

The beginning of ALERT

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I am very happy to offer my warmest greetings and congratulations to the staff and sponsors of ALERT on the occasion of the celebration of 20 years of service and of progress. As I have had several opportunities of returning to Addis Ababa in the past few years, it has been a joy to observe the way in which the whole institution has grown. It has been even more gratifying to see the way in which it has responded to changes in staff and changes in its environment. About 100 local staff received certificates for 20 years' service at this meeting. The program has responded to new ideas in medicine, to a new social order, to a political revolution, to the stresses of famine, and to the crises in the patterns of funding. Through all of these events, the basic aims and objects have remained true and stable, and all this time a balance has been maintained between an emphasis on scientific excellence and a compassionate concern for individual patients.

This is how a living organism survives. It is small and fragile at first, but it senses the environment in which it lives. It takes advantage of the opportunities and avoids the dangers that appear, until it becomes strong enough to assert its own influence and change the things that need to be changed.

Thus, ALERT is not just buildings and staff and programs. It is a living idea which uses buildings, which inspires staff and which helps students to mature so that they, in turn, may help others.

I have tried to remember something about the conception of this idea that is living and working at ALERT today.

In the early 1960's the International Society for the Rehabilitation of the Disabled (now called Rehabilitation International) established "The World Committee on Leprosy Rehabilitation" and asked me to be its chairman. We had

representatives from many countries, some of whom were experts on leprosy, some on rehabilitation, and a few who had worked on rehabilitation in leprosy.

At a meeting of the committee, held at Carville in 1963, we had an open discussion to try to define the greatest single need in the field of leprosy rehabilitation worldwide.

After lively exchanges it was agreed that, in this field, knowledge was ahead of practice. We knew better than we were doing. The greatest need was to train personnel to implement what was already known. The next question was, "Where"? It was agreed that Africa was the continent in which the need for training was greatest.

Finally in response to the question, "What can we do?", the committee determined that there should be a training centre, based in an African country and open to students from all African countries, where an international staff of experts could organize a complete and balanced program of leprosy control, treatment and rehabilitation which would serve also as a centre for research.

During the previous 10 years great advances had been made in the scientific understanding of leprosy, and enough was already known about the diagnosis, treatment and prevention of the disease to make leprosy control and the prevention of disability in individual cases a real possibility in many countries of the world. Tens of thousands of patients had been treated effectively with sulphones, and isolation of patients for life in segregated institutions was no longer thought necessary. Leprosy had already been proved to be of great interest to research workers in microbiology, immunology, neuro-anatomy, pathology, orthopaedic surgery, preventive medicine and the social sciences, and many felt the time had come to integrate leprosy into the whole fabric of medicine generally. However, despite these advances, few, if any, centres existed where young medical practitioners could obtain systematic training in all aspects of leprosy, and it was this need that we sought to meet.

Dr. Stanley Browne and I were deputed to explore possible locations for the training centre. We felt that a suitable site would have to meet these conditions:

1. The location should be politically acceptable to the majority of independent nations in Africa.

2. The government of the country concerned should welcome the establishment of the centre and be willing to actively cooperate with it.
3. The country should be considered to be politically stable.
4. Leprosy should be a significant problem.
5. There should be a national university with a faculty of medicine eager to collaborate on the work at the institution.
6. The institution should be within easy reach of an international airport.

After a serious search, Addis Ababa, Ethiopia, was judged to fulfill these criteria. It was my personal responsibility to present the idea of an international training centre to donor agencies who might be willing to fund its development. It was a remarkable experience for me to meet and talk with so many men and women of many countries, whose lives and interests were committed to the meeting of real human need. Many were astute managers of finance, and all of them felt responsibility for the wise use of money that had been donated by hundreds of thousands of kind-hearted people. We had no established institution, no famous staff members already at work. We had an IDEA and a proposal and a focal city, but no more. However, the time was right for this idea, and within a year commitments had been obtained from 10 major donor agencies in Europe and North America. This enabled us to go ahead, confident that if agreement for the new centre could be reached in Addis Ababa, funds would be available.

Memorandum of Association - December 1965

In December 1965 I had the privilege of being present at a meeting of the Ad Hoc local group, officials of the Ministry of Health, of the National University and representatives of OMAR donor agencies in Addis Ababa. During the meeting on the morning of December 11, an agreement for the formation of a new training institution, to be called ALERT, was signed at the Ministry of Health, by the Minister himself, the President of the National University of Ethiopia and representatives of donor agencies.

