

Palo Seco

I. Introduction

Palo Seco! In my childhood days the name created terror among my cousins and me. It meant the terrible disfiguring disease Leprosy! Every one believed then that this malignancy was highly contagious and no one dared to visit the Palo Seco Asylum, as it was known then. We even worried that the sea water that bathed its beach could get contaminated and carry the disease to our own beaches in Bella Vista and Taboga. On the launch to Taboga, we could see the asylum on the western side of the Canal and tried not to think about the patients there.

Today we know that Hansen's disease, named after the Norwegian Doctor who discovered the bacillus that causes Leprosy, is not contagious but the fear of it continues.

II. Hansen's Disease

During the late 1800s an ancient threat mysteriously reappeared around the world with thousands of people falling ill. This illness, often mentioned in Biblical times, was leprosy and it threw the world into a scare that would last for decades. It was not until 1873 that the cause was identified in Norway, where there were 1800 known cases of the disease. Before then, the ailment was thought to be hereditary or miasmatic in origin.

Gerhard Henrik Armauer Hansen (July 29, 1841 – February 12, 1912) was the Norwegian physician who identified the bacillus *Mycobacterium leprae* in 1873 as the causing agent of leprosy. Born in Bergen, Norway, he studied medicine at the Royal Frederik University (now the University of Oslo), gained his degree in 1866 and completed his internship at the National Hospital in Christiania (Oslo). He then served as a doctor at Lofoten, a small fishing community of some 6000 on an island off northern Norway.



Dr. Gerhard Henrik Armauer Hansen (LI)

In 1868 Hansen returned to the mainland entering service at the leprosy hospital in Bergen. By then, Bergen had become the established European center of leprosy research. It was while working at this research facility that Hansen came to the conclusion that leprosy was not hereditary but rather a

specific disease which must have a specific cause. Bacteriology was still in its infancy the 1870s, but using primitive straining methods, he was able to discover the rod-shaped bodies causing the disease. While he was not able to find exactly how the disease could be introduced to a body, nor find a cure for it, just proving that the ailment was not contagious brought many changes of its treatment and the treatment of people affected which helped control the spread of the disease. There were 1752 known cases of leprosy in Norway in 1875; by the beginning of the 20th Century there were 577. The introduction of effective drugs as well as improved economic and hygienic conditions resulted in only 4 cases in Norway by the end of the century.

We now know that Hansen's disease, leprosy, is a chronic bacterial disease that primarily affects the skin, peripheral nerves and upper airway. Feared as a highly contagious and devastating ailment, it is now well established that leprosy is not highly transmissible, is very treatable and, with early diagnosis and treatment, is not disabling. Yet, the disease remains the most misunderstood and the stigma associated with it persists to this day.

The U.S. Government established the predecessor of the National Hansen's Disease Program, the National Leprosarium, in Carville, Louisiana, in 1917. Outpatient clinics were established in 1981.

III. Palo Seco

The outbreak of leprosy in the 1800s led governments to banish patients to remote facilities that were called by various names: asylums, lazarettos, leprosaria and leper colonies. The United States government established said asylums in Massachusetts, Louisiana, Puerto Rico, Hawaii, The Philippines and in the Panama Canal Zone . . . Palo Seco.



In 1904 American doctors discovered a group of 13 outcasts suffering from Hansen's disease living on a beach near the City of Panama. At first, the group was moved to a temporary location at Empire.

However, when funds were allocated, the Palo Seco Leper Asylum was established by the United States on April 10, 1907, on an ocean-side 500 acre fruit farm in the Canal Zone about six miles from the City of Panama.



