



## INTERNATIONAL COLLEGE OF DENTISTS Australasian Section VIII

ISSUE NO. 44 June 2016

### PRESIDENT'S MESSAGE



President, Dr David Crum

Our Section's Board met in Sydney in early March and, as I indicated in my last report, now works very much to the Strategic Plan as detailed below. Working towards our strategic plan, the Board has formulated actions with time lines and budgets, assigning responsibilities to each Board member.

#### Strategic Goals and Actions, 2016

1. Foster collegial collaboration within the profession and participation in the College
  - Arrange self-funded state based collegiate meetings and to pilot these in Queensland (Ian Meyers), South Australia (Rick Sawers) and Western Australia (John Owen). Fellows in those states will be invited to attend these social events.
  - Attend the ADA Affiliates meeting and actively participate in that meeting (Keith Watkins).
  - Follow-up the survey of all Fellows who volunteered assistance with newsletters (Petrina Bowden) and with sponsorship (David Crum). The response from

Fellows to the survey was very encouraging. Thank you to all who responded.

2. Recognise leadership within the dental profession.
  - Establish State based and NZ nominating committees and complete the induction of approximately 25 new fellows in conjunction with the NZDA Annual Conference (Wellington Oct 2016). 14 new Fellows were approved by the Board at this meeting and a further group will be considered at the June teleconference.
  - Review new Fellow process with improved early engagement with new Fellows. (Tom Tseng/Jackie Robinson). I view this project as very important.
3. Engage with and support fellows and future leaders within the dental profession.
  - Collaborate with ADA and NZDA to support their young leader activities and development programmes. (David Crum)
  - Continued development of a communications plan inclusive of electronic newsletter, trial Facebook page and in conjunction with consultant advice. (Jackie Robinson)
4. Support projects that improve oral health and education in underserved areas within our region.
  - Allocation of approximately \$45,000 to prioritised projects led by College Fellows.
  - New allocations for 2016 include:
    - Prioritised assistance to Fiji following the devastating cyclone, (Joan Lai and Jenny Smyth) for purchase of portable

- dental equipment and consumables.
- Grant to Michael Schenberg to assist with travel for operating room assistants for 2016 oral surgery sessions in Vietnam. Michael performs complex cases (often advanced jaw tumours) generally not managed by local surgeons.
- Grant to Graham Toulmin as seed funding for a clean water project in the Congo. This project is to provide a safe, clean and permanent water source for the dental clinic / training institute based in Aru, a town in the northeast corner of the Democratic Republic of the Congo, near the Ugandan and South Sudan borders.

5. Demonstrate good governance whilst upholding high ethical standards.

- Revise Bylaws (Jackie Robinson)
- Revise the employment contract of the Administrative Officer (David Crum).

## Achievements in 2015

My thanks to Board members and to our Administrative Officer (Ron Robinson) who completed a full survey of members, which demonstrated a significant willingness of many members to become more involved in College work.

- Creation of a new nominations process to be more inclusive of the breadth of dentists who should be considered for Fellowship.
- Engagement with the ADA and NZDA in the Young Dental Leaders Day
- Support of many aid projects and the development of revised grants criteria for better prioritization of grants.
- Successful development of a strategic and an annual plan process for the College and the introduction of MYOB and full external audit of accounts.

My congratulations to Board member Rick Sawers for his very deserved Australia Day Honour (AM). And, not only congratulations but sincere thanks to Jenny Smyth AM for her term as Editor of our Newsletter. Jenny completed that role in March and, as was verified by the membership survey, her contribution has been highly rated by members. Welcome to Petrina Bowden our new editor!

My thanks to Ivoclar Vivadent (NZ) for their very generous assistance in the provision of donated dental materials to accompany our purchased supplies for Fiji. To Jonathan Cole (NZ Fellow) for including our supplies within his 'Smiles for the Pacific' container

heading to Fiji, and to Jenny Smyth for her liaison with Joan Lal (National Advisor Oral Health, Fiji), who will oversee distribution of those supplies.

