

FOR THE
**Elimination
 OF Leprosy**

- Leprosy is curable
- Free treatment is available
- Social discrimination has no place



The Goodwill Ambassador calls on India's Minister of Health and Family Welfare J.P. Nadda in New Delhi on December 7, 2017.

MESSAGE

'Elimination Trauma'

I recently gave the keynote address at the National Leprosy Conference that took place in New Delhi from December 5 to 7. Organized by Dr. Anil Kumar, the Deputy Director General (Leprosy) at India's Ministry of Health and Family Welfare, it was something of a departure from the usual gatherings of specialists thanks to the diversity of the participants.

Beginning with a session for persons affected by leprosy on the theme, "Nothing for us, without us," it continued with presentations on everything from the grassroots case-finding activities of female community health workers to the work of public health officials at state and district level, and the contributions of doctors, academics and activists.

Under the initiative of Dr. Kumar, the health ministry introduced leprosy case detection campaigns (LCDCs) from 2016. In the first year, more than 30,000 additional new cases were discovered, contributing to an annual total of over 135,000 new cases—a marked increase from the year before.

I have previously used this space to talk about what I call "elimination trauma." By this I mean that

once a country has eliminated leprosy as a public health problem (defined as less than 1 case per 10,000 population), those in charge breathe a sigh of relief. At the same time, they live in fear of case numbers going up again.

Although it should be a noble mission to discover and treat as many new cases as possible, for some years now annual new case numbers in many countries have leveled off. I think this is because health ministries are embarrassed at the thought of once more becoming a country that has not achieved elimination. In 2016, however, India shattered that mindset with its proactive approach.

I have said it before, but an increase in case numbers is not something to be ashamed of; it means that cases are being detected. You have also heard me say: on a journey of 100 miles, 99 miles is only halfway.

India has now set itself the ambitious challenge of achieving zero leprosy by 2030. I would like to see all countries aim for zero leprosy, taking India as their model.

— Yohei Sasakawa, WHO Goodwill Ambassador

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Stepping on the Accelerator

India looks to generate increased momentum against leprosy.



“Nothing for us, without us”: persons affected by leprosy were well represented.

A three-day National Leprosy Conference was held in New Delhi from December 5 to review India’s efforts against the disease and how to make further progress.

Organized by the Ministry of Health and Family Welfare, the meeting took as its theme “Accelerating toward a leprosy-free India through innovative approaches” and drew over 300 participants from India and overseas.

India eliminated leprosy as a public health problem at the end of 2005, but in the decade that followed, the annual number of new cases stagnated while new cases with Grade 2 disability increased. Concerned that this indicated a significant number of hidden cases in the community and continued transmission of the disease, the ministry has introduced or is planning a number of initiatives to address the situation.

As highlighted at the conference, these included: the implementation of leprosy case detection campaigns (LCDCs) in high endemic districts; administration of rifampicin as chemoprophylaxis to the contacts of cases identified in LCDC districts to cut down on transmission; Sparsh leprosy awareness campaigns to reduce stigma and discrimination; use of Accredited Social Health Activists (ASHAs) to conduct active surveillance of suspected cases at the grassroots level; introduction of a mathematical modeling tool that will assist in choosing the best available, most cost-effective interventions; creation of a web-based training portal for doctors and health workers; mainstreaming of leprosy colonies; and strengthening surveillance of drug resistance in leprosy.

PUTTING PEOPLE FIRST

Promising in his opening remarks that this would be a conference with a difference, one in which persons affected by leprosy would have a vital role, Dr. Anil Kumar, Deputy Director General (Leprosy) at India’s health ministry, was true to his word. The first session, “Nothing for us, without us,” heard

directly from persons affected, who delivered some important messages: “The fear of leprosy is in the mind,” said Jayashree PK, a successful businessperson and vice chair of Lepra in India. “Overcome the fear, and leprosy is defeated.”

During the conference, different states reported on what steps they have taken against leprosy. In Maharashtra, which has the third highest number of cases in the country, surveillance has been increased in villages where no leprosy cases were

reported in order to detect hidden cases. This approach is now to be replicated all over India.

In Gujarat, meanwhile, persons affected by leprosy are followed up even after they have been released from treatment to make sure they do not develop further disabilities. Furthermore, the state’s vision is not just to cure leprosy but to mainstream persons affected through reconstructive surgery and rehabilitation programs.

“The fear of leprosy is in the mind. Overcome the fear, and leprosy is defeated.”

