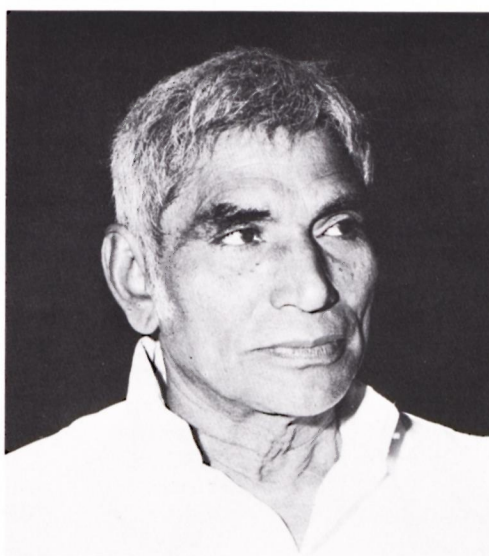


NEWS and NOTES

This department furnishes information concerning institutions, organizations, and individuals engaged in work on leprosy and other mycobacterial diseases, and makes note of scientific meetings and other matters of interest.

Murlidhar Devidas Amte (Baba Amte)
1983 Damien-Dutton Award Winner



The Damien-Dutton Award winner for 1983 is Murlidhar Devidas Amte (Baba Amte) of Anandwan, India.

Murlidhar Devidas Amte, popularly known as Baba Amte, was born in 1914 into an affluent Brahmin family in central India. A law graduate, he met and married a talented, scholarly lady, Sadhana. With wealth, position, and social prestige all in his grasp, he was torn by the abject poverty around him to such an extent that he and Sadhana gave up his inheritance, ignoring his caste rights to share the life of the despised low-castes.

A turning point came when he encountered a severely deformed victim of leprosy living in the most humiliating and degraded circumstances. He recoiled in horror but, reflecting later on the incident, he hated himself for his fear and resolved to do some-

thing about gaining acceptance for these sufferers, not as beggars but as contributing members of the community.

The study of leprosy and concern for the plight of so many afflicted became his major interests. He read widely, worked in leprosy clinics, attended seminars on tropical diseases, even volunteered to be inoculated with *Mycobacterium leprae*. Developing no disease, he was more than ever convinced that fear of leprosy is grossly exaggerated and that, in time, the disease could be conquered.

Baba had a dream project. He persuaded the Indian government to give him a piece of barren land. Here, in Anandwan, with only six crippled patients, his wife and himself, his work began. His dream was to make a place where patients could find not only alms and medical care but, more impor-

tantly, acceptance; education and new skills; meaningful, productive work; and with it, new dignity in being self supporting.

Anandwan grew. Patients came from all quarters and still Baba and Sadhana were the only "staff." They relied heavily on the patients themselves, getting them started on the long road to rehabilitation. He loved the good earth, teaching others to cherish and care for it. Good farming methods were introduced—irrigation, seed production and storage. Today, Anandwan's agricultural school attracts nonleprosy, healthy students by virtue of its outstanding reputation. Similarly, a liberal arts college, built for the patients, serves the whole community.

Baba encourages and inspires the patients to give themselves, their ability, their energy. And this has been an important factor in their recovery. His philosophy is "Charity kills but work heals."

Baba and Sadhana's two sons were raised in the community. They were educated there and later received medical degrees from

Nagpur University. Each married physicians and all returned to Anandwan to help in the medical work, including the primary health care center which serves the larger community. Integration is often seen as a process by which leprosy patients gain acceptance in the community. Through the work at Anandwan, the nonleprosy community finds itself seeking acceptance in an exciting, viable, on-going project, the work of the patient community—this is real integration!

Baba Amte is the subject of the book "More than Conquerors," by economist Graham Turner. He is also featured in "The Unbeaten Track" by economist Count Arthur Tarnovski, about men involved in path-breaking around the world.

