

RUTH PFAU

The sight was something that Dr. Ruth Pfau had never imagined. Here she was, a medical doctor and Catholic nun from Germany, inside a shed made from fruit crates in a beggar's colony in the center of Karachi, Pakistan. The shed on McLeod Road served as her congregation's dispensary for leprosy patients. Before her eyes, one of them was crawling like a dog on his hands and feet. By her reckoning, the man was about her own age—barely thirty. His name was Muhammad Rashid and he had come from the mountains in the north of Pakistan. Around Rashid, Pfau noted, other leprosy patients walked calmly about, “unperturbed . . . as if it was all very normal that a human being had to crawl in such a manner in the dirt.” What alarmed her most was Muhammad Rashid's own demeanor. He was calm, she said, and his voice showed only dull resignation, “as if things couldn't have been otherwise.”

“That these people took their condition to be normal, that they had become resigned to such frightfulness was for me the limit in human degradation,” she wrote later. “If they would have shown that they were suffering, then I would somehow have been able to communicate with them. In the postwar years in Germany, people used to say, ‘It can't go on like this anymore.’ Here, nobody thought of saying anything like that.”

“I found myself in the midst of suffering fellow humans who needed help,” she says. “I felt there were only two possibilities. Either to go home by the quickest route, or to get out of the boat and try to walk on the water. I chose the latter. Today I know that this was the only logical answer.” Her heart pounding, Pfau said to the nun standing beside her, “Berenice, Berenice, it can't go on anymore like this. We will have to do something to change things!” At that moment, she says, the way her heart behaved was “like when one meets one's greatest love.” And what changes this love has wrought!

Leprosy, the disease Dr. Pfau was up against, is caused by *Mycobacterium leprae*, a bacterium closely related to the tuberculosis bacillus. It attacks mainly the superficial nerves and causes loss of sensation and pale patches on the skin. It is not hereditary. Without the warning sense of pain, persons with leprosy easily suffer injuries without being aware of it and, consequently, do not attend to their injuries. This can result in secondary infections that eat into the bone and disfigure the person. These disturbing disfigurements, and not the disease itself, are the reason that leprosy sufferers are scorned and ostracized. Unbeknown to a great many people, early diagnosis of leprosy and effective treatment can avert this tragedy. Today, antileprosy drugs can kill the leprosy bacterium altogether. But as Pfau has learned in Pakistan, the physical cure of leprosy is not sufficient. It takes more than medicine to restore health and happiness to people who have suffered the disease's terrible stigma. Indeed, she believes, it takes spiritual courage.

Ruth Pfau was born on September 9, 1929, to a comfortable, upper-middle-class family in Leipzig, Germany. She was the fourth among six children—five girls plus a brother who died in infancy. Her father was Walther Pfau, the commercial director of a fashion magazine that was very popular with women because it gave them practical tips. He was, Pfau recalls, a most unusual businessman: “He was very honest,” she says. The Pfau children's mother was Martha

Kitze, daughter of a wealthy landowner from rural Germany. Twelve years younger than Walther Pfau, she had a mind of her own and practically raised the children by herself, since her husband was so often on the road.

Where religion was concerned, the Pfau couple left their children free to find their own way. The Pfau's belonged to a sect that believed becoming a Christian was a major decision; children had to be mature before they could make up their minds. Dr. Pfau remarks, "What they did with their empty lives in between, this question was not asked."

Aside from Dr. Pfau's parents, her sisters, particularly Waltraud, the eldest, loomed large in her childhood. Waltraud had a way of looking at nature that was passed on to Dr. Pfau: "She supplied all this food for my heart that the system wouldn't give."

Her second sister was very good in sports, but this was an interest that Pfau did not share. Her third sister was Armgard, whom Pfau admired and cared for deeply, even though Armgard sometimes regarded Pfau as a rival. "I never understood why," she says. "I was two years younger but in my school marks I always was two points above her. She was always very good . . . always number one. But when the talk came to [comparing us], she was 'very good' and I was 'brilliant.' This was something which made our relationship a bit difficult at times."

Unhesitating and self-confident, Armgard became a lawyer in East Germany and, later, a translator at an American military base in West Germany. In the early seventies, when Pfau was already in Karachi, Armgard came to help her sort out the legal problems related to her leprosy work. She stayed for seven years and was a great help to the program. This made their mother very happy. She told Pfau, "This is the biggest miracle of my life. That Armgard joined your program."

Pfau describes her youth as traumatic. She was only four years old when Hitler took power, ten when war broke out, and fifteen when the war ended. "So I was never really a teenager," she says. Since there was nothing else except Nazism during that time, the Pfau children all ended up in the Hitler Youth, a Nazi version of the Girl Guides. But being intelligent and well-educated, after a while they all concluded that Nazism was "rather primitive" because of its overemphasis on physical health and beauty. Although at one time they were all leaders in the movement, they distanced themselves from it as they grew older.

Pfau's father hated Hitler and talked openly against the Nazi system. Her mother was constantly afraid he would join the underground. He was deeply disturbed by the mass murder of the Jews and considered joining the resistance. Pfau recalls, "My mother used to argue: 'When you have brought six children into the world you must understand that you are also there for their sake. So you can't afford to be picked up by the Gestapo.' This conflict was never aired in front of us children; it just smoldered."

During the first five minutes of every Hitler Youth meeting, members would undergo indoctrination. Ruth Pfau's problems with Nazism came to a head when, one day, her superior quoted Nietzsche as saying, "The greatest courage is to see somebody suffer without being moved." She recalls: "This was too much for me to accept. I ran out of the class, pursued by my teacher. She wanted to explain what it meant—to soften it a bit for me. 'No!' I shouted." Pfau ran home and wept uncontrollably, wishing not to have to go back.

In primary school in Leipzig, Pfau experienced what she describes as her first social conflict. She had a teacher, a Mr. Wagner, whom she loved very much. But she could not understand why he obviously favored her over all the other girls. She felt totally helpless because she knew she could not ask why. Her subsequent teachers were partial to her, too, possibly because they found it easy to teach her. "They experienced success with this bright girl," she

says. Pfau always found it difficult to cope with this. Fortunately, it did not get in the way of her friendships with other girls in school.

One such friendship stands out in Pfau's memory. "We had a Jewish girl in class," she recalls. "She was really like a butterfly. She was so pretty and so gracious. That was Gabi. We were very good friends. She came to my birthday, I came to hers. She was an only child. Then, on Crystal Night, the persecution of the Jews started. The next morning, Gabi was not in class. At the end, I heard that she didn't come because she was a Jew. I didn't know that she was a Jew. But, did we *care* that we had somebody who was Germanic or Jew? Then I heard those terrible rumors of how they were treated. In my dreams, Gabi recurred. How she was fleeing. It made me very nervous. I received no answer to my question: 'Where has Gabi gone?'"

