



**Christian
Dental
Fellowship**

Three-in-One

Newsletter of the Christian Dental Fellowship

Wonder Woman?

What superpower would you most wish for? This was an icebreaker question put to us at a recent clinical leaders meeting hosted by Bridge2Aid. Much as the ability to gain the figure of Lynda Carter by spinning on the spot and having the strength of Wonder-Woman has its attractions, I felt a serious answer was required.

Interestingly enough my choice was the most commonly desired ability- that of being able to create more time! It is presumed that time would stop for everyone else, so that we could play catch up and squeeze in all those extra chores and pleasures that elude us the rest of the time. Clearly many of us are struggling to fit everything in and feel the pressure of modern living. As dentists we are often working to a tight timetable and are very aware of the passage of time for that anxious patient in the waiting room. Our last CDF conference was a timely reminder of the need to slow down and look up- to allow ourselves the time and space to be in God's presence. Yet we all know how easy it is to squeeze out that valuable time out with God which would help us recharge for living life to the full for Him and being able to share His light and love with those around us. It's not just a case of finding time; it's a case of doing the right thing with it - all things having their place as we are reminded in those familiar words of Ecclesiastes 3:1-8

There is a time for everything, and a season for every activity under the heavens:

a time to be born and a time to die, a time to plant and a time to uproot, a time to kill and a time to heal, a time to tear down and a time to build, a time to weep and a time to laugh, a time to mourn and a time to dance, a time to scatter stones and a time to gather them,



a time to embrace and a time to refrain from embracing,
a time to search and a time to give up,
a time to keep and a time to throw away,
a time to tear and a time to mend, a time to be silent and a time to speak,
a time to love and a time to hate, a time for war and a time for peace.

So we are reminded that life's events have their time and place. Often we need discernment as to which season we are in and what we need to be spending our time on. My experience is that whilst we may encounter seasons for prayerful reflection, they are often followed by a season for action - we just need help sometimes knowing which season we are in and the courage to act accordingly. To be only focused on one does not lead to fruitful Christian service.

Use of our time on a daily basis is also a challenge. I find the image of fitting in stones of various size into a jar representing our time or life to be of help.

The task is to fill the jar with large stones, pebbles and sand which is possible if we do it in the right order. For each of us, what the large stones, pebbles and sand represent may be slightly different, but the message is the same. We often fall into the trap of having no time or space left for the things that matter because we have already filled the jar with things of lesser importance. It's a matter of priorities.

I'm currently enjoying reading a book by Paula Gooder entitled 'Everyday God- the spirit of the ordinary'. Admittedly it's not the most inspiring title, but that is the whole point. We can fall into the trap of only expecting to experience God in the big events and times of celebration. Yet the vast amount of the liturgical calendar is referred to as 'Ordinary Time' - 'Tempus per annum' - time during the year. From early January when the Christmas season is over until Lent begins and then from Pentecost until Advent is termed "ordinary" and so makes up this largest

continued over...

season of the liturgical year. The actual meaning in this context is not 'commonplace or everyday' but 'measured', hence the numbering of Sundays during this time. Our Christian festivals of Christmas and Easter, are occasions of focus and celebration in the Church. But we also need the ordinary to help us to fully encounter and experience the extraordinary. The majority of our time is spent in the 'ordinary' everyday routine of life and work. Doing the ordinary well is important, it's the foundation on which the extraordinary is built and of course we are fortunate in our professional life, to have opportunity to show individuals God's love and care whether they realise it or not. *'Whatever your hand finds to do, do it with all your might'* Ecclesiastes.9:10. So, I conclude there is great value in the ordinary done well and with compassion.

'Praise in the common things of life,
it's goings out and in;
praise in each duty and each deed,
however small and mean.
So shall no part of day or night unblest
or common be;
but all my life, in ev'ry step, be
fellowship with thee.
'Fill my life, O Lord my God'- Horatius Bonar



Indeed as we go about doing the common things in life and consider even the smallest and humblest task in terms of service, we may get a glimpse of God and be aware of his leading. Many biblical stories involve ordinary characters going about their daily lives when they have opportunity to follow the Lord more closely or undertake some specific task. Moses needed curiosity and the willingness to take time to explore and then courage to realise his encounter with God was for a purpose. Jonah was initially unwilling to do what God asked him to do, but God did not give up on him. Martha was too busy with her ordinary tasks to be open to have a more meaningful extraordinary encounter with Jesus. Nathanael was initially prejudiced against anything good coming from Nazareth, until he was persuaded by Philip to 'come and see' - to experience Jesus for himself. There are character traits and situations

we can identify with here and lessons in having the right attitude to recognise when God may be leading us to some new challenge. Saul/Paul was left in no doubt of his calling and we are reminded that God can shout when necessary too!

