



CHANGE A **SMILE**  
CHANGE A **LIFE**

## Fall 2012 DFA - Dental Journey Report

A group of volunteers from Dentistry For All recently completed the 39th dental journey since the inception of the organization, over 17 years ago. Our team spent two full weeks working in Comitancillo, the village where DFA first began its work in 1995, and also the site of DFA's first permanent community clinic, established just two years ago. The clinic was developed and designed to be the first step towards assisting the members of the community in establishing a sustainable dental care system for the poor, and those who have limited access – aside from DFA volunteers working there twice a year, there are no other dental care services for over 60,000 people in the Comitancillo area. The clinic currently operates as an education resource centre with a staff member who travels and works by way of programs in the local schools, community groups, and home visits to assist in oral hygiene instruction and preventative care and education. When our team is in Comitancillo, the clinic serves as the centre for us to provide preventative, restorative, and surgical dental care. The community members and their leaders are literally begging us to increase our presence there, which we intend on doing by way of hiring more staff to provide even more services when our teams are not in place – including cleanings, sealants and preventative care – all a part of the 2013 plan for the Comi Clinic.

**During the two week trip we managed 9 clinical days and were able to treat 475 patients, with 1576 procedures completed. Of those treated, 35% were children, 50% women and the remaining 15% men.**

These numbers are typical during the growing season as most of the men are tending their fields, and the higher than average number of children is likely due to the fact that the school year is complete and therefore more parents are

willing to bring their kids to the dentist – it's a great benefit for us to be able to work in the area multiple times during the year to be able to best accommodate the lives of the members of the community, just as we do back home with variable office hours!



Our team this trip consisted of several veteran general dentists who have travelled with us previously, 3 pediatric dentists, 2 registered dental assistants, 3 dental students (from Boston University and the University of Michigan) and 7 support workers, including one professional Spanish/English translator, trained in medical translation which was a huge asset to the team this year! We were fortunate enough to not have too many experiences related to the season we were traveling in (rainy!) as in the past roads in and out of the area have been difficult but the progress on road repairs over the past few years has been excellent – access still involves a fun and bumpy dirt-road ride, but each year more and more paved roads appear, enabling



not only better access for our teams but also fresher (less dusty!) air for the people who live along the access roads... what an amazing difference for the lives of these people who simply can breathe fresh clean air every time a truck or chicken bus drives by!! The simple things we forget we are so blessed to not have to deal with on a daily basis...

Our experience with the people of Comi every year becomes more and more as a family reuniting – there are always new people who come to the clinic, impressed at what they have seen from their friends and family treatment, or having heard that ‘the good dentists’ are back in town (as opposed to some other groups in the past who have only offered extractions, or some locals who refer to themselves as dentists but really have no training at all, but they seem to find a few tools and then call themselves dentists).



**We have gained the trust of the community over the years, and some of the most wonderful patient interactions are with those who we have been able to see repeatedly, sometimes every year – for what has now become their annual cleaning and check-up.**

Over the course of several years, we manage to fix all that has broken or decayed, and it is a treat to have an 8-year old sit in the chair with previously sealed permanent molars in healthy condition, previously filled teeth still pain-free and functional, and new teeth erupting cavity-free and ready to be sealed. Or the 75-year old who has had bad teeth removed previously, sitting in the chair for their annual ‘cleaning’ of their remaining dozen or so teeth...always with a smile. It is usually a surprising and positive experience for first time volunteers to be surprised at the number of patients who have fillings already, done by us over the years, and not having to treatment plan for extractions only due to the fact that we have a fully functioning clinic with all the quality equipment and supplies we have at our own offices and schools...the care we provide to our patients in Guatemala is as good as that we provide our patients back home, and we wouldn't have it any other way!

There are always a few patient experiences which are highlights of the trip, and I have trouble each time picking only a few to share – and I can only share those which I experienced directly, there are many more great stories to be heard from our team members whenever you have the chance to ask...



A visit from a young family, with a four year old child seemed typical at first – severely decayed front four teeth, less affected posterior teeth – typical in that these cases of early childhood caries are normally the result of either continual breast feeding without wiping or cleaning the teeth, or having something sweet in a baby's bottle – whether it be milk, juice, or even soda as we often see in the poor regions (sweet sodas are often cheaper to buy than bottled water, and safer than drinking water from taps or wells). As we had come to discover, often infants with infections requiring antibiotics had been administered

them, sometimes over long periods of time, without the medical teams warning the families of the problems with decay, due to the sweetness of the medications.



Even several weeks of medications of this nature can cause irreversible damage to the young front teeth, and the caries breakdown continues during the normal daily diet as the child grows – soon, often before the age of 2 the front teeth are so severely decayed that they either become infected or fracture, causing pain, inability to eat properly, and delayed development of speech due to the difficult positioning of the tongue in an attempt to form certain sounds.



In Guatemala, it's rarely caught in time to reverse or repair, and by the time we see them we often have to remove the front teeth – the best treatment for them, removing the infected teeth and allowing for healing for the new permanent teeth to eventually erupt into. The case I saw of the four year old with the typical symptoms was confirmed by the parent telling me that the child had been given antibiotics at a young age to combat a suspected bacterial infection in her lungs.

