If the time is ever right for you to remember the Guild in your Will it would help secure the future

Every gift in every Will however large or small will make a difference to families experiencing leprosy now and in the future

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Thank You: Our Faithful Donors

YOUR GENEROSITY HAS SAVED TENS OF THOUSANDS FROM DESTITUTION AND MISERY THIS YEAR

In 2014 you, our loyal donors, enabled the St Francis Leprosy Guild to meet its objective of alleviating the suffering caused by leprosy by providing material benefits to over 76,000 people in 24 countries across three continents - Africa, Asia and Latin America. When Archbishop Mario Conti, Archbishop Emeritus of Glasgow, celebrated our annual Mass of Thanksgiving at Farm Street Church in London on 13th October, he gave his blessing to each and everyone of you who support the Guild’s work. We on the Executive Committee cannot thank you enough for that support. Without it the Guild could not carry forward what Cardinal Vaughan in 1895 called this “religious Catholic work”.

We remain a Catholic charity: Cardinal Vincent Nichols, our present principal patron will be celebrating mass for our 120th anniversary this October. But our giving has always been based solely on need, never on creed, race, gender or age.

There is so much joy in what we do, – as you will see from the reports that follow. But we cannot escape the appalling truth that even today when leprosy is so easily cured, there are still 200,000 new cases reported to the WHO every year. And even when the disease is totally eradicated, the Guild’s vital and Holy work will continue for decades, supporting those who care for the disfigured and disabled former sufferers who will remain outcasts for the rest of their life through cultural prejudice, and sometimes still legal sanctions.

In 2013 the Guild distributed £650,000 in grants, while holding the costs of administration and generating income to £44,000, less than 20% of our income. Many of our grants are stipendiary payments on which our 71 “centres” rely for their day-to-day survival. So in this our 120th anniversary year we need to redouble our efforts to ensure that we stabilise our income for the longer term.

The bedrock of our income – about two thirds last year - will always be our selfless donors, who we thank once more. Much of the remaining third came from giving through wills. While it is natural – and Christian – to think of family first, the difference a gift in your will would make is the survival in decency of some of the most deprived people in the world. On average, £2,300 is enough to keep one of our centres afloat for yet another year.

Finally, many of you will know Gwen Sankey, President of the Guild since 1994, who stepped down in May this year. There is a fuller report below but I thank her on your behalf for her unstinting stewardship of the Guild over 20 years.

Tribute to Gwen Sankey

Gwen Sankey first saw the ravages caused by leprosy when her husband John was the British High Commissioner in Tanzania in the 1990’s. Later, when Gwen and John finally retired from the Diplomatic Service, she was invited to take over as President of the Guild by Sir Harold Hood, who was the previous President. Now Gwen herself has handed on the baton, after 20 selfless and inspiring years as President. In that time, the annual grants given by the Guild totalled more than £8.8 million.

Gwen would be the first to point out that this was made possible through the generosity of the Guild’s donors and benefactors: in her own words, the Guild is a post office which serves to deliver money from the donors to the leprosy centres according to their need. But that is to bely her enormous personal contribution, bolstered by her strong and abiding Catholic faith.

Gwen built up an encyclopaedic knowledge of our centres and their administrators. She trusted them and steadfastly maintained the Guild’s policy that the centres know how best to spend the Guild’s maintenance grants. But she was equally concerned to ensure that the projects we supported, whether in building homes, sourcing the appropriate vehicle, providing seed-corn finance for income generation or supporting dependent children’s education, met the recipients’ needs and was good value for money. Within the Guild, Gwen oversaw our entry into the computer age, and the introduction of email which supported her unceasing quest to keep administration costs down.

Although no longer on the Executive Committee, Gwen, together with John, who was her constant support and our Legacies Officer for many years, remains a member of the Guild’s General Committee. We thank her for all her unstinting work for the Guild and wish them both a well-earned and happy retirement.