Palo Seco Leprosarium in the 1960s (JC)

Palo Seco, meaning “Dry Stick”, was an isolated location that, in 1907, could be reached only by boat. In order to be more homelike, the facility was built as a small village. It had a small plaza with a chapel, and dwelling houses surrounded by trees. The patients had a choice of eating at a common dining facility or they could draw uncooked food from the commissary and prepare it themselves. If they wished, they could grow some of their own food and even raise chickens, with the tools and seeds provided by the Asylum. This is what Dr. William Gorgas had to say about the Asylum in his book “*Sanitation in Panama*”, published in 1915:

“Another sanitary precaution that the Health Department determined upon was the segregation of lepers . . . We established a colony on a beautifully located peninsula running into the Bay of Panama, and almost as isolated as if on an island. Here they could have gardens, chickens, fruit trees, etc. The location is naturally one of the prettiest on the bay. We now have some fifty lepers who are living contented and happy . . . Dr. Henry R. Carter devoted a great deal of time and attention to the establishment of this colony, and it was due to his painstaking personal care that the matter turned out so successfully.”

Over time, as reports about the care at Palo Seco spread, more people with Hansen’s disease came out of hiding and applied for a place at the asylum. The Palo Seco facility reached its peak of patients in 1945 with 127, including 10 Americans. In 1965, the Hospital still had 100 patients of which 68 were men and 32 women. Always, about 40% of the patients worked as orderlies, waiters, and carpenters or in general maintenance earning regular wages.



Early Dormitories (DP) (GZ)



Administration building on left (JC) and other facilities (WK)

Palo Seco went through several changes and renovations during its existence, the main ones taking place in 1938 and 1945. Unfortunately, these modifications resulted in the loss of the “village” atmosphere and becoming more like an institution. In 1969, the May issue of “Panama Canal REVIEW” described the facility as follows:

“Palo Seco was a windswept quadrangle of nine buildings consisting of living quarters for single patients, each with a room to themselves, married patient’s apartments, two churches and a building with a kitchen and two dining rooms, one for patients and the other for employees. Next door was the administrative office, dental clinic, commissary and store rooms, a hospital to take care of those more seriously ill, and a clinic and treatment room. There was a laundry that could handle 200 pounds of laundry a day and a maintenance shop operated by patients. One of the most important components of the hospital was the recreation building where movies were shown and where patients held dances and parties, played pool and entertained friends.”

The name of the facility changed several times over the years. When it first opened in 1907, it was known as the Palo Seco Leper Asylum. A few years later it was known as the Palo Seco Leper Colony. In 1948 it became the Palo Seco Leprosarium and, finally, in 1964 was renamed the Palo Seco Hospital. The location was finally closed in 1972 and turned over to the Government of Panama in 1979. It was used for several purposes including, during a short period by Catholic nuns, as a transient facility for persons displaced by “Operation Just Cause” which took place on December 20, 1989. Now, the location is totally abandoned and returning to the jungle.



Left: The old dining room. Right: The new patients dining room. (JC)

IV. Unique Palo Seco Currency

In 1919, leprosy was still considered contagious as well as repugnant. The thought of patients handling money that would then be circulated outside the colony made many people uneasy. Therefore, in 1919, the Canal Zone issued a special currency that would be good only at Palo Seco. Outstanding Palo Seco



A Five Cent Palo Seco coin (DP)

currency was covered by deposits of actual United States currency in custody of the superintendent of the Colony. The currency, or tokens, was of coin design with the inscription “PALO SECO CANAL ZONE” on one side and the denomination, or amount, on the other side. The denominations ranged one cent to one dollar. The size and shape of the coins coincided with the equivalent in U.S. currency. The coins from one cent to five cents were made out of brass and had a square hole in the center. The

other higher denominations were made of aluminum and had a round hole in the center. More detailed information on this form of currency can be obtained by going to the website of David Plowman at www.coins-of-panama.com and looking on the Table on Contents for “Tokens of Panama – Palo Seco Leper Colony.

