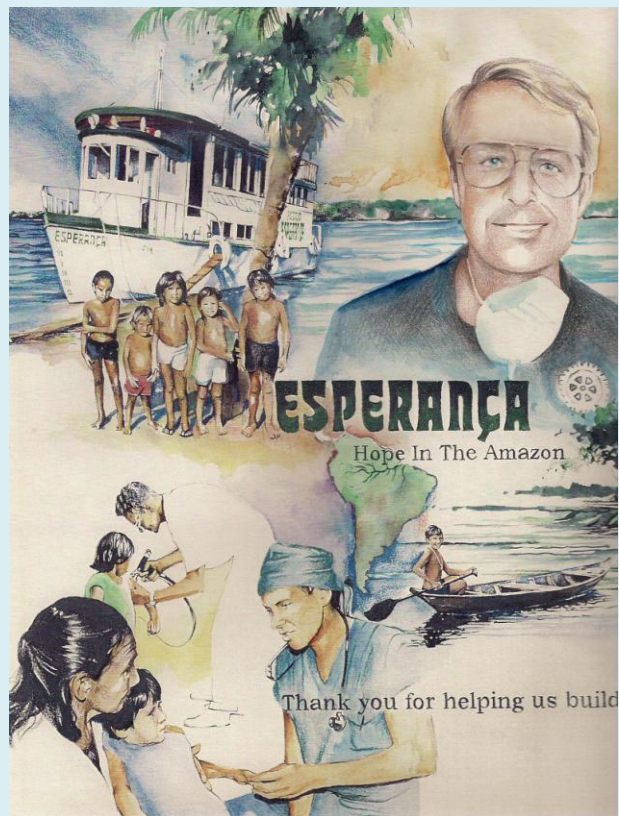


IN CHASE OF A CAUSE

"SERVICE TO HUMANITY IS THE BEST WORK OF LIFE"



WILLIAM R. CHASE, D.D.S.

MEMOIRS OF AN INTERNATIONAL DENTAL VOLUNTEER

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A VOLUNTEER'S HANDBOOK FOR OVERSEAS ASSIGNMENTS

DEDICATION



Bill Charon Chuck

This book is dedicated to my late sister, Charon. For over 32 years she had been my personal dental assistant in my private general practice in Adrian, Michigan. However, long before that she was a very caring older sister to me and my identical twin brother, Chuck while we were growing up in the 50s.

Charon attended Adrian Senior High School and then went on to attend Michigan State University where she met her first husband, Sam. Between them they had two children, Cheryl and Jeff. Cheryl is currently single and resides in Janesville, Wisconsin while Jeff and his wife, Andrea, have two children and live in Plymouth, Michigan. Charon's second husband, Stan Robertson, succeeded her in death in 2006. They had no children.

Following a 16-month battle with a malignant brain tumor my sister passed away on October 26, 2002 at the age of 65. She was in the prime of her life. I miss her very much but my fond memories of her give me strength and resilience on a daily basis.

In addition to my sister this book is dedicated to the hundreds of international health care volunteers who knowingly place themselves in harm's way each and every day. They risk their lives to help the needy especially in the more remote areas of the world. A volunteer's assignment is constantly shrouded by the threat of contagious diseases indigenous to the local environs, kidnapping, physical violence and even death, oftentimes due to the prevailing political unrest in warring regions. To those courageous health care volunteers who have gone before me and to those who continue to pursue their altruistic journeys, I also dedicate this book.

INTRODUCTION

My book's subtitle, *Service to Humanity is the Best Work of Life*, is a line from the *JayCee Creed* (Junior Chamber of Commerce). It has guided the members of this organization with a profound philosophy since 1946. It was authored by C. William Brownfield. I joined the 60s while I was in college and this incredibly insightful and ever since. For many years now a book chronicling my dentistry overseas as well as my international work assignments talents. Since selling my general Michigan in 2004 and moving I made time to pursue this capturing on paper many life-changing events. This book that effort. As I mention at the 1, I knew I wanted to be some 1951 when I was five years old. later my interest in traveling and evolved following my University of Detroit School of association with the Detroit sparked the fire to volunteer journal continues with a more relative to my actual work Philippines for one month and over the course of 17 years. overwhelming and life-altering

My first volunteer on the remote island of Palawan in the Philippines in July, 1984. As you will see, the span of time between this assignment and the one beginning in South America was eight years. I was reluctant to repeat the first experience for reasons that will be revealed in a subsequent chapter. Then between 1992 and 2010, because of a spiritual epiphany that I cannot explain in words, my desire to help the underprivileged abroad was rekindled. It was then that I chose to volunteer in the Amazon River Basin of Brazil.

The JayCee Creed

We believe:

That faith in God gives meaning and purpose to human life;

That the brotherhood of men transcends the sovereignty of nations;

That economic justice can best be won by free men through free enterprise;

That government should be of laws rather than of men;

That earth's great treasure lies in human personality; and

That service to humanity is the best work of life.

JayCees in the late have been inspired by meaningful mantra I have wanted to write experiences teaching numerous using my God-given practice in Adrian, to southern California, passionate desire of thrilling and, at times, is the end result of beginning of Chapter type of doctor around Twenty two years teaching dentistry graduation from the Dentistry. My early Dental Clinic Club internationally. This in-depth account assignments in the then later in Brazil These have been experiences for me. assignment took place

My memoir documents not only some of the more interesting patients that I have met and treated around the globe but it describes the prevailing political environment at the time of these assignments. A few of the case descriptions and photos may appear a bit graphic but I felt it necessary to include them in order for you, the reader, to grasp the enormity of the dental health care issues confronting third world countries.

During my 13 clinical assignments abroad I have had the privilege to treat more than 10,000 patients, some routine and some extremely complex, given the bare-bones equipment I had to work with. Had it not been for Rotary International, Health Volunteers Overseas (the humanitarian arm of the American Dental Association), and Amazon Africa Aid Organization, the non-profit fundraising group I founded in 1999, I would never have had an opportunity to experience these unique events. To all three organizations I say, quoting the late great comedian, Bob Hope, “Thanks for the memories!”

There is actually another purpose I had in writing this book: I hope to motivate young adults who have either just entered the health care professions or those who have been involved in health care work, to volunteer their professional talents some day. The needs, both here and abroad, are incalculable and incomprehensible. My hope is that by my sharing these joyful and, at times, heart rendering experiences that they may trigger a motivation and enthusiasm in others.

PROLOGUE

When I first began my general dental practice in 1972 I never would have fathomed that over the next 40 years I would assist a surgical team in a breast reduction; take part in helping to save the life of a little girl scalped during a boating accident; or help to acquire life-saving skin from a piglet in order to perform grafts for a small child in Brazil. In addition, I have sad but vivid memories of youngsters I met in Bolivia with disfigured faces due to severe cleft lips; of the oral cancers I observed in the former Soviet Union; of infants with club feet in Peru; of elderly people in Ecuador with cataracts so severe that they could only make out shadows and silhouettes; of people in the Philippines so weak from hunger and disease that they had a difficult time walking to the medical facility for help; and of severely sick patients lying on rusty metal hospital beds in Beijing in the middle of winter, shivering uncontrollably because there were no panes of glass on the windows.

But I did take part in all of these events as well as many others during my thirteen international trips as a dental educator and clinician. Over the last four decades that I have practiced dentistry I have seen a multitude of unbelievable conditions in emerging countries. I never ceased to be touched by the enormous suffering experienced by young and old alike who had little or no access to the most basic medical or dental services. These are the stories that I will relate to you in this book.

Each year I think I've seen it all but I have come to learn that surprises never cease. But along with the feelings of despair I have come to also see an immense amount of hope. In all of these experiences I sensed a personal gratification. The hope came from the continued work of healthcare volunteers who would leave the comforts of their personal surroundings and assist others in need. The personal gratification came from when patients smiled back at me in thanks for what little I may have done for them.

When my volunteer work ended in 2010 in Brazil so did my future as an international healthcare provider. I'm older and less resilient and overseas clinical work has taken its toll. I am frequently asked if I would ever change anything in my life about volunteerism if given the chance. To this I respond with a resounding "NO!"

I will always be indebted to the good Lord for allowing me the opportunity to *chase a cause*...to have made other peoples' lives a little better; to be a more compassionate human being myself; and to have interacted with so many wonderful and grateful people throughout this world.

WRC

CHAPTER 1

My Childhood Dream

Since I was five I have known I wanted to be a doctor. I realize now that it stems from events surrounding an injury I sustained at that young age. As a result of the accident, I encountered my first visit to the hospital's emergency room in my hometown of Adrian, Michigan.

My twin brother, Chuck, and I were just learning to ride our bicycles for the first time without training wheels. That was way before any state mandate was enacted requiring protective headgear to be worn. I remember my dad taking us both out onto the cement driveway of our home on Dennis Street and pompously hopping on to our two-wheelers. Things were going just fine until I made my very first turn on the sloping part of the driveway. I lost my balance and smacked the right side of my head on the hard pavement. I remember the immediate pain and then me screaming at the top of my lungs as my dad rushed over to see what had happened. In a state of panic dad picked me up, placed me in the back seat of our wood-paneled Buick Roadster and whisked me off to the emergency room at Bixby Hospital about two miles away. Both my father and I were covered in blood. I was taken into the ER where the blood was cleaned up and the wound more clearly observed. It was then that the doctor knew my injury was more than just a little laceration. An X-ray of my head showed that I had experienced a "severe concussion". As I look back on the accident I really can't remember a lot of things that went on that day. One thing that I do remember, however, is that the doctors and nurses in the ER were exceptionally attentive and willing to do anything humanly possible to get me through this traumatic experience. They were very comforting to me because I was so young and scared. To this very day I have the horizontal scar on the right side of my forehead that keeps getting more apparent as my hairline recedes! Because of the care that was delivered to me by the Bixby hospital staff, I am certain that this was that day when my interest in becoming a doctor took root.

After my family moved out of the house on Dennis Street we relocated to a rural part of the city, way out on the north end. Our new house was directly adjacent to a new medical complex. One day while my brother and I were mowing part of the three acres of our family's orchard that abutted the medical building, I watched intently as nurses discarded items in a trash bin at the back of their building. Chuck noticed them too but wasn't as excited to see what they were discarding as I. When the staff members went back inside I hastily ran over to see what had been thrown away. Lo and behold, as I pulled the first bag out of the trash bin I saw that it was filled with empty glass vials and used syringes. I stuffed whatever I could into my pants pockets being careful not to stick myself with the needles still attached to the syringes. If that were to happen today, OSHA would be all over the medical facility for inappropriately disposing of contaminated

medical waste, not to mention the diseases I was fortunate not to have gotten as a result of my scavenger hunt. But, being six, I had no idea what the various dangers could be.

At home and alone in the garage, I separated what I considered the “useful” materials from the rest of the “junk”. I couldn’t wait to set up my new medical office in our bathroom. These supplies made me feel like a real doctor. That experience solidified my future desire to *chase my cause* of wanting to become a part of the healing arts.

CHAPTER 2

Preparing for Graduate School

My twin brother and I took the same courses throughout high school and college. In 1963, a year before graduating from Adrian High School we had applied and been accepted to Western Michigan University located near the Lake Michigan side of the state in Kalamazoo. Since we were avid tennis players we knew that WMU had an excellent program and we wanted to be a part of it.

But in the summer of 1964, just months before we were scheduled to enter the university, our father collapsed in our living room early one Saturday morning. He was rushed to the hospital and subsequently diagnosed with *multiple myeloma*, a blood cancer that still today has no definitive treatment or cure. Dr. Howard Eddy, dad's personal physician, knew that he had been employed at Bassett Foundry some years before. Bassett Foundry manufactured I-beams and other structures used in construction by melting metals like iron and steel and pouring the molten liquid into prefabricated molds. Dr. Eddy theorized that his cancer may have been linked to inhaling the smoke of melting metals. Seven months later our dad succumbed to the disease. It was a lingering and painful death. This cancer of the bone marrow renders the blood very thick, similar to 40-grade motor oil. Every two weeks dad received transfusions to replace his abnormally viscous blood with fresh plasma and cells. Because of the large quantity of blood that he required, Chuck and I had to replenish it by donating our own supply to the Red Cross every 54 days. Both of us gave so much blood that we each reached the *Five Gallon Donor Level* by middle 20s!

The saddest and most unfortunate part of dad's death was that he died at such a young age...he was only 56. At that time my parents had owned a motor lodge. Following his death Chuck and I were forced to cancel our positions in the incoming class at WMU in order to help our mother run the family business. Luckily there was a college right in our hometown. So we applied and were accepted to Adrian College, a small, Methodist-supported, liberal arts institution with an excellent reputation for students pursuing careers in medicine and dentistry.

Our courses, as you can imagine, turned out to be top heavy in biology, chemistry, and mathematics. Our course selection was intentionally focused on the sciences since we both hoped to enter some type of health care field. The year before we were to graduate from Adrian College we had applied to the state's two dental schools, its one veterinary school, and two additional medical schools in California. As we waited to hear from the respective Admissions Committees, the dean of the Michigan State College of Veterinary Medicine called us in for a personal interview. At that meeting he advised us, "You two will both be accepted to our graduate program if you complete two additional courses, *Poultry Science* and *Animal Husbandry*." We looked at each other in utter (excuse the

pun) amazement. We were both thinking the same thing.....there was NO WAY we were taking these courses! They sounded so dry and boring. We declined the offer on the spot. So much for becoming veterinarians!

It wasn't long after that I heard back from the University of Michigan School of Dentistry. They informed me by letter that I was being placed on their *Alternate List*, meaning that if a chosen applicant turned down his/her spot in the incoming freshman class I would be next in line. I told the Admissions Committee that I was fine. I wanted to lock something in even if it was tenuous at best. Then I heard from the University of Detroit Dental School that I was accepted with no strings attached. Considering the small chance I had to be accepted to one of the two graduate schools in California, I immediately accepted Detroit's offer.

Chuck had yet to hear from any of the schools. When I went to the U. of D. to be interviewed, and I'm sure that was strictly for the purpose of confirming that I had two eyes and two functional hands, I happily emerged with my Letter of Acceptance. On my way out of the Dean's office I asked if he could give me an idea as to the status of my twin brother's application. He asked, "Who?" My heart sank. He sifted through the pile of rejected applications and Chuck's was there. To this day I don't know why I was accepted and he wasn't.

It was a bittersweet ride home for me. I practiced over and over in my own mind what I was going to say to my Chuck. I couldn't feel too elated about my news because I was devastated about his. When Chuck finally heard the bad news he was, of course distraught, but his spirits were elevated by the fact that at least one of us had been accepted.

I attended the University of Detroit School of Dentistry (now the University of Detroit Mercy) from 1968 to 1972. It was the most demanding education I had ever undertaken. The first two years were comprised primarily of didactic courses along with a smattering of pre-clinical dental courses. I had only one summer vacation and that was after my freshman year. The remaining three years was devoid of such welcomed respites.

The old adage among dental students at the time was, "You fight to get in and then you fight to get out." There were 80 men in my freshman class and not a single female. Dentistry was primarily a male-dominated profession until the middle 80s. Today 50% or more of incoming classes are female. After the first day of our Gross Anatomy class, a discipline that required students to dissect human cadavers, six students quit on the spot. They couldn't stand the smell of the preservative, Formaldehyde, and they couldn't fathom the idea of working on a dead body for twelve months. When my class graduated four years later there were only 65 of us left. Most of the men who didn't graduate failed to make either the minimum grades or adequate clinic points. Clinic points were awarded to students when a procedure was completed on their patients, for example when a crown is constructed or a root canal completed, etc.

A year before my graduation I paid a visit to our family dentist, Dr. Richard S. Youngs, who owned and operated one of the busiest and most successful dental practices

in my hometown. The farming community of Adrian is located in the southeast corner of Michigan's Lower Peninsula, approximately 20 miles due north of the Ohio state line. My hope in the short term was to be an associate of Dr. Youngs but I still had a year of dental school to finish. When I asked him what he thought of the idea he said, "Bill, I think the idea is a great one but I'll have to talk to my wife. I'll get back to you shortly." I thanked him and headed back to Detroit.

After about a week Dr. Youngs called me back at school and said that he and his wife, Leila, had spoken and decided to have me work as an independent contractor in their office. I was thrilled! He told me though, in order to accommodate me he would have to add on a 400-square foot addition to the back of his existing facility. He added, "But, Bill if you don't pass your State Board exams when you graduate, you will still be obligated to pay me rent on the addition until you do pass." That scared me because I had heard from recent grads that the state board exams were very difficult to pass the first time. If I failed I would have to wait at least another six months to retake it. I was already thousands of dollars in debt from school and the notion of having to pay a monthly rental fee of \$400, when I couldn't work, was a daunting thought. Not willing to jeopardize my position with Dr. Youngs, I bit the bullet and told him I would sign his contract. The best news of all came when I passed the board exam on the very first try!

I practiced with Dick for close to five years. It was during that time that he introduced me to his good friend, Dr. Jack Van Schaick. Jack was an optometrist in town and was the person who eventually sponsored me into the local Rotary club. Dick had orchestrated this move because he thought this would generate more business for me since he was a member of the local Kiwanis club. Incidentally, my dad was a charter member of this club. It was the best move of my life. In 2013 I celebrated 40 years in Rotary. This organization gave me my start as an international dental volunteer which I will elaborate on in later chapters of this book.

Jack Van Schaick was also an integral part in helping me relocate my general practice when my lease with Dr. Youngs expired. Jack was one of four owners in a new three-story office complex located next to our local hospital. In 1978, knowing that my lease with Dick was to expire, he asked if I would be interested in renting one of the professional suites that was available in the building. I strongly considered it because I had just gotten wind of the fact that Dick's son, Mooch was planning to enter dental school the next year. This factor heavily influenced my decision to relocate my practice.

I loved Jack's building when I saw it. The layout and the professional look of the suites really impressed me, not to mention that it was right next to Bixby Hospital where I already had clinical privileges to perform dental procedures under general anesthesia. I proposed an offer to Jack. I asked him, "If I were to sign a multi-year lease, would you and the other owners of the building be willing to take me on as a financial partner?" I really wanted to own my own office, and by becoming a shareholder, I would actually feel that I was doing just that.

After a conference call with the other investors, Jack informed me that, "Yes, Bill, we will allow you to become a shareholder in the business." I was thrilled with the news

but, by the same token, I felt reluctant to go to Dick and tell him I wasn't going to renew my lease for another five years. He had been so accommodating to me and now I felt like I was slamming the door in his face. As it turned out Dick was fine with the news but his wife, Leila, snubbed me for years until her son graduated from dental school and took over his father's practice.

I had now become part owner as well as a tenant in the Riverside Professional Building, a business relationship that was to last for the next 30 years. In 2005, I sold my interest in the building to one of the four original owners for almost ten times my initial investment back in 1976. Not only was it in a great location but it was a smart business move as well.



Dr. Youngs and me, 2012

I had the pleasure to meet with Dick in 2012 at the Annual Session of the Michigan Dental Association. He was suffering from macular degeneration and could hardly make out who I was. Not only was Dick a good friend, mentor, and professional associate, he was a superb dentist. As a testament to his clinical quality I still have many of the same fillings he placed in my mouth over 50 years ago!

CHAPTER 3

The Detroit Dental Clinic Club

My fervent interest in traveling and teaching dentistry abroad was solidified one afternoon in 1972 when Dr. Youngs invited me to attend a meeting of the Detroit Dental Clinic Club (DDCC). He had been a member of the prestigious professional fraternity for years and told me that if I joined the club I would meet other dentists in southeast Lower Michigan.

Founded in 1914, the DDCC was comprised of the best of the best dental educators and practitioners in the Midwest. Their members were either current or former faculty members of one of the two Michigan dental schools, the University of Michigan and the University of Detroit. The club was made up of seasoned educators and private dental practitioners who shared similar interests in traveling and teaching contemporary dentistry to foreign professionals.

The DDCC included more than a dozen sub-specialty groups, e.g., the Endodontic Section (root canals), the Orthodontics Section (the art of straightening teeth), the Occlusion Section (evaluating bite abnormalities), and the Direct Restoration Section (porcelain and silver fillings). Since Dr. Youngs was a member of the Direct Restoration Section you could say that I was accepted into this sub-group by professional association.

I often reflect back on some of the members of the DDCC who served as my personal mentors. Among them were Drs. Francis Schmidt, Don Pokorny, Frances Blake, Wally Niemann, Wayne Robeson, Oliver Marcotte, Bob Pinney, Ed Barrett, and Robert Singelyn. These were men from whom I learned a great deal from listening to their lectures during our many travels together.

When my annual trips with them began in 1973, we all had our compartmentalized lectures prepared to present to our overseas audiences. The foreign dentists would absorb a vast array of clinical information ranging from basic dentistry to the more sophisticated techniques such as implants that were just coming into vogue in the early 70s. Fortunately we had most of the dental specialties covered in our presentations. We focused on disseminating the most pertinent and up to date clinical information available.

Since beginning my affiliation with the DDCC I have traveled to Sweden, Denmark, Finland, Norway, China, the former Soviet Union, Luxembourg, Switzerland, Bolivia, Ecuador, Peru, Bolivia, the Philippines and Brazil. What truly great experiences they have all been.

THE PHILIPPINE ISLANDS

1984



CHAPTER 4

My First Volunteer Assignment: The Philippines

It was January, 1984. I had just celebrated my 11th year as a member of the Adrian Rotary Club. While perusing the latest copy of *THE ROTARIAN*, Rotary International's monthly publication, I came across an interesting article about *Rotary Volunteers*—health care professionals who received international travel and working grants funded by Rotary's Health, Hunger, and Humanity Program (3-H).

As I stated in the previous chapter, the extent of my international travel had been with the DDCC, but now I had an urge to actually volunteer my clinical skills abroad. As I learned more about the organization's grant structure I discovered that for many years Rotary International had been sending dental volunteers to the floating clinics in Hong Kong Harbor to treat Vietnamese refugees, or Boat People. They were barges on which treatment rooms were set up to care for hundreds of these displaced people. In addition there were Rotary-sponsored dental clinics set up in Kuala Lumpur, Malaysia, and two provisional dental facilities established in the Philippines, one in the city of Bataan, on the island of Luzon, and a smaller one on the remote island of Palawan. The latter was located 600 miles southwest of the main island, nestled between two major bodies of water, the South China and Sulu Seas.

A month later I decided to apply for one of their grants to Southeast Asia. It took two months to get confirmation back that I had been chosen to receive a 3-H Grant to work for a month overseas. I was delighted. Rotary International marketed this trip as a "life changing experience" However, I had also heard from a few former volunteers that such an experience could be primitive at best in terms of a less than adequate working environment, bare housing accommodations, and mediocre to awful food. Until that time, "roughing it" to me meant staying at a Holiday Inn instead of a Ritz Carleton or wearing a shirt with no tie. For a reason unclear to me, I chose the island of Palawan.

I quickly prepared my office staff for the upcoming trip. For the first time in my 12 years as a solo dental practitioner I was apprehensive about leaving my office unattended because I had no other dentist working in the office on a day-to-day basis. The fact that I was going to be gone an entire month really bothered me. I had no associate working on my behalf to supervise staff or generate revenue although I did have two hygienists working full time which would keep some of the bills paid. However, what eased my initial anxieties was the fact that I knew that the Good Lord wanted me to carry out this humanitarian service. He assured me in ways I cannot describe that everything would be fine while I was away.

Once I accepted the assignment Rotary arranged my round trip ticket. On August 19, 1984, I was on my way to Manila and then to the remote island of Palawan which was a one-hour jet trip from the Philippine's capital city.

My prior research of the island and its capital city, Puerto Princesa, (the name means “heroic warrior” in Malay) was quite interesting. The island is sandwiched between the South China Sea to the west and the Sulu Sea to the east. The island was once famous for its many species of trees: mahogany, ipil, narra and amagong. In 1930, British loggers began clearing the west coast of the island of these precious hardwoods and while doing so gave the bays and harbor English names.

During World War II Puerto Princesa was the site of a Japanese-controlled prisoner of war camp. Brutal beatings and other horrible acts of torture were perpetrated on American POWs. One example of how bad things got for U.S. forces occurred in 1944. A group of soldiers from the Japanese Imperial Army forced 154 American prisoners deep into a tunnel near the city’s main cathedral, doused them with gasoline and set them on fire. A total of 143 soldiers died and 11 escaped. More information on this and other atrocities can be found in the book, *Defenders of the Philippines, Guam, and Wake Islands: 1941-1945*, by Bill Schiller, published in 1991 by Turner Publishing Company.

I had read a lot about the prevailing political environment of the Philippine Islands before I left the States. When I finally arrived in there in the fall of 1984 hundreds of anti-Ferdinand Marcos supporters were demonstrating in the streets of most major cities.



Benigno Aquino



Ferdinand Marcos

They were commemorating the First Anniversary of the assassination of Senator Benigno (Ninoy) Aquino, the leading opponent of Ferdinand Marcos and his 20-year military dictatorship.

