

# Historia

## Seeding a Profession: The Intersection of the State, International Interests, and the Early Development of Brazilian Nursing

Semeando uma Profissão: a intersecção do Estado, interesses internacionais, e o desenvolvimento precoce da Enfermagem Brasileira

Sembrando una profesión: la intersección entre el Estado, los intereses internacionales y el desarrollo precoz de la enfermería brasileña

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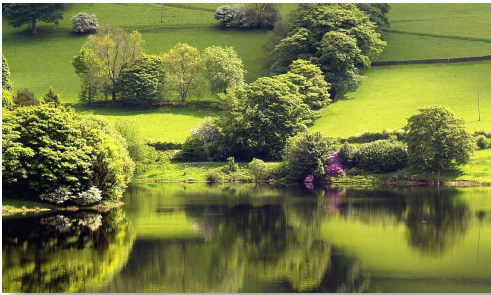
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### ABSTRACT

State and international entities can have profound effects on the development of a country's nursing profession. Through a global health governance lens, this paper explores the development of nursing in Brazil during the early twentieth century, and its intersections with national and international interests. Accordingly, we will show how state policies established an environment that fostered the

institutionalization of nursing as a profession in Brazil and supported it as a means to increase the presence of females in nation building processes. The State focused on recruiting elite women for nursing, in part due to the Rockefeller Foundation's involvement in the country. Nurses who worked for Rockefeller came from well-educated classes within US society with specific ideas about who should be a nurse and the roles of nurses in a health-care system. These women served as the primary vehicles for interacting with Brazilian health authorities responsible for health system development. Their early efforts did not, however, ensure a system capable of producing nursing human resources at a rate that, in present day Brazil, could meet the health needs of the country. Findings from this pa-

per offer new avenues for historians to explore the early roots of professional nursing through a global health governance lens, improve the understanding of the intersection between international politics and professionalization, and highlight how these factors may impact nursing human resources production in the long term.

**Keywords:** Nurses, nursing, nursing history, biographies, schools of nursing, nursing education, health policy, global health, Brazil, globalization, global health governance.

## RESUMO

Entidades estatais e internacionais podem ter efeitos profundos sobre o desenvolvimento da profissão de enfermagem de um país. Através de uma lente global de governança de saúde, este documento analisa o desenvolvimento da enfermagem no Brasil durante o início do século XX, e suas interseções com os interesses nacionais e internacionais. Desta forma, vamos mostrar como políticas de Estado estabeleceram um ambiente que promoveu a institucionalização da enfermagem como profissão no Brasil, apoiando-se na ideia de aumentar a presença das mulheres nos processos de construção da nação. O Estado focou em recrutar mulheres de elite para a enfermagem, em parte devido ao envolvimento da Fundação Rockefeller no país. As enfermeiras que trabalharam para a Fundação Rockefeller, provenientes de uma classe social americana bem-educada, tinham ideias específicas sobre quem deveria ser enfermeira e os papéis das mesmas em um sistema de saúde. Estas mulheres atuaram como os principais veículos para a interação com as autoridades brasileiras, responsáveis pelo desenvolvimento do sistema de saúde. Seus esforços iniciais não conseguiram, no entanto, assegurar um sistema capaz de produ-

zir recursos humanos de enfermagem a uma taxa que, nos dias de hoje, poderia satisfazer as necessidades de saúde do Brasil. Os resultados do presente estudo oferecem pistas sobre novos caminhos para historiadores explorarem as raízes da enfermagem profissional, utilizando uma perspectiva global de governança de saúde, a fim de melhorar a compreensão da interseção entre políticas internacionais e profissionalização, destacando como esses fatores podem impactar a produção de recursos humanos de enfermagem a longo prazo.

**Palavras-Chave:** Enfermeiras, enfermagem, história da enfermagem, biografias, escola de enfermagem, educação em enfermagem, política de saúde, saúde global, Brasil, globalização, governança em saúde global.

## RESUMEN

Organizaciones estatales e internacionales pueden tener efectos profundos sobre el desarrollo de la profesión de enfermería de un país. A través de la óptica de la gobernación global de la salud, este documento analiza el desarrollo de la enfermería en Brasil en el inicio del siglo XX, y sus intersecciones con los intereses nacionales e internacionales. Por consecuencia, vamos enseñar como las políticas del Estado establecieron un ambiente que promovió la institucionalización de la enfermería como profesión en Brasil, y la apoyó como medio para aumentar la presencia de las mujeres en los procesos de construcción de la nación. El Estado ha focalizado en el reclutamiento de mujeres de élite para la enfermería, en parte debido al envolvimento de la Fundación Rockefeller en el país. Enfermeras que trabajaban para Rockefeller, también provenían de clases bien-educadas de la sociedad de los Estados Unidos, imbuidas de ideas específicas sobre quién debería ser una enfermera

