

ISSUE NO. 51 November 2019

# **President's Message**



President Keith E Watkins

This year is passing by so quickly and looking back I marvel at the amount of ICD work that has been achieved. Thank goodness for modern forms of communication such as emails and teleconferences. I can only wonder how previous generations were able to perform so very well without them.

At the May Board meeting in Adelaide, the Board approved funding for 13 different project grant applications. These projects are wide ranging and support research, training and clinical care within Australia, New Zealand and throughout our Region. These projects are enthusiastically led and supported by many ICD Fellows who give freely of their time and skills over long periods and we acknowledge their commitment.

A strategy for enhancing Fellowship and support in the South Pacific is being developed under the leadership of Dr Jenny Smyth AM (QLD). Jenny is a former member of Section VIII Board and editor of the Section newsletter and has previous affiliations with the Dental School in Fiji.

Following recent Board reviews of nomination and induction processes for new Fellows, the Board

has reviewed processes related to the final years of Fellowship. It has been resolved that Fellows who have been in good standing continuously for 25 years and reach the age of 80 will be eligible to become "Life Fellows without fees". This list of Fellows will be reviewed annually. Additionally, a "Legacy Honour Roll" will be introduced in 2020. Fellows in good standing at the time of their passing will be placed on the honour roll which will be perpetually posted on the Section website.

The ICD Young Dentists Volunteer Grant, which is promoted in collaboration with the NZDA and the ADA Inc, is an initiative to promote development of future leaders within our profession. The inaugural 2019 grant was awarded to Ted Piercy of New Zealand who will accompany project leader George Manos to work in Nepal with Project Yeti in April 2020. Congratulations to Ted. We look forward to hearing about his experience in the May 2020 newsletter.

Plans are progressing smoothly for the ICD 100th anniversary celebrations. Induction ceremonies and dinners will be hosted in Melbourne on 14th August 2020 at the Grand Hyatt Hotel at the time of the ADAVB conference and in Christchurch on 3rd October 2020 at the time of the NZDA conference. Please note the dates for these events as each of them promises to be 'something special'.

In November 2020 ICD international centennial celebrations will be held in Nagoya, Japan where the College was conceived 100 years ago. These celebrations promise to be 'the one to remember' with an opportunity to meet and mingle with Fellows from around the world. (See details elsewhere in this newsletter about registrations for Nagoya.)

Sadly, I end this message acknowledging the passing of Dr Dick Cook AM in July. Dick was a Past Editor

Editor: Petrina Bowden

and President of our Section and a leader within the dental profession in WA and nationally. He is missed by all those who had the privilege of knowing him and working with him. Our deepest condolences are extended to his wife, Lyn, and all his family and friends.

Christmas is rapidly approaching and I would like to take this opportunity of wishing you all safe, happy holidays and the chance to regroup ahead of what looks like being a very busy 2020.

Dr Keith E Watkins, President

# **Registrar's Report**



Registrar Tom Tseng

#### **ICD** Membership

The Australasian Section of the International College of Dentists has a total membership of 766 comprised of 653 Active Fellows, 96 Retired Fellows, 7 Honorary Life Fellows (including 1 Master) and 5 Honorary Fellows. Section VIII is the second largest Section of ICD (behind Section I, USA).

664 Fellows are from Australia and 82 from New Zealand. Fellows of our Section have spread to many parts of the globe with Fellows now living in Cambodia, Eritrea, Fiji, Hong Kong, Qatar, Timor L'este, Papua New Guinea, the UK and the United States.

78.5% of Section VIII Fellows are male and 21.5% are female. 63% of our Fellows are in the 55-75 age range.

#### 2019 Queen's Birthday Honours

The Board of the Australasian Section of ICD is pleased to advise that the following Section VIII Fellows received honours in the 2019 Queen's Birthday Honours awards:

- Prof Elizabeth Martin AO (NSW) for distinguished service to dental education as an academic and researcher and to professional organisations
- A/Prof John Sydney Boucher AM (VIC) for significant service to dentistry and to professional standards
- Dr Steven Andrew Cohn AM (NSW) for significant service to dentistry, particularly to endodontology
- A/Prof Alex Forrest AO (QLD) for distinguished service to dentistry, particularly to forensic odontology, and to education in the field of head and neck anatomy
- Prof Andrew Alistair Heggie AM (VIC) for significant service to medicine and dentistry in the field of oral and maxillofacial surgery
- Dr James Ormonde Lucas AM (VIC) for significant service to paediatric dentistry and to professional organisations

#### Vale Fellows

We were sorry to learn of the passing of Fellows Prof Grant Townsend AM (SA), Dr Dick Cook AM RFD (WA) and Dr Kogulan Gunaratnam (NSW) since publication of the previous newsletter. (See tribute to Past President Dick Cook AM in this newsletter.)

#### **Project Grants Supported by Our Section**

Our Fellows continue to generously support oral health projects in under-privileged communities within our region by making donations with their membership renewals. Fellows donated almost \$13,000 with their 2018 renewal payments towards oral health projects.

#### **Local Nominating Committees**

The ICD local nominating committees play an important role in growing ICD membership and ensuring the future of our Section. 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.
- To ensure nominations consider the full scope of practice amongst dentists in our Region.

- 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.
- To duly review nominated candidates and submit nominations to the Board for approval.
- To follow up on nominations as requested by the Board.