Many years later, Pfau would get her answer. Gabi was back in Germany and was passing by a bookshop when she noticed a book titled *Das letzte Wort wird Liebe sein* (Love will be the Final Word.) This was one of the books that Pfau wrote in German, and in it she told her story of Gabi. Gabi bought the book and read about herself. The next time Pfau visited Germany and gave a public talk, Gabi was in the audience. After the talk, Gabi went over to Pfau but Pfau did not recognize her immediately because, by then, she says, Gabi had grown "rather stout."

Gabi began, "Sorry, you just have to help me . . . I'm Gabi." The two women fell into each other's arms and, as Pfau relates, "cried and cried and cried. All our uncried childhoods." Gabi then told Pfau her story. With the help of another classmate, who was a daughter of a half-Jewish family, Gabi was able to flee to Belgium. This family, according to Pfau, "had the money of the century;" the father, who was employed by the government, was "tremendously important." This family was secretly running "an enormous rescue operation for many Jews," says Pfau. The classmate who helped Gabi is also back in Germany today, working as a journalist.

In secondary school, also in Leipzig, Pfau and her schoolmates were again required to attend indoctrination classes. The school principal was "the most obnoxious Nazi," she says. But his deputy was a "an elderly, venerable man who had his own mind and spoke it out." She and her friends admired him. Their history and geography teacher was also an independent thinker. "When she explained communism to us," Pfau says, "she explained it all objectively. And then she told the class, 'I tell you one thing: if something is too snug, if something fits too well, it is not true. Life is not like this.'" Pfau never forgot that lesson. It was "an invitation to be critical when otherwise nobody dared tell us to be critical."

In high school, Pfau learned Russian, English, Latin, and even some Greek, but found French "too difficult." She did learn to converse in French later, however, when she spent a year at her congregation's novitiate in Paris.

During the Allied bombing of Leipzig during the Second World War, the Pfau's home was damaged but they were able to continue living in it. Even so, they could no longer get water from the pipes. There was no longer any electricity, or a working sanitation system, or more than one stove to heat the house with. All their windows were broken and patched with cardboard and paper. These hardships accompanied one of the coldest winters in Germany. The Pfau's could not keep warm because they could not afford to keep their one stove burning all night. Working and studying were possible only with great difficulty. When the girls' school was burned to the ground, the Pfau sisters had to travel quite far from the city by train to attend classes at another school.

Pfau describes the end of the war as "glorious" because the bombing stopped. People prayed that the victorious American armed forces would get to their area before the victorious Russians

did. As it happened, they did, but only because a key bridge over the Rhine River remained intact when retreating members of the German army sabotaged the order to blow it up.

Unlike German soldiers who marched ominously into a place, the gum-chewing American soldiers entered Leipzig in groups and gave the children chocolates. Pfau says people were happy because they could look at these soldiers' faces and see that these were "people you could live with." But the people's joy was short-lived because, according to an agreement among the Allies, Leipzig was soon occupied by the Russians.

Pfau says Russian soldiers could not be blamed for being "so hungry for a little bit of fun" after years of war. But, as they preyed upon German women, daily life became rather precarious for the Pfau sisters. At the time, Walther Pfau was away, having been called to the German army in the last days of the war, together with other older men and sixteen-year-old boys. Mrs. Pfau was home alone with her daughters. All of them, Ruth included, had narrow escapes. Fortunately for them, the Germans at this time were united.

"People in the neighborhood knew that my father wasn't back," recalls Pfau. "But other men were back, so when it got too hot, some of them really took risks." Pfau recalls the time she was on a train and two Russian men closed in on her. She asked the train operator to let her off but he did not oblige because he knew that, if he did, the two Russians would jump out after her. When the situation became tense, a German man protected Pfau by forcing her into a corner behind his own body. That sort of thing, she says, "didn't make for a [normal] teenage experience."

Pfau's father finally made it back home. But food shortages and other deprivations continued. Her mother fell dangerously ill and could not breastfeed the family's new baby boy. With each passing day, he became weaker. Ruth Pfau remembers the night that her desperate father violated curfew to fetch a doctor. But the doctor would not come because of the curfew and the baby died. "I nearly went out of my mind," Pfau says, "I always had so much concern for him, even before he was born. How we used to run here and there to find milk for him! I hardly dare think of it now. It was during this period that I sometimes thought parents ought not to bring children into the world."

As a young girl, Pfau dreamed of becoming a biology teacher. But when her brother died that night, she decided in an instant that she would become a doctor. In 1948, she applied for admission to medical school at Rostock University in Leipzig but was rejected. The reason for this was ideological. When the Russians established a Soviet-influenced East Germany in 1946, children of parents who were not with the Communist Party were denied admission to university. So she and her sisters decided upon the risky course of following their father to noncommunist West Germany. (Walther Pfau's Leipzig publishing firm had been nationalized by the new regime; he could not find a job in the East. Besides, his colleagues and business contacts were all in the West.)

Before Pfau moved to the West, however, she observed what young people in East Germany made of their lives after the war. They had nothing, she says; they just "slipped from Nazism and turned to communism." To Pfau, both ideologies represented "the very same way of life. Nothing changed except the color of the flag."

When Pfau decided to sneak across the border to the West—for the border was now closed—she did not even know where it was exactly. "It was night," she recalls. A young communist border guard with whom she philosophized between trains asked her, "Do you think you're making the right decision in going off to the West?" He himself seemed to be in doubt, but he showed her which train to take to find a terminus near the border. Once she had arrived there, she asked people where, exactly, the border was. No one answered. "They all seemed

afraid,” she says, “too afraid to talk.” Then she saw a man who apparently had just finished shaving because he still had shaving cream on his chin. Almost in tears, she said to him, “I must get across the border. Where do I find it?” Without speaking, the man nodded his head to show her the direction.

She walked for miles along mountain slopes. Seeing a clearing, she hid herself in a barn. Three border guards spotted her there and searched her bag. On top of the bag was a teddy bear, her companion since childhood, and in the bag were “a few personal bits and pieces.” One of the guards then told her that he would have to escort her to headquarters. They began walking. Later, as they approached a wood, he suddenly told her, “About two hundred meters further on, you’ll find the border; there you can cross into the West.”

Pfau walked and soon confronted a Do Not Enter demarcation zone. “I just ran,” she says, “my heart was pounding.” She had just passed under a bridge when she almost collided with a soldier along a narrow path. She kept on walking. “After a few seconds I looked back. It seemed so utterly unbelievable that the young chap in uniform had not taken advantage of the situation. And I thought, ‘So this is the difference—I am in the West.’”

Pfau carried with her the address of a maternal uncle who lived in West Germany near the border. After making the crossing, she found him and, together, they traced her father. “The reunion with my father was simply wonderful,” she recalls. Both Pfau’s second sister, Regina, and Armgard had also managed to escape, she does not know how. But the family still had to bring her mother and little sister across. This was not easy. “We had to pay agents who specialized in bringing people across the border illegally,” she says. After three hefty payments, we managed to get them over to the West.”

