

Diary of a volunteer dentist: Honduras, Central America

Dale C. Whilden, D.M.D.

Introduction



American Airlines flight # 941 left Miami on Saturday, November 9, 1991, with 23 of its passengers and 44 pieces of

its cargo comprising a volunteer dental team headed to the poorest of the Banana Republics — Honduras. The group worked under the auspices of World Gospel Mission, a non-denominational missionary agency, and spent a week in the country providing dental care to patients in several remote villages. Dr. Dale C. Whilden, an NJDA member from Ocean Grove, served as team director and kept a diary of the week's activities.

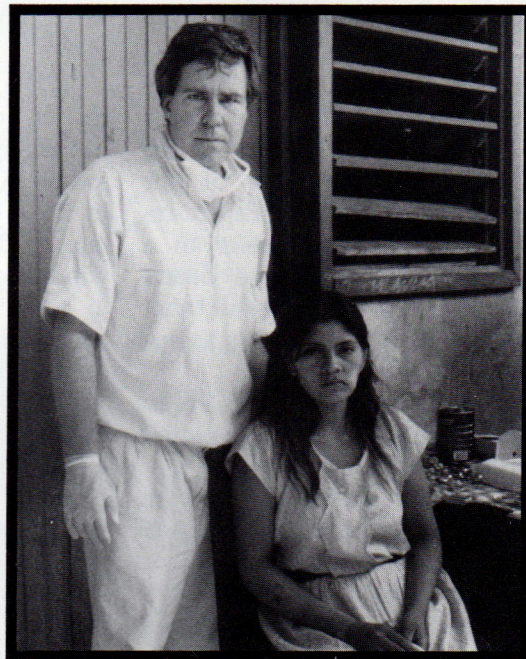
Saturday, November 9th

It was shockingly early to get up this morning (3:30 a.m.), but there wasn't much choice since our flight left Newark at 6:30 a.m. for Miami. Temperatures were in the sunny seventies in Florida and part of me simply wanted to spend the

week right there — but Carol and I had prepared and coordinated the details of this trip too long to stay in the Sunshine State. Besides, what an exciting and enthusiastic group! — and probably one of the largest, most experienced short-term dental volunteer teams ever assembled.

Our American Airlines flight left at 1:00 p.m. for the relatively short, 2 1/2 hour flight to the capital city, Tegucigalpa. Honduras belied the awesome disparity of culture and dramatic reduction of affluence that awaited us. As we descended, one of the passengers seemed to take pleasure in informing us that this was the shortest international airport runway in the world, at the end of which was a precipitous vertical drop off of more than 1,000 feet. I would have preferred his sharing that information after we'd landed.

The missionaries who helped in arranging the details of the trip



Dr. Whilden and a post-operative patient in Colomoncagua. Medications, toothbrushes, extra gauze, balloons, literature and instructions were given by other team members.

met us at the airport and transported us in vans and trucks to the mission guest house. Amazingly, all 44 pieces of luggage arrived with the team. After dinner, an orientation session was held and the rest of the evening was spent pooling, sorting, organizing and repacking in a more orderly fash-

ion the supplies and dental equipment which everyone had helped provide, including 3,000 anesthetic carpules, 10,000 gauze sponges and 1,500 disposable needles. After sipping some cool lemonade or soda (Diet Coke had just been introduced into the country for the first time a few days earlier) we all said "*buenos noches*" and went to bed.

Sunday, November 10th

The wake up call came incredibly early, — 5:30 a.m., — although I told myself that the one hour time difference between Honduras and New Jersey really made it 6:30, in an effort to help ease into another day and anticipated week of minimal sleep. After breakfast we climbed aboard a public bus to begin our all-day trip to the remote province of Intibuca in the southwestern part of the country. The first leg of our journey brought us to La Esperanza where we had to transfer to a chartered bus, since the others don't travel the roads beyond that point. It didn't take long to see why.

