



## ARCHIVE PROJECT: INFORMATION ABOUT HOSPITAL-COLONIES

**1 -Name of the Institution:** Curupaiti, or Instituto Estadual de Dermatologia Sanitária

### **2 - Historical Overview:**

Curupaiti, located in Jacarepaguá, became a leprosarium in 1928. In that year, 53 patients, with what was then known in Brazil as leprosy, were transferred there from the Hospital dos Lázaros. The number of the sick and the size of the colony grew tremendously. Along a mountainside, in a suburb removed from the city, access to Curupaiti was intentionally difficult. Even so, it was the closest colony to the city of Rio de Janeiro, the then-capital of Brazil and the site of intense and innovative activity in the sanitation movement. For this reason, and also because it was one of the first leprosy hospitals under the control of the State, Curupaiti became a national reference for the treatment of the disease. The colony's good reputation also spread among those in other colonies. As a result, patients in other states confronted the various bureaucratic barriers against movement and arrived in large numbers in Curupaiti.

Similar to other colonies, Curupaiti had two types of residences: the pavillions, for single patients, in the "Carville" style"; and the houses in the vilas for couples. There are currently 5 vilas, with 172 houses total; 3 pavillions and a home for the elderly for men; and a pavilion and a home for the elderly for women. There is also a mixed-gender pavilion/shelter for couples (Carlos Chagas). In addition, there is a psychiatric building with about nine patients. About 25 years after the inauguration of the colony, a building was constructed for interned children. Previously, these children were either adopted or watched over by a couple within the colony. Children that were born into the colony, in accordance with national policies, were taken from their mothers immediately after birth to the Educandário, or Preventório (preventory). Those patients that had another option, however, (such as healthy relatives or religious

orphanages), sent their children there, due to the horrific conditions and the well-known abuses within the Preventórios.

The most important institutions in the colony can be divided into three groups: religious institutions; different services run by the patients; and the hospital buildings. Unlike some other colonies, there has been no religious hegemony in Curupaiti for many years. On the contrary, there is a Catholic Church (whose father for more than fifty years was Hansen's patient), two evangelic churches, a Buddhist center, a Spiritist center, and an Umbanda center. The residents' internal radio is in the Catholic Church. Through these institutions, the "sick" and "healthy" were allowed some social contact. Divided in faith, they were united in belief.

These institutions also legitimized various activities of the interned, just like the two charitable institutions run by patients: the Caixa Beneficente (founded before 1944), and SOAC (Sociedade Amigos de Curupaiti), (founded in 1972). It was through a campaign organized by the Caixa that the interned of Curupaiti first obtained Promin ®, the first treatment capable of curing Hansen's disease. This event established the political power of the interned in the "outside" world.

The internal politics and the day-to-day problems of the colony were resolved by the mayor of the interned ("prefeitura interna"), who was a patient chosen by the administration. The interned who were also employees of the hospital formed a cooperative called the Mutuária dos Trabalhadores de Curupaiti. The Mutuária functioned more or less like a bank for the interned.

The internal guard was also in the hands of a patient, this one chosen by the director. This system continued until very recently. The rest of the institutional power was in the hands of the employees, who belonged more or less to three groups: doctors and nurses, administrators, and social workers. The professionals had complex relationships with the community, and more often than not remained physically and mentally distant. The exception was the department of social work, which, under the direction of Ana Helena Bastos Silva (known as dona Anita, herself a former interned patient), was very much involved in the day-to-day lives of patients.

It should be remembered, however, as almost always is the case in Brazil, the divisions between these spaces were not absolute. In other words, the religious institutions attended to the patients' physical needs; many of the interned worked as employees (due to the fear and lack of good will among the "healthy" employees); that the apparently non-religious institutions incorporated religion into their day-to-day operations; and that the administrators tried, and occasionally succeeded, in exercising their will

through the institutions run by patients.