#### **Future Section VIII Induction Ceremonies**

- 14 August 2020 at the Grand Hyatt Melbourne (at the time of the ADAVB Conference)
- 3 October 2020 in Christchurch (at the time of the NZDA Conference)
- 13 November 2020 in Nagoya, Japan (as part of the ICD centenary celebrations)
- September 2021 in Sydney (at the time of the FDI Congress)

Dr Tom Tseng, Registrar

IN MEMORIAM
Dr Richard G Cook AM, RDF
3 July 1945 – 29 July 2019



The Board was deeply saddened to learn of the passing of Fellow Richard G Cook AM of Western Australia in July. Dick was made a Fellow of the Australasian Section of the International College of Dentists in 1990. He served on the Board of our Section for 16 years from 1998 to 2014. Dick was appointed to the Board as the Regent for WA in 1998. He served as Editor for eight years before becoming President in 2010. Dick departed the ICD Board in

2014 after serving his final two years as Immediate Past President. In 2007 Dick was made an Honorary Life Member of our Section.

Within dentistry, Dick was a Past President and Honorary Life Member of the ADAWA, Past President and Honorary Life Member of the ASO Inc, and Past ADA Congress President (1998). These are just samples of a wide range of senior roles Dick held within the dental profession. Teaching was one of his many passions and he was an ethical and inspirational teacher and mentor for 30 years to undergraduates, postgraduates and peers. Dr Richard Graeme Cook, RFD was awarded Member of the Order of Australia in January 1999 for service to the profession of dentistry in the field of orthodontics and to the community.

Dick had a distinguished career in the Australian Defence Force and army reserve. Lt Colonel Richard Cook AM, RFD (Retd) was a Commanding Officer in the Royal Western Australia Regiment and served as President and Immediate Past President of the Defence Reserves Association. Dick served as President and Immediate Past President of the 28th Battalion (The Swan Regiment) Association and was made an Honorary Life Member in recognition of his distinguished service.

Dick joined the Rotary Club of Perth in September 1979 and spent his life actively serving with a plethora of responsibilities in different offices of Rotary including the office of President.

Our deepest condolences were extended to Dick's family. He is sadly missed by all of us who knew him.



ICD Honorary Life Membership awarded in 2007 by President Braham Pearlman

# **2019 International Council Meeting**

The 2019 annual ICD Council meeting was held at the Rosa Grand Hotel in Milan, Italy on October 28th and 29th. All 16 Sections of ICD were represented at the meeting. Section VIII was represented by Councillors Clive Ross CNZM and Jackie Robinson.



#### **Constitution & Bylaws**

At the meeting this year, the Council approved extensive work completed by the Constitution & Bylaws Committee over the past 12 months in restructuring the constitution and bylaws into bylaws and standing rules documents. Importantly the Council also approved processes for finalising changes to the ICD Bylaws and Standing Rules between Council meetings which will significantly streamline the change process.

Numerous changes to the ICD Bylaws and Standing Rules were approved during the Council meeting. Of particular importance to our Section are:

- Amendments to criteria required for Life membership the College requires that Fellows retiring from their dental careers must have been Active Fellows for no less than ten years to qualify for Life membership; other criteria for Life membership are determined by individual Sections.
- Sections are required to submit changes to their bylaws/standing rules to the College office to ensure changes do not conflict with the overarching College bylaws/standing rules.

- It was clarified that Sections are to pay capitation fees to the College Office for ALL Active Fellows regardless of the collection of dues from the listed Active Fellows within Sections
- Sections may not create new classes of membership beyond the existing classifications of Active, Life, Honorary and Master, but may create subclassifications for internal purposes; when creating new subclassifications, Sections must notify the College Office and must specific how capitation fees apply; exemptions from capitation fees must be approved by Council
- It was clarified that initiation fees are not paid for Honorary Fellows.

Existing Bylaws/Standing Orders of all Sections will be reviewed by the Council Bylaws Committee over the coming months.

#### **Strategic Plan/Secretary-General Position**

The Council approved the revised Strategic Plan developed by the Executive Committee. The strategic plan is critical to the future direction of ICD given the pending changeover of the Secretary-General following the 2020 Council meeting in Nagoya when Jack Hinterman will stand down from the position. Interviews for the S-G position were conducted in Milan at the conclusion of the Council meeting and an appointment will be announced to all Fellows in due course.

#### 2020 Centennial Celebrations in Nagoya, Japan

Council members were updated on plans for celebrating ICD's 100th anniversary in Nagoya next year. All registered attendees are invited to join Council members at the Welcome Reception on Wednesday evening, November 11 and for lunch on Thursday, November 12. Celebrations on Friday, 13 November 2020 will include a half day symposium on ICD Humanitarian & Educational Projects which is free for all registered attendees, an international induction ceremony at which new Fellows from every Section will be inducted and a gala banquet. Capacity for the anniversary events in Nagoya will be limited. Fellows who wish to attend the celebrations are encouraged to register asap to avoid disappointment: www.icd100.org (see more details about registration elsewhere in this newsletter).

All Sections of ICD have been encouraged to donate towards the 100th anniversary celebrations in Nagoya. At the Council meeting, announcements were made about a donation of \$15,000 from Section 1 (USA) and about \$5,000 donations each from Sections V (Europe), VII (Japan) and XI (Korea).

Councillors at the meeting were encouraged to make donations and 100% of Councillors pledged donations.

