

# Africa: A Dentist's Charitable Experience of a Lifetime

**T**he long arm of the gate slowly lifted up like the arm at a railroad crossing. The bus rumbled forward, rocking and bouncing over the rough, rutted road as we entered the camp for the first time. Through the dust in the air, a mass of ramshackle huts and thrown-together buildings appeared stretching as far as the eye could see. Most were no more than mud huts with corrugated metal or thatched stick roofs.

The bus continued rocking back and forth over the uneven, hard-packed, rich, red earth. After several hundred more yards, we stopped. I had arrived at Buduburam Refugee camp. Having traveled more than 12,000 miles, I was really there in the camp I had heard so much about.

I had come to fulfill a lifelong promise and belief. I believe we are so fortunate to live in the part of the world that we do. I believe it is our responsibility to help others who are not as fortunate. I was here to begin fulfilling that task.

The doors of the bus suddenly opened,

letting in a burst of warm, moist air. It was heavy with all sorts of strange smells: of sweat, garbage, ripe and rotting foods, and of bubbling cooking pots. The smells of humanity were all mixed together with the dust of the earth. With a combination of excitement and apprehension, I moved to gather up my equipment and belongings to leave the bus. It had been a long two-and-a-half-hour ride to the camp and I was glad to stretch my legs.

Buduburam Refugee camp is in Ghana, a country in central West Africa, located slightly north of the equator. The camp was established by the United Nations some 14 years ago to provide for refugees from several war-torn African countries. The vast majority of people at the camp are from Liberia.

A nightmarish civil war has devastated the people of Liberia since 1989. Approximately 1 million of the 3.3 million people of Liberia have fled the country, most during the past year. In 2002, this camp held 16,000 inhabitants. It currently has more than 50,000. Refugees arrive daily, at a rate of about 200 a day.

While fighting and killing continues in Liberia, many of the people arrive here with little more than the clothes on their backs and blank looks on their faces mirroring their struggle for survival and the horrors they have witnessed. Almost every adult suffers from post-traumatic stress. Our group, Project Africa, came to help these people. Of the 23 doctors, nurses, teachers and support personnel, I was the only dentist on this trip. Fortunately, one of our doctors was a young psychiatrist from Santa Monica, who just completed her psychiatric residency. Her plans were to conduct group therapy sessions for as many people as possible to help them deal with this stress.

I came to provide oral surgical care. So many have never had professional dental care in their lives and have little knowledge

*En route to Buduburam Refugee Camp, the bus broke down. Dr. Libuser and other health care workers took the opportunity to distribute gifts to local children.*





*Penny, Hope and Kaijsa Rinstad, a pharmacy student from Sweden, relax for a moment following the first long day at Buduburam.*

of oral hygiene. As a result, many have dental problems far worse than is generally seen in Southern California and most parts of the U.S.

I stepped out of the bus into a large open area where the ground is cut by rain run-off into a multitude of corrugated rivulets. The earth had the texture of a living being; I felt its heat beneath my feet. I walked toward a woman standing outside one of the low, pale-

green cement block buildings. A handsome woman with a round face, she had large dark eyes, and hair done up in tight, intricate, jet-black braids. She smiled and extended her warm hand in greeting as I approached. That was the first time I met Penny. Penny was assigned to help run the dental clinic at the camp. Her soft, sweet voice had a bit of "Brit" in her accent. After working with her over several days, she shared her story with me.

Penny is Liberian. At age 31, she has lived at Buduburam for the past 13 years. In 1990, she lived in a village outside of Monrovia, the capitol of Liberia, with her mother, father and older brother. Her father was a high-ranking officer in the Liberian army. One night, when Penny was only 18 years old, rebels broke into the family home. They shot and killed her father and brother. She and her mother survived by diving out a window in an adjacent room just as the gunmen entered looking to kill them as well. Penny and her mother escaped into the bush that night, making their way out of Liberia under the cover of darkness, never to return. She explained to me rebels always seek to kill the entire family when eliminating military personnel so there will be no reprisals later. She knew what was coming the moment



*This 102-year-old man from the remote village of Oyebe exhibits a common dental problem.*

she heard the first gun shot and saw blood coming from her father's chest.

Penny showed me the building that was to serve as the Licohwa Dental Clinic. The masonry structure consisted of three rooms: a waiting room, a surgical room and a "sterilization room." Everything looked covered in a layer of dust and dirt even after it was wiped clean. The floor covering was cracked and peeled. Every once in a while I tripped over the curled up edge when I did not step carefully.