Aside from managing the practical activities of the colony, the residents of Curupaiti ran several areas for recreation, including a football field (still used and in good condition), a casino (abandoned), and a lovers' park (abandoned). Within the community there were also celebrations of almost everything commemorated in the "outside" world: birthdays, religious festivals, weddings, and even Carnival. The samba school of Curupaiti was known as "Ingrossa" ("thickens"), do to its rapid growth.

Of the institutions previously mentioned, all of them, except for the internal guard, the Mutuária dos Trabalhadores, the internal mayor (which became the Division of Community Matters), and the Umbanda Center still operate today and continue to attend to the community. More recently, the hospital of dermatology was constructed (in the building where the internal mayor was originally located; in practice, the hospital only attends patients from outside Curupaiti); the library, and a Cener of Studies, with a library that contains hundreds of medical files and donated books. This Center facilitates research done by people from outside Curupaiti.

### **3. The Current Situation:**

Curupaiti today can be understand as the fruit of a problematic policy of reintegration. With the opening of the colony in 1983, officially, the colony ceased to exist. The idea was that most of the interned patients would leave, and only the oldest without anywhere to go would stay behind. Little by little, the colony would come to an end. Due to the difficulties of reintegration and the lack of places to live in Rio, many of the interned stayed (or tried to leave and then came back). More people came to live in the colony than left it. Almost all of them had some connection to an interned resident, but there were also cases of invasion. Today there is also a favela next to Curupaiti, São Jorge. The "healthy," with our without a personal connection to the era of internment, rarely know what Hansen's disease is, much less what life was like for the interned. The relationship between the interned and the hospital's employees is not less complex, due, in part, to the mismanagement of reintegration, but also to the transgressions of the past and the subsequent loss of faith. Curupaiti is, therefore, a community in a crisis of identity, composed of four groups: the interned, their relatives, hospital employees, and squatters, who share space but rarely understand one another.

History in Curupaiti is, therefore, not a dry academic matternão, but na open and painful wound. The past and the present are inseparable for the residents of Curupaiti; the past is still very much alive. Many documents

were taken by family members and researchers, lost due to insect damage, and even burned. The destruction of documents was done in large part by former administrations, that did not value the history of the community. Some of the interned also destroyed documents for the same reasons, but also because they wanted to forget what they had been through. The documents from the era of compulsory isolation that remain are either difficult to access (those that are in the hands of doctors or in private homes), or have been thrown onto the floor. The private histories of patients are also difficult to access, as they are only shared with the few people who know how to listen to them.

#### **DOCUMENTATION AND MEMORY**

In order to better clarify where the documents are, the following part was duplicated and divided by site.

#### **4a (Catholic Church/Congregação Mariana)- Type of documentation:**

( X ) textual                      ( X ) Iconographic    ( ) bibliographic    ( ) oral

(X) other:    specificity:\_\_\_personal    articles    belonging    to    he  
monsignor\_\_\_\_\_

#### **5a - Approximate quantity of documentation:** (unites; boxes of archives; volumes; *specify maximum*)

1. Textual: \_\_200\_\_\_\_\_

2. Iconographic: \_40\_\_\_\_\_

3. Bibliographic: \_\_\_\_\_

4. Oral:\_\_\_\_\_

5. Other: \_\_\_the room of Monsignor José Carlos Moreira, who passed away recently, is in the same state as he left it, with his personal items (including photos)

The documents within the church are documents that belonged to Monsignor José Carlos Moreira. Destined for the Church from the time he was born, the monsignor began to show symptoms of Hansen's disease when he was in the seminary, and was consequently sent to the Hospital dos Lázarus. Even though there seemed to be no chance of him becoming a priest (as the Church looked after lepers but did not want a leper priest), he continued to study. After a few years, an official of the Church came to the Hospital and, moved by a speech that Moreira gave and his personal history, helped him to become a priest. In 1952, he was sent directly to Curupaiti. Put in charge of the spiritual necessities of the interned, he

soon came to take care of the physical necessities as well, as the state of the patients was always precarious. (Unfortunately, public and private funds often never made it to the interned.)

