

Guatemala 2011 Spring Dental Journey Experience

Friday, March 11th 2011 marked the end of this year's 5-week Dental Journey to Guatemala. For the first time since Dentistry For All was founded, over 15 years ago, our members completed four volunteer dental journeys in a 12-month period – quite an accomplishment for our organization! Since March of 2010, we sent teams to Guatemala on three separate missions, and one to Nicaragua, for a total of 14 weeks of volunteer dental service in Central America. This past five weeks alone, 49 volunteers worked long and difficult days to complete 3442 procedures on 1162 patients treated... 43% of them being children.

During the previous 12-month cycle of DFA work, our volunteers treated 3145 people in need, and completed 9629 procedures. This has been our most productive annual cycle since our founders, Dennis and Bev Bedard, first travelled to Guatemala in 1997.

After a rocky start due to crazy weather all over our connecting US cities, mechanical failures, missed connections and more than 20 rebooked flights, all of our volunteers eventually arrived safely in Guatemala and began our work... our experience in coordinating travel in and out of various working locations has helped us to accommodate these sort of issues, and due especially to Dr. Shane Fisher's extraordinary travel-logistic planning abilities, not a single clinical hour was lost in the end! It meant longer travel days on the ground, less time to think and certainly less time for recovery, which had somewhat of a tiring effect on the teams, but as per usual, not a single complaint was heard. The entire team worked tirelessly, often from as early as 5:00 am until darkness approached, leaving just enough time for a well-deserved meal and a review of the day before everyone crawled under their mosquito nets or into their cozy sleeping bags for a much-needed night's sleep.

Long days are what we expect, and the results were obvious. Each town we worked in, every location we returned to, there were waiting lists, line-ups beginning in the wee hours of the morning and even families lining up in the late afternoons to try and make the list for the NEXT day – spending the night away from their homes, hoping to be able to be seen by DFA volunteers. When there is one chance per year, and no other way, we are often humbled by what people will do to be able to have their sore tooth fixed or removed, or have their child's teeth checked and cleaned. We treated over 1100 people in 5 weeks however we left thousands behind, untreated. A difficult thing to accept each year, and reason to keep on returning, and keep working towards helping to put a better system in place for our friends in need in Guatemala. But once again, helping with their dental needs is where it all begins, but does not end...

This year, in addition to completing nearly 3500 much-needed dental procedures for those who have no other means of receiving them, we continued our efforts to create a sustainable dental care system in areas we have worked consistently in for over a decade. Last spring, we took the first step from being an annual 'travelling show', to creating a permanent presence in the community we have been working in since the very first mission 15 years ago, in Guatemala's beautiful Western Highland Region, in Comitancillo, San Marcos. Shane worked for several months to arrange for and set-up a one-chair clinic in a temporary location, until we are able to determine what location and type of set-up will work

best with our plan. We also set up a supply and equipment storage so that some of our Guatemala dental volunteers are able to use the facility when we are not in the country. And when our full teams do arrive, everything is ready to go. A very qualified and energetic young local teacher, Edvin Lopez, was hired to begin developing a preventative and oral health education program, and four schools were chosen to be a part of a pilot program for him to work with. By October, the response from the schools was so overwhelmingly positive, and because many other local schools who had heard about what we were doing were asking to be included, we added funding to add four additional schools. Edvin visits each school twice per month, continuing to teach oral health, class by class, and distributes one toothbrush per child (per year) for each of the several hundred students per school. Because of his continued and consistent presence at the schools, Edvin was able to screen the students and schedule the most 'in-need' for treatment when our first group arrived – the volunteers from that week spent most of their time working at the schools where Edvin had been teaching the program, and treated more than 140 kids whose needs would not have been known, as our daily clinic set-ups in the villages, normally do not see a large turnout of children - their parents are hesitant to take them out of school, and just now they are starting to realize the importance of dental health for their kids – thanks to Edvin and the work he has been doing for DFA. The adults and older kids of the villages were still treated as usual, but by the second week of volunteers – who worked in villager's homes or community buildings, treating all those who put their names on our lists, as in each year prior. As we go forward, we will continue to utilize the pre-screening opportunities to maximize our efforts and reach those most in need, while continuing to work on the preventative and educational aspect with Edvin working with the schools on a regular basis. Our next step, now that the first year pilot program has proven successful, will be to hire an assistant for Edvin (and eventually more teachers) to begin to record statistics on the before and after effect of our program. Dr Rebeca Smith, our Guatemalan Director and general practitioner in Guatemala City, who works with Public Health, will be guiding Edvin in this second phase of the project. We already know we are making a difference as far as the treatment of dental problems is concerned, and within 5 years we will be able to determine whether or not our preventative program is going to reduce the treatment needs of this community in the future. We are confident we are heading in that direction!

