

Uganda Dental Immersion Trip 2010



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1/5/2011

It was an offer I could not say no to, going to Africa over a winter holiday to practice dentistry while helping many. After all, it was something I had always dreamt of being able to do since I was a young girl—being able to travel and help make a positive impact on another community. Little did I know was the lasting impact the trip would make on me. I went in simply to do dental work not knowing anything about a country I later found out was regarded as the “pearl of Africa” by Sir Winston Churchill. From our everyday work routine, to exploring the beauty of the country, to getting to know the people of Uganda, it all played an important role in making this trip the best decision of my life.

Our trip was coordinated with a non-profit: Global Youth Partnership for Africa (GYPA) which made it really convenient for us to have housing at the Mulago Hospital guest house. It was a really nice facility, and honestly it is amazing how quickly we were able to acclimate without the comforts of air conditioning and relying on a mosquito net to get is through a night’s sleep while monkeys danced over the rooftop. There were two main houses complete with a full kitchen and multiple bedrooms and living room. Taking showers was an adventure where the girls’ bathroom sometimes had an electrical current running through it, and the guys would have to race to get hot water. Ritah Mutesi, was an amazing woman that stayed with us and organized everything from getting us a driver to interpreters to making sure we got gifts for all our family back home! She even took us to her Church for a Christmas show that was grand performance and to see a native dance troop perform.



So our home base was in Kampala, the capital of Uganda. It's difficult to compare Kampala to anything in the US. It's a major city, over populated and over polluted by diesel fuel but still has a surprising beauty of its own. As soon as we got to Uganda, we got down to business. Everyday we would basically wake up around 7 am, have a delicious breakfast of fresh eggs and fruit at the guest house, and leave by 9 am for work. We would come back around 6pm, have dinner at 6:30, pack supplies for the next morning, shower and go straight to bed. For some reason, it seemed humanly impossible to stay awake past 10 pm while we were in Uganda.



Our first day of work, we stopped to see the only dental school in Uganda at Makerere University, which is connected to Mulago Hospital, which was where the movie the “Last King of Scotland” was filmed. Dental school is a 5 year program with an average class size of about 14 students. The dental school itself was an interesting combination of new and old. The clinic where patients were seen had better equipment than we did at our dental school. The classroom was similar to ours, but instead of powerpoint for lecture presentations, there was a giant chalkboard. The dental offices only saw patients from about 9am-1pm, making it difficult to see

as many patients as there were waiting in line.



The first three days of outreach, we went to different locations in a village area, Namuwongo, which is about 30 minutes outside Kampala. A lot of the people in the community are refugees that have no access to healthcare at all, so it was extremely rewarding to provide for such population that was so grateful to our being there. The first thing I noticed was that, we needed water for our cold sterilization (we had no electricity or running water), and they had to get it delivered to us in jugs from who knows how far away. There was no irrigation system, and families were living in tiny huts with flies swarming everywhere. We worked inside a church, which was basically small shelter with dirt floors. We used benches in place of dental chairs and chairs as instrument trays. Water bottles became our sharps container, and the girls went from wearing size "S" gloves to size "M" or "L" with the humidity. Gowns were a must-have as we

used them for everything from patient bibs to making cushion for patient to lay their head.



We had set up an assembly line to make things run smooth. The first station was screening to hear the person's complaint. We always had at least five interpreters to help us, but to our surprise, by the end of our trip a lot of us did not need one, because we had picked up enough Luganda to get us through the process. We learned “bikuluma” means pain, “yasoma” was for open, and “bonila” was close. Then, we would hand each patient a post-it with the tooth number(s) they needed to have removed, which was usually a severely abscessed, fractured or decayed tooth. Then they would go over to local anesthesia table followed by the extraction itself. The most difficult part about the extraction was explaining to patients the difference between pain and pressure, because it was normal to feel a force pushing on you from the instruments, but many would perceive that as pain. We would have to demonstrate on their arm the difference. Lastly, they were given post-op and basic hygiene instructions along with fluoridated toothpaste, a toothbrush, pain killers and gauze. Overall, the patients were so strong and thankful, without the comforts of a padded chair and an air conditioned office. I wish I could give them a nice, fancy clinic to come to, because they would appreciate it a lot more than us, who take it for granted. I have never seen a more uplifting community of people. Furthermore, it was a great feeling to develop a greater confidence in our dental skills. We were able to really connect with our patients and use our critical thinking without the aid of equipment such as an x-ray. We were friends and colleagues excited to do our work and make rare discoveries such as the 5 supernumary mandibular premolars on one side of the arch. For the first time since I started dental school, I really felt that I was in the right profession and doing

something I loved.



