

DAMIEN SOCIAL WELFARE CENTRE

DHANBAD



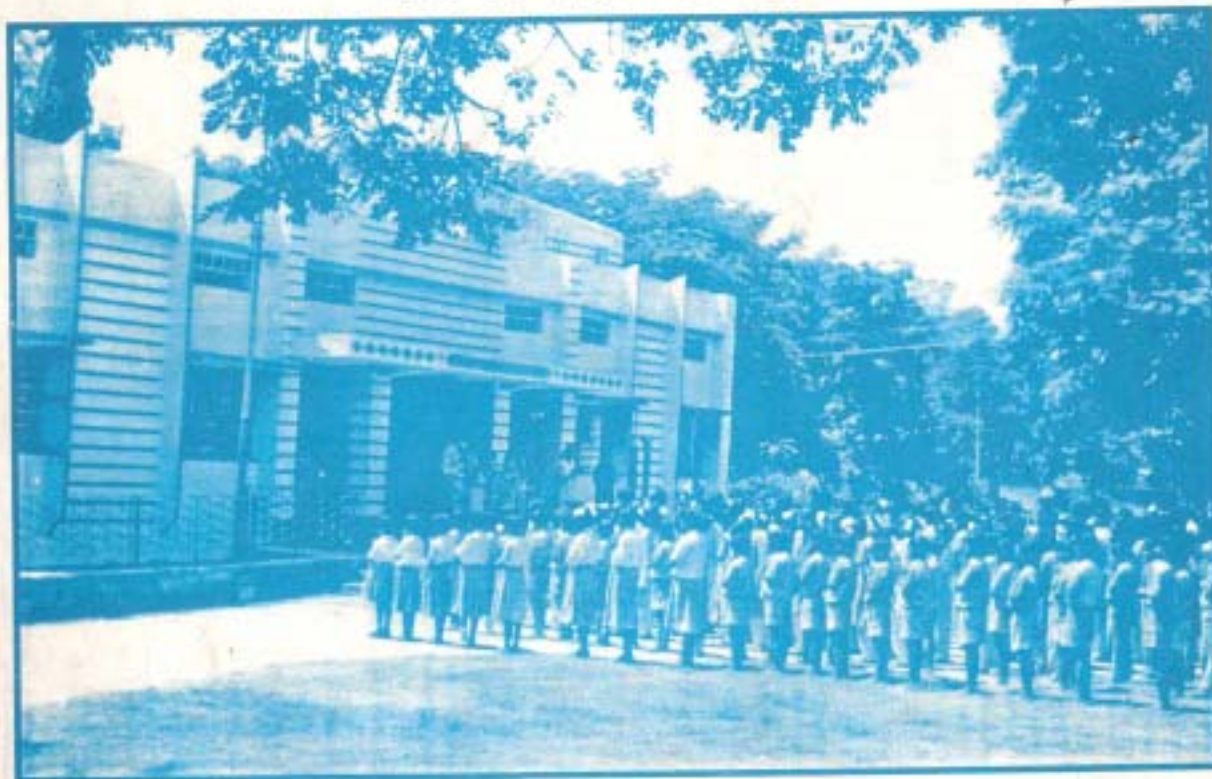
Celebrates

**Silver Jubilee
of**

DE BRITTO HOME

GOMOH

Souvenir



1972

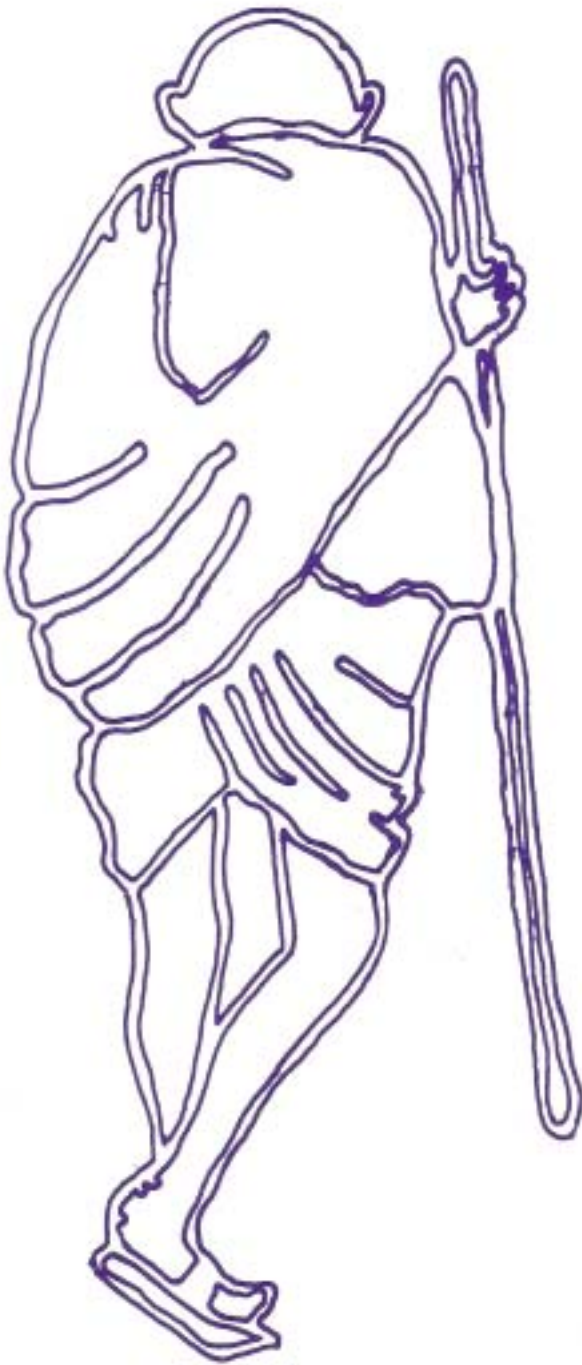
Silver Jubilee

1998

Leprosy work is not merely medical relief, it is transforming frustration in life into the joy of dedication, personal ambition into selfless service.

Why should there be a stigma about leprosy any more than about any other disease.

Mahatma Gandhi



DAMIEN SOCIAL WELFARE CENTRE.

Gandhi Bhawan, Polytechnic Road,
Post Box 17,
P.O. & DT. DHANBAD - 826001
Phone - 204552

Fr. Michael Kavanagh S J,
Founder of DSWC.



The man who left his imprint in two continents, one in India, in Dhanbad by serving the cause of Leprosy and the other in ~~south~~ Southern part of the United States by building colonies for the homeless Blacks much before the civil rights movements in USA. The colony is name after him by the Govt. of the States.



**President's Secretariat,
Rashtrapati Bhawan,
New Delhi-110004**

21st September, 1998

Dear Fr. Jose,

The President of India, Shri K. R. Narayanan, is happy to know that the De Britto School and Hostel is celebrating its Silver Jubilee on 24th October, 1998.

On this occasion, the president sends his greetings to the students, teachers and the staff and wishes the Celebrations all success.

With regards,

P.P. Kaushik

Damien Social Welfare Centre
Gandhi Bhawan
Polytechnic Road
Post Box No. 47
Dhanbad 826001

ST. ALPHONSUS RODRIGUEZ CHURCH

10800 OLD COURT ROAD
WOODSTOCK, MARYLAND 21163
PHONE: 410-461-526
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September 18, 1998

Father G. M. D'Souza
Gandhi Bhawan, Plytechnic Road
Post Box No. 47
Dhanbad - 826001
Bihar, India

Dear Father D'Souza

Congratulations on the Silver Jubilee of DeBritto House, Gomoh. I recall my first visit with Fr. Larry Hunt soon after Frank Klein began to live there. I was a frequent visitor there from November 1973 until I moved there in June 1977.