After a three year, self-imposed exile in the U.S., Aquino returned to the Philippines on August 21, 1983, with the intention of running against Marcos in the upcoming election. As Aquino departed his plane in Manila he was ambushed by a pro-Marcos supporter and mortally wounded. Aquino’s assassination fueled major unrest throughout the Philippines for years until his widow, Cory, won her own election against Marcos three years later. Her election initiated country wide rallies as well for many months to come.



Cory Aquino

I landed in Manila at 11 p.m. local time. Even though I arrived late at night I wasn't worried because I had made reservations at a local Holiday Inn weeks before departing the States. Once I got through Immigration at the Manila International Airport I went straight to Baggage Claim to retrieve my one piece of luggage.

I exited the airport and rushed outside to hail a taxi. When I got a cabbie's attention he pulled up to the curb, dashed out of the vehicle, grabbed my bag, and threw it rather carelessly into the trunk. On my way to the back seat of the cab I gave him the name of the hotel and the street it was on. He replied, "Oh wow, that's in one of the most dangerous parts of the city." I thought to myself that it's too late to make a reservation at another hotel so I'll just be brave and tough it out. The cab then sped off.

I had no idea where I was going or how long it would take to get there. It turned out to be the cab ride from hell. My exhaustion from spending the past 24 hours in the air was immediately obliterated by the ride. Adrenaline is great when you need it. We reached the hotel about 30 minutes later. The ride not only cost me a huge fare but it took at least ten years off my life! There are absolutely NO speed limits in Manila.

Once we pulled up to the front of the Holiday Inn, I reached into my pocket and paid him his fare...five crisp \$10 bills. I exited the vehicle thinking the driver would help me get my luggage out of the trunk. The cabbie, careening his head out the window shouted back to me, "I'll flip the hatch on the trunk and you can get your bag out. Have a good evening!" I couldn't believe my ears. I quickly grabbed my bag and bolted up the steps of the hotel much like O.J. Simpson did in his old Hertz commercials. Within seconds I found myself standing in the lobby of the hotel, panting and checking for bullet holes in my Cardigan sweater.

I completed the reservation form and the clerk behind the desk asked me, "Do you have any valuables with you that you would like locked in our lobby safe?" She added, "We advise our guests to leave their valuables here with us because there have been times when our guest rooms get broken into, especially when they are left unattended." Needless to say this made me even more anxious about my stay. I followed the night clerk's suggestion and left all my valuables in the safe. If it had been a clothing-optional establishment I may have left everything there and walked to my room naked! My night in that hotel was actually uneventful.

The next day I returned to the Manila Airport to board a small jet to fly to Puerto Princesa City, my new home for the next 30 days. It took one hour to get there. As we approached the landing strip, I noticed an extremely desolate airport facility devoid of life. I didn't see any cars. As I walked off the plane I noticed only one terminal building on the site. As I approached this shabby-looking lean-to, I saw a few people mingling around but no one seemed to care that I was the new Rotary International dental volunteer. No one rushed up to present me with a bouquet of flowers or even the *Key to the City* welcoming me to this god-forsaken piece of nowhere. How rude I thought. But in reality this truly did worry me because for the entire month prior to my leaving Michigan I had been getting written correspondences from a person named Bennie Santos, purported to be the current Rotary District Governor of that area. In all his

communications to me he said, “I am looking forward to personally meeting you at the airport in Puerto Princesa City upon your arrival”. **He never showed up.** I doubt if Governor Bennie Santos ever existed. Oh well, I’ve been in more remote places than this with no cordial fanfare.

As I left the terminal I was immediately confronted by a cadre of tricycle drivers all offering to take me to my destination. They were everywhere. I was informed later that their owners gave them special names and then painted the name on the sides of the vehicles. There were names like “My Isabella” or “Grace” or “Blessed Virgin” and even “Sweet Jesus”. The three-wheeled vehicle can hold up to three passengers comfortably. But as I saw more trikes pull up to the pick-up area and people get on, I witnessed some carrying as many as ten passengers in them with their bags stored up on the roof. Passengers hung out from all sides. It’s a wonder that people weren’t killed by falling off these rickety contraptions. But again, maybe they had and I just wasn’t aware of it.



Tricycles

When I arrived in the island’s capital city on August 21st, the locals were also celebrating the first anniversary of the assassination of Benigno Aquino, much like they were back in Manila the day before. The rally I witnessed in the downtown area was somewhat frightening. The assassination was still very fresh in people’s minds and the pride they possessed in their hero’s martyrdom was contagious. I was concerned for my safety because I suspected that there could be some die-hard militant Marcos loyalists lurking somewhere in the densely populated metropolis.

I eventually arrived at what would be my home for the next month, a rather interesting commercial structure known as the Puerto Princesa Hotel. Oh My God, what a flea-bitten establishment! The temperature that afternoon was over 110-degrees F with humidity so high you could slice it with a knife. I was greeted by Leoncito (Leon) Lacsamana, the owner/manager of the hostel. We exchanged pleasantries as he officially welcomed me to Puerto Princesa with a firm, but moist handshake. That’s more than I got from Bennie Santos! Leon asked me to come into the lobby and sign the guest book that legitimately condemned me to the next 30 days of incarceration on this flea-infested island. He grabbed a key off a hook and directed me to my room which was in the back of the building, far from the main lobby. As I entered the room I recalled how Janet Leigh felt when she checked in to the Bates Motel. It contained a very uncomfortable looking double bed with an arched wicker headboard, a warped wooden writing desk, and a severely antiquated air conditioning unit that took up 80% of the only window in the

room. The room was so small that you had to go outside to change your mind! Around the corner was the musty-smelling bathroom.

Leon warned me that the area in which the hotel was located experienced “brown-outs” at least once each day. These were times when the electricity was intentionally shut off in specific parts of the city so as to conserve what little power the city had to offer. He informed me that my lights would be shut off between the hours of 7 p.m. and 5 a.m. each day. That meant that I would have NO air conditioning during the hours I was asleep. OH MY GOD! So much for a restful month.

It turned out my accommodations were the least of my worries. I arranged to be in bed by 7 p.m. that night hoping to drift off to a REM sleep not too long after that. At the appointed time as promised, the electricity ceased to function. I had already set my flashlight light and battery-powered short wave radio on the night stand to prepare for any emergencies. As I was lying on my bed in pitch darkness I started to sweat profusely. I hadn’t sweat that much since the nun in my third grade class discovered that my twin brother and I had changed seats in order to cheat on a math test! The room was like a bank’s sealed safe. I wondered, “How could anyone sleep in these conditions?” I stealthily found my way into the bathroom and retrieved one of the bath towels. I thought it would be a good idea to have one near me to wipe off the sweat every couple of hours.

Around midnight I was awakened by an odd scratching noise coming from high above my head. It sounded like fingernails running up and down the back of the headboard. I slowly reached for the flashlight on the nightstand. Once secured in my hand I turned it on and shined it towards the headboard. Holy crap! All I could see were tiny little feet, scurrying up and down the back of the decorative support. On closer investigation I discovered the little feet belonged to a herd of cockroaches! (Not sure what you call a group of cockroaches. Maybe “pack” would have been a more appropriate term). My first instinct was to bang the headboard hard against the back wall in hopes of crushing as many of these varmints as possible. And that’s exactly what I did. I could hear dead or wounded cockroaches falling to the floor. My heart was racing like I had been playing tennis non-stop for two hours. I wanted those tropical beasts out of my room, and fast! How I wished for a light that would fully illuminate the entire room. After about 10 minutes, when my heart rate settled to that of a long distance runner, I pulled the bed away from the wall and with a wet paper cloth, wiped up the resultant carnage of my rage against these four-legged creatures. Needless to say, I didn’t sleep well the rest of the night. I wondered for the next four hours what other creatures would be out to get me.

The next morning I marched angrily to the hotel’s front office to confront Leon. I informed him of the events of the night before, to which he responded, “Oh, I forgot to give you a stack of old newspapers and soup bowls for your room.” Newspapers and soup bowls? I wasn’t asking for room service, just a halfway decent night’s sleep. He went on to explain that I should wad up newspapers and place them in the 3” gap between the door in my room and the floor. That would keep the cockroaches from entering the room again. Leon told me that the cockroach population on the island was a problem due to the

severe humidity. Then he handed me four small porcelain soup bowls. He said, "Fill each one of these with water and then place each foot of the bed into one. Since cockroaches can't swim they won't be able to crawl up the side of your bed once they're in these small swimming pools." You have got to be kidding me. I followed this protocol until the day I left Palawan Island and I never had another problem with cockroaches!

I returned to my room to get my shower before heading off to the dental clinic for the first time. I took off my clothes and headed for the musty-smelly bathroom. When I reached over the two-foot barrier enclosing the shower I glanced down at a 10-inch, yes a 10-inch centipede, on the floor. I think my heart actually stopped for five seconds. I thought before the creature escaped through the center drain I had better get something to kill it. I quickly ran back into the bedroom, grabbed one of my flip flops and proceeded to rush back to the bathroom and smack the snake-like creature as hard as I could. I almost knocked my arm out of joint when I did it. I hit it so hard that it separated into about 100 bloody pieces. Talk about an adrenaline rush. And this was going to be home for the next 29 days!?

CHAPTER 5

The UNHCR Compound

In the early spring of 1975, when Americans were close to ending their military involvement in Vietnam, the United Nations began financing the construction of makeshift camps to house the increasing numbers of refugees around South East Asia. Refugee centers began cropping up all over that part of the world. Collectively they housed tens of thousands of refugees who had escaped from Communist Vietnam.

The particular facility to which I was assigned was known as the *Philippine First Asylum Center* and had opened in February, 1979. The cost to maintain this and similar refugee compounds was borne by the United Nations to the tune of \$1.5 million annually. This specific facility was situated on a ten hectare seaside stretch of land owned by the Philippine government. The Western Command of the Armed Forces of the Philippines (WESCOM) served as the processing and implementing unit for the refugee compound. The ultimate authority over the displaced residents, however, rested not in the hands of the Philippine military but with the United Nation High Commissioner for Refugees (UNHCR).



UNHCR Administration Building

At the time of my volunteer experience in 1984, there were 2,500 refugees residing within the walls of the camp. This number would fluctuate constantly between 2,500 and 7,000 throughout its existence. The compound's population had reached its highest capacity in 1980 when China invaded North Vietnam.

The refugees arrived in the compound in boats or on rafts. Once a boat load of refugees reached the eastern shore of Palawan, they were immediately whisked off to what the UNHCR called the Quarantine Barracks.



Quarantine Barracks

Here the malnourished, severely dehydrated, and sick refugees received emergency medical attention as well as nutritional meals and an enclosed shelter. Many of them exhibited a multitude of health problems, i.e., tuberculosis, gastrointestinal infections, Hepatitis B, malaria, scurvy and leprosy. Their stay in this part of the camp lasted approximately two weeks. Once the refugees were found to be cured and/or non-contagious for any diseases, they were relocated to multi-family huts within the compound. The average length of stay for a refugee in those areas was approximately a year.

A special boat that for years served as a memorial to the plight of the Boat People was intentionally positioned just inside the entrance to the compound.



Special Monument

This boat served as a reminder to the rest of us just how traumatic the refugees' struggles were. This particular boat carried fleeing refugees across the South China Sea in the late 70s. When that boat reached land it was found to have transported 95 escaping Vietnamese. Of them, 50 had survived the trip but 45 hadn't. In their tortuous journey across the vast open waters, those who were fortunate enough to survive the 50-day journey did so by cannibalizing the dead bodies. All of the survivors drank the salt water from the sea but vomited immediately after. This constant binging and purging of salt ultimately helped the refugees survive. Theirs was a tragic but moving story.

As I got to know the refugees better the month I was in the compound, I found them to be wonderful and forgiving people. It took not time for me at all to become sensitized to their hardships and struggles. Many of the refugees sat down with me while I took mini-breaks in the dental clinic. They told me some of their interesting and courageous stories. And what stories they were. I left the compound after a month with a deep sense of respect for the Boat People.

Between the 1960s and 1970s, many of the Vietnamese opposed the Communist regime and were very vocal about it. The more prominent ones were routinely charged with being disloyal to the government. Consequently, many of them were arrested and placed in "re-education camps". While incarcerated in these detention centers, the Vietnamese were tortured, brainwashed, and some actually killed because of their rebellious attitudes towards the regime.

While I was working in the dental clinic one morning I found out about a boat, carrying about 20 refugees, had drifted ashore late the night before. Rumors traveled fast and furious throughout the first half of the next day about some of the "suspicious" passengers. The rumor was that this boat contained a few Communist loyalists who were

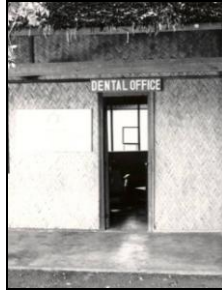
hoping to eventually meld into the rest of the refugee community undetected. However, once the boat came ashore, it wasn't long before some of the anti-Communist refugees began searching for the supposed traitors. Eventually these loyalists were identified and secretly executed in a remote section on the perimeter of the compound. Their bodies were never discovered.

On April 30, 1975, when the Vietnamese learned of America's official withdrawal from the war, more and more boat loads of refugees escaped from Vietnam's most southern ports. Many fled at night so that their enemies couldn't see them. There are many stories of corrupt and greedy Communist officials selling shabbily built, home-made boats to escaping Vietnamese. Some boats sold for upwards of \$20,000 U.S. These shrewd Communist mercenaries promised unsuspecting refugees that their money was buying the best and biggest boats available for a successful escape across the open seas. But, more often than not, once the refugees obtained their newly-purchased watercraft, many found that they contained no engine, and if they did, there was little or no gas to power them. Even worse, some of the self-propelled boats came with a single oar! Many others had holes in their hulls.

The refugees had to fight against all odds when trying to find a safe passage during that tumultuous time.

CHAPTER 6

My One Room Dental Clinic



The clinic

I will never forget my very first day in the dental clinic. As I entered the small, one-room treatment facility at 7:30 a.m. sharp, I was introduced to ten young male refugees who, I soon discovered, would act as my dental assistants for the entire month. Five of them were to work with me in the morning and the other five in the afternoon. At a little before 8 o'clock one of the UNHCR staff members entered the clinic to request my presence in front of the Administration Building for the purpose of an official introduction. This, I was told, was a customary practice for all new arriving dentists. I obliged. As I rounded the corner to the public square I confronted what sounded like canned music coming from an outdated, scratchy speaker system. The music was actually the national anthems, first for the Philippines and then for Viet Nam. While the individual anthems played their respective flags were hoisted up two separate poles. I was amazed at the number of refugees assembled at this ceremony. Following the songs, the Commandant approached the podium and began to deliver his morning message.



My official camp photo



My inaugural address

As soon as he finished he introduced me as the new dentist who would be working in the clinic for the next 30 days. Then he invited me to step forward and say a few words; something I was not prepared to do but did it anyway. As I began speaking the male interpreter asked me to slow down so he could translate my words more accurately to the crowd assembled. Following my brief talk I was officially welcomed as the new dental clinician.

Each and every morning at 7:20 a.m. an announcement was made over the scratchy speaker system alerting the residents of the camp that the dental clinic was to open in exactly ten minutes for anyone wanting to receive treatment. To my amazement, when I arrived back at the clinic on that first day, there was already an astonishing long line of refugees waiting for me.

My first exposure to the clinic was most frustrating. The facility was no bigger than a walk-in closet that one would find in a medium sized home. There was one window to the outside and that was covered with thin chicken wire.



Window at the back of the clinic

This window gave the residents an opportunity to see what I was doing in the clinic. I did not enjoy having young children watch me when I extracted multiple teeth on a patient. It was difficult to conceal the blood that I generated and I certainly did not wish this experience to traumatize any of the young onlookers when it was time to have their own work done.

Even more unnerving than the size of the clinic was the absence of running water and electricity in the clinic. Talk about primitive conditions!



I was immediately confronted with the challenge of how I would restore any permanent front teeth for young adults without the availability of an electrically powered handpiece to remove decay. Fortunately though, I was told by the compound's director that there was another dental clinic located across the runway that I could use. It had the basic amenities. This clinic was used routinely to treat the Filipino soldiers who worked at the refugee compound. This clinic had two fully-functioning dental chairs that I could use between the hours of 7 and 8 a.m. each weekday morning. I scheduled two to three children there each morning who required tooth-colored fillings. Believe me, there were more patients requiring this type of work than I could ever have imagined.

This more modern facility was called the *Dental Dispensary*, and each morning my dental assistants would meet me at the archaic, one-room clinic, carry my bags and walk

a half a mile to the clinic located across the runway. I performed hundreds of fillings there. I was so thankful for this more modern facility!



My dental assistants
outside the *Dispensary*

One morning as I entered the compound's main entrance to the refugee compound, one of the Filipino soldiers rushed out of the guardhouse and asked, "Doctor, could I speak with you a second?" I was somewhat taken aback assuming that I had broken some type of camp rule the day before. Salvaging my composure, I said that I would. He asked me, "Would you extract a broken tooth for me when you have an opening at the clinic across the runway?" I said, "Sure I would be happy to. Just meet me tomorrow morning there at 7:30 a.m. sharp."

The next morning the Filipino soldier was there promptly at the appointed time. After our basic salutations I accompanied him inside. He took a seat in my chair. I examined the offending tooth and ordered one of my assistants to X-ray it. After I confirmed that the tooth could not be saved, I anesthetized him and waited for about 15 minutes. Not long after did I notice the Major enter the clinic. He was the supervising dentist of that clinic. When he glanced at my patient wearing his combat fatigues he fashioned a most quizzical look on his face and proceeded to the adjacent chair to see his first patient. He began working on his patient immediately. I couldn't believe what I was about to witness. He grabbed an extraction forceps (pliers) and within a matter of seconds removed the patient's tooth...without anesthesia!! What was even more surprising, the patient never made a sound but I could see that the traumatized soldier had gripped the arms of the chair so tightly that it looked like he was going to rip them off. When I regained my composure I completed the treatment on my own patient and sent him painlessly on his way.

The next morning as I entered the main entrance to the refugee compound again, a different soldier approached me. I thought he was going to ask me to take out **his** tooth. *I should have been so lucky.* This time the soldier informed me that the Commandant wanted to meet with me before I started work. I wondered, "What have I done wrong?" I walked straight to the administrative offices. When I entered the Commandant began to admonish me for treating a Philippine soldier in the military clinic the day before. Clearly the Major had squealed on me! The Commandant said, "Don't you know that you are not licensed to treat Filipinos in this country, just Vietnamese?" I answered him truthfully, "No sir, I didn't." He interjected, "Well, you are not, and if you do that again, I'll see that you are removed immediately from this compound!" Wow, I felt like Benedict Arnold. I

thought the Commandant's next move was to walk me outside and lead me up to the gallows for a hanging in the public square. I apologized to him profusely and assured him that it wouldn't happen again. And it didn't.

When things got back to normal my average work day consisted of approximately eight hours of dentistry while seeing more than 40 patients. The only services that I could render in my primitive, one-room clinic were those related to oral surgery. I treated many children whose teeth were beyond saving. The children would line up outside the clinic from early in the morning until late in the afternoon. I calculated I extracted more than 100 teeth a day.



After work I walked back to the motel about a mile from the compound. On one of my many trips back I was surprised to hear the same voice from a nearby house calling out to me, "Hey, GI Joe! How are you today?" This local knew that I was American but didn't know my real name so she called me "GI Joe." Interesting but also a little condescending I thought.

One of my more faithful dental assistants was a young man named Liem. His co-workers called him "Six Fingers". He inherited that name due to the fact that he was born with two thumbs on his right hand. He told me that he was an excellent dental assistant because he had more fingers than the other assistants. That couldn't have been farther from the truth because the extra digit was a non-functioning appendage that got in the way. It was totally useless.

In 1999, 15 years after my Philippine assignment, my sister Charon, her daughter Cheryl and I had traveled to Toronto by train one weekend for a vacation. When we disembarked the train from Windsor we walked through the huge passenger terminal heading for the street-level exit when, through another set of double doors, came a familiar looking face. The young male looked at me and I looked at him as though we had met before, and we certainly had. I then glanced at his right hand and saw two thumbs. It was none other than Six-Fingers! I was transfixed as I wondered what the odds were of something like this ever happening. Once we were certain that we knew each other, we ran and embraced. I said something in English but Six Fingers had that quizzical look on his face meaning that he had not bothered to learn a lick of the language since he left the Philippines. However, we communicated with our eyes. We embraced again and exchanged goodbyes in our own native tongues. What a great day it was to see a former refugee/dental assistant who had managed to relocate to Canada.

The work in the two Philippine clinics was personally gratifying but way more physically taxing than what I was accustomed to in my own practice back home. Not having many of the basic amenities at my disposal the clinics made me appreciate what I had back in Michigan.

CHAPTER 7

Living Quarters for the Refugees

The Philippine refugee compound was nothing more than a temporary residence for the Boat People. However, it reminded me more of a detention center rather than an interim sanctuary for homeless people. It was both stark and depressing. The refugees were treated with respect and kindness but they were provided the barest of necessities, i.e., food, clothing and shelter. The refugees resided in two types of housing projects provided by the UNHCR: one was a *long house* and the other a *hut*.

The long house measured 20 feet in width by 40 feet in length. The sides and the front of the house were constructed of nipa palm and woven split bamboo poles with a thatched roof attached. These structures were situated on the ground as opposed to the huts that were raised off the ground by supporting bamboo stalks. The huts, because of their design, were built closer to the edge of the Sulu Sea and when the tide rose the water flowed under them.

Long houses had dirt floors throughout. They were subdivided into 6' x 8' individual cubicles with ceilings four feet high. The building was single story. A long corridor separated the cubicles much like in a college dormitory. As many as six family members could reside in each of the compartments. Families cooked outside using a long communal charcoal trough. Water for cooking and personal bathing was available at four different sanitation stations located around the compound.



Long House

The smaller huts were built two feet off the ground on bamboo stilts and also had thatched roofs. The names given to this type of elevated hut are *Bahay Kubo* and *Nipa Hut*. These residences were single story structures too. Only families who had been in the compound for a protracted period were given the opportunity to move into one of the huts, with the other refugees relegated to the long houses.



Typical huts built off the ground



A family that occupies one hut

Every three to five years these huts were torn down and burned. On closer inspection of the bamboo shafts used to support and elevate the hut, one could see huge gouges created by the numerous black rats living inside the compound. At times residents would hear sounds of huts collapsing throughout the day and even in the middle of the night. That occurred when rats gnawed completely through the supports. When it came time for the occupants to tear down and replace the remaining dwelling they would trap, cage and later eat the rodents. Black rats have been a delicacy of the Southeast Asians for many years.



Hut just torn down



Refugees rebuilding the hut

At the four communal watering sites placed strategically around the compound, residents washed their clothes, showered and collected drinking water for their homes. Each day tanker trucks delivered fresh water to massive metal collection bins high above these communal structures. Oftentimes I was tempted to sit under one of the spigots myself in order to lower my body's core temperature after a long day in the clinic.



Typical communal watering sites located throughout the camp

When the UNHCR built the refugee compound they also provided funding for the construction of three multi-purpose classroom buildings that allowed for the basic education of the children and provided them with a library. However, when I visited the library I was shocked to see that it contained no more than a dozen books, all written in English, a language foreign to the majority of Vietnamese refugees. There were no books in Tagalog, the native Philippine language, Vietnamese or French. Many of the older Vietnamese refugees were fluent in French because Vietnam had been ruled by France between the mid-19th Century and the middle of the 20th Century.

The Vietnamese refugee community within the compound was quite structured and well organized. A Refugee Committee was established to manage the different residential

areas within the camp, much like a small municipality would be organized. The committee elected a Chairman, Administrative Officer, Resettlement Application Section Head, and Chairmen of the six-subcommittee groups: Medical Care, Education, Mass Communication, Social Activities, Judiciary, Planning, Food Supply and Security. There were a total of seven geographical zones established within the camp. The Chairman is considered quite a celebrity within the compound and the residents treat him much like we treat our President.



The Chairman
and me

On one of my first visits to the interior of the compound I saw a sight that astounded me. I came face-to-face with a dreaded Coca Cola delivery truck! Any rational thoughts I had were immediately obscured. Then I saw a soda pop dispenser sitting outside the only public restaurant. I thought, “Here I am, an international dental volunteer who has traveled 12,000 miles to treat needy refugees in the dental clinic, and the residents had access to soda pop!” I turned on my heels and headed as quickly as I could to the Commandant’s office. I was on a mission and now it would be **my turn** to admonish him.



Coca Cola truck

Rear of the Coca Cola truck to the right

The Commandant agreed to see me without an appointment. I wasted no time telling him how upset I was when I saw the Coca Cola truck and the dispenser inside the refugee compound. I demanded that he padlock the dispenser for the duration of my time on the island. I explained to him that the Coke machine worked against what I was trying to accomplish in the clinic. Surprisingly, the Commandant relented and the next day a padlock was placed on the unit...and for the duration of the month.