Now for a few highlights of the last few weeks... no matter what the stats show, no matter how many places we visit or the number of people we see, the heart and soul of this organization comes down to the individual stories to be told... during our time with these hard-working people, we often have a chance to find out more about their lives...and each and every time we discover extraordinary tales of hardship, dedication, struggle and hope... and once again, this year opened our eyes further to the needs of the communities. One of the most remote villages we work in, La Reforma, is well beyond 10,000 feet in elevation and nestled on the slopes of Volcan Tajumulco, the highest point in Central America. It is rich in Mayan culture, brightly-colored traditional clothing, and wide-eyed, wide-jawed smiles. Tidbits of development have reached this very distant village, thanks in part to the U.S. Peace Corps volunteers like Charlie Fulks - such as the positive effect of crude water filtration, higher-efficiency brick stoves, and water deposits – all helping to enrich the peoples' lives. But also reaching these very remote and uneducated communities are the negative tag-alongs like high-sugar soda drinks and oodles of inexpensive, unhealthy candies and treats; all readily available in several village tiendas and all at a

price any child can afford...soda for less than \$0.15 a can and handfuls of candies for pennies...where household incomes are often less than \$5.00 per day, there always seems to be a few pennies for a treat for the children. It's too bad they don't have warning labels with pictures.... We see children with horribly bombed out teeth, some of the worst early childhood caries ever seen, because there is no education on the effect that refined sugars and no tooth-brushing have on their dentition – and their overall health for that matter. Traditional foods do not have this same effect, so as the refined sugars moved in and the education around them did not, the worst possible has happened – nearly an entire generation with severe degrees of dental decay and infection. Well over 90% of the kids under the age of ten have early childhood caries, most of it moderate to severe. I point no fingers in blame (other than to those delivery truck drivers who brave the steep slopes in their 4-wheel drive trucks to make sure the towns have the poisons needed to destroy their community's teeth) as there could be no knowledge of how something so tasty could be so destructive... and enormously high concentrations of natural minerals in the soil and water have consistently created high degrees of periodontal disease in the adults because the calculus and tartar buildup over the years erodes the gum tissue and causes severe inflammation and loosening and loss of the adult teeth over time as well. So the people of the village now face two all-out attacks during their development – severe decay in the primary teeth, and as decay starts affecting the adult teeth during their development and eruption, so too are the permanent teeth at risk for the upcoming periodontal concerns – all easily preventable with proper care with a good toothbrush and a variation of the type of foods consumed. The Peace Corp volunteers (and other NGOs) are working hard to make sure the people's water is safe to drink, that they are counseled on the proper nutritional balance, and we are working hard to make sure everyone has a toothbrush and knows how and why to use it!

The best example of this trend came while we were working in La Reforma this year... a ten-year old girl was in line with her mother, and ended up being the last child I triaged for the day. Her mom said to our interpreter that 'all her teeth are rotten, take them all out'. A bit taken aback, I turned my headlamp on to take a look, and was shocked (nearly horrified) at what I saw...not only an immense amount of obvious severe decay and infection, but the degree of calcification and debris built up on her teeth was astounding...how could she even eat? There was swelling everywhere, in her gums and alongside infected teeth. I told her mom we would not dare take out all her teeth, but we would first clean her up and see what was savable and what was not... and then we would talk. We froze just about every quadrant of her mouth and shifted her to our hygienist for an overall clean-up first (who for that week was Debbie Fulks, the mother of the Peace Corp worker for the area, who joined us from Ohio to work the week). Afterwards, I was able to determine that 5 teeth were non-restorable, two of them being her adult molars. Her last two adult molars were severely decayed, but we were able to do a conservative treatment on them to keep them functional and out of pain and infection, which can be a permanent fix, but worst case scenario is she will have another 5-10 years of use out of them, if they are taken care of better... afterwards we had our oral surgeon Dr. Alan Ross work on her to remove the infected teeth, which was not a painful but certainly an uncomfortable experience for her. With friendly and experienced assistants like Warren Mullenix helping and holding her hands for comfort, her treatment was finished, she was stitched up and given medications needed as well as post-operative instructions given to her and her mom in Spanish (by Charlie) and Mam (by Edwin). We also explained why this

happened, and what needed to be done to prevent it from happening again. Edwin also went through with the child and mother an abbreviated version of his preventative program, and promised to visit her for follow-up and to encourage her along with a new toothbrush in a few months. During the toughest part of the treatment, I held her hand and put a lovable and cuddly teddy bear in her hands, and after she was finished and her tears had started to dry up, I had Edwin explain to her that it was a very special bear, provided by a very special friend, and if she was ever sore or hurting or scared, that she should give her bear a big hug because it is a very special healing bear...and loving it will help her get through some of the pain that she would be going through....