The next eight years were, without a doubt, the happiest time in my life. I remember with great affection and gratitude the wonderful students and generous staff.

I ask God's blessing on them and you and the next twenty-five years of DeBritto House.

Joseph Lacey, S.J.

Sincerely,

Joseph Lacey, S.J.



V. N. Mathur

**Divisional Railway Manager
Eastern Railway
Dhanbad - 826001**

Date 16.8.1998

MESSAGE

I am very happy to learn that Damien Social Welfare Centre, Dhanbad shall be Celebrating the Silver Jubilee of the "De Britto School & Hostel" shortly.

On the occasion, I convey my good wishes to all those who are involved in the running of the school. It is because of the sincerity and dedication of all the staff both past and present that this establishment has grown from strength to strength.

(V. N. Mathur)

**Divisional Railway Manager
Eastern Railway, Dhanbad.**

**Damien Social Welfare Centre
Gandhi Bhawan
Polytechnic Road
Post Box No. 47
Dhanbad 826001**



Dated : 22/9/98

MESSAGE

Dear Friends,

Quarter of a century has gone by since the starting of boys' hostel at De Britto House, Gomoh. From its humble beginning with 24 boys, it has grown into a huge institution. Today, De Britto House imparts quality education not only to the children of leprosy patients, but also to the children of the neighbourhood. Besides academics, the students of De Britto House are given training in carpentry, bamboo craft, tailoring agriculture, and welding. The Vocational training that the students receive at De Britto House is a great help to find a job after they leave De Britto House.

Education is a most powerful and effective way of empowering the children. The students of De Britto House who are educated and skilled can easily find a job. The services thus rendered by De Britto House is invaluable. No institution can function effectively without the active involvement and co-operation of the management, the staff and the students. The Director of DSWC, Director of DE Britto House and the staff of De Britto House, deserve a word of appreciation for their selfless service to the cause of education and for the high standard maintained by the institution.

May De Britto Home continue its service for the empowerment of children of leprosy patients in Dhanbad. May De Britto House shine spreading the light of knowledge to all who pass through the portals of the institution.

Fr. Kuruvilla V. S. J.,
Director.

C. LIMA IMCHEN IPS
D.I.G. OF POLICE
COALFIELD RANGE
BOKARO STEEL CITY (BIHAR)
PIN CODE - 827004



STD CODE-06542
40244 (O)
40266 (R)

MESSAGE

It is with a feeling of pride that I associate myself in the celebration of the Silver-Jubilee of "De Britto School and Hostel". I join the voiceless thousands in saluting the people who touched and cared for the untouchables-lepers.

The outcastes and their children found a home and future in the Damien Social Welfare Centre. It is so heartening to know that today "De Britto School and Hostel" is for all and not only for the children of the lepers as it used to be. That speaks volumes for the DSWC and the change in social attitude it has brought about the lepers.

The workers of DSWC, past and present, can stand with their heads held high before the Maker because they cared, served and worked for His children whom the world rejects.

W 8/15/98
C. LIMA IMCHEN
CFR, BOKARO.

Fr. G. M. D'Souza
Director, DSWC



JUBILEE MESSAGE

Dear Father D'Souza

Thank you for inviting me to contribute a message for the Souvenir you are bringing out on the happy occasion of the Silver Jubilee of De Britto House Hostel. Having been involved in the founding of DBH was one of most memorable events of my life and it has always been close to my heart. The beginning of it and its development over the years is a dream come true for me. So I thank God on this occasion that a good number of young people have been assisted over the years in their growth and development. I pray that the young people who have benefited from the training of DBH, along with those who will benefit in the years to come, will lead meaningful and successful lives, remembering and living according to the ideals they learned at DBH.

As I write this so many faces and experiences of the early days come to mind. The first staff members and the first 25 boys were indeed Pioneers. They were able to tough it out thanks to their dedication, generosity, patience and good cheer. I wish I had accurate records in front of me because each staff member and each boy had important roles to play to help bring DBH where it is today. Here mentioned are a few of the staff of the early days; Marceline Indwar, (now Sr. Marcelline, SCN), Frank Klein, Maria Assunta, Uncle Perry, Petrus Hembrom, Mr. and Mrs. Peter Toppo, Mr. Kujur. I thank them today.

I congratulate the Fathers, Sisters and staff who over the years built so constructively on the humble beginnings of 1973. I pray God's blessings on the staff and young people at DBH on this 25th Anniversary. Keep the spirit of DBH alive and strong and pass it on to others for years to come.

Sincerely
Fr. L. J. Hunt, SJ



**ST. JOHN DE BRITTO SCHOOL
JITPUR, P.O. GOMOH, DHANBAD
828401**

JUBILEE MESSAGE

When the golden bell rings at DBH for the Silver Jubilee Celebration, one thought necessarily captures our mind is the tremendous enthusiasm of the pioneers who gave birth to DBH. Their hard labour kindled the small lamp of knowledge at DBH has grown to its full fledged flame. It certainly attracts anybody's heart that the small flame of knowledge of DBH given out found its sweet fruits in the shape of poor, downtrodden and the needy children at Gomoh.

On this auspicious moment of the Silver Jubilee of DBH I humbly pray to the Almighty to bless our staff and students abundantly so that we, with the same enthusiasm may keep up the flame of DBH which was kindled, channelled and nurtured by the pioneers. The flame of Truth, Service and love may keep burning in the hearts of each and every staff and students at DBH.

**Fr. JOHNY P. DEVASIA
PRINCIPAL
DE BRITO SCHOOL, GOMOH**

Director,
D. S. W. C.
P. Box No.47
Dhanbad

MESSAGE

Dear Rev. Father,

It gives me great pleasure to send you my best wishes and CONGRATULATIONS on the SILVER JUBILEE of your daughter Organisation De Britto House, Gomoh. We Samaritan Sisters, join with you in thanking God, for the many graces and blessings received during the last 25 years. The out-standing work done by the DSWC to champion the cause of leprosy Patients and their children, and the selfless and devoted service being rendered by it, to uplift the living standard of those neglected sections of the society are certainly commendable and praise worthy.

May you continue the wonderful service to these "God's Special People" which you under take with so much zeal.

Wishing you many blessings, for all the years to come.

Yours in Christ Jesus,
Sr. Rose Paul S. S.
Superior General,
Samaritan Sisters, Thrissur.

The Director & Team DSWC


Message

It is a matter of great joy and pride that De Britto House, Gomoh, is celebrating its Silver Jubilee of the 24th of October, '98.

The labour of so many dedicated persons in these past 25 years, has not gone fruitless as one looks at the growth and development which this august institution has been able to achieve.

Indeed DBH, as it is popularly known, is a powerful agent of social transformation in the lives of the hapless leprosy patients.

At this juncture, it is my wish that the DBH complex may become a still effective means of fulfilling the vision of its founding personalities.


Dr. P. K. Dutta
(President)
DSWC.

THE TRUE STORY OF DE BRITTO HOME GOMOH

BY FR. JOSE. K.L.

