Where There Is No Dentist
by Murray Dickson

updated and expanded
with information about HIV and AIDS
by Richard Bebermeyer,
Martin Hobdell and Gene Stevenson

Introduction by David Werner,
author of Where There Is No Doctor

Oakland, California, USA
www.hesperian.org
THANKS

谢谢
Where There Is No Dentist, updated edition, 2022

谢谢

我们继续受到激发，由默里·迪克森和他不辞辛劳的努力，鼓励健康和牙科促进者和社区成员，用自我负责的方式，去应对他们的健康需求。几年前，默里向我们介绍了理查德·贝伯梅耶，马丁·霍布德和吉恩·史蒂文森，我们感谢他们愿意花时间来写和发展本章12分册的书稿，“HIV和护理的牙齿和牙龈”。该材料最初在2002年出版，并作为补充版本，发布于Where There Is No Dentist。我们同样感谢简·麦克斯韦，她对编辑的补充内容，提供了协助。达如娜·大卫，朱莉·格尔克，托德·贾勒，以及廷登·沃森。

赫瑟里恩很幸运，能够从一大群致力于基层健康的人群中，得到帮助，我们对他们的深入见解和建议，表示感谢：罗德里戈·德·阿莫瑞姆，珍·阿瑟，阿尔玛·卡洛琳娜·布兰科·雷耶斯，克莱尔·伯克特，罗马·卡洛斯，史蒂芬·科克斯，艾伦·戴尔，卡尔姆·杜瓦德，贝尔琳达·福克斯，乔·弗伦肯，莫妮卡·甘地，盖瑞·戈德，格拉德戈·古蒂里埃兹，马丁·霍布德，克里斯托弗·霍尔姆格伦，玛丽·克莱普，帕查林·勒克·斯瓦塔，布赖恩·林德，特蕾莎·诺伊，弗朗西娜·洛扎达·努，史蒂芬·莫塞斯，福卢索·奥沃塔德，弗朗西斯·塞里奥，迈克尔·特里，加思·冯·哈根，以及P·万扎拉。

插图在2012年版本中增加了：西尔维亚·巴兰迪尔，莎拉·布奥，海蒂·布隆，何塞·德·耶稣·查恩，吉尔·科拉尔，雷吉娜·多伊尔，安娜·卡利斯，苏珊·克莱因，加布里埃拉·努涅斯，凯瑟琳·坦迪，萨拉·沃利斯，李华·王，以及玛丽·安·扎帕拉。

编辑和更新2006年版本：由凯瑟琳·维克里，托德·贾勒，苏珊·麦卡利斯特，伊纳基·费尔南德斯·德·雷塔纳，莱娜·罗斯蒂，以及菲奥娜·汤姆森。2012年版本：由多萝西·泰格勒，雅各布·古尔基安，泽娜·赫尔曼，托德·贾勒，梅洛迪·塞格拉，以及凯瑟琳·坦迪。2015年版本：由凯瑟琳·维克里，托德·贾勒，罗丝玛丽·杰森，以及凯瑟琳·坦迪。2022年版本：由达尼·贝海尼克，托德·贾勒和凯瑟琳·坦迪。

谢谢默里·迪克森，1983
Where There Is No Dentist是这里，来满足一种需要。对许多人来说，这似乎意味着现有的关于牙科护理的书籍，要么是不完整，要么是复杂的。如果这本书满足了这种需要，那么，只是因为许多人努力工作，来实现它。对他们，我深表感谢。

许多事情发生了，自那天在巴布亚新几内亚，当戴维·温纳的信件到达时。他的挑战很简单：‘既然没有其他人写过这样的牙科手册，为什么你不写？’在戴维的鼓励和支持下，我能够处理教学笔记，并产生可读的初稿，该初稿是这本书的基础。对此，我要感谢你，戴维，感谢你对我的耐心帮助。
me learn, my heartfelt thanks. Thanks also to Trude Bock and Bill Bower for the home, food, direction, and support, during a short visit to Hesperian in which the book took a definite turn for the better.

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This book is based upon several years of practical experience, made possible by the Canadian Organization CUSO. For this opportunity, and for CUSO's active interest and involvement in this book, I most gratefully say thanks.

Finally, I want to acknowledge my family's contribution. For weeks on end, my wife, Gerri, faithfully read and discussed with me each part of the book as it changed and was rewritten. She did this cheerfully, at a time when she was fully occupied in a graduate study program. For much longer than I had anticipated, Gerri and our two boys, Michael and Brennan, had to tolerate my preoccupations.