As we live in the ordinary, everyday, let's keep an eye and ear open for God's subtle leading, encouragement and the possibility of encountering the extraordinary. You never know there may be a call, loud or subtle, to turn aside to something new in 2015.

The writer of Ecclesiastes draws this conclusion from the above passage- *'I know that there is nothing better for people than to be happy and to do good while they live. That each of them may eat and drink, and find satisfaction in all their toil—this is the gift of God.'* Ecclesiastes 3:12-13

May we take time to enjoy these gifts and attempt to get the stones in the jar in the right order in the New Year ahead!



Victoria Rushton
CDF president

And so to ... Pyongyang

Where in the world would you go for a fresh start to your career? What would be your top choice for a new climate, culture and challenge? Pyongyang University of Science and Technology (PUST) is in its fifth year as the first private university in The Democratic People's Republic of Korea (DPRK). Established at the request of the late President Kim Jong-il it follows a similar successful project in Yanbian, China, with the equally apt acronym YUST.

The purpose of PUST is to help educate the elite sons of North Korea's political and military leaders. 450 of the DPRK's most promising students are taught a range of scientific subjects in English by more than 50 staff from outside the country. This past summer we have both obtained TESOL qualifications enabling us to work in language teaching as well as in dentistry. The majority of teachers are of South Korean-American origin with others mainly from the USA, Australia and Europe. By

Googling "Educating North Korea" you'll find a 30-minute Panorama programme showing how it works.

A three-surgery dental clinic has been started by a Korean-American dentist from Los Angeles to provide good quality care to students and staff. Our arrival and that of other professionals is eagerly anticipated to improve access to compassionate care for more people. An important vehicle by which we can demonstrate compassionate care for all.

Additionally the establishment of a postgraduate health sciences faculty at PUST includes a range of dental subjects complementing the undergraduate dental curriculum already offered by Kim Il-sung University in the City Centre. This is an unusual opportunity to share our clinical and teaching skills with young men who have inquiring minds but have not yet had an opportunity to experience the world beyond North Korea.

The university compound is on a secure 250-acre site with a weekly organised bus trip to a shop for food and other items. For the most part, though, we expect to eat rice and kimchi (pickled cabbage – really tasty!) regularly with students in their canteen groups. Our previous work in Kenya and Nepal will undoubtedly give us a head start in adapting to our new surroundings although we don't underestimate how formidable being cared for twenty-four hours per day may be.

The plan is to start at the beginning of the spring term in March 2015, when the snow and frost thaw, with a return to the UK each summer. We'll appreciate your support in this unusual venture and are taking advice on the most suitable means for our outbound communications from Pyongyang.

Neil & Jane

Dentistry and Church planting

– A Personal View



Naomi writes from Asia, where she and her husband are currently language students.

How can dentistry be used to plant churches in a Closed or Creative Access country?

This is a question which I've been mulling over for a while now, mainly because I am a dentist, and my husband and I are part of a church-planting organisation in a sensitive part of Asia.

The way that God uses dentistry to build His kingdom differs from place to place. What might work in parts of Africa may not work in parts of Asia and vice versa. In the area of Asia where we live, the government does not allow mobile dental clinics, dental trips into the villages, mission hospitals etc. The visa requirements for the foreign cross-cultural worker are strict, yet I feel it is important to honour these requirements; otherwise our witness as Christians is compromised.

A few people assume that I have chosen dentistry as a 'cover' or as a 'viable visa platform' so that I can work here as a dentist by day, and then do the "real work of spreading the gospel" in my spare time. But this raises the problem of integrity, and furthermore, it assumes that our jobs are somehow separate from "real" Christian work. However, growing up, my mum always told my sister and me that every Christian is a missionary, and that our mission field was wherever God placed us; no matter if that was an office, classroom, dental surgery or jungle.