The first three hours had been on paved roadways. Although the first bus might have marginally passed New Jersey's vehicular inspection process, the second one — with cracked windshields, broken seats and a host of inoperable dashboard buttons and switches — would have been junked long ago. Nonetheless, off we went on a graded road of packed dirt and stone, swerving around potholes you could fish in. As the afternoon progressed, our bus bounced and climbed over the increasingly mountainous terrain, sometimes being lost in the midst and mist of enveloping clouds. There were no guard rails. The road narrowed and its surface reminded me of the occlusal anatomy of mandibular molars — lots of pits, grooves and fissures!

Finally we reached our destination at the church in the village of Camasca, which was our home base for the week. They rang the bells to announce our arrival. The total trip was about 178 miles and took us 9 1/2 hours! After unloading, a dinner of rice, beans, meat and tortillas was provided by the people of the church. Later, the team shared together in a time of worship, thanking God for getting us here in one piece and seeking strength for the upcoming week's work. Returning to our section of the church (men upstairs and women downstairs), we killed a scorpion in our room and fell asleep on our thin portable mattresses scattered on the floor.

Monday, November 11th

The ladies in the Camascan church got up at 3:00 a.m. to begin preparing meals for the team today. After breakfast I was taken to three different sites in the village to determine which location would be most feasible in which to have the dental clinic — the school, the central market arcade or the rural health care building. The latter was too small and dark (no electricity, of course, and the other two locations didn't have any either).

It would have been difficult to handle crowd control in the market area, besides providing absolutely no privacy for patients who would be having extractions under the gawking stares and laughs of hundreds of onlookers. The school was definitely the best choice. It had a semi-covered large patio area and separate rooms useful for various purposes as well as an entry gate to allow for supervision of patient access and departure. The team walked to the school and efficiently transformed it into a dental facility in about half an hour. Pairs of team members had been assigned to set up eleven different work stations. Each

knew, with the help of a list and a training meeting held a few weeks prior to the trip, what the set-up of their station required.

Stations 1 to 4 — dental "double operatories" consisting of two chairs for the patients and a central table with appropriate examining and extraction supplies.

Station 5 — an instrument scrubbing/disinfecting/sterilizing center.

Station 6 — a central hand-washing/gloving station.

Station 7 — the instrument table where necessary forceps and elevators were obtained.

Station 8 — an area in which to deliver topical fluoride treatments.

Station 9 — a work setting equipped with a portable dental unit (run by an air compressor powered by a gasoline generator) to use for surgical extractions requiring the use of a handpiece (which, frustratingly, had been misplaced and couldn't be found).

Station 10 — a separate area equipped with a second portable dental unit use for placement of sealants.

Station 11 — an entry/dismissal table where names were registered, and post-op instructions, medications, toothbrushes, bibles and balloons were distributed.

The waiting/reception room was simply the line of people that quickly formed and continued outside the gate. That was it. Everything was ready to go. I think most of the team was just as nervous as the scores of patients peering in at us. One of the nationals led prayer for the success of the day as we all joined hands. Then those same hands were soaped, scrubbed, towed and gloved as the first patients were brought in and seated in the old four-legged, straight-backed, generally unstable chairs. I will always marvel at those first patients — walking into a zone of



Dental team working in San Antonio.

foreigners, passing an awesome array of cold steel instruments, sitting in front of a stranger who is going to be performing dental surgery on them and communicating through a translator who knows nothing about teeth. Either they have a high trust level or in an incredible amount of pain — or both.

We started the exams. Most patients were quick to point to the tooth (or usually teeth) that were aching. The patients' "chart" became their right arm where we wrote, with a felt-tipped marker, the numbers of the teeth needing extracting, "S" for sealants and "F" for fluoride. All children got fluoride. Sealants were just done on permanent first molars. The patients tolerated the injections well — we couldn't take time for topical. After anesthesia, patients were escorted to a waiting area. One of my first patients, about 10-years old, didn't care that we'd come all the way from New Jersey to fix her teeth. She turned out to be the worst screamer of the day. Her mother, who was with her, wanted to make certain her daughter had those teeth she'd been complaining about removed, even

though the nearly hysterical girl had changed her mind by that point. A bite block was made by wrapping some tape around a stack of tongue depressors. A few Hondurans restrained her. It's better to let the nationals, especially family members, do that sort of thing if children require it. Fortunately, the four teeth came out easily; the other kids, who open-mouth-edly observed all this, saw it did little good to be uncooperative, so we had no other behavioral problems.