PHYSICAL HISTORY

Gomoh entered the railway map in the year 1907 when the East Indian Rly Company extended its Grand Chord line up to Gomoh, opening an exit route towards north western provinces leading up to Bombay. The existence of a large number of collieries in and around Dhanbad caused the expansion of railways in this area as a convenient route to dispatch coal to various parts of India. The collieries were connected with looplines, branch - lines and sidings, all taking off from the main lines of both the Bengal-Nagppur and East Indian Railways which were inter-connected at Gomoh because of which the importance of Gomoh grew in the years to come, attracting many Europeans and Anglo-Indians to settle down here in search of job opportunities in the Railways.

Gomoh was raised to the status of a civil town by the census of 1961 when the total populatin of it was 12,097. Ever since the establishment of Railways in Gomoh, the Catholic Population increased Gradually, as has been the case in all railway colonies, mass was celebrated for the catholics at the Rly Institute (which is abanded now). The first District Gazateer of Dhanbad prepared in 1963 by the special officer, Gazateer Division, Mr. P.C. Roy Chowdary M.A.B.L., mentioned of the existence of an old Roman Catholic Mission at the outskirts of Gomoh civil township.

MISSION HISTORY

The property on which De-Britto House is situated was purchased by Jamshedpur Jesuit Mission in the year 1948 from Mrs. Lillian Nachary, for the purpose of starting a Hindi Language school for the benefit of the young and enthusiastic American Jesuits of Patna and Jamshedpur Mission to equip themselves linguistically before taking a plunge into their areas of activity. The old and the dilapidated building which was the residence of Mrs. Nachary was renovated thoroughly to make way for the Hindi Institute whose successive Directors were Frs. Stoy, Gallagher and Extross. As a matter of fact the above mentioned Hindi

school is being broken down at present, just before the silver jubilee celebrations of DBH, to make way for a new school block.

The Hindi school functioned for six years till Fr. O'Leary left for Rajanand. All these years mass was celebrated in the Rly Institute. As no more foreigners were admitted into the country, the last batch of Language students left Gomoh in 1953. Fr. Bakewell after a short stint left Gomoh and in 1953 Fr. Mac Farland, at present who is in Nigeria-Ghana, was in charge of Gomoh though he did not pitch his tent there. The Parish Priest of Gomoh celebrated mass at least once a month at the small chapel in Gomoh which used to be over crowded during Sunday Mass. In 1960 the Catholics of Gomoh raised a fund of Rs. 1000 so as to enlarge the small chapel to accommodate the growing catholic population. From 23rd of March, 1960 Mass took place in the renovated chapel. Arch Bishop Dyer of Calcutta blessed the chapel on the 15th of May of the same year.

In 1960, a small elementary school was started by Mrs. Kenneth Goveas for the catholic children of Gomoh and after a short spell the school was discontinued as the Rly Management decided to give free education to the children.

CHANGE OF GUARD

In 1970 Fr. Kavanagh, owing to reasons of health returned to the States and the Mantle of DSWC was passed on to Fr. Lary Hunt who was responsible for developing DSWC into the massive social service project that it is today, spread over the entire northern part of Dhanbad District, from Gomoh to Kamardhubi, and embracing such diverse activities, such as Leprosy Hospital, Leprosy Clinics, Training centres for Boys and Girls, Rehabilitation centre and large programmes of Public education. It was during Fr. Hunt's time DSWC took a definitive shape with its vast network of services thanks to his relentless dedication and dynamic vision.

REALISATION OF A DREAM

In 1972, The Jesuit Property of Gomoh was leased out to DSWC for a new ambitious project of starting a residential school cum Vocational Training Centre for the children of leprosy patients. Though Fr. Hunt was very much pre-occupied with day-to-day burden of running DSWC, he gradually came to the conclusion that unless something is done for the welfare of the children of leprosy patients, the desired effect of leprosy eradication can not be achieved. Fr. Hunt came to the conclusion that if

the children of the leprosy patients stay with their parents, there is the possibility of this disease transmitted to them, besides, the children will remain illiterate for the rest of their lives which will compound the problems existing in the colonies.

Fr. Hunt, One day had a discussion with two of his social workers, namely Mr. Mathias Kujur and Mr. Petrus Hembrom who were well acquainted with the problems of colonies, on the ambitious programme of giving free education to the children of the leprosy colonies by starting a residential school on the property leased out in this regard. To materialise this plan, Fr. Hunt asked both Mr. Mathias Kujur and Petrus Hembrom to reach Gomoh and accordingly both of them reached the destination by the first week of August, 1972. When they reached Gomoh, they found to their dismay that the De-Britto property is surrounded by thick forest and the property itself was full of lush green grass and bushes as though it was a haunted place. The next day onwards under the leadership of Fr. Hunt, the whole compound was cleaned up and DBH got a new face - lift in view of the new venture to be undertaken.

23rd of August, 1972 is a memorable day for DSWC for on that day Fr. Hunt brought 32 children from various colonies to DBH Gomoh to give them a new orientation in their lives away from the unhygienic and dehumanising situation in the colonies. What Fr. Hunt envisaged by this experiment was a partnership with the children of patients to join him and his team for their own positive growth and self reliance by means of the totality of the experience that they get from DBH so as to find their rightful place in the society.

Initially Mr. Frank Klien and Miss Marceline Indwar were incharge of the hostel and Mr. Mathias and Mr. Petrus were teachers taking care of the academic side. As the number of children grew, this once abandoned place came to life with bustling of activity. Apart from imparting formal education, the activity undertaken at DBH was to form a football team that later on started taking part in the football competition, with the neighbouring teams, which gave the DBH boys a sense of worth and achievement. Next Fr. Hunt gave the boys training in military band which in the years to come took centre stage in the District of Dhanbad on the occasion of public functions.

The children were given training in other income generating trades

such as making of baskets, boxes, chairs, tables, various bamboo crafts, tailoring, motor vehicle driving, motor repairing and masonry all of which were meant for the enhancement of self reliance and support to their own families. The inmates of DBH were also given training in machnised modern farming by procuring a tractor and a power tiller by Fr. Hunt. In the years to come with the machinery donated by the Jesuit school in Japan, Rokko Gakuin, the DBH boys were given technical training in lathe, welding, carpentry, machine job and turner's job.

In nustshell, the aims and objectives of starting De - Britto hostel by Fr. Hunt were to liberate the children of leprosy colonies from the awful reality of depeⁿding on begging for their livelihood, to give them self respect by education, that they may go back to their surroundings to become responsible citizens, that they may become aware of their responsibilities towards their parents and above all they may assert their human reghts in the society.

Today, DBH is a symbol of a silent revolution because over the past 25 years, it has brought about tremendous attitudinal changes in the minds of the general public that at present children from the healthy families too are flocking to this school for quality education as DBH today is one of the leading schools in the District of Dhanbad. In 1972 DBH was a small lamp lit by Fr. Hunt, today it has become a flame dispelling darkness and ignorance from the hearts of men and women. The Original Ideals and goals of those courageous people who founded this Institution will stay put for another 25 years to come.

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TUBERCULOSIS

Dr. ERK Titus, MS, FICS
Executive Director (Medical Services)

Coal India Ltd. & BCCL.