Whether we work as dentists in the UK or abroad, we can do so with integrity as Christians for the following reasons:

- Dentistry is a hugely practical way of showing God's love to people. 'If anyone has material possessions and sees his brother in need but has no pity on him, how can the love of God be in him?' (1 John 3:17)
- Medical and dental poverty affects the poor and marginalised in populations. Preventative dental care, education and creating access to services is a way of 'speaking up for those who cannot speak for themselves.' (Proverbs 31:7)
- Alleviating dental pain and seeking to prevent the causes of toothache are prophetic acts, pointing people towards a day when the Kingdom of God comes in all its fullness, and when there will be no more pain or suffering. 'And he who was seated on the throne said, "Behold, I am making all things new."' (Revelation 21:5)

At the same time though, we do have a message of Good News that we actually need to tell people. Otherwise, how are we any different from the thousands of other non-believing yet kind-hearted dentists out there? And how will people know about Jesus if they haven't been told? (Romans 10:14). And so I refer back to my original question – how can dentistry be used to share the gospel and plant churches in a Closed Country? From what I've read and observed here, I have a few ideas that I'd like to share, although these ideas are by no means fully-formed. If anyone has any insights, I would love to hear from you.

Firstly, dentistry allows access into areas of society that are often inaccessible to church planters. Furthermore, a dental clinic can be intentional about where it is situated. For example, a clinic could be located in a predominantly Muslim area, with efforts made to make the clinic acceptable to the Muslim community - using Halal dental materials, alternatives to alcohol hand gel, and having local believers from a Muslim background as part of the dental staff – with the idea that they would be the ones to

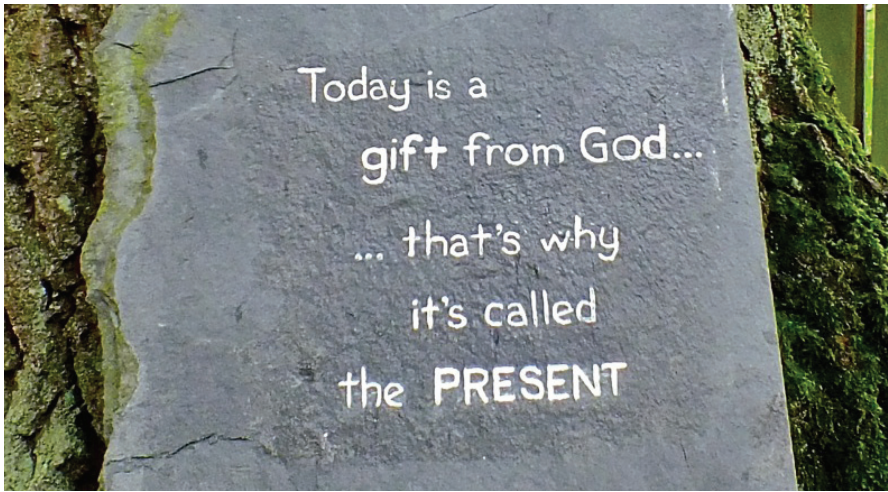
share with the patients. If the dental clinic could be made as inoffensive to Muslims as possible, without being deceptive, and have a really good reputation of providing decent dental care, then the Muslim community there would be far more likely to grant an audience to believers of the Good News.

Also, Asian culture is predominantly focused on the group as opposed to the individual. Here, at least, it seems that sharing the gospel with a community of people, rather than one lone individual, is the most culturally-appropriate approach. This can be applied to the dental setting - visits to the dentist tend to be a group affair, for example a son and his wife bring their elderly mother to the dental clinic to have her toothache sorted out. Imagine if your dental nurse, a local Asian Believer, shares the Good News with this family whilst they wait for the anaesthetic to work.

Another approach is one that is actually happening in our city at the moment – local house churches are paying for poor people to receive medical care. These local believers visit the patient's home, take them to the hospital and walk alongside them through their treatment. As well as being a practical expression of Jesus' love for them, these believers are also gaining permission to share their faith with the patient. This could also happen within a dental context, again in partnership with local churches.

As I write, I feel excited about the potential that dentistry has for church planting. But any new idea or initiative has to be from God, particularly in a Closed Country. I'm reminded of that verse from Psalm 127 - 'Unless the Lord builds the house, the builders labour in vain'. Also, I'm reminded of the story of Daniel, who became Prime Minister in what was in effect a Closed Country – ultimately it is God who grants us favour with the authorities and government officials and allows these initiatives to happen. Therefore we should not feel daunted or limit our vision of what God can do in these places.

Selah – and Pause!



Thanks to Ruth Rice, our speaker, at last year's conference we learnt about the writing of the psalms and the value of "selah", meaning "to pause".