Every gift in every Will however large or small will make a difference to families experiencing leprosy now and in the future
Sr Helen McMahon FMM, our Hon Secretary writes on the history of leprosy work being carried out in Sri Lanka up to the present day:

The call to serve those suffering from Leprosy was heard twice in Sri Lanka under very different circumstances. Hendala’s call came in 1914 when Sri Lanka was a colony of Great Britain. A Parsee doctor from India, supported by the compassion of Lady Clifford, the Governor’s wife, asked for sisters to run a leprosarium near Colombo, originally founded under Dutch occupation and now dilapidated with the patients living there abandoned and lawless, carelessly spreading leprosy wherever they went. At one point they almost assassinated the doctor himself. Times were hard and there was much resistance. Gradually life became more settled thanks to Ignatius, a young Christian patient from Batticola. He was a gifted musician who set up a choir which helped the band of Catholics to pray and attract sympathisers so that the sisters were able to undertake their mission among the poor abandoned patients. So successful was the work that when after 50 years the sisters had to leave on the orders of the new government, non-Catholics joined the Catholics in sending a petition to the government begging them to leave the sisters there.

The beginnings in Mantivu were very different. The proposed site of the leprosarium named “the island of death” on the enormous lagoon of Batticola, had been accepted by the sisters but was only built in 1921. Like Hendala it was a State Hospital run by the FMM sisters who arrived with the patients and so almost immediately there was a family atmosphere. This was enhanced by the fact that one of the sisters, a Breton named Marie de St Xavier had leprosy and spoke Tamil. She had been a member of the first Roman community of 1877 and she occupied a little cottage among the other patients, encouraging them to follow the treatment. Around her the women wove and the men cultivated rice and vegetables or went fishing. There was much sorrow when they were separated by the new government in 1964. She continued to keep in touch with them by crossing the lagoon. In fact the “News of Sri Lanka” of 1982 spoke of her as the “mother of our friends”.

Recently, it has been stated that the number of cases of Leprosy has significantly increased in Sri Lanka. In 2012 it was estimated that there were 2211 registered cases. Among them 2189 were new cases, 163 children and 1089 were infectious. Today, the sisters continue to care for the patients in both Hendala and Mantivu but in different ways.

Since Independence, the sisters in Hendala and Manthivu are only able to be a supporting agency for the patients, ex-patients and their dependents. They visit the settlements and villages as well as doing outreach work. When they find new cases they report them to the hospital authorities.

For example in Manthivu the sisters visit over fifty patients in the anterior and try to answer their need for food, medicines, clothing, shoes and spectacles etc., trying to provide them with means of self help, self-employment, self-sufficiency as well as often arranging for them to be admitted to hospital. At the same time there is always the question of repairing the rather dilapidated houses or building new ones.

The situation in Hendala is very similar, though here the sisters visit the hospital, providing necessities such as food and medicines which are not available there. Some outpatients are able to come to the hospital for treatment, and there are others who cannot because they come from rural areas and travelling is expensive or because they are not able to travel and so the sisters go to them. The sisters also try to build a community spirit so that the patients when cured may easily be rehabilitated into the local society.

In both centres there is felt the need to have the children educated and the people in general made aware of the dangers of leprosy.
Dr Gosia Brykczynska is a member of our Executive Committee and has undertaken nursing research on leprosy patients:

Leprosy, otherwise known as Hansen’s disease, is an illness caused by a mycobacterium and can affect anyone, at any time, but it seems to be linked to poverty, malnutrition and some measure of genetic susceptibility. In spite of the global success in treating and curing leprosy, in 2013 the WHO still reported 180,618 new cases. The disease still affects mostly poor and marginalised people; those very individuals who are the hardest to locate, to screen for the disease and then treat effectively. They are also the very people least likely to seek immediate medical help, due to the remoteness of their homes from medical centres and their lack of financial resources to pay for ongoing care; (even though local governments have pledged to supply clinics with anti-leprosy drugs - for free.)