My parents endured my wanderings and search for answers to human problems with love and a growing sense of understanding. It is my only disappointment that they did not live to see this book in its final form.
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PREFACE TO THE 2015 EDITION
by Murray Dickson

The world has witnessed breathtaking changes since I wrote the first edition of *Where There Is No Dentist* in 1983. I sometimes feel that if a person had gone to sleep then and woke up 32 years later, they would have a difficult time understanding many of the things we take for granted today. Unfortunately, however, they would also find much remains the same, especially the unequal relations among people. Since you can look into a person's mouth and understand a lot about their income, nutrition, and general health and well-being, the inequality among people is not only a moral or ethical problem, but a dental problem as well.

As noted in the book’s introduction, dental care remains beyond the financial reach of too many people in all parts of the world—developed, underdeveloped and overdeveloped. While many more poorer countries have picked up on the World Health Association’s primary health care strategy and initiated training and support of front line dental therapists, it is not sufficient to reach the majority of those in need. Governments that are finally getting around to improving health insurance or extending health care to geographically or economically marginalized communities still treat dental care as an afterthought, as the last benefit to arrive.

Another change that has occurred, and not for the better, is the spread of diabetes into communities where it had never been a problem or maybe only a minor one. While classified as a Non-Communicable Disease (NCD) because it is not spread by germs, it is however spread by changes in diet and behaviors around the world. While sugary drinks such as Coca Cola were a problem for oral health before, now their spread threatens not just teeth but the heart, liver, indeed the entire body. The same is true of processed foods of many varieties: healthy diets have been replaced by factory foods and junk foods which contain too much sugar and not enough nutrition.

In Istanbul in 2013, the International Dental Federation noted that “36 million people die every year from NCDs, and 86% of the premature deaths occur in developing countries.” They issued a call for dentists to not only advocate for and promote oral health, but to commit themselves to take more responsibility in contributing to the improvement of the general health, quality of life, and well-being of their patients and the public at large. That kind of broad understanding of health and commitment to working for social justice is exactly what I hope people find in *Where There Is No Dentist.*
I am very happy that Hesperian is printing a new edition of *Where There is No Dentist*. But even more satisfying is knowing that the book continues to be used to train, empower, and motivate collaboration with new generations of dental health promoters and therapists. As a dentist, I always felt good about relieving a person's pain and/or infection, but the number of people who needed help was always more than I could ever hope to treat. Only through extending primary care, and making oral health a part of that care, can we ever hope to really make progress. And today that means promoting people's rights to a healthy diet, a dignified life, and access to health care.
A healthy tooth is a living part of the body. It is connected by “life-lines” of blood and nerve to a person’s heart and brain. To separate the tooth from the body, or even to interrupt those “life-lines,” means death to the tooth. It also means pain and injury to the body, to the person.

Let us look at it another way. The health of the teeth and gums is related to the health of the whole person, just as the well-being of a person relates to the health of the entire community.

Because of this, the usual separation between dentistry and general health care is neither reasonable nor healthy. Basic care of the teeth and gums—both preventive and curative—should be part of the know-how of all primary health care workers. Ideally, perhaps, Where There Is No Dentist should be a part of Where There Is No Doctor. Think of it as a companion volume, both to Where There Is No Doctor and Helping Health Workers Learn.

Murray Dickson has taken care to write this book in a way that will help the readers see dental care as part of community health and development. The approach is what we call “people centered.”

Where There Is No Dentist is a book about what people can do for themselves and each other to care for their gums and teeth. It is written for:

- village and neighborhood health workers who want to learn more about dental care as part of a complete community-based approach to health;
- school teachers, mothers, fathers, and anyone concerned with encouraging dental health in their children and their community; and
- those dentists and dental technicians who are looking for ways to share their skills, to help people become more self-reliant at lower cost.

Just as with the rest of health care, there is a strong need to deprofessionalize dentistry—to provide ordinary people and community workers with more skills to prevent and cure problems in the mouth. After all, early care is what makes the dentist’s work unnecessary—and this is the care that each person gives to his or her own teeth, or what a mother does to protect her children’s teeth.
While dental disease is decreasing in richer countries, it is on the increase in most poor countries. One reason for this is that people are eating fewer traditional (unrefined) foods and more pre-packaged commercial foods, often sweetened with refined sugar.

Even as the need for dental care is growing, there are still far too few dentists in poor countries. Most of those few work only in the cities, where they serve mostly those who can afford their expensive services.

People in many countries cannot afford to pay for costly professional dental care. Even in rich countries, persons who do not have dental insurance often do not get the attention they need—or go into debt to get it.

Two things can greatly reduce the cost of adequate dental care: popular education about dental health, and the training of primary health workers as dental health promoters. In addition, numbers of community dental technicians can be trained—in 2 to 3 months plus a period of apprenticeship—to care for up to 90% of the people who have problems of pain and infection.

