

INAUGURAL ADDRESS

Dr. Yo Yuasa
Incoming ILA President

Dr. Meyers, dear colleagues, and ladies and gentlemen,

We have just completed all of the program of this 14th International Leprosy Congress save one, which is this address from me as the new ninth President of the International Leprosy Association, an Association with a proud history of over 60 years. By the way, the International Leprosy Congress predates the founding of the International Leprosy Association by more than 30 years. The first Congress was in Berlin in 1897 and two more, one in Bergen and another in Strasbourg, took place before 1931 when the Association was born in Manila, The Philippines.

The great strides made in the science of leprosy, in immunology, microbiology, epidemiology or any other areas within a broad spectrum of leprosy as a disease, are, in large measure, by the members of our Association. The multidrug therapy (MDT) which has made such a significant reduction in the global caseload possible could not have been even conceived without much effort by many of the colleagues within our Association specializing in chemotherapy, pharmacology or animal experiments, working closely in various capacities with the World Health Organization.

There is no doubt at all that a large number among the members of our Association have made key contributions making the global picture of leprosy so different now, which could not have been hoped for let alone expected, only 10 or 20 years ago. I trust that they will keep making their invaluable contributions even more in the years to come.

However, when we think of contributions made by the Association as a whole, the picture is not so clear. Apart from publishing a highly respected scientific journal, *INTERNATIONAL JOURNAL OF LEPROSY AND*

OTHER MYCOBACTERIAL DISEASES, and organizing every 5 years a popular, judging from the large number of non-ILA members attending, Congress, I am hard pressed to come up with any specific contribution which could be attributed to the effort of our Association.

It seems that as long as the Association meets the needs, whatever they are, of its individual members, this Association is likely to survive. However I, for one, am rather uncomfortable in accepting such a situation. If I am to be a part of this Association, I want it to be a pro-active and a purposeful one, so that I could be proud of my membership. This happens only if each member is willing to think and act to make the Association a truly useful one for the future of leprosy, and to make it a meaningful partner to WHO, ILEP (International Federation of Anti-Leprosy Associations), ILU (International Leprosy Union) and others together with the governments of leprosy-endemic countries for the benefit of their leprosy patients. In this, I am recalling one of more memorable speeches by J. F. Kennedy, in which he asked U.S. citizens not to think of what the country can do for you, but rather think what you can do for the nation.

I trust that we all agree that we are in the midst of a very significant, one might call a historic, movement which WHO calls "elimination of leprosy, as a public health problem, by the year 2000," by globally implementing what ILEP calls "MDT for all by the year 2000."

Is the Association for it, or against it? There seems to be no voice! At least not an audible one. One cannot judge the attitude of the Association toward the "elimination program," either from the contents of the *JOURNAL* or from the program of this Congress. The simple truth is that there probably is none, no majority feeling, let alone

a consensus. ILA is, in a sense, a very conspicuous silent bystander to the momentous movement which is taking place all around us, and this current situation of our Association to me is a great shame.

Some people say that ILA is an association of scientists which, almost by definition, makes it neutral and nonpro-active. The current composition of its members, at least partly, justifies that notion. However, neither the composition of the Association in the past, say in the 1950s and 1960s, nor the current constitution, indicates that it has to be an association of scientists only. My own understanding is that it is supposed to be an association of professionals working in leprosy. Therefore, the membership must be open both to the medically qualified and to so-called "nonmedical." Their line of work could be in basic or applied sciences, clinical medicine or public health control of the disease, or care of the patients or ex-patients, physically, socially or spiritually within a broad framework of rehabilitation. Why do I want such an association, and pro-active for what?

There has been a great deal of discussion, both public and private, on the WHO initiated "elimination program." But to my great concern and dismay, although not altogether unexpected, support for that program is not that unanimous, to put it rather mildly. I accept that any program of this magnitude could not be without some controversial points. Disagreement of terminologies used or questioning on the validity of target settings are understandable, and even healthy. What I am unhappy about is a rather negative tone of some questions or comments, although some of which were, no doubt, meant to be light-hearted ones. As aptly cautioned by our distinguished keynote speaker, we should try to avoid, by all means, repeating a kind of euphoria of early dapsona days, and try to resist making over-optimistic predictions.

However, the "elimination program" basically is no more or no less than putting as many patients as possible and as quickly as possible under MDT. Thus, it should merit all the support we can give and nothing should discourage the expansion of that program until all the existing clinically active patients are given MDT. That should

be the bottom line or starting point for planning of any other activities, however worthy or important by themselves.

I shall avoid, in this presentation, getting into controversies surrounding the "elimination program" any more, because to express my personal view on this issue is not relevant and is not my intention. What I am trying or hoping is to make ILA a group of professional individuals who will openly and freely express their views and opinions, in an effort to find collectively the best available solutions for the problems we face in leprosy work now and in the future, and the "elimination program" should come at the top of possible subjects for such discussions.

