



(left) Exploring the former sanatorium at Iranduba; (right) meeting with Antonio Motelo and Dona Maria

measures being taken for the social rehabilitation of persons affected by leprosy, as well as their integration into general society.

In some countries, the thinking is to close down colonies and have people affected by leprosy find a way to live in the community at large so as to hasten their social reintegration. In Brazil, the government believes it better to encourage family members to go and live in the colonies and achieve social integration that way. It is a very interesting approach.

I visited two colonies that day — Antonio Diogo in Redencao, and Antonio Justa in Maracanau. At the latter, I spoke with 66-year-old Raimundo Martins de Souza (“Severo”), MORHAN’s coordinator in Maracanau. Severo recalled in blunt terms what life had been like in the past, when nuns had been in charge of the colony and ran it on very strict lines. No one was allowed to go out after 10 p.m. regardless of the reason, and they would be attacked by dogs or thrown in the colony jail if they did. The colony was dubbed “the town of the dead” and it was surrounded by barbed wire to prevent escapes. Severo told me that when he entered the colony he was stripped of his citizenship and the word “leper” was inscribed on his identity card.

On leaving Fortaleza, I next headed for Manaus, the capital of Amazonas State. It was in Manaus that I met Dr. Maria da Graca Souza Cunha, head of the Alfredo da Matta Foundation (FUAM), which is making an outstanding contribution to leprosy control in the state, especially in remote, highly endemic areas. She and her staff arranged for me to visit the Paricatuba health center in Iranduba, a jungle town of about 800 people reached by boat along the Rio

Negro, a tributary of the Amazon.

I was pleased to find a good supply of MDT at the health center, despite Iranduba’s isolated location. I was also fascinated to explore the ruins of a leprosy sanatorium. A vast stone complex originally built for immigrant workers, it later became a school, and then a prison, before being turned into a leprosy sanatorium in 1929.

The next day, I went to visit a leprosy-affected family living on the banks of the Rio Negro. To reach them, I traveled by boat for about two hours, passing by isolated dwellings en route.

Antonio Motelo and Dona Maria live together with their son and his family, and make a comfortable living by manufacturing wooden skewers use for cooking fish and meat. Talking with them, I was surprised to learn how deep-rooted the problem of discrimination was.

Antonio was the first to develop leprosy. A paramedic would visit regularly to bring MDT. Next, Dona Maria came down with the disease. Because she didn’t want it to be known locally that she had leprosy, she went to a hospital in Manaus to have the diagnosis confirmed and receive her supply of drugs. Then their daughter contracted the disease. Apparently she too hid the fact and went to Manaus. Even in such a remote location, it seems, people feel it necessary to conceal the disease from others.

I left Brazil confident that the federal government is making strenuous efforts to eliminate leprosy, deliver treatment to all who need it and root out discrimination and prejudice. In addition, it is receiving invaluable support from dedicated organizations such as MORHAN and FUAM. I intend to remain in close contact and do all I can to assist in this progress. ■