

Chapter 3

THEORY AND PSYCHOLOGY

The need for portable dental delivery systems has never been greater. Today there is a greater awareness throughout the world of the importance of good dental care. Dental disease affects almost every individual, in one form or another. More people are realizing their need for dental care, yet whole populations and segments of society are unable to access care due to a number of factors. Those factors are usually related to finances, location, transportation or availability of trained health care providers.

Adequate equipment and transportation must be available along with competent operators for any portable delivery system to work.

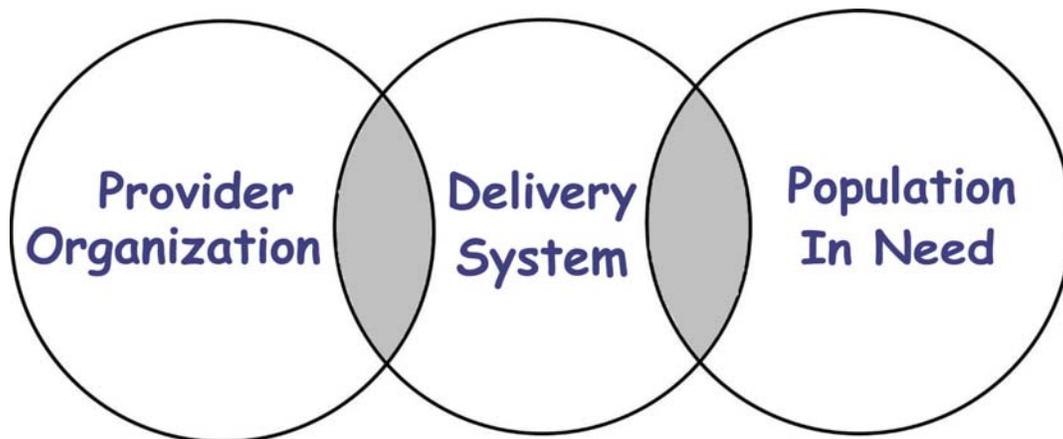


Figure 1 Delivery System

The specific provider organization will determine the approach they take to deliver dental care to the population in need. Federal and state agencies, health insurance sources, global organizations, religious organizations and individuals, each have their own approach to the problem. There are a myriad of equipment delivery systems available to render any degree of care desired by the provider to the needy population.

The funding available to the provider organization directly affects the type of equipment, extent of delivery and degree of care rendered to x-number of people in need. How efficiently are monies handled for program services? For example, of the total amount set aside for the project, how much help actually gets to the target population after administration costs? Is the organization efficient in its approach? Are people motivated to accomplish the goals set by that leadership? Some smaller organizations are able to deliver more services for less money because they operate more efficiently.

Those responsible for packaging portable dental equipment are faced with an infinite number of questions. Some of these are: Does the provider organization have long term or short-term objectives in mind for the needy population? How comprehensive is the treatment to be delivered? If simple extractions are to be rendered, a limited delivery system is necessary. But, if comprehensive treatment is to be provided, a full compliment of equipment for a delivery system is necessary with more complicated transportation problems. Will the equipment be left at the location of the mission or must it be returned to its place of origin?

The size and weight of the dental equipment must correspond to the mode of transportation. A three hundred pound dental pump base chair will not fit into a small airplane or on the back of a donkey. The type of equipment and weight determines how it must be packaged for transportation.

Evaluation of the work is necessary for improving delivery systems on succeeding trips by the same or other organizations. Good relations must be maintained with the government or organization that is aiding or endorsing the dental project. Nobody wants to burn bridges and not be welcomed back to a needy area.

Research to find better ways of delivering dental services, more compact equipment and better materials should always be a consideration of dental health professionals. NASA technology has helped the dental industry with many new designs and material advances. We should never limit our vision to the way it is done now. True professionals constantly look for better, simpler, improved methods of performing their work.