Kind regards,  
David Crum

## Registrar's Report

### Membership

The Australasian Section of the International College of Dentists now has a total membership of 671 (a 4% increase in the previous 12 months). This is comprised of:

- 584 Active Fellows
- 75 Retired Fellows
- 9 Honorary Life Fellows (including 2 Masters)
- 3 Honorary Fellows

580 Fellows are from Australia and 67 from New Zealand. Fellows of our Section have spread to many parts of the globe with members now living in Cambodia, Eritrea, Fiji, Northern Ireland, Qatar, Singapore, South Africa and the United States.

84 percent of Section VIII Fellows are male and 16% are female. 60 percent of our Fellows are in the age range of 55-75.

### State-based Nominating Committees

One of the key actions in the Strategic Plan for the Section VIII Board for 2015-2016 was to "Recognise Leadership within the Dental Profession in Australia and New Zealand". This has led to the formation of state-based nominating committees. The role of local nominating committees is:

- To encourage Fellows within their local area to nominate dentists worthy of nomination
- To identify and nominate dentists worthy of nomination (Note: nominations are not limited to the state/region of the local organising committee)

- To ensure nominations consider the full scope of practice amongst dentists in our Region which includes General Practice, Endodontics, Forensic Dentistry, Oral Surgery/Oral Maxillo-Facial Surgery, Oral Medicine/Oral Pathology, Orthodontics, Paediatric Dentistry, Periodontics, Prosthodontics and Special Needs as applied within the settings of academia, the armed forces, private practice or the public service
- To ensure nominations consider dentists who significantly contribute to enhancement of the dental profession and of oral health in the community through community service, volunteer work and/or are leaders in organisations within dentistry such as the ADA/NZDA, Dental Boards, Dental Councils, Professional Development, the RACDS or Societies/Associations
- To duly review nominated candidates and submit nominations to the Board for approval
- To follow up on nominations as requested by the Board.

I would encourage all Fellows to consider nominating a person whom they consider may be worthy of Fellowship in the International College of Dentists. A nomination form is included in this newsletter and is also available on the ICD Section VIII website (<http://www.icdsectionviii.org>) or from the Section VIII Administrative Officer ([admin@icdsectionviii.org](mailto:admin@icdsectionviii.org)).

## 2016 Australia Day Honours

I am pleased to report that in the most recent Australia Day Honours, two of our ICD Section VIII Fellows received awards. Dr William O'Reilly (NSW) was made a Member in the General Division of the Order of Australia (AM) for his significant service to dentistry, particularly through leadership roles with professional associations, to education, and as a practitioner. Dr Richard Sawers (SA) was made a Member in the General Division of the Order of Australia (AM) for his significant service to dentistry as a clinician, educator and to professional dental associations.

In addition to these two Fellows, Dr Sajeev Koshy, an ICD Fellow in the India Section (Section VI),

received a Medal of the Order of Australia (OAM) for service to dentistry in Victoria. We congratulate all three Fellows.

## Vale Fellows

We were sorry to learn of the passing of Fellows John Harrington (NSW) and David Blaikie (SA).

## Project Grants Supported by Our Section

Support for improving oral health in underserved communities has always been a focus for the Australasian Section of ICD. In 2007 the Board sought to expand support for oral health projects by including a field for optional donations on the annual Fellowship renewal form. The amount of donations since that time has been substantial and has grown steadily.

During the five year period 2011 – 2015, an average of \$10,000 was donated by Fellows each year with about 28% of all Fellows of our Section including a donation with their annual renewal payments. Individual donations have ranged from \$5 to \$1000.

Closer examination of the donations for the period 2011 – 2015 showed there were 49 Fellows who made donations every year during that period. 19 Fellows have donated an average of at least \$100 per year over the past five years.

Thanks to the generosity of Fellows who made donations with their 2015 renewal payments, our Section was able to support these programs in 2015:

- Cambodia: Callum Durward , Cambodia 1-2-1.
- Cambodia: Petrina Bowden, M'lop Tapang.
- Timor Leste: Callum Durward, School oral health demonstration project.
- Nepal: Sandra Meihubers, Village Health Improvement Program.
- Vietnam: Colin Twelftree, Long Tan Pre-school Children and Oral Health Education.
- Vietnam: Michael Schenberg, OMFS project.
- Fiji: Jonathan Cole, Smiles for the Pacific.
- Fiji: Post cyclone emergency, administered through Joan Lal.
- Australia: John Owen AM, Kimberley Dental Team

- Australia: University of Adelaide, Community Outreach Program.
- Australia: Australian Dental Research Foundation grant.
- New Zealand: New Zealand Dental Research Foundation grant.