INTRODUCTION

It is more than a century ago "Robert Kock" discovered the tuberculous bacilli, which causes tuberculosis, mainly of Lungs, but it also infect brain, glands, bones, abdomen and urogenital organs etc. Tuberculosis in human being is largely due to acid fast, aerobic bacilli known as *MYCOBACTERIUM TUBERCULOSIS*. Even after more than hundred years the tuberculosis still remains one of the major causes of morbidity and mortality. Robert Koch made an observation that number of victims which a disease claims than all the diseases particularly the most dreaded infectious such as Plague, Cholera, etc. must be ranked far behind the tuberculosis. W.H.O. has declared tuberculosis as a global emergency in 1993. **THE DISEASE HAS ASSUMED ALARMING DIMENSIONS IN VIEW OF EMERGENCE OF MULTIDRUG RESISTANT TUBERCULOSIS (MDR. TB) AND ACIDS.**

According to WHO about 1.7 billion i.e. one third of world's population carry the tubercle bacilli and every year there are 8 million new cases of tuberculosis, causing death to 3 million people. WHO projects that by 200AD the annual figures will further grow up to 10.3 million new cases and 3.7 million deaths. Problem is further compounded by Pandemic of AIDS. When a person is sick with tuberculosis and not properly treated, the person is likely to infect 10.15 people in a year. This cycle of transmission has continued unaddressed for decades in most developing countries.

TB is now the leading killer of adults, in their most economically productive years. TB has special affinity with young women. As per WHO TB kills over one million women every i.e. 2700 women dying of TB each day. As women are in close contacts with their kids, nearly 1,70,000 children die of TB every year. Over the past 10 years, TB has began to take the lives of more and more HIV positive people (AIDS cases). Most HIV infected individual die from TB than from any other causes. In one out of three people who die of AIDs, it is tuberculosis that actually kills them due to reduced immunity or poor body resistance.

SIGN SYMPTOMS:

Cough, fever usually evening for 3 weeks or more or haemoptysis, should make one suspicious of tuberculosis. There may be painchest, loss of appetite, weakness and gradual weight loss. Such persons should be investigated for TB.

INVESTIGATIONS:

For investigation mainly sputum for AFB (Acid Fast Bacillus) on three occasions is done along with X-ray chest. Other investigation includes routine blood examina

tion, Mantoux skin test, Elisa and Mycodot lame test (in selected cases) besides other tests and investigations depending on the site of tuberculosis.

TREATMENT:

When a person is diagnosed, he is to be given Anti TB drugs. We have three types of drugs-

- (a) Bactericidal
- (c) Reserve

(B) Bacteriostatic

- (a) Bactericidal includes Rifampicin, Isonex, Pyrazinamide and Injection Streptomycin.
- (b) Bacteriostatic includes Ethambutol, Thiocetazone, PAS.
- (c) Reserve drugs includes Cycloserine, Ethionamide Inj. Kanamycin, Ofloxacin etc.

Due to the problem of resistance in TB single drug is never used and neither should a single drug be added to a regimen. THE BEST AND POTENT REGIMEN IS A "SHORT COURSE CHEMOTHERAPY" for 6 months which consists of Rifampicin, Isonex Pyrazinamide with Ethambutol or Inj. Streptomycin as per WHO. The Total duration of treatment is divided into two phase-

- (1) Initial Intensive phase in which 4 drugs are used (Rifampicin, Isonex, Pyrazinamide, Ethambutol) for 2 months.
- (2) Continuation phase in which only 2 drugs are used (Rifampicin and Isonex) for 4 months.
- (3) Reserve drugs are used where the above primary drugs fail.

The drugs are also toxic:- as for example Rifampicin and PAS causes Jaundice and gastric problems, whereas Isonex, Inj. Streptomycin are toxic for nerves and causes Peripheral neuropathy and even deafness. Isonex sometimes causes abnormal behaviour. Ethambutol causes visual disturbances. So one should be very careful for the above side effects while prescribing and treating TB patients. When the wrong drugs or wrong combination of drugs are prescribed, the patient develops drug resistance. Drug resistance also occurs if the right TB drugs are not taken for entire 6 months regularly. Once a person becomes sick with Multidrug resistant TB, the most heroic medical efforts may not be able to save his or her life.

To make sure of regular treatment for 6 months, WHO has suggested the : DOTS Strategy" i.e. Directly Observed Treatment, Short course in which health workers watch the patient take each dose of medicines regularly without fail.

So, let us not allow this last opportunity of controlling TB to slip out of our hands and let us act before (HIV +) TB co-infection and Multidrug resistant TB creates an uncontrollable havoc for which our future generation may not pardon us. Let us all join hands to defeat TB for ever. WHO slogan is "Infectious disease must be fought globally to protect the people locally".

to take vocational courses in the schools as well as in the colleges. However, many do not enroll themselves for the courses because they believe that they may not get opportunity for vertical mobility. The University system has not responded to this new development. The students who complete school education with vocational subjects find that they cannot move up to the higher levels. Perhaps, suitable changes are required at the University level that even those who have taken vocational subjects get the opportunity to move up.

Thirdly, vocational stream will succeed only to the extent that those who pass out find employment in the expanding informal sector. If they do not get employment, most of them would naturally raise the question why they should go into the vocational stream. In order to promote vocationalisation, we have to take steps to improve the prospectus of employment for those who go into vocational stream. In fact, the educational system usually follows what the economic system demands. More and more people are beginning to find that in terms of income, skilled jobs are very remunerative. Hence, we find a growing demand for vocational education.

Fourthly, the students who are offering vocational subjects after their higher secondary examination are not in a position to enter the world of work as they do not have any training. A harmonious relationship must exist between the students of vocational courses and the world of work. The vocational courses should be such that it will, immediately, benefit the students in improving their day-to-day life. The world of work is changing very fast. Consequently, we require new equipments, fresh orientation for teachers and production of new teaching and learning materials.

Fifthly, various educational commissions set up by the Government to review our educational system have strongly recommended the need and importance of vocational education. The Kothari Commission thought of linking education with the social and economic development of the country. The commission had pointed out that University degrees were not necessary for middle level jobs which could be handled by well trained higher secondary graduates. The National Policy of Education of 1986, suggested that by the end of the eighth Five year Plan, at least ten per cent of the students would go for vocational stream.

Today, at least one hundred and fifty vocational courses have been offered all over the country in about six thousand schools. For over a long period a change towards vocationalisation has been consistently recommended, but not carried out. This is because we have not attached sufficient importance to skills at the middle level. Most of the people who operate at the middle level are traditional craftsmen and artisans. Whatever they know they have learnt from their ancestors. However, students in the vocational stream are trained for middle level jobs, and, hence, they did not receive any encouragement from industries and others.

Sixthly, the world of works is changing. Some new kinds of jobs have been created during the recent decade. For example, lathe work is not traditional nor is that of sanitary fittings. The Industrial Training Institutes (ITIs) and certain craft schools give training in new kinds of jobs. This involves investment in the form of new equipments, fresh orientation of teachers and production of teaching and learning materials. It has certainly slowed down the introduction of vocational stream. Once the vocational stream has been given its due importance and is adequately funded, it is expected that the vocational stream will flourish.

India is a vast country with numerous opportunities for jobs. The young person has to be prepared for entry into innumerable vocations that make up the country's economy. Hence, vocational education is necessary to prepare persons to take up jobs that are available in our country. Today, more and more persons are realizing the place of vocational education for the growth and development of our country. With the spread of vocational education, the problem of unemployment will diminish and India will emerge as powerful nation.

Fr. Kuruvilla V. S. J.,
Director,
De Nobili Schools.

