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A young American dentist who, since qualifying, has worked in Darfur, Sudan, sent the following report to Dentaid's Action Group against Infant Oral Mutilation.

This article avoids direct mention of places and names owing to the politically sensitive nature of the area and subsequent risks to the author.

He writes:

“ ***The beginnings of an idea*** – I studied to become a dentist in Houston and, whilst there, was exposed to humanitarian work through short-term trips to poverty stricken areas in Texas and across the border in Mexico. It was such an eye opening experience to see these great needs and that, if people would volunteer time, they could be met.

“On several trips to Jordan I served among villagers and the Bedouin, the nomadic herders of the Middle East, where I realised how being marginalized and the lowest on that country's socio-economic scale affected health. I saw the overwhelming need for oral health and felt that as a lone dentist I only placed a Band-aid (plaster) on a profusely bleeding wound. I began to wonder if I were really being effective. If I placed fillings and did root canals wouldn't they just fail in a year or so if that patient didn't maintain proper oral hygiene?

“Then I graduated from dental school and, although I had always aspired to specialize as an orthodontist, by that time after much soul searching I was convinced that I should follow a different path and did a hospital-based dental residency. There I gained considerable knowledge in medicine and emergency care, and honed my oral surgery skills. These prepared me well for practicing dentistry in a third world country.

“ ***Why Darfur?*** – I had heard about Sudan and about the war in Darfur and the needs of the millions of Internally Displaced People (IDP) and I wanted to help somehow, but did a dentist have a place in such a war-torn place?

“I could speak fluent Arabic, so I went to Khartoum and interviewed with many charities and NGO's to see if they would employ a dentist. The needs were huge and everyone claimed that they could use my skills, so now I had the daunting task of narrowing it down to one organization.

“Back home I considered moving to Sudan. During that time I attended some seminars on community health development. Wow, what great and time-proven principles! I immediately thought - this is exactly what I want to be involved in. I wanted to do projects that were locally sustainable and that addressed the root cause of oral health problems instead of placing Band-Aids, or making footprints in the desert sand that would only be swept away by the wind. I then narrowed my search for employment to an NGO that used the very same principles in Darfur.

“The reality – The one I chose establishes primary health clinics among IDP camps and villages, builds schools, latrines, trains and teaches communities about health topics, etc... It was a great match and I have been happily serving there for two years now.

“My work is composed of three functions: providing oral health care in an IDP camp and among the rural poor in villages who do not have access to care; educating communities about oral hygiene and infant oral mutilation (IOM); and training locals to extract teeth properly and manage common oral disease.

“A shocking discovery – I came across the results of IOM soon after opening a clinic in an IDP camp. One day I looked outside my hut and saw a line of teenagers all with the same complaint: malpositioned, overcrowded teeth and many Turner’s teeth, usually canines. I had seen crowded teeth before, but in those initial days as many as 70% of the patients came because of this complaint! I said, “STOP!” and postponed the clinic, realising that this couldn’t be natural, and so asked their parents why they believed their children’s teeth were like this.

“One parent then began to tell me about a custom that they practise on most infants at the age of 4-6 months. He said that when the milk teeth began to come it caused fever, vomiting, and diarrhoea in the infant. So they would take the infant to a grandmother or “Fakky” (traditional/spiritual healer) known to remove infants’ teeth. He/she would take a nail that had been hammered into a spoon shape, or even just sharpened to a point, and heat it red hot and then commence to extract primary teeth from under the gums (usually canines or first molars, which ever bud is most prominent/bulging). He told me that most likely all the children had undergone this procedure.

“Help from Dentaid – A few weeks later I received an email from an American colleague attaching a leaflet about IOM from Dentaid. I began to research the subject more and formulate ways to address this issue among the communities practising it.

“I heard stories of infants dying and I wept many times for them. A system of recording such instances was not in place and many families were afraid to admit to deaths because of fear of shame or punishment. I began to survey my patients to see

how many families practiced IOM and soon I discontinued the survey because it was rare to find a family that had not already done so.

“So we made an Arabic version of the Dentaaid leaflet educating about the natural process of tooth eruption and that there was no need to extract the teeth, but to treat the bacterial cause of diarrhoea etc. with medication and prevent children putting dirty items in their mouths during teething. We trained local community workers how to communicate this message in the local language through stories, and they made several campaigns to different villages. They trained the community leaders to gather the inhabitants of that village, distributing leaflets, as well as teaching about the dangers of IOM and what should be done instead, such as seeking medical intervention. I have a goal that every patient that comes through my clinic will hear a message about oral hygiene and IOM and I hope to approach the local schools soon to consider training the teachers.

“A result! - After the campaigns I went to those same areas and held a clinic for a week. When I surveyed some of the patients concerning IOM, some reported that they did not want to practise it anymore because a group of people came to their village and taught that it wasn't good. Another said that although he didn't attend the gathering he read our leaflet about IOM and would not practise it on his children. Although there were others who still believed that it was necessary to practise IOM, I was thrilled that the message was getting out! I prayed that it would spread and transform the communities so that infants would cease to perish needlessly at their families' hands, or teenagers be ashamed to smile because of distorted appearance from overcrowded teeth. I feel that through my oral health program it is my duty to lead the battle against IOM in Darfur!”

