

## 2002 DAMIEN-DUTTON AWARD

Presented to

DR. YO YUASA  
JAPAN**Previous Recipients of the Damien-Dutton Award**

1953	Stanley Stein, U.S.A	1978	Dr. Fernando Latapi, MEXICO
1954	Rev. Joseph Sweeney, KOREA	1979	Dr. Stanley G. Browne, U.K.
1955	Sister Marie Suzanne, FRANCE	1980	Robert Watelet, ZAIRE
1956	Perry Burgess, U.S.A.	1981	American Leprosy Missions, U.S.A.
1957	John Farrow, U.S.A.	1982	Dr. Ma Haide, CHINA
1958	Sister Hilary Ross, U.S.A.	1983	Murlidhar D. Amte (Baba Amte), INDIA
1959	Dr. H. Windsor Wade, PHILIPPINES	1984	Mother Teresa, INDIA
1960	Mgr. Louis Joseph Mendelis, U.S.A.	1985	Dr. John H. Hanks, U.S.A.
1961	Dr. Kensuke Mitsuda, JAPAN	1986	Samuel J. Butcher, U.S.A.
1962	Rev. Pierre de Orgeval, FRANCE	1987	Dr. W. Felton Ross, U.S.A.
1963	Eunice Weaver, BRAZIL	1988	Hermann Kober, WEST GERMANY
1964	Dr. Robert G. Cochrane, U.K.	1989	Catholic Medical Mission Board
1965	John F. Kennedy, U.S.A. (Posthumous)	1990	Dr. Wayne M. Meyers, U.S.A.
1966	Peace Corps, U.S.A.	1991	Dr. Ruth K. M. Pfau, GERMANY
1967	Dr. Howard A. Rusk, U.S.A.	1992	Anwei Skinsnes-Law, U.S.A.
1968	Dr. Franz Hemerijckx, BELGIUM	1993	Dr. Charles K. Job, INDIA
1969	Dr. Victor George Heiser, U.S.A.	1994	INTERNATIONAL JOURNAL OF LEPROSY
1970	Dr. Dharmendra, INDIA	1995	Dr. Joon Lew, REPUBLIC OF KOREA
1971	Dr. Chapman H. Binford, U.S.A.	1996	Richard Marks, U.S.A.
1972	Dr. Patricia Smith, VIETNAM	1997	Roy E. Pfaltzgraff, U.S.A.
1973	Dr. Jacinto Convit, VENEZUELA	1998	Jean Margaret Watson, U.K.
1974	Dr. José N. Rodriguez, PHILIPPINES	1999	Sister Margaret Anne Meyer, NIGERIA
1975	Dr. Oliver Hasselblad, U.S.A.	2000	Dr. K.V. Desikan, M.D., INDIA
1976	Dr. Yoshio Yoshie, JAPAN	2001	Prof. Michel F. Lechat, FRANCE
1977	Drs. Paul and Margaret Brand, U.S.A.		

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Betty Campbell of the Damien-Dutton Society, center, with the 2002 Damien-Dutton Award Winner, Dr. Yo Yuasa, right, along with Mrs. Yuasa, left.

## Remarks by Award Recipient

Dr. Yo Yuasa

9 November 2002

Mr. Crouch, the President, Mrs. Deeley, the Chairperson, Distinguished officers, members of the Board and other members of Damien-Dutton Society, ladies and gentlemen, my wife and I are most grateful for your kind invitation to be with you today. Mr. Crouch wrote me a letter early in June of this year, simply announcing your decision that I am to be given the Damien-Dutton Award for this year, the fiftieth since it started in 1953. The news came totally out of the blue and I was quite stunned.

I am not at all convinced that I deserve this prestigious award, the highest recognition a leprosy worker could receive, and I feel that the only justification of my accepting it is not as a reward for whatever I have done in the past, but rather an encouragement or even an enticement for me to do

further work in leprosy, which I am happy to oblige. I am certainly honored to be counted as one of the recipients of this award, because I have had more than casual acquaintances with at least 25 of them, starting with Dr. Wade and ending with my good friend Michel Lechat, the recipient the last year. I am very happy to have three of the past recipients: Wayne Meyers, Felton Ross and Anwei Law, with us on this occasion.

My first contact with leprosy was in 1946, when I visited a Japanese leprosarium and met two persons: a doctor, the world famous Dr. Mitsuda, and a remarkable patient named Mr. Tanaka, whom I consider to be one of the pioneers in social rehabilitation, at least in Japan. After being discharged from the leprosarium in the 1970's, in spite of a full physical manifestation of leproma-

tous leprosy, Mr. Tanaka entered a mayoral election in his hometown, narrowly losing by only a small percentage of the total votes.

They introduced me to the world of leprosy and opened my eyes and my heart. I owe many people for what I am today, including the above two Japanese, but I would like to mention four more names this morning: Dr. Wade, Dr. Muir and Dr. Ross Innes who actually persuaded and helped me into the medical aspects of leprosy work after the congress, and Dr. Stanley Browne. Dr. Browne was responsible not only for my joining the Leprosy Mission to work in Hong Kong, then in Nepal, but later urging me to join a newly created leprosy organization in Japan called Sasakawa Memorial Health Foundation, saying that perhaps I could make a greater contribution to the global leprosy problems, remarkable foresight, I must say in hindsight; he also supported me and the foundation until his last day. Three of the six I have mentioned have received the Damien Dutton Award, though I strongly feel that the other three had equal claims. There are many others, of course, who supported me, including three of my dear colleagues who are present here.