V. The Hurwitz And Palo Seco

In June of 1905, after the discovery of a group of 13 lepers living isolated and in subhuman conditions on a beach in Panama, the Isthmian Canal Commission authorized \$25,000 for the construction of an asylum for person infected with the disease. The facility, as mentioned before, was built at Palo Seco and accommodated these original patients and many more afterwards. A doctor was assigned to visit the facility once a month and, because of the fear of contamination, strict rules governing the movement of patients and visitors to the place were enforced vigorously. This led to a very monotonous life at the colony for many years until May 1927 with the arrival on the Isthmus of Dr. Ezra Hurwitz.



Dr. and Mrs. Ezra Hurwitz (EP)

Born in Kansas City, Missouri, he served in the U.S. Army Medical Corps during World War I, attaining the rank of First Lieutenant. After the war, he did his internship in Chicago and spent seven years in private practice before traveling to the Canal Zone. Once in the Canal Zone, he was assigned to the Palo Seco Leper Colony in 1928 as the first doctor that would live with the patients at the facility. As such, he would become he became an indispensable legend for all those living in that secluded part of the Isthmus.

Supported always by his highly motivated wife, doña Aida de Castro de Hurwitz, they transformed the asylum for lepers at Palo Seco into a place where tenderness, understanding and love were to be found. They were so effective that they influenced a totally positive change in the attitude of the employees at the facility.

The patients were encouraged more than ever to lead lives as normal as possible under their terrible circumstances giving them a purpose in life. Dr. and Mrs. Hurwitz promoted more involvement in agriculture as well as in the many jobs that are required to sustain an institution such the one they lived in. The patients were allowed to marry, although at first the children born were separated from their parents and placed up for adoption. The doors of the asylum were also opened to visitors for the first time.

During the time that the Hurwitz were at Palo Seco, a cure for the disease was found and many of the patients at the institution were rid of the ailment. However, most refused to leave because, with their disfigurement, they were not readily accepted in the outside environment.



Additional views of the hospital location and facilities in its heyday. (JC)

Dr. Hurwitz retired in November 1956 from his position as Superintendent although, through a private contract granted by President Eisenhower, he was permitted to remain at his post. The retirement function given in his honor was attended by many dignitaries from Panama and the Canal Zone as well as all the grateful patients of the hospital. The Governor of the Canal Zone, W.E. Potter, presented Dr. Hurwitz with the Army Medal of Exceptional Civil Service. The Government of Panama presented him and his wife each with the Medal of Vasco Nuñez de Balboa. During the celebration, patients performed several typical folklore dances in honor of the retiring couple who had made such a difference in their lives.

Dr. Hurwitz retired for a second time as Superintendent of the hospital in 1961 and died in 1967 after a lengthy illness. Doña Aida De Castro de Hurwitz, who had been a young bride from Panama when she went to Palo Seco, died in 1969. Those who knew her described her as a “minister without portfolio in charge of social service. To the patients, she was “The Angel of Palo Seco”.

NOTE

On Monday, December 4, 1967, a ceremony was held at Palo Seco Hospital honoring the late Dr. Hurwitz. The announcement of the ceremony appeared in the “Panama Canal REVIEW” of November 24, 1967 and also stated:

“Dr. Hurwitz, a tireless and devoted worker and humanitarian, spent most of his adult life ministering to the medical needs of patients suffering from the age-old scourge of leprosy. Recognizing Dr. Hurwitz’s dedicated service to Palo Seco and the Panama Canal organization, the road leading to the hospital will be renamed Dr. Ezra Hurwitz Road. Mrs. Aida Hurwitz, widow of Dr. Hurwitz, on behalf of Gov. W.P. Leber, has consented to unveil a plaque dedicated to Dr. Hurwitz and his efforts on behalf of his patients.”