CHAPTER 8

My Malaria Scare



Malaria is transmitted by the female mosquito. In 1880, Charles Laveran was the first scientist to observe the malaria parasite through the lens of a microscope. The disease's widespread presence in the Philippines and other tropical climates is apparent to both the travelers and the local residents. It is considered one of the major world-wide epidemics ranking alongside cholera and whooping cough. Each year approximately 400 million new cases are discovered. Between one and three million people die from the disease each year. Young children and pregnant women are most at risk. The malaria parasite needs blood to survive so it constantly preys on humans.

The symptoms of the disease are lightheadedness brought on by anemia, as well as fever, chills, nausea, and other flu-like symptoms. Malaria may be prevented by using prophylactic medications, mosquito nets and/or insect repellents. Quinine and its derivatives should be taken before traveling in order to prevent the disease, however, long-term ingestion of these drugs can lead to serious liver damage and possibly death. The incubation period, the time it takes for symptoms of the disease to surface following the actual mosquito bites is between 6 and 14 days. Malaria may cause death quickly even hours after some of the symptoms emerge.

Before traveling to the Philippines I was never told by my doctor that it would be smart for me to take any anti-malarial medications. I experienced an incident that really worried me not long after I arrived in Palawan. After the first three days working with the Boat People I began to feel weak, nauseated and tired. I soon experienced bouts of chills followed by a high fever. From what I had read, my symptoms mimicked the classic signs of this disease.

The morning that I was feeling the worst I informed the compound director that I would have to see a doctor. He advised me to go downtown to the public health department where there were a number of physicians in the public hospital who could treat me. As bad as I was feeling I hailed a tricycle and sped off to the local facility. I missed work in the clinic that day but knew I had to be cured of what ailed me in order not to miss another day.

When I arrived at the medical clinic later that morning I climbed the steps of an ominous looking building called the *municipal hospital*. I met a queue of at least 50 locals waiting to see the doctors. I waited my turn and after two hours was finally called up to the Patient Registration Desk. The dour-looking employee asked, "What are you here for?" Lethargically I replied, "I'm not sure, but I think I have malaria." After dictating my many symptoms to her she eventually reached behind her and picked up a small plastic bowl that contained one short, rusty needle submerged in a murky solution

that I guessed was no more than rubbing alcohol. Before I could say another word she grabbed my right hand and proceeded to prick my ring finger with the device. As my finger started oozing blood she filled a small pipette with a sample. Dozens of things raced through my mind. All of the other 50 or so patients that had checked in before must have gone through the same protocol **with this very same rusty gadget**. My main overriding thought was, “If I didn’t have malaria before I checked in, I certainly had it now!” I couldn’t help but recall that it was three years prior that the first case of AIDS was diagnosed in Africa and discovered a few years later in the U.S. I was in a state of subtle hysteria but I chose to remain composed.

When I did get to see a physician the results of my blood test indicated that what I had was not malaria but some type of intestinal bug that I had possibly picked up since arriving in the country. He said that because malaria has a 14-day incubation period, I would have to have been bitten at least two weeks before my visit to that clinic. I had only been in the country for less than five days, so malaria was ruled out.

The doctor gave me free samples of a mild stomach medication that I started taking that same evening. On my way out of the hospital I did recall that I had eaten some mysterious looking finger food two nights before at a hotel where I attended a local Rotary meeting with Leon. I was actually a little better the next day, but still had mild cramping and was skeptical of the potential risk of contracting some other dreaded disease because of the rusty needle. But my intestinal problem eventually subsided and I never developed malaria. However, I did develop a more chronic intestinal problem from eating a mystery soup that I will tell you about in the next two chapters.

Even though my malaria scare was unfounded, I have since been traveling with a month’s supply of *mefloquine* anyway, just in case I should actually come down with the disease. Anyone deciding to take a prophylactic dose of this medication should start two weeks before their departure and continue with one tablet every week and continuing two weeks after returning home. My only adverse reaction to this drug was it gave me mild shooting pains up the sides of my temples for a short period of time. The advantages of the drugs outweigh its disadvantages completely. At the end of each overseas assignment, if I haven’t contracted the disease before I leave, I donate whatever tablets I have left to the medical clinic. These tablets allow for actual malaria victims to receive some treatment.

Chapter 9

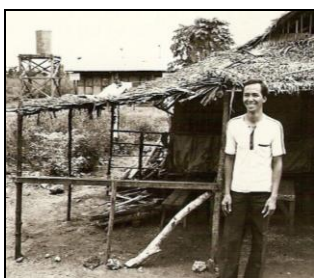
Nguyen

I met many interesting Vietnamese refugees during my month-long assignment in the Philippines but the one that stands out head and shoulders above the rest was a young man named Nguyen. I met him the first week of my assignment in the clinic when he came in complaining of a broken tooth. I was impressed by his fluency in English. I had a chance to speak with him as I waited for his anesthetic to take hold. He told me that prior to him and his family fleeing Vietnam he received training as a fighter pilot in the U.S. He received this education in the early 70s at Lakeland Air Force Base in Texas during President Richard Nixon's "Vietnamization" of the then Communist-free South Vietnam. Nixon's new preparedness policy was aimed at the revitalization and strengthening of the South Vietnamese Army. It was America's only hope to win the bleak conflict in that part of the world, once and for all. Nixon felt, as did his predecessor, John Kennedy, that America's involvement in Southeast Asia would prevent the Communists from overrunning the rest of the country. Since Nixon didn't want to saddle the U.S. with a long, drawn out conflict, he offered to train the South Vietnamese militia on our own soil. Nixon hoped this would ultimately enable the South Vietnamese Army to safeguard their own country from a Communist takeover once they went back home.

Federal money was appropriated to train groups of South Vietnamese officers in the U.S., and Nguyen was an early beneficiary of the President's new plan. Following his formal training in the U.S., Nguyen was assigned as lead pilot aboard a fighter plane commissioned to bomb specific spots in and around Hanoi, the capital of North Vietnam. Unfortunately, it was not long after he began his reconnaissance that his plane was shot down by the Viet Cong. Fortunately he survived the crash with very little physical injury due to the timely deployment of his parachute. The Viet Cong eventually captured Nguyen. But before they did Nguyen found himself near the wreckage of a downed American helicopter. Nguyen had some time to peruse the wreckage. He collected, what I later discovered, some very important material.

Shortly after the enemy captured Nguyen they whisked him away to a *re-education camp* for what he believed would be a lifetime of physical hardship and mental abuse. The Viet Cong eventually located his family and they, too, were incarcerated along with Nguyen in the same camp.

Nguyen and I quickly bonded at his visit to the dental clinic. He was obviously quickly reassured that I was a friend who could be trusted because he wanted to introduce me to the rest of his family the next day.



Nguyen



His wife, daughter
and three sons

He invited me to have lunch at his family's hut. I accepted his invitation. His family was the epitome of a loving and caring family unit. None of the other members spoke English but we communicated employing Nguyen as our translator. Nguyen's wife served a huge bowl of what I called the *mystery soup*. As I inspected the contents of the bowl a bit more closely, I noticed small squares of meat with tufts of hair still attached. I was reminded of a rumor I had heard about Nguyen's next door neighbor and her missing cat, but shrugged it off as pure conjecture. There were about a half dozen of these orts floating around in my soup. But, so as not to offend my gracious hosts, I swiftly chewed them up and swallowed them.

After lunch, Nguyen asked me to accompany him outside to the rear of his hut. He was being the most secretive I had ever seen him. Once we were isolated from the rest of the family he told me that he knew that a representative of the U.S. State Department would be making his monthly visit to the compound. He was aware that this official would soon be choosing refugees to be resettled to the U.S. Other countries like Canada, France, Germany and Japan employed the same protocol.

Nguyen asked me if I would do him a favor. I told him I would. It was then that he removed a small item from his pocket, neatly wrapped in a white handkerchief. With a puzzled look on my face I asked him what it was. He said, "Just take it and conceal it in a safe place and do not look at it until after you arrive back at your residence. I found this near the wreckage of an American helicopter when I was shot down over Hanoi a couple of years ago."

When I returned to my room, I unwrapped the secretive item. I was shocked to see that it was a fragment of a human jaw bone containing two semi-intact molars. I then realized why Nguyen had entrusted this human specimen to me: to deliver it to the State Department official in hopes that the victim's remains could be identified and the next of kin notified. I obliged my friend by handing the human remains to the State Department representative the next day. I later discovered that they were in fact identified, and that the victim's family notified. That family received final closure on their tragic loss.

CHAPTER 10

My Intestinal Dilemma

My stomach never felt the same after feasting on the lunch that Nguyen's wife had prepared for me, but I didn't have time to worry about it. I had another 3 ½ weeks to work in the clinic.

The remainder of that month was distressing because of the constant cramping in my stomach compounded by a typhoon that I found myself in towards the end of my assignment. That day I saw dark, thick clouds gathering early in the sky over the Sulu Sea but didn't think much of it. Around 4 o'clock the gusty winds started to gain strength. Soon I was barely able to hear the announcement coming over the compound's intercom reporting that a strong tropical storm was headed our way. We were told, "Go back to your huts immediately." Pardon me? Where was I to go when I wasn't a resident in the compound? My home was more than a mile down the road! My patients who were awaiting treatment outside the clinic tore off like rats on a sinking ship. I decided to maintain refuge in my one-room dental clinic and wait the storm out. I envisioned that I'd wind up like Dorothy and Toto, whisked back to Kansas in the eye of a tornado. It rained buckets for about 30 minutes then the winds subsided. I knew the worst of it was over and I could breathe a sigh of relief. The storm, thankfully, passed over completely in about an hour's time. I have lived through tornadoes and severe thunder storms back in Michigan but never a typhoon. A typhoon typically brings more rain than a tornado...and believe me, it does!

When I returned to the States I found that I had lost 16 pounds and was surprised because I ate three square meals a day plus snacks while I was away. I assumed my weight loss was due to the excessive heat and high humidity of the Philippines, but I did still have major cramping. When I went back to work in my own office I didn't feel like myself. I was unusually tired and weak most of the time. I had to lie down and rest between each patient I saw. My sister, my personal dental assistant, sensed something was wrong with me and suggested I see my doctor ASAP. I am glad I did. After an initial diagnosis of some threatening bowel condition, my doctor referred me to a specialist, a gastroenterologist. Following a barium enema and X-ray I was diagnosed with a severe parasitic infection of my small intestines. The culprit, as was quickly determined, was a 12-foot tapeworm that the doctor could actually measure on the radiograph!



A similar tapeworm

Then it all dawned on me: That's why I was eating but not gaining weight. Apparently everything I ate went to feed the tapeworm causing it to grow throughout the entire month I was in the Philippines. It had to have been caused by my Nguyen's wife's mystery soup! The specialist placed me on maximum doses of a strong antibiotic for three months. The medication eventually killed the parasite by causing it to separate into small segments so that each could be easily eliminated.

CHAPTER 11

Liun

The refugee compound accommodated many youngsters classified as *unaccompanied minors*. These were children whose parents could not travel with them when they fled their Communist-dominated country. During my time in camp there were about 50 children ranging in age from 5 to 15. These children were cared for by the local Filipino nuns who volunteered at the compound each day. These nuns also administered to the spiritual needs of the young residents.



Some of the Un-accompanied minors

Twelve-year-old Liun was one of the minors who I had the opportunity to treat in the dental clinic over the course of three days. Many of his teeth were severely ravaged by decay. He was a great little dental patient though. He was never afraid to sit in my dental chair while I anesthetized him and extract his diseased teeth. For whatever reason, Liun stuck close to me following his last clinic appointment. I felt sorry for him, especially since he had no parents or any close relative living in the camp to appeal to. He spoke no English. Even though we couldn't verbally communicate with each other I knew Liun felt comfortable around me. Each morning he waited for me outside the clinic to wave and say hello.



Liun and me

After work he would follow me back to the entrance to the compound and wave goodbye, assured that he would see me the next day. My heart was heavy with sadness and compassion for all of the children like Liun. It was heart breaking to hear about the many hardships these youngsters experienced being hastily and unexpectedly separated

from their parents, who now lived thousands of miles away. Many of these unaccompanied minors would never see their parents again because most of them would be sent to foster families in other countries.

During my month-long assignment the Vietnamese refugees had an occasion to celebrate *Tet*, the national holiday celebrating the Vietnamese New Year as well as the arrival of spring based on the Chinese calendar. At the formal celebration in the compound one evening the Philippine military staff sponsored a fabulous fireworks display over the Sulu Sea. No sooner had I found a seat to view the festivities but Liun spotted me in the crowd and ran over and sat on my lap to watch the entire show. He was one happy camper, and I felt pleased too.

The morning I was scheduled to fly back to the U.S., I asked the driver of the airport shuttle if I could quickly stop by the refugee compound to say some goodbyes. He said, “No problem.” When I arrived at the entrance there was Liun looking for me to come to work that day. With the help of an interpreter I told him that I was leaving to go back home. With tears welling in his eyes he grabbed on to me like there was no tomorrow. I thought, “Now what was I going to do?” I asked the shuttle driver, “Could he come to the airport with me until my flight departs and then you drop him off back here when I’d gone?” He said it would be fine. At the airport Liun and I finally parted but not without much sadness and lots of tears.



Liun and me at the
airport

A couple of years later I received a very unusual letter from the Philippines. The letter was signed, “Liun”, but I knew differently. The letter, supposedly written by him stated that he was certainly glad that we had met and that he hoped to see me again soon. As I read the letter “Liun” relayed how desperate he was for money. **Then the red flag went up.** The letter went on to say, “I would really appreciate it if I would send me money as often as you could.” I knew then that someone else in the refugee compound had written it because it was structured in flawless English, a language Liun knew nothing of. I set the letter aside and never answered it nor sent any money to Liun.

I have never heard from him since but I have never forgotten my little Vietnamese friend in Palawan.

CHAPTER 12

Nancy and Lynden

If it hadn't been for two other international humanitarian volunteers that I'd met shortly after my arrival in Palawan, I would have departed after the first week. Lynden Havilland was from Groton, CT, and Nancy Simmons hailed from the London, England. Both were employees of an non-profit international humanitarian organization who worked to rehabilitate refugees, helping them get acclimated to their new surroundings in compounds like ours. Lynden and Nancy were primarily responsible for counseling depressed and sick patients, helping them to feel more at ease in their new and yet unfamiliar environment. They also helped many refugees to overcome any lingering and undesirable feelings relative to their fleeing their homeland of Vietnam. Both Lynden and Nancy had been in the compound months before I arrived and were expected to remain in the camp for an entire year conducting their psychological examinations and rehabilitative services.



Nancy Lynden



Their Psychology Clinic

My first weekend alone was pretty rough with much of it being spent inside my small, cockroach-infested motel room with the drapes shut, feeling disheartened and severely homesick. Then early that first Saturday morning while I was still in bed at the Hotel La Cucaracha, I was startled by a loud rap on my door. I knew immediately it was the dynamic duo because I heard their voices as they approached my room. They ordered me to get up so that they could take me to the ice cream shop downtown for a cold creamy treat that would hopefully cure whatever was ailing me. Reluctantly I agreed. This unscheduled activity was to weaken my depression considerably. Once we arrived at the parlor and ordered our treats, I was soon in my normal state of mind. I enjoyed eating my ice cream as we all chatted like birds. I eventually learned as much about them as they did about me. Lynden and Nancy literally saved my sanity in the Philippines.

I lost contact with Nancy when I returned home but I remained in contact with Lynden. About a year after she had finished her duties in the camp she was able to spend a long weekend with me and my family in Michigan.

In February 2004, exactly 20 years after my Palawan assignment, a Rotary friend from Michigan called me and said that she had met a 'Lynden Havilland' during a recent trip to Washington, D.C. to attend a national meeting for clinical psychologists. My friend was sure it was the same person I had worked with in the Philippines because of stories I had relayed about her. My friend gave me the phone number she had and I called Lynden immediately. It was, in fact, the same person with whom I had worked in Palawan! It was great to hear her voice again and brought back so many fond memories of our time together in Palawan. What a small world.

CHAPTER 13

Relocation of the Refugees

According to the UNHCR, in 1984 an estimated 224,000 Indo-Chinese refugees were dispersed throughout South East Asia and East Asia. There were two types of refugees at the time: those who traveled by foot to other countries to seek asylum and were called *Land People*; and those who escaped by water were referred to as *Boat People*. Of this quarter of a million refugees, 42,000 were Boat People from Viet Nam. Countries like Thailand, Malaysia, Indonesia, Hong Kong, Japan and the Philippines bore the major responsibility of accepting many of them as displaced visitors. Soon after another 25 countries stepped forward to offer their assistance in helping to resettle these Indo-Chinese refugees. The U.S. became one of those important players in no time at all.

As the Boat People fled their country out into the open waters of the South China Sea many accidentally veered off course into the dangerous and uncharted waters. Because of the sea's strong southerly current, the route that most took was south into the Gulf of Thailand. International cargo ships spotting the fleeing refugees would offer them protection aboard their vessels. International law at the time mandated that the countries who owned these freighters were obligated to take the refugees back to their respective countries and provide safe havens for them. Some of the refugees were fortunate enough to have been rescued by these freighters, but others not so fortunate. Thailand in particular was less than cordial to the Boat People. The stories about the Thai Pirates at that time were horrendous ones. Between 1970 and 1975, as the exodus of Vietnamese refugees increased, so did the victimization of these refugees by the pirates.

Thai pirates often chased the fleeing refugees in order to loot their boats and victimize the passengers, especially the females. Many of the Vietnamese were beaten and/or killed. It was very common for the pirates to rape the females on board with no regard for age. The Thai pirates however were primarily focused on stealing the refugees' coveted strips of gold, called *taels* (pronounced "teels"). Tael is a long narrow strips of hammered 25K gold. Most strips measured two inches by six inches. The strips were quite soft and malleable. The tael was the only tangible items of wealth possessed by the refugees, and the pirates wanted them.



Teals of gold



A raft, carrying Thai pirates attempting to seize a vessel

Near the late 70s refugees escaping Vietnam grew smarter. Family members who had successfully escaped months and years earlier wrote back to their relatives in Viet Nam warning them to nail the tael of gold to the underside of the boat if they were thinking of escaping. Consequently, the Thai pirates would not be as lucky at finding and then stealing the gold as they had been in the past.

The ultimate goal for any Vietnamese refugee, of course, was to be relocated to a country compassionate of their needs and willing to house them. During the Reagan Administration, the U.S. was most sensitive to the plight of the refugees and allowed the relocation of thousands of them, per month/ Most of them went to California. But with the relocation of the homeless the U.S. bore a huge responsibility financially. If these people didn't have family members already living in the U.S., the refugees were automatically placed on state assistance, subsidized by the tax payers. Pressure was placed on the refugees to find employment that would enable them to meld into America's social and economic fabric.

Every two weeks a representative of the U.S. State Department visited the Philippine compound to interview refugees wishing to relocate to our country. Once the select few refugees were chosen, they were then obligated to spend another six weeks at the larger refugee compound in Bataan, on the main island of Luzon. This facility known as the Philippine Refugee Processing Center (PRPC) handled thousands of refugees per day for relocation to the U.S. During their six-week stay in Bataan refugees were required to learn English. At the height of the Regan Administration, some 14,000 refugees, each month were relocated to the U.S.

Chapter 14

My Replacement at the Clinic

My last few days in the refugee clinic were filled with a full slate of patients and I knew that another international dentist was due to arrive soon to take over my responsibilities. Dr. Fausto Duenas, a general dentist from Quito, Ecuador, arrived with his wife, Pita, at the Puerto Princesa Hotel in time for dinner a couple of days before I was scheduled to head back to the States. They were just delightful people who spoke excellent English. Over the course of our three hour dinner in the hotel's restaurant, I shared with them as much as I could about my experiences, both good and bad, over the past 30 days. They both found it extremely helpful.



Dr. Fausto Duenas

Before we retired to our rooms, I happened to share with them my past involvement with the Detroit Dental Clinic Club, and my hope to visit their country one day in the form of a clinic club teaching trip. I suggested that the DDCC could travel to Ecuador to put on some classes for the local practitioners in a couple large cities. Fausto was extremely excited by the prospect but I had doubts as to whether or not anything would come of our conversation. However, in the fall of 1990 that possibility became a reality.

The day before I left the compound I was summoned to the library by the Commandant for a Farewell Party put on by a dozen or so Vietnamese children. All of them were dressed in their best Sunday-goin'-to-meetin' outfits. They presented a short but delightful dance program for me, using huge fans that, when opened read, "Thank You Dr. Bill Chase". It was a very touching send off. The nuns had baked and decorated a cake for me as well. Fausto and his wife attended the ceremony and were just as touched by the festivities as I.

I had mixed emotions about my first volunteer experience in the Philippines though. First, I was physically drained because of the immense heat and my compounding intestinal issues. Second, I thought the work load was not in line with what bare-bones dental supplies and other amenities I was given to work with in the clinic. As

I had stated earlier, my professional services were limited to extractions except when I could use the other clinic across the runway.

However, I helped a lot of kids that month. It felt great to save lives. Save lives, you ask? Not many people realize how life-threatening an infected primary tooth can be. The infection from a tooth can be so explosive that it can travel into the child's neck and cut off their breathing if not treated in time. I saw literally hundreds of them that month. My ultimate success centered on the fact that not a single child died because he/she could not receive basic dental treatment while I was there.

When I left the Philippines I was skeptical about ever doing this type of work again, but after an eight year hiatus as you will see, I was back at it again!

CHAPTER 15

Dr. Ralph Montgomery

When I returned home from my unique Philippine experience, I began a search to find an inexpensive mobile dental unit that I could send back to the clinic to be used by the next volunteer. There were so many opportunities to save the teeth at the clinic, but I didn't have the appropriate equipment. I wished I could have worked in the Dental Dispensary for the entire month. I would have done fewer extractions and more fillings and consequently saved more teeth. Future volunteers **MUST** be able to do more procedures for patients such as root canals and natural looking fillings.

My prayers were answered when I attended my first dental convention after returning from the islands. A dental manufacturing company called ASEPTICO had a display booth at the meeting. As I was soon to discover, it was the leading manufacturer of mobile dental units in the U.S. I introduced myself to their sales rep. After he heard my compelling story he said, "I'd certainly be willing to sell you our basic equipment package at a discounted rate if you're interested." I jumped at his offer and proceeded to place my order. I decided that my office would pay for the equipment and write it off on my taxes. It was well worth the expense to know that the refugee camp would now have a multipurpose unit to be used by international dental volunteers. In rapid time the company shipped the unit to my home. When it arrived I contacted Rotary International to find out who the next dental volunteer was going to be. He gave me the contact information for Dr. Ralph Montgomery from Salt Lake City, Utah.



Dr. Montgomery

I contacted Ralph within 24 hours and told him that I had some mobile dental equipment that I had just purchased that I would be sending him before he left. He was very excited to hear about the donation and agreed that the new equipment should make his work easier and more productive in the Palawan clinic.

Following his own assignment there the following month, Dr. Montgomery wrote to me saying that he used the unit the entire time he was there and was able to save more teeth than he extracted. He eventually took my idea of the equipment one step farther. When he returned home to Utah he was able to raise more than \$75,000 through a grant from Rotary International and individual donations to purchase a mobile dental van. He sent this dental clinic-on-wheels directly to Palawan, paid for by his local Rotary club.

The van was used by local Filipino dentists to travel to remote areas of the island to treat needy patients.

What started out as a donation of mobile dental equipment, evolved into the long term treatment of the locals through the use of Dr. Montgomery's dental van. The UNHCR compound was officially closed in 1990. Thanks Dr. Montgomery. He had made a total of three trips to the clinic in the Philippines before its closure. Ralph too has written a chronicle of his experiences in the Philippines.

BRAZIL

1992-2010



CHAPTER 16

Santarem, Para, Brazil

As a result of the worrisome health issues I experienced in the Philippines, I was extremely reluctant to ever volunteer overseas again. But, in the summer of 1992 something of a spiritual nature transformed me. I truly felt that a higher power was asking me to step up to the plate once again.

Eventually I gathered up the courage to contact the Director of Volunteers at Rotary International Headquarters, Roz Benford to see where and when I could begin my second international stint. She said that the refugee camp in the Philippines was closed. I'm sure she heard the cork pop out of the champagne bottle as I continued my conversation with her! She said that there was a medical/dental compound in the north of Brazil located where I could volunteer if I wished. Having never been to that continent before, I jumped at the chance. And the rest is history. In the fall of 1992, I headed to what I had heard was the longest and most fascinating river in the world, the Amazon.