So I was wondering how those of you who were at conference in November are doing with taking the time out to pause. What is your rhythm of life, do you take the time to rest and pause, sit and study, breathing in to refresh your mind and body, spirit and soul? After all, on the seventh day even God rested, and Jesus took himself away to spend time with his Father. Surely we should do the same.

Whilst at conference, the Chapel at Hothorpe Hall was set up as a meditation room with various stations set out to facilitate taking time out to reflect.

Meditation need not take a long while. It can take several forms and be very personal and individual.

Here are some of the ways you can meditate on your own. See what suits you best at different times, in different situations.

To prepare yourself for meditation, you can start with a breathe prayer, or if time is short then just use the breathe prayer on it's own.

It can be a simple breathe prayer, breathing in and saying "The Lord" and then breathing out, saying the words "is close", so:

- *sit in a comfortable place*
- *empty your hands*
- *become conscious of your breathing*
- *as you breathe in, take in the words
THE LORD*
- *as you breathe out, let the words
IS CLOSE
flow over you and surround you*
- *keep going with this even when you
feel your mind won't settle*
- *spend time absorbing the truth of this
phrase*
- *keep practising*

Repeat this for two minutes as you breathe in and out, finding your natural rhythm of breathing. If you find your mind wandering then just come back to focusing on the breathing and the words. You can of course chose your own words, perhaps reading through the psalms for inspiration.

Another way is to take a verse and then focus in on a few or even one word. And then just see what thoughts you have; what God might be saying to you through the words.

Psalm 46:10 is a great one to start with.

"Be still and know that I am God".

You can shorten the verse and still have a word or words to meditate on:

- "Be still and know that I am"
- "Be still and know"
- "Be still"
- "Be".

Going Deeper

You can take this further if you have time and have a look at a longer passage. As you do remember

- take your time
- read the passage
- read it again slowly
- underline the phrases that stand out to you
- pray
- sit still with the words
- picture what God is doing
- listen to what God is saying to you
- journal a prayer or a thought
- encounter him in the text

Psalm 34

- 1 I will extol the Lord at all times; his praise will always be on my lips.
- 2 I will glory in the Lord; let the afflicted hear and rejoice.
- 3 Glorify the Lord with me; let us exalt his name together.
- 4 I sought the Lord, and he answered me; he delivered me from all my fears.
- 5 Those who look to him are radiant; their faces are never covered with shame.
- 6 This poor man called, and the Lord heard him; he saved him out of all his troubles.
- 7 The angel of the Lord encamps around those who fear him, and he delivers them.
- 8 Taste and see that the Lord is good; blessed is the one who takes refuge in him.
- 9 Fear the Lord, you his holy people, for those who fear him lack nothing.
- 10 The lions may grow weak and hungry, but those who seek the Lord lack no good thing.



- 11 Come, my children, listen to me; I will teach you the fear of the Lord.
- 12 Whoever of you loves life and desires to see many good days,
- 13 keep your tongue from evil and your lips from telling lies.
- 14 Turn from evil and do good; seek peace and pursue it.
- 15 The eyes of the Lord are on the righteous, and his ears are attentive to their cry;
- 16 but the face of the Lord is against those who do evil, to blot out their name from the earth.
- 17 The righteous cry out, and the Lord hears them; he delivers them from all their troubles.
- 18 The Lord is close to the brokenhearted and saves those who are crushed in spirit.
- 19 The righteous person may have many troubles, but the Lord delivers him from them all;
- 20 he protects all his bones, not one of them will be broken.
- 21 Evil will slay the wicked; the foes of the righteous will be condemned.
- 22 The Lord will rescue his servants; no one who takes refuge in him will be condemned.



There are many expressions of love, many ways to show that love.

*"If I give everything I own to the poor and even go to the stake to be burned as a martyr, but I don't **love**, I've gotten nowhere. So, no matter what I say, what I believe, and what I do, I'm bankrupt without **love**. **Love** never gives up. **Love** cares more for others than for self. **Love** doesn't want what it doesn't have. **Love** doesn't strut, Doesn't have a swelled head, Doesn't force itself on others, Isn't*

always "me first," Doesn't fly off the handle, Doesn't keep score of the sins of others, Doesn't revel when others grovel, Takes pleasure in the flowering of truth, Puts up with anything, Trusts God always, Always looks for the best, Never looks back, But keeps going to the end".