VI. The Last Days

The writing on the wall for the end of the hospital began as far back as 1945, when the hospital began using the “miraculous” sulfone drugs developed for the treatment of tuberculosis and other infectious diseases. In the beginning, the drug was administered intravenously and replaced the vile tasting chaulmoogra oil, an ineffectual drug obtained from the Burmese chaulmoogra tree and which had been used since medieval times. The sulfone drugs were such an improvement that results could be seen with the naked eye. By 1961, the drug was administered orally in tablet form and the program of rehabilitation was stepped up. As patients began being discharged, they were given jobs in the Canal Zone and Panama and were kept under the supervision of the Panama Public Health Service. They were also supplied with the sulfone drugs to stave off the recurrence of the disease.



Left: Dr. Ezra Hurwitz Road as it looks today, 2014. Right: Entering the hospital grounds. (PS)



Can you recognize any of the buildings now? (PS)

The possibility of being returned home came as a shock to most patients and, as they were released, several chose to return or remain at the hospital when they found out it was too difficult to adapt to the outside world with their visible disfigurement. But by 1972, the facility had ceased to be a hospital specific for leprosy patients because, with the new drugs and the discovery that the disease was not contagious, they could now be treated in regular medical institutions.



The Palo Seco Hospital as it looks now in 2014. (PS)

On October 1, 1979, the hospital was transferred to the Government of Panama and its name was changed to “Hospital de Larga Estancia” (Long Term Hospital) providing services in Family Medicine, Psychiatry, Mental Health, Nursing and Physical Therapy (2). However, partly because of its isolation and partly because of its aging structures, the facility was finally closed sometime between 2008 and 2011 and was totally abandoned. Today, only parts of the concrete structures remain as the jungle reclaims its domain.

SOURCES

1. *“Palo Seco: Life Lessons from Leprosy”*, by Mark Chesnut, 2012.
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3. *Medica Magazine*, July 21, 2012, *“Hospital de Larga Estancia”*, by Paulette Thomas H.
4. *Health Resources and Services Administration (HRSA)*.
5. *Plowman’s Coins of Panama*, www.coins-of-panama.com
6. Alonzo Roy, M.D., *“EPOCAS”*, January 1985.
7. Eunice Richards, *“Panama Canal REVIEW”*, May 1969.
8. *Panama Canal REVIEW*, April 1, 1960
9. *The Panama Canal Spillway*, November 24, 1967
10. Casa Coqui, <http://casacoqui.blogspot.com/2010/11/palo-seco-leprosarium>
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PHOTO CODES

JC *Father John Carney*
PS *Paolo Sanfilippo*
DP *David Plowman*
NA *National Archives*
WK *Wikipedia*
MC *Mark Chesnut*
EP *EPOCAS*
CZ *Canal Zone Images*
WC www.chagres.com
GZ www.gozonian.org
LI www.liveinternet.ru

COMMENTARIES

From Fred Sill, BHS '53

Rio de Janeiro, Brazil, June 1, 2014

*"My dad took me there [Palo Seco] when I was about 10. **Sue Core** had told our 6th grade class (over a period of a couple of weeks) the story of "**Ben Hur**", with a dramatic re-enactment of the scene with his mother and sister, many years after his being sold into slavery. Both his mother and sister had succumbed to leprosy, and had to beg, ringing a little bell while crying "Unclean! Unclean!" They had recognized Ben Hur, now a famous charioteer, followed him, and crept up to him while he was asleep, and kissed the sole of his sandal. I couldn't wait to tell my parents about it [the story}. So my dad wisely took me there [Palo Seco] to meet some real lepers, some of whom he knew.*

Years later I thought about this when I visited Albert Schweitzer in Lambarene, and he took me the area in his clinic compound where he had built bungalows for lepers and their families, using the money he had received (\$50,000.00, he said) when he was granted the Nobel Peace prize. A few years later, after he died, his daughter Rhena came to visit me in Rio (1965?) and brought me a carving made by one of the lepers, using a scraper tied to his wrist. I took Rhena out to visit the leper colony in the suburbs. We were well received, since our office (Paramount) rented 16 films for them to screen, as they couldn't leave the colony. I also went out there one weekend with the office soccer team for a match. They won."

Luis R. Celerier
Longview, Texas
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