I learned that no dental care was available in the entire province. Thus, I decided to start a dental clinic to provide basic dental treatment, and a training program to train the orphans and widows to be dental technicians.

What did you do then? I purchased a 40-foot steel, shipping container and spent 18 months modifying it into a modern, three-chair dental office that was completely self-contained with its own water and power. Then I shipped it, along with 120,000 pounds of other equipment and supplies, to Afghanistan on a cargo ship. When it arrived in Pakistan, I flew to Kabul to look at the site for the clinic that was donated by an Afghan cabinet minister. I went to the land site, but I had been deceived; I found that it was not available.

For the next six weeks, I searched for another site, but in the end, I had to return the shipment to America or lose it to the minister, who was sponsoring the shipment. It took almost a year to locate another site. When it was released, it was the dead of winter. I had to work outside setting up the clinic during the coldest part of the Afghan winter. The house on the property had no heat, water or electricity. My fingers were frostbitten and I lost about 15 pounds.

By the time I was finished in January, the cold winter had frozen all of the pipes in the clinic, and I had to leave everything and come back later. Returning in May, I hired an Afghan dentist and an assistant, and opened the clinic to the public.

How has this worked out? Good. We operated the clinic with one dentist for about a year, then hired two more dentists and began training orphans and widows as dental technicians. In the first year of the school, we were able to train dental assistants, laboratory technicians, and dental hygienists.

We recently opened three more operatories, and now the clinic is treating about 50 patients a day. Our commercial dental laboratory is now open as well, providing removable prosthetics for patients in our clinic. Also, our guesthouse is now available to people who want to volunteer their services by teaching or providing treatment.

Most people would think that Afghanistan is a scary place to be right now. Is this true? There is some element of risk there, but risk also exists in our own society. About 100 miles from where I live in the United States is the murder capital of America: Compton, Calif. I go there on a regular basis to pick up donated supplies from a dental supply company. There is an element of risk in every area.

Recently, an attempted car bombing occurred in New York City. I have never felt at risk in Afghanistan. We have never had a problem at our facility in Kabul. I have a motorcycle that I use daily, when I am there. The Afghan people are warm and friendly, and appreciate what I am doing there. They have nothing, but are very generous with what they have.

How would you characterize the life in Afghanistan today? Life is very hard now in Afghanistan. The average life span is 42 years, due to the harsh conditions of life, lack of health care and a 70 percent level of malnutrition. Only 15 percent of the populace can read and write.

Afghanistan has the highest infant mortality rate in the world, and 20 percent of children die before age 5. So many adults have died that there are 3,000,000 orphans, with the average age of the population being 14 years.

Most children believe that life is not worth living. Ninety percent of Afghan citizens have no access to dental care, and most have never had a toothbrush. There is one dental X-ray machine in all of Afghanistan.

How can these conditions exist in our modern world? When Afghanistan was attacked by the Soviet Union, anyone who could afford to leave the country did so with the entire family. These privileged people were also the elite of the country: the intellectuals, people with technical knowledge, all the elements making up the infrastructure.

When they left, they took the heart out of Afghanistan. What was left were the poor people, with no means to survive or maintain their lives. This is the way it is there now. The Afghan people feel that the world has forgotten them. They need to know that people care.

How can people help? Donations can be mailed to ADRP, P.O. Box 734, Santa Barbara, Calif., 93102. Those who want to become supporting members can access our website or contact us directly.
Relax at the 2010 ADA Annual Session!
Visit Booth #2512 from 11 AM until 4 PM for a FREE massage.

Dental pain can make anyone edgy

With Articadent® DENTAL, everyone can sit back and relax

Articadent® is indicated for local, infiltrative, or conductive anesthesia in both simple and complex dental procedures. Articadent® with epinephrine 1:100,000 is preferred during operative or surgical procedures when improved visualization of the surgical field is desirable. Reactions to Articadent® (pain and headache, for example, or convulsions or respiratory arrest following accidental intravascular injection) are characteristic of those associated with other amide-type local anesthetics. Articadent® contains sodium metabisulfite, a sulfite that may cause allergic-type reactions including anaphylactic symptoms and life-threatening or less severe asthmatic episodes in certain susceptible people. Accidental intravascular injection may be associated with convulsions, followed by central nervous system or cardiorespiratory depression and coma, progressing ultimately to respiratory arrest. Dental practitioners and/or clinicians who employ local anesthetic agents should be well versed in diagnosis and management of emergencies that may arise from their use. Resuscitative equipment, oxygen, and other resuscitative drugs should be available for immediate use. Articadent®, along with other local anesthetics, is capable of producing methemoglobinemia. The clinical signs of methemoglobinemia are cyanosis of the nail beds and lips, fatigue and weakness. If methemoglobinemia does not respond to administration of oxygen, administration of methylene blue intravenously 1-2 mg/kg body weight over a 5-minute period is recommended.

