WHO GOODWILL AMBASSADOR'S NEWSLETTER
FOR THE
Elimination OF Leprosy

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

With Prime Minister Narendra Modi (center) and President Ram Nath Kovind at the Gandhi Peace Prize ceremony in New Delhi on Feb. 26, 2019.

MESSAGE

Encouragement from Gandhi

On February 26 I had the great honor to be awarded the 2018 Gandhi Peace Prize at a ceremony at the Presidential Palace in India. The prize was conferred on me by President Ram Nath Kovind in recognition of my contribution to ongoing efforts to eliminate leprosy from India and the world. But I did not accept this award alone. I received it on behalf of all those who have been striving for a world without leprosy and the discrimination it causes.

It was over 40 years ago that I came face to face with leprosy for the first time on a visit to a sanatorium in South Korea with my father. I was shocked to encounter people severely afflicted by the disease who could no longer live as normal human beings, having been abandoned by their families, rejected by society and deprived of their freedom. From that point I decided to follow in my father's footsteps and commit myself to the fight against leprosy.

In the decades since, much progress has been made against the disease on both the medical and social fronts. Thanks to the introduction of multidrug therapy from the 1980s and a concerted effort led by the WHO to eliminate leprosy as a public health problem, cases numbers have come down dramatically. "Elimination," defined as a prevalence rate of less than 1 case per 10,000 population, has been achieved globally and in almost every country at the national level.

Meanwhile, leprosy has been recognized as a human rights issue with the adoption in 2010 of a UN General Assembly resolution and accompanying principles and guidelines on elimination of discrimination against persons affected by leprosy and their family members. Follow-up work continues to ensure that every woman, child and man affected by leprosy is able to live in dignity enjoying all his or her human rights.

Nevertheless, we are still some distance from realizing a world in which no one need suffer from leprosy or its associated stigma and discrimination. I feel that the peace prize that I have accepted on behalf of all who strive for this goal is encouragement from Mahatma Gandhi to complete our work.

— Yohei Sasakawa, WHO Goodwill Ambassador

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Reinvigorating India's Leprosy Program

It's a big responsibility, but it's also a big opportunity, says Dr. Anil Kumar.

In 2015 Dr. Anil Kumar was absorbed in his work at India's National Centre for Disease Control when the Director General of Health Services tapped him to take over the National Leprosy Eradication Programme (NLEP). "I like what I'm doing here," Dr. Kumar replied. "I'm not asking for your opinion," his boss told him, "I'm informing you."

Assuming his new post, he found a program that had been "on the back burner" ever since India declared leprosy eliminated as a public health problem in 2005 and shifted its priorities elsewhere. Experts had retired, manpower had been reassigned, services integrated and knowhow lost.

Since then, the Deputy Director General (Leprosy) has been drawing on his more than three decades' experience in public health to reinvigorate India's anti-leprosy activities.

> I knew people were hiding cases at that time; that's why disability had been going up.

One indicator in particular shocked him: the increase in disability among new cases in the 10 years before he became program manager. "A couple of months after I joined the program, I came across a 13-year-old girl with disability. It affected me greatly to see her," he recalls.

The image of this girl is one he keeps in mind as he focuses on reducing disability through early case detection and, through early case detection, working toward the goal of a "leprosy-free India" by 2030 that he believes is achievable under the right circumstances.

Under the indefatigable Dr. Kumar, NLEP has introduced leprosy case detection campaigns (LCDC), focused leprosy campaigns (FLC) and special plans for hard-to-reach areas. Every case of Grade 2 disability (G2D) is now investigated to find out why cases are occurring and pinpoint weaknesses in the program.

He has initiated the Sparsh leprosy awareness campaign. He has launched ASHA-based surveillance for leprosy suspects, using the country's network of accredited social health activists. He has brought in post-exposure prophylaxis (PEP) with single dose rifampicin for contacts of index cases, is trialing PEP++—an enhanced prophylactic regimen—as well as a vaccine. He is also making use of existing structures such as the gram panchayat (village council) to inform and educate the public about leprosy, de-stigmatize the disease and encourage self-reporting.

This year being the 150th birth anniversary of Mahatma Gandhi, he has put together a calendar of activities to be implemented by states under the NLEP—including LCDC, FLC, and reconstructive surgery—through October 2, 2019, Gandhi's birth anniversary, and a specific format in which they are to report back. "States know what they are expected to do each month and we will know what they are doing."

