



Dr. Lori Snidow, a dentist and former member of this church, writes: I'm heading out for my first short term deployment aboard the Navy hospital ship, USNS Comfort, for the humanitarian mission Continuing Promise 2009, visiting Panama, Columbia, and El Salvador. Depending on the conditions, and whether or not Honduras will require assistance from their recent earthquake, I should be home towards the end of the month. Keep the team in your prayers. We will be

travelling inland to remote villages to provide onsite services, sometimes in areas that have seen recent civil conflict. With God's grace we will be helping folks who have minimal to no access to care, and in the meantime build good relations with our neighbors to the south. And, in case you were wondering, my son Jason will be getting a full month of unadulterated Granny Jane time and a trip to Disney World to boot!

You may find out more about the mission at <http://www.news.navy.mil/local/tah20/>

Thanks to Lori's father-in-law Jim Snidow, for passing along the following updates:

Friday, June 19, 2009 4:12 PM

We have finished up Columbia, and are on our way to El Salvador. Once we arrive, the 100 or so of us who are leaving will head off the ship, spend the night in La Union, El Salvador, and then take the 3 hour bus ride to San Salvador the next day to catch the plane. We'll arrive in the US on the 22nd, and fly home on the 23rd. Of course, I'm not going to be flying straight home but rather to pick Jason up in North Carolina. By all reports he's had a great time with Mom, so no worries there.

Columbia was one seriously intense place. If we spent the previous night on ship, we had to muster starting at 0530 to ride the boats into shore. Getting up at 0430 every morning was quite a lovely experience for me (insert heavy sarcasm here). Once mustered, we tossed on life jackets and headed up to the life boats. The seas were too rough to set up a loading platform, so we were lowered down by the davits in the life boat every morning. The ship from hull to top is 10 stories tall, so you can imagine that's quite a drop. Once down, we transferred into either the hospitality boat or the rhib, which is like a Zodiac if you are familiar with those.

The ride in every morning and back every afternoon was about 45 min to 1 hour by boat. We disembarked at a Columbian Coast Guard dock, and took the bus in to the Max Siedel Escuela, a local high school where we set up a "supersite." Each bus had at least 2 Columbian Marines with M16s plus one of our own force protection guys from the Bogota US Embassy

Milgroup. The bus ride was a wild tear through the side streets, changing routes every day, and eventually passing through the checkpoint at the escuela.

The school was open air and run down by US standards. However, my understanding is that it was a pretty nice place by Tumaco standards. Tumaco is one of the poorest cities in Columbia, with a very high percentage of Afrocolombians in the population. Racism is very prevalent here, with lighter skinned Latinos in most of the governmental and military officer posts. Tumaco has about 170,000 residents, most of whom live in small (think less than 200 sq. ft.) shacks on stilts with running water or sewer. The toilets dump directly onto the ground below. I shudder to think of what a hurricane would do to this place.

We were set up in three classrooms, with a fourth serving as a waiting room. Lines of patients going around the block greeted us every morning. They were allowed to pick one service - dental, optometry, medical, and GYN, and were given wrist bands and numbers accordingly. Once they were banded with dental, they moved to our waiting room. One to two docs who have been with the mission the whole time triaged, and the patients then moved either to the cleaning area, the restorative (fillings) area, or the extraction area. We averaged between 140-175 patients per day at that site.

The cleanings were mostly done by the hygienist and dental techs in the triage room. Neither that room nor the surgical room had suction, and everything was done with headlights (we only had 4 mobile stand lights). Cleanings consisted of scaling only as we did not have enough units to provide a prophylaxis. Everyone there and in restorative got fluoride varnishes.

There were usually three to four docs working in the restorative room, depending on how many units decided to work that day. The Aseptico units were very heat sensitive, and we averaged a heat index of 90-98 every day with very high humidity. They often broke down, or worked poorly when they did. Suction was almost non-existent, and the handpieces provided very little torque. Most of what we did on kids was ART - atraumatic restorative technique. Basically you scoop out as much of the decay as you can with either a spoon or a slow speed handpiece, and place a fluoride releasing glass ionomer (Fuji). The idea is to stall the decay process until the tooth can be lost naturally. Some adults also got ART, usually those whose teeth were far enough gone to need root canals, but did not want to have the tooth extracted. We did a lot of amalgams and some composite restorations, completing about 10-15 patients per day. Often we would clean their teeth while waiting for anesthesia, and provide fluoride varnish when we were done.