Although the Pfau family was now reunited in the West, it still had a difficult time. Walther Pfau was struggling to reestablish himself. The whole family lived in a single rented room in Wiesbaden.

Pfau now applied for medical school again. This time, she qualified at first try. She also qualified for free tuition. But she had to find a job to cover her other school expenses. Many of Pfau’s fellow students faced the same need. Together they set up self-help groups whose members made themselves available for odd jobs such as cleaning or babysitting. The Americans were now busy rebuilding West Germany’s war-damaged infrastructure. They needed help and liked to hire girls from the university. This enabled Pfau to do all kinds of jobs which, for her, not only were fun but also helped her to earn a living.

As a medical student, Pfau did her preclinical studies at the University of Mainz and her clinical studies at the University of Marburg. Although Mainz is only twenty-five kilometers away from Wiesbaden, where her father lived, she stayed by herself in a small room in Mainz and did not return home to Wiesbaden for nearly a full year. “When we grow up, we have the notion that the first freedom is freedom from the family,” she explains with a laugh.

Although the Nazis had been defeated and West Germany was beginning to rebuild, students there were anything but hopeful. Pfau remembers that all her schoolmates had been traumatized by the war, as indeed she had been. When they talked among themselves, they talked more about the past than the future, about which they were cynical. It was a time of searching. One question haunted them all: Does life make sense? In Marburg, students even set a time frame for answering the question. To herself, Pfau said, “If in two years I find that life makes sense, OK, I will continue.” For many of her fellow students, the logical conclusion to finding that life did *not* make sense was suicide. And some did take that course. “It was quite common,” Pfau whispers.

University for Pfau was a period of awakening and boundless searching. She and her friends sought to find answers through reading, discussions, lectures, and even in hedonism. Of the last she explains: “The Rhine Valley is beautiful and it offers all kinds of dancing and drinking at nights. Really good food.” But she quickly saw that the pursuit of pleasure as the chief good “was only an easy way to illusion.” She was drawn to Jean Paul Sartre and existentialism and she kept asking, “What about love? If you agree that love exists, then explain love to me.” This question enabled her to find her way to the Christian faith.

At the university, Pfau came across a small community of Christians and she attended their meetings. In one such meeting, an old woman from Holland spoke. Pfau recalls: “She spoke such dreadful German and I couldn’t help laughing at her quaint phraseology. Then I came to know that she had been an inmate in a German concentration camp and was in Germany to spread the message of love and reconciliation. That made her more credible in my eyes. To my question on how one could actually *be* a Christian, she simply replied, ‘One must pray.’ It happened without me praying—she must have done it for me.”

In 1951, Pfau had herself baptized in the Lutheran Student Congregation. This was after she had met Herman, a student of Protestant theology, with whom she says she was “desperately in love.” She began attending morning prayers—more to meet Herman than to pray, she confesses. Then she decided she should understand what she believed in, theoretically instead of only emotionally. “I was looking for more objectivity, more solid theology, and at the same time something less drab,” she says. “So I continued my search.” This led to what she describes as “the biggest paradigm shift in my life.”

She made friends with some Roman Catholics. “I was impressed by their sympathy towards their neighbor,” she explains. “Catholicism was certainly not drab and I began to find it fascinating. I became more accustomed to it only after a lot of intensive argument. One of the things which first helped to convince me was its stress on mysticism, amply expressed by a saying of Thomas Aquinas: ‘Man will never be able to grasp even the essence of a single mosquito.’ I immersed myself in theological things. When I came across a passage from John of Damascus, ‘The divine is incomprehensible and infinite; and this only is comprehensible about it: the infinity and incomprehensibility,’ I felt that the long search for inner peace was beginning to come to an end. I had found my niche.”

Pfau explains why she decided to become a Catholic. When one interprets a lyrical poem, one cannot use a mathematical equation. In like manner, when one approaches a theological truth, one cannot use the logical, finite mind. “It’s not made for this,” she says. “It follows, then, that if one cannot explain this truth even to oneself, there must be somebody who can make sure that this truth one has surrendered to remains pure. And the way that this truth stays pure has to be revelation. This can’t be done by me. This can’t even be done by theologians. Here, our Lord has to give a special guarantee.”

Pfau tried to look for such an authority in the Protestant Church but could not find it. She says she believes it is too risky to turn to the Holy Spirit because “today’s thought can be different from tomorrow’s.” A logical conclusion to being a Christian, therefore, is that one needs a Pope for the theological truth. This was why, in 1954, she became a Catholic and was received as such by the Church in Marburg.

And then, because the “all or nothing” outlook had already been deeply ingrained in her character, she decided to enter a religious order. This decision was “probably a logical conclusion to my conversion to Roman Catholicism,” she says.

She asked Father Koch, a Jesuit who had received her into the Church, whether he thought she had a religious vocation. He replied that although he would not like to rule it out, she should give the question of marriage serious thought and review the situation after a year. So, she decided to wait and see and, on the quiet, told herself: "If I did meet the man of my dreams and I still wanted to enter an order? Would that not be even better?"

That year, she did meet the man of her dreams. His name was Gunter, a student at Marburg who visited her every weekend while she was doing her practicum at a hospital in Winterburg. They had much in common, she says. He taught her that there is more to love than "making" love, that "being *in* love" reveals that real love already exists—somewhere, somehow—and that we merely enter it.

One evening, Gunter asked her to marry him. She says she listened, "aloof, strange, and with unexpected certainty." Then she answered, "Yes, I'd love to. I'd love to really say yes to the marriage, but I can't. I have a vocation, a calling to the religious life and there is no other way but to follow it." And how did he take her answer? "Somehow or other, he already knew," she says.

When Pfau told her parents that she had decided to become a nun, they had different reactions. Her father said, "Better an illegitimate child!" When she finally entered the convent, he told her, "Here I have waited and slaved all my life for the Pope." (Pfau stresses that his outburst "in no way disturbed our relations, our love for one another.") Her mother, however, said of her daughter's decision, "When she has a call from our Lord, what can we do? We have to let her go." Pfau says it helped her greatly that her mother stood behind her.

After Pfau decided on principle to enter religious life, her spiritual director, a Jesuit, told her it was important to enter the right order—as important as deciding which man to choose when contemplating marriage. There are many orders for women but all of them follow rules and a community life. Together with these rules are the obligatory vows of poverty, chastity, and obedience. Had she been a man, she says, she would have become a Jesuit. "Otherwise, I'm quite happy to be a woman." So, when a nun told her about the Society of the Daughters of the Heart of Mary, Pfau decided to join it. The order was founded during the French Revolution, when all religious orders were banned. So as not to arouse State suspicion, members of the order did not wear any habit—a first in the Church—and did not live in community. The founder of the order was Marie Adelaide, a French noblewoman who had tried a conventional order but found it too conventional, so she left and, together with a Jesuit, founded this unorthodox congregation that follows the rule of Saint Ignatius of Loyola, the founder of the Jesuit order. Pfau says that, because of the way she was brought up, she, too, could not possibly have survived in a conventional convent. But the idea of women who did not live in seclusion and who did not wear a nun's habit, but who did live with sacred vows in a community, appealed to her.