The staff of the dental clinic consisted of six wonderful people from Liberia. Twenty-nine-year-old Hope was one of them and he became my right hand in more ways than one. He was my dental assistant while I performed oral surgery. He was especially helpful when we had a particularly difficult extraction to perform such as broken, carious, curved rooted teeth, deeply imbedded in the jaw. An excellent assistant, he would suggest which instrument would be best in a particular situation, much like a caddy in golf. But most of all, he was wonderfully encouraging to me and to the patients and thus enabled me to treat many more people over the short time I was in the camp.

The conditions at Buduburam were far from ideal. There was no electricity in



*This woman, whose dress indicated she was from northern Ghana, shops at a local market.*



*MASH-like conditions in the dental clinic at Buduburam where scores of patients tolerated surgical procedures without complaint.*



*Three Liberian orphans, who became buddies after meeting at the refugee camp, flash smiles as they greet a visitor.*

the dental clinic just as there was none in the rest of the camp. Natural light came from an open window and from my small battery-operated headlamp. There also was no means of suctioning the surgical site. I subsequently taught myself a technique without suction by using hundreds of gauze sponges to clean the field so I could see what I was doing.

Running water and plumbing were noticeably absent in the camp. Water was carried in buckets from a nearby lake. The water was polluted but it was all we had to clean the instruments. "Sterilization" was carried out with the use of a small propane burner and a pressure cooker.

My first day in the camp I was able to see only 10 patients. I was trying to do everything as I would have back home in my Marina del Rey office. But after a while, I learned how to use the instruments more efficiently without suction and thus able to pick up speed. By Day 4, I was able to treat nearly 50 patients per day. Some required extracting only one tooth, but most required multiple extractions of root fragments and cysts. Some impacted third molars, and partially exposed teeth with fragments left in the bone were quite a challenge without the benefit of X-rays, especially when all I had was a battery-operated dental engine to cut bone, and various elevators and forceps to tease the fragments to the surface. The name of the game under these

"MASH-like" conditions was "visualize your field," actually or at least in your mind, then use leverage and as little muscle as possible because you know your last patient of the day invariably will be your most difficult of all.

In the cramped quarters of the surgical room, patients laid on a flat, sloping board, their heads placed against the windowsill in order to maximize the light from the open window. I supplemented this natural light with a "Walk-about" headlamp donated by the Orascoptic Company. I attached this light to my magnifying lenses. Both of these instruments were a godsend, allowing me to see details I would not have otherwise been able to see. With them, I was able to treat many more patients in a much shorter time than I would have had I not had them. While standing next to the open window, I occasionally felt a cool breeze waft into the room, making us all comment on how wonderful it felt. We took a deep breath, relished the heavenly feeling of its cooling effect, and dug in once again.

The low, flat corrugated metal ceiling made the room feel like an oven most of the time. The heat became stifling as the day wore on, with temperatures well over 100 degrees and humid. At times I thought I was losing my sight when sweat dripped from my forehead onto my glasses. I did not want to touch my face or glasses with my contaminat-

ed hands, so Hope periodically wiped away the sweat so I could see better.

We had shipped ahead more than five tons of medical supplies and gifts with the thought we would "hit the ground running," but these vital items had not yet arrived as of Day 8. Fortunately, our leaders anticipated this problem and suggested we each bring carry-on suitcases on the plane dedicat-



*This four-year-old boy in central Ghana lost a leg to Buruli ulcers. His bandaged left knee also is severely damaged.*



*Each day, refugees swarmed our bus parked adjacent to the medical clinic at Buduburam.*



*Hope and Dr. Libuser work on a patient in the camp clinic.*

ed to the most vital supplies and equipment. On our first day in the refugee camp, we only brought enough to get the job done for one day.

Most troubling was not having the benefit of dental X-rays prior to doing surgery on these wonderful people. Yes, I did have local anesthetic for them, and yes, I prescribed analgesics and antibiotics for them afterward. But before our shipment of dental supplies arrived, I had to use multi-dose bottles of local anesthetic with disposable syringes borrowed from the medical clinic. I felt terrible having to use those huge 18-gauge needles. It was like using telephone poles to administer anesthetic. But it was better than not using anything.