The surgery room is where I spent most of my time. I preferred that because I felt like I was doing the most good there. Very few of the docs I worked with wanted to see kids, so I saw the bulk of pedo extractions (and was able to get some restorative done when others ran into problems as well...tell show do technique through a translator is interesting, to say the least!). Extractions were performed without radiographs, without suction, and without a handpiece, unless one just happened to be open in operative (hardly ever). Surprisingly I only ran into trouble with three patients total, most of whom were mandibular third molar or severely decayed maxillary first molar cases.

Fortunately, there is a doc with us who only does missions like this (he's retired from private practice, and just moves from mission trip to mission trip), and he was able to show me some interesting techniques for removing those with the limited instrumentation that we had. Dr. Miranda is an awesome guy, and I learned a great deal from him on the trip. On average, we extracted about 22-30 teeth per day per doctor.

Usually we wrapped up about 1600, packing things away and securing them behind locked gates. All of our power came from generators, which all had to be refueled and secured as well. Some nights we rode the boat back, and others we went to a hotel nearby called Villa Del Sol. I ended up staying 4 nights there. The rooms weren't bad (other than the pubic hair in the bunk the first night, and the bugs in the bunk below me...), and the food was decent. Some folks forgot to brush their teeth with bottled water or to not drink the lemonade, and ended up with a pretty nasty GI bug. I skipped that until the last day, but that's a different story....

While we were there we had a group of Columbian dentists and dental students join us, both on the boat for education and in the field for work and translation. I became very good friends with one, Lt Col Sergio Callamand from the Columbian Air Force. He stayed on the ship with us about a week, and the two of us would stay up late into the night talking about everything from culture to politics to dentistry. I was very sad to see him and the rest of the contingent go home before we left. However, our hygienist and I have a standing invitation to visit him in Bogota to see the city and what Columbian dentistry is really like.

The last day I went with 6 others to a school farther inland in a village called Chilvi. The poverty we saw along the way was incredible, equal to some of what I have seen in deep Appalachia, parts of China, and parts of Russia. At Chilvi, we examined 370 kids in one day, giving them fluoride varnish and oral hygiene instruction. One of the families that lived next to the school invited us into their home. Inside the one room house, they opened fresh coconuts for us, pouring the milk into a

bowl for us to try. I don't think the bowl was terribly clean since several of us ended up ill for 2 days afterwards. However, I could not pass up the hospitality, especially in the spirit that it was given. They had an old bed with a straw mattress, and a few tools hanging on the walls. The wife was 84, and obviously had severe, painful arthritis. In return for their hospitality, I gave her a large bottle of Advil that I had in my pack. As one of the translators started telling her what it was for and how to take it, she started to cry. She had never had any kind of pain relieving medicine in her life. She hugged me, and told me I was a miracle from God. I'll never forget Jose and Maria.

All in all, I have come away from this mission feeling really good about what we did do, but feeling like there was so much more that needed to be done. This was a band aid on a gaping flesh wound. Everyone here has worked their tails off, and still we had to turn so many more away. In 10 days we saw almost 3400 patients in dental, and completed the equivalent of \$500,000 in dentistry in this one country. The mayor of Tumaco said that even though his city is 250 years old, they will mark time now in terms of before the Comfort and after. For them, he said, we created hope.

So in that respect, our mission was a resounding success. We did more in Columbia than had been done in any of the previous countries in almost every department. Every patient, almost without exception, was overwhelmingly grateful, and our hosts warmly welcoming. They had brought in over 1000 Marines to provide our security, and to a man they too were all friendly and gracious. I think the citizens of Tumaco definitely have a better opinion of our country, which is the underlying reason for our mission - to strengthen our alliances within the region.

As for me on a personal note, I have grown in so many ways. It has been very good for me as an officer to be working on the ship, even though there are a large number of civilians on board as well. As a dentist, I have expanded my surgical skills (and courage) way beyond what I brought. As a person, I have made friends from all over the country and all over the world, each of whom has brought an important lesson or story to my awareness. I can honestly say this has been a life-changing event, and I cannot wait until I get the chance to do it again.

Signing off for now. Please send any replies to either my home address - [drlorisnidow@aol.com](mailto:drlorisnidow@aol.com) or my work address - [lori.snidow@ihs.gov](mailto:lori.snidow@ihs.gov). I will be posting pictures on a website after I return.

Lori