We had local dentists and dental school faculty come on site with us each day and work with us, so it was interesting to compare our dentistry. For the most part, all of the knowledge we shared was the same such as the dental anatomy, but in practice we sometimes had different approaches. For example, we used completely different numbering systems for the mouth, where I ended up preferring the FDI World Federation Notation used in Uganda over our Universal numbering system. More people use the World Federation Notation, and it is more efficient in my mind. Ugandan dentists naturally have only the British instruments, whereas we had both British and mostly American. The one thing I had a hard time with was that in Uganda, the dentists are very conservative with their use of anesthesia. I'm not sure as to the reason behind it, but they normally reserved topical anesthetic only for children, whereas we used it on everyone, and they used a significantly lesser amount carpules of anesthetic. We wanted to make sure the process was as painless for every patient as possible. Also, we handed out gauze in the post-op kits just like you would get back in the States in case you needed to change it after the extraction. The dentists in Uganda explained to us that it's better not to give gauze, because the patients there have a tendency to wipe out the wound and the healthy clot formation, by cleaning it with hot water and salt, leaving the bone exposed and susceptible of getting dry socket. It was really helpful to have the local dentists, because they knew how compliant the population was and what would work

best.



It was really amazing to see us coming from two different worlds and working so well together. Everyone respected each other's view points and realized there can be more than one right way of reaching a common goal. A few of us also got to see one of the dentist's private practices he had just opened. When I think of a private practice, I automatically assume a beautiful, spacious waiting room with the most advanced cerac machine and equipment, where most everything was paid for by a loan. It was humbling to see a man put his all into a 1 room clinic, where the equipment was less than dependable, and everything had to be done by slow speed hand piece rather than a high speed. He wanted to help his community and opened the office in the heart of the village. A lot of the dentists in Uganda end up practicing elsewhere or go to specialize in another country, because all the specialties are not offered in Uganda, and people cannot afford dental care in general. By the end of our outreach, we were able to see over 500 patients! And the work experience we get to take home as a student is something that will help us in school and beyond. Normally in clinic, we see two patients a day, but in Africa we were seeing sometimes over 100 in a day, so it definitely boosted our confidence. The hardest part was sometimes having to turn people away. We tried our best to see everyone, but we could

only work during the daylight. It was the worst feeling, and I never want to do it again.



One of our favorite sites was in Kyampisi, Uganda. It was a childcare sponsorship center that provided schooling and healthcare to kids where many of them were victims of child sacrifice and abandonment. We met the most amazing and grateful population of kids, parents and volunteers. It was truly a humbling experience to say the least. We were able to get a deeper look of problems facing Ugandans in terms of healthcare and beyond. The organization that started the program brought awareness to us about how many children will be left in places

like toilets or behind bushes simply left to



die.

There was one child that really touched my heart, and everyone else's. I was playing with a little boy of about five years old. The group was so kind to us, they even made us lunch which was a change from the normal routine of us providing lunch for our volunteers. The boy was eyeing my food so I gave him the watermelon and sambusa (meat filled pastry) we had. He was ecstatic, when I noticed about an 8 inch scar on his head. The head of the program, Peter, explained to me how he had saved the young boy, Allen, when he found him lying in a pool of his own blood. Witchdoctors took an axe to his head to use his blood for a ritual ceremony, because they believe it brings good fortune, and simply left him on the street, completely paralyzed on his left side. I apologize for the graphic content, but it is a common reality, and not the last time I would hear of such stories while in Uganda. Now, Allan has regained some sense in his left arm, and the boy has so much energy I couldn't believe he was in the hospital just two weeks ago. Unfortunately, he still needs neurosurgery, because of the trauma from the axe, and although they have public hospitals, the facilities may not be available for the type of surgery he needs. He might have to be taken to India, which is very expensive. We all talked after meeting Allen, and hope to be able to do something for him so he can get his surgery. It just breaks my heart to think parents have to fear for their child's life in this way. It is even a problem in the educated communities of Uganda, because people have very strong traditions. Now Peter and his organization are working to push for stronger laws against such heinous acts. After our long days work in Kyampisi, it was really great to hear people asking us when we would be coming and begging us to come back soon. They are already planning on taking us out to an island near Kyampisi to help the people over there.



