Team Tangawizi - nearly 2,000 patients in 10 days

This team consisted of four dentists, two dental therapists, a hygienist and a dental nurse from across the UK. The leader, retired hygienist Barbara Koffman, has run these clinics for a number of years, but this is the first time the clinics have been near Mbale and Kumi. Three local Ugandan dentists joined the team to help out, and also to increase their knowledge and skills.

Death

With the limited dental and medical facilities in this region people still die from complications of untreated dental abscesses. People are known to put up with toothache for months before seeking treatment. And when treatment is available it often involves walking great distances to reach it. One seven-year-old girl and her grandmother walked more than 30 miles to see us to get a huge dental infection treated.

The equipment comprised folding dental chairs (built by Dentaid specifically for these clinics), basic hand instruments, and disposables donated in the UK and carried to the country by the volunteers.

Translators helped with everything from crowd control to holding torches, patient instruction, and tablet counting, and many became very handy dental assistants too! Each district has a different dialect, so we had to quickly learn to say words such as “hello”, “pain”, “open”, “close” and “bite” in a variety of languages, or at least that’s what we think we were saying. Our efforts certainly amused the patients.

Queue

Upon arrival each day we would find a queue of patients waiting, and assessments would start straight away, whilst the chairs and instruments were set up. Some children knew instantly what they wanted, and some had never had a toothbrush and needed a full oral health instruction set before they could even open their mouths to be examined. The children were smiling from ear to ear, and many of the adults were seen for the first time in their lives.

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up indoors. The most common treatment was tooth extractions as, since there is no electricity, drilling is out of the question. Extraction of decayed, infected and broken teeth is the only viable long-term option. The dentists and therapists became “extraction machines” treating more than 200 patients on some days.

The “post-op” recovery area was usually outside in the shade of the nearest mango tree, where the patients were given painkillers, antibiotics if necessary, and oral hygiene instruction.

‘Jiggers’
Occasionally the team were presented with other problems such as “jiggers” (worms) in the feet, abscesses, cellulitis, and burns which we treated as well as we could under the circumstances.

Lunch was rice, beans and cabbages cooked on a fire outside the clinic. It was also time to let off steam, rest aching arms and play with the children – football, netball, Frisbee ... there was a lot of laughter and fun all round.

Most of the clinics were close to primary schools, so some time was spent teaching children about oral hygiene, which was also met with great hilarity.

Many children, particularly during the first week around Kumi, had never seen white people or “bazungu” and they were fascinated, if a little wary, but were very willing to show us how to brush our teeth with a stick.

The experience was an amazing rollercoaster ride, with laughter one minute and tears the next. It is impossible to know the long-term impact of these clinics, but having treated nearly 2,000 patients in 10 days we are sure that they have made a positive difference.

Thank You
I would not have been able to participate in this mission without donations from friends, family, acquaintances and complete strangers. Thank you so much for your support.

It feels a little surreal being home. We left Uganda in 50°C sunshine, so homecoming has been both a cultural and climatic shock!

For further information contact Barbara Koffman on 07970 165788; email bkoffman@rogers.com or visit www.christianrefugees.org

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