India is a vast country, however, and Dr. Kumar admits it will take more time, resources and manpower to carry out all his plans and get the program where he wants it to be. "Whatever resources I have, I am using."

While he may not have welcomed the news of his assignment initially, Dr. Kumar has committed himself to the program and exudes a determination to achieve the ambitious goals he has set. "I am able to do something for the country. This gives me satisfaction," he says, citing the 10,000 people to date he estimates have been saved from disability as a result of stepped-up case finding. "It is a big responsibility, but also a big opportunity."

He recently sat down with the newsletter to share his thoughts. These are excerpts from that conversation

You stated at the National Leprosy Conference at the end of 2017 that you aim to make India "leprosy-free" by 2030. How do you define that?

A leprosy-free India effectively means that we are not able to detect cases. Some cases will occur, but transmission will stop. For any disease, it is not possible to detect all cases. We eradicated polio, but during all those years we never detected all cases, even though the surveillance system was very good. Some hidden cases of leprosy will be there, but we can still make India leprosy free. It is not necessary to detect every case; slowly, they will disappear.

We can develop a precise definition of "leprosy free" later—essentially it means very low prevalence and zero transmission; it is not necessary to have one now. But eradication is not possible by 2030. We do not know when the last case of leprosy in India will occur because of the disease's long incubation period; maybe in 2050 or 2060.

What is your road map for achieving a "leprosy-free" India?

The first is to achieve the WHO target of less than 1 case of G2D among new cases per million population by 2020. But what is technically more important is to bring down the percentage of G2D overall. I have analyzed India's data and once you achieve G2D of less than 2%, then that is effectively the level at which you are detecting cases really early. If you do that, transmission will stop and leprosy prevalence will go down over

PROFILE

Dr. Anil Kumar

Dr. Anil Kumar is Deputy Director General (Leprosy) at the Ministry of Health & Family Welfare, Government of India.

ASHA (Accredited Social Health Activists) are important to leprosy surveillance because they operate at village level and move around, says Dr. Kumar.

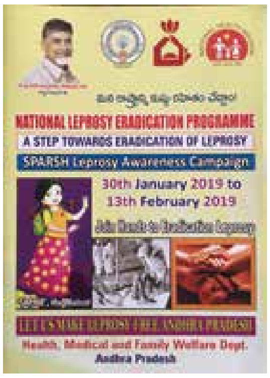
time. We aim to achieve the first by 2020, and the second by 2021. Then, if we maintain this, prevalence and incidence will continue to go down. There is no short cut

How much are you relying on chemophrophylaxis to help achieve this?

Single-dose rifampicin (SDR) chemophrophylaxis is already being implemented in India. This is a requirement because SDR kills *M. leprae*. In the community, the pool of *M. leprae* is going down. Then, in Uttar Pradesh, we are implementing the PEP++ project, which is being supported by Netherlands Leprosy Relief. By the end of 2021 or early 2022, we will get the results. If we bring G2D below 2%, then we will extend PEP++ nationwide and switch from SDR. We are also trying a vaccine. If that is successful, after 2022 you will be seeing a continuous decline in leprosy cases. That is how we are going to achieve, with a good surveillance system in place, a leprosy-free India.

In 2017 you introduced a surveillance system using ASHA. What is the advantage of using ASHA?

The best surveillance system is one that starts at village level and is active, so that's why ASHA are important because they are moving around. Although they have many other responsibilities, they are also looking for leprosy. In our ASHA-based surveillance for leprosy suspects, we ask them to write in front of their names every month how many suspects they have identified and how many suspects have been referred. By writing this information down, they become responsible and they become motivated. Every month they are being reminded that they have to detect leprosy. Another unique feature of this surveillance is that data is validated by the immediate supervisor at every level on a random basis.



Cover of Sparsh leprosy awareness campaign pamphlet for Andhra Pradesh

Another village-level initiative you have implemented is using the panchayat system to spread awareness of leprosy as part of your Sparsh campaign. How effective is this?

India is a huge country. There are around 600,000 villages. We are using the panchayat system for IEC activities. We ask them to organize a meeting on leprosy once a year. It has created tremendous awareness. Even were we to have spent hundreds of millions of rupees, we might not have created such awareness; even if we had a program on television, people might not have watched. But when the panchayat has an activity, people come and listen; and the message will also reach those who don't attend.

What did you find when you joined the program?

