

JORNAL DO Morhan



Newsletter of the Movement for the Reintegration of People Affected By Hansen's Disease – Brazil

Issue 29

English Version by Marcelo Rosa de Jesus

The Specialized hospital Dom Rodrigo Menezes, in Salvador, completes 50 years. The National vice-coordinator of *MORHAN*, the first patient admitted in the former patient, was there.

The *MORHAN* Newsletter interviewed Carlyle Guerra Macedo, from the Pan American Health Organization and the National Council of Health. He considers the incidence and prevalence of Hansen's Disease in Brazil a national shame, that in a comparative analysis are the highest numbers in the Americas.

To rescue his citizenship and, to claim for justice is the wish of Misael Teixeira Rocha, a 24 year-old patient that was arbitrarily dismissed from Army last year, after 4 years as soldier.

Updated Branches brings the latest news of the Hansen's Disease movement that are happening throughout the country.



Poster for the campaign of acceleration of the elimination of HD.

It shows the phrase: "Would you say that I ever had Hansen's Disease?"

EDITORIAL

By ARTUR CUSTÓDIO M. DE SOUSA – National Coordination – Morhan

One more time I must repeat the commitment our movement has for the construction of a new society. MORHAN in the fight for real citizenship and quality of life for all population and ethics in society works for the empowerment of the social movements inside a municipal strategy.

This commitments are historic, they exist since before the foundation and they are in the by-laws written in 1981. Because of this, MORHAN invites everyone to a meditation about this moment of ethical crisis in the world society, in which we see discrimination's rebirth. Unemployment, starvation, violence are possibly only fruits of the condition of merchandise, in which human race has been included.

We are only 'drops of water', but when we come together, we can become torrential rivers, with strength! Together we are only 'drops of water' !! Let's remember the past of Hansen's Disease and see how many things we changed when we worked together or still with other people or institutions. The problem we face with HD is not isolated of all the other and we cannot give up trying to analyze its causes, consequences and solutions. The MORHAN newsletter from the next issue on, will show the work that the other partners and social movements are doing, so that we can be more united.

MORHAN is growing, nobody can deny this. Many flowers are blooming in our garden and we do not have time to appreciate their beauty because we are too busy counting the leaves that fell in the last autumn. We have an important social role to perform, we cannot waste time and energy in minor questions or with destructive personal feelings.

Let's continue spreading our ideas and sowing, and one day we will appreciate the beautiful flowers and fruits of a new society.

The municipalities in the state of Pará also joins the fight for the elimination of Hansen's disease

The epidemiological frame of HD in Brazil, specifically in the North, North-eastern and Center-west regions, present high values of incidence and prevalence.

In the northern region, the state of Pará appears as one of the most endemic with an incidence of 8 HD new cases per 10,000 inhabitants and the prevalence of 14 affected people per 10,000. In the South and South-eastern regions of that state are concentrated 90% of the new cases and 87% of the affected people.

In face of this situation, the National Council of Municipal Secretaries of Health/CONASEMS had approved the creation of the Plan of Acceleration of the Elimination of Hansen's Disease at municipal level.

CONASEMS invited the State Council of Municipal Secretaries of Health/COSEMS, the Association of the Municipalities of Araguaia and Tocantins/AMAT, the Movement for the Reintegration of People Affected by Hansen's Disease/MORHAN and the Association of the Consorted Municipalities of Araguaia and Tocantins/AMCAT for the organization of the presentation and discussion meeting for the Plan in the region.

The Plan was presented by the Task Force in the meeting that counted with the following entities: Special Secretary for Social and Executive Protection of Public Health, State Council of Health, Municipal Associations, State Legislative Assembly, UNICEF, National Health Foundation and Coordination of the Information, Education and Communication Program, with the objective of involving the representatives of governmental and non-governmental organizations in the commitment for the acceleration of elimination of Hansen's Disease in the State of Pará.

Referential HD Hospital completes 50 years

The Dom Rodrigo de Menezes Specialized Hospital, the old colony named Águas Claras, in Salvador, completed 50 years of existence. The solemnity of celebration counted with the presence of the national vice-coordinator of the Movement for the Reintegration of People Affected by Hansen's Disease (MORHAN), Antônio Borges, first patient interned in the former colony, in the year of 1949. There were also present at the event, the Secretary of Health, José Maria de Magalhães Netto, old directors and patients of the unit.