1 Corinthians 13:2-4 (The Message)



With the conference being close to Christmas, last year the theme of "Jesus, Light of the world" was a fitting one.

Emmanuel - God with us - entered our world as a helpless babe, born in a stable, as the child of a teenage peasant girl. He entered our humanity, to live as one of us, suffer like us. He left the comfort and security of his heavenly kingdom, as a demonstration of his love for us. He went on to ultimately lay down his life for us.

*"But God demonstrates his own **love** for us in this: while we were still sinners, Christ died for us". Romans 5:7-9*

*"Greater **love** has no one than this: to lay down one's life for one's friends". John 15:12-14*

Here are some verses that we pondered on the theme of "Jesus, the light of the world". As you step further into the New Year, perhaps consider how these verses might lead you into a deeper relationship with Him, how you might adopt a new healthy habit and/or drop an unhelpful one. John 8:12

"When Jesus spoke again to the people, he said, 'I am the light of the world. Whoever follows me will never walk in darkness, but will have the light of life.'"

However, Jesus also says of us in Matthew 5:14

"You are the light of the world. A town built on a hill cannot be hidden. Neither

do people light a lamp and put it under a bowl. Instead they put it on its stand, and it gives light to everyone in the house. In the same way, let your light shine before others, that they may see your good deeds and glorify your Father in heaven."

Re-read the verses and underline any that stand out to you.

Ask yourself the following questions:

- what is God telling me about Himself?
- what is God telling me about myself?

So how can we be the light of the world too? What 'bowl' might we be hiding our lamp under? What is keeping that light hidden? Our practices could be considered the 'house' that we are to 'give light' to, our staff, colleagues and patients the people to whom 'our light should shine before', our attitude and compassion, kindness and care, being our 'good deeds that glorify the Father'. It is no different whether we are in salaried services as nurses or GDP's, or technicians, or in NHS or private practice. The challenge is for all of us.

- in the light of this what might I do?
- spend some time in prayer asking Jesus to help you do this



Subscribing to an online advent calendar before Christmas helped me to try and maintain that 'pattern of pausing'. The challenge now is to keep going into 2015.

Karen Paterson
Pastoral Care Co-ordinator

Salt and Light?



Yesterday, at a Dental Foundation Training Event, the speaker mentioned in passing that she had conducted some qualitative research with bereaved patients. Surprisingly, many of the patients she interviewed mentioned that their dentist had been very supportive when they were grieving, and had been more helpful or approachable than their GP. The speaker surmised that this could be because people these days receive more continuity of care from their dentist than their doctor – nowadays many GP surgeries are large practices, and patients may not see the same doctor twice. Despite pressure on dentists to extend the recall interval between examinations, we still see our patients quite regularly – and at times when they are physically well.

The speaker's comments resonated with the audience of dental trainers, and in discussion afterwards many of us acknowledged that we do have the privilege of seeing our patients in sickness and health and that we notice when they are upset or suffering. When I worked as a Dental Practice Advisor for the local Health Board, some practitioners told me they acted as a Citizens Advice Bureau for patients in trouble and often signposted them to other services that could help them when in trouble.

I am sure that if you have been in dental practice for any length of time, you will have built up relationships with patients and want to help them at times of emotional and spiritual suffering. In the same way that we would signpost them to a clinical service for a physical problem, as Christians we want to signpost them to

Jesus, our Saviour and friend, and the community of faith which could also support them.

However, if you are like me, you may have some concerns about how to do this, and there may be several barriers preventing you from doing so. We have heard stories of health professionals being prosecuted or getting into trouble with their registering body for sharing their faith or praying with a patient. We may be aware of the power imbalance between clinician and patient, and be worried about imposing our beliefs on patients at a time when they are vulnerable. You may be a private person and find it difficult to “chat” about your faith or church, and yet you long to share the Good News about Jesus with people who may be lonely, feeling guilty or scared, or needing His help. You may also have dental colleagues in a similar situation and wonder how you can share your faith with them.

Our sister organisation, the Christian Medical Fellowship, arranges “Saline Solution” courses for people like you and me. They are run in conjunction with a Christian organisation called “International Health Services” (IHS) whose president is Bob Snyder MD, a retired Emergency Medicine consultant from the U.S.A.