THE MIRACLE THAT IS D.S.W.C.

By Jose K. L.

The District of Dhanbad and its pioneering organisation in integrated leprosy work, 'DSWC' are in great measure, indebted to a man called Fr. Michael Kavanagh, S.J., born in Rochester, New York, on June 26, 1910, who in 1955 came to India, a land of contrasts, a land of varied culture and ways of life in whose midst, this man of extra-ordinary vision and courage gave the best of himself in the years to come to the powerless, to the ostracised and to the stigmatised begging lepers of this district to raise them to the common human dignity gifted to each individual by our creator.

The history of DSWC will be incomplete without mentioning the initiative taken by Fr. Carl Dincher, S. J. who as early as in 1961 contacted Mother Teresa of Calcutta, inviting her to take up leprosy work in Dhanbad, who later on coming into contact with Bishop Picachy, the then Bishop of Jamshedpur, decided to set up her work in Jamshedpur at Baradwari.

Fr. Kavanagh started 'Damien Social Welfare Centre' in 1964 with a group of volunteers such as Rev. Sadiq, Rev. Titus and other adventure-minded people, as part of social action programme of St. Anthony's Church, Dhanbad. In the beginning DSWC was formed as an 'interdenominational and inter-religious society' who started to care for the lepers by distributing provisions of food and providing them with housing facilities. To make this a 'people's project', he involved in it the parishioners, the doctors, nurses and the leading public figures of this township to contribute in cash and in kind. Taking a cue from the modern human resource management, Fr. Kavanagh's approach was truly democratic, his planning was from below and his administration was decentralised, as the general public was involved at every stage of the implementation of his programme.

There was a progressively growing realisation in DSWC that the problem of leprosy patients transcends beyond providing them with food and shelter but it calls for a comprehensive and multi-faceted programme of survey, education, treatment and rehabilitation. To respond effectively to this challenge, in 1965

Dr. A. K. Mukherjee was made the Director of Medical Service to initiate a scheme of mobile clinics in Dhanbad and as a result, around 2100 cases of leprosy were registered for treatment. To make this programme financially viable GLRA for the first time made available Rs. 9000/- towards this project which was a shot in the arm of Fr. Kavanagh.

As the work-load increased at St. Anthony's Church, Dhanbad, Fr. Kavanagh was looking for a safe place away from the hustle and bustle of town to start a hospital and to house a religious congregation to take up the medical work in the villages by means of mobile clinics. To fulfill these requirements, at Govindpur, beside the G.T. Road, land belonging to the Air Force Wing Commander was bought for 6 lakhs followed by the purchase of land belonging to Harington Perry and Mr. Bloom who left for Australia.

In 1967, the Samaritan sisters from Kerala accepted the invitation of DSWC to join it as part of its medical project who took care of 25 mobile clinics with the help of jeep donated by Caritas International. Dr. Sr. Luka of Holy Spirit Congregation, by joining this group gave a new lease of life to the medical programme to which patients from 130 villages flocked. Today the mobile and field clinics are manned by the trained 'para medical works', who are dedicated to the cause of leprosy.

Gradually DSWC started shaping itself as a full grown organisational network of various units under it, engaged in several multi-faceted welfare, educational and rehabilitational projects all of which are meant for the integral uplift of leprosy patients and their children.

In the year 1969, DSWC became a registered society under the Societies Registration Act 1860 of Bihar as a Voluntary, Caritable and Nonprofit making Organisation dedicated to the detection, treatment and eradication of leprosy from the district of Dhanbad with its registered headquarters at Dhanbad.

The period between 1968 to 1970 saw DSWC undertaking an ambitious programme of survey in the district of Dhanbad to make an assessment of the prevalence rate of leprosy existing at that time. The outcome of this survey was the starting of 'leprosy control project' of DSWC covering a population of 11 lakhs in an area comprising the civil blocks of Dhanbad, Jharia-Jorapokhar, Balipur and Nirsa, where 24 units were set up by appointing one each trained para medical worker in each unit. The Non-Medical Supervisor and Medical Supervisors moni

tored and motivated the functioning of the PMWs in the individual units with the objective of reducing the incidence of infection of leprosy so as to bring down the transmission of this least communicable disease. Survey, education and methodology of treatment put forward by the National Leprosy Control Programme was adapted besides the WHO recommended regimen of multi-drug therapy.

The aims and objectives of DSWC are materialised by means of the activities carried out through the framework of the following branch units as depicted below :

1. BARAMASIA MERCY POST

This is a one time Anglican cemetery turned into a 60 bed leprosy hospital which houses the patients who suffer from severe wounds and ulcers. This hospital provides out-patient service with clinical facilities. In 1966, the Pastor of Anglican Church, Rev. E. Sadiq, gave the permission to use this cemetery, as a clinic which attracted patients from 130 nearby villages and which in the years to come developed into this field hospital. Initially around 18 crippled patients were given shelter here.

2. NIRMALA LEPROSY HOSPITAL

Nirmala Leprosy Hospital started in 1969 is situated beside the G.T. Road at Govindpur, 14 km from Dhanbad town. This is a well-equipped modern hospital having all the facilities for the treatment of leprosy. This hospital provides free treatment in the elimination of leprosy to all regardless of caste, creed, religion and social status. This hospital has a bed capacity of 130 for patients suffering from complications of leprosy. Reconstructive surgery is performed here and great emphasis is laid on physiotherapy.

3. EDUCATIONAL ACTIVITIES

DSWC recognises the need for the education and upbringing of the children of the leprosy patients. All the children of leprosy colonies are given free education upto secondary level and beyond so that for their future livelihood and support of their parents, they can depend on their effort and earn a living. The Nirmala Girls' Hostel was started in the year 1968 by the Samaritan Sisters which can accommodate upto 300 girls who are not only given formal education but also training in embroidery, home science, tailoring, batik and handicrafts.

De Britto House at Gomoh, is a Boys' Hostel started in the year 1972, ini

tially with 24 boys. DBH houses around 400 boys who get a good education in all fields. Apart from high school level education they are given practical vocational training in welding, carpentry, bamboo craft, tailoring and agriculture. These activities equip them to be self-reliant and find a trade in the long run according to their aptitude. The education provided in these two hostels will undoubtedly prepare the wards of leprosy patients to overcome the social stigma they face in the society and to assert their human rights in the surroundings they live by becoming supports to their families and to themselves.

4. BARAMASIA REHABILITATION TRAINING CENTRE (BRTC)

Rehabilitation marks the culmination of leprosy control programme. The main objective of the rehabilitation programme for the cured leprosy patients is to restore them to the fullest physical, mental and social well-being to which they are capable of. Consequently this programme comprises of removing the social stigma attached to leprosy and integrating the patients into the main stream of social life. This programme enables the victims of leprosy to reestablish a normal life as far as possible by engaging themselves in occupation or trade according to their natural abilities, attitudes and levels of motivation.

In 1974 DSWC started Baramasia Rehabilitation Training Centre in Dhanbad to restore the dignity and self-esteem to the leprosy patients who were cast out of their homes to depend on begging for their livelihood. This programme is sought to give them an opportunity and to impart training in small-scale cottage industries with raw materials that are locally available. This has given rise to their self-confidence and assertiveness to compete in the open market with the half-way assistance provided to them by way of material help and by procuring their product to sell them to outside agencies.