At the time, there were 127 districts where elimination had not been achieved. Slowly, we made people understand that the only way to achieve elimination is to detect more cases. I knew people were hiding cases at that time; that's why disability had been going up. So it was important to tell everybody to detect more cases. What was unfortunate was that for 10 years, nobody was discussing the disability rate going up.

How much is allocated for your program?

The program budget is 460 million rupees (US$6.4 million). But because of the flexibility that exists in the health system, we are actually able to spend much more than that by using monies from other programs that are not using up their budgets. But we need more resources to do everything we want to do.

What areas of the program need fixing?

What we find in many places is that program guidelines are not being fully implemented. For example, during an LCDC, we expect each and every health worker to examine each and every person. But in some places they are not. We are communicating with the state leprosy officers, but they are not always able to communicate effectively with the district leprosy officers and they in turn are not able to effectively motivate lower-level workers. As a result, there are some gaps that we have to fill. The same thing happened with polio. Initially the program was not so successful but later it picked up.

Generally speaking, it will take at least two more years before what we want is effectively in place. Things that we have brought into the program, such as investigating all G2D cases—they are not yet analyzing the data properly or starting interventions. Similarly, with ASHA surveillance, it will take another 1 to 1.5 years before it is in place everywhere.

What else are you bringing to the program?
We are developing a web-based reporting system. Similarly, we want to develop an anti-microbial resistance surveillance system. With such a system in place we will be able to collect a lot of epidemiological data and know where interventions are required. We are also trying to develop a web-based training system because medical officers and paramedical workers are not sufficiently trained in leprosy and this is affecting program implementation.

How important are NGO partners to the NLEP?
What is missing is that we are not able to coordinate in such a manner that we spend our resources on a common approach. Some of the things we do, we are doing in isolation and they are doing in isolation. We are working together to act in a more synchronized manner.

What are your views on the role of persons affected by leprosy being involved in the program?
We are involving the Association of People Affected by Leprosy (APAL) in all national and regional-level meetings. You will not find any meeting when I do not involve APAL. We have also given that direction to states. We need to develop that, and all partners should come together to develop that kind of environment at state level and district level also. APAL people are a motivated resource for the program.

The 150th birth anniversary of Mahatma Gandhi in 2019 is being used as an opportunity to refocus efforts against leprosy.

Do you have a request to the WHO?
WHO have surveillance medical officers (SMOs) throughout India, and they are present in large numbers in high-endemic states. They were basically for polio—India is now polio free. If they give one day in a month for leprosy, it would make a big difference.

The Goodwill Ambassador is a frequent visitor to India. How do you view his role?
His visits energize the system. At state and central level, everybody is reminded about the importance of anti leprosy efforts. All this has a positive impact on the program. Sometime back he said: “When you are on a journey of 100 miles, after 99 miles you are only half way.” I agree with this completely. The last mile is very important. If you have traveled 99 miles and there is one mile left, you need a lot of resources to cover the last mile, otherwise you start going backwards.

If and when a leprosy-free India is achieved, how can this be maintained?
I want to put in place a very good surveillance system that will remain even when the numbers come down so that ultimately leprosy never comes back. ■

Major Indicators	2017-18	2016-17	2015-16	2014-15	2013-14
Total new cases detected	126,164	135,485	127,326	126,913	134,752
Annual new case detection rate per 100,000 population	9.42	10.2	9.71	9.92	10.1
Number of cases registered for treatment as of 31 March 2018	90,709	88,166	86,028	88,833	86,147
Registered cases per 10,000 population	0.68	0.67	0.66	0.70	0.69
New G2D cases	4,552	5,245	5,851	5,794	5,256
Rate of new leprosy cases with G2D per million population	3.40	3.96	4.47	4.48	4.11
New child cases	10,287	11,792	11,389	11,365	12,043
New female cases	48,821	53,072	48,808	46,379	46,845

Signs of progress: The fall in G2D cases indicates early detection, while fewer child cases is a sign of reduced transmission.

‘There Is Still a Disconnect’

Bridging the gap between the disability rights movement and leprosy in India.

Arman Ali: a need to “understand each other’s issues”

India’s National Centre for Promotion of Employment for Disabled People (NCPEDP) is a cross-disability organization that focuses on advocacy and policy change. When it talks about rights, it is talking about the rights of all persons with all disabilities, including those affected by leprosy.

But NCPEDP Executive Director Arman Ali is the first to admit: “There is still a disconnect between people within the disability rights movement and persons affected by leprosy.” Both sides, he says, “need to understand each other’s issues and how we can work together.”