There are various documents belonging to the monsignor: his birth certificate, journal articles (including one commemorating his first mass), letters for other Church officials, many letters asking for funds to all corners of the world, receipts, and annual balances that detail the activities of the church.

**6 a- Is there some kind of preservation work going on?**

yes                       no

**7 a- If yes, what kind of preservation?**

- Museum
- Memorial
- Center of Documentation
- Library
- Other: specify: \_\_\_\_\_

The idea, not yet put into action, is to create a memorial for Monsignor Moreira. The documents are kept in an archive in Sr. Mario's desk, and his personal articles in his former room.

**8 a- About the place where the documents are kept:**

8.1 It is within the institution:

yes       no

8.2. Is it satisfactory:

yes

no

The building designated to be the memorial is in a house that is now unoccupied. Before it can become a memorial, it will need structural and organizational reforms.

**4b (Sociedade de Amigos do Curupaiti) -Type of documentation:**

textual                       Iconographic       bibliographic       oral

other: specify: \_\_\_\_\_

**5 b- Approximate quantity of documentation:** (units; archive boxes; volumes: *specify maximum*)

1. Textual:   6
  2. Iconographic:   50
  3. Bibliographic: \_\_\_\_\_
  4. Oral: \_\_\_\_\_
  5. Other: \_\_\_\_\_
- Unknown quantity

The textual documents are the statutes of SOAC, from 1974, and books of acts from 1984.

**6 b- Is there some kind of preservation work being done?**

sim                       não

**7 b- If yes, what kind of preservation work?**

- Museum  
 Memorial  
 Center of Documentation  
 Library  
 Other: specify: \_\_\_\_\_

**8 b- About the place where the documentation is kept:**

8.1 It is within the institution:

yes     no

8.2. It is in satisfactory condition:

yes

no

The documents are kept in the main desk of SOAC, and are in good condition and well-organized, at least for now. The photos are however disorganized and unidentified.

**4 c (Caixa Beneficiente)- Type of documentation:**

textual                      ( ? ) Iconographic    ( ) bibliographic    ( ) oral  
( ) other: specify: \_\_\_\_\_

**5 c- Quantidade aproximada de documentação:** (unidades; caixas de arquivo, volumes: *especificar ao máximo*)

1. Textual: \_\_\_\_\_50\_\_\_\_\_
  2. Iconográfica: \_\_?\_\_\_\_\_
  3. Bibliográfica: \_\_\_\_\_
  4. Oral: \_\_\_\_\_
  5. Outra: \_\_\_\_\_
- ( ) Quantidade desconhecida

**6 c- Is there some kind of preservation work going on?**

( ) sim                                      ( X ) no

**7 c- If yes: What type of preservation work?**

- ( ) Museum
- ( ) Memorial
- ( ) Center of Documentation
- ( ) Library
- ( ) Other: specify: \_\_\_\_\_

**8 c- About the place where the documentation is kept:**

8.1 Is it within the institution?

( X ) yes    ( ) no

8.2. It is in satisfactory condition:

( ) yes

( X ) no

The documentes of the Caixa are disorganied and forgotten, in an overflowing cabinet. There should be some photos somewhere, but we have not yet found them.

**4d (Centro Espirita)- Type of documentation:**

textual                       Iconographic     bibliographic     oral

other: specify: \_\_articles belonging to Seu Amazonas

**5d - Appr. quantity of documuntation:** (units; boxes of archives, volumes: *specify maximum*)

1. Textual: \_\_\_\_50\_\_\_\_

2. Iconographic: \_\_20\_\_\_\_

3. Bibliographic: \_\_\_\_\_

4. Oral: \_\_\_\_\_

5. Other: \_\_\_\_\_

Unknown quantity

The articles belonging to Seu Amazonas, secretary of the Center for many thirty years and extremely important to the development of the Center and the community of Curupaiti, are with a woman who lived with him. Since she no longer lives in Curupaiti, we have not yet been able to contact her.