Please see Brief Summary of Prescribing Information on adjacent page.

For more information, call 800.989.8826, or visit www.dentsplypharma.com

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Articadent® is a registered trademark of DENTSPLY International and/or its subsidiaries.
4% Articadent™ DENTAL with epinephrine 1:100,000 (articaine hydrochloride 4% (40 mg/ml) with epinephrine 1:100,000)
4% Articadent™ DENTAL with epinephrine 1:200,000 (articaine hydrochloride 4% (40 mg/ml) with epinephrine 1:200,000)

BRIEF SUMMARY. [See Package Insert For Full Prescribing Information]

USE
Articadent™ is indicated for local, infiltrative, or conductive anesthesia in both simple and complex dental procedures. For routine dental procedures, Articadent™ with epinephrine 1:200,000 is preferred. Articadent™ with epinephrine 1:100,000 may be used for operating or surgical procedures when improved visualization of the surgical field is desirable.

CONTRAINDICATIONS
Articadent™ is contraindicated in patients with a known history of hypersensitivity to local anesthetics of the amide type, or in patients with known hypersensitivity to sodium metabisulfite.

WARNINGS
Accidental Intravascular Injection may be associated with convulsions, followed by central nervous system depression and cardiovascular collapse. Severe convulsions may result in loss of consciousness, respiratory arrest, and cardiovascular collapse. Resuscitative measures should be initiated immediately. Convulsions associated with cardiovascular collapse should be treated vigorously with resuscitation and supportive measures. If convulsions are unrelenting, barbiturates or other barbiturate-type depressants should be administered. Barbiturates may have additional cardiovascular depressant effects and respiratory depression. Convulsions associated with cardiovascular collapse should be treated vigorously with resuscitation and supportive measures. If convulsions are unrelenting, barbiturates or other barbiturate-type depressants should be administered. Barbiturates may have additional cardiovascular depressant effects and respiratory depression.

Articadent™ contains epinephrine which can cause local tissue necrosis or systemic toxicity. Usual precautions for epinephrine administration should be observed.

Articadent™ contains sodium metabisulfite, a sulfite that may cause allergic-type reactions including anaphylactic symptoms and life-threatening or less severe asthmatic episodes in certain susceptible people. Although the overall incidence of sulfite sensitivity in the general population is unknown, it is estimated to be less than 1 in 10,000.

PRECAUTIONS
General: Resorbable equipment, oxygen, and other resorbable drug should be available for immediate use in the event of an adverse reaction. Because Articadent™ contains epinephrine, high blood pressure and serious adverse effects are possible in patients with cardiovascular disease and those who have received large quantities of resorbable drug in the past.

Wound Sealing: The integrity of the wound should be maintained for the prescribed time. The wound should be inspected periodically to determine the need for further treatment with the agent.

Geriatric Use: The geriatric population is more susceptible to the cardiovascular effects of Articadent™.

ADVERSE REACTIONS
Reactions to Articadent™ are characteristic of those associated with other amide-type local anesthetics. Adverse reactions to this group of drugs may also result from excessive plasma levels (which may be due to overdosage, unskillful intravascular injection, or slow metabolic degradation), injection technique, volume of injection, hypersensitivity, or other factors.

The reported adverse events are derived from clinical trials in the US and UK. Table 1 displays the adverse events reported in clinical trials where 9121 individuals were exposed to Articadent™ with epinephrine 1:100,000 and 11,701 individuals were exposed to Articadent™ with epinephrine 1:200,000.

Table 1. Adverse Reactions in Controlled Clinical Trials at Incidence of 1% or Greater in Patients Administered Articadent™ with epinephrine 1:100,000.

<table>
<thead>
<tr>
<th>Reaction</th>
<th>Incidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nausea</td>
<td>1.2%</td>
</tr>
<tr>
<td>Vomiting</td>
<td>1.1%</td>
</tr>
<tr>
<td>Headache</td>
<td>1.0%</td>
</tr>
<tr>
<td>Pruritus</td>
<td>1.0%</td>
</tr>
<tr>
<td>Paresthesia</td>
<td>1.0%</td>
</tr>
<tr>
<td>Dizziness</td>
<td>1.0%</td>
</tr>
<tr>
<td>Hypotension</td>
<td>1.0%</td>
</tr>
<tr>
<td>Tachycardia</td>
<td>1.0%</td>
</tr>
<tr>
<td>Chest pain</td>
<td>1.0%</td>
</tr>
</tbody>
</table>

The following list includes adverse and intolerable effects that were recorded in 1 or more patients, but occurred at an overall rate of less than one percent, and were considered clinically relevant.

