Problem of Leprosy Control in Harrar Province, Ethiopia

Josef Stiller[1]

When Ras Makonnen, father of the present emperor of Ethiopia, was governor of Harrar Province, he donated, in 1901, a piece of land for a leprosarium for the Catholic Mission just outside the city walls of Harrar. French Capuchin fathers collected some 80 leprosy patients and looked after them. Since real treatment was not possible in those days, it was more a work of charity than medical aid. They were joined in 1930 by a French doctor, the famous Dr. Féron. Since that time nobody speaks about leprosy treatment in Harrar Province, or even within the whole empire, without mentioning his name. Dr. Féron was the first medical doctor in Ethiopia who dedicated his life to the poor leprosy patients. His work was interrupted by the Italian occupation and World War II. He died in 1965 in a Paris hospital. It was the great tragedy of his life that he could not breathe his last among his patients, and that he was buried far away from Harrar.

Ten years before Dr. Féron's death he was visited by two young Germans. One of them, Fr. Recke, at that time a student of theology and now an army chaplain, had seen a report about Dr. Féron on a news reel, wrote him letters, and finally decided to see him personally. When he noted the poverty of the St. Antoine leprosarium, as the Mission officially called the place (people called it "Ganda Féron"), he decided to raise funds to help the needy patients and the dedicated doctor. Returning to Germany the two travellers collected so much money that they founded an association, which they named "Hilfswerk Dr. Féron". It was renamed later as the "Deutsches Aussätzigen Hilfswerk" (German Leprosy Relief Association). Since the flow of money did not stop, not only was Ganda Féron supported, but also it was decided to found a new leprosarium which would not be so close to Harrar. It was intended to continue the tradition of St. Antoine and the life work of Dr. Féron. Ganda Féron should be closed.

On September 1, 1958 the first German volunteers camped under the kapok trees of the Bisidimo valley. Today the Relief Center Bisidimo is the center of leprosy control in Harrar Province. It houses 660 leprosy patients, of whom more than 100 are bed-ridden. The present hospital in Bisidimo has only 67 beds. For this reason a new hospital is under construction, which will be ready for use very soon. To provide the necessary food, Bisidimo runs a farm with a huge vegetable garden. A part of the produce is sold to local merchants who export Bisidimo's vegetables and eggs. For maintenance of the machinery and buildings, etc., and for training, the Center is equipped with a mechanical and electrical, and plumbing and carpentry workshop. A tailor's shop is always busy with mending and also production of new clothing. A basket shop offers a kind of occupational therapy for the girls and women.

All the workers in these different shops are leprosy patients. For this reason all the workshops have to start again and again with beginners. That makes the task of the instructors very difficult. The best trainees, of course, are kept as staff members. They are allowed to have their families in Bisidimo.

As everybody knows, Ethiopia is a developing country. Illiteracy is very high. Only five percent of the children of school age receive a certain kind of education. Schools are rare and do not exist in remote areas, and most of the areas are remote. Harrar Province is as big as West Germany, but has only 700 km. of all-weather roads. It means that only very few of the leprosy patients in Bisidimo have ever seen the inside of a school.

Bisidimo provides a day school for leprosy and staff children and night classes for adults. It is paradoxical because they are leprosy patients and in Bisidimo can go to

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FIG. 1. Relief Center Bisidimo 10 years ago.

