

PERSONAL ACCOUNT

On 23 December 2015, after several weeks of planning, my colleague Ola and I travelled to Lesbos for a week to set up the first emergency dental clinic in the refugee camp. It wasn't until we got to the airport that we first met – a gamble to say the least – but our passion united us and made the risk worthwhile.

Ola, a part-time GDP and part-time community-based dentist from London and I, a maxillofacial DCT1 from Manchester, united through Facebook after having both studied at Leeds Dental School, but in different academic years. Fate was on our side and we grabbed the opportunity. With two portable dental chairs, an autoclave and stacks of equipment and materials needed to build your own dental surgery ... we were off.

The next day, we arrived in Mytilene airport, raring to go but with no bags! We knew that this was only the start of the challenges we were going to face, but also that it was no reason to complain, compared to the hardships of the people we were about to meet. We headed straight to the campsite, and as the sky clouded over, a feeling of sadness overwhelmed me. When I took my first breathtaking glance at the barren land and the squalor that these people, once with homes similar to ours, were living in, the reality and guilt hit me. For me this may be a form of 'volun-tourism', but for these people this is their new life.

The camp in Moria is split into two halves. Most of the facilities including the food, clothing, and medical tents are on one half, known as Afghan Hill, and the housing is distributed on the other side. Ola had close connections with a founder of the medical tent and they were keen for us to set up there due to the high number of patients in dental pain, which the doctors had been receiving. Later that evening, when our bags

'THESE PATIENTS WERE THE FORTUNATE ONES'

Nausheen Siddiqui helped set up a dental aid unit to treat refugees on the Greek island of Lesbos.

arrived, we eagerly unpacked, and converted a spare storage room into our very own two chair makeshift dental surgery. The handymen were outstanding, and we had extra lights fitted, tray tables, shelving and even a dirty area built.

On 25 December, we woke up excited, just like one should be on Christmas morning, about to launch the shiniest new dental clinic in town: a dental surgery fit for Hollywood A-listers, in the presence of none other than Academy Award winner Susan Sarandon, who had been volunteering in the camp. We proudly placed a sign outside of the medical tent saying 'dentist' in several languages. That morning, we got off to a slow start, so we walked around the camp advertising the clinic and handing out toothbrushes; Christmas presents you could say. We were mobbed by several groups of people excitedly saying 'The dentists are here!' Little did we know that as people had been visiting the medical camp with toothache, they had been told that dentists were coming soon. We felt so privileged to know that we could be of help. As word spread, patients flooded into the clinic and often queued for hours in the cold.

The aim of the service was to treat patients in pain. We had collected hundreds of instruments and materials, most of which was redundant equipment or kindly donated by charities or dentists. We also raised a few thousand pounds which helped purchase extra items. We had a great supply from extraction tools to local anaesthetic, endodontic files, hand scalers, articulating paper and even sharps bins. Prior



Nausheen Siddiqui

to the trip, we assumed that we would mostly be providing an extraction service, but it was quickly evident that these patients were the fortunate ones. They were the ones who could afford to make it to Greece; it was deceptive that they were living in tents despite their middle class backgrounds. Many patients had good oral hygiene. Extraction wasn't a preferred option for most, and we carried out a countless number of pulpal extirpations. Other treatments which we carried out were temporary fillings, scaling and an operculectomy. Between the two of us we treated a total of 120 patients over the week. They came mostly from Syria, Afghanistan and Morocco with ages ranging from 4 to 50. We met some truly special individuals, including a 16-year-old Syrian girl who had dreams of becoming a dentist, and spent a day shadowing us.

We faced many challenges; firstly, the language barrier. Arabic and Farsi translators were like gold dust. Ola, my Arabic and Farsi speaking partner in crime, got a much richer insight into each patient's journey than I did, and it also enabled her to build much better rapport. I spent the week trying to learn Farsi and Arabic, 'dand' (tooth), 'dard' (pain), and 'mafi dard' (no pain) being my most overused phrases! Secondly, no radiographs, or anything electronic for that matter, ie no drills and mixers, only hand mixed materials and hand excavation. Thirdly, no dental nurse. This meant learning to

be an octopus, and at the end of each long day, carrying out the decontamination ourselves. The challenges were countless but improvisation was key.