Over the past year, Project Africa had accumulated medical supplies and gifts from many sources. Many different companies and individuals generously contributed to our humanitarian project, including several of my patients back in Marina del Rey. We brought these items to Ghana to help provide medical and dental care to the people of Buduburam and other remote villages. Federal Express was extremely generous in donating the cost of shipping the huge quantity of materials. It would have cost us \$38,000 in shipping alone. The supplies included more than \$1 million worth of prescription drugs and pharmaceuticals sorely needed by doc-

tors to treat their patients in rural hospitals and clinics throughout the country.

Allen Rice, owner of Multi-Pure — a company that manufactures water purifiers for homes and offices — was extremely generous with his donation of 1,000 portable water filters. The people of Buduburam and many of the remote villages for the first time now have water that is safe to drink.

At Buduburam, the medical clinic was located about 100 yards across the compound from the dental clinic. The low, horizontal building, with large over-hanging eaves, had a Frank Lloyd Wright prairie-style look. Mud stains extended up the walls about two feet from the ground. These stains were from the torrents of downpours that periodically flood the camp during the rainy season, which I coincidentally was able to experience first hand.

The days our group worked in the camp were extremely busy with several hundred people wanting to be seen and not enough time to get to them all.

Because our time and resources were limited, both the medical and dental staffs established a triage system to select the most seriously ill patients from the hundreds seeking our care. We would see them first. A priority system was established with numbered cards given to each person. This way, we hoped to avoid chaos that might erupt

into hostility and physical violence. Our support personnel were very valuable in this regard. Three high school girls — Amber, Heather and Ali — from Yucaipa, Calif., proved to be up to the task. They helped one of our nurses, fellow Yucaipa resident Vicky Sullivan, identify those most seriously ill. The young ladies also helped dispense drugs in the pharmacy. Through it all, they had an adventure of a lifetime.

One day a group of small children asked Ali and Amber if they had parents back home in America. When they answered “Yes,” the children then asked if they had “two parents” back home. Ali and Amber again answered “Yes.” The children were in awe since none of them had parents, and they knew of no one who had “two parents” still alive.

Many of the people in the camp had been living here at Buduburam for years. They had been exposed to unthinkable horrors before arriving from Liberia. With that, many developed a “survival of the fittest” approach. Some would try to get more than their fair share of medications prescribed by our doctors. So the system we set up had to prevent “double dipping,” when patients would come back a second or third time, claiming they had not received their meds when they really had.

One morning at Buduburam, a young pregnant woman went into

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labor. Under these less than sterile conditions, Dr. Margaret Pettigrew delivered a healthy baby girl as an audience of about 20 looked on. The baby would have had a hard time surviving without Dr. Pettigrew's help since the cord was wrapped around her neck. At the end of the day, both mother and daughter were doing just fine.

After I had been in Ghana for 14 days, our shipment of supplies arrived safely in the capital city of Accra. But that was only the beginning of our problems. Getting it through customs without having to pay duty took several days and a huge amount of "red tape" had to be "cut through" to free the meds. Ghana Airlines carried the supplies on the last leg of the journey, from London to Accra. However, even after Federal Express paid the airlines \$13,000 on our behalf, with instructions to deliver the items to our location at Valley View University outside the capitol, the airline demanded an additional \$600 "ransom" to release the supplies to us at the airport.

We had no choice but to pay the money, and we finally got the shipment. With these valuable items in hand, we made return visits to Buduburam, St. Martins Hospital in the north, a village clinic at Amrahia in the south, and several other villages and hospitals. We distributed thousands of medications, water filters, clothing and many other gifts. Everywhere we went, the people were very appreciative.

In Jewish tradition, there is a word used to describe a meritorious deed, an act of kindness. It is called a mitzvah. Many would say my friends and I of Project Africa performed a mitzvah. But the truth is, the people of Liberia and Ghana in these many villages and camps performed a mitzvah for me. I was able to use my skills as a dentist in a way I had only dreamed of, without the limitations and encumbrances of modern bureaucracy. I was able to help people in great pain without regard for compensation. I was able to practice dentistry in a way that affirmed the reason I chose dentistry in the first place.

And as I helped these wonderful people, they gave me sincere friendship beyond price. This experience reaffirmed my belief that it is the responsibility of all dental professionals to give back to communities less fortunate. The more we give, the more meaningful life becomes.

As we left Buduburam for the last time, it was a sad moment. Yet, I am determined to return, since there is so much more to be done. As we departed, I looked back at the waving hands and countless beautiful smiles, and I could tell how these wonderful people felt about our having been there. **CDA**