The patients at BRTC are well-versed on the techniques of maintenance, handicrafts, embroidery and weaving. Such activities help the patients to help themselves to rediscover their worth as human beings with dignity and honour.

5. LEPROSY COLONIES

Settling down the cured patients in various colonies scattered in the district of Dhanbad is a major concern of DSWC as they are not accepted back in the home surroundings from which they come. Keeping this in view we have built around 21 colonies within our project area so that the cured patients are settled

down to a secure life there. DSWC provides housing, sanitation, medical and other welfare facilities to these settled in the colonies so that they will find again hope, joy and security in their life.

6. HEALTH EDUCATION

In 1980 DSWC launched an intensive health education programme. Health Education programme is an integral part of leprosy eradication as it would help people to dispel the wrong notions that they associate with leprosy. This programme imparts true knowledge about leprosy to the people who contracted it as well as to people, who don't have this disease, but who come into contact with the leprosy patients in their every day life.

The message of health education to the leprosy patients is that it is curable just like any other disease, if proper and regular treatment is taken regardless of at what stage of disease they are in. The message to the general public is that the unfortunate leprosy patients should not face social stigma and they should not be isolated from the human society instead they should find their proper place in it as they too are part of our common humanity. Health Education emphasises the fact that leprosy is one of the least contagious of the infectious diseases.

7. PARAMEDICAL WORKERS TRAINING CENTRE

In the year 1980, DSWC started a 'Para Medical Workers' Training Centre which is accorded recognition by the Governments of the State and Centre. After the 4-month long training they are in high demand for job opportunities in both Governmental and Non-governmental sectors. The basic knowledge imparted to them on the disease of leprosy, through this course enables them to be effective instruments in co-ordinating successfully the field activities in their capacity as Para Medical Workers. Thus this training centre contributes a lot by means of this PMW course in this national goal of leprosy eradication.

8. HOME FOR THE DISABLED AND AGED

DSWC runs home for the disabled and outcast leprosy patients, at Nirmala Leprosy Hospital, Govindur. The patients who don't have anyone to care for or who are outcast from their homes due to the contracting of this disease are given permanent shelter and security in this home. Here they find meaning and true value of life in an atmosphere of care and compassion. The running of this too is credited to the Samaritan Sisters.

9. FIELD CLINICS

In 1997, in compliance with the directive of NLEP, DSWC reorganised its existing field clinics into various 'circuits' en route of which having fixed convenient drug distribution points which are easily accessible to the patients. At present DSWC project area of around 32 sq. km, is divided into 20 such circuits having 84 drug distribution points covering a total population of around 13 lakhs.

SUCCESS STORIES

The greatest success story, of D.S.W.C, of which every citizen of Dhanbad is proud of is this that while in 1970, the case load of DSWC was 37190 and in 1998 it has been scaled down to 1663. The prevalence rate of leprosy in 1970 in DSWC project area was 17.2 per thousand population while it today is 1.81 per thousand enumerated population. As of date DSWC has cured 35000 patients, admitted around 94000 patients in its hospital at Govindpur, provided high school education to round 800 children of the leprosy patients and built around 900 houses in various colonies established for such patients.

In 1998 DSWC took part in the national programme of MLEC (Modified Leprosy Eradication Campaign) which envisages the inclusion of other medical staff, teachers of schools, private practitioners, volunteers, any motivated group and the community at large to take part in the leprosy elimination campaign to make it a mass-based action. MLEC shortens the period of treatment of Multibacillary (M. B.) (infectious) cases by one year instead of two years while the Paucibacillary (P.B.) (non-infectious) cases the duration of treatment is 6 months as earlier. The single lesion cases are treated with one dose only.

The MLEC plan envisages to cover the entire population of the project area in a week by means of rapid survey so as to unearth the hidden cases to put them on treatment.

During the MLEC rapid survey conducted from 20/4/98 to 26/4/98, in the four Civil blocks of Dhanbad, Jorapokhar, Baliapur and Nirsa, out of an enumerated population of 12,60,88 around 10,16,678 were examined among whom 951 cases were confirmed as leprosy.

It is a fact that Dhanbad is a polluted area due to the coal mining activity carried out for more than a century. Some of the leprosy patients are living in habitats that are unhygienic and polluted which to a great extent undo the medi

LEPROSY ERADICATION BY YEAR 2000

Leprosy is a disease caused by a Bacteria called 'Mycobacterium Leprae' which primarily affects the outer nervous system and secondarily affects the skin. It is a disease which is cured by early detection and timely treatment. But if not detected and treated in time it can do immense harm to the person physiologically, socially, mentally and economically. Since this disease affects the nervous system, it can incapacitate the functioning of the outer nerves resulting in the complete or partial breakdown of the function of the organs such as loss of sensation, malfunction of the muscles, deformity in human body, eventual occurrence of ulcers due to the loss of sensation and damage to the body tissues.

Around 95% of the people are immune to leprosy bacilli and only around 5% of the population contract this disease. Immunity of a person to leprosy to great extent depends on genetic factors.

Leprosy is transmitted by means of two methods from a patient to a healthy person. Since leprosy is an air-borne disease, it is transmitted through nasal discharge which contains a lot of bacilli that find entry through the respiratory route. It may also be transmitted directly from a patient to another person by skin contact through the cuts in the body.

Upto 1981 all over the world there were around 12 million leprosy patients the bulk of whom is found in Africa and in Asia. Around two third leprosy cases are found in Asia and roughly around one third in Africa. India accounts for about half of the leprosy cases of Asia. The total number of leprosy patients in India is estimated to be around 3.2 million, resulting in a prevalence of about 6 patients in every 10000 population.

cal relief accrued to a cured patient in the sense that unless a person lives in an environment of friendly surrounding, he is not at ease with himself and the habitat. To bring about a balanced relationship with habitat and the self, one has to have surroundings that are healthy and apt for human living. It is in this context that for the Financial Year 1998-99 DSWC planned to embark on an ambitious programme of providing hygienically conducive living quarters to as many leprosy patients as possible in such human habitat that are environment-friendly, hygienic and devoid of pollution so that it may work as a catalyst in bringing about greater awareness among the patients maintaining this healthy atmosphere for their own secure living. In view of this DSWC has launched a joint venture programme in collaboration with the District Administration of Dhanbad to build hygienic living quarters for the leprosy patients under the Government sponsored 'Slum Development Project'. The target to be achieved in this regard during the financial year is approximately 250 houses for such patients.

Today DSWC is the pride of Dhanbad district and it is an oasis in the midst of despair, hopelessness and brokenness which each leprosy patient experiences. Today DSWC has become part of the history of Dhanbad District. Today it is symbol of God's incarnated love for the total liberation of the leprosy patients whose powerlessness makes DSWC the most powerful agent of social transformation in this coalfield area.

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Dapsone Therapy

The Multi drug therapy or MDT as it is known was first introduced by the recommendation of WHO in 1981 which consisted of a combination of three drugs namely Rifampicin, clofazimine and Dapsone which proved to be effective 99% in the eradication of Leprosy with hardly any case of relapses. The advantage of MDT over Dapsone monotherapy is that since the former consists of three combination of Drugs, even if the Leprosy bacilli develop resistance to one Drug they will be destroyed by the other drugs. So this is a fool proof method in the eradication of Leprosy.

Before the introduction of Multidrug therapy, the treatment of leprosy depended on the administration of dapsone monotherapy which was not fully effective in the eradication of this disease because the duration of such treatment extended from three to ten years during which the leprosy bacilli developed resistance to Dapsone and more over it was not effective in preventing deformities.