International Saline, is an evangelism training process developed by IHS specifically for the healthcare setting. It explores ways that “healthcare professionals can have an impact on their workplace for Christ by being salt and light. Trainers coach and disciple clinicians to skilfully and confidently consider and assess the spiritual condition of patients. They provide practical skills which help participants share the love of Jesus appropriately to each patient's needs.” (International Health Services, 2011)

Research data is presented connecting spirituality to positive patient health outcomes and the ethical issues of sharing faith in a secular setting are

explored. Key scriptures are used to show the role practising Christian healthcare professionals have in sharing the love of Christ Jesus with patients and colleagues.

Perhaps, as I did, you feel wary of a course that could potentially have a high “cringe factor” and may have an “American Evangelist” approach to sharing faith. However, my personal experience of undergoing saline training, and subsequently helping to run a Saline course is that the material is very culturally sensitive, taking into account British and other sensibilities. Experiential learning methods, including role play and case studies are used to explore:

- Principles of faith and Biblical knowledge
- Strategies for overcoming barriers of spiritual care
- Techniques for building spiritual relationships
- Methods for communicating hope to patients and colleagues.

Many practical tips are given, which I have found help me share my faith in a non-intrusive way. Tools are provided such as the use of “faith flags” – these are markers which occur as a natural part of conversation, focussing on common ground between you and your patient, but “flagging up” your faith. For instance, mentioning that you found the prayers of your house group very helpful at a particular time of stress. Advice is given on developing your “faith stories” which are little snippets of information that can connect with a patient's situation and relate to what God is doing, without using religious language, being pushy or sermonising.

The course stresses the importance of approaching patients with sensitivity, permission and respect when discussing spiritual matters and also discusses ways in which you could make a “spiritual referral” to others who may be able to help meet someone's spiritual needs.

Recently, the CDF has considered its role in providing pastoral support to colleagues, and the Saline solution would be very helpful for those who may have such a role.

CMF arrange courses across the country, in conjunction with IHS, and if you would like to find out if any are running in your area, you can contact Ruth Haley, the CMF graduate co-ordinator via events@cmf.org.uk. Alternatively, if you have several colleagues, dentists or other healthcare professionals who would be interested in taking part in a Saline Course, please contact me via cdfadmin@cdf-uk.org and it may be possible to organise a tailor made course for your group. The course runs over two to three sessions and can be done over a long weekend or sometimes as a series of evening meetings. IHS also run 'Training the Trainer' courses for those who are interested in helping others share their faith.

There is a growing awareness that many chronic clinical conditions may be dependent upon patients' lifestyle and behaviour which in turn may be affected by their beliefs and values (Pattison, 2010), and their emotional and spiritual well-being (Koenig *et al.*, 2001). I would commend the Saline course to any caring Christian healthcare worker who wants to introduce their patients and colleagues to Christ, the Great Physician.

Peter Thornley

References:

- International Health Services (2011) *International Saline, Participants Workbook: Impacting your work place for Christ*. London: Christian Medical Fellowship.
- Koenig, H., McCullough, M. & Larson, D. (2001) *Handbook of religion and health*. Oxford University Press.
- Pattison, S. (2010) *Emerging values in health care: the challenge for professionals*. London: Jessica Kingsley.

Saline Solution Coventry

When: Saturday 7 March 2015

Where: CLM Church, The Welcome Centre, Coventry

Time: 09.30-17.00

Hosted by: CMF

For more details and to book a place: www.cmf.org.uk/doctors/events/saline-solution-coventry/

Dental Volunteer Programme Bridge2Aid

We recruit dental professionals – dentists, nurses, therapists and hygienists – year round to take part in our Dental Volunteer Programme in East Africa.

Taking part in DVP and training a Health Worker in emergency dental care is an opportunity to change the lives of thousands of people who currently suffer from debilitating dental pain with no hope of treatment.

Any member of the Bridge2Aid family will tell you that volunteering on DVP is an experience like no other. Many volunteers return to the UK feeling that they've taken far more from the experience than they have given. We believe this is the reason we have such a high returner rate. Once

you've joined the family, you simply won't want to leave!

Each DVP team has spaces for up to seven dentists and four nurses who are willing to work in remote rural clinics developing the skills of Health Worker and delivering basic dental services to the community. Generally, six Health Workers are trained during each programme. Volunteers taking part in DVP can expect to be away on DVP for approximately 12-14 days.

We are continually interviewing for upcoming DVPs. You must have a minimum of one year's post-graduate experience for dentist applicants.