We are proud of the part our ICD donations and our Fellows play in improving oral health in underserved communities in our region. The Board commends our Fellows for their generous donations and for their leadership.

### Future Section VIII Inductions

- 28 October 2016 Wellington (during the New Zealand Conference)
- May 2017 Melbourne (during the ADA Congress)

Tom Tseng,  
Registrar

### International Councillors' Report

The 2015 International Council meeting was held in Dublin, Ireland on October 9 -10. Clive Ross CNZM represented the Australasian Section (Section VIII) and was installed as International Vice-President. David Thomson (QLD) acted as Speaker at the Council meeting as he had done at the 2014 meeting in Sydney.

Membership growth is a continuing issue for some Sections of ICD. A number of motions were passed at the Council meeting to help share information amongst Sections, to stimulate growth where needed and to improve reporting.

The Australasian Section has shown gradual growth over the past ten years. The Section has 671 members now compared to 560 members in 2007.

Bangladesh, the Philippines, Egypt and South Africa will hold their first induction ceremonies in 2016.

A web based database of Fellows is still under development.

The ICD Global Visionary Fund is gradually being endowed towards its goal of \$1m USD. At present

the Fund gives aid through Henry Schein Cares. Each Section has appointed a Project Liaison to keep the Council updated on projects supported by Sections. It is intended to create an interactive, worldwide map of ICD supported projects.

Collaboration with OSAP (Organisation for Safety, Asepsis and Prevention) has resulted in development of "A Guide for Safety and Infection Control for Oral Health Missions" which should be available in November.

The Council has requested that each Section review its Bylaws to ensure that Section Bylaws do not conflict with College Bylaws. Section VIII last reviewed its Bylaws in 2013 and had the revised Bylaws reviewed by the Council Office. It is anticipated that some minor amendments to the Section VIII Bylaws will result from a review in 2016.

Due to the expense of distribution, consideration is being given to electronic distribution of The Globe. The 2016 edition of The Globe has been distributed electronically to all Fellows worldwide and will also be distributed in hard copy to all Fellows.

Sponsorships are being actively sought to assist with funding global College initiatives.

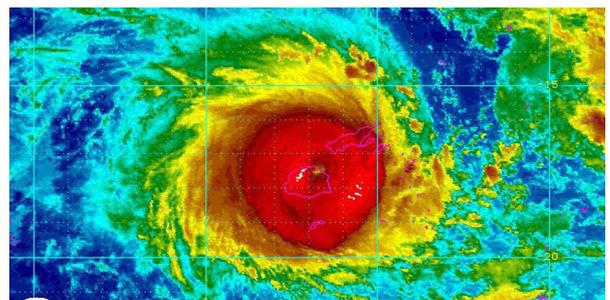
The College annual capitation fee was increased to \$45 USD per Fellow from 2016.

The 2016 International Council Meeting will be held Denver, Colorado on October 22-23. Followed by Taipei City in 2017.

Clive Ross and Jackie Robinson

### Project Reports

#### Bula from Suva



In February 2016 cyclone Winston passed directly

over some of the islands of Fiji. The cyclone was estimated to be one of the most severe ever to hit the South Pacific. A national record wind gust of 306 km/h was recorded.

TC Winston was the strongest tropical cyclone to make landfall in Fiji and the South Pacific Basin in recorded history. In advance of the storm's arrival in Fiji, numerous shelters were opened and a nationwide curfew was instituted during the evening of February 20. Striking Fiji at Category 5 intensity on February 20, Winston inflicted extensive damage on many islands and killed 44 people. A total of 31,200 homes were damaged or destroyed and approximately 350,000 people—roughly 40 percent of Fiji's population—were significantly impacted by the storm. Latest estimates have put the total damage from Winston at around FJ\$2 billion (US\$ 1 billion).

A 30 day state of natural disaster was declared and international assistance was officially requested.