Organizations with elaborate health delivery systems have been frustrated with evaluating their programs. Even after twenty to forty years of mission service, they are disappointed to find that the population has the same endemic problems. What can add permanence to a health care delivery system? What truly challenges a community to help itself?

To go into a needy community and be solely a benevolent organization doling out charity and services, serves little purpose. The community's first question as you leave is, "When will you be back?" Trip after trip you see the same problems, the same people, the same life style. Charity for charity's sake is good, but how do we evaluate it on a long-term basis? In many impoverished areas, it can cause resentment with the people.

For example: A dentist can perform one thousand extractions during one week in an impoverished area, but to what benefit? He returns to his country beating his chest, "I did one thousand extractions for these poor people. Look what I did for them." But what did he really do for them? Year after year he can find another thousand teeth to extract. Year after year their lives are unchanged from his visits.

This dentist's attitude can cause resentment, because the people feel they are being used or exploited. The dentist is proudly beating his chest and displaying pictures of these people's poverty. Poverty is nothing to be proud of. People need something to have pride in.

One dental team went to Venezuela and set up a dental health station in a town, which had been a repeated failure for years and years. There were no paved roads, no clean water, no industry or means of support. The dental students began mixing with the people after clinic hours. They asked the people, "What are your problems?" They discovered that dental problems were one of the last things on the community's priority list.

The students' genuine concern about the community stimulated an exchange of ideas. Through this exchange, they learned that some of the women had expertise in the weaving of blankets. The students organized them. Soon they had a large number of the women in the village getting together to "manufacture" hand-made blankets for a market in the metropolitan areas. What a terrific "industry" for this small backward village! Soon, the villagers had money to solve their number one problem, a water purification system for the whole village. Now, several years later, the main road is paved and they have water and sanitation systems. The people have pride in their village. A complete reversal has taken place in the attitudes of the people. The village is becoming a resort town due to its reputation for hand-made blankets.

Dentistry has become one of the most respected professions to the people of this village. Help came through the genuine concern of these dental students for the people. The students were concerned about them, showed interest and took action to initiate these people into helping themselves.

These dental students were given an opportunity to take the initiative in community problems. They were permitted to talk to the people about their problems, whether it was water, garbage, food, infant care, roads or sewage. A genuine concern was communicated to the population served by dental services. Dentistry may not have been a major problem in their estimation, but the dental team provided a resource of new ideas for the community to solve some of its more pressing problems. Thus the dental team was recognized as a genuine helping hand. Once a communication of ideas and problem solving begins between the team and community then we are truly establishing a rapport with the population.

On the other end of the spectrum of this true story, the dental students went home with a sincere commitment to help others. They had the necessary freedom for taking their own initiative in the problems of those people. While on location, students lay awake at night wondering what solutions they could find for

this population. They took it upon their hearts to solve a major problem for the people while they were there, other than just dental needs.

The people of the village mentioned in the example found something they could be proud of. They found something they could do to lift themselves out of their poverty.

The government looks at outsiders coming in with great suspicion. What are they doing for our people? Are they helping them or mutilating them? They are concerned about who they let come into their country to deliver health services. Are there lasting benefits or help for their people?

If the authorities are convinced you can help their people in some way, it helps them as well. It gives them an opportunity to bring in some outside training and technology to help their population, which they may not be able to provide. But, it is many times a hard, long struggle to convince government officials of your good intentions. It is not uncommon to go through years of negotiations with governments before independent organizations are allowed to work in areas. During this period of time the government may change its leadership or philosophy and all previous gains can be lost. Even when contracts between government ministries of health and health delivery corporations are involved, they may or may not be honored after a government change. Many corporations and organizations have lost valuable investments through government takeovers in developing countries. These problems leave you little or no recourse.

The delivery of free health care services must be done with tactfulness in any needy population. This relationship must be a sincere and concerned effort to help them where their needs really are. It must be extended with a full understanding of their culture and in such a way as not to rob the recipients of their dignity.

