You can not get used to Africa

You either like it, or you don’t, but you can’t get used to it, says Erik Ahlbom

Werner and his wife Natalie, both from Belgium, are running one of the countless NGO’s (Non Government Organisations) that keeps Uganda ticking over and that together with other kinds of foreign aid makes up more than 40 per cent of the gross national product.

In spite of Werner and Natalie’s best efforts, Uganda is still struggling with poverty. Half the population, that is 15 million people, don’t have food security. That same group of people have little or no access to health care and dental care. There is one dentist for every 158,000 people in Uganda, compared to one for 3,000, or in the UK. Infected teeth can fester for years, which not only makes the sufferer miserable, but also according to the WHO, accounts for a loss of working and school days comparable to Malaria or HIV, thus perpetuating poverty. Unlike the headline catching diseases, no billions of dollars are going into research, no massive projects are being launched by the UN and no Nobel prizes are handed out. It’s a silent, slow burning disaster. That’s why Linda Dobinson, the practise manager, Maria Shilling, the dental nurse and myself, a dentist, from the Port Erin Dental Surgery in the Isle of Man, have signed up for this DENTAID mission.

Kanungu
I am writing this on a rickety bus, travelling to the Kanungu district in south western Uganda, near the Rwandan border. I’m trying to keep the pen steady to the paper, while the red dust that much of Africa seems to be made up from slowly penetrates every nook and cranny in the vehicle. We are carrying on the bus a portable dental hospital that can be set up in anything with a roof on it and slowly penetrates every nook and cranny in the vehicle. We are carrying on the bus a portable dental hospital that can be set up in anything with a roof on it and shortly thereafter start seeing patients for the next eight hours or so.

Along the road I can see small towns or villages with small, one room brick houses, fire burning outside for cooking and sometimes one small business or another going.

The roads are occupied mostly by lorries, sometimes with the flatbed packed with people and numerous Chinese or Indian 125cc motorcycles with anything up to eight (8!) passengers. It is not safe, the accident rate is horrendous by UK standards. 10 people die every day on the Ugandan roads, according to ICCU (The Injury and Control Centre Uganda) and the motorcycles, or Boda Boda, as they are called here, are involved in 70 per cent of these deaths. Having ridden motorcycles myself since the early 1980′s, I find it easy to believe.

Beaten track
The quality of the road is steadily deteriorating as we get further off the beaten track. Stephen, our driver, is a father of three, when not driving the bus, is helping out in the clinics, looking after children that have lost their steam after an extraction, or providing oral hygiene instruction for them. His dance routine that goes on with this is mesmerising!

‘There is one dentist for every 158,000 people in Uganda, compared to one for 3,000 or so, in the UK’

Between the villages, the roadside is strewn with small farm houses, surrounded by a small patch of land where Matooke, a kind of banana that is cooked and is a bit like a potato, beans or cassava is growing. The people in them are surviving on subsistence farming, meaning that they can only just survive, as long as all goes well. There are no margins, no backup, so when a parasite strikes and destroys the crop in an area, there is nothing to help and the result is a local famine that never reaches our media. No headlines, no UN planes dumping food, no Band Aid. Just hunger.

Not enough
Still, when everything is going well, it is not enough. Most children get enough calories in the day, but not enough protein, leading to stunted growth in children and difficulties in following classes in school, if they have one to attend. When there is some protein, say eggs or beans in a household, the parents are sometimes faced with the choice of feeding their children with it or to sell it to get cash for things like shoes or school fees. We sometimes see the effect of this in our clinics as well. Children are sometimes exhausted, unable to stand up properly after simple extractions. A sugary drink helps this very quickly, strongly indicating that food was the problem in the first place.

It would be easy to dismiss Uganda as failed and hopelessly corrupt. As always, the truth is far more complex than that. The Ugandan government, unlike many of its counterparts, is in full control of their territory. And efforts are being made, although a European is parachuted into Uganda, might not recognise them as such. One example of this is Kampiringisa, a facility for children, one hour outside Kampala. It is called a “Social Rehabilitation Centre”, but looks very much like a prison. Children are being picked up by the police for various offences, or swept up in the streets of Kampala when it needs tidying up. Conditions are grim. The children are fed once a day, and sometimes see the effect of this in their clinics as well. Children are sent out to fend for themselves. Hygiene is virtually non existent. Still, it is argued by many of its European managers, is in full control of their territory. And efforts are being made, although a European is parachuted into Uganda, might not recognise them as such. One example of this is Kampiringisa, a facility for children, one hour outside Kampala. It is called a “Social Rehabilitation Centre”, but looks very much like a prison. Children are being picked up by the police for various offences, or swept up in the streets of Kampala when it needs tidying up. Conditions are grim. The children are fed once a day, and sometimes see the effect of this in their clinics as well. Children are sent out to fend for themselves. Hygiene is virtually non existent. Still, it is argued by many of its European managers.

This is also where Werner and Natalie spend their efforts, salvaging a number of these children and fighting for them. Hygiene is virtually non existent. Still, it is argued by many of its European managers.
My dental career started in 1983, when I qualified as a dentist from Gothenburgh University, Sweden. I then spent the next 18 years in remote parts of northern Sweden, working where few other dentists wanted to work. In 2000 I emigrated to the UK and then went on to the Isle of Man in 2006. Last year I finally found another job that very few dentists want, and went to volunteer in Uganda.

Kampiringisa is a very well disguised blessing for some children. Free from corruption other efforts are being made as well. There are Ugandan dentists working with DENTAID, trying to build up a structure of dental care, free from corruption. Ambrose Matsika, Apollo Mukiza, Gilbert Rwamwitani and Sam Kisira are unsung heroes of their country. They are skilled, dedicated and work hard for little reward for themselves. DENTAID’s work would be very difficult without them.

We are on the way to Kinkiizi, near the borders of Rwanda and Congo. Although the Ugandans in our team say that this is a safe area since a few years back and that the Ugandan military now have full control of the territory, I have seen enough BBC news over the past twenty years to feel a twinge of apprehension anyway.

Seeing patients
Once there, we will set up our portable dental hospital, cleverly designed by the DENTAID engineers in the UK, an operation that grows more efficient by the day. We will start seeing patients inside one hour of switching off the bus engine and keep going all day. Then we will do it again and again.

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Then we’ll go home, try and get the red dust out of our clothes and try to understand what we have seen and done. I’ll go through my pictures and relive the joy and the heartache that I’ve experienced and I’ll feel a twinge of guilt over my easy life.

So, did I get used to Africa? Of course not. No one does. But I will return.

Fig 5. L-R: Linda Dobinson, Erik Ahlbom and Maria Shilling from the Port Erin Dental Surgery

Fig 6. L-R: Apollo Mukiza, Erik Ahlbom and Gilbert Rwamwitani

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