In reaching out to the leprosy community, NCPEDP has been organizing workshops across India that provide opportunities not only to mainstream persons affected by leprosy in disability rights but also to build capacity on how to develop their own organizations, fund raise, advocate and come together as a collective whole.

One of the tools they are promoting is the Rights of Persons with Disabilities Act, 2016, which increases the number of recognized disabilities from 7 to 21 and has left space for further disabilities to be added.*

“There are very empowering provisions for persons with disabilities in the law, and one of the strongest is non-discrimination,” says Ali. “The law makes it punishable for a person to discriminate on the basis of disability. I think it’s very powerful and very rare that you find this kind of legislation in a country like India, where only groups like the Scheduled Castes have been protected. A lot of other countries in the Global South are looking at our laws and making amendments.”

Now, if a person affected by leprosy is humiliated or insulted in public, that’s a punishable offence. “But I don’t think people with disability are in that discourse yet. The struggle is still very much in survival mode,” says Ali. “People want education, people want livelihood, people want access. In the fight to get these basic fundamental rights, they forget about the other provisions of the law.”

PENDING LEGISLATION

Currently there are two bills on leprosy that Ali’s organization has taken an interest in: the End Discrimination against Persons Affected by Leprosy Bill that was drafted in 2015 and “is somewhere on the backbenches”; and the Rights of Persons Affected by Leprosy and Members of Their Family Bill, which is a private members’ bill on leprosy drafted by K.T.S. Tulsi, who is also an advocate by law, and introduced in 2017.

“We are working with a very well-known legal firm to create a draft that gets the best out of both, which we would like to bring to the Health & Family Welfare Ministry or the Social Justice and Empowerment Ministry, as appropriate, to take forward,” Ali says.

He commends the Supreme Court for recent orders that positively impact the disability movement, citing those in the area of accessibility; on care and protection of people with psycho-social disabilities; and on people running shelter homes and the standards that should be maintained.

> When you meet a person affected by leprosy, you realize there is so much more to be done.

“I think this is all because the discourse is moving toward a rights-based approach for persons with disabilities and because some persons with disabilities are raising their voices and, in the process, the Supreme Court is becoming more aware,” he says.

On his dealings with persons affected by leprosy, Ali says they have taught him that “our work doesn’t end until we can stop discrimination for any disability, the more so for persons affected by leprosy.”

The issues are very different, he notes. “The understanding of disability and rights in leprosy is still developing. In most of the interactions I have had, persons affected by leprosy don’t buy the argument of disability immediately because it is the stigma they are fighting. Moreover, because the stigma is so deep-rooted, people are not comfortable disclosing their identity.

“People affected by leprosy who don’t disclose their identity don’t have a problem. But the moment you disclose your identity there is a different scenario. When you meet a person affected by leprosy, you realize that there is so much more to be done.” ■

FOOTNOTE

* There are an estimated 70 million to 100 million persons living with disabilities in India.

Mission to India

The Goodwill Ambassador launches the 14th Global Appeal and visits Dadra & Nagar Haveli and Andhra Pradesh on his first visit of the year to India.

INDIA (January 27 – February 4)

In January I flew to India for the launch of the 14th Global Appeal to End Stigma and Discrimination against Persons Affected by Leprosy. Just days before my departure I received the news that I was to be awarded the 2018 Gandhi Peace Prize from the Indian government for my contribution to leprosy work. This signal honor I took as recognition not just of my efforts but of all those who are working to eliminate the disease.

This year's appeal was endorsed by the International Chamber of Commerce and I thank its secretary general, John Denton, for taking part in the ceremony and for pledging to use the ICC's global network to help raise awareness of leprosy. I also welcomed the presence Law and Technology Minister Ravi Shankar Prasad.

While in Delhi, I called on Health Secretary Preeti Sudan. During our meeting, we agreed it was necessary to release "positive energy" in tackling India's leprosy challenges. That is certainly something I am sensing from the national leprosy eradication program under Dr. Anil Kumar.

> In a sign that the program is functioning well, there are more cases of self-reporting.

I also met with the National Centre for Promotion of Employment for Disabled People (NCPEDP). In my discussion with Executive Director Arman Ali we agreed that still more needs to be done to bring persons affected by leprosy fully into the disability movement and I appreciate the efforts being made by the NCPEDP in this regard.