Those who visit Baba Amte and see the work come away inspired by him, his infectious joy, and the real sense of interdependent community life.—Dr. Margaret Brand

Previous Recipients of the Damien-Dutton Award

- | | |
|---|---|
| 1953 Stanley Stein, U.S.A. | 1969 Dr. Victor George Heiser, U.S.A. |
| 1954 Rev. Joseph Sweeney, KOREA | 1970 Dr. Dharmendra, INDIA |
| 1955 Sister Marie Suzanne, FRANCE | 1971 Dr. Chapman II, Binford, U.S.A. |
| 1956 Perry Burgess, U.S.A. | 1972 Dr. Patricia Smith, VIETNAM |
| 1957 John Farrow, U.S.A. | 1973 Dr. Jacinto Convit, VENEZUELA |
| 1958 Sister Hilary Ross, U.S.A. | 1974 Dr. José N. Rodriguez, PHILIPPINES |
| 1959 Dr. H. Windsor Wade, PHILIPPINES | 1975 Dr. Oliver Hasselblad, U.S.A. |
| 1960 Mgr. Louis Joseph Mendelis, U.S.A. | 1976 Dr. Yoshio Yoshie, JAPAN |
| 1961 Dr. Kensuke Mitsuda, JAPAN | 1977 Drs. Paul and Margaret Brand, U.S.A. |
| 1962 Rev. Pierre de Orgeval, FRANCE | 1978 Dr. Fernando Latapi, MEXICO |
| 1963 Eunice Weaver, BRAZIL | 1979 Dr. Stanley G. Browne, U.K. |
| 1964 Dr. Robert G. Cochrane, U.K. | 1980 Robert Watelet, ZAIRE |
| 1965 John F. Kennedy, U.S.A. (Posthumous) | 1981 American Leprosy Missions, U.S.A. |
| 1966 Peace Corps, U.S.A. | 1982 Dr. Ma Haide, PEOPLE'S REPUBLIC OF CHINA |
| 1967 Dr. Howard A. Rusk, U.S.A. | |
| 1968 Dr. Franz Hemerijckx, BELGIUM | |

Africa. *New consultant leprologist appointed.* Dr. M. J. de Mallac de Vessac has recently been appointed Consultant Leprologist to the German Leprosy Relief Asso-

ciation attached to the National Leprosy Training Centre at Wau-Agok, Southern Sudan.

Ethiopia. *All-Africa Leprosy and Rehabilitation Centre (ALERT) training courses for 1984.* The following courses will be offered during 1984 by ALERT. Apply to the Director of Training, ALERT, P.O. Box 165, Addis Ababa, Ethiopia.

| Course | Participants | Dates | Requirements |
|--|--|--|--|
| International Courses | | | |
| Doctors' course on clinical leprosy, leprosy control and teaching methodology. | Medical officers involved or going to be involved in clinical management of leprosy patients, leprosy control work or training in leprosy of health personnel. | 9 January-11 February (5 weeks) 24 September-27 October (5 weeks) | It is generally required that participants who will undertake leprosy control work should, prior to the course, visit and study their future project. It is also recommended that they prolong their stay by not less than 2 weeks for further in-service training in leprosy control. |
| Tuberculosis course on TBC and TBC control. | Medical officers and paramedical health staff involved in tuberculosis control. | 29 October-17 November (3 weeks) | |
| Rural area supervisor's course on clinical leprosy, leprosy control, supervision and teaching methodology. | Senior rural area supervisors. | 19 March-19 May (9 weeks) | Senior rural area supervisors should be in charge of leprosy control activities on a provincial or national level. |
| | Junior rural area supervisors. | | Junior rural area supervisors should have not less than 5 years' experience in leprosy and on their return expect to be upgraded to a senior position. |
| Physiotherapy course on assessment and management of disabilities in leprosy and pre- and postoperative cases. | Physiotherapists, occupational therapists, other paramedical health staff with experience in leprosy physiotherapy. | 10 September-20 October in conjunction with the second doctors' course (6 weeks) | |
| National Courses | | | |
| Medical undergraduates | | 9-12 weeks | |
| Student nurses | | 8-10 weeks | |
| Health assistants | | 4-6 weeks (Dates still to be fixed.) | |
| | | | Other Ethiopian and non-Ethiopian health personnel with limited responsibilities in leprosy work may be attached to these courses when places are available. |

In-service Training

The in-service training programs are generally intended for further specialized training in specific fields. Applicants for programs listed under 1-5 are therefore required to possess prior experience in leprosy or to have participated in an appropriate formal course.

| Program | Required qualifications | Recommended duration |
|--|---|--|
| 1. Clinical leprosy | Medical officers Qualified nurses Medical assistants | 2 months minimum |
| 2. Clinical leprosy and leprosy control | Medical officers Qualified nurses Medical assistants | 4 months minimum |
| 3. Septic surgery and amputation surgery | Qualified general surgeons Surgical residents, medical officers with good experience in surgery | 3 months |
| 4. Reconstructive surgery | Qualified plastic, orthopedic or general surgeons Surgical residents, medical officers with good experience in leprosy | Dependent on extent of training required and basic qualifications |
| 5. Physiotherapy | Physiotherapists Occupational therapists Other paramedical health personnel | 3 months |
| 6. Laboratory techniques in leprosy | Laboratory technicians Laboratory assistants | 4-6 months. Good command of English 1 month. Good command of English 2 months. Good command of English |
| 7. Dermato-histo-pathology techniques (in Armauer Hansen Research Institute) | Laboratory technicians | 3 months. Good command of English |
| 8. Orthopedic workshop techniques Making of protective footwear (sandals, plastozone) | Standard -8 | 6 months. Good command of English |
| 9. Prosthetics | Orthopedic workshop technicians | 12 months. Good command of English |