My first trip to South America was a most memorable experience, but getting there the first time wasn't. The hurricane season was not quite over for the southeastern part of the U.S. I had made my travel arrangements at that time through Rotary's International Travel Service (R.I.T.S.) My initial itinerary confirmed that I was to fly from Detroit to Miami and then from Miami to Manaus, the central most city in the Amazon River Basin. From Manaus I was then scheduled to fly due east for one hour by jet to my final destination of Santarem. However, as I continued to monitor the weather updates a couple of days prior to my departure, I saw news clips showing damaging winds of more than 90 mph, pummeling the eastern shore of Miami as a result of what they named Hurricane Andrew. I began to question the safety of flying into Miami in just two short days as the storm kept on surging.

The day before I departed Detroit I called the Miami International Airport to see if aircraft were still able to land there. The agent at the American Airlines counter said, "Yes, planes are still flying in and out of the airport." I was amazed. But as we continued to talk she quickly altered her story while receiving updates from the flight control deck on the deteriorating conditions there. In her next breath she said, "I just now received word that any future flights into Miami are being discontinued until further notice." The news was less than reassuring. I told the operator, "It is imperative that I get to Brazil by Friday." And this was already Thursday. She informed me that if that was the case she would reroute me through Los Angeles. I lived in Michigan! My next question to her was, "So you're saying that I have to fly cross country first in order to go southeast into Brazil!?" She said, "Only if you want to reach your destination in time!" It didn't make much sense but if that's the way it had to be, so be it. She informed me, "Once you leave Detroit and arrive in LAX you will board another plane to take you to Mexico City. At that point you will have to board yet another plane and fly into Manaus then take another

one to Santarem. I was looking at a total of four different flights to get to the clinic. This new plan added ten additional hours to my overall flying time. But, after all was said and done, I did get to Brazil on time.

CHAPTER 17

The Amazon River



There is still considerable controversy as to what the longest river in the world is. Is it the Amazon or the Nile? They are both over 4,000 miles long. Many experts believe that the Nile is slightly longer by a couple hundred miles. However, the Amazon River garners the distinction as being the wider of the two, measuring more than 120 miles across in some areas during the peak of Brazil's rainy season which runs from January to April.

The Amazon River produces 20% of all the water that empties into the world's oceans. The average depth of the river, at the height of the rainy season, is more than 130 feet. The Amazon Rainforest, located on 1.4 billion acres and covering more than 2.1 million square miles is located in northern Brazil and shared by the countries of Peru, Colombia, Venezuela, Ecuador, Guyana, Suriname and French Guyana. It is home to more than one third of all species of wildlife including more than 3,000 species of fish. One of more unique species of animals that inhabit the river is the pink dolphin (*Inia geoffrensis*). It is not only indigenous to the Amazon River but to the Orinoco and Araguaia/Toucantins River systems of Peru, Ecuador, Bolivia, Ecuador, Columbia and Venezuela .



Pink Dolphin

To clear up a huge misconception, pink dolphins are not fish but mammals because they are warm-blooded and breathe with the use of lungs, not gills as fish do.

Legend has it that pink dolphins are extremely good luck. People believe the old folklore that they transform themselves into handsome men at night and travel into the city to impregnate wives and daughters. When their work is complete they return to the river where they are changed back into dolphins. However, others consider the pink dolphin to be bad luck. That folklore perpetuates the myth that children born with spina bifida, a condition exhibited by a deformed vertebral column, are cursed by the pink

dolphin. Also present in these children is a hole in the neck in the area where the spine attaches to the skull. This opening mimics the dolphin's *blow hole*.

Brazil's flesh eating fish, the piranha, is also an indigenous species of the Amazon River. Piranhas are attracted to blood. Their lower teeth are slanted backwards into the mouth allowing the fish to grab and tightly hold their prey. The local residents trap these fish usually by throwing nets out into the water. Others catch them by using a fishing line with raw meat as bait. The white meat on these fish is very thin but tasty.



Piranha

Prevalent too in the Amazon is the enormous snake known as the Anaconda. This snake lives in the shallower waters of the river because it is an oxygen breather, like the pink dolphin, and must keep its nose above water to live.



Anaconda

Humans first inhabited the Rain Forest 11,200 years ago. Today this region of Brazil is home to 67 different aboriginal tribes. Their numbers are considerably less than what they were a few decades ago because of the physical trauma they've sustained at the hands of loggers from the south. For years loggers have illegally inhabited portions of the rain forest in order to cut down the trees to sell them to furniture manufacturers in metropolitan areas like Sao Paulo and Rio de Janeiro. As a consequence, many of the Indians lost their lives trying to defend their property. However, in 1984 things changed for the better for these tribes. The Brazilian Government created *COICA* (The Coordinator of Indigenous Organizations of the Amazon) to address the issues of human rights for tribes. Over the years laws reestablishing these rights have saved thousands of lives.

The Amazon River truly is one of the *Natural Wonders of the World*. When I personally saw it for the first time I was stunned by its immense vastness. The headwaters of the river are located in the eastern part of Peru and the mouth is located on the Atlantic Ocean in the northeast part of Brazil. Much of the water that makes up the Amazon comes from melting glaciers on the peaks of the Andes Mountains in Peru. In the spring when the glaciers melt, water flows down the sides of the mountain range carrying with it

tons of mud and debris. That's why the river appears dark brown in color. I was out riding in a boat one day and scooped up a bottle of the Amazon's dark water. The color *was* actually brown, but as the heavy particles of sludge precipitated to the bottom, the water became crystal clear. I was amazed!

There are over 1,000 tributaries that empty into the river along its lengthy route. These ancillary rivers are clear water tributaries, not cloudy like the Amazon. The particular river that empties into the Amazon near where the dental clinic is located, in Santarem, is called the Tapajos (pronounced *taa-paa-joze*). It is located 20 miles west of the city. Each weekend, visiting health care volunteers working at the clinic are treated to 2 ½ day respite in the resort community of Alter du Chao, where the F.E.'s executive director and his wife owned two condos.

I have spent many hours on the Amazon during my 12 trips to Brazil. I never cease to be amazed at the breadth of the river when I see it. The Amazon is not one straight body of water but a labyrinth of different causeways and tributaries. When standing on the pier near the downtown area of Santarem, you cannot see the other side of the river because it is 45 miles wide in this area of the rainforest.

CHAPTER 18

Father (James) Luke Tupper



James Tupper, the founder of Fundacao Esperanca, began his medical training at the Marquette University Medical School in 1955. Just prior to the start of his education he had made a commitment to the U.S. Navy that he would serve a mandatory two-year active duty with them following his graduation. Four years later Dr. Tupper graduated from medical school and in keeping with his promise, served in the Navy overseas. Following just a few months of duty he became extremely sensitized to the poverty he witnessed in developing countries. He also saw the immeasurable medical needs of those populations and their needless suffering.

Following the completion of his military assignment, Dr. Tupper entered the University of Chicago where he began a plastic surgery residency, a desire he had possessed for many years. After just a few short months and feeling emotionally troubled by what he had observed during his tour of duty with the Navy, Dr. Tupper decided to change career paths. He dropped out of his plastic surgery residency and entered the priestly Order of the Franciscans, taking the vows of spiritual service and poverty. He revealed to his friends and family that he had been touched by a far greater power than himself. At his ordination in 1969, Father Tupper chose the name “Luke” in honor of one of Jesus’ apostles. For his first pastoral assignment the Order assigned him to the northern part of Brazil to minister to the spiritual needs of the people of Santarem.

In 1970, Father Luke founded the “Clinic of the Poor,” which would later be known as the “Foundation of Hope” , or *Fundacao Esperanca* in Portuguese.



Fr. Luke in 1970
at the future site of F.E.

He took immense delight in healing the sick and enhancing their quality of life while ministering to their spiritual needs. Father Luke’s satisfaction in helping the inhabitants of Santarem led him to expand his work to helping others in the more remote

areas of the Amazon River Basin. He eventually borrowed money from an American bank to purchase a custom-made boat that could accommodate visiting international surgical teams. These teams eventually traveled up and down the Amazon River to the far reaches of the rain forest. The F.E. boat, which I talk about in the next chapter, would dock at a remote site for a couple of days in order to provide medical services to members of the different tribes.

Shortly after the boat was christened, Father Luke took it to the remote city of Quilombo, located some 150 miles west of Santarem, to perform elective surgeries for the people there. This was the site where the Indians toiled day and night in the gold mines, extracting the precious metal from rocks using mercury. Fish living in this region of the Amazon consume very high levels of this free mercury. The Brazilians are aware of the concerns of eating the fish but there isn't much they can do about since it's their primary source of food. The mining project continues even to this day.

One of the very first people to have known and worked with Father Luke in Brazil was a feisty lady by the name of Dona Zizi. She started working for him in 1971, two years before he established the medical clinic in Santarem. She is the only surviving member of F.E.'s original staff. She turned 81 in 2014.



Zizi in 1992

I'll never forget my first encounter with her at the compound. In 1992 I was told by Elizete, my dental assistant, that ZiZi was in total charge of the Supply Room where all medical doctors and dentists acquired their materials in order to treat patients. That first morning I had gone over to the supply room, which was around the corner from the dental clinic, and there was Zizi standing erect and looking quite protective of her turf. I said, "Hello, Zizi, I am the new volunteer dentist, Dr. Bill, and I'd like to get a supply of silver filling material from you if I could?" Just then I saw her move from a rigid and erect posture to one of a fullback waiting to tackle the offensive guard. She said, "You can't have any. The last dentist took too much and now we're short. There has to be some left over in the dental clinic." Now, I was the fullback! I said, "Excuse me, but I just started in the clinic and my dental assistant told me to come over here and get what I needed for my morning patients. There isn't any over there because it was all used up and I NOW NEED SOME AMALGAM!" She was surprised by my aggressive nature. She begrudgingly reached behind her and removed a single box of the material from the shelf. She slammed it on the counter and said, "There. Now use it for the rest of the week!" Pardon me? She was actually saying that when you run out of this box you're done for the week?! From then on I asked Elizete to go get supplies I needed. My days of

confronting the Nazi Guard were over! I discovered that for many years Zizi viewed her position like the Pope does over his followers...steadfast and for life. I think it was because she was Father Luke's original employee. For some reason that made her think that she was privileged. Even though she was less than 5 feet tall, she commanded a respect like no other person I had ever met. She was ALL business all of the time. When I returned each year Zizi became more relaxed and eventually we became the best of friends.

Another significant personality in the early history of F.E. was Sister Regina Wachowski, a Franciscan nun and the compound's original medical technologist. She joined Father Luke in Santarém in September of 1971, two years before the first hospital boat was launched and a few months after Zizi's arrival. Sister Regina continued on at F.E. until 1978 and thereafter stayed on in Brazil, serving in Itacoatiara, São Paulo and Manaus, where she lives today. Sister Regina was the recipient of the Franciscan Peacemaker Award in 2011, the Order's highest award.



Sr. Regina & Zizi 2009

Father Luke worked as a medical doctor and Franciscan priest in Brazil from 1969 to 1975. He later returned to the U.S. to pursue a graduate program in ophthalmology when tragedy struck. While he was riding his motorcycle on the streets of Manhattan he was hit by a van head-on. Father Luke was thrown from his vehicle and died at the scene. He was loved by all who knew him. The staff at F.E. was shocked to hear of his passing. He could have done so much more for humanity had he survived. At the time of his death his brother, Jerry Tupper took over the medical mission's non-profit board, Esperanca, Inc., based in Phoenix, AZ.



Zizi leading a memorial procession for Luke in 2007

(Author's Note: Unfortunately, I never did meet Father Tupper. I began my association with Esperanca, Inc. in 1992 and Father Tupper died in 1978. I did, however, meet his brother, Jerry, before I finished my work there in 2010)

CHAPTER 19

Ron and Vera Bertagnoli



Vera, Ron and me

When I first traveled to Santarem, Brazil in 1992 I was greeted at the city's small airport by Fundacao Esperanca's Executive Director, the inimitable and enthusiastic, Ron Bertagnoli. And for the next 12 trips I would be greeted by him in that same animated manner. I looked forward to meeting him in the airport's baggage claim area as I waited to grab my luggage and the many boxes containing donated dental supplies.

Ron was born and raised in Arizona. He received his undergraduate education in Chicago. He went on to earn a Master's degree in photographic journalism and worked for the *Chicago Sun Times* for close to ten years. During that time he met a young attractive Brazilian woman. As their relationship strengthened, Ron learned his Portuguese from her in a very unusual way; using sticky notes, she would tack the names, in Portuguese, to every object in the house. She would not allow Ron to speak any English whatsoever, only Portuguese. In a short period of time he became rather fluent in the native language of Brazil. Their relationship unfortunately ended after a few years, but his future connection with Brazil was just starting.

Command of his new found language opened many doors for Ron. Not long after his relationship with his Brazilian friend ended, he answered an ad by Esperanca, Inc. Ron was hired to work for F.E. as its Executive Director. There he met his future wife, Vera, who at the time was employed as an OR nurse. Wanting to better herself too, Vera enrolled in Thunderbird College's business department in Phoenix. She completed her Associate's Degree in two years and returned to F.E. working in the Administration Department.

In 2005, F.E., with the support of the federal government, built a university directly across the street from the medical/dental complex. The university offered multiple degree programs and soon Vera, with her extensive administrative background was made its Chancellor. During her term as the head of the university Vera propelled it to new heights according to people within Brazil's stringent accreditation system. She made the university what it is today. As of 2014, the university is adding a dental school to the same site.

CHAPTER 20

Fundacao Esperanca



As Ron and I approached the compound on my very first trip there, he pointed out a house where, just days before, two people had been murdered! I asked, “Does that happen often in this neighborhood?” He replied, “Not too often, but don’t walk out here when it’s dark.” Now I was getting really scared. However, once I arrived at the F.E. compound I was thankful to see the level of security at the main gates. The two men standing by the entrance sported revolvers on their belts. As soon as the armed guards recognized Ron driving the compound van, they automatically waived us in. Ron and I each grabbed a suitcase and the many boxes of dental supplies I had brought with me and headed off to the volunteers’ living quarters.

This set of buildings was separated from the clinics by a series of extended walkways. The manner in which the dorm rooms were arranged reminded me of an old motel... kind of like the one in the Philippines. I was half expecting Leon to greet us. The two buildings were arranged in an L-shaped design with the kitchen and dining area separated from the two dorm structures. My room, which became mine on every subsequent visit, was at one far end of the walkway.



My room on the right looking down towards the door to the kitchen

Most of the rooms were *Jack and Jill* type suites, with a lavatory being shared by the occupants. The bathroom was a piece of work. Above the shower was a jury-rigged series of electrical wires leading directly into the shower head. These wires controlled the temperature of the water coming out of the nozzle. What Ron **didn't tell me** was that I shouldn't manipulate the controls while showering. Boy, did I get zapped the first time I tried adjusting the temperature. I learned very quickly that I **MUST** adjust the controls **BEFORE** I turn on the shower.

The second rather peculiar thing about the bathroom was the small plastic sign posted on the wall directly in front of the commode. It read, *PLEASE, NO TOILET PAPER IN THE TOILET!* What? Where was I to discard the used paper? Ron told me that all the used toilet paper was to be thrown in the baggie-lined basket positioned next to the toilet. Not your most hygienic disposal system.

My living accommodations were very basic. I was given a single room with an A/C unit. It happened to be their only room that was climate controlled. It was a welcome relief because the temperatures were really intense at night.



My room

Out in front of the rooms was a courtyard that faced the Ron and Vera's house. Situated in the middle of the courtyard was a huge, two-story cage housing ten or so wild parakeets. Off to the side of this homemade aviary was a small pen containing a beautiful but very noisy Toucan. Also residing in the courtyard, but not caged, were three stunning macaws; two males with red, yellow and blue feathers, and a lone female with yellow and green feathers. I was told that they never flew away because their flying feathers were frequently cropped. Unfortunately none of the birds was friendly to human, except Ron.

A couple of weeks into my volunteer assignment I happened to be lying out on my hammock reading a book when the compound's caretaker approached me, very drunk, with one of the male macaws clutching his arm. In a slurred voice he asked me, "Do you want to hold the bird?" I emphatically stated, "No, that bird doesn't like me!" The caretaker said, "Oh, go on, it's really friendly." I got up to get away from the sot when all of a sudden he thrust the bird at me, attempting to place it on my arm. The bird lunged for my right hand and bit down as hard as he could just behind my forefinger. It was the most painful physical event that I had ever experienced. I pulled away fast so the bird couldn't chew the rest my arm off. I had a difficult time feeling my forefinger and part of the adjacent fingers. The caretaker quickly turned and fled the scene knowing that he had

really screwed up. For the next two days most of my fingers were numb. The bird had obviously traumatized the nerves. I thought I would have to finish my volunteer assignment using my left hand, and I'm certainly not ambidextrous. Eventually feeling came back to the area and I was able to work for the rest of the time in the clinic unencumbered.



Me and the *man-eating* macaw
the day before the incident

The aforementioned courtyard was also a breeding ground for rats. They would wait until it was dark to come out and scavenge for food. Oftentimes I would sit outside in front of my room reading or playing Scrabble with another volunteer when, all of a sudden, I would notice more than a dozen rats jumping up and down in the courtyard. They were huge! They surfaced in the area looking for bird droppings left behind by the macaws. I actually counted 20 rats out there one night! When something would frighten these varmints they would scurry down a corner gutter adjacent to the kitchen area.

Unfortunately for the rats, a staff member brought the compound's director a stray cat one morning. It was so adorable that he couldn't refuse it. Ron thought it might end the rat problem too...and it did. Ron and Vera named the cat Simba after the character in the animated movie, "Lion King". Simba began catching the rats as soon as they surfaced in the courtyard. After about a week the rodent population lessened considerably. After about two weeks I never saw another rat for as long as I remained at F.E. When I returned the next year I was amazed at the weight Simba gained! He had gained 20 pounds! It was the biggest feline I had ever set my eyes on. Ron took Simba to a vet and the doctor said her rapid weight increase was due to a hormonal imbalance. A hormonal imbalance, my foot....it was from a diet of ten rats a day for a year!

Following a 33-hour nap I took the afternoon I arrived, I unpacked the rest of my belongings and set the boxes of dental supplies I brought with me in one corner of my room. These I would deliver to the dental clinic the next morning. I then walked down to the kitchen to meet the other volunteers. Except on weekends, each morning, noon and evening, the compound's cook, Donna Ana, prepared an American-style meal for us. She was an amazing cook. In addition, all of the volunteers had unlimited cheese, rolls, and the most delicious desserts whenever we wanted. Beer and wine were not offered free of charge. Those items we had to purchase ourselves. The nice part about the meals was that ALL of the volunteers ate at the same time. This gave us all a chance to really get to

know one another. And the volunteers came from all over the world. The only reason I lost weight each year was due to the immense heat and the constant sweating.



Sharing a meal with other volunteers

The next day following breakfast I walked to the dental clinic to meet my staff for the first time. As I neared the dental clinic I was stuck by a very odd sight. Both the employees and patients entered the dental clinic located on the back side of the building. There was no formal front entrance. I didn't think it was appropriate for the patients to have to enter the building in this fashion. I later mentioned my concern to the Executive Director. Ron said, "F.E. hoped to make a change in the entrance but it couldn't be done without money. We're always looking for a sizeable donation from an individual donor or organization." An idea quickly sprang from the inner recesses of my brain.



Entrance in the back



Formal waiting area

When I stepped into the waiting room I was confronted by more than a dozen people, young and old alike, sitting on what appeared to be a couple of long wooden church pews. I then was introduced to my staff. The first two people I met were Ivone (pronounced *eee-vaughn-eee*), and Elizete (pronounced *ella-zet-chi*). Ivone was the head dental assistant and Elizete was her second in command. These two friendly people showed me around the three-room clinic, the walls of which were constructed of open air cinder blocks. The clinic had no air conditioning and the average temperature throughout the day averaged 110-plus degrees F. I was surprised when a small bird swooped into the clinic and exited through another hole in the wall at the end of the corridor. This was to happen more often than not while I worked in the facility.

I asked Elizete which of the 12 people in the waiting room was my first and she said, "Any one of them." She informed me that the dental clinic routinely asks all the

patients to arrive at the clinic at 7:30 a.m. each morning. This assures the volunteer dentist that he has patients when he needs them. The same policy was followed for the afternoon schedule.

The heat in the clinic was unbearable. There were no fans. I had sweat running out of my rubber gloves and dripping onto my trousers or directly onto the patients' bibs while I was treating them. Of course, to make matters worse, I wore a face mask and safety glasses. The face mask was unusually uncomfortable in the heat because every time I would exhale my hot breath would immediately fog up my glasses. That was what I had to endure for the next 29 days?

I kept copious records of the different types of treatment I rendered on each of my patients. I assigned each dental treatment a reasonable monetary figure based on what that service would cost the dental consumer in a private, fee-for-service dental office in the U.S. The final figure was considered in-kind donations and was noted as such on grant forms being sent to F.E.'s various funding agencies. I managed to complete a lot of work my first year. I calculated that I generated over \$30,000 in dental services that month. Each successive year that I worked in the clinic my production has increased exponentially.

The night before my first assignment with F.E. ended, Ron knocked on the door of my residence. In the course of the lengthy conversation, Ron asked me if I would be willing to host his nephew, Adolfo, for a year in the U.S. as part of Rotary International's *Youth Exchange Program*. It is a wonderful opportunity for young adults between 17 and 19 to finish their last year of high school in another country. I told Ron I would first like to meet Adolfo before I left Brazil to see what he was like. I wanted to make sure he wasn't on drugs, or had multiple body piercings, or disfiguring tattoos, or, at the very worst, purple hair! Arrangements were made for me to meet Adolfo the next day in Belem, a city on Brazil's east coast. Adolfo, his sister Lissandra, and his mother, Anna Maria traveled by boat from Barcarena, a city located 50 miles to the southwest of Belem. Lissandra happened to be attending an American Catholic school in the region and had a great command of the English language. Neither Adolfo nor his mother knew any English.



Anna Maria, Adolfo and Lissandra
1992



Fernanda, Gabriella, and Adolfo
2014

I was immediately impressed with Adolfo. He was a nice looking and polite young man. I told Adolfo that if he took the next year to study English, I would host him as an exchange student beginning in the fall of 1993. When he arrived that next year, I immediately enrolled him at Adrian Senior High School, my alma mater. Believe it or not, Adolfo remained with me for a total of seven years! By the time he went back to Brazil I had put him through four years of college at Eastern Michigan University in Ypsilanti, where he earned a B.S. degree. He was the son I never had. I figured if my twin brother could put his two step children through college the least I could do was support Adolfo in that manner.

Adolfo has remained in the U.S. since he met and married a woman of Brazilian descent who had her Green Card. Adolfo and Fernanda had a baby girl, Gabriella, in 2012 and I am now the proud adopted grandfather. It has truly been an amazing success story for both of us.

CHAPTER 21

F.E. 's Floating Clinics

The history of the Fundacao Esperanca boats is both interesting and unique. The first of the boats was manufactured in the United States in 1973 and delivered to Santarem on an oversized ocean liner.



FE 1



FE 1

In its six years of providing medical services to remote populations throughout the Amazon Rainforest it had visited more than 95 different villages along the river. The ship carried innumerable international surgical teams between 1973 and 1979. I've been told by some of the former medical volunteers that more than 140 separate surgeries had been performed on the floating operating room each year.

In 1979 another F.E. boat was constructed to replace the original one.



FE 2

This boat, the *FE 2*, traveled to farther reaches of the Amazon River Basin nearer to Peru, where even more surgeries were performed. The latest boat, the *FE 3*, was launched in 1980 and provided medical services before it was dry docked in 2009.



FE 3

Yours truly

CHAPTER 22

Mike and Bonnie Roy: Fundraisers Extraordinaire

I returned from my first volunteer assignment in Brazil in October, 1992. I had visions of the limitless possibilities for the clinic; however, the major issue standing in the way was MONEY. I considered the different options I had. All I knew is that I needed to raise enough money to enhance the present facility so that other international volunteers would want to work there. My ideal goal was to transform the present bare-bones clinic into a more modern, state-of-the art facility.



Mike and Bonnie Roy

I happened to be giving one of my slide presentations to the Dearborn Heights Rotary Club one afternoon, when, after my program, I was approached by a husband and wife team. Mike and Bonnie Roy were long time members of the club and were intrigued by the clinic and the work I had just completed there. Mike was swift to ask, “Bill, do you have enough resources to continue operating your program in Brazil?”

I said, “There were many things I’ve dreamt about doing to make it a venue where other international volunteers would be willing to contribute their time and talents, but it would take a lot of money to realize the things I want to do there.”

Mike said, “Well, if you need financial assistance why don’t you raise it through some kind of a district-wide raffle? I know many Rotarians who would be more than willing to support your humanitarian program in South America.” I thought that was an excellent idea, and to my amazement, the Roy’s stepped forward voluntarily, at that same chance meeting to spearhead it!

After the next six months of selling raffle tickets for \$25 on a chance to win \$500 on each of a dozen drawings, hundreds of Rotarians stepped forward and helped with this project. After the raffle was completed and the money counted, Mike and Bonnie had helped me raise over \$100,000 for the clinic in Brazil. What a great display of support and respect for my dental project it was. I never imagined in my wildest dreams that we could get that kind of money. I immediately phoned Ron Bertagnoli and told him the good news. Shortly after that I wired the funds down to F.E. where they were put to good use.