#### **Finances & Budget**

Council members were advised of details of the financial position of the College and the 2020 budget was approved. Council approved a \$5 USD increase in capitation fees effective from January 2020.

## **New Officers for 2020**

At the conclusion of the Council meeting, the newly elected officers for 2020 were installed:

President: Akira Senda, Japan Section
President-Elect: Richard M. Smith, USA Section
Vice President: Ho-Youl Chang, Korea Section
Treasurer: Keith Suchy, USA Section
Editor: Dov Sydney, European Section
Past President: Bettie R. McKaig, USA Section

# **PROJECT REPORTS**

#### **ADRF**

The ADRF research project supported by ICD funding this year is titled "Psychosocial aspects of periodontal disease diagnosis and treatment". The aim of this research is to develop an understanding of the psychosocial impact of periodontitis diagnosis and treatment, using a mixed-methods approach. Patient-reported outcomes (PROs) have recently attracted interest in periodontal research as our focus shifts from clinician-centric endpoints. PROs allow documentation of patients' perceptions of their illness and treatment, which generates meaningful insight into the impact of a condition.

Oral health-related quality of life (OHRQoL) is the most commonly used PRO in the periodontal literature. Existing data collectively suggest that periodontitis is associated with poorer OHRQoL; although periodontal treatment may improve OHRQoL. The instruments used to measure OHRQoL, however, have not been specifically designed to measure the psychosocial impact of periodontal disease and may overlook the issues that are central to patients with periodontitis. Qualitative research methods are useful for identifying the relevant issues for patients.

Fourteen adult patients with moderate-severe chronic periodontitis who had been referred to the periodontal clinic at the Faculty of Dentistry kept diaries about their experiences. The diary information was then used as a framework for semi-structured qualitative interviews conducted at the completion of their nonsurgical therapy. Data collection and analysis were concurrent and inductive thematic content analysis was employed. Quantitative data on clinical periodontal status and the condition's impact (the latter determined with the short-form Oral Health Impact Profile or OHIP-14) were collected at baseline and followed up to supplement the qualitative data.

Preliminary data analysis identified themes which described the detrimental impact of periodontal disease on the participants' psychosocial wellbeing. Although most considered the treatment to be unpleasant, a range of experiences were reported, reflecting different personalities and coping mechanisms. Nevertheless, the participants not only perceived improvements in their symptoms, but described broader positive influences on their

self-esteem, mood, work, relationships and future outlook.

The results to date illustrate the far-reaching effects of periodontitis and give clinicians valuable insight into the idiosyncratic experiences of patients, to which we are not frequently exposed. A true understanding of patients' perspectives may improve our delivery of periodontal care.

Poppy Horne, Lyndie Foster Page, Jonathan Leichter, Murray Thomson, Ellie Knight

# The Aneitym Project, Vanuatu

In 2017 and 2018 ICD helped fund the first national oral health survey ever conducted in Vanuatu and provided further funding for writing and publication of the NOHS report. Drs Barry Stewart and David Goldsmith were involved with the survey which was largely conducted by dental professionals from New Zealand coordinated by Liz Webb.

While spending time in Vanuatu, the New Zealand team developed rapport with residents of Aneityum, the southernmost island of Vanuatu and initiated the Aneityum Project. The project aims to empower the remote community to attend to the dental needs of the community for themselves. With careful guidance from the team, local providers were trained to provide relief of pain and dental cleanings for people who cannot afford the two plane rides to Port Vila for treatment at the hospital. Local providers also initiated a toothbrushing program for children in the community.

The Aneityum Project had its logistical complications this year! Torres had another significant cyclone and islands were completely cut off for part of the year. In addition, the Aneityum Project had to be put on hold earlier in the year due to the killing of a community leader. A team is organised for November to carry on with the Project which has been given a 6 month extension. In the absence of the New Zealand dental team visiting this year, the people of Aneityum have been running their own oral health awareness programs and have continued with their toothbrushing programs in schools and kindergartens.

Plans are underway to take a multi-disciplinary team to Aneityam in October 2020.

Liz Webb, webbonponga@xtra.co.nz



#### **HOLD THESE DATES IN 2020!**

Dates have been finalised for the ICD 100th anniversary functions in Australia and New Zealand:

## Melbourne, Friday, 14th August 2020



Grand Hyatt Melbourne

Christchurch, Saturday, 3rd October 2020 (venue to be confirmed)

The Melbourne induction ceremony & dinner will be held at the time of the ADAVB Conference.

The Christchurch ceremony and dinner will be held at the time of the NZDA Conference.

Details and invitations will be sent to all Fellows in due course.

Mark your diaries now for these special events!

# **Healthy Kids Cambodia**

The Healthy Kids Cambodia (HKC) project enjoys the generous support of ICD which funds the Healthy Kids Cambodia coordinator, Dr Tida Sieng. The goal of the HKC project is to model a cost-effective care pathway for primary school children that could be adopted by the Cambodian government in the future. This last year has been focused on two parts of the program: building resilience in our network and the application of the HKC model for special needs children.

There are many key actors in the HKC network such as dental students, supervising dentists and ten

partnering organizations. We have been working to further develop and strengthen those relationships both from the perspective of the HKC hub at the NGO One-2-One Cambodia and from the perspective of our partners who build relationships with each other. This means bringing dentists together to share experiences, connecting with dental students and dental nurse students, and organizing partners meetings where those working within the HKC project can share experiences.