**6d - Is there some kind of presrvation work?**

yes

no

**7d - If yes, what kind of preservation work?**

Museum

Memorial

Center of Documentation

Library

Other: specify: \_\_\_\_\_

**8d - About the location where documents are kept:**

8.1 Is it within the institution?

yes     no

8.2. Is it in satisfactory condition:

yes

no

**4e (Centro de Estudos) - Type of documentation:**



textual                       Iconographic     bibliographic     oral

other: specify: \_\_\_\_\_

**5e - Appr. quantity of documuntation:** (units; boxes of archives, volumes: *specify maximum*)

1. Textual: \_\_\_400 books; 2000 medical files; 30 theses\_\_\_\_\_

2. Iconographic: \_\_10?\_\_

3. Bibliographic: \_\_\_\_\_

4. Oral: \_\_\_\_\_

5. Other: \_\_\_\_\_

Unknown quantity

**6e - Is there some kind of preservation going on?**

yes

no

**7e - If yes, what kind of preservation work?**

Museum

Memorial

Center of Documentation

Library

Other: specify: \_\_\_\_\_

**8e -About the location where documents are kept:**

8.1 Is it within the institution?

yes     no

8.2. Is it in satisfactory condition?:

yes

no

The Centro de Estudos is the only place in Curupaiti where documents are preserved and are more or less organized. There are invaluable resources here, especially the thesis, the journal produced by patients, and the medical records.

**Other documents:** There are three more places with documents that have been identified, but the survey is as of yet incomplete: the documents under the protection of Regina Cruz (chief of the social work department); the documents in DACOM; and the documents donated to the Projeto Histórico Curupaiti.

Ms. Cruz has various documents that she obtained while writing an extremely detailed and well-researched history of Curupaiti. These documents include the Report from June, 1966 of the internal radio (run by residents). Even though this folder only contains one month of broadcasts transcribed, there are more than 200 pages. It is an extremely important document for the memory of the daily life of the interned, especially of the period when by law internment had ended, but continued *de facto*. There are also very important documents detailing the fight for Promin between the Caixa Beneficente and the administration; and the documents that Dona Anito kept that tell part of the history of social work in Curupaiti.

In a stairwell of DACOM there are innumerable documents that have been dumped there for decades. Mixed with trash and various other items (including a plunger), the majority of these documents probably relate to the Internal Mayor and other extinct institutions. (We have identified various notebooks with communications from the internal mayor from the 1960s). In other words, these documents most likely belong to institutions run by the interned themselves, that, with the opening of the colony came to an end. The cleaning and preservation of these documents must be done quickly.

There are also a few documents that have been donated to the Project that are kept in a filing cabinet in DACOM, and consist mostly of unidentified photos.

We have not yet had the opportunity to review the documents in the Buddhist center, the two evangelical churches, the football field, and the administration.

**11 – The current state of development of the historical:** *(If there is some kind of organization of documents, lists, files, etc, describe how the documents were listed, the years covered by the documentation, in short as much information as possible so that we can do a precise diagnosis)*

Apparently there is no list of documents in any location. The only lists that do exist were made by our team (reports) and are the fruit of collaboration between our team, residents, and the institutions themselves. They are a sign of the will of residents to preserve the

documents, still in its infant stage, in spite of all of the difficulties.

**12 – People involved** (*quantificar e qualificar*)

Elisabeth Poorman is the only person working full time on this project, but there are various people within the community whose involvement has been fundamental. We are currently in the process of forming a community advisory board to direct future work.