I was scheduled to return there that coming September to begin my second assignment and couldn't wait to see how the funds were used.

CHAPTER 23

Clinica Dentaria Bill Chase

In the fall of 1993, following our successful fundraiser for the clinic, I flew down to the F.E. compound for my second consecutive assignment. My good friend Bob Gallagher accompanied me in order to shoot some promotional videos and photos of me working. Bob was actually on a mission to raise funds for *The Rotary Foundation*. During the journey there, I had prepared myself to inform Ron that this trip would be my last to Brazil. I hadn't yet shared this decision with Bob, but would as I mustered enough courage.

When we were greeted at the airport on that Saturday, Ron stated, "I don't want either of you to go down to the dental clinic until the beginning of the workday on Monday." He said that the clinic was still under construction and he didn't want anything falling on our heads. If the truth be known, I knew it was because he wanted to show me the changes himself. Following Ron's order I noticed the look on Bob's face that indicated to me that Ron had been sharing information with him prior to our arriving in Santarem. Now I was really curious as to why such a request was made, but I obliged him nonetheless.

On Monday morning following my breakfast with the other volunteers, Ron, Bob and I walked to the dental clinic. My heart was rapidly beating with anticipation as to how the refurbished facility looked.

As we got closer I saw a huge crowd gathered near the entrance to the clinic. The closer I got the more frenzied the assembled crowd became. I recognized many of the employees I had met on my first trip down. I saw what looked like at least 75 employees gathered in front of the dental facility, all with broad smiles on their faces, some even cheering as Ron, Bob and I approached.

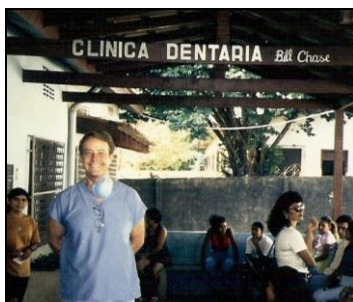
Then all of a sudden it dawned on me! I guessed that the clinic was being dedicated in my name because of the money I raised to renovate it



I looked up at the major crossbar supporting the roof and noticed a white cloth wrapped around part of the I- beam. Ron began a speech about volunteers, in general, and then about me, specifically. He ended his remarks with, "And so Bill, in honor of the many things you have done for the clinic, I am pleased to announce that the dental clinic will now be known as *Clinica Dentaria Bill Chase*". The crowd burst into applause! I

was absolutely stunned and speechless. When I regained my composure, I thanked Ron and the F.E. administration for bestowing on me the greatest honor of my life. I did not feel worthy. I vowed to make the dental clinic even better in years to come. What a memorable experience that was. It was then that I decided that this couldn't be my last trip back, and it wasn't. I was to make ten more trips there again before I retired.

I couldn't wait to see how the clinic had changed with its \$100,000 facelift. The entrance, which used to be around the back of the building had been moved to the front where it should have been in the first place.



Me in front of my clinic



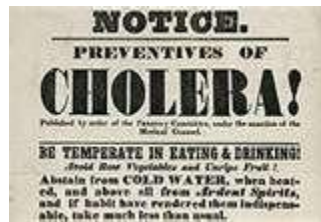
My expanded dental staff in 1993

The cement blocks, through which birds flew the year before were gone and replaced with solid blocks. In addition, inside the clinic I saw that it had been expanded to provide six treatment rooms instead of three, three on each side of the long hallway. A large reception area was situated out in the front of the clinic. It contained a spacious L-shaped cement seating area with a canopy. A portable TV was positioned on a moveable cart for the benefit of who were waiting to be seen. The television ran continuous programs on the proper way to brush and floss one's teeth, a boon to patient education at the clinic.

Looking back over the photos of the new clinic at that time one would assume it was located in a first world country. I was really impressed by the changes. The clinic was much more functional than the previous one. There was now a dark room where X-rays could be developed along with a lead-line room in which to take them. There were even brushing stations with individual mirrors set up behind the receptionist's desk. The dental hygienists would take their young patients to these stations before they received their professional cleanings in order to evaluate their at-home brushing techniques. The clinic had truly been transformed. I knew then that I could actually attract more international volunteers by marketing the clinic as a state-of-the-art facility in a third world country. Rotary International was apprised of the clinic expansion and they soon started advertising that fact in all of their member publications. It wasn't long before we began to get credible offers from clinicians around the world wanting to donate their time at F.E. The only thing lacking now was a central air conditioning unit, but that was something we could certainly live without for another couple of years, at least that's what I thought until I returned home.

CHAPTER 24

Cholera



Prior to traveling to Brazil for the first time, I received a rather sobering education from my personal physician on the perils of working in a third world country. Paranoia set in immediately upon hearing the long list of tropical diseases I was at risk of getting. When I arrived in Brazil Ron Bertagnoli also shared with me these risks, especially the risk of cholera.

He ordered me never, under any condition, to swim in the Amazon River. He said that foreigners are not accustomed to the bacteria that live in that highly contaminated body of water. He said, "One of the most debilitating diseases that you could contract is *cholera*."

Cholera is a severe diarrhea disorder that results from eating improperly cooked food and/or drinking polluted water. The bacteria that cause cholera produce *exhaustive diarrhea*. The condition occurs when a person initially contracts the disease and liquid stools begin. Shortly after that the victim experiences a precipitous drop in blood pressure. Life-sustaining electrolytes are quickly depleted from one's system. This is followed by dizziness, disorientation and oftentimes a loss of consciousness. If the victim does not receive immediate rehydration therapy and/or antibiotics, death may ensue.

Many cholera sufferers sleep on either rubber mats or hammocks with holes cut in the area of the lower extremities. This allows them to easily evacuate waste at any time of the day or night. (Fig. 1)



Fig. 1

There is a medication for cholera that may be taken orally. It is sold under the brand name, DUKORAL. Unfortunately it is only 50% effective and has yet to be endorsed by the Food and Drug Administration and the Centers for Disease Control. A vaccine is also available in some countries but it is expensive and has limited world-wide distribution. Cholera is more prevalent in the north of Brazil than the south, however the

disease is not as wide spread in Brazil as it is in Africa, the Middle Eastern, and China. Water purification systems can greatly curb the disease but these systems are very expensive.

In all of the many visits I have made to Brazil, I have never stepped even one foot in the Amazon River. Oftentimes I would see men, women and children bathing or washing their clothes in the river. All the families living along the river draw water from it to cook their food. These peoples' intestinal floras have obviously adjusted to the harmful bacteria over the years. I know one thing for sure: I would never want to get cholera!

CHAPTER 25

Dr. Jose Garcia, F.E.'s Medical Director

I have met many caring and compassionate health care professionals throughout my lifetime but few compare to Dr. Jose Garcia, the former medical director of F.E. I met him in 1992, during my first assignment there. He was a relentless worker who showed tremendous compassion for his patients.



Dr. Jose examining a young patient

He was literally a walking encyclopedia of medical information, especially well versed in tropical diseases. There wasn't a patient he didn't know how to treat. He grappled with even the most complex cases from gunshot wounds to a victim's face to amputations caused by alligators.

Not only was he the medical director, he was also the Director of volunteers. He was an avid photographer who loved to shoot photos of unusual cases. His patients were actually thrilled to have their photos taken because it made them feel like they were celebrities.

When an occasion prevailed, Dr. Jose would never hesitate to walk over to the dental clinic, which was adjacent to his clinic, to alert me to a unique "photo opportunity" staged in one of his treatment rooms. And it always was a **unique** opportunity!

Dr. Jose considered me a close friend after a while and he also a great deal of confidence in me as a dentist. This was borne out when he referred his own wife, Dona Francesca, to me to make her a partial denture. She was thrilled with the appliance I constructed for her. I was certainly glad because Dona Francisca was considered the *town crier* of Santarem.

At the end of each month-long assignment, Dr. Jose would award a Certificate of Appreciation to each volunteer, thanking them for their work. After receiving mine for the first time he said, "Bill, I want to see you next year!" Dr. Jose was not only an amazing practitioner but he was a true friend and mentor to me.

Following each of my assignments at F.E., I always arranged a dinner for my staff in appreciation for all the wonderful help they had given me for that month in the dental clinic. I would ask them, collectively, where they would like me to take them for a nice relaxing congratulatory dinner and drinks. All of the gatherings were held at the more upscale restaurants on the pier downtown. All of the dental assistants and hygienists

would wear their best attire and some even brought along their partners. We would have so much fun at these gatherings and the staff certainly was grateful.



One of the Farewell Dinners

CHAPTER 26

Leshmaniasis

Another debilitating disease indigenous to the tropics is leishmaniasis. It is transmitted to victims by the female sandfly. There are two forms of the disease: the *skin type* that results in small sores on the arms or legs; and the more virulent form, the *visceral type* that attacks the spleen and liver. Young children and the very elderly are most vulnerable to this disease and may experience death from it. The symptoms include coughing, vomiting, diarrhea, elevated body temperature, and rapid weight loss. F.E.'s medical clinic has treated hundreds of cases of both forms since its founding in the early 70s.



Sandfly

I remember seeing a six-year-old girl in the medical clinic one day. Dr. Jose had called me in to photograph her. The little girl was lethargic and displayed an elevated body temperature along with chills. When I looked at her (Fig. 1) I noticed an abnormal bulge in the stomach area. When Dr. Jose told me to feel the mass, I was amazed by its firmness. It was like touching a rock. I was acutely aware of the gravity of the tot's ailment. Dr. Jose said it was leishmaniasis. He told me that the symptoms of the disease are not evident until approximately 2 to 8 months after the victim is bitten by the sandfly. He said, "By the looks of the magnitude of this mass, I assume the little girl has had the condition for more than a month."

Dr. Jose gave the mother all the pills he had in the clinic in hopes of reversing the disease, but unfortunately, the little girl died a week later. Few third world countries have enough medication to stop the spread of this disease.



Fig. 1

For years now, non-profit organizations have been distributing mosquito nets to people living in tropical climates in hopes of decreasing the number of new cases of malaria and leishmaniasis. Many families **do** have them but very few actually use them! The *rule of thumb* is that people should be placing these nets over the beds of their

children at night, but they don't. Another tenet that many Brazilian families do not heed is this one: never take baths outdoors either early in the morning or late at night. These are times when mosquitoes and sandflies are most prevalent. Unfortunately, these people do not have access to insect repellent so their semi-naked bodies are always vulnerable to attack.

Chapter 27

Boy with Cancer of the Eye

I was so grateful to Dr. Jose for calling me in to his clinic whenever he had an interesting case. The photos that I was able to take have all been used in my many Power Point presentations to service clubs as well as a wide variety of medical and dental organizations. Many people in my audience have never seen the likes of some of these unique cases.

I happened to be going back to work in my clinic one afternoon when I passed a young man waiting, I assumed, to be seen by Dr. Jose in the medical clinic. The boy was wearing a barrette on his head obviously to keep his long hair from touching a huge mass protruding from the right side of his face. I didn't want to stare at the boy and make him even more self-conscious so I continued on to my own clinic. Little did I realize that I was to see him in Dr. Jose's clinic later that afternoon. When I got the call from the good doctor I was able to get a closer look at the situation. The boy's right eye was grotesque looking. It had an upper and lower lid covering it but was abnormally enlarged. The lower lid looked a lot more inflamed than the upper.



Dr. Jose said that it could be either a severe infection or some type of tumor of the eyeball. He suspected the latter, I know. I had never seen anything like it before in my life. It was obvious that the patient needed more help than what Dr. Jose or any of the other medical personnel in the compound could provide. The young man obviously needed to be sent to a more advanced facility in order to receive proper treatment. Any treatment would have to be administered in either Belem or Manaus. Either trip would require a costly round-trip flight or an extremely long boat trip, up to five days in length. After speaking with the boy's parents they confessed that they didn't have the money to travel to either city, let alone pay for any surgery. Dr. Jose, the kind-hearted man that he was, donated the money so that the boy could be seen by specialist in Belem. He was seen within two weeks of Dr. Jose's initial observation of him. As we later discovered, the eyeball was successfully removed and, as anticipated, the biopsy report came back positive for cancer, squamous cell carcinoma. Neither Dr. Jose nor I have seen the patient since but hope that he is leading a normal life back in Santarem.

Chapter 28

Elderly Woman with Jaw Cancer

On another occasion Dr. Jose came rushing into my dental operatory unannounced and said, “Dr. Bill, I have another photo opportunity for you!” Not wanting to miss a stellar opportunity like that, I excused myself from my own patient, grabbed my camera and proceeded to go next door. The moment I opened the door to his treatment room, I was hit with the most foul and putrid odor I had ever smelled. I looked at the elderly female patient sitting in a chair in one corner of the room. A young lady whom I assumed was her daughter, was there with her.



Squamous Cell Carcinoma

My eyes were quickly drawn to the open wound on the woman's chin. The sore appeared to be a combination of pus and scar tissue. On closer examination I knew that it was more than what the woman and her daughter assumed was “just a cold sore.” The lesion had to have been getting bigger for the last couple of months. I knew in my heart what the *sore* was because I had seen similar lesions in my own dental practice. It was a cancer of some sort.

Over my 40-plus years of clinical dentistry I have been able to diagnose squamous cell carcinoma nine times out of ten just by looking at the lesion. This woman's prognosis, I knew, was bleak at best given the overall size of the tumor, combined with the woman's advanced age.

Dr. Jose said, “At the very least, I'm certain this woman will require the removal of the right side of her jaw and subsequent reconstruction of her chin.” Unfortunately, as was the case with the young man with the cancerous eyeball, that type of surgery was not done in that part of the Amazon River Basin. She would have to go to either Belem or Manaus where they had doctors trained in that type of surgery. Again, that would be an expensive proposition for this elderly woman to consider.

Because of these factors the woman and her daughter decided not to do anything. Sadly I had heard that the woman died a few months later.

So often in these remote areas doctors who can expertly diagnosis a wide range of diseases do not have the proper treatment modalities or funds at their disposal to treat the more complex cases. For this lady, her fate had been sealed at the time she entered Dr. Jose's medical clinic.

Chapter 29

Gerlan

There are literally hundreds of shoe shine boys roaming the streets of major cities in Brazil. Their numbers are in the thousands alone in Rio de Janeiro and Sao Paulo. Most of them are homeless and considered a threat and/or nuisance to society. Many of them are forced to commit crimes to make it through another day. The dilemma is on the rise in South American cities, and Santarem was no exception.

On my very first assignment to Brazil in September, 1992 I met Gerlan (pronounced *jay-lun*). He and his other homeless shoeshine cohorts worked primarily in the downtown area and hoped to attract tourists near the busier restaurants. Gerlan piqued my curiosity when I first saw him because of his scarred face. He was only 12-years-old. He initially approached me while I was eating with Ron and Vera and asked if I cared to have my shoes shined. When Gerlan looked at my feet he frowned. I was wearing tennis shoes. His face reflected a deep disappointment.



Gerlan 2nd from right

As I looked at his face more closely I was literally speechless for a moment. My heart went out to this young man. I saw that his face was covered with thick scars. I imagined it was a result of a severe fire. My eyes were then drawn to his left arm and fingers. They too were severely scarred and the hand appeared to be abnormally clenched and in a stationary position. The other arm and hand appeared to be unaffected. I could see that his left leg had some scarring too. After I thanked Gerlan for the offer to shine my shoes, I handed him a dollar bill for his efforts. I did not see the young man again until the visiting plastic surgery team arrived at the compound to triage potential patients the following week.

The day the team arrived I saw Gerlan for the second time. He knew from leaflets that the team was arriving soon. He really wanted the doctors to evaluate his left arm and hand. The apparent fire had melted the skin on the underside of his fingers and had stuck them together. The entire appendage looked petrified. Gerlan asked if there was anything the team could do to help him regain some of the hand's function. The lead surgeon told him it may well be possible, but he couldn't guarantee it. The young man was selected for surgery the following week, not only to repair the disfigured hand but to graft healthy

skin to the worst of his facial scars. I asked Dr. Babcock, the lead surgeon, if I could observe Gerlan's surgery. He was happy to consent.

I remember the day of the surgery as if it was yesterday. Once the general anesthesia was administered to Gerlan the surgeons started to work on his hand. The skin was so taut at the joints that the fingers could not be splayed back even a millimeter. (Fig.1)



Fig. 1

The surgeon then used a scalpel to cut through the thick scar tissue on the undersides of the knuckles and carefully manipulated each finger back to their original position. Then healthy skin was removed from Gerlan's inner right thigh and placed small pieces of the tissue into the open wounds made earlier by the knife. To ensure that the fingers did not heal back into a fist again the surgeon screwed long, filament-like steel rods through each of the finger tips and directly through the bones. The resultant protruding rods were then secured together by wires that made the final apparatus look like a spider web.

Some of the additional skin that was removed from Gerlan's thigh was then placed over the largest facial scar that had been removed previously, and a sterile gauze dressing applied to facilitate healing. The patient was then wheeled into a recovery bay where he could see his mother when he awoke from the anesthesia. I checked on him after dinner that evening and Gerlan was alert and happy to see the fingers of his left hand normally extended for the first time in months.

It wasn't until the next day that I discovered the real story of Gerlan's burns. As I shared the surgical experience with my dental assistants the next day in the clinic, one of them revealed the young patient's horrific story. It was the year before that some of the local policemen had coerced Gerlan into performing sex acts on them in return for money that he could use to help support his widowed mother and younger brother. After about a month of being forced to perpetrate these lewd acts, Gerlan said he no longer wanted to be their sex slave. The group of men became enraged and quickly surrounded Gerlan. They tied his hands behind his back, placed an ether-soaked handkerchief over his mouth and nose, and dragged his limp body outside to a dilapidated old car. There they placed him inside, locked the doors and doused it with gasoline. A match was lit and the car was soon ablaze. Flames engulfed the entire exterior within seconds. Soon the interior ignited. Five minutes passed before one of the guards broke the passenger window and pulled Gerlan from the vehicle, but not before he sustained burns to 70% of his body. The policemen set the young victim by a tree and as Gerlan was regaining consciousness one of them said to him, "Don't you ever say NO again to us or next time we will kill you!"

Despite the physical and emotional trauma wrought on the young man that morning, nothing could break his determination to survive. Gerlan's story has been repeated many times elsewhere in Brazil.

My friendship with Gerlan began the day I met him on the streets of downtown Santarem outside a restaurant. Each year when I return as a volunteer to the compound, Gerlan seems to always sense that I am there. It's almost like radar. The last couple of years I saw him I completed a lot of dental work to rebuild his mouth. At the end of my month-long assignments, I tell him to make sure to come and visit me so I can give him some of my clothes and at least twenty dollars.

What a wonderful role model Gerlan is to all of us who have met him and know his story. The following photos show Gerlan throughout the years of my volunteering at F.E.



At 12, a few weeks
after surgery



Gerlan at 14



Gerlan at 20

CHAPTER 30

Dr. Alfred Falcone

I've had many individuals that I've considered mentors, but one stands out rather prominently. It was in 1993 when a plastic surgery team from Syracuse, N.Y. visited the compound. The lead surgeon was Dr. Al Falcone. I guessed he was close to 75 when we first met. I discovered from talking to Ron Bertagnoli that he had been volunteering at the compound many years before I came on the scene.



Dr. Jose Me Dr. Falcone Dr. Egnatinsky
Medical Dir. Plastic Surgeon Anesthesiologist

When I met him he was alighting from the F.E. van that had just transported his team from the local airport. I noticed that he was using crutches. With some of the other staff members of the compound with me, we cordially greeted the group.

It wasn't until that evening at dinner that I reticently asked him why he used crutches to walk. Al revealed that he had had spinal surgery to correct a slipped disk approximately ten years before and during the operation the orthopedic surgeon accidentally injured his spinal cord. As Al relayed this story I detected no animosity whatsoever towards the negligent surgeon. Throughout the fortnight that he worked in the compound, I came to know Al as a very caring and compassionate individual, both professionally and socially.

Dr. Falcone and his expert team allowed me to assist them on three different occasions in the OR. This was a great clinical experience for me. The team performed everything from extremely complex cases such as cleft lips and palates to simple ones like the removal of skin cancers and tissue tags. The ancillary staff that he had brought with him was much the same group he had traveled with internationally dozens of times before. They consisted of two operating room nurses and his anesthesiologist, Dr. Jack Egnatinsky and his wife Shirley. That same year Dr. Falcone brought along a new member of his team, a medical intern, William Jiminez. For whatever reason, I bonded with William immediately. The team spent a total of two weeks in the compound and when they left they promised to return again in the very near future.

About five years later I had the occasion to fly to Syracuse to attend the wedding of William Jiminez who had since graduated from Syracuse University with an M.D. degree. While I was in Syracuse, I saw Dr. Falcone. He invited me to see his private office if I had time before I left. I accepted his gracious invitation. When I entered his office I was surprised to see that his walls were totally bare save for one lone object hanging behind his desk. It was a crucifix. I asked Al, "Why are there no other wall hangings adorning your beautiful office, especially for a man of your professional stature?" He said, "There is only one important thing to me in life and that is Jesus Christ." That confirmed for me what I had always felt about this man...that he was a truly compassionate and spiritual individual who truly loved God and his fellow man. I haven't seen Al since then and hope that he is still in good health and enjoying life to the fullest.

Chapter 31

Arlete

Arlete was an 8-year-old girl who met with a most tragic mishap. She and her mother came to Fundacao Esperanca seeking medical help. Fortunately, Dr. Falcone's team was present at the time for their one-week assignment. The team had just completed a successful triage of more than a hundred children to determine which of them were qualified to receive surgery to repair cleft lips and palates.

On the Saturday of their arrival I was asked to help evaluate the patients since there would be children with cleft palates who could not have corrective surgery done for one reason or another. These youngsters were assigned to me in order to have a special intra-oral appliance constructed. (More about this in *Chapter 33*) It took a full day to decide which ones of the candidates would be selected for team's 25 surgical slots. Monday was to be the first day of surgeries.

On the way to my dental clinic with Dr. Falcone, we both noticed a young girl sitting with an older lady we suspected was her mother. They were sitting in front of the entrance to the hospital. The girl's head was bandaged with some kind of gauze dressing. (Fig.1)



Fig. 1

Neither one of us had recognized this little girl as someone we had triaged two days before. Dr. Falcone told me he was sure he knew what had happened to her. He said, "The little girl encountered some type of boating accident." Dr. Falcone has seen cases like this many times before during his stints in Brazil. He said, "Many severe and even fatal head injuries occur when children of this age dive off the family boat, unaware of the location of the long propeller shaft. Girls are more at risk than boys because of their long hair. Before they know it gets caught up in the lightening-fast propeller resulting in deep scalp lacerations or worse; some children incur immediate death due to skull fractures."

As we were to learn later, Arlete's injuries were indeed caused by an accident on the water, but a much more bizarre one. Upon questioning her mother she revealed that two weeks prior Arlete was in her father's boat walking from the back to the front. When Arlete came to the middle section of the boat, where the open engine gear shaft was

housed, the craft hit a log in the river. It quickly threw Arlete off balance and the revolving gears caught hold of her long black hair. As the gears began to pull Arlete's head towards the innermost portion of the engine, her mother, who was standing behind her, quickly grabbed her daughter around the waist and pulled her to safety. Arlete's resultant injury was serious. She was completely scalped of her beautiful hair. Her head wound was so extensive that it included the removal of part of Arlete's left ear and part of her left eyebrow. The massive scalp wound was instantly bandaged by another quick-thinking family member who wrapped her head tightly with a piece of his own clothing. When Arlete reached shore, medics from a local doctor's office were able to replace the piece of clothing with sterile surgical gauze.

Arlete's mother told Dr. Falcone the day they arrived at the F.E. compound that she and her daughter had been traveling down the Amazon River from the Peruvian border looking for someone who could treat her daughter. They had begun their journey 14 days before! Dr. Falcone told the mother that he would treat Arlete as best as he could.

Later that same afternoon, after having completed the first five patients, Dr. Falcone and his team ushered Arlete into the operating room to evaluate the extent of the head wound. They placed her under general anesthesia and began to unwrap the dressing. To the team's amazement, when they removed the first full layer of gauze, massive bleeding ensued. Dr. Falcone decided not to proceed any further and replaced Arlete's headress. He requested a complete blood workup to be done the following day to make sure that the little girl could undergo another attempt to repair her exposed scalp.

Late in the afternoon the following day Arlete was again back in the operating room under general anesthesia. She was given two pints of blood that brought her hemoglobin levels and clotting time back to normal. Dr. Falcone was able to remove the entire head wrap this time and view the entire wound. I was present that day as well and will never forget what I saw. Arlete's scalp was completely void of both hair and skin. What we were looking at was skull bone! My heart ached for this little girl, but the OR is no place to show emotion, no matter how bad things look. The injury to Arlete's head appeared as though a wild animal had mauled her. This little 8-year-old was lucky to be alive.