WHO, supported by 183 countries and territories and working primarily to meet their needs, and ILEP members, depending on their public fundraising thus being answerable to those donors, both have definite limitations in what they can say and in what and how they can act. ILA, on the other hand, being composed of professionals who join the Association of their own free will individually, has no such limitations. The members can think, discuss or argue freely, and can express individual or collective views on issues of common concern without external or internal restrictions. The enormity of leprosy activities currently undertaken is such that it calls for full mobilization of every available resource. In my view, ILA as a group could be one of the more important such resources of technical expertise and, using its unique freedom, could even become a beacon or pathfinder to show where leprosy work should be heading and how.

I mentioned already that I want our Association to do more than publish the *JOURNAL* and organize Congresses, although they are undoubtedly very important contributions now and in the future. The constitution of ILA lists five objectives, two of which are related to the *JOURNAL* and the Congresses. The other three are "to encourage collaboration between persons of all nationality concerned in leprosy work," "to help in any practicable manner the anti-leprosy campaign throughout the world" and "to cooperate with any other institution or organization concerned with leprosy." Very broad objectives indeed! and I believe

they call for a much more pro-active Association than what it is now.

How do I intend to bring about these necessary changes? First of all, I would like to enlarge the membership by inviting many more field workers in leprosy-endemic countries actually involved in giving care to leprosy patients, in whatever capacity. I would also like to see many more so-called "nonmedical" (in the absence of a better term) who will have a significant role to play beyond MDT, an aspect which is becoming increasingly important and urgent as the "elimination program" advances. This will not be easy to achieve. The current membership fee is too high for many of these people, and the JOURNAL with current contents may not provide the kind of information they seek. It is up to the new Council, which is going to have its first session immediately after this meeting, to explore various possibilities to overcome these difficulties provided, of course, that they agree with my basic notion about the Association. The second point is, with or without an enlargement of our membership and compositional changes of our Association, I would like to stimulate much more open discussion on the current ongoing programs, and on the future course of leprosy work, perhaps using our JOURNAL as an open forum. I would like to encourage anyone and everyone interested in leprosy to express their opinions on what and how leprosy work should be done, without restrictions, provided they are constructive.

I must emphasize, at this point, that in order to maintain the professional integrity and the high standard of our Association, built up over the years by our current and former scientific colleagues, our Association must maintain a significant portion of our membership occupied by the scientists and research workers, and their role in the future within our Association will become even more crucial as nonscientific colleagues are being added. However, in order to widen our professional sphere of interests and expertise, enlargement of our membership, in more diversified areas, is mandatory so as to be able to meet new and wider challenges of current and future leprosy work.

Finally, let me talk of a dream: 30 years ago last Saturday, there was an historic civil

rights march in Washington, D.C., and in front of the Lincoln Memorial, Martin Luther King made that soul-shaking speech, which he started by saying "I have a dream." Nice literary style apart, I wondered why? Why did he not say "I have a plan" or "I have a hope"? I think a plan belongs to a realm of probability. A hope one can talk of within a possibility. But if one wishes to talk about something which looks so preposterous, so fantastic, so far away from the present reality, then one can talk only in terms of a dream.

I am convinced that in spite of various positions taken toward the "elimination program" by our colleagues, all of us involved in leprosy work have a common final goal, which is an eventual total eradication of leprosy from the face of this earth which, for me, should be a realistic hope. But to expect that to happen, as I do, in or around year 2050 is perhaps too preposterous for many. Therefore, heeding wise counsel given, I will talk about it as a dream. My dream on this occasion. But it is well to remember that sometimes a dream can propel men to great achievement. Columbus found a new continent and men reached the moon by dreaming. Today, 30 years after, Martin Luther King's dream is still far from realization, but remarkable changes have already taken place in the U.S. in terms of human rights and racial equality. If Rev. King were still alive today, perhaps he could start his talk by saying "I have a great hope."

Compared to his dream, I am convinced that mine is much nearer to a hope. I cannot conceive of any great opposition against mine from any quarter, unlike his. We have many useful technologies already in our hands, and the resources required are potentially available. All that is really needed is our own determination and our own effort to make that dream into a hope and then into a plan. If we do not succeed, we have no one to blame but ourselves.

Eradication of leprosy, when it finally comes, will be not only a medical triumph, as with smallpox or polio eradication, but it could be considered as more of a profound human victory, because by eradicating leprosy we will be removing forever the most widely known throughout the world and the most long-lasting over several millenia

misery and accompanying injustice ever known to man. In that sense, realization of my dream, or rather our common dream, could have equal significance in a history of mankind to the realization of the dream of Martin Luther King.

Well, I cannot promise any great results, but you have my pledge to do my best with the help of my fellow officers, Dr. P. Feenstra, Dr. F. Ross, Dr. R. Hastings and the Councillors over the next 5 years in order

to make our dream nearer to becoming a hope and then into a plan. I humbly beseech your understanding and support.

Thank you all for this opportunity you have given me and thank you for your kind audience.

I now declare the end of the 14th International Leprosy Congress. Safe journey home. We shall meet again in Beijing in 1998.