



2002

ANNUAL REPORT

FREEING THE WORLD OF LEPROSY

Angola: More than 200 new leprosy cases every month. ALM is funding construction of a new rehabilitation center...a blessing to leprosy-disabled people.

Brazil: Still one of the highest endemic countries of the world...77,676 registered leprosy cases in 2002. Case-finding, treatment, and injury-prevention programs are top priority here.

Cameroon: We signed an agreement with Habitat for Humanity/Cameroon for the construction of ten houses for people affected by leprosy

China: Many elderly and disabled folks struggle desperately for basic dignity. ALM is helping with housing, education, economic recovery, wound care.

Democratic Republic of the Congo: ALM combines leprosy work with TB work in North Equator Province. Populations spread out, often in hard-to-reach jungles. The poverty breaks your heart.

Ethiopia: We work with Medhen Ministries to help leprosy-affected families. Schooling for children in the leprosy village...that's one of our top priorities.

Ghana: More than 6000 Buruli ulcer cases. Getting out of hand in some districts. Most victims are kids. We've started plans for new Buruli wards.

India: Highest number of leprosy cases in the world. ALM spent \$861,951 here in 2002. We also helped secure a \$360,000 U.S. grant to upgrade rehabilitation facilities at a large hospital/training center. Stigma is still a problem. Many patients report they are disowned.

Ivory Coast: Buruli wards were evacuated and patients scattered as war devastated parts of Ivory Coast. ALM donors responded to an emergency appeal and sent funds to help refugees. Hunger, illness, homelessness, fear...these folks need our prayers!

Myanmar: One of top six endemic countries. ALM is encouraged by participation of Christian agencies. Encouraged, also, by ministry of health support.

Nepal: Unstable political situation. Pray for our projects here. Good results as we train self-help groups to participate in their own recovery.

Paraguay: One of 15 countries where leprosy remains a public health problem. Hospital Mennonita at Km 81 is doing great work and manages the leprosy control program for most of the country.

Peru: We work with the Amazon Basin Benevolent Association (ABBA) to meet both the health and spiritual needs of people with leprosy. This project needs more boats. Access to many patients is impossible by land.

Philippines: The department of health likes our plans for more POID (prevention of impairment and disability) programs.

Somalia: One of the most troubled and unsettled countries of the world...ALM and our friends at World Concern have the only effective leprosy program in this country.

Tanzania: One of 15 countries where leprosy is still a public health problem. In 2002, ALM donors helped patients at Shirati Leprosy Hospital.

Thailand: Many elderly and disabled patients are benefiting from livestock programs. Sometimes a cow is the best medicine!

ALM's mission is to be a channel of Christ's love to people with leprosy and disabilities, helping them to be healed in body and spirit and restored to lives of dignity within their communities.

PRESIDENT'S MESSAGE

Dear friend,

I write with a profound sense of gratitude. In a year when many worthwhile non-profits ran short of funds and closed their doors, ALM continued by God's grace to meet our commitments to serve people with leprosy and buruli ulcer around the world.

Our unrestricted income was \$7,305,345, a 3.3 percent increase over 2001. We increased grants to our overseas mission partners by thirteen percent and raised nearly \$70,000 to rush emergency provisions to hospital projects in Ivory Coast. We launched the ALM Centennial Campaign (see the Chairman's message) and renewed our vision of a world without leprosy.

We worked side-by-side with Habitat for Humanity International to build homes for leprosy-affected families; with Heifer Project International, we distributed livestock to help folks recover from the economic assault of their disease. With Prison Fellowship, we comforted leprosy-affected families who faced unimaginable burdens of imprisonment and poverty. Some of your gifts provided school fees, books and uniforms for the children of these families.

In 2002, we continued our holistic approach to healing, believing a man is not cured while he is still despised by his neighbors; a woman is not healed if she must beg bread for her children; a child is not whole as long as he is denied school because he lives in a leprosy colony. A soul remains troubled without the transforming power of Christ's love.

As in years past, we have entrusted our work to God, knowing He will use us to change lives and bring hope, one person at a time. He is always faithful. I believe your heart will be touched by some of their stories, included in this report.

And we give Him the glory.

Serving Him,



Christopher J. Doyle, President



Dear partners in mission,

In the early 1980s, American Leprosy Missions took a leadership role in the distribution of MDT (multidrug therapy), the cure for leprosy. In the years since, the number of leprosy cases in the world has dropped from fifteen million to under two million.



