Dental diplomat brings relief to Afghanistan

By Robin Goodman, Group Editor

Dr. Rolfe, please tell our readers about what led you to become involved with dentistry in Afghanistan?

I watched the people of Afghanistan as they were continually abandoned by the world; first when the Soviets invaded, later when they were defeated, and still later when the Taliban were ousted. Virtually no aid was getting to the people.

In 2003, I was told that we needed to forget about Afghanistan and support invading Iraq, as a matter of national security. I had to do something. In September 2003, I flew to Wardak Province in Central Afghanistan with portable equipment and worked in an orphanage at an elevation of 11,000 feet for three weeks. I would treat an orphan, and he would become my assistant. Working through the 40 or so orphans, I found that about 85 percent had the ability to work in dentistry.

Then I started seeing people from the surrounding cities. I saw many people who were literally on the verge of starvation. They were coming with the thought of coming up with a solution for the people of Afghanistan. I was able to find a site in the city of Kabul, and I was able to establish a dental clinic there.

The use and acceptability of implants today is considered both routine and highly predictable. With that, people more than ever before are considering the replacement of missing teeth by this method. Unfortunately, until now, a segment of this population has not been viewed as a viable candidate, particularly patients with compromised situations having to do with limited interdental spaces, advanced bone loss, convergent roots, age and financial constraints.

Anew® Implants (Dentatus, USA, New York) are “ideally designed for the compromised implant site; these 1.8 mm, 2.2 mm and 2.4 mm diameters have been developed to address these concerns.”

See pages 16A, 17A

Anew® Implants

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IDEALLY DESIGNED FOR THE COMPROMISED IMPLANT SITE

IMPLANT SOLUTION FOR THE COMPROMISED SITE

The compromised implant site solution

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