

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.

Belgium. Beatification of Father Damien.

John Paul II has decided to come to Brussels for the first time to beatify Father Damien.

Born in 1840, Father Damien devoted his life to the care of people with leprosy. At the age of 33 he volunteered to go to the island leprosy colony of Molokaï. Ten years later he himself had contracted the disease. He continued to live and work among the people of Molokaï until his death in 1889. His story has inspired many people in the 100 years since his death; there has even been a cartoon book of his life and work.

In 1964 a number of associations in Belgium already working in the fight against leprosy joined together under the name Les Amis du Père Damien and continue to work with leprosy patients all over the world.

Now the Catholic Church wants to honor Father Damien and re-emphasize his charity. Over 30,000 people are expected at the ceremony in Brussels which will now probably take place in one of the city's biggest venues, the Palais d'Expo in May 1994.

For more information contact: Damien Foundation Belgium, 263 Blvd. Leopold II, B-1080 Brussels, Belgium.—ilep flash 2 (1993) 3

China. National Seminar on Ocular Leprosy held. The following proposal to bring leprosy eye disease control into the national program for the prevention of blindness was passed by the participants of the National Seminar on Ocular Leprosy held on 29 August 1992.

“Three workshops have been held under the leadership of the [Chinese] Ministry of Public Health with financial support from Project ORBIS, the Sichuan Provincial Institute of Dermatology, the China Leprosy Center (Guangzhou), the Zhongshan City Leprosy Control Unit, and the Institute of Dermatology (Nanjing).

“Upon completion of the workshops, surveys and eye surgery in leprosy patients have been carried out by the trainees under the guidance of ophthalmologists from the Panzhihwa 5th Hospital, Liangshan 1st Hospital, Nanjing Gulou Hospital, the China Leprosy Center, and by leprologists in areas of Sichuan, Jiangsu, and Guangdong provinces. In addition, trainees have taught others how to diagnose and treat leprosy patients with eye disease with the cooperation of ophthalmologists and leprosy workers. These activities have demonstrated both the need for and the feasibility of carrying out ocular leprosy care in our country.

“Since the 1950s leprosy control has been well developed in China; there were about 500,000 patients registered up until October 1991, of whom more than 400,000 have been cured. Active cases total less than 30,000. This achievement is impressive. Nevertheless, many patients have eye disease and some of them have lost their sight. At present it is estimated that there are about 250,000 cured leprosy patients whose eye disease did not receive adequate attention. In the past the treatment of leprosy placed most of the emphasis on the elimination of the leprosy bacilli from the body to stop the transmission of the disease. A recent survey of leprosy patients in Panzhihwa City showed that binocular blindness affected about 5% of the population—about seven times more than in the general population. As elsewhere, 60% of these cases are curable. In this survey it was demonstrated that about 40% of the patients had eye disease and are at risk of blindness if no preventive or curative measures are undertaken.

“Among leprosy workers in our country there are only a few ophthalmologists, most of whom devote only part of their time to leprosy patients. It is these few who deal with the many patients while most ophthalmologists in general hospitals have been unwilling to contribute to the control of

blindness in leprosy patients. The resistance of general hospital staff has resulted from antiquated notions regarding the infectivity and incurability of leprosy.

"The experiences in Liangshan and Pan-zhihwa (Sichuan), in Taixing (Jiangsu), and in Zhongshan (Guangdong) clearly demonstrated that responsible government sections can contribute substantially to the integration of leprosy patients into general hospital ophthalmology services. Through increased knowledge of leprosy, ophthalmologists will be able to encourage their staff to actively participate in the tasks ahead. As experiences in these three provinces have shown, the initial contacts with leprosy patients, as well as hands-on experience in ocular surgery with these patients, are crucial to the success of this work.

"The participants of the national workshop, including the representatives from Project ORBIS, solemnly request the Ministry of Public Health to consider issuing a document to all departments of ophthalmology in general hospitals, at all levels and in all provinces, to permit leprosy patients to receive care at their facilities. We further request that control of eye disease in leprosy patients be done in collaboration with the appropriate local leprosy control staff. In taking such an action, benefit will be brought to tens of thousands of leprosy patients and an example will be set for rest of the world."

The Participants

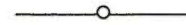
The 4th National Ministry of Public Health/
ORBIS Workshop on Ocular Leprosy
Yanshan, Yunnan Province, China
29 August 1992

—Materials received from Dr. Zhao Xiding.

