

BRAZILIAN NON-GOVERNMENTAL ORGANIZATION AND MORHAN

EDITORIAL

When people is affected by a disability-producing disease, during a period they feel excluded of their environment. Therefore, for rehabilitation they need a high level of self control and much support from people around them, such as their family, community and health personnel.

After an initial period with all sort of rejections, the gate to their rehabilitatio is opened when they agree to participate in a group fo individuals that exhibit the same kind of problem they have.

Among the causes of disability we can mention trauma, chronic degenerative diseases and some infectious diseases of chronic evolution. Hansen's Disease (HD) is among them and, perhaps, the malady that most causes disabilities. Disabilities in HD are not only of physical origin but also psychological due to the strong taboo and prejudice that the disease carries out. During a long period it was compulsory the segregation of patients to prevent dissemination of the disease in the community. Through the centuries, leprosy, as a disease, has establishment of efficient measures of rehabilitation. For this reason, Brazil has adopted a new denomination for leprosy, eliminating the use of the word "leprosy" in all official documents, recognizing its bio-psycho-social nature and the obstacles that the word "leprosy" caused to the reintegration of patients.

At the "colony" era many philanthropic entities appeared with the purpose of helping patients. Later on, with the adoption of the outpatient treatment, other organization emerged with a less paternal approach and trying to gather patients, to promote health education and to stimulate their rehabilitation and social integration. Partially, this happened due to a lack of interest of the authorities to assume its responsibility in the

control of the disease. More recently, among these organization, MORHAN has emerged.

MORHAN was founded in 1980 at the Instituto "Lauro de Souza Lima" by Francisco Augusto Bacurau Vieira Nunes. The organization, in its beginning, has elaborated a protocol with several items including better care for patients, fighting the use of the stigmatizing side of "leprosy" to promote fund rising and encouraging access to treatment and rehabilitation. The organization has increased in size and importance, having representatives all over the country. Today, members of MORHAN take part in Congresses, meetings at the Ministry of Health and even have a place in the National Health Council. Accidentally, MORHAN has emerged in a period when the government regained its interest in the control of the disease and its development is due not only to the charisma of its founder and to the support of its members, but also because the government strategically needed it.

Unfortunately, in such organization there are many radical members. They give to the organization a character of `fight of class", probably because they have experienced the period when patients suffered many injustices, such as the compulsory isolation in leprosaria, a period where no effective treatment was available nor actions to prevent disabilities. In this connection, in an era such as ours, where an effective treatment is available and patients are released as cured, some members of this organization still insist into be recognized as leprosy patients", showing their deformities and claiming for rights as "patients" and not as individuals already cured, although presenting disabilities caused by the disease they have had.

Any way, this fact do not reduce the

importance of MORHAN which has been helping to control HD and has still an important role to play in the fight against HD.

Although the elimination of HD is in reach, Brazil has still a large number of patients and an extra effort has to be made to control the disease. Despite MDT, there are many obstacles to overcome such as an appreciable number of new cases (30,000/year), the use of non-recommended regimens (dapsone monotherapy), the high rate of defaulters and deficient actions to prevent deformities and to correct them.

Early diagnosis is the top among the activities of control. To treat the disease at its beginning preventing contagion and development of disabilities is the priority target to be attained. Active case finding is not effective nor feasible. The best strategy is to improve contact examination by health education of patients, their family and the community. In this regard the participation of MORHAN is outstanding. The control program of HD would become more efficient if members of MORHAN took under their responsibility the education of their family members to seek examination in the local health unit or even to see a doctor of their own choice. More than that,

MORHAN has an important role to play in the retrieval of defaulters. It is easier for such organization to find a defaulter and to convince him to return for completion of treatment. Additionally, they should convince patients under dapsone monotherapy to immediately start MDT in a health unit and also fight for the delivery of good services of prevention of deformities and the correction of established deformities by surgery. These are activities that really justify the existence of organizations such as MORHAN.

We should recall now the initial statement: the process of rehabilitation starts when a patient looks for an organization that congregates individuals with the same specific problem. Together, they can and should claim for their rights to an adequate relief of their problems and the cure of their disease. Actions that are not cooperative to the elimination of the disease, their disabilities and handicaps are not acceptable, are contradictory and do not justify the existence of such organization.

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