

REACHING THE PROPLES: BUILDING RELATIONSHIPS THROUGH RESOLUTION

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WHAT AND WHY OF THIS MINISTRY

Many different and diversified areas of ministry can be used to build relational bridges to open the door to unreached people groups. Dentistry is one ministry strategy that can be used for a specific outreach to unreached peoples as well as a regular mission effort to support ongoing church planting efforts. I selected this ministry because of my profession and the past experience I have had in this area of ministry. In 2007, I began serving as a dentist on mission teams in Honduras and soon became involved with leading mission teams. Having served on almost thirty mission teams and leading several teams, I have gained experience in several different cultural areas. Since that time, I have had the blessing of serving not only in Honduras, but also in the countries of Nicaragua, Peru, Ecuador, Kenya and Senegal. As I have personally witnessed, many cultures do not have access to dental treatment without taking a significant amount of time out of their work day or due to lack of resources. This results in a large group of the population having teeth in need of extraction due to decay or trauma. I have not been to any area where there is not a tremendous need for dental treatment.

Dental ministry will involve setting up remote clinics to perform extractions. Dentistry has the unique opportunity to draw those in pain into a remote dental clinic for alleviation of that pain. Therefore, being able to meet a specific, physical need of a patient gives me the opportunity for close interaction of that patient on a one on one basis. Once a person's physical needs are met and the love of Jesus demonstrated through meeting that need, that person is more likely to be

willing to listen to the more important spiritual needs. In some cultures, evangelism and discipleship is possible. In others only being able to pray with patients is allowed and longer time is needed to build relationships. Where possible, door to door evangelism is incorporated and people are invited to come to the clinic. Since extractions is the only dental service I will be able to offer myself, hopefully there will be a larger area where a local dentist is available, that I can refer patients that have other needs and have resources for this service. Prayerfully this will open a door of opportunity to involve a local cultural dentist to mission service and give me the opportunity to build a relationship with them. My plans are to purchase as many of the dental supplies as possible, within the country where I will be serving, in an effort to build a relationship with a local supplier and also give back into the local economy.

UNDERSTANDING THE MINISTRY

A very basic and immediate physical need of people is addressed in a dental ministry. Oral pain has not only physical but also has mental consequences. Long term pain causes emotional distress and limits one's ability to function. Often the pain is debilitating to the point a person is unable to work. This creates a significant problem in cultures where a day's work is extremely important to provide daily provisions for one's self and/or family. Being able to offer a service ministry of love to those who are in pain offers unlimited opportunities to get to know local people and share the gospel of Jesus Christ with them. People are seen and treated in a remote dental setting where they are alleviated of pain in their mouths and the sources of dental infection. As a result they are able to function without the pain they have had for days, weeks, or even months. In a close one on one setting such as this, the opportunity to get to

know a person and discuss their needs with them is available. These patients come to a remote clinic for their physical needs to be treated unaware they have a much greater need, a spiritual need. Difficulty arises in trying to discuss spiritual needs with a person when they have unmet physical and emotional needs. Once they see the love of Jesus demonstrated directly to them personally in meeting their lower level needs, they are willing to listen to a follower of Christ tell them of their much deeper need, their spiritual need. People will travel hours and sometimes even days for the opportunity to have hurting, hopeless teeth extracted, many of which are infected. They will wait patiently, sometimes for hours in long lines for treatment. This waiting period in itself invites the opportunity for Christ followers to interact and get to know local peoples. Relationships can begin to be built even before treatment is rendered. A dental clinic ministry works because hurting people see others sharing in the love of Jesus to help them with what they perceive to be their greatest need. This ministry also works because it is reproducible in most lands and cultures. I have personally witnessed a dental ministry to be effective among Latin Americans, Quechua Indians, Shuar Indians, Kenyans, Muslims and North Americans. Dental ministry can be a "Frontier Mission" effort or "Regular Mission" effort but in either situation it is a very effective means to share Christ with others.