Pfau's spiritual director gave her one more piece of advice. "When you take your novitiate, take your vow as final. And say to the Lord: if You want me out, You will have to shoot me out with a cannon." In Pfau's order, novices have to wait at least three years before they may take their first vows. Thereafter, they have to renew their vows every year and, after the fifth year, take the perpetual vows that put them at the disposal of their order's Superior General. But Pfau always had to be reminded to renew her vows. She finds the situation funny because, for her, "once you go in, you go in for life." She had already qualified as a physician before she became a postulant.

The Society of the Daughters of the Heart of Mary practices open novitiate, so Pfau did not have to enter a convent immediately. Instead, her novice mistress visited her about once a month,

wherever she happened to be for her practicums in medicine. During these visits, they would go over the documents of the order and the basics of Catholicism. After Pfau received her medical doctorate, she went to Paris to spend one canonical year in the congregation's headquarters. While in Paris, Pfau said she "heard a lot of French" but, as she did not know a word of the language, she understood nothing. But she said she had a wonderful time because she was able to read a lot and was allowed to go out regularly. This enabled her to visit many places, including the Louvre, Musée de l'art moderne, and a museum of the Middle Ages. She wanted very much to meet a certain progressive priest, Abbe Pierre, a pioneering social activist among the clergy. He went into factories and gathered drunks who slept under the bridges of Paris and lived with them and tried to rehabilitate them. But her superiors would not let her meet him; the Church considered him too far to the Left. ("This was before Vatican II," Pfau explains. If Vatican II had not taken place, she doubts whether she would have remained a nun. It was, she says, "over, over, over, overdue.")

Pfau's father died while she was in the novitiate. Before his death, her superiors in Paris allowed her to go home three times to be with him in the hospital. "This consoled him," she says. After a year in Paris, Pfau returned to Germany to work in a rural hospital in Winterburg. She found this a perfect learning experience because, in that hospital, there were only two doctors: the hospital chief and herself. When the chief was out, Pfau had charge of the whole hospital and thus learned to manage cases. This was an opportunity that she never would have had anywhere else.

When Misereor, the development aid agency of the German Catholic bishops, began telling the German public about the dearth of trained personnel in the Third World, Pfau started thinking about doing her mission abroad. Germany was rapidly recovering from the war. The "economic miracle" of postwar Europe brought with it a level of affluence that was new to her. "I remember one day we were sitting in the doctor's mess," she recalls. "I had just got my driving license. We were discussing amongst ourselves which kind of car would be best to buy. The Volkswagen? Should it be an orange or a dove-gray one? Or maybe an Opel would be even better! Suddenly, I thought, was *this* the only meaning to life? Saving money, buying cars, saving more money, changing cars."

That evening, she called on the provincial of her congregation to say that she wanted to get out "soon, if possible, immediately." Her chosen destination was Asia, "where one lived on just a handful of rice per day." Pfau says, "It horrified me that there were people for whom hunger, cold nights, and homelessness were permanent facts of life, unlike the Germans for whom the harsh postwar period was just a terrible passing phase. If I couldn't change everything, I at least wanted to share this suffering. Doing nothing seemed intolerable."

Pfau's superiors agreed to send her abroad right away. The problem was, where? They wanted her to go to Japan to help run a student hostel. When told this, Pfau laughed. "I never knew really how to cook potatoes," she says. "I couldn't manage funds, and I didn't intend to learn." So she "cried, cried, cried" because she and her fellow sisters continued to believe "obedience was to do what the superior told you." After all her tears, Pfau relented and said she would go. "Doing something crazy is also part of love, especially when you're in the first stage," she says.

But then something new came up. The superior of her order in India wrote to the Paris headquarters: "You must be out of your mind. You have a qualified medical doctor and you put her in a job she's not even trained for. Please send her to India." There was a slum program in Mumbai (formerly Bombay) that was already underway. It included medical work but the

program was short of trained medical staff, especially doctors. So, Pfau's superiors asked her to go to India instead of to Japan. She agreed.

Her visa for India, however, took a long time to arrange. After waiting almost eighteen months, she was told that Pakistan was looking for a woman doctor. She seized the opportunity and took off. It was 1960.

When Pfau saw the misery in Karachi, Pakistan, she thought that it could not possibly be equaled by the misery in Bombay or anywhere else her order operated, so she decided to stay there instead of going on to India, where she was still formally assigned. Besides, Sister Berenice Vargas, the nun with her in the leprosy shed on McLeod Road, had already written Paris to request help in finding a doctor for leprosy patients in Karachi. Pfau imagined that Paris was probably already looking for someone to fill it. She was meant to be in Pakistan, she decided. "It was our idea that I go to India," she says, referring to her religious order. "It wasn't His idea." When Pfau arrived in Karachi, the congregation there consisted of six members and some lay helpers. None came from Pakistan or from any country in South Asia. Except for Pfau, all were American. The turnover, she observed, was rather quick. The local superior was Sister Mary Doyle, a strong-willed Irish American.

Sister Doyle was very happy that Pfau decided to stay in Karachi. But, being an educator, Sister Doyle wanted her to organize a school health program. Pfau plunged into the work. "I don't know how many kids I examined in all the Catholic schools," she says. "Then, when I had examined them, there was nothing more I could do; there was no referral system." Believing that she had not come to Pakistan "just to make statistics," Pfau submitted a report in which she convinced her superiors that this was not the appropriate time to launch a school health service.

After a few weeks of relative comfort in the community house in Karachi, Pfau and Sister Berenice began sneaking into the McLeod Road Leprosy Colony twice a week, in the afternoon. The colony was an illegal settlement of hovels in one of Karachi's most notorious districts, situated near the main railway station and beside the busy commercial and banking heart of Pakistan. "Here, the poorest of the poor, beggars suffering from leprosy, simply vegetated," she says. They lived "in huts made of cardboard boxes, bamboo sticks covered with rotting gunny bags, some just a pair of ragged straw mats joined together—none of them water-proof."

In the beginning, the leprosy patients were suspicious of the sisters. "They thought we came from the police and would evict them from where they were staying," Pfau says. "It took quite some time before they really believed that we meant well."

In the colony stood the Marie Adelaide Leprosy Dispensary, where people from all parts of the city came for help and treatment. Set up by a French social worker and a member of Pfau's congregation, the dispensary was named after the founder of the order. Before Pfau came, all that Sister Berenice and her helpers could do was to apply first aid. None of them knew how to diagnose and treat leprosy.