One other event that took place in Delhi that I should like to mention is the Youth Festival organized by Sasakawa-India Leprosy Foundation (S-ILF). This brings together college students with young people from leprosy colonies. Events such as these that enable participants to discover what they share in common help break down the barriers between us.

From Delhi I traveled via Mumbai to Dadra & Nagar Haveli. This was my first visit to this small Union Territory (UT). It is one of two states/UTs that have yet to eliminate leprosy as a public health problem, but in recent years has been making real progress against the disease under its state leprosy officer, Dr. M.K. Singh.

With Health Secretary Preeti Sudan

Between 2015-16 and January 2019, the prevalence rate per 10,000 population has decreased from 6.77 to 4.0, the child proportion of new cases is down from 23.3% to 16.0%, and Grade 2 disability in new cases at diagnosis per million population has decreased to zero.

Dadra & Nagar Haveli was the first place in India to introduce single dose rifampicin post exposure prophylaxis for contacts of index cases and it conducts active surveys twice a year. In a sign that the program is functioning well, there are more cases of self-reporting—in other words, IEC (information, Education and Communication) activities are having the desired effect.

Law and Technology Minister Ravi Shankar Prasad addresses the Global Appeal launch ceremony.

Of note, the government has a program to build new housing for economically disadvantaged persons, especially among tribal groups where almost all cases of leprosy are found. This is thought to be factor in helping to reduce leprosy by making it harder for bacteria to survive in the environment, such as the earthen floors of traditional dwellings. Other measures being taken include supplying the population with fortified oils and salt to help combat malnutrition and improve overall health.

I had a chance to meet with ASHA health workers during my visit. These ladies are so important to leprosy work at the field level and I always welcome opportunities to show my appreciation for what they

Presenting a copy of *A New Atlas of Leprosy (Revised and Updated)* to an ASHA in Dadra & Nagar Haveli

Prevention of disability care at a LEPRA Society clinic in Vijayawada government hospital (right); a shop at Bunni Nagar Leprosy Colony, Andhra Pradesh (far right)

do. About 70 of them had gathered to meet with me, when I was able to present them with copies of the just-revised and updated *New Atlas of Leprosy*—a pictorial tool to assist in case detection.

In Dadra & Nagar Haveli, I was told, there is little or no stigma attached to leprosy; there are no leprosy colonies and persons affected by the disease live openly in the community. Its small size also makes it easier for the government to address problems quickly. While these factors may make this Union Territory somewhat exceptional, I feel that other parts of India can learn from its well-run program.

From Dadra & Nagar Haveli I traveled south to the state of Andhra Pradesh, where I had an appointment with Chief Minister N. Chandrababu Naidu, whose photograph was displayed all over the city of Vijayawada ahead of upcoming elections. Accompanying me was Vagavathali Narsappa, chairman of the Association of People Affected by Leprosy, who put in a request on behalf of people affected in the state for an increase in the maintenance allowance to compensate for social disability caused by leprosy. I am happy to report that the chief minister agreed on the spot to raise the allowance to 4,000 rupees.

Dairy enterprise at Bunni Nagar Leprosy Colony

During my stay in Andhra Pradesh I visited the Vijayawada government hospital, where the NGO LEPRA Society has a clinic offering tertiary care for persons affected by leprosy, and saw the good work that it is doing.

I visited two health posts, where I had more opportunities to meet with ASHA; I traveled to a school and clinic—Gretnaltes (see sidebar); addressed college students about leprosy as a part of the Sparsh leprosy awareness campaign that was taking place throughout India at the time of my visit; and traveled to Bunni Nagar Leprosy Colony to meet residents and inspect some income-generation projects being supported by S-ILF.

Around 150 people live in the neatly organized colony, including some 80 persons affected by leprosy. It was established at its present location in 2009 with land and housing provided by the government. The microenterprises I saw included a general store as well as a dairy project.

As ever, my time was limited, but I left India with the impression that efforts against leprosy are being stepped up to address the remaining medical and social issues. With two out of every three cases of leprosy diagnosed in India, what India is able to achieve against leprosy will have a significant impact on the global situation. I will do all I can to see that Gandhi's dream of a leprosy-free India is realized one day. ■

BACK TO SCHOOL

During my stay in Andhra Pradesh I spent an inspiring afternoon at Gretnaltes, or to give it its full name, the Greater Tenali Leprosy Treatment and Educational Scheme Society. Its primary concern is to serve people with leprosy and provide educational opportunities for children from leprosy-affected families. But it also extends its services to those with other communicable diseases such as TB and HIV/AIDS, while its classrooms are open to children from the mainstream community, including those from underprivileged backgrounds. Of approximately 1,000 pupils, around 150 are from leprosy-affected families

The founder was Mr. V. Venkateswara Rao, who after coming down with leprosy suffered physical and psychological torment and left his family. Eventually he was able to undergo treatment and corrective surgery, and decided to dedicate his life to leprosy work so that others would not have to endure the experiences he did.