Apply to: Director of Training. ALERT, P.O. Box 165, Addis Ababa, Ethiopia.

France. *1984 Joint Meeting on Mycobacterium leprae.* WHO-SFM-ESM-Pasteur Institut will hold a joint meeting on *Mycobacterium leprae* in Paris from 12–14 June 1984. Further information may be obtained from Dr. Hugo L. David, Institut Pasteur, 25 rue du Dr. Roux, 75724 Paris, Cedex 15, France.

India. *Damien Foundation launches another project in Bihar.* Under the scheme of participation with the government of India, the Damien Foundation in India in collaboration with the state government has launched a leprosy control project at Rudrapura which is between Dehri-On-Sone and Sasaram in the Rohtas District of Bihar. The project will be handed over to the state after 5–7 years. Rohtas District has been chosen since it has the highest prevalence of leprosy in the state. The project intends to give priority to treatment of infectious cases with multidrug therapy, health education and training. The foundation stone of this new rural health center was laid by Dr. A. R. Kidwai, Governor of Bihar, on 10 February 1983.—Lepr. India

Kasturba Kushta Nivaran Nilayam, Annual Report 1982–1983. Kasturba Kushta Nivaran Nilayam has completed 37 years of service. Described by many experts as a model of simple, inexpensive but comprehensive and multi-faceted leprosy relief and control, it is situated on a 50-acre site in Malavanthangal, South India. It includes dormitories, hospital wards, staff quarters, a spinning and weaving center, re-education center, physiotherapy unit, shoe unit, carpet weaving and mat weaving sections, tailoring unit, a surgical theater and surgical wards. On the average, there were about 80 patients (some of them long-term patients for medical and social reasons) and about 240 attended each out-patient clinic. The general prevalence of leprosy is 6 patients/1000 (0.6%) as compared to 7/1000 for 1981–1982. The new patients came at a rate of 0.6 patient/1000 population as compared to 1 patient/1000. Of the 48 new cases detected during 1982–1983, 17 were children (nonlepomatous). So far 31,295 patients (from the founding of the institution) have been cured, their deformities minimized, corrected, or prevented. Of these, 8432 belong to the project area and 3480 have been

inpatients in the Nilayam for surgery, ulcers, physiotherapy, and stabilization of treatment and cure.—*From the report*

Workshop on Reconstructive Surgery of the Hand in Leprosy. A workshop on reconstructive surgery of the hand in leprosy was held at the Sacred Heart Leprosy Centre, Kumbakonam, 18–20 October 1982. This workshop was fully sponsored by LEPRO, all the expenses being given through the “ring” fund.

The aim of this workshop, the first of its kind held in recent years, was to establish a communication between the young and old surgeons working in this field and to bring their knowledge up to date in all branches of reconstructive surgery of the paralytic hand deformities.

Twenty-two doctors from various parts of India participated in this workshop. The internal faculty consisted of Dr. D. D. Palande, Dr. A. Subramanian (surgeons); Mr. Vasant L. Naganore (OT); Mr. Simon (PT), and Mr. Gopal (Social Welfare Officer). The external faculty consisted of Dr. H. Srinivasan, Senior Surgeon, CLT & RI, Chingleput; Dr. A. Beine, Surgeon, Sivananda Rehabilitation Home, Hyderabad, and Dr. G. D. Sundararaj, Surgeon, CMC Hospital, Vellore. A complete account of this workshop may be obtained from Dr. D. Palande, Chief Surgeon, Sacred Heart Leprosy Centre, Sakkottai 612 401, Kumbakonam, RS, Thanjavur District, South India.—Lepr. Rev.

The Netherlands. *INFOLEP Materials for Teaching and Learning in Leprosy, 1982.* The Leprosy Documentation Service (INFOLEP) in Amsterdam has recently produced and circulated a 103-page document on teaching and learning in leprosy in pursuance of its objective to collect, analyze, and document all relevant material for teaching in leprosy. The purpose is to act as a “clearinghouse” in collection, analysis, definition of needs, and dissemination of information in the form of an annual report/bibliography.