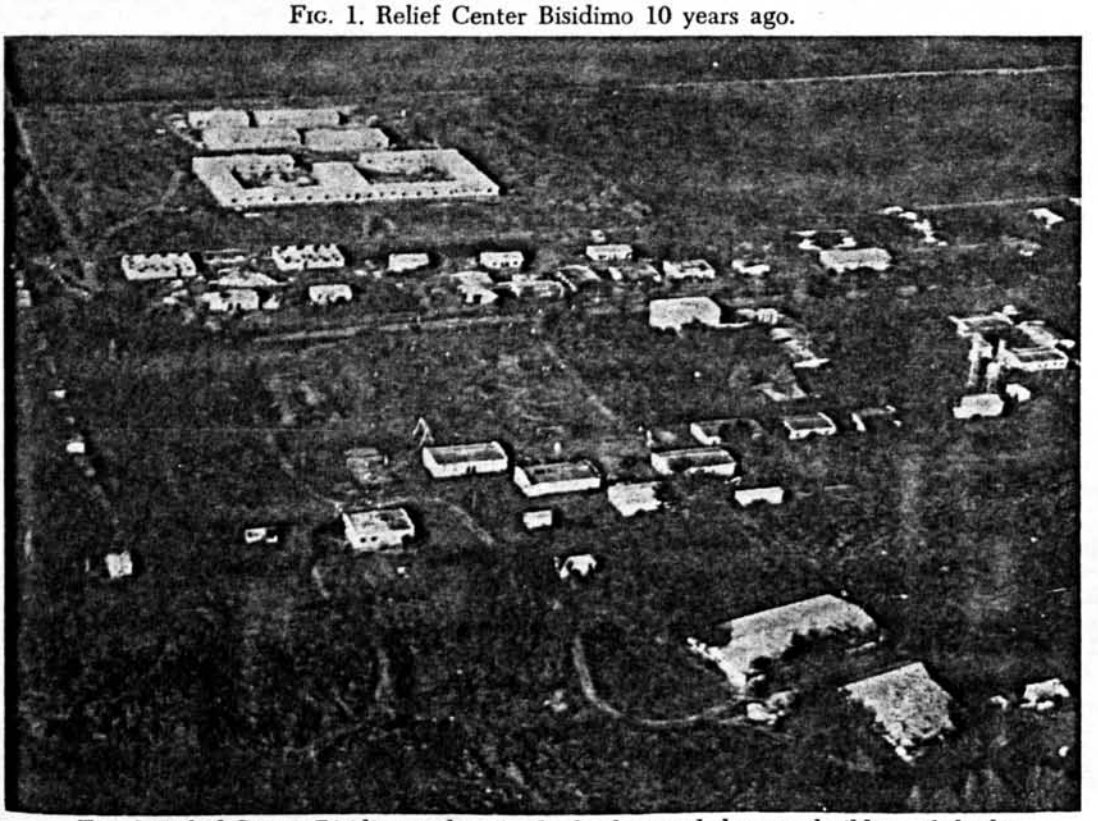

FIG. 2. Relief Center Bisidimo today. In the background the new building of the leprosy-clinic is seen.

school. Bisidimo has a very high literacy rate; a third of the inhabitants know how to read and write.

More than 8000 leprosy patients have been registered in Bisidimo, but only a little more than 3000 receive regular treatment, i.e., 40 per cent. It is the same situation as in other developing countries. In order to save the patients the long way to the Center, Bisidimo has started mobile service. Every two weeks a male nurse goes regularly to several clinics along the existing roads; 1500 patients are covered by this inexpensive method.

The medical treatment of choice is of course DDS. The drug is given by injection once in two weeks. There are several reasons why the medical staff in Bisidimo prefer "shots": first, the patients like injections. Tablets seem no real treatment. Second, after the shot the nurse is sure that the patient has received his treatment for two weeks. If the patient was given some tablets for two weeks, the nurse is never sure. The patient could swallow all the tablets at once for faster success, as he thinks, or could enrich his pocket money by selling the tablets, because they are looked upon as a miracle that will heal everything, not leprosy only. Third, the patients come more regularly for injections than for tablets.

A good percentage of the patients cannot come every other week for treatment, because of the distance from their home to the next treatment place. They receive their injection for two weeks and tablets for the rest of the time. If a patient has to walk for three days one cannot expect him every other week.

Bisidimo has developed another interesting custom through experience over the years. Every adult patient pays for the injection. Children are free. Men pay 25 cents (10 US cents), women 10 cents. This fee does not cover the expenses for the mobile unit, and it is not meant to cover costs. It is a kind of educational fee. Human beings are the same all over the world. They do not appreciate what they receive free of charge. But the 25 cent fee has another advantage. Although a patient may have missed the treatment once, he has to pay for the missed treatment, because the mobile unit was present. Nobody likes to pay if he does not receive something in return. The fee induces the patients to come regularly.

When Bisidimo started charging patients 25 cents for the leprosy treatment every other week, the staff thought it might get in trouble with the government since the rule was that leprosy treatment should be provided free of charge. Bisidimo contacted the Minister of Public Health and was astonished that he himself suggested charging the patient something. If the patient does not have cash he is expected to bring some eggs or a chicken. People should not be spoiled.

Every new doctor in Bisidimo faces the same problem: Bisidimo cannot accept all the patients who need hospitalization because space is limited. The first reaction of the doctor is to admit the sickest patients first. Slowly, however, he will change. Before he admits a new patient he will ask him the distance to the next treatment point. The result will be that a very sick patient who has only half an hour walk to the next leprosy clinic will be treated as an outpatient, and another one, who is not so sick, but has a five day walk, will be admitted as an inpatient, because he could hardly come for regular treatment as an outpatient. The treatment has to consider not only the stage of the sickness, but also the distance from the home village to the next treatment point!

Many other problems are not mentioned in this report because they are the same in other parts of the world. But the more than 70 workers from foreign lands should not be forgotten. They have worked and still work for the needy leprosy patients, receiving pocket money only, less than the volunteers of the American Peace Corps or of the German Volunteer Service.