The dispensary was nothing more than a one-room shed with two tiny windows, no electricity, and no running water. About 150 patients were crammed into its eight-by-eight-meter space. The heat inside was unbearable. It stunk. Flies "formed a buzzing pall over everything." At night, legions of rats assaulted the dispensary, nibbling at the numb toes of leprosy patients, who felt nothing. In the morning, they would have deep wounds from rat bites.

To show Sister Doyle what was going on in the dispensary, Pfau arranged for her to visit the colony. Once inside the shed, Sister Doyle lost no time. She set to work bandaging patients and declared that there should be some order in the place. Since she was used to being in charge, she took over the administration of the dispensary herself, including its purchasing and account-

keeping functions. Pfau was very happy with this new arrangement because someone else would do “all the things I hated to do.” Best of all, Sister Doyle lent her authority to the sisters’ work with the leprosy patients.

Pfau confesses that, in her first months working with leprosy patients, she found that there were many skills she still had to learn. “I didn’t know how to sterilize syringes because I never did this myself,” she says; “I didn’t know how to [insert an intravenous] drip.” She found herself wishing that she had learned some dermatology and pediatrics instead of obstetrics, the specialty her congregation had required of her.

To understand the disease that she was up against, Pfau studied Robert G. Cochrane’s *Leprosy in Theory and Practice*, the standard work. She read it from cover to cover. She tried to find documentation on leprosy patients in Pakistan. None was available. Then, she tried to locate a fellow doctor in Pakistan who was familiar with the disease. She spoke with dermatologists in Karachi, for example. They told her no doctor would ever think of touching or treating a leprosy patient.

Indeed, leprosy was universally regarded with horror and revulsion. Pfau tells a story from her early days in Pakistan. A male Pakistani doctor came to visit her. After shaking hands with her, he asked her what she did. When she answered, “I’m doing leprosy work in McLeod home,” he rushed off to wash his hands. He was apparently terrified of being infected.

Pfau soon learned that she would have to go to India to learn about the disease. She wrote to Dr. Paul Brand at the Christian Medical College in Vellore, which was famous for its research on leprosy. At Vellore, doctors treated a huge number of leprosy patients and had conducted leprosy-related fieldwork and experimented with reconstructive surgery. Brand himself, an American leprologist, was well known for an innovative surgical procedure that enabled the rehabilitation of deformed leprosy patients once thought hopeless. He welcomed Pfau to Vellore in 1961. There she realized that her own studies and observations had placed her on the right track. Brand himself assured her that she was well qualified. “This I needed,” she says.

During Pfau’s first year at the McLeod Road dispensary, Karachi experienced a monsoon in its full fury. It rained so heavily that water in the leprosy colony was more than waist-deep. “And such filthy water at that,” Pfau recalls, “mixed with all the rubbish and drainage from the city.” Inside the dispensary, they had either to stand on tables or wade knee-deep “in a slimy, soupy mess.” She and her assistants were lucky to have rubber boots. “But patients,” she says, “had to wade through this stinking lake the whole day, with pus-filled wounds.”

In the midst of this crisis, one patient fell desperately ill. He had an open wound that became infected; the infection had gone to his blood and he had developed sepsis and fever. The only way to save his life was to amputate the affected limb. If only minor surgery had been required, Pfau could have done it in the dispensary. But general anesthesia was called for; she needed to find some other place in Karachi to perform the operation. But even the owners of a friendly private hospital would not help her. “Sorry,” they said; “if we admit a leprosy patient in our operation theater, nobody else will come to the hospital.”

Finally, Pfau found a Pakistani orthopedic surgeon married to a German woman. He was working in a government hospital. Because he could see that the operation was a matter of life and death, he agreed to help. “I’ll do it for you,” he told Pfau, “but I can’t do it in the operation theater. We’ll do it in the morgue.” The patient lived. But only because Dr. Hashmi, another doctor, admitted him in his ward when he developed a tetanus infection. Dr. Hamshi nearly lost his job for this. When he coolly asked his disapproving superior whether he should have let the patient die on the road, the superior did not answer and the dismissal was quietly withdrawn. Dr.

Pfau and Dr. Hamshi became “big friends” for life, she says. (Dr. Hashmi later became head of Karachi’s municipal leprosy hospital.)

This emergency operation is an example of how Dr. Pfau managed to surmount even the most difficult obstacles. Such things are possible, she says, “only if one is stubborn and isn’t put off by setbacks.” Despite the ramshackle nature of the dispensary, for example, she and her fellow workers managed to carry out their work “scientifically rather than dabbling in quackery or even lowering standards.” They had laboratory examinations, X-rays, and access to specialist clinics for their patients. They also had bandages, torn from clean bedsheets and neatly rolled; later, medical supplies were donated from abroad. They had very little money, however. Pfau remembers having only enough to buy bus tickets to and from the dispensary, “but definitely not more.”

One day, a reporter accompanying the queen of England on a visit to Pakistan came to Pfau’s place. He was, Pfau says, “looking for sensation in leprosy.” The story he wrote found its way into a German tabloid publication, what Germans call the “boulevard press.” Pfau says one did not read these publications in public “because you wouldn’t want your friends to know that you read such publications.” The story was titled something like, “The angel of Karachi who is looking after the condemned.” When it came out, a reader wrote Pfau, asking, “How is this possible that a German doctor looks after leprosy patients and the German Leprosy Association doesn’t know about it?” Pfau wrote back, “How is it possible that a German doctor who looks after leprosy patients doesn’t know that the German Leprosy Association exists?” The reader replied, “We’ll do something for you.” Pfau shot back, “Honestly, I expected it.”

This exchange inaugurated a fruitful partnership. A German nurse soon arrived to work at the clinic, sponsored by the German Leprosy Association. She joined Pfau and Sister Jeannine Geuns, a Flemish Belgian who had come to Pakistan as a member of the Young Christian Workers and joined Pfau’s congregation in Karachi. By 1962, this small team was treating thousands of patients in the dispensary. “Had someone told me earlier that I would be treating 2,500 patients a month, with no form of health insurance, I would have laughed him out of town,” Pfau says. “We were working twelve hours a day in the treatment room and still had the feeling that half the work remained unfinished. By the end of the year the monthly consultations had increased to 4,500.” A proper hospital was desperately needed.

The solution came in 1963. In Karachi town center was a house that had once served as a nursing home. The sisters wanted to buy it and convert it into a leprosy hospital. Although the building was a bit rundown, for Pfau it was “paradise.” The purchase was tricky because the owner had already sold the house to someone else. But when the sisters offered him hard currency, he cancelled the deed of sale and sold the house to them instead. But there was another obstacle. When local people came to know that the sisters planned to open a leprosy hospital in the neighborhood, they tried to stop them on the grounds that they had not acquired official permission to do so. From a friend, Pfau now received some timely information: under Pakistani law, it is easy to keep someone from occupying a property but, once someone has already occupied a property, it is very difficult to force them to leave it. Facing an imminent eviction order, Pfau and the sisters quietly loaded the makeshift dispensary furniture on a donkey cart and moved it into the new premises during the night. Early the next morning, they began treating patients. “With this, before the law, we were an established hospital,” Pfau says. Thus did the Marie Adelaide Leprosy Centre (MALC) come into being.