Literally billions of dollars in foreign aid have been given to underdeveloped countries with good intentions, but were of no lasting value to the country. The problems caused by "loose cannon" funding may seriously hinder a government from ever wanting to receive independent aid again. Thus, a well intended contribution becomes an insurmountable problem rather than the help it was supposed to be. Such was the case in Guatemala when 100 tons of irrelevant drugs were sent during disaster relief efforts by Western relief agencies. Precious time, money and energy were wasted to sort, transport, and bulldoze those supplies into the ground.

There must be sensitivity on the part of the donor to preserve the national sense of pride for the country. They do not want to receive handouts all the time, any

more than the individual villages. This nationalistic pride is important to motivate people to do things for themselves and their country. They want to be proud of their country and see it attain a position in the world family of nations. Giving in the right way helps promote self-respect and self-reliance.

Many government aid programs have been mishandled in years past for developing nations. Hopefully, you can see purpose in having a concept of how to give and how to receive when dealing with others.

Example: When helpers go into a village to deliver health care, they should strive to initiate active participation with members of the population. There are always a few young people who are available to assist. Many times no job is available for these persons. They are looking for something to do, which would give them a useful place in their community. Give them a clinic jacket, preferably not white, but green or blue which will make them look part of the health team delivering services to their village. Can you imagine the impact it has on them to find a place of usefulness? It is not necessary to pay them either. If you offer money, they may refuse to work for a nominal fee (again from a sense of pride). But rarely will they refuse if offered a coat and opportunity to learn a skill. This experience may be the spark, which motivates them to seek a profession.

The **World Health Organization** of Latin American States has used this principle repeatedly in under-developed countries to train auxiliaries. Dental teams are comprised mostly of village women for the delivery of dental services to their community, under the supervision of a dentist. www.who.int/en

School programs have been set up with these auxiliaries to use fluoride salts rather than more expensive rinses. School children participate with the auxiliary to examine each other's teeth. This active participation to solve their own health needs, combined with a feeling of usefulness, is the key to their motivation. Teams of auxiliaries have been trained on an experimental basis to do all phases of dentistry, even the placing of alloys. The results were exceptional. The quality of work was uncompromised. Using this approach, one dentist can supervise as many as eight teams of auxiliaries doing all the work themselves.

Using these means of dental care delivery, costs go down and more people find useful employment. A dental auxiliary can be put into schools to carry out routine dental exams, education and fluoride programs. Through this method, a good referral system is established for problems needing direct attention of a dentist or physician.

Dental auxiliary training has been used for more than fifty years in Papua New Guinea and New Zealand with exceptional results. Other developing countries are looking to this as a means of bringing health care to their people through education.

Under-developed countries do not have the facilities to manufacture sophisticated dental equipment. Many times, a fifty to one hundred percent import fee or customs duty is placed on medical and dental equipment being brought in for resale. Presently, a complete dental set-up costs around sixty thousand dollars in the United States. Can you then imagine the cost of this equipment in another country?

Simple dental equipment can be made for basic dentistry by a local metal worker with a welding machine. A padded dental chair with adjustable legs can be made in short order. Also, a dental operator's stool is no problem. After an acceptable pattern is made with adequate materials, many can be put together by that local artisan. Rheostats can be ordered for hand pieces and a new industry is born for the country. This type of approach will reap long-term benefits.

Again, the philosophy of helping a population solve its own problems must be the number one priority. They need a sense of pride and purpose. This is what builds the initiative and provides the motivation to do greater things.

Packing supplies and equipment into another country to set up a clinic for a few days lends no permanency to the mission. We must weigh the psychological impression left with the people. How much are we really helping? What about some of their bigger problems, which may be higher on the priority list? Are we really concerned about those problems? Are we there to use them and beat our own drum? What long-term reaction will it have? What long-term solutions will it produce? How do our own motivations line up with the needs, desires and wishes of those we are trying to attend? We need to answer these questions in our own mind before embarking on a mission of mercy.