We've rejoiced to know our efforts are rescuing children from the maiming and despair their parents suffered. Some of us even got to travel to "the field" and meet the charming, wide-eyed, shy, smiling, curious, and ever-so-promising kids who were the beneficiaries of this wonderful new drug regimen.

What more could a person ask? If we did nothing else, we could rest happy that we'd left the world a better place.

And then in 2002, God laid another opportunity on our hearts. Yes, we'd cured people of one of the oldest diseases known to man. We'd saved millions from abandonment, isolation, humiliation, and wretchedness. But one number never changed.

Every year, despite our far-flung cure projects, over half a million new cases of leprosy are detected. The total number of cases in the world is coming down; but the number of new cases each year stays the same. In some regions, it's going up. Infection continues. Children still get leprosy.

In 2002 our board, made a bold decision. It started as a vision and challenge from one of our directors, Dr. John Dawson. "If we don't do it, who will? If we don't start now, when?" In 2002, the ALM board of directors agreed to begin the research for a vaccine to end leprosy forever. We entered into a partnership with IDRI (Infectious Disease Research Institute) in Seattle.

Many scientists tell us this can't be done. The job is too big, too complex. The people who will benefit are too poor. There's little "market incentive" for such a vaccine. We respond in faith: Nothing is impossible with God.

ALM will celebrate its 100th birthday in 2006. Please pray with us for a birthday gift to top all birthday gifts: a vaccine to end leprosy forever.



James D. Cockman, Chairman

CHAIRMAN'S MESSAGE

FINDING CURING

In 2002, nearly 93,000 patients were registered for treatment in ALM-supported programs.

Many of these patients received medicine and treatment from teams traveling by foot, van, motorbike and bicycle to deliver care. How were these patients found? How were they diagnosed?

The methods varied:

- **MYANMAR:** The Red Angels are midwives (they dress in red) who travel by bicycle village to village to assist women with deliveries and many other health concerns. The Red Angels have been trained to recognize leprosy and now they are champions at early detection!
- **INDIA:** Two hundred kids came to "skin camp" today. Doctors will check each one for rashes, sores, bites, and leprosy patches. The sun is hot; the crowd is noisy; the day is long. At the end of the day two little brothers have been diagnosed and will begin treatment. They will be cured.
- **PERU:** The team left by boat this morning. They will visit six river villages that are unreachable by land. No trails. No roads. So much work to find a few people with leprosy.
- **ANGOLA:** Castello Felipe was taken into "the bush" by rebel forces and kept there five years. He finally escaped and returned to his family in Huambo. What an unlikely young man to attend an international training conference in Brazil. But God works in wonderful ways. Today Castello is a leprosy nurse. He does active case-finding in the slums of Huambo and is dedicated to people with disabilities. He has a winning smile and is a dedicated Christian.
- **PARAGUAY:** Some leprosy patients find others with leprosy. Isabel comes every second month to get her medicine. She sent her uncle and a cousin to our hospital because she suspected they had leprosy also. And they did. We call her our co-worker! In August, she brought her little brother along. We thought he came along so she wouldn't have to ride the bus alone. But - you guessed it - he had a spot on his arm and started his treatment on that day. He is six years old.

TRAINING/PUBLIC EDUCATION PAY OFF

Around the world, ALM trained healthworkers are visiting schools, clinics, community centers, churches, and neighborhoods to spread the word: Leprosy is curable. Around the world, they are broadcasting radio messages, hanging posters, and showing mothers' groups early-identification charts. In some communities, volunteer groups perform street theater skits to educate their neighbors about leprosy treatment.

Gifts from ALM donors trained 341 healthworkers in 2002 creating one of the most effective diagnostic "tools" in the fight against leprosy.

NOTE: Every minute of every day someone in the world gets leprosy. The World Health Organization reported 608,992 new cases in 1991. In 2001, ten years later, 760,695 new cases of leprosy were detected in the world.



DR. BRÉCHET, ANGOLA

In 2002, ALM spent \$306,358 on Public Education. This represents a seven percent increase over public education funds in 2001.

IVORY COAST: American Leprosy Missions helped produce Buruli ulcer "comic books" and educational flipcharts in conjunction with WHO and other agencies. Also, in Buruli-endemic regions, concerts were organized to improve community education and raise funds for the Buruli ulcer work. The First Lady of Ivory Coast and the Minister of Health both attended these concerts, and about 800,000 CFA were collected (this equates to approximately \$1,100). Only ten percent of the population in Ivory Coast earn \$1,500 or more a year.