Showing that efforts against leprosy need to be wide ranging to be effective, there were sessions on the role of public health specialists, dermatologists and civil society. There was also a session on resource mobilization that highlighted the lack of donors and posed the question: Do we know how much money is needed to eradicate leprosy?

Contributions from international partners included presentations by Novartis Foundation’s Zahira Ganhi on why interrupting transmission is the key to eradicating leprosy; Dr. Wim Van Brakel (Netherlands Leprosy Relief) on innovations in assessing and reducing stigma; Dr. David Blok (Erasmus MC University) on mathematical modeling of leprosy; and Prof. Jan Hendrik Richardus (Erasmus MC University) on preventive post-exposure chemoprophylaxis.

At the close, the conference issued a call for renewed commitment against leprosy and greater collaboration in order to make optimum use of the resources available. “It may take time for India to eradicate leprosy because of the disease’s long incubation period,” said Dr. Kumar. “But we will make it happen.” ■

Gorontalo's To-Do List

In order to tackle leprosy, there is no getting around the issue of stigma.



PROFILE

Dr. Irma Cahyani Ranti is Head of Prevention and Control, Communicable Diseases Section, Gorontalo Provincial Health Department, Indonesia.

During the Goodwill Ambassador's recent visit to Gorontalo Province in Indonesia (see Ambassador's Journal), we asked Dr. Irma Cahyani Ranti of the provincial health department about the leprosy situation in a province where the disease still presents challenges.

What stands in the way of eliminating leprosy from Gorontalo?

Not all villages have been the subject of active case detection. This means there is the possibility of continued disease transmission as a result of undiagnosed cases.

Then there is the issue of stigma, which hampers passive case-finding. This stigma comes from within individuals who have leprosy but also from people in the community who still discriminate against leprosy patients. When someone has leprosy, they are embarrassed to seek help; at the same time, they are fearful that their status will become known to the community. Stigma also comes from health workers.

Still another challenge is funding. We need to ensure the sustainability of the leprosy program so that efforts for prevention and control can continue until leprosy can really be eliminated.

What information is available to the public about leprosy?

To improve understanding and awareness, we provide information about signs and symptoms and encourage people to immediately visit a health center if they suspect they might have the disease. We emphasize that leprosy is curable and that the medicine is available for free at government healthcare facilities, but that if detection and

treatment are delayed, this can lead to irreversible disabilities. We stress that while the disease is contagious, it does not spread easily.

We also provide information to leprosy patients and their families via SMS using our Mobile Leprosy (MLep) program.*

In the local community, many people think that leprosy is a hereditary disease, or a curse.

What more needs to be done?

We need to do a number of things: build the commitment of all stakeholders to work together to achieve elimination; increase early case detection across villages; have schools carry out case-finding among pupils; treat all confirmed cases using the standard regimen and make sure that MDT is always available; ensure the sustainability of funding for case-detection activities and case management; and empower people who have experienced leprosy to eliminate stigma from the community.

Please tell us more about the role you think people affected by leprosy can play.

They can motivate others to seek treatment and help the community understand that they are just as capable of working as people who have not had the disease. Plus, they can motivate health workers to be more enthusiastic about their role of finding and treating cases. ■

FOOTNOTE

* A project of Netherlands Leprosy Relief to increase effective disease self management by persons affected by leprosy and increase disability prevention by health workers, using text messaging. It is currently in effect in Gorontalo and Banten provinces.

LEPROSY WISH LIST

Mathias Duck
Member, ILEP Panel of Women and Men Affected by Leprosy

STRONG LOCAL AND NATIONAL ORGANIZATIONS OF PEOPLE AFFECTED

These organizations empower people and give them space to develop skills and leadership abilities. They know exactly the specific problems they face, and they have a crucial role in bringing about sustainable solutions. They address local and national policies, in order to ensure human rights for people affected. For all these reasons, they need to be strong.

SPACE FOR WOMEN AND GIRLS WITHIN ORGANIZATIONS OF PEOPLE AFFECTED

While some women are leading the change in many organizations and institutions, many other women

and girls do not have access to the same opportunities as men. I would like to see organizations of people affected make sure that women are participating significantly and have access to all opportunities and roles within the organization, especially leadership skills training and leadership roles.

A STRONG GLOBAL NETWORK OF PEOPLE AFFECTED

I wish to see people affected share their stories, actions and their passion for inclusion globally, in order to encourage those in other countries to tackle similar challenges. People affected engage in a process through which we come to speak with one "voice" that will give us unity and strength on a global level. We must take the lead in global advocacy to ensure human rights for every person affected by leprosy.