Antônio Borges gave a lecture about the hospital, that represents an important chapter in the treatment of the people affected by HD. The hospital was opened by Otávio Mangabeira, at that time governor of the State of Bahia, and received 83 patients that lived in the Asylum Secular das Quintas. The patients had to face the stigma of the disease and were abandoned by their families and segregated by society, staying in the asylum until their death.

THE FOUNDATION CHANGES THE LIVES OF PATIENTS

The frame has changed with the inauguration of the hospital where a medical staff started treating the patients with sulfa. A year after the inauguration, happened the first discharge by cure, this fact was practically the unique at that time. Projected as an isolation hospital, where there was 230 vacancies for internment, the hospital is nowadays an specialized unit in the area of Sanitary Dermatology, with an emphasis for the attendance of Hansen's Disease, in the clinical aspects and in the physical, psychological and social rehabilitation.

Since 1991, following the new politics of the Ministry of Health, the unit had no more the internment attendance, maintaining 72 beds for the assistance to the surgery cases or inter-concurrence. In the hospital there are 17 old patients that lost contact with their families and had no conditions to return to their old activities.

MANY PROJECTS IN COURSE

After 50 years since its inauguration, the old isolation and segregation hospital, that belongs to a time the knowledge about the transmission did not exist, still suffers with the stigma and prejudice of the disease and its symptoms, says the Director, Luis Eduardo Caldas. The unit is currently a reference in the state for the area of Sanitary Dermatology and has 173 workers.

And among the many goals the Director wants to reach is the opening of new vacancies for work in the ambulatorial services, in face of the organization of the services and the guarantee of the resolution of the assistance of the interned people.

Also this year begins to operate the first Orthopedic Shoe Workshop for disabled people, that occupy an area of 180 squared meters in the hospital, and was inaugurated in November 1997, resulting from a cooperation between SESAB and Handicap International, a French non-governmental organization that produces orthopedic and of rehabilitation.

HD NUMBERS IN BAHIA DECREASE

Although the significant reduction in the prevalence of HD, the situation is still to worry about, placing Bahia as a region of medium endemic manifestations, according to the Director of the unit, Luis Caldas. There were a considerable increase of the control and in the recuperation of disabled people. Caldas also reminds that the disease has a higher level of incidence among the poor population and that on the contrary to what it is thought, only the long contact can result in infection by the disease. The treatment of the patients of Hansen's Disease is made in the ambulatory, without isolating them from their families and only the inter-currencies and repair surgery cases require internment.

In Salvador, there are seven public health units capacitated for the ambulatorial treatment. In the whole state the SESAB has more seven centers for the attendance of people affected by the disease, at Feira de Santana, Itabuna, Teixeira de Freitas, Juazeiro, Vitória da Conquista, Irecê and Ibotirama.

INTERVIEW

Carlyle Guerra de Macedo

National Council of Health and Pan-American Health Organization

To evaluate the government and community's commitment with the patients of Hansen's Disease, that today are in number of 90,000 persons, the MORHAN Newsletter interviews Carlyle Guerra de Macedo, that is at the National Council of Health, representing the scientific community and at the Pan-American Health Organization/WHO and is considered on of the great thinkers in the area of public health in Brazil.

Morhan – *The increase in the numbers of HD can be justified by the economic crisis that the country faces?*

Carlyle – The economic crisis increases poverty and therefore, the risk of contamination but it does not explain the high numbers of HD prevalence in the country. It is an old problem and it is a consequence of poverty and ignorance caused by social marginalization and by the imperfection of the policies and specific control programs.

On the other side, the fact the health budget is varying is not a justification to treat the issues related to HD with disregard. The incidence of the disease, in comparative numbers are the highest in the Americas. **A national shame.**

In spite of the low-cost intervention mechanisms, the problem stays as insoluble. The allegation spins around the lack of resources and of strategy definition. The crisis, on the contrary, can be a good moment to strengthen an specific policy to fight the illness, that must be seen as a priority.

Morhan – *How should be this promotion policy inside the Health System's decentralization process?*

Carlyle – The decentralization is a positive point as it increases its capacity to achieve all the population in the country and approaches the concrete actions to the communities, integrating the decision of making and the act of offering the service.