We visited the various work stations throughout

the morning. Everything was going smoothly. Chicken was had for lunch (hopefully the one that kept us awake last night). Three Honduran soldiers stayed at the school with our equipment. The afternoon got very warm. The smell of patients was unpleasant, even before opening their un-

brushed mouths. Gnats and flies hovered over plastic bags used for cuspidors as well as bloody gauze (no suction) and teeth. The stench worsened as the afternoon progressed. We took a large supply of antibiotics and analgesics to distribute as necessary. Most thanked us for treating them and occasionally some brought gifts. We finished seeing all who had come by late afternoon and walked "home" amidst the dusk and dust of Camasca. The gasoline generator at the church was revved up and we sat on benches around the wooden dinner table in our large room lit with two uncovered, hanging, 40 watt (maybe) bulbs. I wasn't sure what I was eating (some kind of stew), but although all were tired, there was a joyous spirit resulting from a very successful first day.

Tuesday, November 12th

Between the snoring, roosters, dogs and other animal sounds with which I wasn't familiar, I was ready to get up at 5:00 a.m.

Breakfast was tortillas, refried beans, platanos, cheese, tamales, eggs and lumpy milk. Each morning a different team member led devotions and prayer, then we boarded the bus (supplies and equipment on top) for the 1 1/2 hour trip to Magdalena. Halfway there, a rear tire blew. When you consider the roads, it's amazing they all didn't. We stopped to change it on a high plateau and could easily see the volcano, Mount San Miguel, across the border in El Salvador. A large crowd was waiting for us as we drove into the village. There were already 250 people on the list to be seen. We set up



To keep track of which teeth a patient had had anesthetized, their arm served as a "chart." Some patients' arms weren't long enough.

in the back courtyard area of the church. My first patient, who had walked some two hours, needed 17 extractions. I ran out of arm as I was writing down all the teeth numbers. One patient after another presented gross, rampant decay, swelling, draining fistulas, advanced perio, roots, roots, and more roots.

Lunch break sandwiches brought along from Camasca — we'd sit in our own "dental chairs" and would hurriedly eat, knowing the line of patients wasn't getting any shorter. Juan brought us warm bottles of soda from a little shop he found nearby. Carbonated/bottled beverages are safe to drink but the tepid banana soda didn't taste particularly refreshing.

An adjacent building serves as the waiting room; I walked over after lunch to get new inspiration and motivation to work as quickly as possible in the afternoon after seeing all the patients who had come. I had my doubts that all could be seen before dark and we were scheduled in other villages the rest of the week.

We refilled our basins (for handwashing, rinsing and instruments) with the boiled water we had brought with us from Camasca. It's difficult to be certain of getting enough water in some villages, especially clean, potable water, so it was always prepared ahead for us by the Hondurans back at our home base.

Although the dentists continued to extract teeth all afternoon, the rest of the team members rotated their work assignments, as was routinely done every morning and afternoon. Some assisting, some scrubbing instruments, some working at reception/dismissal table, others doing fluoride treatments, etc. The parents who brought their children to us have such amazing and complete trust — and they've never seen us before! Everyone sits so patiently on the "waiting" bench and even those who are still in the reception

building, having waited since early this morning, have smiles on their faces. Children climb up into the dental chairs without resistance. Very few cry. How patient these Hondurans are. I'd be out of business if I made people wait this long in Ocean Grove, but here, they greet us with a smile no matter how long they wait and are just grateful to be seen and treated.

Life expectancy in the villages is 40-45 years. Infant mortality rate is 12 percent. A cholera epidemic is starting to move into Honduras from the south. Some patients had epilepsy and Downs Syndrome. A majority of the patients are malnourished, many with worms, lice and other parasites, and a lot with tuberculosis. HIV hasn't spread to the villages much yet (mostly along the north coast and some of the larger cities). We feel it's only a matter of time, though. Some signs posted by government explaining prevention of cholera and AIDS. 30-40 percent illiterate. No Medicare. No health insurance. Can't afford medicines.