Opposition did not die down easily, however. “In the beginning,” Pfau recalls, “we didn’t dare install window panes. Everything, from stones to rotten eggs and tomatoes, was hurled

through the windows. There were also lengthy court cases from our opponents.” This, however, worked to the sisters’ advantage: “Every time [something happened], we became a little bit more famous,” Pfau says. “Famous leprologists and international organizations rallied to our side. After a face-saving period, the matter was quietly dropped.”

Although the building that MALC bought was cramped, it was near a roundabout where every bus in the city passes. Patients, doctors, and students of medicine could come very easily. This is why, in the years since, Pfau and her colleagues have resisted the temptation to move to the outskirts of Karachi. “Our place is where the people are,” she says.

Running a hospital requires money, of course. Early and lasting support came from the German Leprosy Association, which covered MALC’s operating expenses, while many capital expenses were covered by Miserior in the late 1960s and early 1970s. Pfau’s order did not support MALC financially, but she says has received donations from “private friends here and there.”

The new hospital expanded rapidly. In a four-year period, Pfau added six floors to the two-story hospital and bought an adjoining building and an unfinished one on an adjacent lot. By the mid-1960s, MALC’s larger premises housed the hospital and its wards, an operating theater, laboratory, and physiotherapy room as well as MALC’s administration, rehabilitation, and health education units.

“Only four years before,” she says, “we couldn’t have imagined all this in our wildest dreams—certainly not when I was kneeling on the floor of a pitiful hut, operating on a patient, another patient beside me fanning away the flies. I never imagined that I would be able to do rounds again dressed in a clean white doctor’s coat, to discuss cases with a colleague, or to turn on a tap over a washbasin and have the luxury of soap and towels.”

As Pfau adjusted to the demands of her growing hospital, she also began collecting systematic data from her patients: where had they come from, when and where had they first noticed symptoms of leprosy, and so on. With this data, she began to study the demography of leprosy in Pakistan and to think about it as a national public health problem. Her clinic in Karachi could hardly meet the needs of the entire country. With this thought in mind, in 1965, Pfau and her staff developed MALC’s first training course for leprosy technicians, which included a batch sent by the government. (The government officially recognized the program three years later and retroactively credentialed all its graduates.) The training initiative grew from one of the important lessons Pfau had learned in India—that a public health program cannot be initiated anywhere without skilled personnel.

As the first course for leprosy technicians was being organized, the problem of language arose: only one of the participants could speak English and Pfau did not speak enough Urdu. The solution was simultaneous interpretation. Every sentence that Pfau uttered, Samuel, her driver (and a participant in the course himself), repeated in Urdu. This was how she learned Urdu. The six-month-long course covered basic anatomy, hygiene, and the manifestations of leprosy. The students learned how to diagnose, treat, and manage the disease; how to perform laboratory tests and conduct physiotherapy exercises; and how to counsel patients and educate the community. Meanwhile, Pfau began contacting mission hospitals in Pakistan to serve as regional outpatient centers for a leprosy control program. Relatively soon, the program was launched in three provinces.

In 1968, Pfau decided it was time to approach Pakistan’s government about making leprosy control an official national program. In Islamabad, she and Sister Jeannine were ushered into an office where a door flung open and someone rushed out to meet them. “Finally I meet you

again,” he said to Pfau. The person was Zia-u-din, whom Pfau had met when he was still a minor official. He was now secretary of health at the federal level. He told her that if she designed a national leprosy control program, he would see that it was implemented. Pfau and Sister Jeannine worked day and night, putting together a program. Pfau recalls, “We knew by then what should be done; more important, we knew what *could* be done.”

But barely a year passed before two events complicated their plans. First, responsibility for health programs devolved from the federal government to the provincial governments. Second, and tragically, Zia-u-din suffered a heart attack and died. This did not stop the work for long, however, and Pfau gradually succeeded in getting the program adopted by the provincial governments.

Another opportunity soon presented itself as well. The World Health Organization (WHO) organized a regional meeting, and Pakistan sent a three-person delegation to attend it. Among the three was Pfau. At the meeting, the delegation proposed that countries with a serious leprosy problem introduce an effective new combination-drug therapy to control the disease. The proposal was adopted and became an official recommendation of the WHO. When the delegation returned home, Pakistan quickly adopted the recommendation and launched the multidrug treatment. To guide and coordinate the program, in 1981 the government set up a National Leprosy Control Board composed of all the provincial health directors. Decisions of the board were made binding on all provinces.

Pfau and her MALC-based team had already spread a net of leprosy control across Pakistan. They now expanded the network of collaborating regional hospitals, conducted additional public-health surveys to “map” leprosy’s presence, and established additional local diagnosis-and-treatment centers in far-flung corners of the country as well as training and supporting the technicians who staffed them. To carry out this pioneering work, Pfau and her team traveled throughout Pakistan, from the mountain areas of the north to the deserts of Baluchistan, braving flash floods, avalanches, scorching heat, and the occasional Kalashnikov-bearing tribesman. Many areas could be approached only by pack animals or on foot. On one occasion, Pfau led a survey team across a treacherous stretch of the Indus River. The only way to make the crossing was by floating on air-filled goatskins. A member of the team later confessed that he would have been too frightened to try. “But Pfau did it. Of course, after that, the survey team *had* to follow.”

Perhaps the best-known story about Pfau dates from this period. In 1980, she found a girl—a fourteen-year-old girl with leprosy—hidden in a tiny mountain cave in northern Pakistan. She was half-naked and shivering. The girl’s family and fellow villagers had forced her to stay there for two years. Pfau brought her out of the cave and then met with the villagers, explaining to them the facts about leprosy. Despite Pfau’s explanations, the girl’s family still refused to take her back. One of Pfau’s leprosy technicians decided to take the girl and raise her in his own home. Today, she is cured, married, and has a son.

Year after year, as Pfau strove to build a nationwide infrastructure for leprosy control, she simultaneously developed MALC’s treatment and training capacities in Karachi. In 1982, however, she turned the MALC headquarters over to her staff so that she could work full time in the provinces. She now allotted from six weeks to three months to work in each area, doing whatever she could to help her local technicians. She mentored them in new diagnostic and treatment protocols, for example; collected and organized public health data; examined women patients, since some groups rejected male technicians; and dealt with meddling government officials.

What Pfau loved most about these regional visits was the opportunity to teach and learn. She and the technicians would do their work with the people in the mornings. In the afternoons, she would gather with them and technicians from adjacent areas to discuss their work critically: What was working well? What needed to be improved? Or abandoned? What could be replicated elsewhere? These “teaching-learning camps,” as Pfau calls them, were helpful to her as well. “Every time I came back, I had also learned something new.”