The second and third of what turned out to be a total of five corrective operations to Arlete's scalp went very well. During these surgeries, in order to repair the wound completely, Dr. Falcone removed skin circumferentially from around each of Arlete's thighs, as well as from her buttocks. The grafts were sculpted into long, narrow strips and then placed methodically across the open wound. All was going well until Dr. Falcone recognized that he was running out of the patient's skin. Up until that point only 75% of the open wound had been covered. There was still 25% of her scalp to be covered. Dr. Falcone asked the compound's medical director, Dr. Jose, if he knew of anyone who owned a piglet. Dr. Jose was quick to reply, "I raise pigs. Will one of mine do?" Dr. Falcone said yes and asked him to send someone to bring one to F.E. and make it fast!

Soon, a small black piglet was delivered to the hospital squealing at the top of its lungs and kicking like it was being choked to death. Dr. Falcone told his medical intern and me to prep the pig for surgery. Prepping, as I discovered, was tying the animal's legs together, lathering its torso with shaving cream, and removing any and all visible body hair with a safety razor. This is what we did in just 30 minutes.



Preparing the piglet for surgery



William and me in the OR



Piglet on the operating table

Next, the piglet was taken to the OR, anesthetized and underwent an operation similar to the one performed on Arlete's thighs and buttocks, surgically removing thin strips of skin. Once the appropriate amount of tissue was removed, the piglet was humanely euthanized. This new pig skin was more than sufficient to cover the remainder of Arlete's head wound. Arlete needed more reconstructive surgery after Dr. Falcone's team left the compound. Fortunately another team of surgeons came the week after and put their finishing touches to her head wound.



The original surgical team surrounding a happy Arlete

The new team kept Arlete in the compound for another two weeks to complete two more reconstructive procedures. Arlete and her mother left Fundacao Esperance one month after arriving at the compound. The result was that her life was saved because of two expert international volunteer plastic surgery teams and the precious, life-saving skin of a black piglet.

Ron told me the following year that Dr. Falcone had purchased a couple of wigs for Arlete and sent them to her home near the Peruvian border. However, as Ron relayed to me, Arlete's mother refused to allow her to wear them because "they made her look old." Dr. Falcone's goodwill gesture, though, was just another example of just how caring and compassionate a man he was.

CHAPTER 32

Cleft Lip Patient

I'll never forget the day I met Roberto. I was heading to work early one morning when I noticed a young man standing by one of the pillars near the dental clinic's waiting area. He was holding a white towel to his face. My first thought was that this young man had met with a traumatic accident and was waiting to see me for emergency dental work. As I headed into the clinic my office manager told me that that young man was my first patient of the morning.

When the young boy was seated, I entered the room and what I saw startled me. The towel no longer hid the lower half of his face. I was looking at a grotesque facial deformity. Roberto was born with a severe cleft lip. I wondered, "Why had it never been corrected before now?" He was already 12 years old!

I was seeing this boy because the plastic surgery team had accepted him for the surgical correction of his congenital abnormality. I was told by one of my assistants that the corrective surgery was to take place in just two days. The team observed a considerable amount of decay on their physical evaluation of him and wanted me to clean up his mouth before his surgery. It's important to note that if children have any dental infections present, serious contagions could impede the healing of any subsequent corrective surgery.

After a couple of hours in the dental chair I had completed the necessary dental work for Roberto. He was now cleared for surgery. Not long after I had seen Roberto in my clinic, I was invited to assist the plastic surgery team in the operating room the day of his transformational surgery.



Roberto just prior to surgery



Roberto under anesthesia

The lead surgeon, again, Dr. Falcone, informed me that Roberto had had corrective lip surgery once before. I was startled. I asked the surgeon, "What had happened between then and now?" Dr. Falcone said that, "A section of the boy's upper jaw bone (*see photo above on the right where two white teeth protrude*) should have been surgically repositioned first before the two halves of Roberto's lip were pulled together and sutured." But that hadn't been done. The original surgeon stretched the skin of the lip tightly over the bony mass and sutured it together in that position. This procedure created

so much tension on the lip that, once the surgery was completed, the incision separated within 24 hours due to the normal post-op swelling. Not exactly a great job.

Dr. Falcone's team did things much differently to correct the situation. Before repositioning Roberto's lip, the surgeon asked me to take the small section of bone that held his two remaining front teeth in place and separate it from the rest of the upper jaw bone. I did this by using a fine surgical saw. Following the repositioning of this piece, I then pinned it to the larger intact jawbone. When that was completed and the team satisfied with the Roberto's facial profile, Dr. Falcone sculpted the remaining soft tissue and stitched the two halves of Roberto's lip lightly over the newly repositioned mass. The lip now was under **no** tension whatsoever. The results were dramatic, and immediate.



Before



After

The first time Roberto saw his new face was a day I'll never forget. Even with the 34 sutures in his upper lip, Roberto could still manage a slight smile. I knew that this was the beginning of a new life for this young man, thanks to Dr. Falcone and his plastic surgery team from Upstate New York.

CHAPTER 33

Lorenzo and the Obturator Appliance

I worked with plastic surgeons for the first time at the F.E. compound beginning in 1993. My first exposure to a team was when I worked with Dr. James Babcock from Philadelphia, Pennsylvania.

As soon as the Babcock team arrived at the compound they asked if I would assist them in evaluating potential patients. The lead surgeon told me, “I want you involved so that if necessary, you will be available to render any basic dental treatment to those youngsters before they underwent surgery.” A day-long triage is a customary event conducted by a surgical team at the F.E. compound. It identifies which youngsters will receive surgical repairs and those who will not. During the full-day evaluation we assessed the surgical needs of over 150 people. Since the team would only be in the compound for a week, they selected only 30 for surgery. The others had to wait until another team of surgeons arrived the following year. For the children not selected, especially the ones with major clefts (spaces) in their palates (roof of the mouth), it was incumbent upon me to make each of them a denture-like appliance that would allow them to eat and speak normally.

I remember distinctly twin brothers who were evaluated at the triage session. Ultimately, only one of them was selected for surgery. The other, Lorenzo was seen in my clinic the following day. He had a huge cleft of the hard palate. The surgeons had rejected him due to the enormous width of the defect. There was not adequate soft tissue to bridge the gap. Usually holes like this are approached through more complex surgical techniques, ones requiring the surgeon to follow up with the patient six weeks after surgery. But the visiting plastic surgery team could not perform the follow-up care since they were in our compound for one week only.

When I saw Lorenzo for his first appointment in my clinic, I explained to him and his mother that I was going to fabricate an appliance that would cover the hole in the roof of the mouth. The appliance is called an obturator, and looked similar to an upper denture. The appliance was to be held in place by small metal ball clasps.

The most difficult part of any obturator construction was getting the proper impression of the mouth. The more accurate the impression, the better the fit and seal of the appliance will be. Using a makeshift tray, I secured an impression of most of Lorenzo’s sinus, his upper jaw with all of the teeth.



The defect

Once the mold was poured in plaster and hardened, I constructed the special appliance that evening in my residence. I used a powder and liquid that, when completely set, formed the plastic base of the appliance. To this foundation I added a soft cushiony material for the patient's comfort when taking it in and out of his mouth. (Fig. 1)

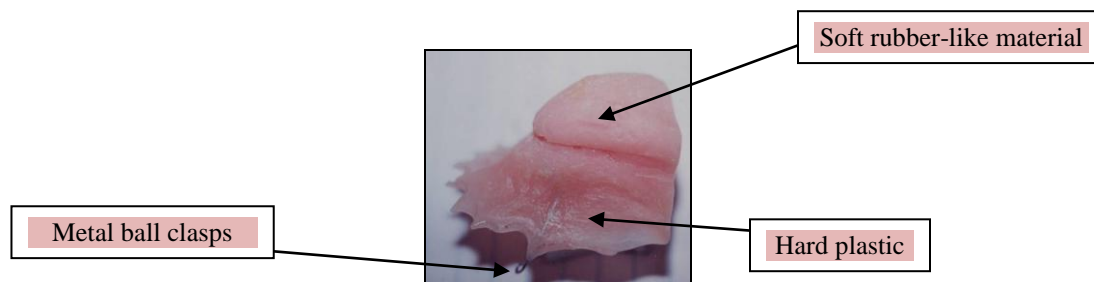


Fig. 1
The "obturator"

The next day I inserted the denture-like appliance. His anxious mother wanted to be in the room as did the plastic surgery team. Plastic surgeons rarely ever see such an appliance. After inserting the appliance into the boy's mouth, (Fig. 2) I handed him a mirror and asked him to say a few words. For the first time in his life, Lorenzo was able to enunciate words. He no longer sounded like he was talking through his nose. His mother was awestruck that she could actually understand her son. She was so overcome with emotion that she broke down and cried. If that wasn't enough, I next had Lorenzo take a drink of water. For the first time in his young life he didn't have to throw his head back to swallow it and there was no resultant coughing or choking. We all rejoiced at the outcome of the case, especially my young patient and his mother.



Fig. 2



Lorenzo (seated) and me
and the team

The best way to know if you've done a good job for a young patient is to witness the immense appreciation in the eyes of the parent(s). I knew that this was a successful case. Even the surgeons were amazed at the transformation.

CHAPTER 34

Elizete and Ivone



Elizete Me Ivone

The first two people I met in the dental clinic in 1992 have remained close friends of mine ever since. Ivone (pronounced *ee-vaughn-nee*) was a middle aged dental assistant who had already worked for five years as the head dental assistant. Elizete, (pronounced *ella-zet-chee*) a young married woman, was Ivone's "second-in-command". These two women made it possible for me to see as many patients per day as efficiently possible. The patients had referred to them as extremely personable and I was quick to concur.

I worked with the two-woman team for six consecutive years before Ivone decided that working in the private sector was far more lucrative financially than at a non-profit organization like F.E. She was later hired by a former Brazilian volunteer dentist who used to work at the compound. The dentist owned and operated a busy general practice close to the downtown area. Ivone is still there as of the writing of this book.

In the last 30 years, Elizete has grown to be a highly qualified dental assistant and dental hygienist. She received her formal hygiene training at the new university across the street in 2005. She is currently the senior hygienist at the dental clinic. Elizete continues to be one of the best dental assistants I've ever worked with, with the exception of my late sister, Charon, of course.

Whenever I return to the Brazilian clinic Elizete is always eager to assist me at chairside. I am glad because she is the only staff member who speaks English fluently. I can speak a little Portuguese but not enough to adequately communicate with my patients. Every year that I see Elizete she admonishes me for not learning any more Portuguese since the last time I worked there. But I explain, "When I return home from spending my month at the Brazilian clinic, I get really excited about honing my foreign language skills and start listening to my tapes." I then confess, "After about a month home, my interest wanes and I get preoccupied with doing other things. On the upside though, I know enough of the Portuguese language to get by with the staff and the patients."



Elizete and me in
2010

Over the course of my 12 volunteer assignments in South America, I've had the pleasure of working with dozens of Brazilian staff members. Besides Elizete and Ivone, the one that stands out the most is Aldilene (pronounced *ow-ja-lay-knee*). I met her on my 4th trip to Brazil when she was the head translator for international volunteer dentists. She was very fluent in English and helped those of us who did not know a lot of Portuguese to communicate with patients. She was later promoted to the director position of the dental clinic. She held that post for a couple of years before being hired by F.E.'s university across the street from the clinic.

During her employment in the dental clinic she invited me to her house for dinner one evening. I thought it was a warm gesture so I quickly accepted. She said she would pick me up after work the following night. At 5 o'clock the next day she showed up at my room to say she was ready to drive me to her home. When I reached the parking lot all I saw was a motorcycle sitting in one of the slots. I asked, "Aldilene, is that yours?" She said it was and to hop on. OMG, I had never been on a motorcycle before but thought, "What the heck, you only live once." I donned the helmet she handed me and we sped off into the darkness to parts unknown.

The rather arduous ride took about 45 minutes. Aldilene lived more than 30 miles out of town in a remote area of the Amazon Basin. When we arrived at the house she introduced me to her husband, Carlos, a breeder of quails, and their daughter, Anissa, a dark-haired beauty of three. Aldilene showed me into their living room and I was immediately taken aback by their furniture. All of it looked like it had just been shipped from the warehouse because each piece still had the tight plastic wrapping on it. The transparent covers clung closely to the fabric, almost like it was a permanent fixture.



Aldilene and her family

Aldilene asked me to take a seat and that she would get an appetizer out of the fridge for us. Then a startling thing happened. As I was looking around the room I happened to glance up to the ceiling. In one corner was a huge black spider, the size of a dinner plate! It was so fuzzy I thought it was a tarantula. I was frozen my plastic-covered seat. When Aldilene came back I asked in a frightened voice, "Aldilene, did you know there is a huge spider on your ceiling?" She said, "Oh that. That's a banana eating spider. We get them all the time in here. There is a banana tree just outside the door."

I asked her if they were dangerous and did they attack humans? She said, "No, they just eat bananas. Don't worry. Let's eat some quail eggs."

I could hardly enjoy the pre-dinner social gathering. All the while I kept looking at the spider expecting it to break loose and jump down on my head and begin to tear me to shreds with its fangs. But, needless to say, nothing happened. After a while, we transferred to the kitchen where we feasted on beautifully grilled quail meat and then dessert.

Following our sumptuous meal, Aldilene invited us to retire again to the living room. This time as I entered the room I noticed that the man-eating tarantula was nowhere to be seen! Then it hit me.....that's why all the furniture is covered in thick, heavy vinyl...so the spiders couldn't cling to the fabric and burrow down the side. Needless to say I didn't spend much more time in the house before Aldilene and I sped off on the hog again back to the F.E. compound.

CHAPTER 35

Tooth Decay among the Children of the Amazon Basin

Dental decay among children in the northern part of Brazil is a rampant disease. There are a number of reasons for this. First, soda pop is readily available and relatively inexpensive. Children of all ages love its sweet and refreshing taste. But, an 8-oz can of regular soda pop contains between 8-10 teaspoons of raw sugar! Second, tooth decay is caused by chewing a crunchy grain called farinha (pronounced *fah-reen-yah*). It is commonly consumed at most meals and at snack time. The source of this traditional Brazilian dish is the root of the Mandioca tree, the same source of another, more familiar food known as tapioca.

To produce farinha, farmers follow a series of laborious steps that require days in order to produce the final results. The process begins by digging up the roots of the tree and removing the huge bulbs that are attached. These bulbs look much like sweet potatoes in both shape and color. (Fig. 1)



Fig. 1

Next, the skins are peeled. (Fig. 2)



Fig. 2

The prepared bulbs are then placed in a makeshift grinder where they are pulverized. (Fig. 3)



Fig. 3

The pulverizing apparatus is operated by a system of pulleys. (Figs. 4 & 5)



Fig. 4



Fig. 5

Once the bulbs are ground, the water-saturated mass is then placed compactly into a long porous wicker tube. (Fig. 6)



Fig. 6

Wicker tube

One end of the filled tube is then secured to a stationary post while the free end is twisted with much force. This action removes all of the water from the mixture. The water is a natural part of the bulbous root. (Fig. 7)



Fig. 7

The resultant mass is then spread out onto a large mat where it is exposed to the sun for a few hours until it is fully dried. The farinha is now ready to eat. (Fig.8)



Fig. 8

Farinha is high in carbohydrates and when chewed it combines with saliva to morph into a sticky sugary paste. This gluey gob sticks to all the teeth. If the sugary paste is not removed within a reasonable period of time it will begin to break down the teeth's protective enamel covering.



A dangerous combination

A third and fourth contributing factor to the high rates of decay in children are the lack of proper tooth brushing and the absence of fluoride in municipal water supplies. These four factors result in one of the highest rates of decay among children of the world.

The two photos below show how decay affected the mouths of two of my former patients, a six and ten-year-old. The teeth ravaged by decay are their first set of teeth.



6-year-old



10-year-old

The next photo shows a young man of 12 with an unusual pattern of decay in his second set or permanent teeth.



12-year-old

When an infection begins in a baby tooth it doesn't take long for the bacteria causing the infection to migrate into the jaw bone. From there the infection take the path of least resistance, most often into the soft tissues of the child's neck. If the infection is not treated, the swelling near the throat enlarges and the child's airway can become obstructed. The young patient can easily die of suffocation. That happens very often in third world countries like Brazil.

The next photo shows a man well into his 80s, suffering from decades of dental neglect. His strong immune system helped him avoid more severe systemic problems.



An elderly patient

These few examples reflect the destructive effects of combining farinha with soda pop. Getting children to brush properly and often is a huge challenge too. To make matters worse, families generally have only one toothbrush that is shared among the members of the household.

One of my goals as a volunteer dentist in Brazil has been to curb the amount of decay that develops, especially in our clinic's repeat patients. Now that the dental clinic employs three full time hygienists, much of the dental education is delivered by these auxiliaries. That's fine for those patients who visit the clinic on a regular basis, but what bothered me was how to educate those people, especially youngsters, that don't visit the clinic routinely. Steve Alexander, the new Executive Director of the F.E. compound who replaced Ron Bertagnoli, has been working on a project for the last couple of years that would begin to address the issue of educating elementary students as to proper oral hygiene and consuming the right foods.

The *Dentinho Project* was launched in 2012 to educate the many children in the area of Santarem. A group of five young adults, all actors in their own right, dress up in costumes and perform an educational skit. Their costumes mimic a toothbrush, a tube of toothpaste, Mr. Tooth decay, a floss dispenser, a tube of fluoride and, of course a dentist. The troupe travels to 40 elementary schools in the city every six months. The skit that the actors perform has been met with overwhelming enthusiasm by their young audiences.



Tube of toothpaste



Fluoride and decayed tooth



Young attendees

Following the presentation, free samples of oral hygiene products are distributed to each child. The actors are paid a minimum wage for their efforts and I'm working hard to find sponsors in order to sustain this amazing project.

When I return to work in the clinic each year, I see more and more patients needing root canals, extractions, silver and/or tooth-colored fillings, and even orthodontics (tooth straightening). I've treated many patients who, unfortunately, have received dental work from *denturists*, dental laboratory technicians who practice dentistry illegally. Under Brazilian law these dental technicians are licensed *only* to construct dentures and partials for dentists. However, the competition with dentists has become so fierce that some have resorted to taking patients to their labs and performing general dentistry on them.

One example was a woman whom I saw in my clinic one morning. She had an obvious abscess under her upper lip. An x-ray revealed that she had had a root canal done. She revealed to me that the procedure had been done by a denturist about nine months prior. I told the patient I needed to retreat the tooth because there was still an active infection in her mouth. She agreed. As I opened into the root canal, I discovered it contained a contaminated foreign object. When I removed it I found that the denturist had placed a wadded up piece of old newspaper as the final filling! A normal root canal filling consists of a sterile, rubber-like material that is placed to fit into the entire length of the root, and coated with an adhesive completely sealing the area against infection. The denturist who treated this unknowing victim thought that by placing anything in the canal would be sufficient. The crimes perpetrated by denturists still take place today.

CHAPTER 36

Juralnilda

My good friend, international traveler, Rotarian, and volunteer photographer, Bob Gallagher (See Chapter 42) hails from Windsor, Ontario Canada. Since 1993, Bob has traveled with me on a total of three trips to Brazil. His willingness to accompany me stems from his ongoing desire to promote and raise money for The Rotary International Foundation. He has produced photographs and videos of me while I worked in the clinic so that we may use them in Power Point presentations back home to raise money for the cause.

Since having been on those excursions, Bob has maintained that one of his three *ah-ha* moments in Rotary took place when I had completed the dental treatment on a young girl named Juralnilda. This attractive 14-year-old came to my clinic complaining of “an ugly smile”. She said she rarely opened her mouth because people around her made fun of her. This made her feel very self-conscious and depressed. When I examined her mouth I knew why she felt the way she did. Most of her top teeth were decayed beyond description. This gross amount of decay had caused them to slowly chip away and break off over time. I told my young patient that I could try to fix them to the best of my ability. I told her that ideally she should have permanent crowns made but I didn’t have the proper equipment to make them there in Brazil. She was alright with that. All she wanted was to have her front teeth look somewhat natural again.



Her pre-op oral condition

The three-hour long dental procedure was well worth the time and effort...for both of us. I had reconstructed the six front teeth with a dental material called “composite”. When this repair material is removed from its dispensing tube it looks much like thick, tooth-colored putty. Once the material is placed on the cleaned out tooth it can be sculpted like an artist does when creating a clay figure. After shaping the putty into the form of a natural tooth an ultraviolet light is applied to it for 20 seconds. The resultant effect is a solid, natural looking tooth. The new teeth are then polished to a bright luster.

Just before I gave Juralnilda a mirror, Bob set up his video camera to capture her reaction. On seeing her rejuvenated smile, tears welled up in her eyes.....tears of not only surprise but of immense joy and satisfaction.



She couldn't stop gazing at her teeth. And she wouldn't stop smiling, something she had not done for years. Bob caught this special moment on tape. To this day Bob claims that this was one of his three most memorable days since joining Rotary. That makes me feel both humbled and happy.



Juralnilda 3 years after her
extreme makeover

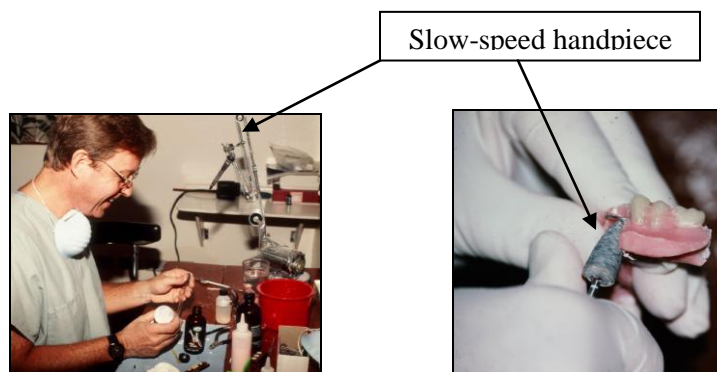
Juralnilda went on to attend a university, graduating with a degree in Elementary Education. She lives and works near the F.E. compound. She has been a walking business card for me and the dental clinic ever since her makeover. Her teeth are still holding up well and she is finally eating properly as well as brushing and flossing religiously.

CHAPTER 37

My Makeshift Dental Lab

Each year since my first assignment in Brazil, I have made it a point to personally solicit retail supply houses, such as Sullivan-Schein, Patterson Dental, Shofu, and Dentsply, for materials that I could take with me to use in the clinic. I make a plea to these companies at least three months in advance of my travels. Many of them obliged me by generously donating and shipping them directly to my office in Michigan. I would then carry at least 9 to 10 large boxes of these consumable materials to Santarem each year. Then, upon my arrival in Santarem my dental assistants would wait in enthusiastic anticipation to see what I had brought them.

One of the most useful gadgets that I took with me in 1993 was a belt-driven, slow-speed hand piece. I used it for the next 17 years. This rotary instrument allowed me to trim plastic denture bases, contour plastic temporary crowns, and trim plaster models. It was an invaluable instrument.



One year I happened to be attending an American Dental Association Convention and as was my custom I wandered into the Exhibit Hall occupied by hundreds of professional vendors. I happened to stumble upon the Dentsply booth, a company that manufactures plastic and porcelain teeth for dentures. In the course of my conversation with the representative I asked if his company ever donated any denture teeth to NGO's working abroad. He said, "Yes, we do but it's on a case-by-case situation." He said he would contact his boss as soon as he got back to his office to see if he might be able to donate a few boxes. Unbeknownst to me, a shipment arrived at my door about two weeks later. The huge box contained an assortment of over 2,000 teeth, all shapes, shades and sizes. The impact **that** donation made on the lives of the Brazilians in Santarem over the course of the next six years was incalculable.

For any patient selected for the construction of a flipper partial denture, a removable appliance that replaces missing teeth, I first take an impression of their mouth and make a stone cast of their teeth. I then take the model to my lab and, by a method of adding a special liquid to a dental powder, secure either plastic or porcelain replacement teeth into the pink base material. If I had seen a patient late in the afternoon who needed such a

service, I would take this stone model back to my room and construct it after dinner so it would be ready to trim and polish in the clinic the next day. One particular year I made more than 60 of these appliances. The patients, especially the teenagers and young adults, were always happy with their new partials. I fabricated full sets of complete dentures for patients using these artificial teeth.

It was such a rewarding experience for me to see the satisfaction on their faces. All thanks to Dentsply, Inc.

Chapter 38

Dr. Aldanita De Sousa

In 1993, I met Dr. Aldinita De Sousa , a dentist in Santarem whom I discovered had taken numerous post-graduate orthodontic courses in the States for many years. When I met her she had just recently limited her general practice to orthodontics, the discipline of straightening teeth. Early on in my F.E. assignments she discovered that I too had an orthodontic background and asked if I would mentor her when I'd come to visit the F.E. dental clinic. I said that I would be more than happy to accommodate her. However, what started as a one-time courtesy review of her orthodontic patients turned into an annual event, but I was fine with that. I felt that since she was the only dentist in town performing orthodontics on young patients, I really wanted her to do the best job she could on them.