France. *Dr. le Gonidec retires.* Dr. le Gonidec retired as Secretary of the French Raoul Follereau Association Medical Commission at the end of January 1993. Dr. Baohong Ji is his replacement.—ilep flash 2 (1993) 3

India. *Dayapuram Leprosy Hospital Platinum Jubilee.* The Dayapuram Leprosy Hospital, Manamadurai (Tamil Nadu), of the Leprosy Mission observed its Platinum Jubilee on 11 August 1992. The function organized on the occasion was attended,

among others, by His Excellency Shri Bhishma Narain Singh, Governor of Tamil Nadu, and Dr. C. S. Walter, Director for India of The Leprosy Mission, New Delhi.—Kusht Vinashak 15 (1993) 4–6



Leprosy patients honored on World Disabled Day. Bombay Leprosy Project (BLP) has been observing "World Disabled Day" every year in the month of March on the premises of general rehabilitation centers of the government as well as voluntary organizations to focus the attention on disability care of leprosy patients in such centers, in addition to celebrating "World Leprosy Day" in January. This practice has helped to integrate leprosy work within the mainstream of work for the handicapped in general. Dr. R. Ganapati, Director, BLP, has especially appealed to all leprosy organizations to follow this practice and to work in collaboration with the rehabilitation institutions in order to break the stigma barrier.

Mr. Tulsiram B. Kshirsagar, an employee of BLP, received the "Best Employee Award" in the category of leprosy-arrested patients at the hands of Mr. Homi J. S. Tal-yarkhan, Chief Guest at the World Disabled Day function observed on 20 March 1993 by NAEOH, a well-known voluntary organization in the rehabilitation field.

Seven students of BLP's "Integrated Training Center" receiving training along with other handicapped were gifted Rs. 1000/- each by the government of Maharashtra to start self-employment activity at a similar function held at the Vocational Rehabilitation Center for Handicapped of the government of India, Sion-Chunabhatti, on 23 March. Mr. Shasikant Daithankar, Secretary, Department of Social Welfare, Government of Maharashtra, was the Chief Guest at the function.

Celebration of World Disabled Day in this manner is one of the several strategies advocated by BLP to remove leprosy stigma, and this has led to the recognition of the project's integrated work at the national and international levels.—Materials from R. Ganapati

PDLC's film receives award. A film by the Poona District Leprosy Committee (PDLC) entitled "Samavedana/A Story of Triumph" received the highest award of the government of India as the Best Education/Motivational/Instructional Film at the 39th National Film Festival in New Delhi. The film's theme is rehabilitation.—Materials received from Dr. Jal Mehta

Italy. *Rehabilitation organizations initiate coordination process.* On 26 and 27 February the Italian Association Amici di Raoul Follereau (AIFO) hosted a meeting in Rome around the theme "Exchange of information between international non-governmental organizations specialising in rehabilitation for people with disabilities."

A further four ILEP Members took part in the meeting (ALM International, Cardinal Léger Institute Against Leprosy, Save the Children—Denmark, and Save the Children—Norway) and six other organizations including Handicap International (France), AHR TAG and Action on Disability and Development (U.K.). The WHO Rehabilitation Unit represented by Dr. Pupulin, Rehabilitation International and the ILEP Secretariat were present as experts/observers.

The Rome meeting grew out of the need for improved coordination of disability issues and activities, and the importance of providing some method of cooperation between organizations working in this field. The presence of five ILEP Member Associations meant that the ILEP system of coordination was a central debating point. Dominique Martineau-Needham of the ILEP coordinating bureau gave a presentation on the ILEP information system and explained how this has been fundamental to the ILEP principle of coordination since the start of the federation and is an indispensable tool for cooperation between Members. While recognizing that disability issues inevitably present a more complex task than that of a relatively restricted field such as leprosy, the ILEP model was promoted as an example of what could be achieved in other areas. Any collaboration between the nongovernmental organizations (NGOs) present could only be founded

on the similarities between them and not the dissimilarities.

An outcome of the meeting was the decision to create, initially on an exploratory basis, an information exchange mechanism with responsibility for the collection of information shared between those participating. The information will be exchanged on the following subjects: evaluation methodology for disability programs, research material, training materials, training personnel, resource personnel, current activities and budgets, funding sources and general information about participating NGOs.

The next meeting of the group will take place at the end of October 1993 in Lyon (France), hosted by Handicap International. The agenda, in addition to the study of information collected, will include discussion on the possibility of setting up a system of coordination and the membership requirements of such a group.