The present document lists the materials so far examined under appropriate headings, adds an index of personal names, summarizes the material by language, and gives the addresses of distribution agencies. It should be noted that INFOLEP does not

intend to actually stock and distribute the materials described. The final green pages give details of such materials as are already distributed by The Leprosy Mission (International), OXFAM, TALC, MEDDIA, VHAI, Hind Kusht Nivaran Sangh, Gandhi Memorial Leprosy Foundation, Carville, the Sasakawa Memorial Health Foundation and others. Address: Leprosy Documentation Service (INFOLEP), Royal Tropical Institute, Mauritskade 63, 1092 AD Amsterdam, The Netherlands.—*Lepr. Rev.*

Singapore. *International Workshop on Leprosy Control in Asia.* Under the auspices of the Sasakawa Memorial Health Foundation and the World Health Organization (WHO), a workshop was held from 24–27 October 1983 in Singapore. Organized jointly by the Ministry of Health of the Government of Singapore and the Singapore Leprosy Relief Association, the workshop brought together a very representative cross-section of leprosy experts from 14 countries in Southeast Asia, along with WHO officers and resources persons, to study the special problems posed by leprosy control in urban communities.

After listening to stimulating and provocative keynote lectures from two of the resource persons, the delegates were given brief summaries of the present situation in the 14 Southeast Asia countries by those having local knowledge.

The main work was done in discussion groups, with concentration on the very practical issues of case finding and case holding in the rapidly growing conurbations in Southeast Asia. Leprosy is no longer only a rural disease; it is fast becoming a disease of public health importance in many large towns, as many people move away from the villages to seek employment in the new industrialized townships. It is a moot point whether the decline in the leprosy endemic noted in the Western world during the period of urbanization and industrialization will be repeated within the medico-geographic tropics where other germane factors may be operative and of crucial importance.

The workshop issued a statement urging all governments in Southeast Asia to tackle the problem of urban leprosy more seriously than they have done in the past; otherwise

a smouldering endemic might become quite unmanageable.—S. G. Browne

Switzerland. *WHO reports on the seventh general program of work on leprosy covering the period 1984–1989.* This medium-term program reflects the continuation of the strategy for leprosy control based on the reduction of the infectious reservoir. However, it incorporates an important recent technological change, namely, the use of multidrug therapy for the treatment of all categories of patients.

From the managerial standpoint, it is aimed at fostering national and international action so that all leprosy endemic countries will have national capability for planning, implementing, and evaluating leprosy control through the primary health care system. Its operational target is that, by 1989, 90% of multibacillary cases of leprosy will be under effective treatment.

The promotion of the most recent available technologies for leprosy control, especially multidrug therapy, will be effected through collaboration with member states, in particular in the areas of planning and program management, training of all categories of personnel, and health systems research.

Negotiations will continue to be carried out with multilateral, bilateral, and voluntary agencies in order to secure the additional external funds required for the countries which do not have sufficient national budgetary resources.

During the medium term research will continue to be stimulated in order to improve the existing technologies for leprosy control, and particularly to assess the protective value of a potential antileprosy vaccine, a most needed tool to achieve effective leprosy control.—*From the report*

United Kingdom. *BOMS: Bureau for Overseas Medical Service, London—Health Workers for the Third World.* The Bureau for Overseas Medical Service (BOMS) is a charity for health workers who are interested in working in the Third World countries of Asia, Africa, the Caribbean, and South America. We offer career advice and can tell you about jobs in hospitals, clinics, missions, primary health care units and

teaching establishments. We welcome enquiries from doctors with provisional or full registration in the U.K. We recently enlarged our register to include all health workers and would like to hear from paramedical workers with state registration and two years' working experience. Nurses must be SRN with a higher teaching qualification. We are particularly interested in health workers with leprosy experience. Anyone interested in joining our register or who knows of a vacancy for a health worker in the Third World is invited to contact Colin Jacobs, Secretary, Bureau for Overseas Medical Service, London School of Hygiene and Tropical Medicine, Keppel Street, London WC1E 7HT, Telephone 01-636 8636, ext. 232.—Lepr. Rev.

INTERLINK: International network for disadvantaged and disabled people. Mr. A. D. Askew, International Director of The Leprosy Mission (International) in London, has kindly drawn our attention to this organization. INTERLINK is an international network for the exchange of arts opportunities for disadvantaged and disabled people of all nationalities and cultures.

