

50 years ago in Alaska

By Ward B. Hurlburt

Author

Ward B. Hurlburt, MD, MPH is the Chief Medical Officer and Director of the Division of Public Health for the State of Alaska. Dr. Hurlburt's Alaska experience dates back to 1961, when he first served in Dillingham with the US Public Health Service.

In the mid-20th century, Alaska Native people experienced the highest incidence of tuberculosis of any population group, ever. The crude mortality rate from tuberculosis in the Kotzebue area in the mid-1950s was three times the crude mortality rate from all causes today. Tuberculosis infection rates had long since peaked in the rest of the United States, and TB had receded from medical school training. Some of the best training was provided on-the-job by Dr. Martha Wilson, Chief of Medicine at the Alaska Native Medical Center (a name Martha later gave to the 400 bed TBC sanitarium that had been constructed in downtown Anchorage). Martha and her husband, Dr. Joseph Wilson, who was a thoracic pulmonary surgeon and Chief of Surgery, came to Anchorage in 1961, following stints at the old Tacoma Indian Sanitarium in Washington and the Mt. Edgecumbe Sanitarium in Sitka. Dr. Martha instilled an enthusiasm for combating tuberculosis in a whole generation of young physicians in Alaska. Later, the community came to realize that without the tuberculosis epidemic, this new hospital might not have been built at all. This is important today, as the old buildings have been demolished, in part because of their asbestos content.

By 1961 the Anchorage Alaska Native Hospital (known to all as "ANS") had become a general medical

and surgical hospital for Alaska Natives from around the state, as well as a tuberculosis hospital. Tuberculosis hospitals for Alaska Natives had closed, including those in Kansas and Tacoma, and smaller units in Alaska, such as the old Quonset hut building at the Kakanak Hospital. This led to a long waiting time for needed surgery for tuberculosis at the ANS Hospital.

The war against tuberculosis was a truly collaborative effort in Alaska, where new methods were developed.

In consultation with Dr. George Comstock, who led the tuberculosis program at the Johns Hopkins University School of Public Health, Alaska decided not to use the Bacillus Calmette-Guérin (BCG) vaccine that was popular in Europe and India, and instead rely on population-based periodic tuberculin skin testing. Alaska chose to retain the tuberculin skin testing as a population screening tool.

The strategy in Alaska involved mass chest X-ray screening of Alaska Native village residents. State Public Health Nurses (PHN), who were partly funded by the Indian Health Service, conducted widespread tuberculin skin testing, especially among school children. When they got a positive test result, they investigated the patient's contacts. The PHNs administered a triple-drug therapy on an outpatient basis for many active cases. Physicians, nurses, pharmacists, and others at the Alaska Area Native Health Service (as it was then called) hospitals around the state worked closely and collaboratively with the nurses. It was a challenge to transport patients to the hospital for invasive diagnostic procedures. Some patients, who were felt to be particularly contagious, were hospitalized for a year or more. Rapidly growing children with Potts Disease of the spine had to be brought in every three months to have their body casts replaced.

This hospital-based therapy disrupted families. Dr. Walter Johnson, Medical Director at the Anchorage hospital, recognized this problem and sought a more holistic treatment plan. Eventually, village residents were trained as medication aides, precursors to today's Community Health Aides. The Centers for Disease Control (CDC), with its Alaska program led by dedicated individuals such as Dr. A. B. Colyar, provided assistance with consultation, funding assistance, and epidemiologic research.

While tuberculosis remains a problem for Alaska today, by the 1970s the back of the epidemic had been broken, improved and more effective medical treatment had become available, and the last tuberculosis ward at the Alaska Native Medical Center had been closed.

The story of the battle against tuberculosis in Alaska Natives is a story of perseverance, of innovation, of individual heroes and positive interagency collaboration. Public Health can look to it as a success story. ■



Alaska Natives stand beside a Mobile Health Unit in the late 1940s.

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