INDIA: Karigiri Leprosy Hospital organized plays, dance and music from traditional village cultures to inform people about leprosy. They presented these events in conjunction with "clinic days" at the nearby medical clinics.

BRAZIL: ALM donors provided twenty scholarships for leprosy healthworkers from around the world to attend the International Leprosy Congress in Brazil. Congress workshops ranged from blindness prevention to strategies for self-care groups. Without scholarships, many of these healthworkers from impoverished countries could not have had this enriching experience. Around the world, leprosy workers are able to detect and diagnose leprosy and recognize complications because of training made possible by ALM donors.

*American Leprosy Missions is a world leader
in training healthworkers to serve
on the frontlines of leprosy work.*



ALM'S INTERNATIONAL LEADERSHIP TEAM MEETS IN BRAZIL

BEYOND THE CURE

DR CONGO: "We provide rabbit hutches and rabbits to disabled patients. After one year, they give us one female and one male to help other patients in need. One rabbit costs around \$4 US. If they sell their rabbits, they will be able to pay the school fees for their children, buy salt, sugar, and pay their healthcare fees. Ninety percent of disabled patients can not afford to pay school fees for their children. The consequence is that they will remain as poor as their parents and illiterate."

CHINA (EYE CAMP): "I traveled two days without sleep to the eye camp in Shandong Province. Soon I realized the patients had badly deformed feet and ulcers which can lead to infections if they receive surgery. I found myself soaking dirty feet, scraping dead skin, taking out small dead bones, even removing some very lively maggots. Talking about their lives, families, problems, and harvests, I treated countless of ulcers, with many of the patients bursting into tears because they were touched, not by my hands which cleaned their wounds, but by God's love and acceptance. I told them it wasn't me who was caring for them, but God; it was God who loved them - and many did close their eyes and grab my hands. The love of Christ was there at the eyecamp...I was moved to tears when I realized it wasn't just the correction of the eyelids which made the difference through this eye camp, but it was God touching the hearts of these people who had suffered rejection."

CAMEROON (HOUSING): In 2002, ALM began funding a housing project in Mughu village. Mughu is a community with a high leprosy-affected population. Most residents are extremely poor and many are missing feet, hands, or both. Local craftsmen will share skills, allowing unskilled work to be done by healthy family and community members. Many of the necessary materials - rocks, stones, sand, clay, gravel, water - can be found locally.

- In 2002, ALM donors provided school fees, uniforms and supplies for 225 elementary school youngsters and more than 100 teenagers...and literacy education for 465 individuals.

- ALM gifts provided vocational training for 662 people and house construction or renovation for 120 families.

- 231 individuals and families received business loans, and around the world thousands of people learned about the love of Christ.





BURULI ULCER

Buruli ulcer (ALM's other disease) causes the same fear, stigma, and heart-break that leprosy does. Buruli is a flesh-destroying disease that leaves gaping wounds in chest, legs and other parts of the body. Its victims are mostly children. The Buruli germ is similar to the leprosy germ.

Buruli is especially prevalent in Ivory Coast and Ghana.

The disease starts as a lump or nodule on the skin, which then breaks down to leave an ulcer. Through public education, patients are urged to come early for treatment. If the nodule is cut out early on, the ulcers will not develop. The only treatment for BU is expensive surgery and lengthy hospital care. The average cost to train a rural nurse in Buruli "nodulectomies" is \$160. The cost of nodulectomy equipment for one clinic is \$100.

"Oh, I wish you could see how this little project has made SUCH a BIG impact on the village men!!!

"These five men have been so transformed! They love their chickens & always are so excited to tell us how many new chicks they have & whose "face is red" (meaning they are about to start laying!) The amazing thing...it's actually made money! That was never my hope, but all except one man have had bumper harvests. My friend Ai Pat, up to 140 chicks, I think. FROM 5!!!!

"And the best thing...there was a bad hail storm a few months ago & his home was damaged. He sold thirty chickens to some people going through the village - for a good price, too; & with the money he earned, he was able to repair his own roof! This is why I just love my job!!

"You should have seen the sense of value & accomplishment he felt - what 53 year-old man doesn't want to earn an honest day's wage? We finished the second round of the project - having the five men pass on five of their chickens to other people in the village - five women this time. We again chose those with disabilities or without family members - they were received with joy!

"This is a great project for a certain type of person - those that are isolated & without family, those with severe disability. This is such a low injury risk occupation for them.