Although a dental ministry may appear to be easily organized and carried to a remote area, it does involve significant planning and resources to organize and carry out. Before ever leaving the home base, equipment, supplies and medications must be obtained. Surgical instruments necessary for exodontia and oral surgery, most likely will have to be carried unless working with an in country mission agency that already has the equipment and instruments. Governmental authorities, in the country in which the team is going, must be contacted to see what legal

paperwork is needed to bring supplies into that country and to treat patients within that country. If working with an “in country mission agency” they will do this for you. Otherwise it is hard to explain to immigration and customs that you are a tourist when traveling with dental instruments. Some countries require a temporary dental license to treat patients within their country. Be sure to check with the appropriate authorities about this issue. It is not uncommon for health agencies of a country to make inspections of villages and mission efforts that are in progress. Dental instruments, if not available by an “in country mission agency”, will need to be collected by the dentist and carried. My recommendation is for supplies, when possible, be purchased in country for relationship building within that country. This takes knowledge of what is available to purchase in the country in which you are going. Some countries will not allow for medications to be brought in, therefore, they must be purchased at a local pharmacy. Resources need to be available to meet the financial responsibility of a dental ministry. Instruments, equipment, medications and supplies that are needed are very expensive. If any type of patient treatment card is to be used, they will need to be printed along with health history forms, in the appropriate language. Obtaining local interpreters will be needed if the treating dentist does not know the local language of the people group. In country transportation can be a challenge. The size of the team will determine transportation needs. It would be wise, if possible, to have an idea of the size community in which one would be working. Usually the average dentist can see and treat thirty to thirty-five patients per day. The community population may necessitate the need for 2 or more dentists. Hard feelings and chaos can arise if all patients are not treated. Some cultures are more understanding than others.

The major challenge with a relief mission, such as this, will be to establish a transformational change at the grass roots level of the community among its leaders. My purpose, and the purpose of the team, must only be that of a catalyst to the local people. The goal is to share the gospel message of Jesus Christ to the local community in a way they will be able to be followers of Jesus Christ and be a part of their families and culture.

Many resources exist for this type of ministry. Several mission organizations have put together manuals for dental clinics including instruments, equipment, supplies and medications needed. A short list of sources is below. As a supplement I have attached copies of dental supplies needed to treat 300 patients, patient dental registration card (Spanish/English), post op extraction instructions for patients in Spanish, and Spanish Decision Cards.

Baptist Medical Dental Mission International - bmdm.org - Team Captains Manual.
Honduras Baptist Dental Mission - www.medicaldental.org - Team Captains Manual.
Christian Dental Society – www.christiandental.mobi
World Dental Relief – www.worlddentalrelief.com
Missions Dilemma – www.missionsdilemma.com
Reach the Unreached – A Systematic Review on Mobile Dental Units - www.ncbi.nlm.nih.gov
Portable Dental Chair – www.totachair.com

STRATEGIES FOR THIS MINISTRY

Initial areas of focus for my dental ministry will be the remote villages in and around the area of Riobamba, Ecuador. One area in which I will focus is a Spanish village where no church exists. Another place is San Guado which is a Quechua village and there is a recent church plant there. There exists a distinct social and cultural difference between these two groups of people and association between them is minimal. My plans are to visit these two villages in October and

November of this year, and set up dental clinics in their villages. Our team will be a small group of only 6-8 men and we will be working with a newly established Seminary in Riobamba, Ecuador as messengers of the Gospel and servants of our Savior carrying the love of Jesus to these communities. Peniel Seminary is committed not only to teaching and training pastors but also in church planting in the remote areas of Ecuador. The Seminary meets in the home of Pastor Alberto Copa. Pastor Alberto's son, Israel, will serve as my translator. Another Pastor, and Quechua Indian, Alejandro Guabo, will be our connection to the people and provide transportation.

The country of Ecuador is very open to mission efforts within their country. I will be going on invitation from Peniel Seminary as a dentist to provide treatment for these communities.

According to previous accounts from Alejandro, in his exploratory visits to these areas, we may need two dentists. Prayerfully, I hope to locate another dentist who will be willing to serve. I have already put together a list of supplies that I will need based on treating 30-35 patients per day, per dentist, for 4 days. Each dentist will need to carry his own exodontia instruments and head lights. Plans are to purchase Ibuprofen for pain and antibiotics from my local pharmacist and carry with me. The medication will be dispensed into small zip lock bags and prescription labels attached. Expendable supplies such as anesthetic, gauze, gloves, disinfectant, resorbable sutures, and needles will be purchased in country. Once in country it will be necessary to locate 1 or 2 chairs that can serve as dental chairs for the patients. A supply of clean water, preferably bottled water, will be needed to disinfect surgical instruments. Dental registration cards as well as prescription labels for medications (in Spanish) will be printed and carried with the team.

Financial resources will be needed to purchase the dental supplies, travel costs, translators, lodging and meals.