Each year I would take one complete day off from the F.E. clinic and coach her while she saw patients in her private office in the interior of the city. It was very costly for her to go to the U.S. multiple times to attend continuing education courses to keep abreast of the new advances. The least I could do was take the updates to her as I learned them.

Each year I witnessed her quality progressing. She actually the complexities of orthodontics well and was willing to follow my constructive criticisms. She was a very conscientious clinician who took real pride in her work. I was happy to help her advance her skills.

Dr. Aldinita had a son, Bruno, who graduated from dental school in Sao Paulo in 2005. He is now practicing with his mother in her private practice full-time as I write this book. He now teaches her about the more contemporary advances in orthodontics. We all still remain very close friends.



Dr. Aldanita and me



Bruno me Lucy Dr. A

CHAPTER 39

My Fellow Dental Volunteers

It's been a privilege to work alongside many wonderful and talented international dental volunteers in my clinic in Brazil. The four people I am going to tell you about are just a few of the ones I have worked with during my dozen assignments there. They are the ones that stand out the most vividly in my mind.

I'd like to begin with Dr. Henning Jenner. What a hard worker he has been for us at the clinic. Each year when he travels to work at F.E. he stays for three months at a time, not just a month like most of us did. It is usually January through March. It's the rainy season in Brazil at that time and rains constantly 24/7. The unpaved streets of Santarem consist of red clay, and there are many outside the clinic. The clay sticks to shoes and clings to pants. It's an aggravating time of year for visitors. Henning hails from Switzerland where he operated a general dental practice. Henning's good humor and strikingly brilliant smile are his personal trademarks. His clinical knowledge and expertise especially in the area of oral surgery is second to none. All of the surgery cases that I and the other volunteers would refuse to touch went to Henning. Even if he hadn't attempted that type of surgery before, Henning would dive into it and finish the job. He was a fast worker too. As of the printing of this book, Henning is still traveling to Santarem to fulfill his three-month stint each year. Henning knew I liked cigars so he'd bring me a small box of his special Swiss ones each year. A special type of Swiss cigar are actually 3-in-1 cigars, all braided together and tied at the tip. They are the most delicious cigars I have ever tasted...better than Cubans!



Dr. Henning Jenner

I worked with Dr. Arnold Babcock three different times at the clinic. He resided in Bend, Oregon. I found him to be very engaging, not only with his patients but with every one with whom he came in contact. He was a hard worker and dedicated clinician for us. He was older than the average volunteer but you wouldn't have known it. I got to know his wife, Jean, quite well because she would accompany Arnie on most of his trips. Arnie was loved by his younger patients who felt like he was their grandfather.



Jean and Dr. Arnold Babcock

Dr. David Lawton practiced general dentistry in Windsor, Ontario, Canada when I first met him. He was a member of one of the city's three Rotary clubs I was giving a formal presentation on the Brazilian compound to his club one evening. After the meeting David approached me and asked me for a business card. He said that my work in Brazil was very intriguing and that he might want to volunteer his services at some future time. Well it didn't take David long to follow up on his desire. The following year he was headed for the F.F. clinic with me. David made a total of three trips with me and a few more on his own.



Dr. David Lawton

My next colleague that I will tell you about turned out to be my best clinical friend at the clinic. Dr. Derek Van Bergen is a most remarkable person. I met Derek early on in my travels to Brazil and have remained close friends ever since. He hails from the city of Durban, South Africa, which happens to be the busiest port city in Africa. Derek operated a general dental practice there for more than 45 years. When we worked together in the F.E. clinic, we would assist each other on the more difficult cases. We bonded immediately, both socially as well as professionally. The second year that we worked together Derek was accompanied by his wife, Annette. She too is a delightful person, very witty like Derek. I served with Derek on four different occasions. After a long day in the clinic Derek and I would go back to one of our rooms and share a number of cold beers as we talked about the different dental cases we had completed together that day. We always shared tons of laughs. Today, when I reminisce about these experiences with the Van Bergens, I can't help but smile and be thankful that our paths crossed. I have promised Derek and Annette now for 20 years that I would come visit them in South Africa. Unfortunately, I have yet to carry through with my promise!



Annette and Dr. Derek Van Bergen

Another clinician, Dr. Gil Di Biasi, is a dentist that bears mentioning even though with whom I never had the privilege of working. Gil resides in Greensboro, North Carolina. I met Gil when we both served on *Health Volunteers Overseas*, the humanitarian branch of the American Dental Association. HVO sent many volunteers to F.E. over the course of a decade, and Gil was one of them. Gil took an active interest in the activities in Brazil for years, not only volunteering his clinical services but fundraising when he was back in the U.S. I chose Gil to serve on the board of directors of AAAO, which he did for 10 years.

CHAPTER 40

The Yanomami Indian

My one and only patient who actually represented the Amazon Indian culture was unique in many ways. The Yanomami Indians live on the border between Venezuela and Brazil. They occupy approximately 250 villages in the Amazon River Basin and are considered expert hunters, fishermen and horticulturists. Their diet consists of the crops they cultivate, the animals they kill and the grubs and other fatty insects they trap that are high in protein. The patient I saw in the clinic one morning during my 1996 stint was one such tribesman. I never thought I would ever meet one, much less treat one.

He was waiting for me in one of my treatment rooms wearing only a loin cloth and sporting the traditional *cereal bowl* haircut. Adorning his face was a multitude of decorative paint streaks and hand-crafted jewelry piercings. Yanomamies were once a cannibalistic tribe. I wasn't sure if he was in the clinic seeking dental treatment or harbored thoughts of having me for lunch later in the day. Luckily he did not have a cauldron with him so I felt more at ease.



When I asked what his specific problem was he responded in what sounded like a language other than Portuguese. It was some obscure dialect of the language. After his short response he started pointing, oddly enough, to his right nostril. When I examined his mouth I didn't see any real problems outside of the fact that he was missing a few upper front teeth, and those that remained were heavily stained. Again, the man kept pointing to his right nostril. In addition to a small redness at the base of his nose, everything looked fairly normal. On closer examination of his nasal cavity, I did see pus oozing from the cavity. As I manipulated the nostril more aggressively, I noticed what appeared to be a fragment of tooth protruding from just inside the nose. I ordered my dental assistant to take an x-ray of the area. When I looked at the film, I observed the root of a decayed tooth inverted upside down and pointing straight into the man's right nostril. The tooth had evidently lost its crown either through decay or trauma and had obviously been there for a long time. Apparently, when the infection in his mouth began, the upper jaw bone became so infected that the remaining root had actually turned right side up and had started moving towards the nostril. This root fragment had to be removed in order to prevent further dissolution of the patient's upper jaw.

My approach to removing this tooth was certainly unconventional. Once I administered the anesthesia around the area of the root tip, I used a nasal approach to remove the fragment---yes, I extracted his tooth through his nose! I had my dental assistant tell him to be careful not to blow his nose for a couple of days and dismissed him from the office. Wonders never cease.

CHAPTER 41

Club Feet and Breast Reduction Surgery

Throughout my years of service as a dental volunteer I have had the pleasure of working with a few orthopedic, plastic surgery, and ophthalmologic teams. I am constantly amazed as to what they can accomplish in their ORs. Since 1973, when the F.E. compound was first opened for business, numerous surgeries have taken place to repair club feet, remove skin cancers and cataracts, and amputate limbs for Brazilians who had run-ins with hungry alligators while swimming in the Amazon River.



Club feet before surgery



After surgery

Club feet are very prevalent in third world countries, and Brazil is no exception. At least 200,000 babies worldwide are born with club feet each year. The abnormality emerges as the fetus develops inside the womb. During this formative time, if there is an alteration of the developing tendons and/or muscles of the legs, the congenital defect will result. Genes and environmental factors may play a part in the development of club feet. Boys are at a higher risk of developing the defect than girls. Surgery can correct the curvature of the bones of the legs and feet shortly after birth, but it shouldn't be considered a "cure". As the child ages, the legs become stiff and remain that way throughout life. I witnessed a number of club feet surgeries during my time in the compound.

Another rather unique surgery was done while I was working in the compound. I had just assisted the plastic surgery team in the OR with their last cleft lip correction of the day when the head surgeon mentioned that there was one last operation scheduled. He said, "The female patient requires a bilateral breast reduction." The doctor then looked straight at me and said, "If you want to stay and assist you're more than welcome to." How could I turn down a unique opportunity like this? I said, "Yes!"

The sedated patient was then wheeled into the OR on a metal gurney. Her body was completely shrouded in a white sheet. It looked more like a corpse than anything else but I soon discovered that she had already been heavily sedated for the operation. Once the patient was transferred to the formal operating table she was administered a deeper anesthetic that rendered her completely unconscious. She was maintained that way for the

duration of her surgery with the benefit of a breathing tube. The surgeon then commenced the procedure.

Because I was standing directly next to him at the time, he said, "Bill, please help me with the first step." The next thing I knew he had pulled the drape off the patient's torso and glaring back at me were two large masses of mammary tissue mounted on a very small-frame. The female I later discovered had never been able to purchase a bra large enough to comfortably support her breasts. They were so large and the bra so tight that the straps cut into the woman's shoulders.

For the next step, the surgeon then requested me to place both hands directly at the base of the patient's right breast. He said that he needed it as rigid as possible so that he could prep the mass for surgery. I elevated the mass of tissue as the surgeon placed a twisted towel under my hands and tied the breast in a tight knot. Once that was completed it sat like Mount Etna ready to erupt at any second. The surgeon then took his surgical scalpel and made a number of vertical slices extending from the outer edges of the nipple to the base of the breast. Approximately 4 slices were made in this fashion. Next, the surgeon took an electrosurgery instrument, a wand with volts of electricity running through it, and proceeded to remove the fat situated between the slices. Once the first motion was made smoke billowed from the breast tissue like a smoldering fire. Soon the room was filled with so much smoke that it began to block our views, not to mention it almost suffocating us. The entire procedure looked barbaric at best, especially to a lay person like me. That's just an opinion from a dentist! However, that was the method of choice for reducing the size of breast tissue back in the 90s. Throughout the gross surgery the surgeon was cautious not to remove the nipple completely from its original site, at the top of the breast. He kept it intact because he did not want to interrupt the blood supply to it or it would die. When most of the fatty tissue had been removed from the inner aspect of the breast the surgeon trimmed and sculpted the excess skin and sutured the site back together. The nipple wound up being repositioned a little lower than it was initially. The newly constructed breast looked normal.

The surgeon turned to me and asked, "Ok, now are you ready to help me with the other one?" I immediately replied, "No, I don't think I can take smoking another ten packs of cigarettes!" I left thanking him for a delightful (cough, cough) experience.....or so I led him to believe!

CHAPTER 42

Amazon Africa Aid Organization/AAAO



I was sitting outside my one-room residence late one evening in 1999, relaxing and sipping a cold beer. It was a great finish to a ten-hour day in the dental clinic. This was my routine *modus opporundi* following those exhaustive work days. Ron Bertagnoli had finished up at his office about the same time. I noticed him walking towards me with that *on-a-mission* look that he so often displayed when he needed to talk to me about something important. It didn't take him long to grab a chair and sit down. He said that he had just heard from F.E.'s parent organization, Esperanca, Inc., in Phoenix. He said that the news was not good. He informed me that Esperanca, Inc. had decided to terminate their partnership with the F.E., and consequently the funding as well. They had decided to redirect their financial support to a similar clinic in Bolivia. Everything started to click in as I realized that Esperanca, Inc.'s new Executive Director, of no more than a year was Bolivian. After more than ten years of a solid financial partnership with Esperanca, Inc., they were jumping ship. I couldn't believe the news and Ron certainly couldn't either. We were now going to be in dire financial straits because Esperanca, Inc. had given F.E. over \$500,000 a year to carry out its various medical and dental services. Ron and I were devastated.

Putting two and two together, I knew Ron was engaging me now to come up with suggestions as to where we might garner other sources of funding. He asked, "Bill, do you have experience in setting up non-profit organizations?" I quickly replied, "Absolutely none!" Ron was obviously in desperate need of finding new non-profit agencies that would be willing to take over where Esperanca left off. He actually preferred that the new organization be based in Michigan, my home state. I was sure that's why he was asking me for advice. This was all making better sense. He didn't want me to find a non-profit organization but wanted me to start one! I told him that I could research the possibilities once I arrived back to the States. I told him, "I could do some initial research on the Internet while I am still here in the compound and before I leave we could establish a set of objectives for a new non-profit." He agreed with the idea.

I followed up on my commitment to Ron when I returned to Michigan. My new challenge began. The whole process of starting a non-profit is not a difficult one at all, as I was quick to discover.

I eventually formed the organization, Amazon Africa Aid Organization in the fall of 1999. I appointed myself the founding president of the board of directors by default, a post I retained for five years. Many of the charter board members that Ron and I chose

had been health care volunteers to the F.E. compound at one time or another. All of them had a vested interest in seeing that we would exist for many years time to come. We soon received a copy of the Articles of Incorporation and we were ready to raise some funds!

As my first order of business I flew to Chicago to personally interview a good friend of Ron's, Dr. Dan Weiss, for the position of Executive Director. Dan had extensive experience in running non-profit organizations. He created and ran Amizade (pronounced *ahh-mah-zah-gee*) in the early 90s. Amizade was founded to assist the indigenous tribes of the Amazon Rain Forest in health education. Ron had told me that Dan was versed in grant writing too, and had numerous financial contacts due to his association with his own non-profit. I hired Dan on the spot and he ran AAAO very well for approximately five years until he received a request for his administrative expertise by another non-profit organization, but in Brazil. Dan took the job.

AAAO existed for a total of ten years. It dissolved July, 2010. Throughout that decade the organization did what it was intended to do which was to provide money and supplies to the F.E. compound in Brazil. Earlier that year though the board of F.E. (separate from the AAAO board) had a different outlook as to the day-to-day administration of the compound in Santarem. As a consequence, in February they fired Ron and his wife, Vera. They also chose to sever ties with AAAO. They informed the three of us in so many words that they no longer needed our help, and that all of their future funding would be sought from Brazilian sources, exclusively. I believe one of the main reasons for this abrupt decision was strictly political. It severed ALL links with Ron and Vera. We at AAAO accepted the F.E. board's decision but not before communicating to them our severe disappointment regarding their unilateral decision. It had been a very productive ten year association.

In the span of a decade, AAAO raised over \$5 million in combined grants and individual donations. In addition, hundreds of thousands of dollars of in-kind donations were donated by other loyal friends and supporters. In spite of the outcome, AAAO was truly a success story.

CHAPTER 43

Hugh M. Archer, P.P.R.I.



The late Hugh M. Archer was a very dear friend of mine. He was elected president of Rotary International in 1989 because of his many years of dedication and service to the organization. The theme that he created for his year as president was ENJOY ROTARY, and believe me, he lived up to that motto with gusto!

During his presidency he was credited with starting the first Rotary club in Russia, formerly part of the U.S.S.R. He not only served as International President that year but was the organization's Acting General Secretary as well. During his tenure, in order to get the organization out of debt and back to generating money, he was compelled to fire more than 400 employees at its headquarters in Evanston, Illinois. This was something that Hugh did not want to do but in order to bring Rotary back into solvency he had to. Besides his involvement with Rotary, Hugh was also an inventor, entrepreneur, and a humanitarian *par excellence*.

I had the pleasure of serving as one of the Rotary District Governors that year and my area was designated as District 6400. This district included Rotary clubs in southwest Ontario, Canada, and southeast Lower Michigan. I was DG when Hugh, also from D6400 was International President. Because we happened to be members of the same Rotary District I would always joke with him and say that I was actually **his** boss even though he was International President to almost 1.2 million Rotary members!



Hugh and me in 1990

On one occasion in 1994 I happened to be the keynote speaker at a local Rotary club meeting in the District with Hugh and his gracious wife, Mary Jane, in attendance. I

spoke about the recent fundraiser that was held for my dental clinic in Brazil and its overwhelming success. I told the audience about the major renovations we had made as a result of the proceeds. At the end of my program I called for questions which I customarily do after each presentation. Hugh's hand shot up to ask the first question. He inquired, "Bill, do you need anything else for your clinic in Brazil?" Hesitantly I replied, "As a matter of fact, Hugh, I do. We do not have a central air conditioning unit in the facility and I might have to conduct another fundraiser for that." He leaned over to his wife and said, "Honey, please hand me the checkbook." Less than 30 seconds lapsed when he turned to me and asked, "Bill, how much do you need?" I replied, "The A/C will cost approximately \$6,000." No sooner was the figure out of my mouth than Hugh began writing out a personal check for that exact amount! What an amazing man.

I wasted no time ordering the unit from the York Manufacturing Company in Norman, Oklahoma. The process of shipping it to Santarem was not as easy as you'd think. It first had to be airlifted to Miami via a cargo plane then loaded onto a freighter. A ship carried the 2-ton unit to the northeastern edge of Brazil, and then another 500 miles west, up the Amazon River to its final destination in Santarem. Once the ship reached the city's pier it was lifted onto a flatbed truck. It completed the final 3-mile journey to the F.E. compound. Once at the compound, forklifts were used to hoist the unit over the facility's cement retaining wall and then manually rolled on logs to the back of the dental clinic. All in all, the delivery of the A/C from Norman, OK to the clinic in Santarem took more than four months. A year later the unit was repositioned atop a permanent support structure because hungry rats chewed at the metal slats while it was at ground level.



A/C Unit in 1994



Same unit elevated in 1995

This air conditioning unit was truly phenomenal because it served as a marketing tool to recruit new dental volunteers to our clinic. The outside temperature each day reached almost 110 degrees F. That happened year-round because the city is situated only 100 miles south of the Equator.

I did some personal research on the number of patients I saw without having air conditioning versus having air conditioning. For the years I worked with no air I averaged seeing 15 patients per day. I was forever wiping my brow while sweat dripped out of my gloves and onto my slacks. I wasted time trying to stay dry while at the same time trying to remain comfortable. Once the central air conditioning unit was installed

and fully functioning, I calculated I saw an average of 25 to 30 patients per day. What a difference cool air makes! It was a monumental day when we turned the unit on for the first time. Ron and Vera named the A/C unit, *Mary Jane*, in honor of Hugh's wife. Since then we have not had trouble alluring international dentists to volunteer in the clinic. We now have a waiting list of interested professionals.

I am sad to say that Hugh Archer passed away from Alzheimer's disease in 2005. *God Bless you, Hugh, for your solid support and extreme generosity!*

CHAPTER 44

Fordlandia and Belterra



Henry Ford

In 1928, Fordlandia was established as an industrial town along the banks of the Tapajos River by Henry Ford I. The city is located approximately 25 miles southwest of Santarem. The founder of the Ford Motor Company purchased the land, measuring 10,000 square meters, from the Brazilian Government. In return, Ford promised to pay the government 9% of the net proceeds from what he hoped would be his own rubber production company, supplying all of his auto manufacturing companies around the world. Years before Henry Ford had purchased all the rubber from Malaysia.

The operation in Fordlandia fell on hard times though very quickly. The first downside was that the expanse was quite hilly and created problems for the heavy machinery when negotiating the terrain to harvest the sap. The second drawback was that none of Ford's managers were skilled in horticulture. Because of their lack of knowledge the managers directed the Brazilian field workers to arrange and plant the rubber trees at will. Consequently, these workers planted them too close together. The reasoning behind this was that the saplings would be easier to maintain. That was a major mistake. Consequently, when one tree acquired a leaf infection, or tree blight, or became infested by hungry insects, the problems were quickly transmitted from tree to tree. Within two years all of the trees had died. The rubber plantation turned out to be a flop.



A bowl catching sap

However, in 1934, hoping to resume his rubber production in another locale, Ford moved his operation to the small town of Belterra, just 5 miles north of Fordlandia. Also located along the banks of the Tapajos River, the site was more conducive to growing rubber trees, i.e., a flatter terrain and an easy access to insecticides. The town was eventually transformed into Ford's own self-contained metropolis. He ordered the construction of multiple single-family dwellings, an elementary school for the workers' children, and a fully-equipped and functioning hospital. Ford's intention was to keep his employees living as one big, happy family while they harvested rubber from the trees. Ford even ordered the construction of a home for him and his wife where they planned to stay on frequent trips there. (Fig. 1)



Fig. 1

The furniture for the Fords' new house was shipped directly from Dearborn, Michigan. Most of the furniture was made of expensive wicker and the lamp shades were covered with imported Chinese silk. The residence was lavishly decorated, but unfortunately for Henry Ford and his wife, they never visited it or the rubber tree site. By 1945 synthetic rubber had been developed and the need for a plantation in Belterra no longer existed.

That same year Henry's son, Henry Ford II sold the land back to the Brazilian Government inheriting a loss of more than \$20 million. The Ford Motor Company took a real shellacking in Brazil.

Since beginning my volunteer work in Santarem, I have visited Belterra a half a dozen times. As new groups of health care volunteers visit the F.E. clinic, Ron insists I guide them on weekend excursions there. I had never visited Fordlandia.

CHAPTER 45

Bob Gallagher, Photographer Extraordinaire



1993



1993



2010

How do I begin to tell you about one of my best friends and international traveling companion, Bob Gallagher? I first met Bob at a District Rotary function in the late 80s. He had just returned from leading a four-person group of non-Rotarians to the Philippine Islands as part of a cultural exchange program. The program called Group Study Exchange (GSE), lasted a little over a month for him and his team. I soon discovered that Bob was both a professional photographer and an instructor in Computer Technology at the University of Windsor, Ontario, Canada. Following his presentation to the Rotarians I introduced myself to him. He said that he had heard about my humanitarian trip to the Philippines in 1984 and was anxious to hear more about it since he had just been there. I also met Bob's charming, intelligent and witty wife Mary Jean and their equally smart and witty daughter, Michelle that same evening.

It wasn't until I began traveling to Brazil in 1992 that Bob took a much more serious interest in my dental volunteerism. Following my first trip to Santarem that year, Bob asked if I would consider taking him along on my next trip to the Amazon Basin. He offered to take photos of my work in order to create slide programs that the two of us could present to interested groups in the future. These programs, he said, could raise not only funds for The Rotary Foundation but awareness of the many things this humanitarian fund supported throughout the world. He said we might be able to raise some money for the dental clinic, something that I was already thinking of doing after that first trip. I jumped at the chance.

Three months had passed since the completion of the successful fundraiser, so in the fall of 1993, Bob and I headed down to Amazon River Basin like the team of Holmes and Watson ready to investigate another perplexing case. We left Detroit on the Friday of Labor Day Weekend. We flew to Miami and then on to Manaus, Brazil, and on to Santarem our final destination. It took us two full days of travel to get there.

When we arrived at the FE Compound, Ron Bertagnoli, as usual, greeted us at the airport with his infectious smile. He then told us we were scheduled to board a small boat the following day for a weekend excursion down the Amazon River. Say what? We were exhausted after our laborious 48-hour trip and now we were going to go sightseeing, without being asked if we wanted to or not. That was the plan though.

When we physically arrived at the compound Bob and I were greeted by Dr. Falcone's plastic surgery team from Syracuse, which had arrived the day before. They

planned to spend the next week in the compound repairing cleft lips and palates. Accompanying the team was a young medical intern, William Jiminez whom I mentioned in a few chapters ago.

I spoke with the members of the surgical team that night and got to know a lot about each one of them. I soon found out that Dr. Falcone and the other members of his group had not been invited to go on the river excursion, just Bob and me. But then Ron asked William, the intern, if he'd like to go on the boat trip too. He didn't hesitate to say "yes". This was his first time in the Amazon Basin and was excited to explore more of the area, especially the Amazon River..

Early the next morning Ron drove us to the pier that was adjacent to the downtown area. There we met our host for the weekend and the owner of the boat, Acari (pronounced *aack-a-ree*). As we stepped on to the craft, shades of the movie, *Titanic*, raced through my mind. When Acari turned the engine on it sounded like a freight train coming at us head on. Boy, was it loud and the gas fumes that it produced were suffocating. Before long we were headed east down the murky Amazon River to god knows where.

We reached our destination after four long, noisy and stench-filled hours. That evening we were to spend the night at Acari's private residence. He had a wife but no children. As we approached the dock, I was surprised at the homes lining the banks of the river. All of them were built on stilts evidently to prevent water from flooding the house during the rainy season which occurred between January and June. Acari's actual abode consisted of four stark wooden walls and a thin roof with about ten wooden staggered planks leading up to the front door. Prior to climbing the steps he asked us to take our shoes. I felt like I was in Japan, not Brazil. But we did what we were told.

