

Interview questions for Dr. Rolfe, Director ADRP

You have forgone living the comfortable life of a successful dentist in southern California in order to run ADRP. What was it about the situation in Afghanistan that particularly caught your attention?

Answer: I watched as the Soviet Union decimated the Afghan Nation, saw the Soviet defeat after almost two million Afghan deaths, waited in vain for my nation, which had become the Superpower of the world, to help put Afghanistan back on its feet, but it never came; I watched the infrastructure crumble as the Civil War saw brother against brother, fighting over the scraps and ultimately destroying what structure remained. I watched a modern democratic country descend into the dark-ages. By the time 2003 arrived, I realized that Afghanistan was not going to receive humanitarian aid from our nation, and I determined myself to actually go there and try to help. I packed 500 pounds of equipment and supplies and flew it there, then went to an orphanage in the remote mountain province of Wardak, working at 11,000 feet elevation fourteen hours a day for three weeks. I found the orphans there to be extremely intelligent quick learners who had no future without education. At the same time, I saw people living in a province with no access to dental care whatsoever, a situation in which people were actually dying from multiple abscessed teeth that could not be removed because there was no one to do it. I learned that ninety percent of the people of Afghanistan have virtually no access to dental care. I decided to start a program where I could try to provide dental auxiliary education to the disadvantaged people there so that dentists could expand their scope of practice, the disadvantaged would improve their lives, people could enjoy better health, and the technical infrastructure of Afghanistan could be raised in a small way. I really had no choice, I could not allow these people to suffer as a result of my own government's apathy, when our nation should have been helping them, the richest and most powerful nation in the world. Our government, however, is "of the people, by the people, and for the people", and this neglect and abuse could not happen without the approval (or the apathy) of the people. If the American people had allowed this to happen, then it was the fault of the American people, meaning you and me. Americans are despised by over ninety percent of the people of the world for many reasons, including failing to be responsible to Afghanistan after the Soviet defeat. When would it end, and how would the brave Afghan citizens who had endured such hardship be shown that Americans cared about them and what they had done? So, I empowered myself to go there and help them, because I could not morally do otherwise, once I knew their suffering. That is how it all started. Now, I live on \$8,000 a year and put \$100,000 or more per year into the project. And, I am happy to point out, it is succeeding and people are benefitting from it.

Had you been involved in similar volunteer-based efforts before or is the ADRP your first experience with a relief project?

You founded ADRP in 2003 to address the poor oral health conditions and lack of access to dental care in Afghanistan. Please summarize the purpose of the ADRP and its mission.

Answer: We want to do several things:

Train the disadvantaged in dental health technology, to produce dental technicians that can help dentists with infection control (not currently happening in Afghanistan) as well as dental hygienists (also not currently happening) and dental laboratory technicians to make quality restorations for the dentists in Afghanistan (not happening there either), help empower the brave but poor survivors of thirty years of war to have a future filled with the realization of their dreams, to improve the general health of the Afghan people who live only to 42 years on the average, to provide a venue for people in the dental profession from around the world to volunteer and serve in our clinics and schools so that help can go directly to the people and not be diluted by people in power who become obstacles to aid projects and ask for money; to establish clinics in rural Afghanistan where dental care is not accessible and to staff the clinics with graduates from our programs, to provide quality state-of-the-art dental laboratory products to Afghan dentists for a fee as a part of our dental laboratory technician training project; to provide quality dental care to the Afghan poor, and to provide non-Afghans with dental care for a fee. All of this is to fulfill the obligation of America as the richest and most powerful nation in the world to help the poorest nation, especially when the poorest nation sacrificed everything to give us that power.

How has ADRP impacted your own private practice? How has it altered your lifestyle and world view?

Answer: Many people complain about their lives and the situation in the world but do nothing about it. This project taught me that the power to enact change is within each individual, and that power is waiting to be called forth to change the world. Everyone can make that choice and bring their vision of the future into reality. This is what it has done for me. To accomplish this, I live in poverty on half of the poverty income, and I am happier and more fulfilled than I have ever been. I know that I am actually making a difference.

Since starting ADRP, how many times have you been back to Afghanistan? You mentioned that you will be leaving the country soon to return to Afghanistan. How long do you plan on staying and what is the purpose of this trip?

Answer: I have been in Afghanistan six times. I am going there for two weeks, which will make 3 ½ months this year of being in Afghanistan. I was there for two months last winter, working outside preparing the site and the clinic. It was very cold and I actually lost 15 pounds and suffered frostbite. I could tell you some stories, like when the crane was moving the clinic and fell into the septic tank. This trip, I will be finalizing the commercial dental laboratory, preparing the classroom for the students, filming a documentary movie requested by CNN, and preparing the outbuildings for the coming winter. Two dentists and a hygienist will be working in the clinic during this time.

Aside from yourself, how many people are currently involved with ADRP? How many volunteers are currently at the clinic in Afghanistan? How long have they been there and how long do volunteers usually stay in Afghanistan?