Today, apart from the ongoing care of elderly ex-leprosy patients, the main effort of health-carers is to detect, as early as possible, new patients presenting with leprosy symptoms. Unfortunately, recent trends indicate an increase in the number of children presenting to clinics. In Marana in Madagascar, where the Guild supports a leprosarium, of the 25 newly diagnosed cases last year, six were children. There is also an increase in the number of new patients asking for medical care who already show signs of permanent damage. Although modern medicine can correct some forms of nerve damage, not all damage can be repaired and some young people will have to learn to live with quite severe disabilities. According to WHO, 81% of all new leprosy cases in the world are from South East Asia (mostly India); followed by Brazil.

Of all newly diagnosed leprosy cases, 9.2% are children – or about 12,043 youngsters globally. At the centres which the guild supports, some children with leprosy present directly to the clinics for treatment, eg at Raipur, while some have parents or grand-parents who have the disease, eg in Myanmar; while other children live in leprosy villages, where their extended families or neighbours have or had the disease, eg in Puri – but all of them need special care and attention because they are all still being stigmatised by society because of their association with leprosy and therefore find normal schooling and childhood difficult.

Whether the children themselves are ill with leprosy or have family members who are affected by leprosy – they are still children and like to laugh and play and go to school and not to have to worry about food and money and disabling pain. That is why so many of the old leprosaria also ran their own schools, e.g. at Kumbakonam, where the qualified teachers were also leprosy patients themselves. Today, leprosy hospitals and clinics still have schools attached to them, where young children can be safely educated – those with leprosy and those from outlying villages – and in this manner the centuries old curse of leprosy stigma is slowly being overcome. At the leprosy centre in Dindigul, in Tamil Nadu, the sisters even run a modern School of Nursing, but all centres teach patients skills and crafts to make a living!
A Report from Kadem, Kenya

First of all we thank God for giving us the chance to help our people in the Kadem area and we pray for all those who have helped to make this project possible. Our main objectives were

- To improve health related activities particularly the care and control of leprosy
- To increase access to primary and secondary education for children living in the project area
- To improve the living conditions of those living with leprosy and the disabilities caused by it.

Our achievements so far include

- Mobile Clinics through which we have reached 22 villages and treated 6400 patients
- Training for two student nurses
- Provision of books, uniform and fees for children in primary and secondary school
- The setting up of well-organized self-help groups - there are five so far

With the grant from Saint Francis Leprosy Guild we have a functional beautiful new laboratory where, as you can see in the picture, Sister Irene is happy to work with patients. We have also renovated the kitchen for in-patient leprosy sufferers.

All this has taken time but we are now happy to let you know how much has been achieved through your help. We hope to improve our programme in the future and to add more staff for the follow up of patients in remote areas.

May God reward you all working in St. Francis Leprosy Guild

Sister Rosaria Balestrucci
Nyanza Province Kenya - Kadem Project

St Joseph’s Leprosy Hospital in Tuticorin and the FMMs

This year the centre in Tuticorin, Tamil Nadu, celebrates its 66th year of service to leprosy patients. The centre holds a special place in the heart of Franciscan Missionaries of Mary since their holy foundress - Bl Mary of the Passion, made her first visit to the town - while still a Marie Reparatrix novice, in 1865. The present hospital however, began as a single hut with 15 leprosy patients in 1949, and from the very beginning St Francis Leprosy Guild, together with other benefactors from around the UK and Europe, has supported the work. Over the years more than 20,000 Leprosy patients have been treated in Tuticorin. As the patients themselves bear witness - the care they received was far beyond anything which money could buy.

“I came here at the age of 27 and now I am 80 years old. Love surpasses everything. Nowhere can I find as much love as I find here and I would like to remain here till the end”.

“The sisters are the only persons whom I can call mine and I consult them for everything. It is they who raised me up and cared for me when I was lying in the street. I had even lost my sight. I suffered. But with God’s help I am well now and He takes care of me even today. In my last moments when my soul leaves my body, I want to be in their campus. I have no other desire”.