AIFO will continue as coordinator until October 1993. Any additional information should therefore be addressed to them at: Associazione Italiana Amici, di Raoul Follereau, 4 via Borselli, I-40135 Bologna, Italy.—ilep flash 2 (1993) 1

Senegal. *4ème Cours International 1994.* We are pleased to report the following information from Dr. M.-Y. Grauwin from the Institut de Léprologie Appliquée de Dakar:

Quatrième Cours Annuel Organisé par l'Institut de Léprologie Appliquée de Dakar fondation de l'Ordre de Malte en collaboration avec la DAHW-Senegal.

Formation pratique pour la Prévention des Invalidités et la Readaptation dans la Lèpre.

Date: Module 1 = du 6 janvier au 5 février 1994; Module 2 = du 7 au 19 février 1994

Nombre de participants: 6

Objectifs: *Module 1.* Former des responsables pour la mise en oeuvre, l'organisation et le développement des techniques de Réadaptation Fonctionnelle, d'Education sanitaire et de Prévention des invalidités dans le cadre d'un Programme National de Lutte contre la lèpre.

Module 2. Formation a la rééducation pré et post-opératoire des handicapés de la lèpre opérés.

Type d'enseignement: Participatif et pratique.

Contenu: *Module 1.* Généralités sur la lèpre; évaluation et prise en charge des atteintes nerveuses; chirurgie de la lèpre: indications; prescription et fabrication de chaussures adaptées; éducation sanitaire, conception, organisation, application et évaluation d'un Programme de Réadaptation; techniques de communication et formation des auxiliaires.

Module 2. Rééducation fonctionnelle d'une paralysie récente et des paralysies opérées. Amputation et appareillage.

Langue: Français parlé couramment et écrit.

Mode d'admission: Sur dossier, après analyse des objectifs professionnels.

Date limite de dépôt des candidatures: 31 septembre 1993.

Condition d'admission: Ne seront retenus que les dossiers des candidats bénéficiaires d'une bourse couvrant les frais de voyage et de séjour.

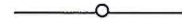
Niveau requis: Kinésithérapeutes, ergothérapeutes et infirmiers-rééducateurs pour les modules 1 et 2. Infirmiers spécialistes-lèpre pour le module 1.

Pour tout renseignement s'adresser à: Dr. J. L. Cartel, Directeur, Institut de Léprologie Appliquée de Dakar, BP 11023, DAKAR-CD, Sénégal, Fax: (221) 24.18.18.

The Netherlands. *Ivone Bergsma moves to new position.* Ivone Bergsma has left her position as projects officer at NSL to join Health Net International, a new organization which will concentrate on the structural improvement of general health care programs in hazardous areas of the world.— ilep flash 2 (1993) 3

U.K. ILEP new appointments. The ILEP Working General Assembly in December 1992 ratified Ken Martin of TLMI as President of the Federation for 1992–1994 with Dr. Cairns Smith as his Deputy.— ilep flash 2 (1993) 3

Bangladesh NLEP. His successor is Dr. Jan Henrik Richardus.— ilep flash 2 (1993) 3



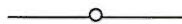
Durston appointed new TLMI General Director. On 4 May 1993 the International General Council of The Leprosy Mission unanimously approved the appointment of Mr. Trevor David Durston as General Director of TLMI.

Aged 45, Trevor is married to Jan, who is a qualified teacher, and they have two daughters, Hannah (14) and Ruth (12). After graduating in mechanical engineering from Leeds University, Trevor worked for 10 years in various engineering assignments, which developed his skills in analytical trouble-shooting, creative design and project management.

In 1982 he joined the Methodist Church Overseas Division, U.K., working with the United Mission to Nepal. From 1982–1985 he was production manager and office manager for various engineering projects started by the UMN in Nepal. From 1985–1989 he was Director of Development and Consulting Services, Butwal, Nepal, and had full responsibility for the management of this unit of the UMN. Most recently he has been working as Personnel Director for the whole of UMN, and Assistant Director of UMN's Engineering and Industrial Development Department. He has also been serving on the UMN Co-ordinating Committee, which is the senior management team responsible for the overall direction and co-ordination of the mission. As Personnel Director he has been fully responsible for all 200 expatriate staff of the mission together with their wives and families and for the 950 local Nepali staff under direct employment with the mission. The position has also involved the supervision, training and development of Nepali and expatriate staff. His experience includes planning, budgetary control, personnel management and leadership, and recently he has been involved in strategic planning for UMN and the co-ordination of several units which have been set up over the years.