Answer: Probably five thousand people have been involved with the formation and development of the project, including donors of money, equipment, supplies, labor,

clerical skills, and advice (there is always plenty of advice). People tell me, “You know what you should do is....” to which I reply that THEY should do that themselves. Volunteers are at the clinic constantly, sometimes two or three at a time. We ask them to go for at least two weeks. They pay their own expenses (airfare is now \$2300 round-trip and takes 48 hours), and they pay \$15 per day board and room.

As a practicing dentist in Santa Barbara, you are familiar with oral health status of average Americans. Could you describe the differences in dental care and concerns between the patients you’ve seen in American and patients you’ve treated in Afghanistan?

Answer: I am attaching a reply to a Letter to the Editor of a local newspaper following appearance of an article about the project, called “adrp carradine”.

You spent eighteen months and 4,000 hours building a self-contained clinic with modern equipment within a shipping container that would be transported upon completion to Afghanistan to serve as a permanent clinic. Could you describe what went into this undertaking?

Answer: I got the idea from one of my patients, who is an art professor at the local University of California; he was building domestic housing units from shipping containers. Because no one had built a dental clinic into a shipping container, it took a lot of thought. Basically, the operatories had to be miniaturized, while allowing all of the functions of a modern office. In the end, we made three operatories with a sterilizing room and a complete lab, with its own diesel generator, high volume suction, and air compressor. The clinic is self-container and can operate without outside power or water, but is presently connected to existing electricity and well water, both of which I installed myself. During the construction, I worked every available moment, often sleeping only 3 or 4 hours a night. I had to go to the hospital twice for injuries caused by not enough rest, once for four broken ribs and a sixteen-stitch cut on my face, another time for torn rotator cuffs in both shoulders and cuts requiring stitching. There were many interesting moments such as installing the cabinetry during the wettest year in Santa Barbara history, and ordering our building supplies from the Home Depot, having half of the order delivered (a huge order) with no record of what was not delivered, then taking over a month to get the rest of the order. We did not know what environment the clinic would occupy, so we had to make it be able to function in any environment.

How long did it take you to find the right place for the clinic? Please briefly describe what went into finding the right location.

Answer: There is no ‘briefly’ possible here. Initially, I was approached by a warlord to put the clinic on his land, but I found that he was very ambitious for himself, so much so that I did not feel that the clinic and school would work there. I took equipment to a women’s health clinic and worked for two weeks, but I was not able to do very much, and when I left there, everything stopped. I knew that I had to have a clinic there, but the low level of technology there made building it there impossible, so I built it in California. Land guaranteed by a cabinet minister in a legal contract did not exist after shipping the clinic there, and the shipment had to be returned to America. Land promised by a helpful Afghan family ended up after four months of negotiation to be more expensive than land

in Santa Barbara (\$330,000 for a plot 65'x65', unimproved. The land where the clinic resides now was provided by an Afghan-American who had restored his family house in Karte Char to move his family back, but his wife developed cancer and died; her last wish was to have our clinic occupy the site. We had to develop the project and finish the house, which cost about \$50,000. Now, we have 24-hour electricity from the city and well water as well, in addition to the new two-story house which supports our guests.

When did the clinic finally arrive and how long has it been in operation? Please describe the basic day-to-day activity at the clinic.

Answer: The clinic has been in operation since Mid-June 2008. It treats from ten to twenty patients a day, providing basic Medicaid level treatment. Patients are seen by our staff Afghan dentist as well as volunteers. The staff dentist works eight hours a day six days a week. He is making \$181 a month, three times what he was getting in the city dental clinic where he worked before. There are three chairs, and he has his own assistant.

One of ADRP's purposes is to teach dental assisting to those widowed or orphaned by the war. Many of our readers are students themselves. How are ADRP's training programs structured?

Answer: We are emphasizing infection control, as we feel that this is the most important, although all of the skills of dental assisting are covered. Graduates of the program are required to intern in the clinic or a rural clinic (yet to be established) for one month. The training period is three months, so a certificate is given after the fourth month of internship. Graduates can work in dental assisting or apply for either the dental lab training or become hygienists, both of these programs taking four months also. We have fifty sets of hygiene instruments to give out to graduates, and enough denture supplies to allow our dental lab tech program to make full dentures for 35,000 people. The programs are authorized by the Ministry of Public Health of Afghanistan.

What is the current status of the training program? How many students are there currently and how many students have finished the program successfully?

Answer: Our first class last winter was disrupted by lack of electricity and the actual freezing of the clinic, which we could not resolve. I am returning next week to re-institute the training program.

What are some of the hurdles you've had to overcome since opening the clinic?

Answer: Because the clinic has just been open for three months, I can say that working hard to make enough money to go back again is the greatest challenge. It will cost me \$35,000 to keep my office open for the period of one month while I attend two dental conventions and go to Afghanistan for two weeks. Then, I will be broke and have to start all over again.

What has the local reaction been since the clinic was opened?

Answer: I have not returned since opening the clinic, but I have heard that the response is great there.

Considering the Afghanistan government's reputation for corruption, what has your experience working with government been like?

Answer: I explained how the cabinet minister tried to get the clinic shipped there in his name to land that he had legally obligated himself to provide, but that the land was not available. This led me on a merry search for other land during my six-week stay there, which was ultimately unsuccessful. I eventually had to forge documents in the minister's name and have the shipment sent back to the USA.