"As far as the deeper work - you guys keep kneeling with us! There are about four in the newest village, one doing SO well & we are extremely blessed to see him come alive. He thanks His Father for allowing him to have leprosy so that he could come into a relationship with Him."

THE JOY OF CHICKENS

A NOTE FROM CHINA

ALM's total expenditure for research grants in 2002 was \$372,139. This represents a 5 percent increase over 2001 research grants. The increase is due partly to the \$72,000 spent to launch the Centennial Vaccine Project, an estimated \$6.9 million, six-year campaign. Here are some of the research projects supported by ALM this year.

COLEP

It has been known for a long time that leprosy can be prevented in some cases by giving antibiotic treatment during the incubation period; however, we don't know enough to be able to do this on a large scale. We don't know which people are incubating the disease, how much treatment to give or when is the best time to give it; and, even if we knew some of the answers, could we prevent enough cases to make the whole exercise worthwhile?

The COLEP study is being run by The Leprosy Mission and Erasmus University, Rotterdam in the Danish-Bangladesh Leprosy Mission project in northern Bangladesh, with the majority of the funds coming from ALM. It is a six-year study to look at preventive treatment (chemoprophylaxis) and answer some of these questions. The results may help us design effective strategies for preventing leprosy in a large proportion of cases, although it is not likely that all cases can be prevented by this means.

Measuring disability

As we try to prevent and minimize impairment and disability in people affected by leprosy, we need tools to measure disability, so that we can find out which interventions have the best results. ALM has supported two related projects:

One project has developed a scale to measure how much people with leprosy are limited in what they can do – it will be useful, for example, in showing exactly how much improvement can be gained from certain types of surgery. The scale is called 'SALSA' (short for Screening Activity Limitation and Safety Awareness).

The second project has developed a scale to measure social participation and the degree to which leprosy restricts the social involvement of those affected. It will be useful to show which interventions might prevent people from being rejected or really help people to be accepted back into their communities. A lot of work has gone into validating these scales for use in any endemic country, so that the results of work in different places can be compared.

Buruli Ulcer

We are supporting some laboratory-based research aimed at developing a diagnostic test for Buruli Ulcer, so that cases can be easily diagnosed at an early stage. Early cases can be treated by 'nodulectomy' at present and it is likely that an effective medical treatment (probably a combination of antibiotics) could be developed for the very early cases, if they can be diagnosed in time.



Q: Dr. Saunderson, How is leprosy treated?

A. Multi-drug treatment (MDT) is the standard treatment for leprosy throughout the world. Leprosy infections are classified as light (referred to as paucibacillary, or PB cases) or heavy (referred to as multibacillary, or MB). The first group gets two drugs (rifampicin and dapsone) for six months; the second group gets three drugs (rifampicin, dapsone and clofazimine) for 12 months.



Q: What is the definition of "cure" ?

A. Giving MDT is extremely effective in killing the leprosy bacilli, so all patients who complete their treatment can be considered "cured" from the infection. However, leprosy often damages the nerve supply to the eyes, hands and feet, so the effects of leprosy may be present long after the person has been "cured" of the infection. When we speak of "cure," therefore, we are concerned with "restoring people to lives of dignity and usefulness within their communities" which may mean much more than the provision of MDT alone.

Q: Why is early treatment so important?

A. If MDT is given very early in the course of the disease, the damage to nerves is much less likely to occur - the person will be "cured" with MDT alone and avoid all the problems associated with nerve damage.

Q: Can nerve damage be reversed?

A. When nerve damage first occurs, there is a "window of opportunity" lasting about six months, during which the damage can be reversed by treatment with steroids. If this opportunity is missed, much of the damage will become permanent.

Q: What does ALM do especially well — what is ALM's special contribution — in the realm of treatment?

A. During the last ten years, there has been a great improvement in government programs (with the support of WHO and Novartis) to diagnose leprosy early and deliver MDT. ALM plays a supportive role in this in some countries, but our main contribution is in helping health workers recognize and treat nerve damage while it can be reversed, and in minimizing the effect of any permanent nerve damage.

Q: Is there anything else you'd like to say about leprosy treatment worldwide?

A. While MDT is very effective in killing the leprosy bacillus, it does not seem to be stopping the transmission of the disease - the number of new cases is the same, year after year. This is quite a surprise, but it seems to suggest that the disease is transmitted during the incubation period, before the person has any symptoms of leprosy and before MDT is given. This makes the initiative of ALM to fund the search for a vaccine against leprosy more important, as leprosy will not be conquered by MDT alone.

How Can ALM Donors Be Assured Their Gifts Are Being Used Wisely?