Within a span of ten years around eight million leprosy patients were cured by MDT treatment which means 80% of leprosy cases are cured. When the leprosy infected patients harbour less than one million bacilli it is called paucibacillary leprosy which could be cured within 6 months to one year of MDT treatment and when the patient harbours more than 100 million bacilli, it is called multibacillary leprosy which could be cured within 2 to 3 years of MDT treatment. It is estimated that around 2 million leprosy patients are affected by serious impairments such as deformities which lead to social handicap and social stigma.

According to the latest available statistics on leprosy with WHO, as of now there are around 940515 cases registered for treatment which means the global prevalence rate of leprosy is 1.7 per 10000 population though in the 16 most endemic countries it is 4.7 per 10000 population. Around 500000 new cases are detected every year.

In 1991 at the auspices of WHO, an ambitious plan of leprosy elimination by the year 2000 was launched. To materialize this, the world Health Assembly adopted a resolution declaring its commitment to promote the use of all control

measures including multidrug therapy with case finding in order to attain the global elimination of leprosy as a public health problem by the year 2000. Here in this context elimination of leprosy is defined as the reduction of prevalence to a level below one case per 10,000.

The first international conference on the elimination of leprosy was organized in Hanoi, Vietnam, in 1994 at the initiative of WHO to focus attention on the need of continued commitment to the cause of leprosy elimination so as to draw up a global strategy and a plan of action for the realization of the above-mentioned cause. The Hanoi conference first and foremost committed itself wholeheartedly to the resolution of World Health Assembly in 1991. The Hanoi conference vigorously called upon the national authorities, international bodies, donor agencies, NGOs and health professionals working in the field of leprosy to make a sustained effort and to step up their commitment to achieve the goal of leprosy elimination. This Conference urged the people concerned to promote political, financial and social commitment and to mobilize community action by sustained health education activities in support of the goal of elimination. It also advocated to give top priority in the post elimination period, for increasing the MDT coverage at the highest possible level together with case finding in all the endemic areas. This Conference reminded all to strengthen the national capabilities so as to ensure continued prevalence reduction together with effective monitoring of progress towards elimination. It also draws the attention to the fact that the prevention and management of disability become an integral part of leprosy elimination programme so that all leprosy patients are rehabilitated and reintegrated into their own communities.

The global strategy and plan of action envisaged that the political will together with increased resource mobilisation is a necessary ingredient for the elimination programme. This action plan aimed at the preparation of a long-term and short-term plan of action to mobilize material resource, particularly MDT drugs to provide support for the period covered by the plan. It also emphasized the need for the organization of leprosy elimination activities to be implemented through the existing centres of general public health services in the country.

According to WHO estimate global elimination of leprosy means attain

ment of a prevalence level below 300000 cases globally by the year 2000 out of the current figure of 1.30 million estimated cases and achieving the total figure for cases cured through MDT is above 10 million by the year 2000 from the present figure of 8 million by MDT treatment. This target is easily achievable given the state of well organised programmes undertaken by well developed health services to reach relatively accessible areas to implement MDT programme effectively. But inaccessible areas and population will pose a great problem for the goal of elimination where routine approaches will not yield result. It needs to be tackled on a different level and calls for non-conventional special mechanisms which will be highly costly given the difficult nature of the project. Special attention too will have to be given to identify highly endemic pockets of leprosy.

In the noble task of leprosy elimination WHO has entered into collaborative partnership with the national leprosy control programmes of all endemic countries and the NGOs already involved in the elimination of leprosy, chief among whom are the Nippon Foundation of Japan, the International Leprosy Association, the International leprosy Union and the Federation of Anti-leprosy Associations. The Nippon Foundation ever since the Hanoi Conference has pledged the sum of US\$10 million per year till the year 2000 for the free supply of MDT drugs for use of countries in need.

A second International Conference was organised in New Delhi on 11th October 1996 which was opened by Prime Minister Mr. Deve Gowda, in which representatives from major leprosy endemic countries and well known NGOs took part to evaluate and monitor the progress made towards the elimination of leprosy by the year 2000. The 3 day conference was organised at the behest of WHO and co-sponsored by the Sasakawa Memorial Health Foundation and the Government of India, to remind the people concerned that, to cherish the goal of leprosy elimination, political will the top level is absolutely necessary. The main aim of the conference was apart from stock taking of the current status of the disease in the most affected countries, to speed up elimination efforts at the grassroot level, leaving no stone unturned to reach every patient

in every village, to monitor and evaluate to insist on community oriented rehabilitation in their own villages and communities. To achieve the global elimination of this disease around 2 million more patients will have to be approached and around 400 million US dollars will have to be spent within the next span of five years.

WHO has come up with an experimental novel idea of integrating leprosy elimination work with the general health services which should not be misconcieved as closing down specialised activity in this field as beyond year 2000 leprosy will survive in certain exceptional pockets and there will be even small leprosy endemic areas. Such areas will call for special vigilance and monitoring to arrest the growth of this disease. After year 2000 there would open up a welcome scenario where many NGOs will diversify their field of action into other diseases which are re-emerging and the involvement of such NGOs in health activities will remain rooted in the community for a long time to come.

Source : WHO

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Hermann Kober

1924-1998

**Founding Member, Executive Director and President
of the German Leprosy Relief Association**



Milestones of a life

For us, the members, the board of directors, the staff and the friends of the German Leprosy Relief Association it is unbelievable that our President died. It is difficult to cope with the idea that he is no longer with us, and that he will never come again to our office.

We lost a person who put his strong stamp on this association and on all those who work for it here in Germany and abroad in the projects.

In those days right after the war when the people first had in mind their own well-being, Hermann Kober was confronted with those dreadful news reporting the sad fate of leprosy patients in Ethiopia. The reports and pictures he saw immediately made him call into being a relief association for these patients. Shortly after the association was expanded in order to help leprosy patients all over the world.

The founding of this association was the first of many milestones. Others were to follow on the way to make this small association for leprosy patients in Ethiopia become the biggest leprosy relief association in the world.

Hermann Kober's achievement is remarkable just because he did not dedicate himself fulltime to the development of this association. He did it in his leisure time. We know that he neither cared for his health nor his financial security. His family, and first of all his wife Irene, supported, accompanied, and strengthened his work. For this we owe his family deep gratitude.

Hermann Kober was a man of action and visions, he was a protagonist of ideas which often were taken up by others only year later.

It was him who decisively contributed to the foundation of the European Federation of Anti-Leprosy Association (ELEP), and who strongly pleaded for a further internationalization of the federation in the late seventies.

At an early stage already he realized that better drugs were necessary to cure leprosy and it was him, who against many odds stuck to the cooperation with the Research Institute Borstel and its former director, Professor Enno Freerksen. It was only in 1992 that the World Health Organization admitted that the drug combination developed by the Borstel Institute was landmark in the history of modern MDT.

It was him who foresaw that the consequent treatment with MDT would rapidly reduce the number of leprosy patients, and it was him again who vigorously supported the idea of combining the treatment of leprosy with that of tuberculosis.

It was also Hermann Kober's idea to call into being the "Armauer Hansen Institute" in Wurzburg.

Due to his initiative many projects were created in all parts of the world. He realized soon that training and education of all those who were active in leprosy work were necessary, and it was due to him that GLRA did not neglect the social problems of leprosy patients.