It was always funny to me how people perceived a group of Americans. Locals would point to us and call us "Mzungo" to refer to white people/foreigners. Back home people would

consider this offensive, but it is not derogatory at all, and almost made us feel like celebrities when people wanted their pictures taken with us or if you were red-headed Jeff, just to be able to poke him. There is a large problem of dependency in Uganda, which is the case in all of the underprivileged countries I have been to. Many assume that we had a lot of money, which compared to a lot of people we were very fortunate, but we were still loan-dependent students. It was hard to think of the big picture, because you instinctively want to give everything you have when you see a child begging for change on the street, but as we learned the complexity of the situation, we found out that by trying to help the situation we were in fact doing more harm than good. It would add to the cycle and many times the kids don't even get to keep the money and are forced to give it to someone else, forming expectations. I know it is naive to think poverty can completely be resolved, but I think it's important that in any community we live in to realize we not only have an obligation to ourselves and family but the community as a whole, to not only better ourselves but society as an entirety. The more schools that are built in Uganda, the fewer kids that are on the streets. The more people we were able to help, the less pain they were in and allowed them to be more productive. I always think that if I was in their position, I would hope someone would want to help me. It was rewarding to even hear our patients and volunteers say they were interested in dentistry after our being there, and hopefully they will be able to help the people in Kampala while we are not there.



From the dentistry we saw that intricacies of the obstacles that made it difficult to sustain an active dental clinic in an impoverished country like Uganda. It seemed as though every aspect of dental and health care fed into a perpetual vicious cycle, compounding the difficulty to provide continued health care to those that need it most. The population we treated were mostly refugees, so they didn't even have the rights of normal Ugandan citizens, and we might have

been the only health care provider they had ever seen. The refugees are not able to go to a public hospital or dentist where the government may help pay for some of the necessary procedures. Even with government support, for local citizens, there is still an out of pocket fee. To get an extraction, it costs about 20,000 shillings or 10 dollars, which can be almost a month's income for the average Ugandan. This makes the person wait to get a simple procedure done until the situation gets worse, which can then require a more costly trip to the ER. It was estimated that less than 30% of people that reported a dental problem actually sought treatment (Ntulume). According to WellShare International in their 2010 trip to Uganda, it was said that, "The ratio of dental patients to dentists in Uganda is 1:200,000. There are no dental services at the maternal and child health clinics operated by the health ministry. According to Dr. Sewankambo, the state of dental health in Uganda is poor and getting worse," (Academic).

The health education also lacked among the general population that we served. The diet is high in sugar, and the patients I had didn't realize that drinking too much soda, which is high in sugar, would increase the likelihood of dental carries. According to a recent report in Ugnada, there has been a significant increase in sugar consumption in diet leading to an increase in dental diseases. There are only about 200 dentists to serve the population of about 33 million people (Bataliwo). Furthermore, many had never seen floss or a toothbrush. Even the patients that did brush only did so seldomly and missed important areas such as the tongue and the lingual areas of their posterior teeth. We made sure that every patient received fluoridated toothpaste, because the water is not fluoridated like it is in the US, which would help to dramatically decrease carries prevalence. It is not so much the patients' fault. The people were incredibly receptive to our

teaching them oral hygiene.



It is unfortunate that the resources are not readily available to them. We take for granted that our cities have a super market or convenient store at every corner where these items are relatively cheap, but in a rural village it is not as easily accessible. "Progress has been slow because of among other reasons lack of dental equipment in most government hospitals and HC IVs; lack of dental infrastructure in many districts, especially the newly created ones; non- or under-utilization of many of the oral health care workers in the district PHC activities and lack of specialists in the dental field," (Not only is there a lack of education in the villages, but there is only one dental school in the entire country with 14 students in the class. The program is five years long, so graduating only about 14 students to serve the population of an entire country is not enough. A lot of the students also end up practicing elsewhere, because some of the specialties are only offered in other countries like South Africa. On top of that, the dentists can earn more in those other countries. So with the demand being high, there are not enough people to provide the services. It will be interesting to see how policy changes with the upcoming election in February 2011, because with the unstable state of the current government, it is difficult to enforce health care for such a large population.