y su papel en un sistema de salud. Esas mujeres actuaron como vehículos primordiales en la interacción con autoridades brasileñas, responsables por el desarrollo del sistema de salud. Entretanto, sus esfuerzos iniciales no fueron suficientes para garantizar un sistema capaz de producir recursos humanos de enfermería con una tasa que, en los días de hoy, el Brasil podría satisfacer las necesidades de salud del país. Los hallados de este estudio ofrecen pistas sobre nuevos caminos para historiadores exploten las primeras raíces de la enfermería profesional valiéndose de la lente de gobernanza global de la salud; mejoraren la comprensión de la intersección entre políticas internacionales y profesionalización; y aún destacaren, como esos factores pueden impactar la producción de recursos humanos de enfermería a largo plazo.

**Palabras clave:** Enfermeras, enfermería, historia de la enfermería, biografías, escuela de enfermería, educación en enfermería, política de salud, salud global, Brasil, globalización, gobernanza en salud global.

## INTRODUCCIÓN

Policymakers in the United States believed pockets of instability in the Western hemisphere, caused by the domino effect of Latin American independence from their colonizing countries, might threaten its political and economic interests in the region (Anne-Emmanuelle, 2006; Agostini, 2003; Vaughn, 1977). The construction of the Panama Canal heightened the interest of many governmental and non-governmental actors in the “sanitary idea” due to the epidemic spread of cholera and yellow fever in key business development zones. Brazil, as part of the “good neighbor” policy (Castro Santos, Faria, 2004), was also of prime

interest to Western powers because of the production of rubber in the Amazon area of the country, a resource that would become critical to the US during both world wars. Yet Brazil in the early twentieth century faced major epidemics --such as yellow fever, tuberculosis and other diseases-- that affected Brazilian exports, the general conduct of business, and tourism.

For many Latin American countries like Brazil, State policies that encouraged the institutionalization of medicine, public health, and nursing were tied to nineteenth and early twentieth century post-colonial nation building and national identity formation. The 19th century saw most Latin American countries declare independence from Spain and begin a process of national identity formation. The rate of national identity formation varied by country and was often driven by economic forces anchored in natural resources exportation. We define “the State” per Connolly’s (2004) definition which refers to the national governing body. With the aforementioned and near constant health epidemics affecting development, the Brazilian government mobilized to prepare new groups of healthcare human resources to control the spread of these infectious diseases (Amador, 2008). Complicating the government’s goals was the fact that throughout Brazil at this time, around thirty-five per cent of the population had formal education or even basic literacy and numeracy skills. By the end of the nineteenth century, formal schooling systems for both sexes began to emerge, but not equally in every region. These disparities in the population’s education were one barrier to developing both physician and nursing human resources throughout the region.

Two American foundations also emerged during this period as key regional actors in shaping the development of health services,

systems, and professions: The Rockefeller Foundation and the Kellogg Foundation. The Rockefeller Foundation emerged in Brazil as one of the main international organizations that tackled problems of health and disease. With both political and economic interests in the region, foundation actors moved to develop health professional education throughout Latin America. In 1915, it selected Brazil as part of its plans to expand its operations and goals with a committee of the foundation visiting Brazil the following year. The Rockefeller committee prepared a report, led by Mr. Wickliffe Rose, director of the international health services of the Rockefeller Foundation, which concluded that the fight against epidemics was indispensable to economic development of the country. Mr Wickliffe Rose's report is mentioned by Ms Ethel Parsons annual report the Nat. Department of Public Health of Brazil. Rockefeller Foundation Archive Center. (A copy of this report is at the Documentation Center at the Anna Nery School of Nursing, Rio de Janeiro.

The Foundation's report concurred with and reinforced efforts by the Brazilian government to eradicate epidemics, build public health infrastructure, and establish health professions schools in the country. Later in the twentieth century, the Kellogg Foundation also helped support nursing education.

This combination of influences and actors had a significant effect on the development of the Brazilian nursing profession and its role in the healthcare system. European immigrants were the primary drivers of the organization and founding of professional medicine and nursing in Brazil (Amador, 2008, p. 173). They started schools in major metropolitan areas and along coastal cities, while the interior of the country remained largely impenetrable.