**13 – Financial resources:** (*quantify and qualify*)

The following resources have been giving to Elisabeth Poorman to allow her to dedicate her time to this project:

1. Reimbursement for flight (\$1374.95)
2. Money for translations from Morhan (\$525)
3. Stipend from ILA (200 pounds)

**14 – The community in the colony knows about the work that is being done:**

( X ) yes  
( ) no

14.1. The community is involved in the work:

( X ) yes  
( ) no

How:

- 1) The location of the documents has been provided by members of the community.
- 2) Orientation regarding the general history of the colony and specifics left unclear by documentation.
- 3) Participation in oral histories and identifying fellow community members to be interviewed.
- 4) Formation of community committee to direct project (in progress)

**15. Is there some kind of work to be done to recover the experiences of residents of the Colony through Oral History?**

yes

no

Our team is currently recording oral history through door-to-door visits, as well as interviewing those residents indicated by others to be particularly important to the formation of the community. There is also the following tape available at Fiocruz

**Título:** [Entrevistas com: Sr. Antonio Magalhaes Martins, Maria de Souza Costa , Jose Benedito da Silva, Amador da Silva Viana, Amazonas Hercules e Elvira - Portadores de Hanseníase e Internos da Colonia de Curupaiti-RJ]

**LVH:** 000188

**Acesso:** Livre 02

**Duração:** 00:53:00

**Produção:** Casa Oswaldo Cruz/Fiocruz

**Sumário:** Entrevistas com: Antonio Magalhaes Martins, Sr. Maria de Souza Costa , Jose Benedito da Silva, Amador da Silva Viana, Amazonas Hercules e Elvira -Portadores de hanseníase e internos da Colonia para leprosos de Curupaiti-RJ.

**16. Is there some kind of work about the history of the Institution?**

(academic, institutional, etc.)

yes

no

16.1. If possible include reference:

In the Centro de Estudos there are the following theses:

1. Silvia Regina Silva dos Santos. "Hanseníase: Uma Nova Terminologia e um antigo estigma." Monografia de Serviço Social, Centro Universitário Augusto Motta. Dezembro 1999.
2. Simone Telles da Silva. "Biblioteca Comunitária: Uma nova proposta de espaço na atuação do Serviço Social em Curupaiti." Monografia de Serviço Social, PUC-Rio. Dezembro 2004.
3. Regina Cruz. "Essa História eu vivi...": o resgate histórico da colônia e da Caixa Beneficente de Curupaiti através da memória de seus contemporâneos no período de 1928 a 1983. Mestrado de Serviço Social. Maio 1998.
4. Suzana Maria Ormachea de Duran. "SER-um analisador histórico: a demanda de atendimento num ambulatório da Rede Pública." Monografia de pós-graduação de Lato Sensu, Niterói.

Antonio Magalhães Martins, ex-patient and internal mayor of Curupaiti

(recently passed away), wrote the following books.

1. “Do Outro Lado da Fronteira.” (There are only a few copies, but some are in the national office of MORHAN.)
2. Mario Gerlin, Antonio Magalhães Martins. *Un Incontro Storico, un Gesto Profético*. Associazione Italiana Amici di Raoul Follereau. (A copy has been donated to the project.)

There is also the following article, available on the internet

1. Cassandra White. “Carville and Curupaiti: Experiences of confinement and community.” *Hist. cienc. saude-Manguinhos* vol.10 suppl.1 Rio de Janeiro 2003

### **17. Additional information:**

In order to preserve all the documents that have been identified, as well as those that we have yet to locate, we need a space to preserve them. Thanks to DACOM and the social work department, we now have a room in order to undertake the cleaning and organization of the documents. The Centro Espírita donated a locked filing cabinet to safekeep documents. This has facilitated our work, but the greatest necessity is to divulge this history, since 1) this history is a large and forgotten part of Brazilian history (especially of public health); 2) the colony could serve as a striking example of the evils of isolation; 3) the “healthy” people of the community do not know the history of the colony, which causes tremendous problems within Curupaiti; 4) finally, and probably most importantly, the stigma of leprosy still touches every resident of the community, and will only end with an organized and concentrated effort at education.

### **Responsible for the information provided:**

Elisabeth Poorman

[Elisabeth.poorman@gmail.com](mailto:Elisabeth.poorman@gmail.com)

55 21 8612 2415