The front door led directly into the kitchen, obviously the most used room in the house by the looks of it. The floors throughout the house were 2 X 4s arranged in such a way as to leave sizeable gaps between each plank. No sooner had we entered the house when Acari started shuttering the windows. It was extremely hot outside so I asked him why he was closing up so early. He said, "The mosquitoes get so bad in the evening that I have to keep the windows closed so they won't fly in and bite us." I glanced down at the floor with the huge gaps and wondered what would keep the flying pests from entering through there. But I didn't want to state the obvious.

Acari's wife then gave us each hammocks, called *heji's* in Brazil, to hook to the nails on the walls. I guess she was telling us that we were turning in for the night. But it was only 6 p.m.! Even though it was pitch black out, Bob, William nor I were ready to retire. I am glad I had a deck of cards with me and some left over chocolate cake along with a six-pack of Coca Cola. But, Bob said he was tired and was going to bed. William and I decided to stay up and play cards for awhile.

The minute Bob's head hit his hammock in the adjacent room, his 200+ decibel snores started. William and I could only take 30 minutes of the sound before we both walked over to Bob's hammock and shook it rather forcefully. We hoped that the jarring would wake him up so that he could get into a more comfortable position so the snores

wouldn't be so irritating. Boy, were we wrong. Bob awakened only for three seconds before he fell back to sleep and began to make even louder guttural sounds!

William and I decided we would wake Bob once more and politely ask him if he would mind sleeping down on the boat for the night. Now awake for the second time and seeming a little surprised by our joint request, Bob begrudgingly obliged. Acari personally ushered him to the boat, with hammock in hand, and pulled down the plastic tarp to protect Bob from the mosquitoes. No more than 15 minutes passed when Bob appeared at the front door of the house informing us that he could not sleep on the boat because it was swarming with man-eating mosquitoes. So much for that idea. Bob re-hung his swinging bed again, got in, laid his head down and began what I can only describe as an incessant cacophony of deep throated gurgling. He sounded like a wounded elk! Needless to say, William and I never went to sleep that night. We stayed awake eating the remainder of the chocolate cake and drinking the entire six pack of Coke.



Acari and William
aboard the boat

As the sun rose in the east the next morning, I moseyed outside to use the latrine and found, clinging to the side of the house adjacent to Bob's room, three kids trying to peek through the window to see what was producing the "locomotive" sounds inside.

When Bob finally awakened, he walked out the front door, stretched both arms above his head, yawned, and boasted, "What a great night's sleep I had." UGH! I was ready to maim one of my very best friends. But I do love Bob. I know he will think a little less of me when he reads this chapter, but, Bob, I really had to tell the story!



Mary Jean, Bob and Michelle

Bob has accompanied me on two other trips to Brazil since 1992 to photograph and video my work in the clinic. He has produced a series of videos on some of my more unique cases. We have traveled, individually, throughout the U.S. and Canada showing these Power Points and video presentations. Through the generosity of those to whom we

have shown them, Bob calculated that we raised more than \$2 million for the Rotary Foundation's General Fund and thousands of dollars for the dental clinic itself.

Bob has since gone on to be a District Governor and now volunteers at Rotary International to creating exceptional Power Point presentations for the annual R.I. conventions as well as for the International Assemblies. Bob is not only a gifted and creative artisan, he is a wonderful human being.

On the last trip to Brazil, Bob's wife Mary Jean and their daughter Michelle accompanied me. Michelle has adopted me as one of her three favorite uncles. The Gallaghers are three of the most giving people I have ever met.

CHAPTER 46

2010:

Returning to the New Bill Chase Dental Clinic

In 2005, through our former non-profit fundraising arm, Amazon Africa Aid Organization, F.E. received a generous grant from the United States Agency for International Development (USAID). USAID was founded in 1961 during the Kennedy Administration as an independent federal agency under the auspices of the U.S. Department of State. The humanitarian objectives of this bureau include an ongoing support of global health initiatives. That is why F.E. has been one of their 237 non-profit beneficiaries for years. Funds granted each year by this Washington-based organization allow for the construction of educational and health care facilities throughout the world. In addition to the USAID grant, a sizeable donation from the American Schools and Hospitals Abroad (ASHA) allowed F.E. to undergo a much needed face-lift to what used to be our hospital.



For more than 30 years, teams of plastic, orthopedic and ophthalmologic surgeons had been invited to the Brazilian compound in order to carry out vital reconstructive and life-saving procedures. In 2005, a rather restrictive Brazilian law was enacted preventing such surgeries from being performed outside a *government-owned* hospital. This law was in direct response to organized Brazilian surgeons voicing their concern and ultimately their disgust over foreign specialists visiting their country on an infrequent basis and performing pro bono surgeries for the residents. Consequently, F.E. no longer is allowed to accommodate these different specialty teams. The end result for our compound was the closure of the on-site hospital facility. But as one door closed another door opened. The former hospital facility was remodeled and subsequently converted into the new dental clinic through funds provided by Rotary International, USAID and ASHA grants.

In addition to the federal financial assistance, key Rotary clubs in Michigan, North Carolina and Essex, Ontario, also submitted grant money to help in the purchase of dental equipment for the clinic. A total of \$300,000 was raised to fully equip our ten new treatment rooms.



Marking my 12th journey to work at the F.E. compound over a span of 18 years, I again traveled to Santarem in August 2010. This was the first time I did not spend an entire month there. To my surprise and deep appreciation, the name of the new clinic remained the same. I was afraid that since F.E. had a new board of directors and a new executive director whom I had never met; my name would be removed from the entrance. But it hadn't.



Words cannot fully describe the exhilaration I felt returning to the F.E. compound. After a four year hiatus it felt like I was coming home. Little did I realize that this trip would be my last.

I was amazed at the new look of F.E.'s public entrance at the complex.



The entrance to F.E. in 1992



The entrance in 2010

The façade looked like an entirely different complex. It was an amazing transformation. It looked more inviting than the old one, and the lobby even smelled newer.

Now on to the dental clinic. I did not see the clinic until the Monday after I arrived. I was so anxious to see its new location and what had been done to change what used to be the former hospital into my new clinic. After breakfast I headed down to see it and begin my first day treating patients at 7:30 AM.

As I opened the door, I was immediately greeted by a young receptionist alongside my former dental assistant, Elizete. She was my very first dental assistant in 1992, as I mentioned in an earlier chapter, and now again in 2010. She hadn't changed a bit. She was quick to respond that she felt the same about me. In 1992, I remember starting work with only two staff members. Now the clinic employed 19 full-time personnel. Quite a change from 18 years before. The Brazilian dentists who worked in the clinic could not work full-time there because of another restrictive Brazilian law. I still don't quite understand the reasons behind it but they have to work on a staggered schedule. Nine of the staff were dental assistants/hygienists.

The reception area was huge. It contained brand new plastic chairs for the patients as well as a big screen TV set on the wall.



Patient waiting area

Behind the reception area was the new chart room. It was much larger than in the old facility. The patient base has obviously grown since I was last there owing to a much more modern facility.



Chart room

Elizete then escorted me to one of the larger treatment rooms where I would work for the next two weeks. Upon entering the room I was amazed at its size....it was huge! Behind the patient's chair and attached to the wall was a circular fan that, I assumed was there to draw hot air out of the room. In addition there was an A/C unit inside the room.



Former OR



A treatment room
in the former OR

I asked Elizete, “Why is the fan on if the A/C is on?” She said, “A visiting foreign dentist had just completed three months in this very room and he never showered. It reeked so much of his body odor that I requested the fan be placed in the window to suck the stale air out.” I told her, “That wouldn’t ever be the case with me so let’s board it up!” The next day a maintenance man placed a plywood plate over the fan and bolted it to the wall.

A long and narrow hallway separated the ten new treatment rooms, five on each side. The X-ray room was positioned strategically at the end of the hall.



Hallway leading
to X-Ray room

I was gratified also by the compound’s new minivan, made possible through donations by the three local Santarem Rotary clubs. This vehicle was sorely needed to transport dental and medical staff members to and from other remote clinics in the city of Santarem. This new van even had seat belts!



New minivan

Looking around my new digs made me very proud...proud of what a little effort can do to change things in a most positive way. My new clinic could not have been possible without Mike and Bonnie’s offer to help me back in 1992. That was the beginning of a great transformation....a transformation from a makeshift, three-room dental clinic with cinder block walls, to a state-of-the-art treatment facility, meeting the needs of 100 Brazilian patients daily, and in the middle of the Amazon River Basin! Yes, I am proud, and I thank God each and every day for the friends I have and their loyal friendship and humanitarian fervor.

Across the street IESPES University had also undergone major improvements. Because of their ever-increasing enrollment, now over 2,000 undergrad and grad students, the school was compelled to expand its physical plant. They even constructed a

second story on the west half of the existing building. The university offers degrees in nursing, dental hygiene, tourism, and general business among other disciplines. F.E.'s former executive director's wife, Vera Bertagnoli was the founder of the university as well as the developer of the curricula. The university is an accredited, highly competitive institution of higher learning today.



2006



2010

Most of the students are part-time due because they have to work during the day to pay for their tuition and living expenses.

CHAPTER 47

Continuing to Help Others

Five years before I ended my annual visits to Brazil which was in the spring of 2005, I moved my permanent residence from Michigan to California. During that time I had full intentions of retiring from dentistry and spending the rest of my life playing tennis while continuing my work with Rotary International in beautiful Palm Springs. Why Palm Springs? I had vacationed there the year before and fell in love with the mountains and year-round moderate climate. I decided that this was going to be my home for the rest of my life. I immediately joined the Palm Springs Sunup Rotary Club after having been a member of the Adrian (MI) Rotary Club for well over 32 years.

It wasn't long after my move that I received a call from one of my new Rotarian colleagues who was aware of the work I was doing in Brazil. She informed me of a vacant position on a non-profit board dealing with providing free dental services to elementary school children. My friend said, "It sounds like a good fit for you, Bill since you've done so much international humanitarian work." She knew the executive director of the Smile Factory very well and stated that if I was interested in their mission I should call them.

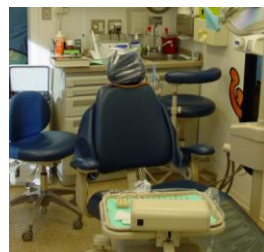
I was intrigued by the information and called the organization's ED the next day. I was soon invited to attend their board of directors meeting scheduled for the following week. And, so they say, "The rest is history." As I entered the board room that day to meet the movers and shakers of the non-profit my eyes wandered to a person I thought I recognized from a past life. The closer I got the more recognizable his face appeared. It was Dr. Bud Craine! When I entered dental school back in Detroit as a freshman in 1968 I had joined a dental fraternity called Psi Omega. It was one of three on campus. I realized then that by joining a fraternity it could help me in the long run. There were seasoned upper classmen who could lend us neophytes a helping hand. Psi Omega's routine practice was to assign each new freshman a senior dental student. This senior student's role was to mentor new inductees. The person to whom I was assigned was Bud Craine, a very warm and affable upperclassman. He helped me significantly through my first year of dental school.

The person I recognized when I entered the Smile Factory's board room was none other than Bud himself! What were the odds of something like this ever happening in one's life? When I introduced myself to him he didn't recognize me immediately, but after a few seconds he said, "Bill, oh my god, I do remember you now!" It's a small world indeed.

As the meeting progressed I eventually got to meet the entire board. I told them that I had an active California dental license and that I was very interested in serving on their board. Their dental director interrupted me and asked if I would be interested in working part-time on one of the dental vans as a clinical dentist. His question surprised me but I didn't have to think about it too long before I said I would.



One of two mobile dental vans



A typical treatment room

The non-profit organization operated two fully-equipped mobile dental vans that traveled around to different elementary schools in the Coachella Valley. The purpose of the vans was to provide basic dental treatment to young students who would otherwise not be able to afford a dentist. For the next 2 ½ years I worked on the van three days a week seeing 12 to 14 patients a day. You'll be surprised to know that the condition of the teeth of these elementary school students in the southern California valley IS WORSE than what I saw in Brazil. I couldn't keep track of the number of root canals, stainless steel crowns, and extractions I performed for these kids. After the 2 ½ years with the non-profit I decided to retire again.... but it was not to last long.

While I was conducting my local Rotary club meeting as president in 2009, one of the Rotary members informed me that her dentist had suddenly died the previous Sunday. Immediately following the Rotary meeting I drove to the late dentist's office and introduced myself to the somber office manager relaying my deepest sympathies. I informed her that I was not employed at the moment and would be happy to provide interim emergency services if there was a need. I then left the office and drove home. No sooner had I arrived there than I received a phone call from the late dentist's daughter asking if I would be so kind as to return to the office to talk about hours and salary. I stayed with that office for more than two years. Also during that time one of my close Rotary friend's daughter, a cosmetic dentist in Palm Desert, discovered I was back practicing dentistry. She called me soon after and asked if I would consider working for her doing the various forms of dentistry she didn't have time nor the interest to do. I knew what a great clinician she was so I offered to help her out. Now I was working two days a week in the office in Palm Springs and two days a week in Palm Desert. I never worked as hard back in Michigan. This dual practice work continued for a year before I was forced to quit dentistry altogether due to an inflammatory heart condition called *pericarditis*. I contracted it back in May, 2010. This life-threatening condition forced me to give up the dual practice employment but I eventually found another job.

As I began to recover from my heart condition I was getting anxious to add some clinical work to my schedule. During that time I had heard that a clinic in Indio, southwest of Palm Springs, was looking for dentists to volunteer their services to help non-insured valley residents with their dental needs. Once again, my humanitarian genes kicked in. I called their Executive Director to find out more about the program. It was not

long after that I decided to volunteer at the clinic called the *Volunteers in Medicine*, one day a month.



Volunteers in Medicine clinic

The condition of my patients' mouths was an abomination. Many of the people I saw were former or current crystal meth addicts needing full-mouth extractions and then dentures. My assignment there lasted a little less than a year when I decided to hang up my mask and gloves forever.

I wanted to do more in my life though. Through a chance meeting with a wonderful young woman named Lily Yoseph Warner, I plan to expand my scope of consulting to Ethiopia. Lily is the Founder and CEO of the non-profit organization, *Tangible Hope*. Lily and her organization plan to provide a center for elementary-aged girls, not only to educate them but to protect them from being sold into a world of slavery and prostitution, as so many of them now are. The center will be constructed 175 miles southwest of that country's capital city, Addis Ababa.

As a member of their board of directors I intend to help them reorganize their board and assist them in the construction of a dental clinic at the same location as girls' school.



Lily Warner

Lily and her organization were awarded the prestigious Unsung Heroes of Compassion Award from the Dalai Lama in January 2014. Her organization was one of only fifty one in the world to be so recognized.

I've always had a desire to help others and I will continue to do so as long as I am physically and mentally able. It's been a great journey up until now but I feel there are still many miles to travel. Helping others is still in my blood and I'm always *in chase of a cause*.

AFTERWORD

I hope that you have enjoyed reading my personal memoirs. I thoroughly enjoyed writing it. I wrote it for a couple of reasons; first, for myself, so that I could look back on those memories and savor again these many life changing and precious experiences. Second, I wrote it for you, the readers. Oftentimes we take a lot in life for granted, especially if we live in the United States of America. When I was first exposed to the needs of the rest of the world I was overcome with sadness. My experiences in the third world have made me more grateful for the things I have. I know that I am a better person for my volunteer work overseas. I have come to realize that the more we do for others the more we want to keep doing. I am truly thankful for the opportunities that have come my way to help others in some small way.

This book has been a labor of love for over ten years. In 2012, I celebrated my 40th anniversary of practicing dentistry and teaching/volunteering abroad. Thank you to the dentists I have had the pleasure of teaching and working with, especially Dr. Richard S. Youngs, my personal dentist, mentor and co-worker. I want to also thank the members of the Detroit Dental Clinic Club.

I would like to thank the other volunteer dentists with whom I worked in Brazil: Dr. Derek Van Bergen and his lovely wife, Annette from Durbin, South Africa; Dr. Gil DiBiasi from Greensboro, North Carolina, and a past member of the board of AAAO; Dr. Henning Jenner from Switzerland, and the late Dr. Arnold Babcock from Bend, Oregon. I also want to thank Ron and Vera Bertagnoli for their continued friendship and support.

I want to thank Brian O'Connor and his sister, Stevie Selim, my proof readers. And finally, I owe a great deal of gratitude to my Rotarian colleague and grammar expert, Ralph Spencer. He was responsible for correcting my punctuation, sentence structure and tightening up the overall contents of the manuscript. Thanks to one and all for your efforts on behalf of this final product. It's been both a labor of love and an awesome journey for me!

**A VOLUNTEER'S CHECK LIST
FOR OVERSEAS DENTAL
ASSIGNMENTS**

Dental Volunteer Check List:

- Updated passport
- Visa, if necessary
- Travel Warnings
- Clinical supplies and materials
- Personal Medical Supplies
- Baggage Limitations
- Customs and Immigration
- Teaching materials/Do's and Don'ts
- Miscellaneous

Renewing Your Passport:

- www.americanpassport.com
- You need to submit your most recent passport
- You were at least 16 y/o when your most recent passport was issued
- You were issued your most recent passport less than 15 years ago
- You used the same name on your passport or you had your name changed by marriage or court order and can submit legal documents to reflect the change
- Your passport is NOT damaged
- Charge ranges between \$60-180 US depending on speed

Visa Procurement:

- Those countries currently requiring visas from US citizens are: Brazil, China, Egypt, India, Jordan, Kenya (Travel Warning), Korea, Pakistan, Russia, and Viet Nam
- Three types: Cultural, Tourist, Business; Single Entry (3 mos.) or Multi-Entry (5 years)
- In order to be granted a visa, your passport must be more than 6 months away from expiring
- Can apply through on-line services
- Make 2 copies of your passport cover page, and visa-keep one copy apart from your originals, but close, and one copy should be retained by a friend/relative so they can fax it to you in case of loss
- Cost of service is approx. \$110 US

Travel Warnings

- Since the September 11th incident, the Department of State and the Department of Homeland Security issue travel warnings to US citizens when there may be some danger incurred by traveling to different countries
- A public announcement is a means to disseminate news quickly about such things as terrorist threats and other short-term conditions that could pose potential risk to the personal security of American travelers
- Consular Information Sheets include locations of the US Embassy or Consulate within a foreign country

Clinical Supplies and Materials:

- Check with the sponsoring organization to see what supplies they need
- Contact your dental supply house to see if they would donate these supplies
- It may be necessary to take some of your *favorite* instruments with you, i.e. extraction forceps, etc
- You may wish to leave some instruments behind for the next volunteer
- Consumables are ALWAYS needed. i.e. anesthetic, syringe tips, gauze, latex/vinyl gloves, etc

Foods and Drinks to Avoid:

- Salads: particularly lettuce, raw cabbage, and leafy greens
- Uncooked vegetables or fruits: especially berries
- Unpasteurized milk and milk products, including cheese
- Uncooked and raw meat, fish, and shellfish
- If you eat fruit, make sure that YOU have peeled it!
- AVOID ICE!

Diarrhea:

- Most frequent medical illness for travelers
- The use of prophylactic antibiotics is not recommended in most cases
- Bouts of diarrhea often require only simple replacement of liquids to avoid dehydration: fruit juices, caffeine-free soft drinks, carbonated bottle fluids, salted crackers
- Milk products often aggravate diarrhea, but white rice is helpful in treating diarrhea

MAXIM:
“Boil it, peel it, or forget it!”

Personal Medical Needs:

- Basic Inoculations: Yellow fever, Hep A and B, Tetanus, Malaria prophylaxis in certain sub-tropical climates
- Iodoquinol: for amebiasis-650 mg, three times a day, for 20 days
- Metronidazole: for giardiasis-250 mg for 5 days
- Quinine sulfate and doxycycline: If malaria parasite is already in blood stream; Mefloquine, for prophylaxis coverage before, during and after trip
- Sodium stibogluconate: for leishmaniasis (in subtropical climates)-20 mg IM
- Praziquantel: Treatment of tapeworm. Found in undercooked fish, beef, pork, or dog-5-10 mg/kg. This is a one-time dose
- 2% Tincture of Iodine or Tetraglycine tablets: Chemical disinfection of water when it is not possible to boil. Add 4-5 drops of iodine to clear water and wait 30 minutes. If water is cloudy, add 10 drops and wait 30 minutes. When using manufactured tablets, follow manufacturer's instructions

Travelers Medical Kit:
(Courtesy, Midwest Travelers' Health Service):

- Pepto-Bismol: for diarrhea
- Imodium AD: If diarrhea progresses
- Aspirin: Anti-inflammatory as well as a pain killer
- Acetaminophen (Tylenol): Pain killer
- Calamine lotion: Soothes rashes that itch
- Hydrogen peroxide: For cleaning wounds
- Betadine: Antiseptic skin cleaner
- Neosporin Ointment: Antibiotic cream
- Hydrocortisone cream: Allergic reactions/hives
- Benadryl cream: Allergic rashes

Personal Supplies:

- Shampoo
- Soap
- Toilet paper (Russia only)
- Toothbrush
- Toothpaste
- Shaving cream/razor
- Sun screen
- Insect repellent with DEET
- Wide brim hat
- Sunglasses
- Long sleeve cotton shirt
- Walking shoes
- Handkerchiefs
- Shortwave radio
- Thermometer
- Sterile gauze pad
- Adhesive tape
- Sling, safety pins
- Scissors
- Tweezers
- Soap
- Butterfly suture
- Plastic/thong shower sandals
- Spare eyeglasses
- Moist towelettes (individually wrapped)
- Pocket knife (not in carry-on!)
- Plastic water bottle
-

Baggage Concerns:

- For International travel, most airlines limit travelers to 2 bags (70 lbs. each) each
- ONLY 1 carry on

- Pack each bag carefully, taking only what you need because overweight surcharges are very costly!
- Check airlines for their specific weight restrictions

Customs and Immigration:

- Once you have arrived in the foreign country, you will have to go through Immigration. Here you present your passport and visa and receive an “Entry” stamp in your passport
- Next, you will proceed to Baggage Claim where you will retrieve your belongings and then head to Customs
- You may be asked to open your bags for inspection. **DO NOT BRING ANYTHING ILLEGAL INTO THE COUNTRY! YOU WILL GET CAUGHT!!**

Tips for Dealing with Jet Lag:

- Don't overindulge in food or drink during travel
- Avoid alcohol and caffeine during travel
- Begin readjusting meals and sleeping patterns before travel
- Begin eating high-protein breakfast and lunch and high carb supper, four days before departure
- Alternate days of fasting and feasting
- During flight and upon arrival, sleep or rest during periods of darkness and stay up and active during daylight hours
- Get adequate rest before trip
- A combination of exercise (even walking) and sunshine the day of arrival will help “pull” your metabolism into the current time zone
- Exercise regularly before and during trip
- Travel from east to west whenever possible (I realize though that you do eventually have to come back!)
- Recognize jet lag and realize it is only temporary

Tips When Teaching:

- Keep the teaching methods simple. Sophisticated dentistry is not practical in Third World countries due to lack of equipment, materials, costs, etc.
- Never assume anything. Know who you are teaching
- Change is slow
- Volunteers should take as many teachings aids with them as possible
- If you are taking slides or CD's make sure the country has the equipment available to show them

Foreign Nationals' Complaints about North American Volunteers:

- They display a feeling of superiority; they have all the answers
- They take credit for joint accomplishments
- They are unwilling/unable to respect and adapt to local customs and cultures
- They fail to innovate in terms of the needs of the local cultures
- They refuse to work through the normal administrative channels
- They tend to lose their democratic way of working

IAMAT is a great source of help:

- International Association for Medical Assistance for Travelers
- No charge for membership
- Membership Card
- World Directory
- Traveler Clinical Record
- World Immunization Chart
- World Malaria/Schistosomiasis/Chagas Risk Chart
- World Climate Chart

If you have any questions please write me at:

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Author's Photo and Bio



Dr. William R. Chase

William R. Chase, D.D.S. received his Bachelor of Science degree in 1968 from Adrian College (MI) and his Doctor of Dental Surgery degree from the University of Detroit School of Dentistry in 1972. He went on to complete his Master's degree in *Organizational Management* at Spring Arbor University (MI) in 2003.

He is a past president of both the Michigan Dental Association and the Michigan Academy of General Dentistry. Dr. Chase's private dental practice was located in Adrian, Michigan. He retired from dentistry after 40 years.

He served as an Adjunct Clinical Professor at the University of Detroit School of Dentistry from 1973 to 1999, and served on the clinical faculty at the University of Michigan School of Dentistry in 1991. Dr. Chase is a Fellow of the American College of Dentists, the International College of Dentists, the Pierre Fauchard Academy, and the American Endodontic Society. He has taught dentistry in Belgium, the former U.S.S.R., Switzerland, China, Norway, Sweden, Denmark, England, Ecuador and Bolivia.

He has been a journalist since 1970 and has authored over 150 editorials and 20+ scientific articles on dentistry that have been published throughout the U.S. and Canada.

He is a Past District Governor of Rotary International.

Dr. Chase has made a total of 13 international trips as a dental volunteer over the span of a quarter century and this memoir chronicles some of his more unique experiences.