*Fiji - Tropical Storm Winston, Feb 2016*

An email received by Dr David Crum and Dr Jenny Smyth AM from Dr Joan Lal, National Advisor Oral Health, Ministry of Health and Medical Services Suva, 11 March 2016 included the following information.

*"It is a pleasure to hear from you both and the offer of assistance is indeed music to our ears and gives us hope and deep gratitude. As you are aware about half of the country was severely affected and there are many areas with nothing standing or worth saving.*

*We just managed to get in touch with one of our smallest and most isolated clinics this week. I am liaising with the affected areas on what their immediate needs are and it looks like emergency extractions and simple fillings are the most urgent needs. The government is providing free emergen-*

*cy dental treatment for those on the islands and in hard to access rural areas, but we need consumables and dental materials to provide treatment for as many as possible.*

*For now, we are therefore looking at dental consumables like LA carpules, dental needles, gloves, masks, glass ionomers and fluoride varnish (for school children in areas where water is now a problem).*

*In the coming few months, we will need portable equipment to travel to areas where the roads and jetties have been destroyed. Rural communities will find it very difficult to access dental services or pay for trips to the urban centres. Small children and teenagers will need fillings and other preventive services to maintain good oral health."*

The Board of the Australasian Section of ICD has approved a grant for immediate and long term assistance for Fiji. Following advice from Dr Lal an initial donation of goods has been sent from New Zealand in a Smiles for the Pacific shipping container organised by Jonathan Cole. These goods from Ivoclar/Vivadent comprised local anaesthetics, needles, syringes, masks, gloves, fluoride gel and disinfectant wipes. The delivery also included a donation of goods from Ivoclar arranged by David Crum. ICD is continuing to liaise with Dr Lal and the Ministry of Health and Medical Services in Suva to facilitate the next phase of assistance.

Additionally, the Australasian Section submitted a grant application to the ICD International Global Visionary Fund. This grant application was successful and goods including local anaesthetic carpules, extraction instruments and Fuji IX and Fuji VII were provided from Henry Schein New Zealand and shipped to Fiji in the Smiles for the Pacific container.



*Homes destroyed - Children left homeless*

Generous organizations like the ICD International

al Global Visionary Fund allowed health staff to make urgent rural outreach visits to communities affected by the cyclone. The majority of these rural dwellers now have very limited or no income. Extensive damage to infrastructure and maritime ports means expensive and limited access to health services. The donated items from the ICD Global Visionary Fund will enable dental staff to provide extra visits to communities to perform emergency extractions and fillings for teenagers and adults and, at the same time, carry out routine school visits.

These supplies will be used exclusively for those in affected areas and a report will be furnished once the visits are done.

Joan Yee Show Lal  
National Advisor Oral Health  
Ministry of Medical Services  
Suva  
April 2016



### Smiles for the Pacific

The summer is a quieter time for SFTP due to the threat of cyclones. Following TC Winston, SFTP and ICD combined resources along with the NZ Dental Industry to send a container load of dental equipment and consumables that will help pave the way for contributing to the dental needs of the Fijian population.

Although a lot of the MOH infrastructure survived, the recipients have lost homes and means for accessing health needs. So part of the recovery project involves outreach teams helping folk in the field.

Once a degree of normality has returned, SFTP will continue with their teaching and treatment pro-

gramme both in Lautoka and Suva with contributing speakers being organised for two large conferences later in the year.

Please continue to support Fiji as a tourist.

Jonathon Cole  
March 2016

### Nepal Village Development

This project has three main target areas: village and school based sanitation improvements, dental care in these locations and other areas as identified, and reconstruction after the devastating earthquakes in April-May 2015.

In September 2015, two Australian dental volunteers arrived in Nepal at the time of the signing of Nepal's newly formed (and many years in the making....) constitution. In a country where many regions are still struggling to recover from the earthquakes, this provided some political distraction that subsequently led to crippling and ongoing fuel, cooking gas and food shortages.

Dental camps were conducted at two locations Shree Himaljyoti School, Bhattedanda Village and Kavre District Shree Jalapadevi School, Bahunepati, Sindhupalchok District.



*Dental camp and kids, Sept-Oct 2015*

These locations are also the focus for the sanitation projects. Toilets (septic and biogas) were constructed in Bhattedanda and construction is currently under way for girls and boys toilets at Shree Jalapadevi school, under the guidance of the Healthabitat team from Australia.