But, illnesses like HD, need standardization. The decentralization may not mean therapy schemes for each location. Experiences throughout the world show that diseases like HD and Tuberculosis need national-wide standardization. Besides a good disease fight

system, must assure the provisioning of training, supervision, information, etc. The decentralization must be completed and supported by functions that are better performed in state and municipal levels. Complementation and synergism are critical characteristics in a good decentralization control system.

Such system, is perfectly viable and feasible in Brazil an it is being implemented. With it we will take the country from this ranking as the responsible for 80% of HD cases in the Americas, with low costs.

Morhan – *What is missing to revert this situation?*

Carlyle – It lacks the capacity for decision and willingness to take forward the known strategies until they become established.

I believe that there is sensibility and desire in the leaderships in the Ministry of Health and also in the municipalities. We must take advantage of this moment to overcome the difficulties, including those generated by technical or administrative controversies. It is essential the participation of the community in the fight against the disease. In parallel, it will be necessary to reinforce the leadership role that must be played by the federal government. To reach all the locations in the country, the Combat Plan for the Elimination of Hansen's Disease has to acquire the adhesion of both communities and governments. In the regions with better infra-structure, the federal presence can work as an incentive, delegating the operational part function to the states and municipalities. But I see as essential an action led by the federal government in the north and north-eastern parts of the country, for example, not with intervention power but with support,

stimulus, promotion and correction of the imperfections.

Morhan – *The movement for the elimination of HD is, for a long time, warning for the need of involving the three levels of government in a joint action with the community. Our Plan was already taken to some Ministries of Health. Do you believe that this fight is not institutional, but personal?*

Carlyle – It is regrettable, but in Brazil we are in the phase that the government is made based on men and not on laws or institutions. There are the assessment mechanisms that perform this function, but, looking carefully, a good part of the decisions depend on the capacity of being in the right moment, with the right argument and with the right people.

We know that the Ministry of Health is a competent politician. If this Plan to fight the disease, could manage to get to his hands, showing the possibility of a low effort and with low cost, it can achieve in a short time, the positive results, he will certainly support it and this will be a great stimulus to improve the Program's development.

Morhan – *How we can overcome these times of crisis?*

Carlyle – HD, although it is not so lethal, it has a great significance. Among factors of this relevance, there is the historical and cultural prejudice of the cursed illness. The word 'leper' has a biblical signification, of the curse of the gods. In the crisis, the search for jobs is increased, and any justification can become more acceptable to justify the discrimination, but when the job market is enough this loses its power. The patient of HD is in a terrible disadvantage inside this prejudice. We need an education and information process to overcome

this moment of crisis. It is part of the joint scientific effort for the elimination of the illness.

Morhan – *How do you see the government's propaganda in the fight against the disease?*

Carlyle – Information is fundamental. In Brazil, Health is not able to face the informative effort as a campaign propaganda, selling the image of the institution that performs an action. I believe that the promotion of the institutions and of the governments can be better made with good results.

Information implicates in knowledge. First of all, information has to be faced in the sense of capacitating, and in a minor scale as institutional propaganda. The propaganda must be used for the comprehension of the population. For example, to make known the information that after one week of treatment, the disease is non anymore infectious and transmissible.

Morhan – *Do you believe in a change in this moment of crisis?*

Carlyle – I reaffirm the importance of the leadership in the Ministry of Health together with the movements, and Morhan is a fundamental basis. I have been following the efforts made by Artur, its National Coordinator and I can perceive how the movement is sensed. What is missing is to transform the elimination Program in a real and concrete initiative at the National Council of Health, where he has a seat, these initiative would be financed by the three levels of government, in a new phase of definitive fight against HD, and it seems to be happening. He has to take advantage of this positive sectorial policy to strengthen the fight. The HD elimination as a sanitary problem in Brazil is feasible in a short time (4 or 5 years) and with low costs, I repeat.

DISABILITIES: INFORMATION TO AVOID

Seminar in the Capital discusses HD

About 150 people participated in the Macro-regional Seminar on the Control Actions of Hansen's Disease that had the theme: "Disabilities: information to avoid", that took place on April 29 and 30th at the Grande Oriente do Brasil auditorium, in Brasilia. The meeting was promoted by MORHAN branch in Brasilia, with the support of the Ministry of Health, Health Secretary of the Federal District, Commission of the Female Lawyer, Grande Oriente do Brasil and MORHAN National Coordination.

The event has counted on the participation of representatives of MORHAN's states coordination and of health workers from the Federal District, Goiás, Mato Grosso, Mato Grosso do Sul, Minas Gerais and Tocantins.