We extracted teeth all afternoon and into early part of evening. Our hands and arms are extremely tired, legs weak, backs sore. As the sun started to go down we'd get the report on the number of patients remaining — 45 left, then 32, then 20. "Please stay and take care of everyone, they've been waiting all day," but our driver did not want to drive across the mountains back to Camasca in the dark and the people in Camasca were expecting us and would have dinner prepared. Yet, how could we leave with so relatively few patients left. We had to stay, had to finish, at least in this village. Moving as quickly as we could, the last patients were examined, anesthetized and, finally, the last decayed tooth extracted. Those final patients of the day had been in just as much pain as many of the earlier ones and I'm so grateful for the size and efficiency of this dental team.

Without as many volunteers, there would have been *no way* we could have seen all the folks who came for care today!

The bus driver had to head back in the dark but didn't seem too upset. Spaghetti for dinner. The team was excitedly exhausted. I'm feeling that awesome, overwhelming sense of accomplishment, fulfillment and joy that comes after a day spent giving oneself to others.

Wednesday, November 13th

When we get up in the morning it's always pitch black. The same flashlights which, later in the day will be shining on decayed teeth and helping find broken root tips in unsuctionable sockets, are now used to help me find my way out of the church building, down the uneven stone steps and out into the wood fire lit courtyard. The stars are beautiful; no city lights to dull their brightness. Out in the courtyard I meet other team members who are already up; some in pajamas, others in robes, some already dressed. This is the "communal" washing and bathroom area. The focal point is the large cement water storage cistern called the "pila." On its ledge are several plastic bowls in a variety of sizes used for dipping out and holding the water needed to wash and shave. Water's not to be wasted. Next to it is a stall, about 2' x 3', used for showering. The procedure is to fill up a bucket with water from the pila, add a little hot water to it from the water pail hung over the fire to take off the chill, and take that in the shower where you dip out water from the bucket with one of the smaller plastic bowls and pour it over yourself, soap and then rinse.

Immediately next to the "shower" are two similar stalls which toilets barely fit into. "Flushing" the toilets is done by

pouring a bucket of water into them under rigidly prescribed circumstances which the missionaries clearly spelled out for us: "If it's yellow, let it mellow. If it's brown, flush it down." The one without the toilet seat is the men's room. The one with the shower curtain serving as the door, which my wife informed me has to be held in place when the wind blows, is for the women. the only privacy one gets is visual (at best). There is no auditory or olfactory concealment whatsoever. I overheard someone say they were looking forward to the airplane bathrooms. At the beginning of the week team members didn't talk much in this area, but now it's not unusual to have conversations going on between the stalls. It's, sort of, like primitive camping to us; but to the Hondurans, it's the way they live their entire lives.

After 6:00 a.m. breakfast and devotions we left for the 75 minute ride to San Antonio. This village was in a valley and we were warned it would be significantly hotter, which it was. We all wore short sleeved, scrub type tops while working with slacks or scrub pants for the guys. The women wore skirts in deference to the culture (few if any Honduran village women would ever wear slacks or jeans), and were beginning to show signs of a variety of insect bites as a result.

After arriving and setting up the clinic, one of the local church leaders gave a moving invocation thanking God that he had not forgotten their little corner of the world (and it was definitely a remote little corner) and that this dental group coming to help was the proof of that. There was a large group of children in line and we decided one of the dentists would do triage on all of them so we could see as many

as possible who had crucial needs as the day progressed.

The dentists set up on a large, covered porch facing an inner courtyard. The fluoride treatments, sealants and instrument tables were arranged inside the building. Following the examinations, anesthesia was given and then the children would receive their sealants and fluoride treatments. Oral hygiene lessons were taught while the children had the fluoride trays in their mouths. Then they'd return to the dentists for necessary extractions. The team worked very smoothly together by now. Dentists would confer with each other over any unusual pathology or anomaly and occasionally relieve one another while working on a particularly difficult extraction.