Planned dental visits in May 2015 were aborted

due to the earthquakes, with the project focus swinging instead into earthquake relief.

The target groups for dental care in the September-October visit were the school children and their families, plus the teachers. The dental program has been looking after the Bhattedanda kids since 2008 and the program is just starting in Bahunepati.

Basic and essential dental care was provided in the dental camps, working with a local dental team. Proportionately the Bhattedanda population required fewer extractions than the Bahunepati population. This could be a positive outcome of the ongoing efforts by the dental teams in Bhattedanda, as well as the school based toothbrushing program.

The toothbrushing program was established at Bahunepati, with the Nepali team working on designing a sealed yet ventilated box which will be used for hygienic storage of toothbrushes.

Sandra Meihubers  
March 2016

*Note: ICD extends our sympathy to Sandra on the sudden passing of her husband, Paul, who was actively involved with the Nepal Village project.*

## Vanuatu

ICD fellow David Goldsmith continues to expand his Happy Smiles Charitable Trust in Vanuatu. In 2013 he reported the arrival of a new mobile dental clinic complete with its own generator. This enabled volunteers to provide free dental treatment in outlying villages where no previous dentistry was available.



*Mobile dental clinic*

David is now expanding the dental services by constructing a dental prosthetics laboratory in a modified shipping container. This fully stocked and equipped facility is ready to make removable dentures. The lab has been shipped and will be located close to the existing dental clinic.

Following the relocation of Ballarat Hospital, David and his local rotary group secured and arranged for shipping of many medical and dental supplies for donation to the Ministry of Health in Vanuatu. Donations included ten dental chairs, a large medical suction unit, X-ray machines, cabinetry and other stores.

## Tonga



*David Goldsmith with Dr Sustina Puiukala*

David Goldsmith, along with the Ballarat dental and rotary groups, recently spent a month on the education and mentoring of Dr Sustina Puiukala, a senior dental officer in the Kingdom of Tonga. She was able to closely assist in many clinical operations, observe a wide range of dental procedures and do hands on technical dental prosthetic work with dental prosthetist, Bill Davis. In addition, many important contacts were made offering opportunities for sustainable projects in the future for Tonga.

David Goldsmith  
January 2016

## One-to-one Timor Leste

In 2015 ICD helped to support the training of dental therapy students at Dili University. When it opened, the school was severely under resourced with no clinic. One-2-One and its partners, under the leadership of local dentist, Dr Fernando Jong, helped set up a functioning dental clinic at the

university, provided several short-term volunteer lecturers, and organised several sets of portable equipment so that the therapy students could provide preventive and basic treatment in schools and in underserved communities.



*Dental Therapy students at Dili University*

For the first six months of 2015, two Burmese dentists and an experienced dental therapist were engaged by One-2-One to work as full-time teachers, which gave the program a real boost. In 2016 the first group of final year students will graduate, helping to fill the large dental workforce shortage in Timor Leste. Now that this primary objective has been achieved, the project has come to an end. However, One-2-One will continue its work in Timor Leste by supporting the Colgate Bright Smiles Bright Futures program which is operating in the primary schools involving more than 60,000 children.

For information on volunteering with 1-2-1 contact:

Dr Felicity Williamson  
One-2-One Visitor Liaison  
at [121visitor@gmail.com](mailto:121visitor@gmail.com)

Callum Durward  
March 2016

### **Long Tan, Vietnam**

There have been exciting developments for the Long Tan Dental Project supported by the Australasian Section of ICD. I made my annual visit in January this year and survived what could have been a torrid meeting with the new Head of the Health Department who wanted many questions answered. I must confess that I wondered whether the program would be able to continue. However,

at the end of the meeting, through the interpreter, the new Head of the Health Department said that he was very happy with our program and that his department would do everything they could to assist us.



*Long Tan Clinic*

It was then revealed that an oil company had donated a bus equipped with a dental surgery and x-ray room to the Health Department and that we were welcome to use this facility. The Department would maintain the equipment and provide a driver whilst we would be responsible for the cost of fuel. I asked when this bus might be available and the reply was that they had a meeting that afternoon when availability of the bus would be discussed.