With all the problems in Uganda it is imperative to find a stable solution. Financial Aid can only lead a country to so much success. But for complete success, the minds of the nation need to change. They have to first, be willing to connect with other resources in their neighboring countries and educate the patients on how to maintain a hygienic lifestyle. This would take a lot of work from government side of policy making. Oral health care would have to be a priority, especially because many severe and systemic diseases can originate through untreated dental caries. Also, many diseases that can progress to a poor prognosis first manifest in the mouth such as cancer and many sexually transmitted infections like herpes. People would have to understand the benefit of the preventative care and the overall effect it could potentially have, but there must be realistic goals set, because things will not change overnight-you need baby steps. Under desperate conditions, there is little work done in preventative care, and changes are usually only made when it is absolutely needed. A good place to start making changes is by having a baseline. The last survey on national oral health was conducted in 1987, creating a desperate need for more current studies before even developing an exact solution (Treating). To connect and have partnerships with other schools there need to be strong leaders with a pure intention of benefitting the country. Once the basic foundation is laid down, technology can be brought to the clinic and farther advance their progress.

One possibility of implementing these ideas in the beginning is by having a mobile clinic. We use a mobile clinic to do our outreach work for the dental school to reach rural and underprivileged areas in Ohio. I think it would be a great way to educate people while requiring less upkeep. It would also advertise to a range of people where they can get dental care if they need it. For this, the execution of the clinic to work properly there needs to be man power and proper training. This is when the financial aid would be a benefit to them. Man power would increase if dentists had an incentive for going into the career and having a reason to stay in Uganda. Scholarship/sponsorship programs are great ways to develop an extra interest for going into the healthcare field. The hardest thing to find is continuous funding for dental equipment and running a clinic chair. It sounds like a lot of work, but there are many organizations worldwide that look for opportunities such as this to help support. We learned this first hand as we prepared for our own trip. It sounds naïve that one person can make a huge a significant impact on the human condition, but after going to another country and seeing how much difference just a few kids from another school can make gives hope to everyone that more can be

done with much effort. This needs to start in the mindsets of the citizens though, so that even after groups like ours that help jump start an initiative can have a longstanding effect.

Yes we were in Uganda to work, and we worked very long hours and majority of our time was for spent doing dentistry, but we managed to squeeze time to explore the country. I wanted to experience the culture and learn about the country as much as I could in the short period of time that we had. Even with dentistry being our focus, it is vital to understand the population you are working with to foster stronger communication and understanding of a patient's priorities. One thing that was very important to the people of Uganda was their love for their land and country. First of all, monkeys are like squirrels in Uganda. They are everywhere, and they are not shy! All of the buildings were made of concrete or in the villages, houses were made of mud. They do not cut down a single tree, because they want to preserve their forestry. It was a bit ironic considering mass amount of diesel exhaust polluting the city, but when we got the other parts of Uganda like Jinja and Murchison Falls for a safari; I saw the beauty that was being protected. Every part of Uganda couldn't be more different from the next place, giving it such beautiful contrast I had never seen anywhere else. I can't even put into words how breathtaking the country is. There is a huge push to preserve the rhino population, because poachers have almost driven them out of existence in Uganda. They are killed for their horns to be used in Chinese medicine and to make handles for daggers. They have created a sanctuary to protect the wildlife species. When you see a creature of that magnitude 10 feet away from you along with the glittering sand and massive waterfalls feeding into the Nile River, you can't but help find a new respect and awe of the world we live in. We all had to take a moment just to let it sink in. It just gives you clarity and a sense of peace. Even sleeping in tents without electricity not only showed that as a girl I could rough it, but you spend time to notice all the sounds, see the sunrise, and appreciate the balance of things. One of the most exciting parts of our trip was rafting on the Nile River. I had never done anything like that before, and they had some of the world's largest rapids. Being the only girl to raft, I really didn't know what I was getting into and almost backed out last minute. Conquering my fears and pushing myself to the limits was something I definitely learned to do on this trip, and it ended up being a highlight

o my life.