- To receive funding each year, every ALM project must present a funding proposal with measurable objectives, detailed action plan, and budget. The proposal must be approved by a management and technical committee before funds are released.

- All projects in our six largest countries are monitored by ALM country representatives - Brazil, DR Congo, Angola, India, Myanmar, and Philippines.

- All ALM assisted projects are monitored by our regional POID (prevention of impairment and disability) consultants.

- Medical and physical rehab aspects of all projects are under the oversight of Dr. Saunderson, our staff leprosy consultant.

- For each multi-year project we sign a memorandum of understanding with the project partner that spells out the responsibilities of the parties.

- Each project with an annual budget over \$100,000 has a formal one week evaluation every 3 years.

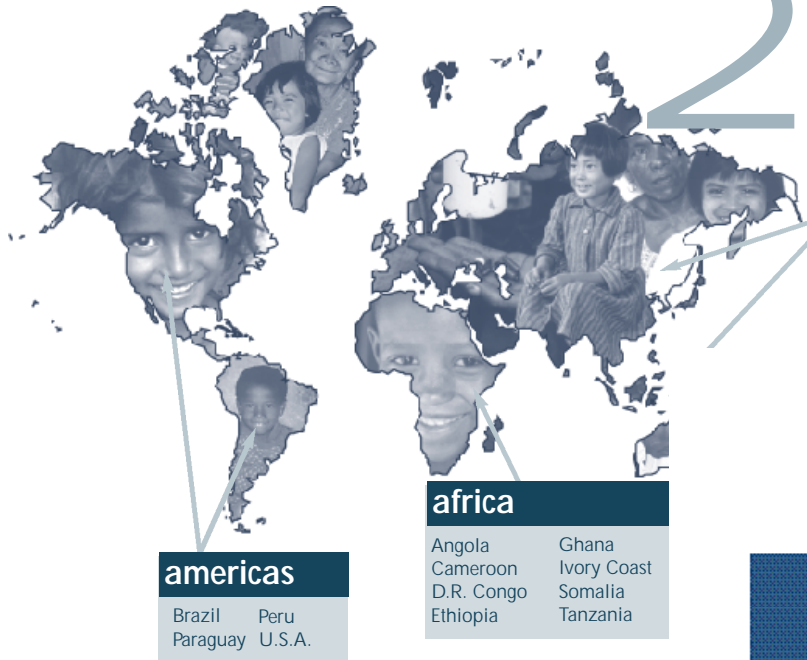
Lance Renault
Chief Program
Officer



FROM THE MEDICAL DESK

ALM'S DR. PAUL SAUNDERSON ANSWERS QUESTIONS ABOUT LEPROSY

FOR THE RECORD 2002

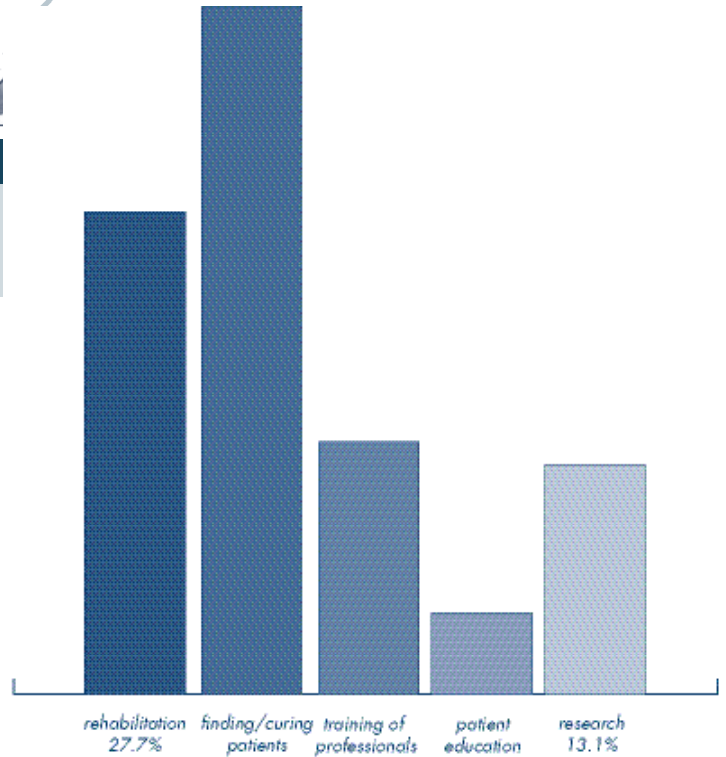
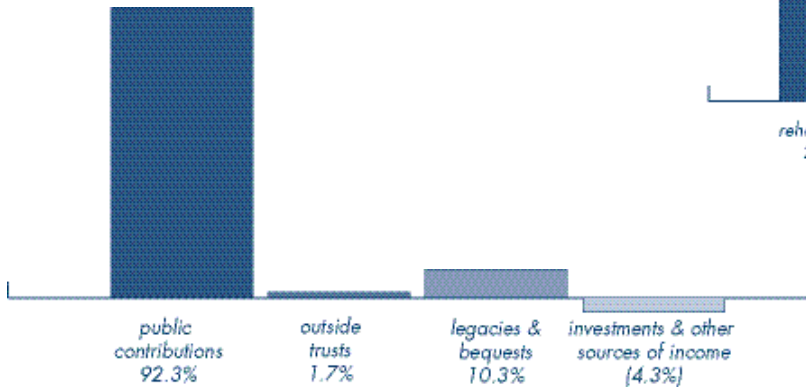