In your interview with American Muslim Family this year, you mentioned being concerned about attempts to steal ADRP's shipment of dental supplies. Considering the worth of all the equipment and supplies at the clinic, how are security issues handled? Do you have concerns about the safety of yourself, your staff and you clients?

Answer: Afghanistan has been at war for thirty years. The infrastructure was completely destroyed, and all the people who could leave did so, taking all the money with them. This took the heart out of Afghanistan, and left the people with nothing. Following hardship with hardship eventually changed individuals there into victims, altering their perception of reality and making meaningful interactions difficult. Everyone became necessarily selfish and even deceptive in order to survive. People working in Afghanistan must acknowledge a certain amount of mental illness that is chronic in the Afghan population. At least 85% of contacts from outside individuals were selfishly motivated. Some acuity is necessary in order to perceive these intentions before they actually become critical, yet each person needs to be given a chance. This is difficult in many respects. Still, the Afghan people are warm and loving and wonderful to be with. Our project site is behind a high wall and 24-hour guards patrol the property.

What is the current situation with ADRP's supplies and equipment? Is there anything in particular that the clinic is in need of?

Answer: We are always in need of volunteers and financial support. Some people spontaneously feel like helping and even raising funds. Others gather supplies, while others travel there to help at their own expense. We currently need an instructor for our dental assisting training program to be teaching for a minimum of four months in a volunteer or salaried capacity, with board and room provided.

What is ADRP's current status? Are there any projects in particular that you are focusing on?

Answer: We are trying to establish a rural clinic in Hazarajat, in the city of Bamiyan where the giant Buddha was destroyed. The Hazara people are discriminated against by some Afghans because they are descendants of the Mongol armies of Genghis Khan. We hope to train some Hazara people to work in a clinic that we intend to set up in Bamiyan.

What kind of response have you had in raising awareness of ADRP here in the U.S.? How much support have you been able to establish?

Answer: The American people need to wake up and realize that problems exist in the world that our nation has caused, neglected, and ignored. We need to know that we are individuals with all the power to make things change, and that the government is not going to do it for us. Too few people are aware of this. The news media tells us how the

Afghan people are religious fanatics, radical terrorists, and hate Americans, but none of this is true. Instead, this “news” is used to convince people that we need more military action in Afghanistan, benefitting the industrial suppliers of services and equipment to the military and basically no one else. Until people can think for themselves, we will get few volunteers; however, the people we have gotten are dedicated and a significant factor in advancing the project.....but too few. This can be changed by making people more aware of the needs there, such as you are doing in this article.

What are your observations regarding the current state of Afghanistan?

Answer: Only 27% of the support needed by the Afghan government to operate comes from within Afghanistan. Yet \$300,000,000,000 has been spent by our nation on military efforts since 2002. Still, 4,000,000 people are trying to live in Kabul without running water or electricity. When I tell you these things, you have no idea. Why? Because the information is hidden from you so that our Military-Industrial Complex can rob our treasury to fill their own pockets. Meanwhile, the Afghan people wait for help. Wealthy Afghans returning to Afghanistan have bought up the cheap land, using money made living in other nations during the wars, driving up the price of land beyond belief. Three million orphans make the average there only fourteen. Seventy percent malnutrition haunts people who cannot find work, and only 20% of people can read and write. Cholera, typhoid fever, and hepatitis plague people constantly. Resolving these problems from within Afghanistan without outside support is impossible, similar to expecting homeless people in America to be able to get a job and rent an apartment without assistance. Yet we continue to fight the Taliban, which only grow stronger and more determined. What change could we imagine if we were to provide Kabul with water and electricity? It was once a modern city with electric buses and girls in miniskirts.

You are obviously drawn to Afghanistan’s land and its people. What have you loved best about your experience there? What have you lamented the most?

Answer: I am drawn to Afghanistan because I have been emotionally changed by the need there. While the culture is exotic, I am not fascinated by it, but instead I am doing something that needs to be done. I was abandoned by my parents as a child, and I have been deeply affected by that, to the point that I see the Afghan people as having been abandoned in like manner, and I must help any way I can.

What do you hope that ADRP will ultimately be able to accomplish? Do you think your goals are possible considering the odds ADRP faces?

Answer: We form a thought about our desires in our minds, and the mere thinking about that thought makes it materialize into reality in the future. Our thoughts become the stepping stones that we will walk on tomorrow. We hope to help Afghanistan recover from 30 years of war and poverty. In a small way, we are doing that. Some people have become changed and inspired by our vision. We know that we cannot do everything, but we can certainly do what we can do. In an arena with so much need, anything is better than nothing. Just empowering people to know that they can do something is a magnificent goal.

What should anyone who is interested in the project do to help?

Answer: Raise awareness of our need to be more conscious, to make meaningful decisions that create goodness, to apply ourselves to raise awareness of the needs of Afghanistan and our responsibility as the ‘big brother’ of the world to set an example.

Any final thoughts you would like to share with our readers?

Answer: Follow your hearts to wherever they might lead.

So there.