Trevor became an accredited local preacher of the Methodist church in 1980 and has extensive preaching experience in

Dr. Ian Cochrane retires. After 34 years in India and Bangladesh, Dr. Ian Cochrane is retiring as TLM leprosy consultant for the



many different church settings and in leading Bible studies. His personal interests include music (playing the piano, guitar and banjo, and singing) and computers. In Nepal, Jan has been teaching French at the International School in Kathmandu, and confesses to "loving all things French".—TLM newsrelease

U.S.A. Heiser Program for Research in Leprosy and Tuberculosis, 1994. The Heiser Program for Research in Leprosy, initiated at The New York Community Trust in 1974, has awarded over 125 postdoctoral fellowships and research grants over the past 17 years. The Program's scope has now been extended to include research in tuberculosis. A number of factors influenced this decision.

Tuberculosis, long a major infectious disease in the developing world, causing three million deaths each year, is now sharply on the rise in the industrial nations. Furthermore, much of this disease is being caused by bacteria that are resistant to the commonly used antibiotics. It is now clear that the bacterial agents *Mycobacterium leprae* and *M. tuberculosis* are closely related and have similar antigenic components. Thus, the search for effective means of immunization may well follow a common path for the two diseases. In light of these developments, a number of laboratories concerned with leprosy research are concurrently engaged in work on tuberculosis, and it seems logical to foster this combined attack.

The Heiser Program will thus continue its support of leprosy research, and at the same time will accept applications for the support of research on tuberculosis.

In accordance with Dr. Heiser's stipulation at the time that he set up his fund in The New York Community Trust, the income is used not for treatment of patients but for basic laboratory research directed at a better understanding of the diseases and their bacterial agents. The ultimate aim is to find measures for the prevention and cure of these diseases that will serve to bring them under control. Two types of awards have been established to foster these objectives: 1) postdoctoral fellowships, designed to attract qualified and highly motivated young biomedical scientists to train in the relevant

fields of research; and 2) small research grants that will support the training efforts of laboratories involved in research on leprosy and/or tuberculosis, or that will provide funds for the initiation of new research projects in the field.

1) Postdoctoral Research Fellowships. To support young biomedical scientists in beginning postdoctoral training for leprosy and/or tuberculosis research. Applicants should have M.D., Ph.D., or equivalent. While there is no age limit, candidates should be at an early stage of postdoctoral research training. There are no citizenship requirements. Generally, postdoctoral training should be planned in an institution other than that in which the applicant obtained the doctorate. Candidates should be interested in obtaining research training directly related to leprosy/tuberculosis. Initial awards are for 1 year, renewable for a second year, at stipend levels between \$20,000 and \$25,000 per annum.

The applicant should submit, in English, one original and four copies of the following: 1. Face sheet—form provided. 2. Supplement No. 1—form provided. 3. Supplement No. 2—form provided. 4. Research proposal. The presentation should be a detailed description of the proposed research, not to exceed five single-spaced typewritten pages. Literature may be cited separately, and figures and tables may also be added. 5. Specific plans for the application of knowledge and experience gained through fellowship training and expected future in the fields of research in leprosy and/or tuberculosis. 6. *Curriculum vitae*.

Additional items required: 7. Letter from proposed supervisor, indicating acceptance in the laboratory if fellowship is awarded. 8. Letters from three former teachers or supervisors as listed on the face sheet, to be forwarded directly to The Heiser Program.

Deadline for application: February 1.

2) Research Grants. To provide limited support to laboratories involved in research training on leprosy and/or tuberculosis; or to fund the initiation of new research projects. Applicants should be senior investigators who are experienced in tuberculosis/leprosy research. Proposals should be of high scientific caliber and clearly related to these mycobacterial diseases. Start-up funds may be requested for new projects which show

promise of receiving support from other sources after preliminary results are obtained. Grants will not exceed \$20,000 and are limited in duration to 1 year. These grants will not be awarded for clinical trials and they may not be used for salaries.

Instructions for making application: A face sheet is provided for the basic data and a summary of the proposed research project. Additional items to be submitted: 1. A detailed description of the proposed project, not to exceed five single-spaced typewritten pages, exclusive of bibliography, tables, and

figures. 2. Proposed budget. 3. *Curriculum vitae* and relevant bibliographies of scientists participating in the project. The application must be in English, and one original and four copies should be submitted.

Deadline for application: February 1.

For complete details on and forms for each award, contact: Mrs. Barbara M. Hugonnet, Director, Heiser Program for Research in Leprosy and Tuberculosis, 450 East 63rd Street, New York, New York 10021, U.S.A.—(Adapted from Heiser Program brochure)