The meeting treated about many issues, including the epidemiological situation of HD in Brazil and about prevention of disabilities. The numbers of the disease continue to alarm and there has been reported by the coordinator of the Hansen's Disease Technical Area in the Ministry of Health, Dr. Gerson Fernandes Mendes Pereira, that also spoke about the search for control actions and the change on the assistance model.

The information about signs, symptoms, diagnostic and treatment were given by Dilton Vladimir Opromolla, director of Lauro Souza Lima Institute, in Bauru/São Paulo. The physician emphasized that only the elimination of Hansen's Disease is not enough to put an end to its social consequences, that means, it will be needed an assistance program that will assist cured patients that can present disability problems.

Also about the prevention of disabilities, the meeting counted on the presence of Hannelore Vieth, nurse and representative from the non-governmental organization DAHW. She warned the participants about the wrong idea about the prevention: "In Brazil, prevention begins when there is already neural damage, and this is not prevention", she affirmed. For Vieth, prevention begins with the educative activity when the patient does not have, in fact, no damage (initial phase).

The national coordinator of MORHAN, Artur Custodio de Sousa, emphasized that the participation of the entity in the campaigns is essential in the dissemination of information, early detection and to finish prejudice, and also to increase life expectation with quality.

Vera Lucia Andrade, representative of the Task Force from CONASEMS, presented the strategy and the material developed by the group. The physician Maria Leide Wan Del Rei de Oliveira, spoke about new ways of attendance to the HD patients. Clovis Lombardi from PAHO/WHO ended the Seminar citing the access problems the patients face when they look for health stations.

Mobilization and communication are the strategies used by CONASEMS' Task Force in the municipalities

INFORMATION AND COMMUNICATION are in the moment the main power indicator of the public or private organizations. In this power resides the capacity to understand the organization with the quality of its image in the society. Positive image, concept and understanding are the desired results, through systems processes and communication plans. These ones become operational by sophisticated creation, production and broadcasting mechanisms, and linked to strategies, specialists, means and to the technology generated in the fields of information, propaganda and promotion.

Even being treated as any goods for consumption, health keeps its power of being heard at any level of the society. It directly depends on the understanding of the health+communication association to offer the population a good quality of life and the possible prevention against the diseases.

Believing in this power of communication, the Task Group for the Acceleration of Hansen's Disease Elimination, that is a partnership between MORHAN, CONASEMS, WHO/PAHO and the Ministry of Health, has elaborated with the support of Novartis Foundation, an image and an unique concept by the reach of everyone. The components of the Task Group are: Vera Andrade (CONASEMS), Tadiana Moreira (Rio de Janeiro State Secretary of Health), Artur Custódio de Sousa (MORHAN), Gerson Fernando (Ministry of Health), Gil Suarez (PAHO) and Marcos Virmond (HD Reference Center in Bauru).

Vera Andrade, one of the representatives in the Task Group, believes that "today HD is a disease which social cost can be completely avoided". According to her, the objective of this assessment to the municipalities that concentrate the highest incidences of the disease, "is to stimulate the community leaders to influence their community in the diagnosis and in the universality of the cure, before the disease appears, preparing in an

adequate manner, the health workers and agents, aiming to attend the population quickly and effectively and to modify their attitude in the face of the fear, terror and discredit in relation to HD. It is searched a way to change the image of an incurable disease that causes malformation into a disease of easy treatment". What is new on this proposal is the mobilization that involves all the sanitary authorities, community leaders, health workers, community agents, the own patients and the population, to think about the universality of the cure of HD.

Tocantins launches information and communication campaign

The Acceleration of Hansen's Disease Elimination Plan, grows in its political discussion, with the support of all society's levels in Tocantins. The Secretary of Health of Tocantins promoted a meeting involving all the sectors of government, secretaries and health technicians in the near municipalities, also the service clubs, community associations, public and private companies such as Banco do Brasil, aiming to support the elimination of the disease at municipal level. The result was the disponibilization and maintenance of MDT stocks in all health units and the implementation of a sustainable empowerment policy for the health professionals and the distribution of the information and communication products about the universalization of the HD in the municipalities.