He founded Gretnaltes in 1981 with the support of enlightened individuals who helped him to realize his dream. Today the compound serves as a referral hospital for leprosy, a reconstructive surgery center and an educational institute, among its other functions.

Mr. Rao's son, V. Hemachandu, grew up watching the service his father was performing for persons affected by leprosy. Although he studied in the U.K. and had dreams of pursuing a career in software, Mr. Hemachandu returned to India in 2013 to join his father, and now runs the operation following his father's death.

He told me: "I have taken an oath that we will never stop our leprosy-related activities. Our dream is that all these children will look after their parents one day."

Education: a basic right

Meeting the pupils, I appreciated once again how important it is that young people are provided with opportunities in life—and one opportunity all are entitled to as a basic right is education. I commend Mr. Hemachandu on the work he doing to educate young minds and also for treating the sick and the disabled through the various programs that Gretnaltes offers.

Global Appeal 2019 Launched in India

This year's appeal receives backing of influential global business network

The 14th Global Appeal to End Stigma and Discrimination against Persons Affected by Leprosy was launched in New Delhi on January 30. The appeal, an initiative of Goodwill Ambassador Yohei Sasakawa dating back to 2006, was endorsed this year by the International Chamber of Commerce, a global network of 45 million businesses in over 100 countries.

Attending the launch ceremony on behalf of the Indian government was Law and Technology Minister Ravi Shankar Prasad, while representing the ICC was its secretary general, John Denton, who said: "Together with The Nippon Foundation and other stakeholders, the ICC is committed to a truly inclusive society in which the rights of each individual are respected and every person can live with dignity."

In his remarks, the Goodwill Ambassador welcomed the support of the ICC, saying, "Let us ensure that our collective commitment will be a significant step toward elimination of stigma and discrimination against leprosy."

Popular Delhi singer Sonam Kalra entertained the audience of 200, and was joined at the close of the ceremony by a choir composed of children from a colony of persons affected by leprosy in the city.

John Denton: ICC "committed to a truly inclusive society"

Earlier in the day, a roundtable discussion on leprosy was held featuring a wide range of speakers including former Supreme Court Chief Justice Dipak Misra, the head of India's National Leprosy Eradication Programme, Dr. Anil Kumar, and the ICC's Denton, who said his organization's primary focus would be to bring the issue of leprosy-related discrimination to the attention of the broader business community.

"We're giving a pledge to use the extraordinary asset we have, which is our network," he said.

DIVORCE PROVISIONS SCRAPPED

In a landmark development, India's parliament passed a law in January removing leprosy as grounds for divorce from five personal laws: the Hindu Marriage Act, Dissolution of Muslim Marriages Act, Divorce Act (for Christians), Special Marriage Act and the Hindu Adoptions and Maintenance Act.

A report by the Law Commission had previously recommended the repeal of laws and provisions that discriminate against persons affected by leprosy, while the Supreme Court has directed states and Union Territories to take steps for the rehabilitation and reintegration of persons affected by leprosy into mainstream society and undertake massive awareness programs on the curability of the disease. ■

FROM THE EDITOR

RAISE A HAND IF YOU'VE HEARD OF LEPROSY

When the Goodwill Ambassador asked an auditorium of Indian college students in Andhra Pradesh recently whether they had heard of leprosy, almost no one raised a hand. Had they really not heard of leprosy or did they not want to admit it?

The state leprosy officer (SLO) suggested it was the latter. "I think it is because of the stigma that is there. If they answer yes, then they may be asked, 'How do you know? Does a member of your family have leprosy?'"

But not everyone is afraid. He tells the story of man in his 20s who visited a hospital because he had a patch on his shoulder that he suspected might be a sign of leprosy. "How did you know to come?" the doctor asked him. "My wife learned about leprosy in school—what the symptoms are, and that it is curable—and she remembered," the man replied.

Recalling this anecdote, the SLO said: "I hope that as a result of Mr. Sasakawa's address today perhaps 10 or 15 of those students will remember what he said about leprosy and that this knowledge will help somebody one day."

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