The next morning our interpreter was late in arriving and when he finally appeared he said, "I have the bus". Outside the hotel was a huge white bus ready for use and it was driven to the Long Tan Primary School where children were treated for the rest of the week.

The next visit to Long Tan was made in March this year headed by Fellow Helen McLean. At our meeting with the Health Department I had also obtained permission for us to treat children from the Vung Tau Orphanage and the Long Hai Centre for the Social Protection of Children.

I would encourage fellows to Google the Centre for the Social Protection of Children, ([www.vung-tau-orphanage.com](http://www.vung-tau-orphanage.com)) as these institutions are deserving of assistance and it is a means for us to treat the very poor people of the province, not just those who are wealthy enough to afford the modest fees of the Long Tan Primary School. The Centre for Social Protection of Children is basically

administered by My Hong Le who was an orphan repatriated to Australia at the end of the Vietnam War. She is now in her mid-forties and returned to Vietnam approximately 15 years ago to search for her mother, who she found. She now lives full time in Vung Tau and looks after these children.



*Young Vietnamese patients wait their turn*

The Orphanage has about 150 children, many of whom are disabled or HIV positive. They attend schools in the area. The Long Hai Centre, which is adjacent to Long Tan, is independently run by My Huong with significant funds from individuals in France. This centre is for the very poor people of the village whose parents cannot afford to send them to school.



*Working on a young Vietnamese patient at the Long Tan Dental Clinic.*

Approximately 150 children come each day, some to have schooling and others to have training in dress making and motor mechanics. They make their own uniforms and receive what is probably their only meal of the day while they are at the centre. It was a privilege to be able to provide treatment for them and the staff of the Centre using our magnificent mobile facility.

The current plan is to visit the Vung Tau Orphanage and the Long Hai Centre for the Social Protection of Children every six months while maintaining our care for the school children of Long Tan. The Health Department also requested that we provide treatment to other poor people of the province and there has been a request from another school for us to attend. Naturally, we will provide any treatment we can.

It is probable that we will be the only organisation using the bus as the cost of fuel for the week is approximately \$300 which is more than any local organisation can afford. The support the College provides will partly be used to pay for this fuel as well as some dental materials. The teams for 2016 are all full and the dates for the visits in 2017 are flexible. We usually send a team in January, March, May, August, October and December.

Volunteers work for one week and it is recommended they attach a holiday. If any Fellows wish to join one of our teams please contact me, [twelftree@internode.on.net](mailto:twelftree@internode.on.net).

Colin Twelftree OAM  
April 2016

## **Cambodia M'Lop Tapang**

ICD grants have funded handpieces, scaler tips and other dental materials for the M'Lop Tapang clinic. As the clinic becomes better equipped, ICD funds help support final year and recent dental graduates to volunteer for a week to promote dentistry as a health care profession, not just an occupation.

### **Alice Huynh, 2015 graduate dentist, shares her 2016 volunteering experience.**



*Dr Alice Huynh*

For many years as a dental student, I had heard and was inspired by the difference that the M'LoP Tapang organisation was making in the lives of the Cambodian street children. I had set in my mind that volunteering for this organisation was one of the first things that I would do after graduating as a dentist. In January this year, I was given the opportunity to do so through ICD sponsorship. I joined Dr Elaine Lim on this trip and had talked to her and other dentists and assistants who had previously volunteered to get an idea of what to expect. Was it what I expected? Yes . . . . and no.

I expected to be seeing a lot of children who would be malnourished, have slow dental development and have varying severity of dental decay. I was told that many of the involved teeth would need extractions due to pulpal or periapical pathology or because the teeth were unrestorable. This was true – most children I saw did have abscesses and chronic hyperplastic pulpitis, but not to the extent I had expected. We did more restorations than extractions! I would like to think that this is due to the numerous past volunteers who have increased oral health awareness and have allowed more children to be seen sooner. It was also good to be able to extend the services to adult family members of these children in this trip.

I was told that the children were very well-behaved in the chair and much more tolerant of treatment. Whilst this was true, dental fear and anxiety were still prevalent. I quickly learned that when children or their parents presented requesting “just a clean”, it really meant that they had been told that they should see a dentist or they knew something had to be done but they were scared; many had never had the opportunity to see a dentist before. Fear and anxiety management was just as important as the treatment itself and thankfully local staff were available to help with the language barrier.