Keep Your Spirits Up!

Al Qadri contracted leprosy as a boy. Now he has a message for everyone.

I was diagnosed with leprosy in 1978, when I was six years old. It began when the mother of a friend of mine noticed I had anesthetic patches around my knees that didn't hurt when my friend pinched them. His mother went to speak with the school principal.

I didn't know what they were talking about, but the next day he came to see my parents and told them that I needed to drop out of school temporarily. I remember thinking that the reason he gave didn't really make sense. The principal said I was too young, but a few of my classmates were younger. My friend made fun of me because I had leprosy.

Since I was so young, I did not appreciate the impact on my family at the time. It was only after I grew up that I came to realize that my parents had suffered stigma and discrimination from their friends and relatives because of my disease.

It is important for the whole community to know about leprosy and its impact.

Because I wasn't going to school, I did not study. But, praise God, when I was 12, a teacher in my village kindly asked me to go back to school. I learned to read, but I could not write as my hands were badly clawed; I also had wounds on my feet.

I dropped out of school and worked as a cowherd looking after my parents' cows until the problems with my hands and feet worsened. Until this point, I had not had received proper treatment.

Then, in 1989, a person affected by leprosy took me in and asked me to stay at his house while I received treatment. Initially I refused, as I had given up hope and wanted to end my life. But he

confidently assured me that I would get better, so I finally decided to take regular medication. Eventually, after more than three years, including time spent in hospital, I was rehabilitated.

FRESH PERSPECTIVE

In the past, I would not have dared to talk about leprosy with other people. I tried to hide the fact I had had leprosy, even after being told I was cured. I had been stigmatized and did not want to go back to my village, where discrimination existed. Also, I wanted to protect my family's honor, since I was aware that my family members would face discrimination and would be rejected for marriage on account of me, and I didn't want them to suffer.

Despite this, I knew that my parents and my family still loved me. They visited me often when I was in hospital, especially my mother.

Since joining PerMaTa, I have learned a lot about human rights and about self-confidence. Until then, I was influenced by the negative image of leprosy as being the result of sin, or a curse.

I became more open minded and actively mixed with other people. I don't want others to suffer due to leprosy in the way I did.

Nowadays, the problem is the lack of awareness. It is important for the whole community to know about leprosy and its impact. If we recognize the early signs, so much the better, because we can treat people before they develop disabilities.

LISTEN UP

My message is this: Brothers and sisters, if you find any patches on your skin, please visit the health center to be examined, the sooner the better so as to prevent disability—and it might make the treatment easier, too.

If you are diagnosed with leprosy, please take your medication regularly and follow the advice of your doctor or health worker. Keep your spirits up!

Please open your mind, open yourself to others and keep socializing. If you isolate yourself, you may find this can lead to more stress and could trigger leprosy reaction.

Remember, leprosy can be cured. Getting leprosy is not the end of everything. Take it from me. ■



AUTHOR

Al Qadri is vice chairman of PerMaTa, an organization of persons affected by leprosy in Indonesia founded in 2007. It has 3,700 members and 29 branches in four provinces: South Sulawesi, East Java, East Nusa Tenggara and South Sumatra.



Spreading awareness: PerMaTa Vice Chairman Al Qadri seen here speaking to pupils of Limboto state elementary school in Gorontalo Province, Indonesia, in November.

Promoting Inclusion

WHO informal consultation looks at stopping discrimination, promoting inclusion.

An informal consultation on Stopping Discrimination and Promoting Inclusion of Persons Affected by Leprosy was held in New Delhi from November 14 to 16. Some 40 delegates took part, including persons affected by leprosy, national leprosy program managers, NGO workers and experts in mental health and disability prevention.

Participants acknowledged that stigma and discrimination related to leprosy still exist at a significant level and agreed that information needs to be collected in a more systematic manner to assess the magnitude of the problem and to plan further activities to reduce it.

They noted with appreciation the fact that the WHO's *Global Leprosy Strategy 2016-2020* recognizes stopping discrimination and promoting inclusion as a core component in the fight against leprosy, and identified the goal of zero countries with discriminatory laws as one of the principal targets of the strategy.