The presence of both the President of the National University and the Minister of Public Health emphasized the importance that was attached to fostering training that would prepare trainees to meet real needs in real situations and also

achieve internationally acceptable academic standards.

The agreement specified the main goals of ALERT as follows:

"To train men and women in all aspects of leprosy with special emphasis on control, treatment and rehabilitation, for work in African countries." And, "in pursuance of the above" the agreement added 5 principles, later expanded by the inclusion of a sixth, which continues to be important for ALERT.

1. "To build up a leprosy service in a limited area which shall demonstrate comprehensive medical care and rehabilitation of leprosy patients as part of a national anti-leprosy campaign and linked with general and public health services." This commitment to care for the whole patient and to foster the integration of leprosy patient care into the health system generally, has not yet been fully implemented by ALERT, but efforts to attain this goal have had and continue to have far-reaching consequences for ALERT and for the trainees who accept this philosophy as their own.

2. "To accept responsibility under the auspices of the Ministry of Public Health for the management of the existing Princess Zenebework Hospital and to add staff and facilities so that it may become a training center for medical, surgical and paramedical skills needed by leprosy patients." At the time, this seemed the normal and logical thing to do. However, it demanded, I believe, a quite extraordinarily statesman-like decision from the Minister of Public Health. It meant that the Minister delegated responsibility for his main leprosy hospital to a relatively untried and independent non-government agency. Implementation of this principle was delayed until November 1967, but implemented it was, and it has had several very important results for ALERT. First, it has enabled ALERT to develop an integrated structure and to adopt common policies for service and training in the hospital and in the field. Secondly, it has given ALERT a great deal of freedom to develop a context for training which meets the real needs of leprosy workers throughout Africa. Thirdly, it has trusted ALERT to provide a level of service that would move towards the goal of comprehensive medical care for all leprosy patients and that, at the same time, could be replicated in the field, in Ethiopia itself and elsewhere. The statement also set ALERT on the path of competency-based learning. Since that time, ALERT has consistently endeavoured to give men and women opportunities to

acquire real skills in the field of leprosy rather than provide them with curriculum-based academic training.

3. "To accept the guidance and assistance of the medical faculty of the Haile Selassie I University in the training program and to encourage the medical faculty to accept increasing responsibility in training and research in the field of leprosy." The relationship with the faculty of medicine has turned out to be a two-way street. To begin with, ALERT benefited greatly from the support and participation of faculty members, especially that of the Professor of Medicine, the late Dr. Charles Leithead. Later ALERT was itself able to reciprocate. For a number of years, training has been provided at ALERT for students from the medical faculty.

4. "To build up rehabilitation services for disabled leprosy patients, such services to be available also for persons disabled by other causes." At the time ALERT was founded, leprosy patients were largely excluded from participation in general rehabilitation agency programs, and it was hoped that by making the rehabilitation facilities of ALERT available to all disabled, ALERT would encourage other agencies to open their doors to leprosy patients.

5. "To organize conferences, training seminars, and in-service programs, in collaboration with the governments of other countries in Africa and with the World Health Organization (WHO) and voluntary organizations working in the fields of leprosy and of rehabilitation." This principle continues to form the core of ALERT'S activities.

6. A sixth principle was added in 1968 as follows: "To contribute by basic research to the knowledge of leprosy." This task was taken up by the Armauer Hansen Research Institute which was founded as an independent agency, but integrated with ALERT, in 1969. The phenomenal success of AHRI has been amply documented.

Clinical research was not mentioned in the original principles, but became a prominent function of ALERT with the arrival of the Medical Research Council team in 1973. Other articles in the memorandum detail the management and administration of the new organization. One is worth a comment. "Article 9. The duration of the corporation shall be 10 years." That this article has been subsequently amended is obvious, or we would not be meeting today. Setting a time

limit on ALERT was a wise decision, since it gave a certain urgency to the work of the institution and, because contributions were limited in time, it gave confidence to the Government of Ethiopia and to donor agencies, and enabled them to be more generous with their contributions to ALERT than might have been the case if no limit had been set.