Misael, a brazilian in the search for citizenship

To have his citizenship back and specially to find justice is the wish of Misael Teixeira Rocha, 24 yrs., Hansen's Disease patient and arbitrarily untied from the Army last year, after 4 years as soldier. An ordinary young man of his age, Misael went into the Army in march 1994, serving in the 19th Logistical Battalion in Niterói, being re-engaged in the next year. Living a normal life, he lived with his family at Baixada Fluminense and in he was planning to remain as a musician, because of his natural talent – he plays saxophone – he was at disposal of the band.

Misael's drama has begun when he found out he was with Hansen's Disease in 1996, he presented stains in his legs, back and belly. The diagnosis came from a private clinic that sent him to Nova Iguaçu Health Station, where he started the treatment. "I knew that I was with HD because I saw a lecture made by MORHAN at school in 1990, when I was at high school. I think I discovered it was HD before the doctor's diagnosis", he tells.

By the beginning of the treatment, in the public health network, Misael went to the Army's Clinic in Niteroi and received a 30-day leave. He remembers that the chief of the section, Captain Nevada, asked him not to tell anyone about the disease because, according to him, this could cause the dismissal of the soldier.

In the Army's Clinic, where he was attended, he received the evaluation of the Doctor Captain Nelson Artur Prado Rodrigues da Silveira, dermatologist, that used to sign the medical leaves that have been extended since 1997. In the unit there were no medicines and Misael's presence in the site was only attending to bureaucratic procedure, because the treatment in fact was being done at the Nova Iguaçu health station.

Misael's disease has been 'hidden' for two months when the issue was known by the Commander of the Service and Command Company, Captain Muniz, that considered the situation absurd and recommended him to search for attendance in the Army's Central Hospital.

CONFUSED DIAGNOSTICS AND EVALUATIONS

One of the firsts findings that he received from the Army's Clinic in Niteroi, dated from December, 9th 1996, related the following diagnostic:

"I classify the examined individual as carrier of Hansen's Disease type A30-3 CID 10". But what surprised Misael is that in spite of the diagnosis, it was recommended the following finding:

- capable for service according to the act nr. 3436/FA43 from October 6th 1994 of the Armed Forces.
- Observation: the individual must be dismissed from physical endeavors during the treatment he should begin.

Because he has been on license for 120 days for treatment, he had another license request denied. On July 22nd the Armed Forces Command received a correspondence saying that the transmission phase of the disease was over and he no longer needed home treatment.

A SOLDIER IN THE QUARTERS WANTS SERVICE

On August 6th 1997, the commander of the 19th Logistical Battalion received a message from Colonel Vilela, chief of the 2nd Infantry Brigade, that referred to the correspondence about the extension of Misael's license, and in agreement with his negative decision did not also agree with the proration.

In face of this facts, Colonel Vitor Eduardo talked to Misael and asked if he wanted to stay in the band or in the Niterói quarters. The soldier told him that he was already being discriminated in the quarters and besides, the unit was very far from his house at Baixada Fluminense. At that time, Misael already presented inflammations in the nerves of the leg, what caused difficulties for long distance walks.

In this brief return to the Army after many licenses, Misael returned to service in the Military Villa and this time he began to present strong reactions to the disease. The Commander of the Service Company, Captain Souza Oliveira, sent him again to the Army's Clinic in Niterói. The Medical officer, Captain Artur Silveira that used to take care of him was on license, so the clinic's committee directed him to the Army's Central Hospital.

INVOLUNTARY ISOLATION

By the time he appeared in the Army's Central Hospital, Misael was surprised with the communication that he would be redirected to the Itatiaia Recovery Center, a military health facility. "I was practically forced to internment", he tells. With no choice, there the soldier would stay for approximately 9 months, away from his family and having a license each 20 days to go home only to obtain the necessary medication at the health station and get his payment.

Misael tells that he asked many times why he should stay in that place if the disease does not require any isolation. Nobody could answer his question. The patients could not walk around the city of Itatiaia. It was allowed only their transit in the recovery center's facilities.

In the time he spent at the military unit, he was assisted by the Medical Lieutenant Marcio da Rocha Souza, whose specialty was not dermatology. "Once he sent me to physiotherapy for a session in the Bier oven, but I said to the physiotherapist that I had lost the sensations on my hands and I could burn myself. But he did not write this prescription for the treatment".

There was not any psychological follow-up for the patients and if any of them showed an inadequate behavior, the punishment was the cancellation of the leavings, according to Misael.