When both immigrant and native practitioners went abroad for international conferences and exchanges, they imported ideas learned in the United States and Europe (primarily France and Germany) and attempted to replicate them in Brazil. The intellectual discourse at the time centered on whether Brazilian medicine would mimic its American and European counterparts or Brazilians needed to generate their own unique medical model due to the starkly different nature of diseases found in the country (Amador, 2008, p. 184). This discourse would shape health system governance and the subsequent production of healthcare human resources in the country. The creation of the Special Public Health Service at the Ministry of Health was central to the implementation of health services, particularly nursing services. It offered opportunities for local members of the population to become nurses independent of the religiously affiliated training institutions that had shaped early Brazilian nursing schools.

During the early part of the twentieth century as the concept of "the professional" also diffused across borders, Brazilian nurse leaders and educators proposed the creation of an elite cadre of nurse professionals (Castro Santos, 2008). The strategy aimed to elevate what was regarded as a women's profession to the same level traditionally occupied by male-dominated professions like medicine, law, and architecture. By recruiting women from higher social classes into the field, early Brazilian leaders hoped to not only attract a higher caliber of student to the profession, but to capitalize on the women's abilities to mobilize social support for the profession among the upper classes in societies around the world (Castro Santos, 2008). From an operational standpoint, the movement had the potential to quickly standardize educational

practices and improve autonomy in governance over the administration of nursing services, especially in hospital settings.

The combination of these domestic and international factors in the development and governance of health services and professions in Brazil allows us to explore the intersection of the Brazilian State, international influences, and the development of professional nursing in Brazil. We explore this dynamic by contrasting the creation and development of two schools of nursing in Brazil that now, are two of the country's top ranking schools of nursing: The University of Sao Paulo, School of Nursing (USP School) and the Anna Nery School of Nursing (abbreviated as Anna Nery School). These two nursing schools were the product of the Brazilian State seeking assistance from international groups to create a "modern" nurse. Nurses educated in these state subsidized, specialized schools and universities, would help define the emergence of the "modern" nurse in Brazil. Key actors in the governance of the Brazilian healthcare system saw the "modern" nurse as essential to creating a modern healthcare system capable of responding to increasing demands for healthcare services brought by industrialization and increased demands for exported goods which expanded domestic employment opportunities rapidly for the Brazilian population.

To move nursing education into the university setting, the National Public Health Department (NPHD or DNSP, in Portuguese) of Brazil first created the Anna Nery School in 1923. Ethel Parsons led the group of American nurses who founded the school. Fifteen years later it would be incorporated into the University of Brazil, which today is known as the Federal University of Rio de Janeiro.

The University of São Paulo, School of Nursing evolved differently from the Anna

Nery School. In the early 1930s, the Rockefeller Foundation signed an agreement with the Medical School and the Hygiene Institute (currently the Public Health School at São Paulo University, a state owned university) to finance the construction of the Medical School and equip the Hygiene Institute-- under the stipulations that a modern nursing school would also be constructed. In 1938, the construction of the Medical School was finished, but the nursing school was egregiously missing. At this point, the Rockefeller Foundation sent the nurse Mary Elizabeth Tenant to request the Governor of the State of São Paulo, Mr Adhemar de Barros, to initiate and complete the construction of the Nursing School. Nelson Rockefeller followed up personally the construction of the building and met its first dean, Ms Edith de Magalhães Fraenkel.

Figure 1: Ms Edith de Magalhães Fraenkel and Mr Nelson Rockefeller.



Source: Centro Histórico e Cultural da Enfermagem Iberoamericana, School of Nursing, University of São Paulo.

The construction was finished in 1947. Before that the School was housed within the premises of the nearby Clinics Hospital. The São Paulo School of Nursing was established as an annex of the Medical School at the University of São Paulo, in 1942. Twenty years later it became completely independent from the Medical School and recognized as an autonomous entity before the University, enjoying the same status as any other school.

These case examples of the creation of two nursing schools, represent the intersection of

different domestic and international political agendas. We emphasize the importance of the United States' influence on the development of professional nursing in mid-twentieth century Brazil, one that many Brazilian nurse historians describe as of the process of "Americanization" (Cytrynowicz, 2002; Mecone, 2009; Campos, Oguisso, 2008). We also aim to and explore the combination of internal and external forces in the creation of these institutions. This will include a focus on the political and ideological motivations that led to the creation of the USP School and how this contrasted with the Anna Nery School within a historical context. We also explore the political activities of the Rockefeller Foundation at the USP School, which had a strong influence on the growth of Brazilian nursing during the mid-twentieth century. By contrast, the creation of the Ana Nery School was influenced by a more diverse group of external forces, including many from America (Barreira, 1999; Le Goff, 2003).