Elderly people or children with severe mental or physical limitations everywhere can extend themselves through drawing, playing music, sculpting or puppetry and dance. Programs of rehabilitation can include creative activities.

INTERLINK has a developing free advisory service. This service can arrange for the visit of a consultant who has had considerable experience in working with disabled or severely disadvantaged people and who is specialized in a particular aspect (for example, crafts, visual art, drama, music, etc.). The consultant will work closely for a few weeks with local artists and staff, demonstrating the value of creative involvement. New arts programs could be set up which would be continued by the clients after the initial visit. Advice about continued funding for the creative projects will be part of the consultancy. Exchange visits can be organized to other countries for those wishing to investigate creative activities for recreation or rehabilitative purposes. Three-month introductory training courses can be arranged for staff wishing to learn about arts

activities for rehabilitation or recreational purposes. INTERLINK is interested in discussing the possibility of developing projects with leprosy patients overseas. For more information, contact Gina Levette, 358 Strand, London WC2R 0HS, England.—Lepr. Rev.

OXFAM-LEPRA: A pack of 25 documents for teaching/learning in leprosy. In late 1981, OXFAM in Oxford, in cooperation with LEPRA, drew up a list of 25 documents for teaching/learning in leprosy, with the object of providing an "immediate" source of information for medical students, medical officers (with and without experience of leprosy), leprosy control officers, tutors, nurses and other potential teachers. The pack includes: two short paperback "textbooks" on leprosy; two color transparency self-teaching sets, with text; various essential WHO publications; documents and reprints on laboratory work, prevention of disability, adverse immunological reactions, essay competitions on leprosy for medical students and social aspects.

One hundred packs were assembled in Oxford in early 1982, and all sold out within seven months to individuals, teaching units, universities, and research institutes in various parts of the world. Later in 1982 a further 100 packs were made up of which over half were sold before March 1983. Although an assessment of the value of these packs in the field has not yet been attempted, the demand from many different countries has far outstripped the original expectations and this is interpreted as indicating—at the very least—a significant level of professional interest. (A similar pack for tuberculosis is in preparation.) Enquiries on current cost of the leprosy pack and postal charges to: Medical Unit, Oxford, 274 Banbury Road, Oxford OX2 7DZ, England.—Lepr. Rev.

U.S.A. People's Republic of China surgeon visits National Hansen's Disease Center (NHDC). Dr. Zheng Ti-Sheng, Deputy Director of the Department of Leprology, Institute of Dermatology, Chinese Academy of Medical Sciences in Taizhou visited the NHDC in Carville, Louisiana, 1-17 October 1983. Dr. Zheng is a reconstructive surgeon, correcting deformities of the hand,

foot, and face of Hansen's disease patients since 1962. The establishment of a Hansen's disease rehabilitation project in his country has been proposed and the purpose of his visit was to study the organization and operation of the Center's Rehabilitation Branch, especially its approach to the treatment of patients with deformities.

U.S. Surgeon General visits National Hansen's Disease Center (NHDC). The National Hansen's Disease Center was honored on 12 September 1983 by a visit of the Surgeon General of the United States Public Health Service, Dr. C. Everett Koop. Appointed by President Reagan, Dr. Koop has been Surgeon General since January 1982. He also holds the titles of Deputy Assistant Secretary for Health, and Director, Office of International Health.

A pediatric surgeon of world renown, Dr. Koop has been outstanding as a pioneer in the field. He was at one time professor of pediatrics at the University of Pennsylvania School of Medicine.

The Surgeon General has been the recipient of many honors and awards, both national and international. In 1980 he was honored by France with the Medal of the Legion of Honor.

For more than 20 years Dr. Koop has volunteered his service on behalf of the Tarascan Indians of Michoacán, Mexico.

During his visit to the NHDC, the Surgeon General was able to see most of the program areas of the Center, and in the evening the patients and staff provided a program of entertainment for him and for the large group of persons attending the NHDC-ALM International Seminar.—The Star

Voting for Damien-Dutton nominee. The new method of voting for the Damien-Dutton Award nominee is that any member in good standing of the International Leprosy Association may send the name of a nominee with a biographical sketch and the reason for their choice to the Damien-Dutton Society, 616 Bedford Avenue, Bellmore, New York 11710, U.S.A. The Society's Board will then examine all of the material and will choose a recipient.

The Damien-Dutton Award is given to an individual or group of individuals who have made a significant contribution towards the conquest of leprosy, either through medical care, research, rehabilitation, education, social service, or philanthropy.—Howard E. Crouch