Body as a Whole: Abnormal vision, asthenia, back pain, injection site pain, memory impairment.

CNS: Antidromic ataxia, headache, tremors.

Cardiovascular System: arrhythmias, chest pain, syncope, tachycardia, elevated blood pressure.

Dermatological System: cutaneous rash, erythema, pruritus.

Endocrine System: hypoglycemia, hyperglycemia.

Hematological System: anemia.

Nervous System: dizziness, dry mouth, paresthesia, vertigo, weakness.

Respiratory System: pharyngitis, rhinitis, sinus pain, sinus congestion.

Skin and Appendages: pruritus, urticaria.

Special Sensation: ear pain, taste perversion.

Urogenital System: dysmenorrhea.

Peristent perspiration of the lips, tongue, and oral tissues have been reported with use of articaine hydrochloride, with slow, incomplete the recovery. These 75% semiquantitative events have been reported chiefly following nerve blocks in the mandible and have involved the trigeminal nerve and its branches.

OVERDOSAGE
Acute overdosage from local anesthetics are generally related to high plasma levels encountered during the use of local anesthetics or unintended intravascular injection of the local anesthetic solution (see WARNINGS, PRECAUTIONS; General and ADVERSE REACTIONS).

Management of Local Anesthetic Emergencies: The first consideration is prevention, best accom plished by careful dosing and knowledge of the patient's state of consciousness after each local anesthetic injection. At the first sign of change, oxygen should be administered.

The first step in the management of overdosage, as well as hypotension, consists of intramuscular attempts to prevent the irreversible anticholinergic effects of an overdose, followed by the use of cholinergic agents and the administration of the antidote. The use of anticholinergic agents should be avoided in patients with glaucoma or recent myocardial infarction.

The first step of treatment is the administration of sodium bicarbonate; however, if the patient remains hypotensive, further treatment must be instituted. The adequacy of intravenous access should be determined before the administration of additional therapy, and appropriate measures for resuscitation should be instituted. The use of vasoactive pressors is usually not necessary in patients who are properly treated. Additional therapy may include the administration of sodium bicarbonate, sodium chloride, and norepinephrine.

Special Statement: ear pain, taste perversion.

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website at www.adrpinc.org and pledge a monthly donation. We are a 501C3 non-profit charitable organization.

We are always loading a shipping container, so equipment donations and supplies are welcome; just call our headquarters at (805) 963-2329, or send an e-mail to adrp@verizon.net.

Volunteers who want to treat or teach at the Kabul Project Site should request information. All volunteers pay their own travel expenses and $15 a day board and room to stay in our modern guesthouse. The residential facility offers meals, laundry, Internet, hot showers and 24-hour security.

Is there anything else that people should know?

As the richest nation in the world, we have an obligation to help the poorest. We owe the Afghan people a debt of gratitude for dying to defeat the Soviet Union and for elevating the United States into the status of superpower of the world. We are overdue in paying this debt. All of our officers are volunteers.

Our organization has no overhead, so that means that 100 percent of each donation goes directly into the project. We are actually saving lives in Afghanistan. Orphans with no options are being educated so that they can have a normal life. Widows are being trained so that they can feed their children.

For the first time, Afghan dentists can access professionally trained dental assistants, laboratory technicians and hygienists. Vital elements are being created to improve the technical infrastructure. Women are being empowered to be authority figures in the male-dominated society there. Patients accessing our facility enjoy better health.

Anyone may volunteer and donate through our organization to bring benefits to the people of Afghanistan, which might not occur otherwise. Combined benefits improve social stability. Everyone benefits.

Congratulations to Dr. Rolfe!

Since this interview was conducted, Dr. Rolfe has been selected as an honoree for the 2010 National Awards for Citizen Diplomacy and will fly to Washington, D.C., in November to receive the award. Rolfe has also done interviews with NPR and People magazine. In addition, the LA Times published an article about Rolfe, which can be accessed at www.latimes.com/health/la-me-afghan-dentist-20100908,0,164334.story.

Dr. Rolfe works in Afghanistan building the dental clinic he founded.