The consultation came up with a number of recommendations. Among them were:

National leprosy programs

- Do more to address stigma, discrimination and other social issues related to leprosy and take appropriate remedial measures
- Ensure meaningful engagement of persons affected by leprosy at all decision-making levels
- Undertake capacity-building activities to improve knowledge, skills and attitudes of health care staff in providing services to persons affected by leprosy
- Ensure, through a designated qualified focal person, availability of proper documentation and facilitate

access to social entitlements such as pensions and state welfare measures, for those in need

WHO

- Develop a long-term engagement with parliamentarians for the elimination of stigma and discrimination, working with the Inter-Parliamentary Union to accelerate efforts in amending or abolishing discriminatory laws against leprosy.
- Develop guidelines for counseling in collaboration with relevant WHO departments, experts in mental health and International Federation of Anti-Leprosy Association (ILEP) partners

NGOs

- Define the extent of disability depending on functional status of persons affected by leprosy, in order to mainstream them with other disabilities, thus enabling access to social entitlements on a par with disabilities due to other diseases
- Assess magnitude of needs relating to various aspects of leprosy, e.g., instances of discrimination, human rights violations, medical interventions, reconstructive surgery needs, assistive devices, employment opportunities, social entitlements, policies and government regulations

Persons affected by leprosy

- Play an active role in planning, implementing, monitoring and evaluation of national programs
- Enhance capacity and leadership at all levels for more effective participation. ■

MUSEUM PIECE

HIROKO HOLDING A CAT

Tokiji Suzuki entered National Sanatorium Kuryu Rakusen-en in Gunma Prefecture, Japan, in 1941. He was admitted with his father after both had been diagnosed with leprosy.

Conditions were harsh and Suzuki's health rapidly deteriorated over the following years; his father died soon after the end of World War II.

Suzuki's younger brother and youngest sister, Hiroko, attended the sanatorium nursery, although neither had leprosy. On finishing their compulsory education, they went out into the world, but struggled.

Hiroko returned to the sanatorium, where she married, but committed suicide at the age of 26. In despair, Suzuki twice tried to take his own life, but without success.

It was around this time that he

read about a Jewish artist in a Nazi concentration camp who had taught children how to draw so that they could experience the joy of living and feel hope—even for a short time. Suzuki decided to take up painting and started a painting club; members were taught by volunteers.

As his eyesight worsened, another sister took care of him. She accompanied him to his studio and attached his brush to his hand with a belt so that he could work.

"I paint from my heart. For me, painting pictures is proof that I am alive. It is my validation as a human being," he wrote in the introduction to a book of his collected works, published in 2002.

Suzuki was one of several plaintiffs in a lawsuit seeking compensation from the government for years of incarceration in

the sanatorium in violation of their constitutional rights—the plaintiffs won.

The work shown here, which he painted in 1998, is titled *Hiroko*

Holding a Cat. ("Hiroko! You died when you were 26. Hiroko – my little sister.") One of a number of paintings on the subject of his sister, it is in the collection of the residents' committee of Kuryu Rakusen-en and can also be seen on line with other works by Suzuki at www.leprosyhistory.org Suzuki died in 2003 at the age of 77.



On-Air in Sulawesi

On his latest visit to Indonesia, the Goodwill Ambassador takes part in radio and TV phone-in programs as part of his mission to raise awareness of leprosy.

INDONESIA (November 11-16)

Following my visit to Indonesia in July, I made a further trip in November, travelling via Jakarta to Gorontalo Province on the island of Sulawesi.

Indonesia reported 16,826 new cases of leprosy in 2016. It achieved the elimination of leprosy as a public health problem in 2000. In recent years, however, annual new case numbers have remained fairly constant. Of its 34 provinces, 12 have yet to eliminate leprosy. One of these is Gorontalo Province.*

On my first morning in Gorontalo, I participated in a radio phone-in show. Joining me were Dr. Darmiyanty Yahya, head of the provincial health department, and Al Qadri, the vice president of PerMaTa, an organization of persons affected by leprosy.

Dr. Yahya told listeners about the leprosy situation in the province. I talked about the world situation from my perspective as WHO Goodwill Ambassador, and Al Qadri, who developed leprosy as a young boy (see Human Story, p.4) spoke about his personal experience of the disease. Our main point was this: "Don't be afraid. If you discover a patch on your skin, promptly go and see a doctor. Treatment is free and you will be cured."

I appreciated the chance to hear directly from listeners and address their concerns.

We fielded quite a few questions, such as "Can I catch leprosy by eating a meal with a leprosy patient?" The questions brought home to me the misapprehensions that persist about the disease. At the same time, I appreciated the format of the program, with the chance to hear directly from



Schoolchildren read up on leprosy.