Both the dentist and the support staff will have the opportunity to interact with the people and share the gospel with them. Others will make visits to the local homes and families, share the gospel and invite them to come to the dental clinic. We will carry bibles to give to families that do not have one. Anyone making a decision to follow Jesus will be given a Decision Card to fill out with their contact information. These people can be followed up with by Alejandro and Seminary leaders on future visits.

If my past experience is any indicator, whenever a clinic is set up it is usually in a location such as a school building. Wherever there is a school, there are children. With this in mind, activities and bible stories for the children would be good to have planned. Personally I feel that in many cultures, it is the children wherein lies the opportunity and hope for future transformation change within that culture. Children are open to any kind of activity and are attentive to bible stories. Modern technology gives us the opportunity to download songs in most languages that can be used to give children the opportunity to sing along. The story of Jesus for children is available as a Jesus Film phone app and is a good to share with children.

Abide in Christ is a mission organization with a passion for sharing the Gospel and church planting in Central and South America. My relationship with Bro. Wil Pounds and Abide in Christ gives me the opportunity to carry Christ's love through dentistry to Ecuador. Working in conjunction with Abide in Christ and Peniel Seminary, my plans are to be a catalyst and build cross cultural bridges of love among the people. Alejandro and his love for Jesus and others is a

tremendous asset in helping to bridge this cultural divide. My prayer is that God will raise up local people to establish home churches within these communities and the people will accept each other as brothers and sisters in Christ with the purpose of expanding the gospel throughout their land.

THE FUTURE

As a catalyst in this mission effort, I need to be sensitive to the needs of the local culture and avoid anything that would make them feel that I am insensitive to them or their culture. This is also true in working with the translators and seminary students. It is easy to see things those in other cultures do things that are contrary to the way we would do things. Their ways may seem temporary and insensible to us but is their way and their custom. Often those in other cultures live lives are very relaxed and time seems unimportant. I have had to overcome my mindset that I have to accomplish something and be productive every moment of every day. Accept what may appear as a leisurely lifestyle and realize there is a purpose and a season. Adapt to the season, adapt to the culture, be sensitive to where you are.

My prayer is there will be a nucleus of local people who will make a decision to become a Christ follower and have a desire to begin a local gathering of believers within one or more homes that will expand across the area. As these new followers of Christ gather together to study God's Word, I pray the Holy Spirit will convict them in areas of obedience to God's Word and they will form bridges of love within the various cultural groups, realizing they are all one in Christ.

Lastly, I feel strongly that there needs to be an emerging program in Perspectives in Riobamba, Ecuador, possibly beginning in Peniel Seminary. In researching the Perspectives website, I see where there is an emerging Perspectives Class in Peru. My plans are to follow-up with the possibility of a Perspectives Class in Ecuador and what it would take to accomplish this.

Suggested Dental Items to Purchase to Treat 300 Dental Patients

ITEM	QUANTITY
2% Lidocaine w/ 1:100,000 epi	600 carpules per dentist
3% Mepivacaine	50 carpules
4% Articaine HCl w/1:100,000 epi	100 or more carpules per dentist
Marcaine (Bupivacaine)	1 box
Dental needles for injection 30short & 27 long	500
2 x 2 gauze	1 case
Patient Napkins	1 case
Concentrated Germicide**	2 gallons
Betadine or Clorox	2 gallons
Topical Gel	1 container per dentist
6" cotton-tipped applicators (for topical)	1000
Latex gloves (dentist)	8 boxes PER DENTIST
Gloves for the assistant	4 boxes per assistant
#15 surgical blades	1 box
Gelfoam	1 box
3-0 or 4-0 plain gut sutures	2 boxes (no silk)
Face masks	1 box
Paper Towels, absorbent	1 case
Sharps disposal	1 medium size PER DENTIST
Plastic cups	1 case
Rubber Gloves (for Sterilization person)	1 pair
Garbage Bags (large)	1 box
Hand Sanitizer	1 large bottle per dentist
Vinyl Tablecloth or plastic shower curtain	3 large
Surgical Drapes	8

Extracted: Mark with

“X”

Missing: Mark with

“M”

DATE	NUMBER	DESCRIPTION

Tylenol: ___ Tylenol #3: ___ Penicillin: ___ Erythromycin: ___ Alveoplasty: ___ Sutures:

CUIDADO DESPUÉS DE LA EXTRACCIÓN DE UNA MUELA

Es muy importante cuidar el sitio donde se le sacó la muela.

