Our trip to India was filled with food, laughter, and learning. Returning to the country that raised our parents and shaped much of our lives was a great experience. The dentistry we were able to perform was also a blessing. Whenever you head to another country to perform dental care, the most important thing may not be the quality of your equipment or the skill of the operator, but instead a deep understanding of what social dynamics drive that culture. On December 16th 2012, a group of 4 dental students traveled to Delhi with 2 bags of supplies. We focused our camps on dental extractions and check-ups. The camp was arranged by a liason from the Baba Jaswant Singh Dental College in Ludhiana. The city of Ludhiana, a large city in the state of Punjab, is predominately Punjabi speaking. Lucky for us, as all the members of the team were fluent in this language. We set up our camp at a local factory on the outskirts of Ludhiana. The goal was to provide dental care to the workers at the factory. Most of these workers were taking home around 1000 rupees a month as salary. To put that in perspective, 1000 rupees converts to approximately $20 Canadian. Understandably, for most of the people, their oral health was the least of their concerns. Surprisingly however, many patients refused to have infected root tips, or even teeth with class III mobility extracted. This was a stark contrast to what we've been taught. However for these patients, the most pressing concern was, "if you take it out, will it hurt today?" We learned that the social dynamics were very different than what we're accustomed to in Canada. You could not use long-term consequences to convince patients to treat their infections, instead they thought strictly in the short term. This limited the amount of treatment we could administer. Regardless, we were still able to complete over 70 Check-ups and provide advice and counseling on how patients should deal with problems in the future. Many of these folks, who ranged from age 20-60, still were not aware that it was important to brush everyday. Furthermore, there was a recurring belief that dentures or partial dentures were the solution. Many felt that a removable prosthesis was the better alternative to natural teeth. We knew that we could not change their whole belief system in overnight, but we did feel that we had a positive impact on educating the patients.

Our second location was also in the same district, but for this one we attended an elementary school in a small village. We provided oral hygiene education to the youth and performed checkups on approximately 80 children. We were surprised to find many ectopic eruptions, poor hygiene, and retained decayed primary teeth. The majority of the children had never seen a dentist before. The oral hygiene education we performed at this school seemed to make a real difference. The children were receptive and eager to make changes. However many children needed early orthodontic intervention. We spoke to parents and advised them that this was necessary. Overall we felt much more fulfilled after our time in the school. We have tentative plans to come back to this school and set-up a full restorative camp in the future. The youth population seems like the one in which we can make a larger difference in. Like any community project, many people contributed to allow it to succeed. The group members, Amandeep Hans, Vikrant Sharma, Daniel Berant and Tanmeet Singh all worked very hard to make this project a reality. Very special thanks also to Dr. Doug Nielsen, his wife Susan and the whole Patterson dental team

for providing us with the guidance and support we needed to allow things to run smoothly. We look forward to future projects to this area and other underserved areas of the world.