It was in the early 1980s that Pfau’s work moved beyond the borders of Pakistan. Refugees from the Afghan-Soviet conflict in Afghanistan had begun pouring into the country. Almost all were males and many were afflicted with leprosy, some in advanced states. Pfau recalls that, by then, she had “totally forgotten that leprosy was such a horrid disease.” But she knew that if there was leprosy among the Afghan men, there must also be leprosy among the Afghan women who were left behind. Pfau wondered, could leprosy, which is endemic to Afghanistan, be controlled within Afghanistan itself?

Pfau and her team crossed into Afghanistan in 1983. She was dressed in a *burkah* and smuggled in by a *mujahideen* group and traveled through Soviet-occupied Afghanistan in the group’s jeep. That eventful visit led to the establishment of a network of treatment centers in Central Afghanistan, the main focus of the disease. Despite what she described as “extremely disturbed working conditions,” Pfau and her team were able to bring about a decline in leprosy there and also to launch public health measures against tuberculosis. The team did not cover Pathan and Shiah Hazara areas of Afghanistan because these areas had much more leprosy. Nevertheless, to reach Central Afghanistan, they had to cross both Pathan- and Hazara-controlled regions where they were sometimes interdicted by tribesmen.

Despite such dangers, Pfau and her staff were never armed. Faced with an escort who refused to proceed without a weapon, Pfau would tell him: “Either you keep the Kalashnikov here or you keep me here.” At other times, when Kalashnikov-carrying Hazaras accosted them, members of the team would get out of their jeep and enter into negotiations. Hassan, a fearless Afghan leprosy technician, would tell their captors, “I am also Hazara. Is it our culture to shoot at somebody who is unarmed?” Then he would take Pfau to one side and have a discussion with the tribesmen. “Our tribe expects this from us,” the tribesmen would say. “We don’t have any doctor.” Hassan would explain that the team could treat the tribe’s sick only after it had finished its main work; there were leprosy patients nearby who required attention urgently. “If leprosy is not treated in your neighborhood, it will come also to affect your tribe. So what do you want?” The frightened Afghan would always answer, “You better go!”

Compared to Pakistan, says Pfau, Afghanistan was an “adventure of a much higher order.” But, although she admires the Afghans deeply, she does not think she could spend her life in Afghanistan. “It’s already difficult to know what a Pakistani means when he makes a statement,” she says. “He may mean absolutely the opposite.” In Afghanistan, the situation was complicated by strong tribal customs and loyalties. Each ethnic group seemed to have its own way of doing things. Pfau concluded it was best to work with, rather than against, tribal practices. She told them, “If you can control leprosy, I don’t mind how. I have told you the basic techniques. How you do it among yourselves, that’s up to you.” The upshot was a dramatic success in leprosy control in Central Afghanistan. Pfau credits her Afghan leprosy patients for this achievement.

In 1984, leprosy control in Pakistan received a great boost from the powerful, short-term Multi-Drug Therapy (MDT) for the treatment of leprosy. MDT brought about a dramatic fall in the prevalence of leprosy. Until MDT came, leprosy could be stopped but not cured. The old medication could keep bacteria from multiplying but the moment a patient stopped taking the

medication, the disease would become active again. This meant that a patient could never really be cured, especially from the disease's social stigma (since leprosy workers made regular conspicuous visits to make sure each patient was taking the drug). With MDT, patients could be treated for a maximum of two years and discharged thereafter. "That makes a hell of a difference," Pfau says. By 1996, MDT was in use in the entire country.

There is, however, a catch to MDT. To be cured, a patient must take the drugs regularly. Patients receive their medication directly from program staff members, who deliver them to their homes. Program workers must make sure the deliveries are made on exactly the right day. If a delivery is missed, the patient may have to start therapy all over again. This places a lot of pressure on the program's dedicated provincial staff members, who have to run all over the countryside to service their patients come hell or high water. More often than not, it is high water that creates the problems. Pfau explains: "We normally drive over dry riverbeds. But in the time of flashfloods, you never know when [floods] will overtake you. It may be raining somewhere far away [yet] over you the sky is blue."

Leprosy is considered to be "under control" when there is less than one active case for every ten thousand people. Below this threshold, although the disease might still occur, it no longer constitutes a public health problem. In Pakistan, the WHO anticipated reaching this critical benchmark by the year 2000. But Pfau and Pakistan's National Leprosy Control Program achieved it in 1996, four years ahead of schedule.

Pfau attributes this dramatic success to the determination and perseverance of the program's team and also to sustained cooperation between Pakistan's central and provincial governments, on one hand, and two major nongovernmental organizations (NGOs), on the other. These NGOs are MALC and Aid to Leprosy Patients/Rawalpindi, (ALP). MALC contributes about 50 percent of the program's overall annual operational budget. More importantly, it provides the *spirit* of the program.

Today, over eight hundred people are involved in this effort, three hundred of whom are paramedics. Better known as leprosy technicians, these paramedics are the backbone of Pakistan's leprosy control program. They work in the program's 170 field units. (About eight of every ten of these field units are run directly by the government; the rest are managed by the two NGOs. MALC assists the program in the provinces of Sindh, Baluchistan, Azad Kashmir, Northern Areas, and North-West Frontier Province. ALP works in Punjab Province.) After their basic training, the technicians return to their home areas. Once in place, they attend not only to leprosy but also to other urgent medical problems faced by their communities, including malaria, blindness, tuberculosis, and mother and child health care. And because serious tasks lie ahead, these technicians must continue to stay in the field.

- About twenty thousand leprosy patients in Pakistan are still in the incubation stage and have to be diagnosed and treated. Though already infected with the leprosy bacteria, these patients do not yet show any of the symptoms and, therefore, cannot yet be diagnosed. The incubation period of the disease takes from three to five and even up to forty years, so active case finding must continue for the next two generations in order to consolidate in the long term the short-term success achieved by the program.
- About twenty-three thousand cured patients still have to be reexamined regularly to detect the possible return of the disease.
- Blindness and tuberculosis still have to be controlled in all of the leprosy-affected areas.

The National Training Institute for Leprosy, which is run by MALC, trains the leprosy technicians. From 1965 to date, the institute has trained over four hundred such technicians for the government and for private agencies. Those who complete training are held in high regard because MALC is affiliated with the National Institute of Health, which qualifies paramedics through examinations and issues them certificates.

Pfau believes members of her team are willing to make sacrifices because they are highly motivated by a concern for suffering individuals and by the tremendous challenge of controlling leprosy; they feel happy “to see a smile on the face of their patients.” The efforts of senior team members, including herself, to share in their patients’ hardships have also inspired them. As for her own motivation, Pfau says that nothing could have prevented her from helping leprosy patients—not the scorn of her colleagues in the medical world nor the suspicions of Muslims who questioned her motivations (as a Christian missionary), not even the mistrust of patients themselves.