With regards to provision of care for children with special needs, this last year we trained school nurses at five special needs schools to conduct dental screening and place topical fluoride and we set up a referral network so that children with special needs in outlying areas can access care when needed. In addition, we have supported the set-up of a new group of interested staff and students called the 'You Smile, I Smile' team at the University of Puthisastra. This team is applying the HKC model to deliver care to a further two schools for children with special needs. As of October 2019, there are around 700 children with special needs who are accessing free care through the HKC model.

Callum Durward, callum durward@hotmail.com

# Adelaide Community Outreach Dental Program (CODP)

The Community Outreach Dental Program (CODP) at the Adelaide Dental School continues to expand and gain support from the community and the dental profession. Because of the continuing support of ICD and our other partners, the program has extended its service to a second chair and continues to offer off site screening and triage not only for the homeless but also for refugees, asylum seekers and youth drug and alcohol rehabilitation services.

For Dental Health Awareness week again this year, the CODP partnered with the ADA SA to provide dental

#### 2020 YOUNG DENTISTS VOLUNTEER GRANT

Applications are now open for the second Section VIII ICD "Young Dentists Volunteer Grant" which will be awarded in March 2020. The grant is a collaborative initiative with the New Zealand Dental Association (NZDA) and the Australian Dental Association Inc. (ADA).







The grant is awarded annually to a dentist in the Australasian region with less than 10 years' experience in clinical practice since graduation from dental school.

The value of the grant is up to \$3,500 AUD to cover airfares, accommodation and other expenses directly related to a volunteer experience as approved by the ICD Board. Volunteer experiences are arranged with leaders of programs supported by the Australasian Section of ICD. Opportunities exist for the 2020 grant with programs in Cambodia, Fiji, Western Australia, Nepal, PNG, the Solomon Islands, Timor Leste and Vietnam.

Enquiries and requests for applications can be directed to Ron Robinson, ICD Administrative Officer at <a href="mailto:admin@icdsectionviii.org">admin@icdsectionviii.org</a> OR download the application and related forms from our Section website: <a href="http://icdsectionviii.org">http://icdsectionviii.org</a>.

Applications close on 6 March 2020 and will be considered by the ICD Board at its annual meeting on 28 March 2020.

screenings at St Vincent De Paul refugee and migrant support services. CODP also has an established relationship with Catherine House, a domestic violence shelter for women, where Adelaide dental students provide annual screening and education sessions.



Since opening its doors in 2011, the CODP continues to be an amazing journey of growth with numerous stories about restoring confidence once people's "smiles have been restored". To us this seems such a small thing, but it can be life changing if you have suffered social and financial disadvantage.

Margie Steffens OAM, margie.steffens@adelaide.edu.au

# **Kimberley Dental Team (KDT)**

Two teams headed out to Halls Creek and Fitzroy crossing in August 2019 for our 10th year providing dental care in the Kimberley. In August 2019, KDT provided oral health education and dental services for 345 people. Totals for the 2019 trips show that we assisted 822 people in the Kimberley providing 822 examinations, 239 extractions, 341 restorations, 95 scale and cleans, 105 fluoride treatments, 1337 fissure seals and 4 partial dentures. These services were provided over five clinical weeks and exceeded 2018 totals by 168 people. This represents \$110,950 of free community dental care and advice in August and a total of \$268,069 for the year. Despite the loss of the mobile dental truck, KDT teams continue to engage effectively with remote communities, providing invaluable dental services in a friendly, respectful and happy team environment, often in open air clinics.

Evidence of the effectiveness of the "Strong Teeth for Kimberley Kids" toothbrushing and toothpaste program is now clear in our treatment profile towards prevention. The program is now firmly embedded in the hygiene and health mantra of eye, ear and oral health. Trish Pepper in Broome continues to administer the program through her vast network of teachers and health workers. To supplement this, we continue

to supply all patients' households with toothbrushes and toothpaste and use our "Strong Teeth, Strong Body, Strong Mind" booklet to diagrammatically show patients their relevant problems or our concerns.

KDT Southern teams continued their activities in the Perth metropolitan area with a visit to Devenish Lodge mental health hostel and Uniting Care West. A visit to Foyer Oxford is scheduled before the end of the year. A big thank you to our core of volunteers who assist with these sometimes challenging sessions. If you would like to be involved in KDT Southern activities, please email us to express your interest and availability and to find out about the roster and scheduled visits for the remainder of 2019 and for 2020.

John Owen AM, www.kimberleydentalteam.com

# Long Tan Dental Program, Vietnam

The Australian Vietnam Volunteers Resource Group (AVVRG) is a not-for-profit organization dedicated to providing humanitarian aid in Vietnam. Founded in 1994 by Australian Vietnam war veteran Mr. Paul Murphy, the AVVRG initially worked with the Vietnam Union of Friendship and the local People's Committee to identify where assistance could be best provided in the Province of Ba Ria/Vung Tau.

Dr Colin Twelftree OAM was tasked with planning the dental surgeries and co-opting volunteer clinicians to provide dental care, initially for the local Long Tan community. In 2012/13, the Long Tan preschool relocated some kilometres from the Long Tan clinic which necessitated purchase of two sets of portable equipment in order to maintain dental services for the preschool children. Now the AVVRG dental team uses a mobile dental surgery bus to provide care at the Nui Dat kindergarten, the Tu An temple in Ba Ria/ Vung Tau, the Long Hai Centre for Social Protection of Children and the Vung Tau Orphanage. Children are seen for examinations, prophylaxis, restorations and extractions. Dental treatment is also provided at the Disability Centre in Vung Tau, where many of the residents are blind.