There are still around 70 ex-leprosy patients in Tuticorin, cared for by a dedicated group of mostly Indian sisters and until very recently, one Spanish sister. Meanwhile, since 2003 St. Joseph’s, as several other centres in India, has opened its doors to patients with HIV/AIDS, who have been rejected both by family and society; just like the Leprosy patients of bygone days. Unfortunately, it is not that unusual, to find patients today not only suffering from HIV/AIDS, but also with Leprosy and Tuberculosis! The centre has many more years of work and care ahead of it - let us hope there will be the sisters and supporters locally and internationally to continue the great initiative.
News from our Centres

Before and after in Puri, India:
The Leprosy Hospital in Puri needed urgent renovation work after damage caused by extreme weather conditions, which the Guild was able to assist with through our project grants.

Kankanady, India:
Student nurses speaking to a patient in Kankanady about their wellbeing. This is part of health training which encourages health workers to recognise the signs of leprosy.

Akure, Nigeria:
In last year’s review we showed a photo of the old cassava / garri processing plant which has now been rebuilt with funds from our project grants. This photo shows the frying section.

Modes of Transport

Dhanjuri, Bangladesh:
New motorcycles donated by the Guild, being blessed by Most Hon Bishop Sebastian Tudu of Dinajpur Catholic Diocese. These motorcycles will greatly assist in their outreach work.

Pedana, India:
this leprosy patient was given financial help to purchase a platform rickshaw to help support his wife and children.

Labrea, Brazil:
Dr Tony Lopez Gonzalez uses this floating hospital boat to visit patients and administer treatment on the River Purus.
A Young Professionals’ Group

The Guild has been very fortunate to recruit two new volunteers, Bokani Tshidzu, a young professional and Johnny Wells a recent Theology graduate, to help us widen our appeal to a younger audience, through social media and networking. Our facebook page, St Francis Leprosy Guild and our twitter account @ Francis Leprosy are both now live. And we are in the process of upgrading the website; where donors can now make donations easily and securely through a link to virginmoneygiving.com and also through CAF donate. Bokani and Johnny are already working on plans to hold a meet and greet social event for young adults to take place later this year. And we invite our regular donors and readers to put their young friends and relations in touch with us to learn more: enquiries@stfrancisleprosy.org

This exciting new venture will help to secure the Guild’s long-term future so that we can meet the needs of those who rely on us for their sustenance for generations to come.

Pope Francis on Lepers

Soon after the election of Pope Francis, some of our fellow leprosy charities became concerned at his use of the word ‘leper’ as a metaphor for the outcast. However in his homily of 15th February 2015, he made it abundantly clear how he abhors such prejudice, as did Our Saviour. Moses’ laws, said Pope Francis, isolated lepers from the community. But ‘Jesus, the new Moses, wanted to heal the leper. He wanted to touch him and restore him to the community without being ‘hemmed in ’ by prejudice.... He does not think of the close-minded who are scandalized even by a work of healing... He wanted to reinstate the outcast, to save those outside the camp’.

Rather than ‘fear to lose the saved’ said Pope Francis, ‘we should want to save the lost’. St Paul was bitterly criticized over his evangelisation of the heathen; but ‘The church’s way... has always been the way of Jesus, the way of mercy and reinstatement’.

What clearer statement could there be of the mission which we also cherish, our task of helping to end the stigma attached to leprosy!

GIFT AID

Your gift could be worth 25% more.
Simply write your name and signature below.
I am a UK taxpayer and I wish all donations I have made to St Francis Leprosy Guild in the last four years, and any future donations, to be treated as Gift Aid donations, until I notify you otherwise.

Full name ...............................................................
Signature ............................................................
Date ...................................................................
N.B. You must be paying as much in income tax and/or capital gains tax each year as the Guild reclaims on your donation. Please let us know if your circumstances or address details change.

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Sister Eleanor Marshall FMM

Honorary Secretary of St Francis Leprosy Guild 1996 – 2006
who died on 8th June 2014

Sister Eleanor, a native of Glasgow, had a burning ambition from childhood to care for those suffering from Leprosy and in 1943 she entered the Franciscan Missionaries of Mary. Her desire was only granted after she had spent many years serving the poor in Canning Town and Kensington.