The experiences on and off the worksite really brought our group together and balance to our teamwork. I really felt like we were family. Seeing everyone work together and help each other out during the toughest patient cases was really eye opening. I have a new found respect for my classmates and everyone really stepped up to the plate as professionals. I saw how generous my classmates were as one by one, they literally took the shirts off their backs to give them to the interpreters and the local community. The last day we worked, everyone put all their clothes together to give them away. Every patient was treated with the upmost concern even during our busiest of times. Even off the worksite, everyone looked after each other. If you compared us from the start to the end of the trip, at first everyone had their own food and their own routine. By the end, one person would be the designated fruit cutter, someone else would buy water for everyone and make sure it was taken to the worksite, and everyone made a communal effort for wake up calls, packing supplies and packing lunch for the trip. We had minor hiccups during our trip, and I really wish the guys didn't participate in a dirty t-shirt contest and not shower for 4 days, but everything worked out in the end. For example, our group credit card didn't work at first, but everyone was so patient and pitched in for each other with expenses, it wasn't a problem at all. These were the character building traits that will help all of us for the rest of our lives. It sounds really simple and silly, but finding that comradery is what helped us get any work done and make it a positive experience for everyone. We definitely had

fun picking on each other for our unique habits and goofiness.



I learned a great deal from people I met from around the world that came to Uganda from various reasons. I talked with people from Sweden, Brazil, England, New Zealand, South Africa, etc... I would always ask them what their impression of Americans was, and the general response was that we were a bit shallow. They didn't say it in a mean way at all, but they were simply honest (which was refreshing) and were absolutely right. After speaking to them I did feel that growing up in such a sheltered life that I had, I knew so little about the world around me compared to the groups of people I interacted with. I also saw that we tend to take things a lot more personally than others and can mistake honesty for cruelty. I learned about the British colonization of Uganda, which is why there is a large Indian population there, and even some history of America that I was embarrassed to not know. I learned about the upcoming election and the controversy behind it, which will most likely lead to lots of violence when the results are declared in February. When I first got to Uganda, I thought I would be having lots of knowledge to share, but really it was me that learned more than anyone. Another thing I noticed was their passion to make the most of their youth. Everyone was there to work for an NGO, or build schools for a work related program, or preserve the wildlife, or even to tour the world and see everything it had to offer. They all made time to truly experience life and do it by interacting with people. I feel like a lot of times when I'm home, I get so caught up in my daily routine, I become isolated by my work and forget to make time for life and even recognize why I chose dentistry as a profession in the first place. You almost become desensitized to noticing the world around you. Having that work ethic is what allows us to have such an advanced society, but sometimes it's good to take a break and reflect without feeling guilty. It's a bit hard to explain, but I felt like I had just woken up and saw what life was really about and how to make the most

of it. I had a new found appreciation for dentistry and how I can use it as a tool to grow as a person.

What made the greatest impression on me were the people I met in Uganda. I never expected the type of hospitality and warm welcome that we had received. People were very interested in hearing our opinion about Uganda and what we thought, wanting to make sure we felt at home and that we were able to experience everything. The average Ugandan makes about 25,000 Shillings per month, which is about 12 US dollars a month, giving them about \$144 per year. This doesn't even cover a day of classes for us, so for them to invite a group of 10 for tea and make us lunch is just so genuine and selfless and something I don't see everyday back home, especially towards a group of strangers. One woman, Christine, was there to get a tooth extracted, but was so interested in what we were doing, she stayed the entire day interpreting for us and even met us a few other times to help us out. I can't imagine how far she walked just to meet us. She was in nursing school and wanted to learn everything about dentistry. I plan on staying in touch with her. It brings tears to my eyes to think how right before we left, she gave me the warmest hug and saying "I love you." Christine did more for us, but I wish we did more for her. That was the type of generosity the people in Uganda showed us. Everyone was in the best of spirits despite enduring some of the hardest living conditions imaginable. We all read or watch documentaries about the adversity people face in places like Uganda, but it is simply not the same as going there and experiencing it for yourself. Before I left for Africa, a lot of people asked me how I would ever survive with the heat, squatting toilets, walking over sewage, mosquitoes, etc... It's ironic though because having so little, I don't think the people realized they were much better off than I was. I almost envied the people there for how they knew the true value of life and what was most important. They knew the importance of family and keeping their word. This is a side note, but just because I am so used to signing everything on paper and keeping diligent records, I had a hard time trusting the guest house manager when he told me he would give me a receipt for our stay the following day. I told him I wanted it in writing so that he would give it to me and not change the price. He chuckled and went along with my request. The next day he was there at 6 am waiting on the porch outside the guest house with my receipt. I felt so silly after the fact to think that I had such little faith in the words people say to me. I have never met a kinder group of people that were so accepting and patient. They were the most pure of heart people I have met. If there is ever a reason to visit Uganda, it is for the people. Everyone would be a better person because of it and would learn what it means

to live life.