The last thing I was told to expect was the hot and humid weather. I was not looking forward to this part. I was told that the clinic did have an operational fan but I would still be sweating a lot. Fortunately this was not the case. Our first day in Phnom Penh – now that was hot – 37 degrees all day! But by the time we got to the clinic in Sihanoukville, a cold front had hit the land, leaving a maximum temperature of about 25 degrees – much more bearable! It was quite amusing watching all the lo-

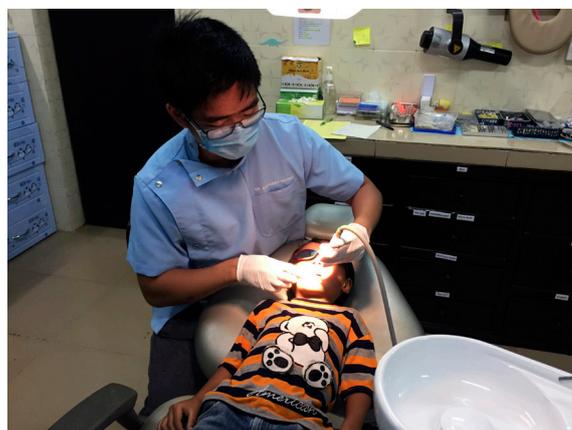
cals wear their jackets and talk about how cold it was.

One of the most memorable children I treated was a two year old girl. We had just come back from lunch and she was already in the clinic, busting to get into the chair. I was so saddened to see that her 85 had abscessed – the tooth would not have erupted too long ago – but it was too far gone and had to go. She was very still while I delivered local anaesthetic and throughout the whole procedure, although we did see one tear drop roll down her cheek. I asked the translator why she was so well-behaved in the chair and the translator said “the pain is too bad, she just wants the tooth out”. My heart was broken. No child should ever have to say that.

I want to do so much more for these children and their family members and I'm so thankful for the role all staff and volunteers have played in the M'LoP Tapang organisation. This was the best way I could start my career as a dentist and I will never forget this experience. If I had to choose words to summarise it, they would be “eye opening, challenging and heartbreaking but very rewarding”. I cannot wait to volunteer again just to see the smiles on the children's faces after working towards their better oral health.

Alice Huynh  
March 2016

In 2013 ICD supported a UQ student, Richard Lee, to accompany Dr Petrina Bowden volunteering for M'LoP Tapang. Following graduation Richard took a position in Inverell with the Armujan Aboriginal Health Service. He shares his reflections on his second volunteering week two years later.



*Dr Richard Lee*

I volunteered with another 2013 graduate, Anthony. We both thoroughly enjoyed our week, and left with a special insight to the lifestyle and culture of Cambodian people. The vision of M'LoP Tapang is to promote health and happiness, empowering children to make their own choices. This extends to the dental services we provided and it was refreshing to see that we provided more restorative and preventive services than extractions.

Richard Lee  
March 2016

Volunteering enquires to:  
[petrinabowden@gmail.com](mailto:petrinabowden@gmail.com)

### Kimberley Dental Team

Broome will be our start and end point for each of the West Kimberley trips this year, with teams flying in and out of Kununurra while we are in Halls Creek.

As a result of the amazing efforts of our teams in 2015, we were able to screen, provide dental health education and treatment for hundreds of Kimberley children. This allows us to shift our focus to older members of families this year. We have three trips scheduled, with visits to Halls Creek, Fitzroy Crossing and Broome, along with 16 Aboriginal communities. In all we will be providing seven weeks clinical work: three weeks in May, two in June and two in August. Approximately 55 volunteers are involved this year, including John and Jan Owen who are scheduled every week.

The KDT Southern Isuzu (ex Queensland Government Dental Truck) has been refurbished by KDT supporter Graham Whiteside, who will drive it to Broome in time for our May trip. This truck will provide an additional vehicle to transport teams plus storage for luggage and dental equipment.

KDT remains incredibly fortunate to have local Aboriginal woman Robyn Long as a volunteer KDT Oral Health Officer. Robyn is a most respected community leader who lives in Halls Creek. She has been a great supporter of KDT since 2009 and brings a special and invaluable set of skills to the team.