Of course all of them missed their families because of the involuntary isolation but there was also a general complaint from the patients about the food. "The remains of the lunch were served at dinner, and we did not eat fruits. I was in a situation far worse as in the quarters or at home".

Misael tells that he was treated as a soldier and not as a patient, the proof was the license documents they were given where anyone could see the inscription "Permission for travel". During the time he spent at the Itatiaia's Recovery Center, there were not a single contact between the local medical staff and the public health network unit that really treated Misael.

According to him, at the recovery center there were not a strict control of the medicines. "Some rebel patients could say they were not going to take the medicines and really abandoned the treatment", he reminds.

THE CONCLUSION BECOMES A SENTENCE

On October 23rd, 1998, Misael received the Army's medical conclusion that was elaborated by the Health Inspection Joint for Itatiaia's Unit that considered him definitely unable for the service in the Brazilian Army. But with the proviso: can provide means for subsistence. It is not active Hansen's Disease. The disabling diagnosis is for infectious or parasitary diseases, allowed to travel.

Misael tells that he had only 15 days to appeal of the decision and before any answer he was untied from the army and by the end of October his payment was cut.

Again Misael has gone through another joint, this time superior to the previous one. The diagnosis was that dimorph type Hansen's Disease and the conclusion was: definitely unable to serve the army. Disabled. Needs permanent nursing and/or internment cares Hansen's Disease.

JURIDICAL MEASURES

Last December, through MORHAN's Juridical Assessor, Cristina Paineira, Misael filed an injunction to receive again his R\$ 400.00 (four hundred reais) salary. In February, the preliminary was granted.

The lawyer explains that Misael's salary could not be suspended, and adds that although the preliminary is granted, he has not received the previous months yet. He passed 5 months without salary.

According to the lawyer, his case can be framed in a federal decree from 1988, that gives instructions about employment and the relation of the diseases that motivate the exclusion of the army's active service and the diseases and other aspects that disable for army's aviation.

In the Annex A (chapter 3 of the decree) Hansen's Disease is cited as one of these diseases and specially Virchow and Dimorph types (Misael's diagnosis), that motivates disabilities.

Because of the exclusion Misael will only be retired after his reintegration. Cristina tells that it is not possible to ask for a writ for the reintegration because the appeal is still being processed. The request for the reintegration was made last April and they are waiting for the official publication in the Official Diary.

REQUEST IS BEING PROCESSED IN BRASILIA

The press assessment for the East Military Command, through Colonel Gerson Ribeiro, has informed that Misael's retirement request is being processed in Brasilia with compatible profits and the decision – if there is no demands – must be delivered in September.

About Misael's declarations concerning the medical attendance he received in the army, the press assessor said that it would be impossible to discuss the issue under a medical view adding that if the soldier felt himself prejudiced anyway in this aspect, he had the right to go to Justice or even to the Regional Council of Medicine.

MORHAN's National Coordination has taken Misael's case as an alert for the Armed Forces to think about their old and archaic laws and postures in the face of public health in our country.

Discrimination = Ignorance

Ignorance holds hands with prejudice when the issue is Hansen's Disease. Lucineide Fernandes de Souza, 24 years old, lives in the neighborhood Trajano Nogueira, in the municipality of Barros, Ceará, and she is another victim of discrimination.

After a denunciation through TELEHANSEN™ from Brasilia and forwarded to the National Coordination, that contacted the branch in Juazeiro do Norte. Its coordinator, Mr. Francisco Faustino Pinto. Went to the municipality of Barros to check the denunciation that the authorities of that place would be segregating Lucineide, even ordering to build a room at the back of her house not to contact other people.

But according to the health authorities from that municipality and Lucineide's own family, the segregation comes from the community that ignores the details about Lucineide and have poor or no knowledge about the disease.

About the building of the room, really the municipality ordered it to be built, but not in the back but next to the two rooms that exist. According to Lucineide's mother the room was built in the back by determination of the foreman, oriented by the neighbors that did not wish the room next to their residences, because for them, because in their sight their children would be contaminated. In this case, her mother left herself to the influence of the prejudice.

Some people are avoiding the hospital, because Lucineide is there. The opinion of the MORHAN Branch in Juazeiro do Norte was that the complaints against the local authorities were not true and that Lucineide's situation was being used in a political fight.

It was asked to that municipality to have more attention in these matters, to make a big awareness campaign to the population and specially to the health workers that could count on the support of the National Coordination of MORHAN and the branch of Juazeiro do Norte.