He was a shining example for many people who decided to devote themselves to leprosy work-either by working actively in fundraising groups in Germany or by going abroad as a volunteer. His enthusiasm and power were not only infectious to us who were so close to him, he also was extremely successful in motivating uncountable donors.

Many of our partners in Germany and abroad had and have beyond his death great respect, admiration and appreciation for his lifework. Hermann Kober was the man who had the power of compassion, who was honoured and respected by the powerful. Often it was due to his persistence that GLRA stuck to its help for leprosy patients irrespective of hindrances and despite of turmoil and riot. Even in this country politicians and public figures could not evade Hermann Kober's concern.

In spite of all our sorrow and grief we must not forget to look forward. So would Hermann Kober have wanted us to do: to carry on with his work, to continue to support leprosy patients.

Herman Kober left the association well-ordered. As he has given us a good schooling, it is now our turn to carry on with power. It is us now to be protagonists of new ideas, to have visions, to think the unthinkable and make it become true. We will sadly miss the talks with him and the good pieces of advice he gave us.

Yet Hermann Kober will be among us, he will always be remembered. His high principles will be our guiding star.

Hermann Kober - requiescat in pace !

On behalf of the Board of Directors, the Executive Committee and the Staff of the
German Leprosy Relief Association

Dr. Horst Frank
Vice President



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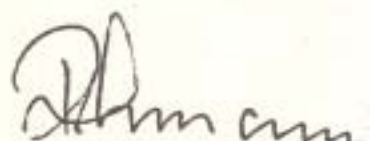
Dear Fr. Gerald D'Souza,


Recently we learned to our great pleasure that de Britto School, Gomoh is Celebrating its Silver Jubilee on 24 October 1998.

We would like to extend to de Britto school in Gomoh our most cordial congratulation and we wish all of you a nice jubilee celebration. Please pass on our best regards and wishes to all the pupils, workers, teachers and people who are working and learning in de Britto School and we hope you all will enjoy this Silver Jubilee celebration with all your heart.

With best wishes and kind regards, we remain

Yours sincerely,


Alois Pöschmann
Treasurer


Dr. Jürgen König
Head Department I
Medico-Socio Project

Mitglied der ILEP (Internationale Vereinigung der Leprothilfswerke)
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Josef Thees.

(DAHWD 049/97)

William A. Gershon

Born on December 14, 1933

died on May 20, 1998



It is with deep regret and sadness that we have to notify the demise of Mr. William A. Gershon. Our thoughts and sympathy are with his family and many, many friends in India and other parts of the world who knew him for years.

William Gershon joined GLRA in 1965 when he stayed in Germany in order to study modern rehabilitation techniques. Until that date he had been working for three years as a para- medical officer for the Gandhi Memorial Health Foundation.

Originally he graduated from the University of Madras as a B. A. of economics and political science, English language and literature. In 1962 he did a one - year training in leprosy which included rehabilitation and health education. Afterwards he concentrated on the rehabilitation of leprosy patients and completed a rehabilitation job potential survey in 21 large scale industries in India on behalf of the Government of India to find out the potential of jobs that leprosy patients can do.

When he joined GLRA he first worked at the GLRA headquarters in Würzburg to learn the organisational set-up of a relief association.

In December 1966 William Gershon returned to India and served GLRA as a regional secretary for India and the Far East with headquarters in Madras. In 1973 he started to act as a Regional Secretary for India on behalf of the German Leprosy Relief Association and of Leprosy Relief Work Emmaus Switzerland.

He held many honorary positions like honorary director of the GREMALTES Referral Hospital and Leprosy Centre in Madras (1971-1977), secretary of the Greater Vishaka Leprosy Treatment and Health Education Scheme GREVALTES, Vishakapatnam (1974-1978), honorary director of Emmaus Swiss Palamaner Leprosy Project, Palamaner, Andhra Pradesh (1976-1984), director of Arakku Leprosy Project, Arakku, Andhra Pradesh (1979-1983), secretary to the GLRA

Rehabilitation Fund, GELRA Industries & GELRA Plastics (1975-1984), member of the Governing Board of Schieffelin Leprosy Research and Training Centre, Karigiri (1977-1983), of the Hubli Hospital for the Handicapped, Hubli (1977-1984), of Hind Kusht Nivaran Sangh, New Delhi (1974-1984), and of Hind Kusht Nivaran Sangh, Tamil Nadu Branch (1972-1984). He was a founder member of the Indian Society of Health Administrators (1979) and a member of the National Leprosy Organisation of India (since 1975).

He may be called father of modern urban leprosy control programmes and of the social rehabilitation work which GLRA started in India under his guidance. At the same time he was the initiator of many leprosy control projects all over India and played a historic role in the implementation of leprosy projects in India. Many of his former colleagues in India will recall his immense contributions which made possible the immense growth of GLRA activities through different projects in India.

In 1984, William Gershon came back to the GLRA headquarters. He met there with a warm reception from his German colleagues. Since then "our veteran" William Gershon was an excellent advisor on many occasions.

When he retired in December 1997 all of us had hoped with him that he could still enjoy many years of peaceful, pleasant and relaxed retirement both in his beloved home country India and in Germany.

Not only many friends in India will mourn for him, but also people in Germany and Switzerland, in Tanzania, Ethiopia, Egypt, the Sudan and in Yeman who met him in the course of his life. They all had a high esteem for him and will miss him sadly.

Board Executive Committee, and staff members of the German Leprosy Relief Association offer their heartfelt sympathy to his family, his former colleagues and friends in India.

We will always treasure his memory.

On behalf of the Board of Directors, the Executive Committee and the Staff of
the

GERMAN LEPROSY RELIEF ASSOCIATION

Dr. Horst Frank
Vice President

From the Director's Desk.

Dear Friends,

DSWC has reached several milestones and the Silver Jubilee of DBH Gomoh is one of them. This is an occasion to look back and count the many blessings that have been showered on DBH and through it to the many students and staff that have been part of it.

Many youngsters, who otherwise would have gone without education and any opportunity to grow and flower, have found shelter, good education and training which can lead them to a respectable life and be self supporting. Many boys have found in DBH an oasis in the desert of their life where all their basic needs for shelter, food and clothing, medical and financial support etc, etc are taken care of.

To make this possible, lot of people have contributed and cooperated. The Administrators, the staff, the students, who have been a part of it directly or indirectly, has played a role in the development and growth of this institution. The sponsors and the benefactors have been very generous. To mention a few - the Rokko School Japan, FR. Joel Massip, Mr. Pascal and his group, the CNEWA, all have supported and encouraged this venture. Now that we celebrate the Silver Jubilee it is fitting that we remember and thank all of them very sincerely.

DBH Gomoh is now 25 years old and it is time to look forward to the future. The School which was initially started for the hostel boys has been opened to the public. Several batches have passed out of the school. The school is yet to be recognised by the Educational Department. The school is finding it difficult to cope up with the pressure for admissions and the school has to be expanded. The electricity supply has been erratic and as a result the VTC has not been functional. This needs to be looked into. Water scarcity is another problem which deserves immediate attention. Science laboratories and library is a must for the school. All these and many other projects are visualised for the future development of this institution.

I sincerely hope that our benefactors, sponsors and friends will continue to support and encourage us because without it we can do mighty little. May God bless all those who have selflessly supported DBH and reward them hundredfold.

With warm regards,

Fr. G. M. D'souga.

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