

JAMAICA OUTREACH PROGRAM

REPORT TO: BOARD OF DIRECTORS & other interested parties

Re: Dental Mission to St. Pius—Kingston, Jamaica; March 25 – March 27, 2024

From: Michele LaBasi, MEd, BS, RDH

March 2024 Clinical Team and Jamaican Support Staff



CLINICAL *New:* Dr. Jose Cangas (NC), Dr. Derek Salony (NC), Taylor Olmsted, DA (NC), Jessica Walters, DA (NC), Rebecca Lewis, DA (NC),) *Returning:* Dr. Ernesto Vera (VA), Sarah Haezebrouck, DA (FL), Karen DeCristofaro, DA, (MA), Michele LaBasi (OH)

Background I want to thank the community of St Pius for graciously recognizing the needs of the students and not having cleanings available on this mission. As much as “cleanings” benefit overall health (the oral-systemic link) it was important to postpone them until a future mission. The January 2024 mission marked initializing the concentrated effort to treat the screened DuPont

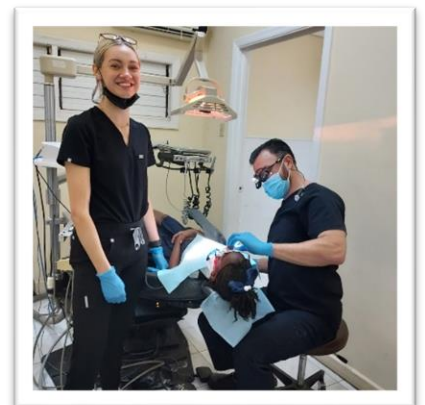
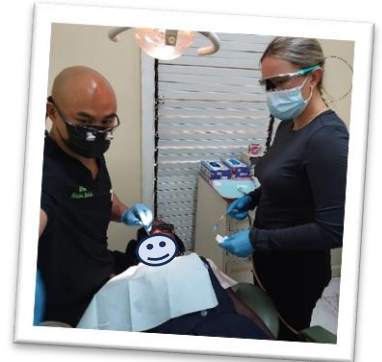
primary students in the clinic. Having the advanced notice of two pediatric dentists and an oral surgeon coming from the States for March, it was prudent to make full use of their specialties. Each year, oral disease has been noted during the oral health program screenings, but there is limited follow-up. Historically, a mission would see approximately 5- 6 students. January 2024 provided dental care to 17 students and for this March mission, over 100 students were seen in the clinic. There were hundreds more that could have received care from a dentist if there was time and the students would have been more available. Wednesday was the last day before spring break and many of the students either dismissed early or were on a field trip (the entire 3rd grade). This mission’s focus was to see as many of the screened students with dental needs. Dr. Renee Batts was unable to join us and our one RDH who was to serve as her assistant had flights cancelled until half way through the mission. She got a refund and will serve asap.

The Mission Mrs. Nadia Morris-James, Vice Principal DuPont Primary School was notified via email of the mission dates and student names. Mr. Gregg Williams, Guidance Counselor, brought the students to the clinic at 9 am, following their morning devotions. It worked out well to keep track of the names of the students, the classroom number, and what treatment may be needed following a screening (filling, extraction, or SDF). I maintained a 13-page spreadsheet of students’ names obtained from the September and November screenings to help determine which students to bring to the clinic. A parent

permission slip was given to a student to return to their teacher and delivered to Mr. Williams. When Mr. Williams would bring up the students by classroom (approximately 5-6 at a time), he handed us their permission slips and we stapled them to the child’s patient record. Per Mrs. Morris-James, the criteria for needing permission from a parent, is if the student would need a permanent tooth extracted. Although it is disappointing to need to lose a permanent tooth at any age, I believe it’s because of the early intervention of the oral hygiene and dietary instruction as well as the fluoride varnish applications, there were only a few permanent molars extracted from the students. Many permanent molars were saved by placing one to four surface fillings, with at least six teeth having

indirect pulp caps. The longstanding benefit of this dental care will have an impact of their health in the future.

The equipment held up relatively well. Weak suction remains an issue which doesn’t allow for keeping the mouth empty of accumulating fluids or maintaining a dry field, which in turn increases patients’ gagging and discomfort and slows down treatment.