KDT continues to work in partnership with WA Country Health Service through the Kimberley Pop-

ulation Health Unit. Trish Pepper, KDT's Broome representative, works on the Strong Teeth for Kimberley Kids toothbrushing program and provides thousands of toothbrushes to Kimberley school children each year. Thanks are extended to the Rotaract team for happily repacking toothbrushes into classroom ready packs.



*Strong Teeth for Kimberley Kids*

KDT Southern has also been very active between trips providing a dental service to the Uniting Care homeless shelter, Tuart Place, the Forgotten Australians, Mercy Care Aged Facility and Foyer Oxford Youth Services. A pilot program has also been undertaken for the Mental Health Advocacy Council. This will involve four sessions to Devenish House and Franciscan Lodge this year. In addition we continue to provide oral health packs on request to homeless shelters, health centres, playgroups and schools across the state.



*KDT School Visit*

KDT has recently purchased a VW Caddy Crew Van to transport equipment for KDT Southern.

To date this year Uniting Care West had two Friday morning clinics and two evening Family clinics, Tuart Place had one Monday morning clinic, Mercy Care had one Wednesday morning clinic, Foyer Oxford had one Saturday clinic, Franciscan Lodge two Monday morning clinics and Devenish House one Friday morning clinic: a total of 10 sessions in all. A further 12 sessions are scheduled for the rest of the year.

Whilst the Broome trips are very well supported by volunteers, KDT Southern is based in Perth and is always looking for dentists and assistants to help. So if you have a free morning or evening and would like to be involved, at least occasionally, please contact us by visiting the KDT website listed below. Apart from the amazing outcomes achieved for these vulnerable people, it's always a lot of fun and usually involves lunch.

Follow our 2016 travels and adventures on the Craig the Croc Facebook page.

Jan and John Owen  
March 2016

[www.kimberleydentalteam.com](http://www.kimberleydentalteam.com)

## Adelaide Community Outreach

This is our fifth year of service to the Community thanks to ICD and other organisations that continue to support us and enable us to provide much needed dental care for people who frequently find difficulty accessing general dental care. The reasons for this are multifaceted - often a combination of mental health, alcohol, drug addiction -, resulting in people becoming ineligible for public dental care but lacking financial means to afford private dental care.

We now are able to employ a clinic assistant to manage the daily clinical services of appointment making, clinical assisting and all that is important to successful ongoing patient care on a daily basis.

In 2015 we had many volunteers, including 15 dentists and 109 dental students, to provide treatment for 126 new patients from 28 different referring agencies. We also received many donations from dental companies such as Henry Schein Halas, GC Gunz and Hablab, Pearl Dental.

Services provided during 468 appointments and 137 clinical sessions included exams, X-rays, removable dentures, night guards, periodontal treatment and 277 restorations!

It is gratifying to see the changes in people's lives through basic restorative and preventive care - improving their self-image, quality of life, confidence to seek work and to maintain social contact.

As always, I wish to express my gratitude for the ICD contribution to this program. We still need volunteers from the beginning of February through early December. People can support the program in other ways such as goods in kind or financially or they may know a dental laboratory who may like to do some pro bono work for us, We have one or two labs who help us out, but it is nice to spread the load.

Margie Steffens

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## Map of ICD Section VIII Projects

You can follow projects that Section VIII supports in 2016 online using the following link.

<https://www.google.com/maps/d/edit?mid=z-5vap5iV8eUY.kcuf8iy6HcRY>



### UPCOMING ICD FUNCTIONS

- Friday, 8 July 2016 – Adelaide, dinner for SA Fellows
- Friday, 15 July 2016 – Perth, dinner for WA Fellows
- Friday, 28 October 2016 – Wellington, induction and luncheon
- Friday, 19 May 2017 – Melbourne, induction and dinner

Details of the inductions will be advised to all Fellows when arrangements are finalised. For further information on ICD events, please contact the Administrative Officer, Ron Robinson at: [admin@icdsectionviii.org](mailto:admin@icdsectionviii.org).

**Henry Schein / Halas is the  
only ICD Diamond  
Sponsor in our Region.**