A central element of volunteer projects is to empower local people. The Long Tan Dental Program is fortunate to have locally trained dental auxiliaries who work as part of our teams screening the children and performing routine extractions for pain relief. These operators are invaluable for assisting with communication, development of protocols and education. Local residents enthusiastically engage with AVVRG team members to expand their dental knowledge, which is mutually beneficial.

It is our firm belief that the program should be expanded to service a larger footprint geographically within Vietnam, opening it up to more patients and enabling greater service provision across the country. The AVVRG volunteers have the conviction, desire, capacity and capability to undertake more of this good work to help not only the people within Ba Ria/Vung Tau but also the broader Vietnamese community. Latent demand for clinicians globally has meant that we are now scheduling trips into 2021.

I look forward to taking the mantle from Colin Twelftree OAM to extend and augment the legacy of his excellent work and that of the AVVRG volunteers to help the people of Vietnam with whom we are linked by a terrible past but for whom we can certainly contribute to a brighter future. We still require 2020 volunteers (including January 2020) as the project is growing significantly.

Greg Miller, dentaloutreachaus@gmail.com

# M'lop Tapang, Cambodia

It has been a tumultuous year for M'Lop Tapang due to continued and frantic Chinese development in Sihanoukville. With a three-fold increase in the population and the unbelievable pace of building with no infrastructure, the levels of poverty amongst the local Cambodians is rising. The reduction in garbage collection from three times weekly to once every three weeks has resulted in choked waterways. Our small dental clinic (as shown below) was completely submerged twice in the second half of 2019 due to flooding.



We are in the process of assessing the damage and moving the clinic to the first floor. Most materials were ruined, but fortunately the compressor escaped damage as it was mounted above the flood levels. By the end of November, we will know if the two dental chairs are repairable.

It has been a challenge to go from being on a path of increasing preventative services back to pain relief and equipment sourcing. Our challenge is dwarfed by the challenges facing the local Cambodians living in Sihanoukville. Many families have been forced out of the Sihanoukville area due to the incredible rise in real estate prices or forced to live on the construction sites. These are extremely dangerous conditions for the children with regular accidents occuring. In response to these many challenges, in addition to providing dental care, the M'lop Tapang Charity is now teaching Chinese to the local population to encourage them to become part of the port economy.

2020 will be a year of challenges for M'lop Tapang as we rebuild. On the positive side, we have had regular dental volunteers to cater for the increasing demand for dental care. I am encouraged by the ICD family of support.

Petrina Bowden, <u>petrinabowden@gmail.com</u>

# **Nepal Village Health Improvement Program**

With assistance from the ICD, outreach dental care continues to be provided at Himaljyoti and Bhotenamlang schools in Kavre and Sindhupalchok Districts in Nepal. Both of these areas were severely affected by the earthquakes of April and May 2015. The villagers mostly have rebuilt their homes, but rely largely on subsistence farming for their livelihoods. The villagers are very grateful for the dental care provided by the project's dental team. Since the completion of the sanitation block at Bhotenamlang school, a toothbrushing program has been implemented under the guidance of teachers and senior students.

Nepalese children experience high levels of dental caries. Basic and preventive oral health care and hygiene instruction are provided through the Village Health Improvement Program. The dental team focuses on prevention with fissure sealants and ART methods. Whilst we need to improve our population data collection, our stats tell us that the proportion of extractions are decreasing over time.



We are grateful to the Nepali team of dental practitioners Bishnu, Gita, Biplob and Neha for being the backbone of this project. We are also very grateful to Dorje who must be one of the safest drivers in Nepal and a great helper in the dental camps when things get hectic.

Sandra Meihubers, sm495@ozemail.com.au

#### **NZDRF**

The NZDRF research project sponsored by ICD is titled, 'Bonding universal dental adhesive resin to developmentally hypomineralised enamel". The investigator is Dr. Manikandan Ekambaram with paediatric student, Yu-Lynn Lee. The project aim is to investigate the effect of pre-treatment with papacarie gel on microshear bond strength of composite resin to developmentally hypomineralised enamel using the dental adhesive system in etch and rinse or self-etch mode in vitro.

Following consultations with relevant parties and ethics approvals, a pilot study with the same methodology using normal enamel was completed. Then 190 enamel specimens from hypomineralised first permanent molars were prepared and categorised in relation to severity of hypomineralization. Currently a custom-made jig for the microshear testing of shear strength is being constructed. There are no significant findings to report yet as the enamel specimens for the pre-treatment and bonding are still being prepared.

# Smiles for the Pacific, Fiji

The August 2018 congress held in Fiji allowed a collaborative focus on achievable goals for the dental needs of the people of the Pacific. The congress

was a productive sharing of knowledge amongst clinicians. We had a wonderful two days together and much knowledge was shared and understanding gained about how difficult it is to operate with limited resources.

Volunteer dental visits were made to our TTC clinic in Lautoka, Fiji in April, June and September. In addition, groups helped teach at the local university. Most SFTP activity has occurred during the winter months but we are now looking at a 12-month operation with the help of interested parties.