In previous conversations, Mr. Jolly and I discussed the possible need for adding horsepower to the compressor. Also, some of the handpiece hoses leaked which sprayed water back onto the clinicians or patients (indoor shower) and an air/water syringe was leaking. Drs. Vera and Cangas used their repairing skills to somehow tackle these issues which we are grateful. Dr. Cangas recommended purchasing repair kits and dentists who are handy enough to switch out the handpiece hoses and air/water syringes can do so during a mission and not have to wait for Mr. Jolly to arrive. An overhead dental unit light bulb burned out in Room 3 and needs to be replaced – it’s on the list. Dr. Cangas shared a website for these kits, as well as purchasing needed items such as handpieces, cordless curing lights and cordless prophylaxis handpieces at a fraction of the cost. The latter two items are in dire need of being replaced.



It's always a joy to watch a mission that's taken months to prepare, unfold, and have missionaries who are dedicated to the profession carry it out. Much appreciation goes to Dr. Vera for suggesting the dental reunion with Drs Cangas and Salony, who all three served together as dentists in the US Army. Thankful too, for Dr Salony in bringing three of his outstanding dental assistants. Special recognition to Dr. Cangas for all his repair skills and talent (which we need to see more of on a future mission). Sarah, as always was a tremendous help at the front as she orchestrated triage and kept up with the patient flow.

She had all the patients' BP and radiographs (x-rays) taken without any backlog. Karen, of course is a whiz with sterilization and keeping track of instrument availability and location. Brother Moses was invaluable in helping the students complete their paperwork and helped

maintain order. Rosemarie and I handled patient intake to include the adults as well as all the students. We missed having Marie with us because she was in the States. It was controlled chaos with the number of bodies coming in and out of the clinic but it was so rewarding knowing the impact this team made with the children. There was a small handful of students who refused to cooperate and didn't receive needed care but for the remaining children, word spread through the school, that the dental clinic is a fun and safe place to visit. As we waited for our evening ride, many of the children who hang around the school grounds interacted with us. Fun was had - trust was built. [\(click to see video\)](#)



Going Forward The fall is the beginning of the Oral Health Education Program and we will start over with seeing the children at DuPont. My vision is to continue to expand the prevention aspect for the children. This can be accomplished through portable chair units, setting them up in the medical clinic, and providing child cleanings and dental sealants. So many of the dental hygienists who come on missions are familiar with public health and seeing children in these types of settings, it is second nature. I will provide more information to the board. Upcoming missions are TBD. Several dental offices and multiple individuals have expressed interest in serving on a mission.

For more information about serving or donating dental supplies, please contact: Michele LaBasi
mlabasi.jop@gmail.com

Immediate needs for school program:
 Fluoride varnish
 Disposable mirrors
 Toothpaste and floss

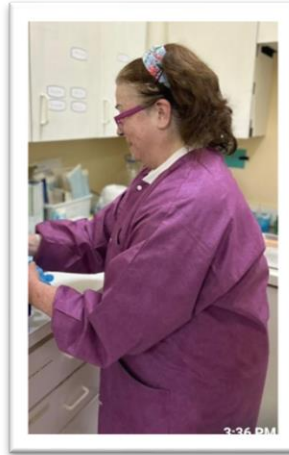
March 25 – March 27	Patients
Total Patients Seen (Adults and children)	137
Child Cleaning with fluoride varnish	3
Sealants	11
Fillings (Adults and children)	55
Extractions (Adults and children)	72
Unable to Treat (BP too high or uncooperative)	5
Exams	15
Referrals	3

(more photos next page)

It's so hard to pick photos – so many moments to capture. You have to be there – come join a team!



L - Rosie keeping track of patients.
R - Karen keeping up with sterilization.



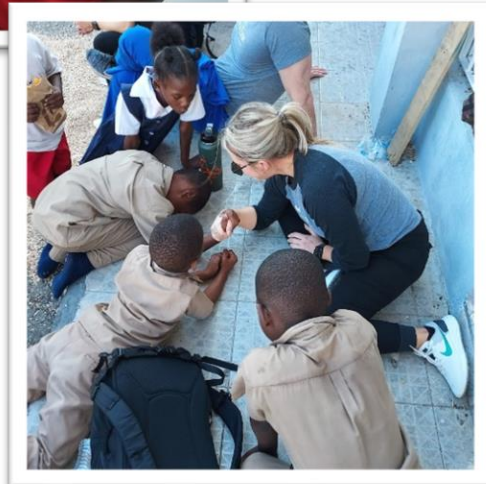
Brother Moses always caring

Industrious students being helpful



Wow, Dr Vera, I want to be a dentist just like you!!

Assistants are strong, too!



In a recent survey, 3 out of 3 dentists agreed, it was a 2 thumbs up mission!
(Hi Taylor!)