For more details check out the Bridge2Aid Website: www.bridge2aid.org



Regional Day

CDF has a number of regional groups which give us the opportunity to meet together in a more local setting. At the annual conference there is an opportunity for these groups to meet and eat lunch together and get to know one another better. There are regional groups in the following areas:

Avon and Gloucestershire
East Anglia
East Midlands
London North
London South and South East
North West
Northern Ireland
Pennines East
Scotland
South Wales
South West
Thames Valley
Wessex
West Midlands
Yorkshire and Humberside

The Regional groups also aim to meet once a year in their locality. This year the plan is to meet on May 16th.

The **East Anglia** local CDF meeting returns to Hingham for another sunny (hopefully!) BBQ this year. We hope to have a short presentation from Peter Wagg on the lessons learnt in preparing his dissertation about how Christian dentists attempt to integrate their faith in Christ into their working lives and have what promises to be lively a debate regarding the use of social media in a faith context. Partners, Christian Dental professionals and members are all very welcome to share in food and fellowship.

The **Thames Valley** local CDF meeting will be hosted by Chris Evans in Oxford. We will meet for a Bring & Share lunch followed by a presentation about Chris and Angela's trip to Fiji with Marine Ministries.

For more details of your local group please contact Iain Corran, our Regional Area Coordinator via Sarah, the CDF administrator. (cdf.sarahfelton@gmail.com)

Marine Reach Fiji

Since 2002 Marine Reach Fiji has been sharing God's heart for mission, aiming to make up the deficiencies in the current Fijian medical services by reaching out to those who live far from the main hospitals.

Regular readers of Three-in-One might recall that Marine Reach Fiji has featured in these pages before. It is evident that the article did not go unnoticed as one of your own, Chris (Islwyn) Evans, came to join us with his wife Angela in October of 2014 for one of our medical outreaches. This was the third large outreach of 2014 involving international team members visiting the remote villages of Fiji to provide medical care.

It can be very costly for the people from these villages to travel to the nearest healthcare centre and even then dental treatment comes at a price, often making it unfeasible to deal with anything but the most serious ailments. Hence even such debilitating problems as severe dental pain can go unattended. There is considerable caries due to excessive sugar consumption – Fiji is proud of its sugarcane industry and as a result it seems that few are aware of how tragically harmful it is to dental health.

Hence the average Fijian mouth will house a substantial number of heavily decayed teeth and retained roots, sporadically causing bouts of pain.

As dentists working within the UK we are unlikely to be familiar with the idea of people being pleased to see us in a professional capacity. So it is rather telling of the needs of the Fijian population when we are consistently greeted (and sent home) with warm hearts. Patients who would otherwise persist indefinitely with dental pain genuinely appreciate the services we provide – and that's before they realise that we have paid out of our own pockets for the opportunity to do so!

As well as providing medical care, we have the privilege of staying within the villages that we serve. Although the accommodation isn't likely to match up to our standards back home – sleeping on airbeds, showering in a trickle of cold water, enjoying the chorus of cockerels in the early hours – there is no better way to experience and learn how the majority of Fijians live. And through this understanding we can communicate and serve better.

However, most important is that we are open and transparent about why we do

this: as a demonstration of God's love for humanity. We worship, pray and provide counsel for the Fijians, who are almost invariably friendly and receiving. Although we are called to love even our enemies it is incredibly rewarding to serve such kind, caring people. If you don't believe us, just ask Chris!



If you wish to join one of our outreaches (7th March & 3rd October 2015), make a donation or know more about our ministry please visit marinereachfiji.com

Exciting Opportunities with Dentaaid



Dentaaid provides exciting opportunities for dental professionals to volunteer to serve the oral health care needs in developing countries and use their skills to provide some dental care and oral health education to those communities. A key characteristic of Dentaaid trips is that, where possible, we look to provide support to local dental professionals with the care that they are providing to their own communities.

Dentaaid's dental volunteering trips are usually delivered in partnership with local oral health care providers or NGOs so it is our view that the primary purpose of the Dentaaid volunteer is to assist local partners with their delivery of oral care services to the local community.

Upcoming trips with Dentaaid include:

- Malawi April/May 2015
- Romania May 2015
- Uganda September 2015
- Zimbabwe October 2015
- Cambodia February 2016
- Kenya March 2016

For more details check out the Dentaaid Website www.dentaaid.org/volunteer

**Deadline for the next issue of Three-in-One is 16th April 2015
Please send contributions to Tracey Dalby**

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