2020 looms large and we are excited to announce that we are collaborating with the Fiji Dental Association to run a four-day congress in Nadi, Fiji from 4-7 September 2020. We already have 12 New Zealand dentists volunteering to come! Everybody is welcome and warmly invited. We are hoping to get 24 young dentists from the Pacific basin to join us with an accent on FUTURE LEADERSHIP.

Jonathan Cole, <a href="mailto:jcole@xtra.co.nz">jcole@xtra.co.nz</a>

# Project Yeti, Nepal

Fiveteamscomprised of 21 team members participated in the Chialsa and Kopan clinic project in April and Tim Topalov volunteered in September with his two assistants. In total, over 800 monks, nuns and lay patients were examined and treated in 2019 through Project Yeti. Services included oral hygiene instruction, detailed scaling and general restorative care.



The trip from Kathmandu to the remote clinic at Chialsa in Solukhumbu is a 12-hour journey. John Denton and Chris Hodge led the two April teams to Chialsa treating school children and residents from surrounding villages. Unseasonal wet weather conditions presented an additional challenge for

them. Inches of heavy hail not only made it very cold but also slippery to walk. Team members had to improvise using plastic bag overlays on their shoes. Even Tim in September was not spared a longer than usual wet season. Chris Hodge with Lesley, Deserae and Vicky followed up after John at Chialsa clinic by treating the school children and the poor village people who walked for hours to be treated. It is hard to put in words my appreciation of the teams making the long trek to the Everest region and giving from the heart to some of the most underprivileged people of Nepal. Chris and Lesley assisted a villager with a fractured leg by constructing a splint.

By comparison, conditions at the Kopan clinic were luxurious. We enjoyed warm temperatures with an occasional tropical downpour. The newly arrived eight-year-old monks were terrific patients. They were curious and mischievous but very lovable. They looked small enough to pass for Western four-year olds. It is amazing how resilient these young patients are. Although it is their first dental experience, they tolerate fillings and extractions with LA without any fuss. Unfortunately, their decay rate is high with many presenting with multiple decayed deciduous teeth. The decay rate of the older monks treated in previous years has markedly decreased. Their oral hygiene and dental awareness have improved. This has resulted in fewer impacted canines from premature deciduous tooth loss and more impacted third molars.

Each year there is a growing core of dedicated Project Yeti practitioners who enthusiastically return and contribute their time and donate equipment and funds. I would also like to thank the ICD and City Dental for the equipment and funds they provide. Petrina Bowden sent a very timely suitcase of supplies which was much appreciated. 2019 has been a landmark year with Project Yeti becoming a tax-deductible charity thanks to the assistance and guidance of my accountants, Lee Green and my son, Alexander.

George Manos, georgemanos1972@gmail.com
John Denton, jkdenton@bigpond.com
Jude Allsopp, judeallsopp@me.com

#### **Timor-Leste Dental Program**

The Timor-Leste Dental Program (TLDP) was more hectic than usual this year. Our year felt like a tag-team race with each team following hard on the heels of the other. The five teams visited the subdistricts of Atauro, Maliana, Maubara, Railaco, Maubisse, Bazartete and Atsabe. As a mostly outreach program, the communities we visit are often remote and have poor infrastructure. In these areas, the roads are terrible. With around 300kg of gear to transport, we are very grateful for our 'Troopie', which we bought in 2014 with the help of ICD funding. About 60% of our locations have no mains electricity; about 70% have no running water.



One of the TLDP's primary aims is to mentor Timorese clinicians. The Ministry of Health recognises the skills shortage in its staff and so allows them to accompany our teams for more training. This year long-time mentee, Diamantino Correia Morais, from Gleno Hospital was able to join four teams and Dr Inda Zulmira Dias from Maubisse Hospital joined our last team.



We now employ two dental therapists full-time, Nicolau Tolentino Faria Pires and Ana de Jesus Barreto Tilman. From January to September this year, they examined and delivered oral health education to 1,568 children in the schools and treated a total of 242 patients at the Maubara clinic, completing 960 treatment items. In turn, our teams treated a total of 3,535 patients, completing 9122 treatment items. Extractions accounted for 42% of total treatment, while 33% were restorations, 23% preventive care and endodontics 2% of the total.

The TLDP is very excited about the future! From next year, with help from the ICD, we will be supporting a Timorese student through dental school. Since July 2018, Ana Paula dos Santos Tavares Salgado has been the team's translator, admin officer and dental assistant. In that short time, she has become virtually indispensable to our teams and is a core member of the Timorese management team. She is hardworking, highly organised and dedicated to helping her community. Ana has been accepted into a dental degree at Fiji National University and starts early next year. We wish her luck and will miss her greatly! We are very grateful to the ICD for helping us accomplish our mission.

David Sheen AM, dashingdave@bigpond.com

## OMFS, Ho Chi Minh, Vietnam

Our visit to the Odonto Maxillo Facial Hospital in Saigon, Vietnam took place from 1 to 5 July 2019. This was the team's fourteenth annual visit to this hospital, which is a tertiary referral centre for oral and maxillofacial surgery. The hospital services Saigon and the provinces of the southern half of Vietnam. It has six operating rooms with a total of eight operating tables. The hospital has over 100 beds for oral and maxillofacial surgery patients.

This year's team comprised eight volunteer members: three oral and maxillofacial surgeons (Jose Crestanello, Paul Sillifant and Michael Schenberg), two anaesthetists (John Berg and Frank Hofmann) and two OR nurses (Michelle Davis and Tania Lockley).