As for MALC itself, it is now a modern hospital with eighty-six beds, an operating theater, spacious wards, specialists, three outpatient clinics in the suburbs of Karachi plus nine satellite clinics and 170 field units across Pakistan. It services 2,400 registered leprosy patients and operates a home for crippled patients. It houses a national leprosy data bank, residential guestrooms, and a library, and now receives support not only from its original funders but also from individuals and institutions in Germany, Austria, Switzerland, the United States, England, and Pakistan itself as well as the central and provincial governments of Pakistan. At MALC, leprosy patients receive not only medical and surgical treatment but also social rehabilitation services. For the four of every ten leprosy patients in Pakistan who reside in Greater Karachi, MALC is their sole recourse.

Apart from working to control leprosy, Pfau and her MALC-based team also carry out related health tasks, including treating and curing tuberculosis patients and restoring the eyesight of cataract patients. In addition, they have repatriated thirteen thousand Afghans who sought refuge in Pakistan during the 2001 attack of the United States on Afghanistan and brought their plight to the attention of the United Nations High Commissioner for Refugees (UNHCR). They have also given protection to runaway Hindu *haris* (bonded laborers) and their families; sheltered human rights victims, especially women; provided education for marginalized people; initiated microcredit programs for the poor; and developed a reputation for being “willing still to listen when nobody else would or could give their attention.”

Despite Pakistan’s remarkable accomplishments in leprosy control, one aspect of the disease has been stubbornly resistant to change. This is its stigma. Through the years, Pfau has labored to teach Pakistanis not to be afraid of leprosy and has made it a point herself to be seen touching her patients and entering their dwellings. A recent anecdote illustrates the lingering problem. MALC broadcasted a message about leprosy over television. Two days later, a girl with an early case of leprosy was brought into the hospital. When the mother was told what her daughter had, she went into hysterics. She screamed, “Leprosy, leprosy, my daughter!” When the staff finally got her to calm down, she told them, “When your message came on television two days ago, I switched it off, saying, ‘This dirty disease does not come into my drawing room.’” Pfau remarks, “You try to reach people and the ones you want to reach don’t even keep their TVs on. We still have to battle this.”

These attitudes have been confirmed in public surveys. People find it difficult to discard ideas they have learned from their elders—that leprosy is a retribution or punishment, for example. Even physicians who know better, who in fact know that, of all the infectious diseases,

leprosy is the least infectious and is easily treated, these doctors, says Pfau, “will not drink a cup of tea with a leprosy patient.”

The stigma against leprosy is one reason that Pfau and the MALC staff believe that leprosy patients must be healed holistically. They seek not only to restore these patients to physical health but also to rehabilitate them as self-respecting human beings and, above all, to give them their due place in life. Pfau says, “We ought to give [leprosy patients] the ability and incentive to find the work which they will be able to do.” For Pfau, the real joy of life will only come to someone who has found his or her own real work. The leprosy control program offers whatever rehabilitation services are needed—psychological, physical, educational, social, or economic—to restore to patients and their families their human dignity.

“Human dignity” is the phrase that Pfau uses more than any other. Allah Bukhsh Karim Brohi, the chairman of Pakistan’s National Hijra Council, notes this in his foreword in *To Light a Candle*, a book of reminiscences and reflections written by Pfau. He says, “It is not *patients* she has cured, it is *persons* whose quality of life she has changed. This also applies to the quality of life of those whom she has trained to be *technicians* and who are now carrying on the work of looking after leprosy patients in all parts of Pakistan. The entire establishment she has set up to fight leprosy addresses itself to the task of transforming the quality of life of those they come in contact with. In the process their own life also undergoes a remarkable and a radical change. The art of healing can be a two-way traffic—like the quality of mercy, ‘it blesses him who is being cured as much as it blesses the person who practices the art of healing.’”

For her outstanding work, Pfau has received honors and awards from four governments—Austria, the United States, Pakistan, and Germany. On November 20, 1979, the Pakistan government named Pfau honorary advisor on leprosy to Pakistan’s Ministry of Health, a post that she holds until now because, she says, government has not yet “allowed me to relinquish it.” But she has insisted that the post be kept honorary. On March 20, 1988, President Mohammad Zia ul-Haq granted her honorary Pakistani citizenship. Pfau, however, has not taken actual citizenship. “I love Pakistan but I’m not a Pakistani,” she says, “I’ll never become a Pakistani. You can’t any longer make a tree convert into a seed and plant it anew. I mean, especially the value system. I couldn’t really identify with the local culture. For me, a yes is a yes and a no is a no. I don’t want to learn this ‘nes’ and ‘yo.’ I don’t know what they mean.”

Pfau has said repeatedly that, when she dies, “our teams and patients will plunge into mourning but the work will go on with exactly the same spirit.” She has long wanted to retire but it has not been easy. For example, when she turned sixty-five, she packed her bags “in good German fashion” and moved out of MALC and returned to her religious community’s house. She had promised to give more time to Pakistan’s Human Rights Commission, and to her religious community. The following day, however, a delegation from MALC arrived. “What mistake did we make that you have left?” they asked. She replied, “It’s just my culture; we go when we are sixty-five.” They answered, “After forty years, you should know that you are living in Pakistan, you can’t decide any longer according to your culture. You have to decide according to our culture.”

Serving as spokesperson for the delegation was Mervin Lobo, MALC’s administrative officer. He is an educated Pakistani whose family came from Goa. After eight years of working and traveling together, he and Pfau had become close friends. (Pfau describes him as a “wonderful, good-looking, intelligent, critical, and difficult boy.”) Lobo told Pfau, “You should have known by now that [by custom] a daughter must leave the house of her parents. A son may also leave. But when the mother leaves the house, the family is disgraced forever.” Hearing that,

Pfau packed her bags again and moved back to MALC. Since then she has been asking her team, “When will you allow me to leave?”

One thing that keeps Pfau and her team going is the reputation that they have built among the people, a reputation for helping those who nobody else wants to help and of willingly taking on urgent tasks that others willfully neglect. She calls this “empowerment of the underprivileged.” It happens more by osmosis, or as a side effect. “[We provided help to people] in a situation of desperation,” she says, “when they could not help themselves. Once they experienced this—that they were precious, that they had a dignity nobody had the right to take from them—then the first most important step to empowerment had already been taken.”

This sort of empowerment can lead not only to change, she says, but to sustainable change. This empowerment occurs at a deeper level, “somewhere in the realm where, from the very beginning of time, mothers have kept awake all night at the bed of their sick child. It is the level of *empathy*.”

She quotes her favorite hadith in which Allah challenges Musa: “For forty years I have provided air and water and food and light to this unbeliever—and you can’t share one meal with him?”

“Forty-two years of experience make me think that, when all is said and done, and all our skills have been employed, the final success we owe to our tenacious conviction that it is love which keeps the world going. Money is needed (though too much money will spoil the team). But love which has the other in focus and aims at empowerment, this love will make the lasting difference in the lives of people, and thus is bringing a bit more beauty and happiness into our love-starved world.”

Vicente Tirol

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