Meeting with Jakarta Governor Anies Rasyid Baswedan

listeners and address their concerns.

After the radio broadcast I attended the first of two advocacy meetings organized by the health department. The first was a provincial-level meeting attended by around 20 representatives from key administrative departments including police, social welfare, religious affairs, military, finance and development. Afterward, I met with Vice Governor Dr. Drs. H. Idris Rahim.

In the afternoon I visited Totokabila hospital in Bone Bolango Regency. It was originally an armory, built by the Japanese military in 1942, and later used as a leprosy hospital. Today it serves as a regional general hospital.

During its days as a leprosy hospital, residential accommodation was built for those unable to return home after treatment because of stigma. A community of people affected and their families still lives here today. I greeted them warmly and shook their hands, to underline to the reporters covering my visit that there is nothing to fear. To support themselves, the community farms and makes charcoal braziers for a living.

That evening, I took part in a live broadcast on the television channel TVRI. Once again, we fielded questions from the public, including "What do I do if I get leprosy?" and "If someone with leprosy becomes pregnant, is the child affected?"

The next day I attended a leprosy awareness event at Limboto elementary school. About 200 pupils took part. The main purpose was to encourage early detection and healthy habits, including hand washing. "You may have heard from your parents that leprosy is a frightening disease. Go home and tell them it's curable," I said to the students. "We promise!" they replied.

I also visited Limboto health center, where I had the chance to talk with several persons affected by leprosy. Hearing there were several more persons affected living nearby, I paid them a short visit.

I met a woman with three children who had

FOOTNOTE

* In 2016, Gorontalo reported 177 new cases of leprosy. Of these, 6% had Grade II disability, and 6% were children.



Taking part in the morning phone-in show on Radio Republik Indonesia (RRI)

just moved to the area. She had delayed seeking treatment and exhibited signs of the disease. I also spoke to a grandmother and her grandson. The grandmother had stopped taking her medicine and her symptoms were returning. I asked her grandson to make sure his grandmother resumed her treatment to be fully cured.

After this I attended a regency-level advocacy meeting. Once again, the health department had brought together a broad cross-section of bureau heads to promote awareness and build cooperation.

Returning to Jakarta, I had a meeting with Governor Anies Rasyid Baswedan to seek his cooperation on anti-leprosy activities. I was able to introduce PerMaTa Chairman Paulus Manek and Vice-Chairman Al Qadri, who had the opportunity to speak directly with the governor. The meeting went well and received a lot of media coverage, which is

essential to raising awareness and getting across the messages about leprosy that people need to hear.

I also paid a courtesy call on Vice President Jusuf Kalla, who is from Sulawesi. I told him about my visit and said that I hoped to be a frequent visitor to Indonesia in support of its ongoing efforts against the disease.

Thanks to the radio and TV phone-ins, I left Indonesia with a better understanding of the kinds of questions and concerns local people have about leprosy, and I would like to do more such outreach. In addition, seeing the participation of a person affected by leprosy in the advocacy programs organized by the health department in Gorontalo, I am more convinced than ever that it will take the joint efforts of all stakeholders and the involvement of the whole community if leprosy and the discrimination it causes are to be defeated. ■

BACK TO UMBAKI

In October I made my first visit to Azerbaijan in a decade. During my stay, I took the opportunity to go back to Umbaki leprosarium. As I set out on the 80-kilometer drive from the capital, Baku, I wondered how the residents I had met 10 years ago were faring.

The leprosarium is situated in the semi-desert area of Gobustan. As I studied the passing landscape, devoid of any greenery, impressions from my previous visit came back. Many leprosaria were built away from population centers, meaning that their inhabitants were cut off from society. Umbaki was no exception. Opened in 1926, it was the only leprosarium in the Southern Caucasus, then part of the Soviet Union. It moved several times, before finally settling at its current location in 1957. At the time, there were around 300 inhabitants.

As we approached Umbaki, a solitary metal gate appeared in the distance, marking the entrance. Alighting from the car, I saw a familiar figure approach; it was Dr. Vidadi Aliyev, the head of the leprosarium.

I showed him photos from my previous visit and asked if the people in them were still there. He studied them carefully. "Many have since died," he told me.

Of 30 residents in 2007, only 10 women and five men remain today. Almost all are in their eighties. First I called on Sayara. "When I heard we would be receiving a visitor from Japan, I thought it would be you. It is wonderful to see you after so long," she said. She reminded me that she had been admitted to the sanatorium in 1969 and had continued to live there after being cured, doing nursing work.