During the week, the team operated on 14 complex cases which included large ameloblastomas for resection and reconstruction, facial congenital deformities, post-resection deformities for reconstruction and large fibrous dysplasia cases.

We were supported by and worked closely with the local oral and maxillofacial surgeons and trainees, anaesthetists and nurses. Most of the hospital surgical staff have worked with our team members during our visits to the hospital over the years. The close and collaborative engagement between our team members and the local hospital staff contributes greatly to how rewarding the experience is for all.



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#### PNG Dental School and Dental Association

The dentists in Papua New Guinea face a myriad of problems. Dental caries is an increasing problem, especially in children. Periodontal disease continues to be a major cause of tooth loss. PNG has very high rates of oral cancer. There are high levels of trauma requiring complex oral surgery and an increasing number of patients with HIV-AIDS with serious oral health issues.

The government has focused on increasing dental officer numbers, but PNG has declining numbers of dental therapists and not nearly enough dental technicians. PNG desperately needs more specialists, especially in oral surgery, and there is an urgent need for dental chairside assistant training.

There is a lack of government funding for an increasing range and severity of health problems. Oral health is very low on the priority scale and was not even mentioned in the last National Health Plan.

Much of the dental equipment is ageing and not well maintained. However, faced with this myriad of challenges, the dental professionals in PNG at the recent Dental Speciality Conference organised by the PNG Dental Association have shown that they are not afraid to research PNG's oral health problems.

There were eight oral presentations on programs ranging from drinking water fluoride levels, difficulties supplying care at a dental clinic, the effect of betel nut chewing on oral bioflora, the use of ketamine as a mild sedative, guided bone regeneration and iliac bone grafting. Fifteen undergraduate students presented posters on projects they had underway which were judged by ICD Fellows. The inaugural "ICD Prof John McIntyre Poster Awards", along with ICD-sponsored prizes of 500 kina, were presented to the fourth year and final year undergraduates who produced the best posters. The winning posters were "Direction of streptococcus mutans in 1-3 month old breast feeding infants by polymerase chain reaction" by Cindy Poi and "An assessment of the DMFT and CPI

of second year students of the School of Medicine and Health Sciences at the University of PNG" by Marline Auli.



During the conference there were lively discussions on oral health policy. A/Prof Crocombe said, "It is great to see that dentists in PNG are looking at innovative ways of solving their own country's health problems."

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# 2020 ICD Centennial Celebrations in Nagoya, Japan

Initial registration is now open for the ICD Centennial celebrations in Japan in November 2020. Fellows and their guests are invited to attend these events in Nagoya:

Wednesday, November 11, 6:00 pm – 9:00 pm Welcome Reception

Thursday, November 12, 12:00 pm – 1:30 pm International Council Lunch

Friday, November 13
Symposium on ICD Humanitarian & Educational Projects, 8:00 am – 12:00 pm International Induction Ceremony & Gala Banquet, 5:30 pm – 10:30 pm



For more information about the ICD events in Nagoya and to register visit <a href="www.icd100.org">www.icd100.org</a>. Registrations for accommodation and tours will be opened later this month.

Capacity for the anniversary events in Nagoya is limited.

Fellows who wish to attend are encouraged to register asap to avoid disappointment.

## **Solomon Islands National Dental Clinic**

The Solomon Islands has a population of 625,000 scattered over more than 900 islands and is rated internationally as one of the poorest nations on this planet. It has a high unemployment rate and suffers from a high incidence of tooth decay and gum disease. The oral cancer rate is amongst the highest in the world (with PNG). So what should one do about a toothache in Solomon?

You go to the public dental clinic in Honiara with your toothache because the few private dentists in town are unaffordable. You would be well advised to turn up very early in the morning because there are usually well over 100 other dental emergencies already waiting every day outside the public dental clinic located in the police station in Chinatown. Each morning the staff choose just 30 patients and send the others away asking them to come back the next day.

The alternative is the National Referral Hospital in Honiara. This 300-bed hospital treats the most severe medical cases from around the nation. However, their dental department was demolished in 2012. Now their only dental facility is a dental caravan which provides the more specialist work available such as fillings and root canals because it is the only public dental facility with a dental x-ray machine! However, when I last visited, the caravan was not operating as the only dental drill they have died after 3 years of continuous use. A replacement was not available. No funds were spent on the dental department last year despite funding being available. There is a high level of missing teeth, but the public dental prosthetic lab has been closed for 4 years.

However, there is no shortage of trained dental manpower. There are 40 qualified Solomon Island dentists all being paid for full time work. Due to the lack of dental infrastructure, many work one day a week, so they are losing their skills.

Fortunately, a major change is happening which promises an exciting future for improving oral health in the Solomons! A suitable building within the Honiara hospital grounds has been offered to Rotary by the NRH executive with enough rooms to set up a complete National Dental Clinic. Initially five new specialist dental surgeries are being constructed: a child dental care clinic, a school and community

dental service, a periodontal care dental clinic, dental restorations and endodontics and a denture clinic and dental lab. Next year oral surgery and emergency departments and a training area will be added. Dr David Goldsmith and specialist dental equipment engineer, Peter Copp, recently spent 5 days at the hospital delivering 9 Adec dental chairs/operating units and other equipment. An ICD grant has been approved for installation of equipment.