Dentists’ training usually includes complicated oral surgery, root canal work, orthodontics (straightening teeth), and other complex skills. Yet most dentists rarely do more than pull, drill, and fill teeth—skills that require a fraction of the training they have received. The simpler, more common dental problems should be the work of community dental technicians who are on the front lines (the villages), with secondary help from dentists for more difficult problems.

Would this reduce quality of service? Not necessarily. Studies have shown that dental technicians often can treat problems as well as or better than professional dentists. In Boston (U.S.A.), for example, a study showed many of the basic treatments commonly given by dentists to be done just as well, and often better, by dental technicians with much shorter training.

Fortunately, in some countries skilled dental technicians have managed to become the major providers of the most needed dental services. In India, there are still street-corner dental technicians with footpedal drills, who drill and fill teeth at remarkably low cost.

In Honduras, dental technicians (who learn largely from each other, starting as helpers) have formed their own union. Their political strength was tested when, in the town of Trujillo, a dentist tried to put a technician out of business. The local technician had removed an infected root left mistakenly by the dentist. The technician had commented on the dentist’s carelessness, and the dentist heard about it. The dentist sent a policeman who shut down the technician’s office and took away his tools. However, the dental technicians’ union took this to court. They argued their rights to practice dentistry, because they are the only persons working in marginal...
communities where dentists’ prices are too high for the people. The court decided in favor of the technicians, and ordered the dentist to return the technician’s tools and pay him for work lost.

In other countries dentists and community dental workers work in closer harmony. In Guatemala, Ecuador, Papua New Guinea, and Mozambique, dental technicians are now recognized by the Ministries of Health. In Papua New Guinea and Ecuador, professional dentists train and supervise them to provide dental care to school children. In Ecuador, they work mostly as dentist assistants, bringing high quality services to more people while decreasing costs. The dental therapists in Papua New Guinea are trained to extract, drill, and fill teeth, as well as to work on prevention of dental problems in school children.

In Guatemala and Mozambique, dentists from the dental school have trained village health promoters as dental workers who work with people of all ages. Their training includes community dental health education, cleaning of teeth, extractions, and drilling and filling. These health workers are provided with the few basic instruments needed to provide these services.

In Project Piaxtla Mexico (with which I and the Hesperian Foundation have worked for many years), visiting dentists have also helped train village “dentechs.” They, in turn, now teach basic dental skills to the part-time village health workers. These village dentechs, some of whom have had only 3 to 6 years of primary school, now practice—and teach—a wider range of dental skills than the average dentist. Their activities include dental health campaigns with school children, community puppet shows about low-cost dental self-care, cleaning of teeth, extractions, drilling and filling, and the making of dentures (false teeth). Several of the dental workers can now do root canal work—a special treatment to remove the central nerve in order to save an infected tooth. One of the village dentechs, remembering what he had seen a dentist do, taught himself how to do root canals when his girlfriend had an infected front tooth that he did not want to pull. (He had also learned to check the tooth from time to time afterward to make sure this treatment had been successful.)

We still have much to learn about dental health. Dentists need to learn from the knowledge of the local people, as well as the people from the dentists.

We have learned that villagers with little formal education often can learn skills with their hands—such as tooth extractions, puppetry, or surgery—much faster than university students (who have never learned to use their hands for much more than pushing pencils). We also have observed that the best way to learn dentistry is not through school but through practice, helping someone with more experience who is willing to teach.
Where There Is No Dentist has 2 parts. The first part (Chapters 1–5) discusses teaching and learning about preventive care. It begins by encouraging the health worker to examine herself and her family. To be a good example is the best way to teach.

The second part (Chapters 6–11) talks about diagnosing and treating common dental problems. It is especially for those who live where they cannot reach or afford a dentist. A poor neighborhood in the city can be as distant and neglected as a far-off village. This second part is intended mainly for health workers who have helped organize people to meet their own needs.

Murray Dickson—a Canadian with primary care experience in Northern Canada, Nigeria, Papua New Guinea, and Mozambique—has written this book in clear, simple language. He takes care to use popular names instead of unfamiliar scientific words. For example, instead of speaking of “dental plaque” the author speaks of the “coating of germs on the teeth.” Such simple language does not weaken the message. The message is stronger because everyone understands.

The author has said:

I am sure some dentists will disagree with parts of this book. Some points of disagreement may be small, like the failure to use accepted dental terminology. Other ideas, particularly the suggestion that non-dental people can be trained to provide many kinds of treatments, may make some dentists angry.

The book is meant to be a source for argument and discussion. This way, it may stimulate others to write the kind of manual that is really needed in their countries.

The people must answer to the people’s needs. The health of teeth and gums, along with general health, will improve only when people take the lead in caring for themselves. The challenge for dentists and other health professionals is to allow and encourage this to happen.

— 1983