then Stephanie Woods came to town.

The 35-year-old Texan, who married a man from Shungnak and decided to settle in the village of about 300 in northwestern Alaska, now oversees dental care for Alaska Natives there, with an emphasis on small children.

Woods is not a state-licensed dentist. She is a dental health aide therapist trained in New Zealand, where therapists have worked in remote areas for decades, and that rankles some in the nation's capital.

Some members of Congress, joined by the American Dental Association, say Woods and other dental therapists lack proper training and actually could cause permanent harm to patients such as Lee's children and grandchildren.

Other lawmakers do see the benefits of bringing dental therapists to rural areas - just not in their states, where the need is not quite as high and the idea of therapists is so far untested.

Dental care has emerged in the debate over whether the standards for medical training are being sacrificed in the name of bringing health care to underserved areas, including Indian lands.

Sen. Tom Coburn, a doctor, said the Alaska program is a sign that the government is not taking good enough care of its people.

"It starts us down a course to give lesser care to those who are dependent on us," said Coburn, R-Okla.

Coburn sought to ban dental therapists from doing procedures that could cause "irreversible damage." That would cover fillings, extractions and childhood pulp treatments, which are similar to root canals.

Despite the support of the American Dental Association, Coburn's proposal was defeated by the Senate Indian Affairs Committee when he tried to add it to Indian health care legislation last month.

The association's president, Minnesota dentist Robert Brandjord, said dental therapists should focus solely on prevention. The ADA says therapists, for example, might not be able to handle serious complications from patients with medical conditions such as diabetes or heart problems.

"The ability to diagnose things is the key to it," Brandjord said. "The background to do that comes with greater ability and experience."

Myra Munson, a lawyer for the Alaska Native Tribal Health Consortium, said the association has exaggerated the risks.

"It is easy for people who have gone through a lot of education to say that only people that have had a similar level of education could do what they do," she said.

Sen. Tim Johnson, D-S.D., said he feared Coburn's amendment effectively would eliminate dental care for many Alaskans.

Another committee member, Sen. Craig Thomas, R-Wyo., spoke of "a danger in having two levels of care, particularly as we seek to improve our rural health network."

Thomas, Johnson and the committee chairman, Sen. John McCain, R-Ariz., joined in rejecting a plan that eventually would have allowed dental therapists in the lower 48 states.

According to the consortium, the rate of tooth decay among Alaska Natives - who often live in towns such as Shungnak that are not accessible by road - is 2 1/2 times the national rate.

Congressional investigators said in a report this year that many Alaska Natives and Indians do not have adequate access to specialty dental care. The problem is of particular concern in rural states in the West, where reservations often are many miles from the nearest dentist.

It is too soon to draw any conclusions about Alaska's solution, which is just getting under way. Besides Woods, the state has only three other practicing dental health aides. Tribal leaders recently have begun sending a few dental aides to New Zealand for two years of training. Alaska's attorney general authorized the practice.

Woods said she has many long-term responsibilities, including working with the small town to get the water fluoridated. While the ADA has suggested sending visiting dentists to remote areas of Alaska, Woods said her permanent practice is more useful.

She also urged lawmakers to come to the clinic.

"They have no idea what we are up against out here," Woods said. "It's overwhelming. Every single patient I have is either high risk or very high risk, especially the children."

She said she has had no close calls in her three months working there.

"We are so prudent in what we do," she said. "Of course we know we are under a microscope. We don't take any risks."

Lee said her children know how to take care of their teeth now that they have regular visits with Woods.

"They know what to do and what not to drink, mostly the pop," she says. "Having her here is a big change."

ON THE NET

Alaska Native Tribal Health Consortium: <http://www.anthc.org/>

American Dental Association: <http://www.ada.org/>