Next I spoke with Seyidbanu who was relaxing in the garden. She was born near Iran and entered the sanatorium at 14; she has lived there ever since. Although she has kept in touch with her family, she has never returned to them. I could imagine why, but could not ask.

An elderly man wept at the sight of his late wife, when I gave

him a photo from 10 years ago. A woman told me with a big smile, "My daughter brought my grandchild here to meet me."

After meeting with the residents, I toured the compound with Dr. Vidadi. He pointed to the lush foliage. "Around us is desert, but in here residents have prepared the soil and planted fruit trees. It's an oasis," he said.

In one sense, yes; but considering the lives they have led, cut off from society and having to lean on each other for support, somehow the word did not seem right.



Catching up with Seyidbanu at Umbaki leprosarium, Azerbaijan

Progress on NTDs

In 2016, more than 1 billion people were treated for at least one neglected tropical disease.

Neglected tropical diseases (NTDs) are diseases of the poor and vulnerable that affect some 1.5 billion people. Their impact on individuals and communities can be devastating.

In 2012, a coalition of NGOs, governments, pharmaceutical companies, academic and research partners and others formed in London aiming to control, eliminate or eradicate 10 NTDs, including leprosy, by 2020.

Five years on, the 5th Progress Report of the London Declaration, released in December at the Universal Health Coverage Forum in Tokyo, highlights the progress made and challenges that remain in fighting Chagas disease, Guinea worm, sleeping sickness, leprosy, lymphatic filariasis, onchocerciasis, schistosomiasis, helminthiasis, trachoma and visceral leishmaniasis.

In 2011, 1.9 billion people required interventions

against NTDs. In 2016, that figure dropped to 1.5 billion, a decrease of 400 million who no longer need preventive chemotherapy, mainly due to the control of lymphatic filariasis. In 2016 alone, 1 billion people received treatment for at least one NTD.

Reaching some of the world's poorest communities, NTD programs serve as a gateway to universal healthcare coverage. Population coverage is key to this and NTD programs "can open access to populations that are some of the most challenging to reach," the report said.

On leprosy, the main obstacles identified include continued transmission of the disease, slow case detection and social exclusion, which not only causes suffering but "facilitates transmission by delaying detection and interrupting treatment." The report also highlighted the lack of a diagnostic tool to measure infection.

THE MAKING OF A LEPROSY DOCTOR

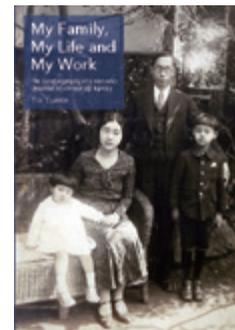
Dr. Yo Yuasa, the former executive and medical director of Sasakawa Memorial Health Foundation who died in 2016, aged 90, played a key role in the global effort to eliminate leprosy as a public health problem. A collection of his speeches and writings on leprosy over a 30-year period was published by the foundation in 2016.

A *Life Fighting Leprosy* has now been joined by a second volume, published on the first anniversary of his death in September.

My Family, My Life and My Work is Dr. Yuasa's

autobiography, telling the story of his upbringing in Kyoto and Tokyo, his struggles with tuberculosis as a young man and the encounter that would set him on the path of becoming a leprosy doctor in later life.

Both books are available for download from the SMHF website. ■



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FROM THE EDITOR

WORDS TO LIVE BY

Sometimes people who have endured the worst of human nature are the ones who come to embody the human spirit at its best. With that in mind, we would like to close our December 2017 issue by quoting these words of Mr. Bernardo Rodriguez Flores of the Better Living Consumer Cooperative in the Philippines. He spoke them on a visit to Japan earlier this year, when he participated in a panel discussion that formed part of a symposium on leprosy history and heritage (see #85, p.3).

"If we ourselves did not become sick with leprosy and experience the pain, the shame, the insults, struggles and separation from loved ones, perhaps we would not be as strong as we are and

would not understand the feelings and sufferings of people affected by leprosy," he said.

"I believe that whether or not we have leprosy, our future is determined by the choices that we make. I realize that I still have the privilege to be happy and enjoy my life, for it is only a matter of choice.

"The most important thing is to be kind and compassionate to everyone, especially the less fortunate. To be aware of not to discriminate against people because of their ailments, disabilities and appearance. People who have leprosy are among the kindest and most compassionate people."

Thank you, Mr. Flores, for these beautiful thoughts.