Although most of us are becoming more familiar with the typical Spanish phrases we'd use when talking with patients, the missionaries are constantly running around to the different stations to help translate. It must be particularly exhausting for them, especially Lois, who has been in Honduras for 35 years and must be near retirement. At one point today, when I couldn't begin to understand what the fellow in my "dental chair" was trying to tell me, I turned and shouted for Lois. At precisely the same time, two other dentists who were having difficulty with patient communication called

for her too. Poor woman, she didn't know where to turn first!

The word for "extract" is "sacar." It means to permanently remove something that is a natural part of its whole. They "sacar" fruit from a tree or a tooth from a mouth. You don't "sacar" an apple from a bag. We did a lot of "sacarring" today.

Returned to Camasca to find rice, beans, tortillas, sweet potatoes and lemonade waiting. Following dinner the dental team, along with the help of our interpreters, led the evening worship service at the church. Team members shared their faith in God through songs, skits and testimonies. It was a moving experience and many of the Hondurans responded with examples and stories of their own spiritual journey as well. It was a marvelous time of fellowship — not on a dentist-to-patient professional level — but on a closer friend-to-friend relationship. This dental team didn't just come to Central America to pull teeth, we came to meet and share God's love with some new neighbors in our global community.

Thursday, November 14th

Colomoncagua was about an hour away so we arrived and got established early. Crowds had been waiting and they were happy to see the "gringos" had arrived. The town school building became the clinic for the day. We used the different classrooms for different stations and the dentists worked out on the porch area where there was good light and fresh air. About 95 percent of these people have never seen a dentist in their lives. The dentist-to-patient ratio in Honduras is



Children were seated for group fluoride treatments to increase efficiency and to decrease their anxiety.

about 1:12,000 and the few national dentists that are there set up practices in the cities, not the rural areas. It's frustrating to end up extracting so many teeth which could be saved with some endo and build-ups, but it's just not possible and I have to keep telling myself I'm providing the best dental services, all things considered, for this particular patient and situation. At least we're relieving pain and hopefully are doing something to prevent future problems after we're gone; particularly since there won't be another dental group visiting these villages for years. Some of the villagers asked us to please come back to their community again as soon as possible.

Sugar cane is one of the prevalent crops and both children and adults frequently chew the raw, fibrous cane which has wreaked havoc on so many of the dentitions we've seen this week.

At times today, and throughout the week, I'd find myself chasing chickens or dogs away from the treatment area. About mid-afternoon, I remember thinking how good it would feel to take my shoes off — we'd been standing on hard concrete all day — but then realized I may not be able to get them back on again if I did. You can't help but feel sorry for these people even though they seem perfectly content and happy. In fact, they're probably happier than most Americans, but the poverty, living conditions, lack of sanitation, low level of education and just the realization that they're so limited by their environment and circumstances gives me a melancholy feeling. At the end of the day, as we're packing, some of the children walked around the village with me and I just wanted to round them up and bring them all back to New Jersey.

At dinner, one of our team members picked up the little one-year-old son of a Camascan church lady and sat him on his lap to share

some of his dinner with the boy. All of a sudden a strange look came over Jim's face. No one had warned him the villagers don't generally use plastic pants or diapers on their children. When he put the child down, his T-shirt was soaked — to the amusement of all.

Following dinner, the dental team was asked to stay in the room, the chairs and tables were rearranged and the people of Camasca gave us a surprise appreciation party for all we had done this past week. Each of the team members received a hand carved wooden key chain with their name on it and personal written note of thankfulness. The church choir sang, games were played and a cake had been prepared and decorated wishing us a safe journey home. It was all very touching and will make it harder to leave our new friends in the morning.

Friday, November 15th

This morning we even beat the roosters, getting up as we did at 4:00 a.m. All our equipment and luggage was loaded on to the bus and off we went back to Tegucigalpa. It was a generally quiet ride. Many team members dozed off and on as we passed banana, calabash, mimosa and mango trees and fields of tasseled sugar cane. Stopped for a rest break at a road side stand. The soda we ordered was poured from the bottles by the shopkeeper into plastic baggies, a straw put in and then the bag's mouth tied shut around the straw. The glass bottles were returnable and the restaurant wasn't taking any chances on losing them.