However, perhaps the person who contributed most to the honor I am receiving today is my wife, Yuko. We were married in 1960, but knew each other four more years previously. During these long years, I have had at least two major failures or crises, entirely due to my own doing, which really threatened my professional future. But Yuko stood fast by me and helped me to overcome the difficulties. Without her unflinching support, I am quite certain I would not be here today. So please allow me to use this public occasion to give my very personal thanks to my wife.

Before closing, let me touch on a subject that has become dear to me over the last few years, the question of the final goal of leprosy workers. For the 15th International Leprosy Congress in Beijing in 1998, Wayne Meyers, Felton Ross and I jointly came up with a main theme for the congress, which was "Working towards a World Without Leprosy." The theme was accepted immediately and almost unanimously, and is now being used widely by many people in leprosy. But even before the closing of that congress, I started having doubts about the

appropriateness of that goal. That phrase, "A World Without Leprosy," is commonly used almost synonymously with "Elimination or Eradication of Leprosy" by most people. That has to be accomplished by eliminating *Mycobacterium leprae* from the surface of this earth. My question was, and still is, "Is that necessary?" and "Is that justifiable?"

Of course, eradication is not possible with currently available technology, but this could change, judging from tremendous advances of scientific technologies and engineering of recent years. However, the development of tools is no guarantee for reaching the goal for which tools are created. World health statistics show that each year 3 to 4 million children are dying from diseases for which excellent prophylactic vaccines are already available.

Let us go back to the question, "Is eradication necessary?" My answer is, "No," because I am quite confident that with improved case detection and treatment, both the infection itself and accompanying nerve damage, we should be able to cure most of the patients, preventing the majority of physical deformities and impairments. Thus, by solving medical problems associated with leprosy, it should not be difficult for us to co-exist with *M. leprae* without much fear. The problems of leprosy are no longer medical ones nowadays, as most of you realize, but largely and primarily social ones, by which I mean extremely negative social reactions to what *M. leprae* does to some of the people affected by leprosy.

By being preoccupied with the desire to eradicate leprosy as a medical problem, we are in great danger of neglecting the social aspects of leprosy that, by the way, are entirely of our own making. I am a firm believer that what we have not created, we have no right to destroy, but what we have created we should be 100% responsible. What we can do medically for leprosy has already advanced quite well. It is basically dependent on brilliant minds and the dexterity of hands, which we do not lack in the world. However, the social aspects of leprosy, which basically are an issue of human rights, dignity of individuals, equal opportunities for self expression, acceptance of individuals by the community, and others are matters for sensitive minds and warm

hearts, which are not always in oversupply, unfortunately.

A short summary of my current thinking is that what we should really be aiming at present, when successful global leprosy elimination program has amply shown that it is possible to reduce the number of active cases of leprosy infection, to establish “a world without leprosy-related problems, both medical and social,” with double underlines below the latter. In comparison to medical success, our efforts to seriously tackle social problems related to leprosy are still in infancy, in spite of a gallant pioneering effort by Father Damien and others, now being vigorously pursued by people like Anwei Law and her colleagues.

At a risk of being misunderstood, or possibly even offending some people, I personally think that collective sufferings of leprosy-affected persons are something comparable to, if not more than, the victims of the Holocaust. The Holocaust was a spectacular manifestation of human evil at one time in human history in one place on earth and perpetrated by one group of people, thus everyone took notice and it was universally condemned. Social injustice, meanwhile, is methodically perpetrated on millions and millions of leprosy-affected persons, occurring more insidiously, throughout a millennia of human history even to today, by every group of people and everywhere on this earth. It has not been so spectacular, however, and thus not received the due consideration nor condemnation it amply deserves. The problems that urgently need addressing are those of the victimizing just as much as those of the victimized.

Therefore, I now firmly believe that what we really need to eliminate is not leprosy as a disease or *M. leprae* as its causative organism, but the fundamental cause of the social problems of leprosy, which is one of our basic failings. The all too common human prejudice and consequent injustice

have caused, and are still causing millions of people to suffer because certain groups of people are considered different for whatever reason, including being affected by leprosy, which results in their marginalization, persecution, or even destruction.

It is quite natural for us to think of leprosy-affected people as a most severe example of such victimization, but just as being preoccupied with medical aspects and consequently neglecting the social problems of leprosy is wrong, it is also quite wrong for us to forget about millions of non-leprosy affected people currently suffering similar injustices in many parts of the world. However, more important for us to acknowledge is the issue of human dignity that is common to both groups. It is as much an issue for the victimizing groups, which is often not recognized, as it is for the victimized groups. Therefore, when facing problems related to leprosy, we should consider them first of all, as human problems affecting all of us, rather than the specific medical or social problems of the people affected by the disease, requiring only our professional skills as doctors, nurses, physio-technicians, social workers, basic scientists or our other relevant categories of expertise. The solution needed calls not so much for professional expertise, but for commitments of common citizens.

Thus, leprosy workers now have truly unique opportunities to tackle these universal human rights problems, not by doing something for others, but by changing and improving ourselves. It is for the benefit of not only persons affected by leprosy, which admittedly is our immediate concern, but it is for ourselves and for the whole future humanity, if we set our goal right. Our task is enormous, but I trust that most of you would agree that it is our duty, worth devoting our time and energy, trying to reach that goal as closely and quickly as possible.

Thank you for your attention.