Letter to the Editor

BEGGING AS A PROFESSION AND DEHABILITATION AMONG LEPROSY PATIENTS

The two articles by Kaur and van Brakel\(^1\)\(^2\) indicate that rehabilitation and begging are still major problems in the total management of leprosy patients. Without minimizing the importance of MDT and efforts to reduce stigmatization of the person with leprosy, I believe there is an alternative approach that should be considered in combating the stigmatization of patients, and that is to consider the problem not from the side of the ‘stigmatized’, but rather from that of the ‘stigmatizer’. The area of North East Nigeria in which I worked from 1945 to 1982 for the most part consisted of a population of animistic tribal groups with beliefs that did not have a strong stigmatization against leprosy, as is so common generally. Many of these people were being rapidly Christianized, and educated.

In our programme of patient management in Nigeria we did everything we knew possible to avoid rehabilitation. Of signal importance was the fact that during the initial examination of a person the question was always asked ‘When you leave this institution, where you have come for diagnosis of leprosy, where will you continue your treatment?’ This question at once forces the person to realize that he will be continuing treatment elsewhere (in an outpatient clinic).

Secondly, rehabilitation services were provided intensively, including specific leprosy therapy, education in prevention of disability, physical therapy, footwear and prostheses, and surgery where indicated. Of course, all these services were gratis. But housing, food and clothing were only provided where there was utmost, and urgent need. Fertile land was available, and everyone was encouraged to farm to grow food, with assistance given by provision of fertilizers and plowing of plots for food crops. When patients were capable they could grow groundnuts and cotton as a source of cash income.

Thirdly, and perhaps of most importance was the fact that begging was not a locally acceptable way of life. If a person needed assistance, it was the family’s responsibility to provide. Thus begging just was not profitable. Occasionally we had patients coming from other areas, chiefly urban, where they had carried on a satisfactory existence by begging. Some of these people would go to the local market about a mile away to beg, but it was just not worth their while. So when the indication that brought them to us was cared for, usually the fabrication of prosthesis, they would go on again. Their lifestyle of begging just did not work there.

This approach to the problem of leprosy patients who turn to begging as a way of life, of working not with the beggar, but with his donor, may sometimes appear cruel, but the ultimate result of full social rehabilitation is infinitely more rewarding.

I did spend a year working at the US Public Health Services Hospital in Carville and found there a totally different situation with impossibly problematic stigma.

3001 Lititz Pike
Lancaster
PA 17606
USA

ROY E. PFALTZGRAFF
References