The Executive Committee

One of the actions taken by the inaugural meeting was to appoint an Executive Committee to guide the affairs of ALERT until the next meeting of the Board, scheduled for December 1966. This committee included:

1. Professor Charles S. Leithead, Chairman
2. Dr. E.W. Price, Secretary
3. Dr. Don McClure, Treasurer

These three formed the core of the main executive bodies of ALERT for many years and each had a crucial influence on ALERT's development. Professor Leithead was a tower of strength and of wisdom. His patience and tolerance were a model for all chairmen everywhere. I cannot speak too highly of his devotion and integrity, which helped us all through some difficult early years.

Dr. Price was at the time de facto Director of Leprosy Services for the Government of Ethiopia. In this capacity, he was primarily concerned about realism in leprosy control and leprosy patient care, and his presence on the Board ensured that ALERT was never in danger of becoming an "ivory tower". Dr. Don McClure, a missionary of the United Presbyterian Church, was a long-term resident of Ethiopia, with a deep love of that country and its people. His disinterested and deep involvement in the affairs of ALERT gave sponsoring agencies confidence in its management, and his rich personality and evident joy in his faith was a constant source of encouragement to the staff.

During 1966, the Executive Committee was active in staff recruitment and the development of architectural plans for the new hospital that ALERT was deemed to require.

Executive Director.

At its first annual meeting the Board took the important step of appointing a lay Executive Director for ALERT. The first

Executive Director appointed subsequently withdrew his acceptance, and in March 1967, Major 'Onni Niskannen was recruited to replace him. At that time, the appointment of a lay administrator as head of a medical institution was somewhat unusual. In fact, ALERT remains unique in this regard amongst major leprosy training centres, but the appointment of Major Niskannen proved to be an inspired choice. He was widely known and highly respected in Ethiopia at the time. He had arrived in the country soon after World War Two as an instructor in physical education for the Ministry of Education. He was a skilled light aircraft pilot, and claimed to have had more experience of crash landings than anyone else in Ethiopia. He was a rally driver, a trainer of Olympic gold medalists, a highly successful administrator of the Ethiopian Red Cross, and a phenomenally successful fund raiser for that organization. He made a unique and abiding contribution to ALERT during the 12 years he held the office of Executive Director. He was administrator, fund raiser, conciliator, arbitrator and much more. He proved beyond doubt that lay administrators can run medical training institutions, provided they know how to administer.

Director of Training.

We were fortunate to be able to recruit Dr. Felton Ross as the first director of training, since he was already experienced in leprosy work in Nigeria, where he combined an emphasis on leprosy control with a parallel program for the prevention of deformity and for the rehabilitation of the disabled.

Dr. Ross held this post for many years, and was able to establish priorities and guidelines that would last up to the present time.

Conclusions

What did ALERT stand for in the minds and hearts of those who set it up in 1965?

1. First, cooperation to reach common goals between nations.
2. Secondly, trust, on the part of the national government, in the ability of non-government agencies to meet their commitments to provide resources and staff.
3. Concern on the part of all involved, for leprosy patients and for their welfare as people, exemplified by the commitment

to provide "comprehensive medical care" and "rehabilitation".

4. Trust by non-government agencies and their members that, through ALERT, they would be able to meet the challenge, and be given an opportunity to do something really significant for leprosy patients in Africa.

5. Confidence on the part of all concerned that the people problems could be solved, that a new institution could be grafted on to an old one, and that new staff could work with existing staff; that programs could be developed that would really fit into the Ethiopian context and, at the same, provide appropriate training for men and women from all over Africa.

6. For many involved there was also a basic belief that Almighty God was interested in this enterprise and that the dominical command to treat and cure leprosy patients still held good in the 20th century, that this was work which God was well pleased for us to engage in, and that whatever the difficulties, he would see us through.

It is now 23 years since the dream of an international training centre for leprosy work in Africa was started, and 20 years since it became a reality in Addis Ababa.

At an international level, ALERT has become a demonstration of the ability of people from a wide diversity of national, cultural and religious backgrounds to adapt to one another, to transcend political changes, and to work together to achieve a common purpose.

At an organizational level, ALERT has shown that in an atmosphere of mutual trust and good will, a national government, international governmental agencies, and a wide variety of religious and secular, private and voluntary organizations can pool their resources, adopt common policies, and collectively achieve far more in real service to leprosy patients, useful training and, valuable fundamental research than would ever have been possible if each agency had sought to work on its own.

Today, the pace of the battle against leprosy is quickening, and it is my warm wish and earnest prayer that ALERT will continue to receive adequate support and that leaders and teachers will continue to come forward to complete the task that has been so well begun.