BRANCHES UPDATED

MORHAN FOUNDS NEW BRANCHES IN BRAZIL

BAIXADA FLUMINENSE

The area called Baixada Fluminense has another Branch of MORHAN, this time in the municipality named Queimados. It was Baptized in the name of Artur Custódio, an honor to the Movement's national coordinator, and Roseli Brum is the Coordinator. The Queimados branch of MORHAN was inaugurated in April 24th and counted on three stands that offered information about HD and the MORHAN's work, and a leaflet distribution that involved 25 persons and had the support of the community of local representatives.

The new branch is located in the Resident's Association building in the neighborhood named Paraíso and after the inauguration the activities were initiated. In the same day, the coordinator Roseli Brum gave a lecture in the local Universal Church for 1,500 people, on May 10th she gave another one for the authorities of the municipality and with the distribution of information material about the disease. The 105th Scouting Group, according to Roseli, was very active during the inauguration of the branch, they were also present in one of the lectures given in Nova Iguaçu municipality, that gathered approximately 30 scouts.

The branches in the state of Acre send news

Branch of Cruzeiro do Sul

Raimundo Celso Lima Verde, coordinator of the branch in Cruzeiro do Sul send news. Located in Acre, in the frontier with Peru and Bolivia, the distance of the branch is the cause of the difficulties of communication and of participation in some events, according to its coordinator. But the branch is divulging the information about prevention of HD through a weekly radio program that is also broadcast to the near municipalities: Mancio Lima, Rodrigues Alves, Santa Rosa, Alto and Baixo Juruá.

As alderman, Raimundo uses the tribune to fight for the branch and the participants' well being and as physician he gives lectures, makes diagnosis and conducts people to the Health Center for treatment, and also gives support to the Sanitary Dermatology Hospital Hernane Agrícola, where stay the interned patients.

Rio Branco Branch

The Branch in Rio Branco/Acre, through the report of 98/99 headed to the national coordination, divulges its activities. There were 65 lectures in state and municipal schools and the reactivation of the weekly program at the local radio. As a way to encourage the treatment, the branch distributes transport tickets and hosts patients from other municipalities besides the pension of ½ minimum salary to the patients of degree 3 of disability. Together with the Municipal and State Council of Health and Habitation, the movement asks for a better attendance for the former HD patients that does not have houses or a proper salary. Recently the branch promoted the closing of another branch in the municipality of Vila Albert Sampaio because of its proximity and because its activities were stopped. The Branch in Rio Branco/Acre promotes weekly meetings and a daily attendance to people in need.

Branch Pítias de Castilho Lobo in Niterói gives HD updating course

The search for the participation in the 1st HD Updating Course promoted by the branch Pítias de Castilho Lobo, in Niterói, was surprisingly high. The coordinators, Lucia Freitas de Andrade and Suerli Costa Oscar, invited the national coordinator Artur Custódio de Sousa, that in the course focused how to capacitate for the attendance in the services offered by the branch, as lectures, telephone service, home visits, leaflet distribution and direct contact.

The course also focused: users rights, health and education policy, new examination and medication, prejudice and citizenship and the growth of MORHAN. In the audience there were health and education workers, community leaders, users and students that passed information again and made proposals like Regina Bittencourt, that sees the need of enlarging the information on HD for the health professionals for both public and private health care systems. Amalia Salimena defended the making of a meeting between the branches, aiming the development of an integrated work. According to her "MORHAN must be an only body,

headed by the national coordination and the branches would be the limbs of this body that if not well adjusted and depart in different directions, the whole body will lose its power.”

Lúcia Freitas alerts for the possibility of MORHAN to be offering new courses, because there is the interest of the communities and of the whole society, besides there is the better engagement of the branches and its volunteers, contributing for the achievement of the aim of the World Health Organization in the municipality of Niterói, eliminating the incidence of the disease.

The meeting counted with the support of the direction and personnel of the Carlos Antonio Silva Clinic, Secretary of Health of the municipality of Niterói, MORHAN’s National Coordination and the community.

One year in the fight against HD

A great party marked the celebrations of one year of activity of the Branch Pítias de Castilho Lobo, that works in the Carlos Antonio Silva Clinic, in Niteroi. Musical groups and a birthday cake made the joy of the event, that joint the family and friends of HD patients.