The Hospital has committed to ongoing funding to make the project sustainable. An MOU has been signed with the Solomon Islands Ministry of Health and the Rotary clubs of Honiara, Ballarat West and Berwick. This heralds an exciting new era for dental care in the Solomon Islands.

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#### The Toothache Taxi

Fellows Graham Toulmin AM and Wendy Toulmin AM have done volunteer work in the Congo for many years. In 2014, with the help of friends and colleagues from Australia and aro und the world, they initiated a dental training program. Graham sends this snapshot about the challenges of running a dental training program in the Congo.

Towards the end of May the students entered the final half of the semester of the second year of their three year course and this means the students must do lots of practical work. Endodontics was the only theory topic to go and was timetabled every Friday with a visiting Uganda dentist/lecturer, Dr Philip Madhira, to come across the border to teach the theory. I would run the practical sessions. The practical work was worrying me, especially for the afternoons, as hardly any patients come after midday. Where to find patients?

We have a 22 year old Prado which seats 8. (Well, I know that doesn't work in Africa where overloading vehicles is common. Once on a safari from Butembo in 1989 - I am not joking - we had 20 people plus dental equipment in a the beat-up Landrover. It was not a fun trip). We had the solution: we go out in the Prado and find patients.

On a Monday morning I took our five students to a small market on the edge of a town called Essefe (pronounced something like 'sFa') to give oral health education. After the OHE and after gaining permission from Chief du Marché, the students asked each small group of women selling vegetables the question: "Anyone got a toothache?" in Lubara, Lingala, Swahili or French. At first there was suspicion. The response was 'we have no money' to which the students replied, 'If you come to the student clinic tomorrow afternoon, the treatment is FREE. How good is that!?!"

The next response was 'How do we get there? We don't have money for a motorbike taxi!" To which the students replied smiling, 'We will come and get you in the Toothache Taxi.' We instantly got more than a car full of volunteer patients.

The next day we returned with three students and 4 (maybe 5) empty spaces in the car. We selected five ladies. Five students back at the clinic; one tutor. Perfect! What could possibly go wrong? Back at the clinic we found that each lady had a mouth crammed with dental problems and none of the patients spoke any language that I or the students spoke. It was a total nightmare. The 1:5 tutor/student ratio sounds ideal, but I could not possibly be everywhere I was needed during the practical session.



The concept of integrated treatment drummed into me throughout my dental training and a concept I had

drummed into the Congo students became purely theoretical. If you are a lady called Lucie or Joice or Djuria or Tsandia or Mantraru who has been suffering toothache with an abscess on a carious tooth for perhaps a year or much more, you don't care about integrated treatment. 'Just get me out of this pain and let me have a decent night's sleep for a change'.

Three weeks later, with many logistical problems solved, the ladies are all extremely grateful and some are sleeping much better.

The students have learned a great deal. I have learned that five patients in an afternoon is just impossible to control and supervise in the Congo dental training program. We now have a maximum three patients with students rotating as dental assistants.

You friends in Australia and around the world who helped us get this initial dental training school project up and running and continue to support us, have made the free student dental treatment a possibility and the TOOTHACHE TAXI has helped make it a reality. Many, many thanks.

Graham Toulmin AM, graham.toulmin@gmail.com

# **Volunteer Experience in Tonga**

Through our local church leaders, my wife (Heather) and I had our first experience volunteering in the Marshall Islands in June 2017. Heather is a registered nurse and worked with medical staff addressing the high incidence of Type 2 diabetes amongst islanders.

In November Heather and I were requested to transfer to The Kingdom of Tonga as an oral surgeon was needed for the Liahona Dental Clinic. The seven chair Liahona Dental Clinic is located on the campus of the Liahona High School on the main island of Tongatapu. The clinic provides dental services for the 1500 students as well as the general public. A US trained general dentist performs solely restorative work at the clinic and is kept very busy. However, more than half the patients presenting have unrestorable teeth and/ or multiple infected retained roots. I saw an average of 25 – 30 patients per day. The remaining chairs in the clinic are used if short-term volunteer dentists visit or when students from Mid-Western University, Arizona, arrive for their two-week elective studies. Most of the equipment and disposables is donated by dental suppliers or the short-term visiting dentists from USA, Canada and New Zealand.

Sadly, there is too much dental decay in Tonga as a result of poor diet and the influx of small shops selling an abundance of very cheap food and drinks with high sugar content. Two generations previously, when families lived off the land, dental decay was much less prevalent. Today, many young children are put to bed sucking a lolly on a stick. It was very disheartening having to treat children with decay in nearly all their deciduous teeth. We had a two-year-old with rampant decay in all 20 teeth and draining sinuses from several of the remaining stumps of her anterior dentition. Very sad to see.

Heather and I were provided with adequate living accommodation, occasionally no water or electricity but with torches and bottled water, we managed very well. We even survived category 4 cyclone Gita. We also went to one of the outer islands to work in the local hospital dental clinic which had two chairs, one of which worked and one operating light that worked but not on the same chair. We had to piece autoclaves back together when they occasionally blew up and infection control was 'interesting'.



After 12 months Heather and I returned home to Sydney and re-adjusted to "civilisation". So much more traffic and everything is rush, rush, rush. In the Islands everybody was relaxed, smiled and greeted each other despite having very little of monetary value. Captain Cook christened Tonga 'The Friendly Isles' and this is certainly the case.

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