Someone figured out that our 1,300 extractions, plus all the fluoride treatments, sealants, exams and other dental treatments easily totaled over \$100,000 worth of care. How much is an extraction worth in a village where

there is no dentist?

Got back into the capital around 2:00 p.m. Had our first "taste" of contemporary society again when we stopped and picked up lunch from Tegucigalpa's Pizza Hut. It was the first time we'd seen ice or tasted cold drinks since last Saturday. The tough choice now facing us was between immediate hot showers or getting downtown for a couple of hours of sightseeing and shopping before the stores closed. Shopping won. The team decided to take the missionary staff out to dinner at El Arriero to express our appreciation for all they did in terms of preparation and organization. We had enough light to see clearly to the other end of the table for once!

Saturday, November 16th

Had the luxury of sleeping in until 7:00 a.m. After breakfast we visited a large Honduran supermarket, both out of curiosity and to get some good deals on coffee and vanilla. Armed guards and soldiers patrol the aisles and parking lot. Held a final team meeting before leaving for the airport. Asked people to share how they'd benefited from the trip, what some their original fears were and how they felt about them now, their thoughts about the week, etc. Almost everyone had things they wanted to talk about. Some fears about food were never realized, some were; feelings of inadequacy were overcome by desires to meet others' needs; insecurity about performing dental care outside of one's office with limited equipment turned out not to be as traumatic as anticipated; concerns about living conditions were relieved with a sense of humor; a new appreciation for our blessings in the USA quickly surfaced; an increased awareness of another culture was beneficial in a variety of ways; homesickness was tempered by developing new

friendships and all expressed the personal satisfaction that came out of serving and helping others. As we've flying home I realize that the true success of this trip came, not just in the pain and suffering we'd alleviated, but even more so in the joy of sharing a part of our skills, resources, and time with others who benefited and enhanced our lives as well. **NJDA**

About the author —

Dr. Dale C. Wilden received his B.A. degree in biology from Illinois Wesleyan University and did graduate study in anatomy at Illinois State University. He received his D.M.D. degree from Southern Illinois University School of Dental Medicine and did a general practice residency at the Jersey Shore Medical Center, Neptune. He is a Fellow of the Academy of General Dentistry, is a member of the Christian Dental Society and is Founder and Chairman of Christian Dental Missions. He has received several ADA Certificates of Merit in recognition of foreign dental service. He is an active member of the Monmouth-Ocean Dental Society.



Front row from left

Dr. Homer Gerken, Ocean City, NJ; Mrs. Jerie Ilch, Office Manager, Virden, IL; Mrs. Mary Ann Davis, RN and DA, Linwood, NJ; Mrs. Carol Whilden, RN and RDA, Ocean Grove, NJ; Dr. Dale C. Whilden, Ocean Grove, NJ; Mr. Steve Lang, Belmar, NJ.

Second row from left

Dr. Robert Mohr, Ocean City, NJ; Mrs. Mary Mohr, RDH, Ocean City, NJ; Mrs. Tammy Jelling, RDH, Eatontown, NJ; Rev. James Davis, Linwood, NJ; Ms. Barbara Thomas, RDA, Freehold, NJ; Dr. Stephen Hoover, Upper Sandusky, OH.

Third row from left

Miss Sarah Rich, Ocean Grove, NJ; Ms. Linda Herbison, RDA, Ocean Grove, NJ; Dr. Joseph Hvidding, Manasquan, NJ; Miss April Hoover, Upper Sandusky, OH; Mr. Douglas Mason, Martin Creek, PA.

Back row from left

Mr. James Cerbone, Ocean Grove, NJ; Mrs. Donna Cerbone, RDA, Ocean Grove, NJ; Mrs. Laura Elliot, Little Silver, NJ; Dr. William Ilch, Virden, IL; Mr. Kevin Loder, Petersburg, NJ; Rev. James Loveland, Neptune, NJ.