Es necesario que cumpla usted con las siguientes

direcciones:

1. Coloque una gaza encima del sitio donde se le sacó la muela. Presione la gaza con los dientes por 2 horas hasta que no esté sangrando mucho. Durante las 2 horas cada vez que la gaza se ensucie, sáquela y ponga una nueva. Al reemplazarla es importante que haya bastante gaza para que presione al sitio donde se le sacó la muela. **Si sigue sangrando mucho después de 2 horas** debe hacer lo siguiente. Prepare un té negro fuerté en una taza de agua un poco más caliente que tibia. Ponga gaza en el té. Sáquela, exprímala un poco y vuelva a usar la gaza según las primeras instrucciones. Repita el proceso hasta que casi no esté sangrando. Si sigue sangrando mucho por 24 horas, hay que comunicarse con su dentista.
2. **Hasta que pasen 3 días no haga las siguientes cosas:** No utilice un popote (sorbete) para beber. No fuma. No beba alcohol. No beba bebidas gaseosas (como Coca Cola). No mastique el tabaco que se escupe. Durante los próximos 2 días, no debe tratar de levantar cosas pesadas y no debe hacer mucho ejercicio.

Cualquiera de estas cosas prohibidas pueden hacer que el coágulo se desprenda de la órbita donde la muela estaba. El resultado será una órbita seca que puede ser muy dolorosa.

3. **Hoy, coma sólo comida** blanda, como sopa tibia, helado, batidas o malteadas. Recuerde que no debe tomar bebidas gaseosas y no debe utilizar popotes (sorbetes).
4. **Si se le dio una receta para medicina**, tómela según las instrucciones.
5. **Mañana, enjuague con agua tibia y un poco salada.** Desde la mañana, debe repetir este proceso cada 4 horas por 2 días. (A una taza de agua debe agregar y mezclar la cuarta parte de una cucharadita de sal).
6. **Si se le inflama, o se le hincha en las primeras 24 horas**, ponga una compresa de hielo en la inflamación y manténgala en el sitio por 15 minutos. Quítela por 15 minutos. Repita el proceso si es necesario. Si el sitio todavía sigue hinchado 24 horas después, cambie la táctica. Ahora, por quince minutos, aplique un paño un poco caliente porque lo ha exprimido después de haberlo metido en agua un poco caliente. Después se quita por 15 minutos.

¡ BIENVENIDO A LA FAMILIA DE DIOS !

Su decision de invitar a Jesucristo a vivir en su corazón es la decisión mas importante que hará en su vida. Varias cosas maravillosas le acaban de suceder. Sus pecados le han sido perdonados y Jesucristo es su Salvador personal. Ahora usted es un hijo de Dios y el cielo será su eterno hogar cuando se muera.

Los pasos iniciales para seguir a Cristo son:

Paso 1: Siga el ejemplo de Cristo y sea bautizado. El bautismo es simbólico de lo que Cristo ha hecho en usted – lo ha limpiado de sus pecados. Por ejemplo, el anillo de matrimonio no casa a una persona; simplemente indica que esta persona está casada. El bautismo no trae a Cristo a su corazón, sino que es un acto que demuestra que ahora usted es un seguidor de Cristo. La Biblia confirma esta en el libro de Hechos capítulo 8, versículo 12 que dice: “Pero cuando creyeron a Felipe, que anunciaba el evangelio del reino de Dios y el nombre de Jesucristo, se bautizaban hombres y mujeres.”

Paso 2: Unase a una iglesia local. La Biblia nos da un ejemplo de unos nuevos creyentes que se unieron a la iglesia en Hechos capítulo 2, versículo 41 que dice: “Así que, los que recibieron su palabra fueron bautizados; y se añadieron (a la iglesia) aquel día como tres mil personas.” Una iglesia es un grupo de Cristianos que se reúnen para alabar y adorar a Dios, para orar, para estudiar la Biblia, para tener compañerismo y para prepararse para hablarles a otros de Cristo. La Iglesia Bautista local recibe con los brazos abiertos a aquellos nuevos creyentes que desean unirse con ella.

Record de Decisión para Jesucristo Fecha: _____
Nombre y Apellido: _____
Dirección: _____
Su Aldea: _____
Edad: _____ Hombre: _____ Mujer: _____
Estado Civil: Casado _____ Soltero _____ Viudo: _____