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Ethiopia Tanzania

asia/pacific islands
Bangladesh Nepal
China Philippines
India Thailand
Myanmar

FUNDSSOURCE



GRAMSUPPORT

	2002	2001
Revenue:		
Contributions	\$6,951,610	\$6,351,969
Investments and other income	(320,112)	(150,742)
Legacies	761,970	1,328,703
Total revenue	\$7,393,468	\$7,529,930
Expenses		
Program services	\$5,296,965	\$4,687,903
Supporting services	\$2,852,038	\$3,015,091
Total expenses	\$8,149,003	\$7,702,994

Note: ALM's revenue is supplemented by prior year's legacy income.

Non-government organizations

Amazon Basin Benevolent Association
ADRA International – Adventist Church
Africa Evangelical Fellowship
ALERT
American Baptist Churches
The Amity Foundation
Asociacion Evangelica Mennonita del Paraguay
Association for Helping the Hopeless
Beulah Land Services
Christian Medical College-Vellore
Christian Missions in Many Lands
Church of the Brethren
Comprehensive Rural Health Project
Disciples of Christ
Eastern Mennonite Missions
Evangelical Covenant Church
Evangelical Presbyterian Church of Ghana
Habitat for Humanity International
HANDA Rehabilitation and Welfare Association
Heifer Project International
International Association for Integration, Dignity and Economic Advancement
International Leprosy Association
International Nepal Fellowship
Joni & Friends
Leonard Wood Memorial/ALF
The Leprosy Mission Trust India
MAP International
Medical Ambassadors International
Myanmar Christian Leprosy Mission
Nepal Leprosy Trust
North American Baptist Conference
Philippine Leprosy Mission, Inc.
Presbyterian Church, U.S.A.
Prison Fellowship India
Project Grace
Roman Catholic Church, Divine World Order
Roman Catholic Church, Ethiopian Catholic Secretariat
Serving Humanity in Christ (SHIC)
Schieffelin Leprosy Research and Training Centre
Solidariedade Evangelica (SOLE)
SORRI - Brazil
Swiss Alliance Mission
T.E.A.M. - Nepal
United Methodist Committee on Relief (UMCOR)
Vadala Leprosy Control Center
Volunteers in Medical Missions
Wider Church Ministries
World Concern

International organizations

World Health Organization

Government organizations

Federal University of Rio de Janeiro
Institut Lauro de Souza Lima
Ministry of Health, Angola
Ministry of Health, Brazil
Ministry of Health, Rio de Janeiro State, Brazil
Ministry of Health, Sao Paulo State, Brazil
Ministry of Health, Guizhou Province, China
Ministry of Health, Democratic Republic of the Congo
Ministry of Health, Ethiopia
Ministry of Health, Chhattisgarh, India
Ministry of Health, Myanmar
Ministry of Health, Peru
Department of Health, Philippines
Department of Health & Human Services, National Hansen's Disease Program, U.S.A.

International Federation of Antileprosy Associations (ILEP) Partners

Associazione Italiana Amici di Raoul Follereau
Association Française Raoul Follereau
British Leprosy Relief Association
Damien Foundation Belgium
German Leprosy Relief Association
Leprosy Relief Work, Emmaus-Switzerland
Le Secours aux Lepreux
Netherlands Leprosy Relief
Sasakawa Memorial Health Foundation
The Leprosy Mission International

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Dr. Ted Engstrom
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Author; speaker

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