## **The fact that the parent was aware of the origin of the condition showed that there is a level of education that is growing in this area...**

However, on further questioning the mom reported the child was sick at 3 months age, and with a closer look I noticed some orange discoloration of the child's palate and tongue... I smiled and told the mom that I was sorry to hear that the child was sick at such a young age, and I was happy to see that she had recovered, but since those teeth were not present at 3 months age and she had obviously been drinking orange pop (mom and friends giggled shyly when I uncovered the cover-up) while waiting in line, that she should be more careful about what she gives the child to drink and makes sure to wash the teeth after anything sweet. The mom admitted she gives her pop during

the day with her meals, and when I suggested the removal of her four teeth the mom was OK with it after I explained to her it was the best treatment for her, but to make sure that she didn't continue the pop habit or her more important back teeth would be next on the extraction list. She promised to be more careful and thanked me for the treatment and advice provided. What impressed me was that the community obviously knows now that antibiotics at a young age cause tooth problems for the kids... what this mom had forgotten is that orange pop leaves a suspicious clue as to what really caused the problem! Nonetheless, an opportunity for nutritional guidance and preventative advice!

A 13-year old girl walked in with her mother, waited about 4 hours for her turn and then when her number was called in our triage line, she meekly opened her mouth, and pointed to a sore, decayed molar on her bottom jaw and



asked us to take it out. The decay was not too extensive and it was obvious to us that it could be fixed and not extracted (perhaps different from what others had told her). She did not mention anything else wrong, and since she did not smile when she opened her mouth, she was put next in line to be treated, with her triage duct-tape fastened on her shoulder with the treatment promised. Once seated in the chair however, a better story unfolded... she was seated with one of the female dental students working with us, and when they began the determined treatment, something more interesting caught the attention of the operator.

She had not seen this before and came over to ask what was wrong with the front 6 teeth in this young girl's smile... what looked at first glance to be normal decay was actually deep, darkened indentations in the enamel – which indicated a developmental condition that likely occurred at somewhere between 16-18 months old, caused by anything from high fever, malnutrition, medications...any number of things. The end result was a yellowish-brownish indented line across the most obvious part of her smile – her front 6 upper teeth. So used to hiding those teeth, she



had not cracked a smile since she had been in the clinic, and since it was not an area of complaint it was bypassed by our triage system. We had no hesitation at that point of taking the extra time needed to fix this young girl's smile, and of course fixing the sore molar as well... the results were astounding – from our perspective, it was simply 45 minutes of 'what we do' (and in this case, a spectacular finish for the student who performed the restorative work!)... but for her, the results were so much more – talk about changing a life by changing a smile – take a look at her smile before, and her smile afterwards, and think about what that hour spent in our clinic will mean for her life from that day forward.

**She didn't smile when she came in, but she sure did smile when she left. And she wasn't the only one smiling... you couldn't wipe it off that student's face... more than one life changed that day.**



The experiences we all have while working within these communities – the emotions, the relationships, the clinical work, the travel, the new culture... for some it all becomes



overwhelming, and we all take turns having 'our moments'. Mine came on my final day in Guatemala, after the work in Comitancillo was over – Dr Rebeca Smith (Guatemalan Director of DFA) travelled to El Remate, the site of our second community clinic, currently in final development stages, but construction is planned to begin in January. We were walking through the Sunday craft market and chatting with a local straw weaver about his hand-crafted key chains which were little cowboy hats woven from corn husks. He looked familiar to me, and when I asked him if we'd met before, he pointed to his front tooth and said that he visited our annual dental clinic several times over the past few years, and he was very happy with the improvement to his smile... when I asked him if he would

come back again to visit us when our team returned in February. He said (in Spanish) “Of course, but I don’t need any work done because you already fixed it. But I need my cleaning and check-up”.

## **If I didn’t feel a part of that community enough before, that simple statement gave me every indication that we truly were, ‘their dentists’.**

When we asked him what he thought about us building a permanent clinic there for his community, his response was simply stating “of course...because you can never see everyone”. Isn’t that the truth.



Clinic hours in Comi lasted 10-11 hours per day – as our volunteers worked as hard as they could to make sure as many were seen as possible, but still, many were left without receiving care. Frustrating for us. No matter how many are treated, many more go home with the same ailments they came to us to take care of. This is the reason we are working to developing local, permanent, sustainable dental care systems in the communities we work in, and we are working on our second project presently. We are planning carefully to staff these clinics with local talent, and work with the communities to encourage some of their students to pursue careers in health and dentistry. We will continue to support our projects and our volunteer journeys, but our true goal is to one day hand over the keys to the clinics and be proud of the fact that they are ready to continue caring for their people and managing the clinics on their own.

We are making great relationships and connections with those involved in dentistry and dental education in Guatemala to ensure our future plans include these goals. Travel plans and mobile clinics are already scheduled for

our next two dental journeys, a 5-week tour in Nicaragua in January 2013 lead by our Founder, Dr. Dennis Bedard, as well as our annual spring journey to Guatemala in February/March 2013. There are still a few spots available for Guatemala 2013, so check out our website for volunteer opportunities!!!

We cannot do what we do without the help of our supporters, our volunteers and our donors. We thank you for your confidence in our management of our journeys and projects. With your continued support, we are changing smiles...and changing lives!

With smiles,

Brad & Danni Krusky



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