What would a description of Uganda be without giving some basic details about the culture? The language spoken is Luganda, but there are many different dialects spoken in the villages. *Chikets* is the word for “hello”. People have very strong ties to their tribes that they identify with, and we were able to see dances from the various tribal groups. Most Ugandans are Christian, and everyone is dressed pretty conservatively. You will not find men in shorts there, and majority of women wear skirts. We learned a folk song, “*hakuna wakaita sa yesu*” to a beautiful tune, which translates to, “there is no love like God’s love.” Driving in Uganda can prove to be quite the adventure, especially if you take the local *boda boda* which is a little motorcycle. It can be very dangerous, but it is cheaper than riding in a taxi, and is easier to get through the traffic as you can weave in and out between cars. When we went to the local grocery store, I was astonished to see the price of western goods. In Uganda, most items were relatively cheap. You could get a place to stay for \$4 per night, but a stick of deodorant would cost \$10! The food in Uganda, was absolutely amazing. The pineapple was the sweetest I have ever had, and eggs were so fresh you could taste the difference.



You could find every type of cuisine imaginable from Indian to Chinese to local Ugandan food.

Ugandan food is usually some type of meat stew with rice or pasta and potatoes, but it is very flavorful. *Rolex* is a Ugandan street food with an omelet wrapped inside flat bread called *chapathi*. Just thinking about the food, really makes me miss Uganda. I was surprised, however, to not see any fast food chains even in the major city. The only people I ever saw smoke were non-locals. The crafts are beautiful and everything is handmade. Soda tastes better, especially when it's out of a glass bottle and made with more sugar, which it was surprising that people didn't know that soda was bad for your teeth. There is no word for "logic" in the Ugandan language. The people have so little yet are happier than the richest celebrity in Hollywood and more grateful for the bounties in life. I have so much to say about Uganda, it is overwhelming to describe the country and how much I loved it there. To sum up what Uganda is like, "*The Kingdom of Uganda is a fairy tale. The scenery is different, the climate is different and most of all, the people are different from anything elsewhere to be seen in the whole range of Africa....what message I bring back....concentrate on Uganda,*" said Winston Churchill (My African Journey - 1908) .



Overall, words can't even do justice in explaining the experience I had on this trip. It is just something everyone has to go do and see for themselves. It's funny how when I first came to Uganda, I was overly cautious about my belongings and trusting people. I refused to walk barefoot on the floor. By the end of the trip, I felt so safe I could leave my bag on the floor freely, and formed the strongest bonds with the people, and was hiking up islands without shoes. I really felt at home there. It has truly been an eye-opening experience. All my ambitions of making global health a priority in my career were reaffirmed over the two weeks I spent in Uganda. A lot of people would question my global aspirations saying there is so much need locally. That is absolutely true and I plan on practicing here, but there is so much need

everywhere. The way I look at it is regardless of where you are, a person helped is a person helped, and making the distinction of where the person lives is irrelevant to me. We do not get to choose the lives we were born into. If someone is in need, I want to make the effort to help, especially those in the most desperate conditions. Being in Uganda, I would often think, life is not fair. So many wonderful people have to endure so much suffering and pain every day. If there is anything that can be done to alleviate even a fraction of it, I think it's an obligation on our part to pay it forward for everything we have received. If roles were reversed, I would hope someone would feel the same towards me. If you have food in your fridge, clothes on your back, a roof over your head and a place to sleep you are richer than 75% of the world. If you have money in the bank, your wallet, and some spare change you are among the top 8% of the world's wealthiest. Living in America, we are fortunate to have all of this. I am so lucky to have all of this, and after being in Uganda, there is no way I can know the needs of the people there and not want to try to alleviate some of the desperate conditions they face. I really hope to be able to maybe one day buy land in Uganda, and I still hope to work with a large organization like the UN or be able to take students every year to a new country as a faculty advisor. Our group as a whole hopes to return for a future trip and maybe even after graduation be able to keep up with our efforts abroad. What makes this a truly special trip is that everyone that went to Uganda had a different experience, but it's one that will last a lifetime and shape us into the people we become. From the people to the land to the dentistry, everything made it a well rounded trip. I only hope that this is just the start to many more trips to come.



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