Imagine her delight when, at an age, when many think of retiring, the Lord called her serve in a Leprosy Hospital in Mauritius. She set off eagerly to her “Beloved Lepers” whom she joyfully and lovingly cared for until her return to the UK ten years later. However her work for them was not over and in 1996 she became Hon. Secretary of the St Francis Leprosy Guild, a service which she loved and faithfully carried out until illness brought about her retirement to Cold Ash in 2006.

Even then she still retained her cheerful spirit and her deep interest in the Guild, always anxious to hear about what was going on. Many benefactors who received her gracious and cheerful replies still ask after her and send her their best wishes.

In Cold Ash Convent her spirit of joy, love of singing and ever ready smile with a joke for all remained with her until the Lord called her to meet Him and the many whom she served so humbly and joyously until her 92nd year, five days before she would have celebrated 70 years as a Franciscan Missionary of Mary.

Obituaries

Please pray for missionaries and lay people engaged in leprosy work; for the victims of leprosy and their families who faithfully pray for you; for friends and benefactors of the Guild, living and dead, and especially for the repose of the souls of those who have died:

Mrs Margaret Dracup       Kent
Mrs Beatrix Dufort        Cheshire
Miss Philomena Cocker     Lancs
Miss Anne Grobel          Effingham
Ms Mary Heaton            Devon
Mr Norman Janicker        Norwich
Sister Eleanor Marshall   – ex Hon Sec
Mr Michael McNally        Epsom
Mr Charles Murry           Torquay
Ms Mary Nearne             Perth
Ms Agnes Foll O’Driscoll  Eastleigh
Ms Hilda May Rogers        Middlesex
Mrs Jenny Rutt             Liverpool
Mrs Margaret Ryan          Chingford
Ms Antionette Samut       Malta
Mr George Sanders          Essex
Miss P D Smith             Liverpool
Mr T Stappard             London
Mr Neil Sutcliffe         Essex
Mr F E Sutton              Manchester

Annual Mass of Thanksgiving

Cardinal Vincent Nichols, Archbishop of Westminster will celebrate Mass on Wednesday 28th October at 6 p.m.
Church of the Immaculate Conception (Farm Street) London W1

Followed by a reception and a presentation by some of our elective medical students

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Facts about Leprosy

• Leprosy (also known as Hansen’s disease) is a chronic disease caused by a slow multiplying bacillus: *Mycobacterium leprae*.

• The bacillus multiples slowly and the incubation period of the disease is about 5 years. Symptoms can take as long as 20 years to appear.

• The disease mainly affects the skin, the peripheral nerves, mucosa of the upper respiratory tract and the eyes. There is no need to isolate patients because contact and living with those affected only very rarely result in transfer with development of the disease. Leprosy is not hereditary.

• Leprosy is curable. Early diagnosis and treatment with multidrug therapy (MDT), available free from the World Health Organisation, remain key in eliminating the disease as a public health concern.

• Although not highly infectious, it is transmitted via droplets, from the nose and mouth, during close and frequent contacts with untreated cases. The first sign is a discoloured insensitive patch on the skin.

• Untreated, leprosy can cause progressive and permanent damage to the skin, nerves, limbs and eyes. Due to loss of feeling in the affected areas, there is a diminished awareness of harm from trauma or heat. Without treatment, this can lead to permanent damage to the skin, nerves, limbs and eyes.

• At present it is hard to say that it will be eradicated due to the persistence of poverty, poor hygiene and overcrowding in large areas of the world. Long delays in diagnosis due to fear of rejection, shortage of health service staff familiar with leprosy, and lack of a simple and reliable test to confirm diagnosis, are all impediments.

• The Guild provides financial help to find, treat and rehabilitate those with the disease and to support those too infirm to work. It sponsors awareness programmes to help eliminate the stigma associated with leprosy.

Facts from the Report on Neglected Tropical Diseases 2015 (WHO)