

ROUTING AND RECORD SHEET

SUBJECT: (Optional)

FROM: James N. Glerum
Director of Personnel
5E-58 Headquarters

EXTENSION

NO.

DATE 21 OCT 1982

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TO: (Officer designation, room number, and building)

DATE

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COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)

1. Executive Registry

2.

3. Executive Director

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We have reviewed with the Director, OMS the proposal that a dental office be provided in the Headquarters Building. It is our joint conclusion that this is not a necessary or desirable course of action. The attached memorandum documents the information which we considered on this subject.

[Signature Box]

James N. Glerum

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Distribution:

- Original - Addressee
- 1 - Executive Registry
- 1 - D/Pers
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DD/Pers/SP

(20 October 1982)

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[Redacted Box]

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D/Pers

82-8687

19 October 1982

NOTE FOR: DD/Pers/SP

SUBJECT: Headquarters Building Dental Service

1. Regarding the attached suggestion that a dental office be located in the Headquarters building, you asked that I explore this with the Office of Medical Services. I have done so and also informally queried State's Overseas Medical Plan office. Information obtained from these contacts follows.

2. Office of Medical Services. Dr. Ingram was most helpful and knowledgeable on the subject. Before addressing the suggestion itself he briefly discussed the dental screening programs that both our Agency and State have been conducting in conjunction with medical examinations for overseas assignment. With respect to our own program, he indicated that it was not proving very cost effective and would probably be phased out in the near future. Based on a quick estimate (as opposed to consulting of actual data) only 2% to 4% of those examined were found to have conditions necessitating care. (This was true of both those going to and returning from overseas.) Interest in having dental work done decreases significantly when it is explained that treatment will be at the individual's expense rather than paid for by the Agency. Examinations were made by a semi-retired dentist hired on a contract basis. The dental screening program at State operates in a similar manner but with examining facilities provided by their Medical Staff for several practicing dentists engaged on part-time contracts. This has been the source of some criticism of their program. Some people have expressed the opinion that these dentists are using their screening duties to build their private practice by identifying work not really necessary and suggesting it be done by them in their private offices.

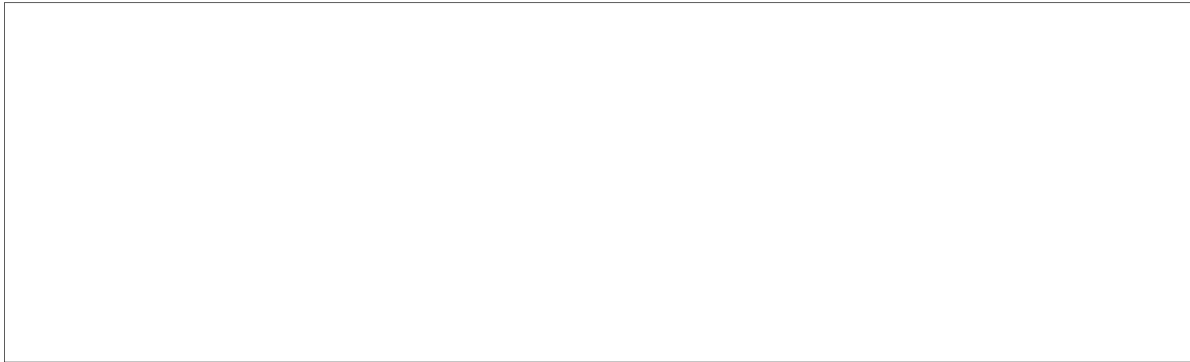
In speaking specifically to the points raised in the attached suggestion, Dr. Ingram raised several concerns. They can be summarized as follows:

- Having a dental office on site could create a problem with the Dental Association, since some dentists might claim unfair competition on the basis of the Agency subsidizing (real or perceived) a private practice. Some private dental practices are falling off from lack of work. [redacted] (copy attached) states the mission of the Office of Medical Services. Paragraph 5 states "OMS shall not operate in competition with private physicians."

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- It is doubtful if a practice in this building limited to Agency employees could support a full-time dentist. This would make it impossible to "hire" or retain a dentist unless his/her down time were subsidized by the Agency. There is no authority for such a subsidy. If there were, it would impact on the previous item.
- OMS has no authority to do anything but screening examinations and emergency treatment. With respect to emergency dental treatment, there are extremely few of them, in the main having to do with first aid to trauma.



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- Most people interested in regular dental care already have a family dentist. It is unlikely that they would change dentists just for the sake of saving travel time to and from appointments.
- Related to the previous item, Dr. Ingram volunteered that many people stereotype "government doctors" as less professional or knowledgeable than those not associated with government. He feels some of that attitude might also prevail with respect to an in-house dentist.

3. Department of State Overseas Medical Program. The State Department conducts a dental screening program in connection with their medical assessment of employees and dependents for overseas service, as mentioned earlier in this note. They do not provide any dental treatment, either in or outside their buildings. Conditions identified as needing correction are done at the individuals election by a private dentist of his/her choice. It was interesting to note, however, that State has under consideration the possibility of having some roving dentists overseas who would visit embassies for purpose of examinations and advice on dental concerns. It is uncertain to what extent, if any, they would perform routine or minor dental care.

4. Pentagon. An even more informal inquiry was made of a [redacted] civilian employee at the Pentagon [redacted]. He informed us that a dental clinic does exist in the Pentagon but that it is only for military personnel, their dependents, and, on space available basis, retired military personnel. No services are extended to civilians.

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5. From this initial review, it appears that the attached suggestion would be breaking new ground in the area of services or benefits for Federal employees. It also appears such a venture would not be without its pitfalls. Should further consideration be given to the suggestion, I believe we should explore the legal aspects of it with the Office of General Counsel. Finally, while I don't want to be totally negative on this issue, there is the consideration of space. The attached memo from the DDA to the Director of Logistics regarding "Allocation of Non-Office Space" is not encouraging.

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Attachments
As Stated

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