Upon graduation from University of Toronto’s school of dental hygiene in 1977, I worked for the City of Toronto’s Department of Public Health. I loved my job, but in 1983, a new challenge changed my life. Granted a leave of absence, I left Toronto to join a British dentist in a humanitarian aid project in war-torn south Lebanon. I expected to return to my job the following year, but more than sixteen years later, I am still working in south Lebanon.

Nothing happened according to plan. Soon after my arrival, the dentist I was to work with had to return to England. He had received a donation of dental equipment, but it was not installed when I arrived. After it was, the equipment was confiscated. But even without the dentist and the clinic, I decided I could accomplish something as a dental hygienist. The region was devastated and poor after years of civil war that continued to rage. Since most of the professionals had fled, there was a lack of medical and dental care. As a public health dental hygienist, I came equipped to teach and, with a translator, I taught in many local schools. I kept records and did a study to assess the dental health status of children, but it was frustrating to see the urgent need for dental treatment that I could not give by myself. Eventually, I received another donation of dental equipment. My leave had been extended, but at this time, I gave up my job in Toronto and took the responsibility to develop and direct the Marjayoun Dental Clinic. I renovated the old dental clinic in the abandoned government hospital, replaced the broken-down equipment, purchased instruments and materials, hired Lebanese dentists, trained assistants, and in 1986, with funding from the Canadian International Development Agency and other donations, opened the new dental clinic.

Besides preventive clinical services, I continued a preventive program in some local schools. The region was fluoride deficient, oral hygiene was poor, the caries rate of the children I had examined was high and there was no dental public health awareness. I trained assistants to teach dental health lessons in the schools, but I knew that a fluoride program was essential to really making a difference. Researching the literature, I decided that fluoride rinsing in the schools would be the most feasible and cost-effective method. I purchased the materials needed and initiated my project in several schools. The dental clinic took most of my time and resources, and without more help and support, I could not sustain the fluoride program. There was no official government agency involved in the region, but we did have a United Nations peacekeeping force. I kept in contact with the dental officers of the Norwegian United Nations Interim Force in Lebanon (UNIFIL) battalion and gave them reports of my work for their files. During his 1991 tour of duty, the Norbatt dentist examined the school children of the village where he was based and found a significant reduction in caries in the students of one particular grade. He attributed it to the fluoride rinsing I had done in that school. We discussed the possibility of doing a preventive program together with Dr. Antoine Choufani, one of my former staff dentists who had continued his studies in dental public health and subsequently joined the teaching staff at the Lebanese University. We submitted a proposal and the humanitarian officer agreed to fund a fluoride rinse program in the schools of the Norbatt region. Our study evaluating the project proves the effectiveness of a school-based fluoride rinse program. A summary of that study follows. I hope that it will encourage the establishment of similar projects throughout the country.

There is a great need for preventive dentistry in Lebanon. Pioneering as a Canadian dental hygienist in south Lebanon in the midst of war, political complexities and cultural differences has been a challenging, but truly rewarding experience.