At night, we would go to the beach along with other volunteers to collect the refugee 'boats', better described as rubber dinghies. The boat service is run by Turkish smugglers which means that the desperate refugees are exploited beyond belief.

On my last night at the beach welcoming boats, the conditions of the water were rough. It was windy and freezing cold. No boats, if there were any regulation, would be allowed to run in such awful conditions, especially not rubber dinghies. But the smugglers continued to run the boats. Three boats sank that night. One was carrying up to 300 passengers. As we stood at the shore, there was nothing we could do.



With the lucky refugees, who make it to shore, there is no other way to deal with the most genuine happiness you will ever see, than to hug them the tightest you can and cry with them. You want to tell them that it's all going to be okay but you know that this is just a small part of their journey to a better future. It will take

months to walk across countries, many more people will be lost along the way, and their journey is far from over. All we can do is try and make some of the steps along their journey easier.

The incredible people of Lesvos: the hospitable locals, the grateful refugees and the generous volunteers are in my heart every day. We cannot thank everyone who donated enough; without them the dental unit would not have been possible. The clinic and the equipment remains in Moria as an ongoing project. We want to ensure a regular stream of dentists and nurses use it and urge anyone who is interested to get in touch. If that is not enough reason to get involved, rumour has it that the Jolie-Pitts are on their way to Lesvos shortly!

nausheen_siddiqui@hotmail.com

TOOTH DECAY AMONG FIVE-YEAR-OLDS CONTINUES DECLINE

The number of 5-year-olds suffering from tooth decay has dropped to its lowest level in almost a decade, according to the latest oral health survey published by Public Health England (PHE).¹ Less than 25% of the cohort suffers from tooth decay, a 20% drop since 2008.

This continues the downward trend seen since 2008, the first oral health survey of 5-year-olds asking parents to opt-in. In 2008 31% of 5-year-olds suffered tooth decay; in 2012 it was 27%. The pattern of dental health improvement among the age group shows the impact parents and carers can have in establishing good dental care habits from an early age.

There is still a great deal of regional variation. In the North West, a third (33.4%) of 5-year-olds suffer from tooth decay, whereas only a fifth (20.1%) do in the in the South East. As with the two previous surveys, areas with higher levels of deprivation tend to have higher levels of tooth decay.

Toothbrushing programme

PHE is working in partnership with national charity 4Children to explore the feasibility of a supervised toothbrushing programme for the under fives, based in their early years setting. The programme seeks to improve children's oral health by creating a fun, group environment for toothbrushing, setting the foundations for positive oral hygiene in later life. The charity is exploring the practical implications of this programme in over 70 nurseries and 20 childminder settings, reaching over 5,500 young children. Considerations include potential costs; the impact on staff; the resources required; information for the settings; engagement with parents; partnerships with dental surgeries and the projected benefits to children's oral health.

1. Public Health England. National Dental Epidemiology Programme for England: oral health survey of five-year-old children 2015. A report on the prevalence and severity of dental decay. Available at: http://www.nwph.net/dentalhealth/14_15_5yearold/14_15_16/DPHEP%20for%20England%20OH%20Survey%205yr%202015%20Report%20FINAL%20Gateway%20approved.pdf (accessed 12 May 2016).

CHARITY CORNER

Donate handpieces

Dentaid are calling for donations of equipment, especially hand instruments, filling materials and dental consumables. All donations will be reconditioned by Dentaid's volunteers and sent to their projects around the world. They currently have requests for more equipment in south Sudan, Uganda, Kenya, Albania and Nepal.

Please post your donations to Dentaid, Giles Lane, Landford, Salisbury, SP5 2BG.

Volunteers needed

Dentaid is looking for a team of volunteers on behalf of the Red Cross to go to two of their refugee camps in Greece where there is a huge need for emergency dental care. Dentists, dental nurses and dental therapists who would be willing to travel to Greece for a few days in June to set up the first clinics in the camps are invited to email kerry@dentaid.org or call 01794 324249.

Promoting oral health in Africa

Bridge2Aid are proud to have contributed to a new World Health Organisation manual called *Promoting oral health in Africa* which was released on 4 May. Bridge2Aid provide emergency dental training in East Africa and were asked to contribute to <http://www.afro.who.int/en/publications.html>.