There are countless kids like this one – more than I wish to see, that is for certain. However this particular case is a great example of the type of situation we have been striving to have a meaningful effect... she was seen because the word was spread through the promoters of AMMID (the local NGO we work with, in Comi), and the mom was told that we were there to help, not just pull teeth. Her mom trusted us to decide what was needed, even though she did not know herself what had happened and why, or what the outcome might be. Once in our line, we determined what was the best work we could do in the limited time with which we had. Having a variety of specialty areas covered, we could best treat her needs. Once she was triaged and her needs assessed, we had the benefit of a skilled hygienist to clean her up as best possible, and swiftly move her on to a specialist in pediatric dentistry for her restorative needs, and then further on to an oral surgeon who would do exceptional work as quickly and as conservatively as possible. Her entire treatment experience, from triage to post-op, was less than 90 minutes. At a cost of 5 quetzales, the minimum donation AMMID requests for treatment of children. This is equivalent to about 60 cents, an amount that even the most poor of households could afford if they were intent on having their child's mouth healed. Once treated, she was given instructions in both her native language as well as Spanish, and because Edwin works in the area several times per month, he is able to follow-up and make sure that she is OK in the coming weeks. With a permanent presence in the community, we are able to offer not only continuity of care, but also be able to monitor the more difficult cases after the team departs...instead of just wondering, and hoping that all would be OK.

A shorter example of a family situation which we had been able to help out with, was a brief encounter with a woman in her mid-30s, in a small town called San Jose La Frontera, in the far Northern region of Comi, where we worked for a day in a small building near a school, one of the schools in which Edwin's pilot program has become so successful. After checking the woman's teeth and determining that she had periodontal issues which a thorough cleaning would help with, I noticed she had three small children with her – I asked if I could check them as well, even though they were not 'officially' on the list. She presented her four-year old to me who had all four front teeth decayed, to the extent that the next time we would be at the town, they would most certainly have needed to be extracted. He was a great patient and because he was so well behaved, we were able to fix 5 of his teeth and give him a thorough cleaning and fluoride treatment. After completing his work, I asked if she wanted me to see the other two children to which she replied they were fine...they are in the school program and had learned that the dentists were coming the month prior, and she had put them on the treatment list then. They both had fillings and a cleaning, and the parents were told that day that our team would be returning on this week to treat the adults...so she put her name on the list. Her younger son, not being in school, did not

have the benefit of being seen the previous month, so she figured she'd bring him on this day, just in case. Our school program taught them why their dental health was important, and the kids were seen by our team because of it. Their mom and younger brother, ineligible for the school program were able to be seen indirectly because of the program. In this case, DFA volunteers and staff penetrated the entire family in one way or another, and will continue to be there for those in the school program, as well as those not yet old enough to attend school...yet. Upon leaving the clinic, the two older children waved good-bye...to Edwin, he replied by saying 'see you next month', when he returns to check on them once again. That was an extremely satisfying experience!

Our Clinic and school prevention and education program in Comi costs us less than \$500.00 per month. There are currently more than 2000 children in the program, and the clinic, when attended by a local dentist or one of our volunteers, is able to treat up to 200 patients per month. When our entire team is present, we will see twice that in just one week. We are continually looking to recruit new volunteers to work with DFA – dentists & specialists, assistants, hygienists, and non-dental help for equipment maintenance and clinic helpers and sterilization teams. We are always in need of funds to continue our programs as well as our Dental Volunteer Journeys, where teams work for between 1-3 week intervals in various locations... all contributions are eligible for a tax receipt, and we host various fundraising events throughout the year to assist in continuing our projects in Nicaragua and Guatemala. In addition, we sell various crafts and woven products hand-made by the people who live in the villages where we work – further contributing to the development of the community by supporting their slowly growing economies...

There are plenty of ways to help...you just have to want to...

Change a smile...change a life. Join us in changing the world.

Brad & Danni Krusky, Dentistry For All