Reports of the EEUSP First Dean and the report of Miss Mary Elizabeth Tennant are typed, and the letter is translated from English to Portuguese, dated 1940. These documents are from the collection of the Historical and Cultural Center of Iberian American Nursing of EEUSP, established in 1992. The reports of Miss Ethel Parsons are available in the collection of Research in Nursing History – NUPHEBRAS – School of Nursing Anna Nery, Federal University of Rio de Janeiro.

#### **INSTITUTIONALIZING NURSING EDUCATION IN BRAZIL AND THE ROLE OF THE STATE**

The formal organization of nursing in Latin America and Brazil developed much later than medicine. Religious orders domi-

nated nursing care for centuries in the region and it was not uncommon for male clergy to work in nursing roles. Until the late 1960s in Brazil, the Anna Nery School was considered the first modern school for training nurses because it was named the "Professional Nurses School". However, history shows that it was not the first school but did claim preeminence because of its political origins. These political connections also made the Ana Nery School a key governance entity in the early regulation of professional nursing education, receiving formal recognition by the Government for that role, according to the Law 775/1949.

Brazil's first nursing school was created in Rio de Janeiro in September of 1890 by French-educated psychiatrists who were ignorant of the British Nightingale system of nursing education. The school's creation was funded by the State and was located within the National Psychiatric Hospital. In 1890, when the country had just proclaimed its independence from Portugal (November 15th, 1889) the National Psychiatric Hospital became part of the Ministry of Justice. Psychiatric hospitals were part of the Ministry of Justice because those who committed homicide or other crimes against human beings were considered mentally ill. It served as a proxy prison for many individuals.

The internationalization of physician education in late 19th and early twentieth century presented the challenge of adapting international medical training to meet the culturally specific health care needs and demands of Brazil. Another influence of international education was the conversion from a religiously oriented workforce of nuns to a more secularized workforce of educated lay women. Administrators recruited women who possessed similar qualities typically ascribed to nuns, such as being obedient, modest and "clean"; as well as being functionally

literate. Women with these combined qualities, however, were not easy to recruit due to low educational attainment of women and the strongly held views of traditional roles which discouraged work outside the home.

According to Moreira, Oguisso (2005), meanwhile many nuns collectively rebelled against the physician driven changes and simultaneously quit their nursing duties leaving very few qualified nurses to replace them. The Brazilian government requested internationally educated nurses as a replacement strategy, but also realized the critical need to increase domestic production capacity of a sustainable nursing workforce. The government enacted the Decree 791 on September 27, 1890 to create the first “Professional Nurses School,” to start preparation of Brazilian men and women to work in hospitals. This initiative, however, was confined to psychiatry, as other physician leaders ignored the need for expanding the professional nursing under Nightingale model schools which arrived to Brazil in the last decade of the nineteenth century.

A private hospital - the Samaritan Hospital Society - also created a nursing program at the end of the 19th century, in São Paulo. The Samaritan Hospital was created in 1890 through a generous donation from a Chinese immigrant. The gentleman was previously hospitalized at the Holy House of Mercy in São Paulo, where he felt that since he was Protestant, he had received diminished attention compared to his Catholic counterparts. Upon his death, he left a financial gift to be used for the construction of a Protestant hospital. To run the school, hospital administrators brought nurses from England (prepared under the Nightingale educational model) to direct and manage the nursing school. In 1894, these English nurses began training Brazilian women and



other immigrant women to become professional nurses. Immigrants’ daughters, especially those from England, the US, and Germany were highly prized, as they were able to communicate in English –the functional language of the hospital. The hospital’s administration--mainly English, American and German physicians—staffed the wards with non-Catholic personnel. This is how the Nightingale nursing education model was first introduced in Brazil.

The Samaritan Hospital operated under the same Nightingale management system, and introduced the English classifications of matron, sisters and nurses, for manager, supervisors and general nurses, respectively. At the time, no attempt was made to translate these titles into Portuguese. Since English, American and German doctors spoke in English among themselves and with nursing personnel, this school functioned for many years, solely run by English-speaking nurses. Use of English by the Samaritan Hospital staff persisted until the 1950’s, when medical and nursing staff were replaced mostly by Portuguese speaking Brazilians. At the time, there was no regulatory body that determined nursing education and practice standards in Brazil, but the few existing archived documents, mainly minutes of board meetings, make reference to the high quality results of the nurses’ training programs.

A third school also preceded the Anna Nery School. The early twentieth century saw the birth of the Brazilian Red Cross, created in 1908. The Red Cross established two professional nursing programs in the early 20th century – one in São Paulo in 1914 and a second in Rio de Janeiro, in 1916. According to the International Red Cross system, nursing preparation focused on caring for wounded soldiers in the war. As such, the Red Cross in Brazil was established and organized under the Ministry of War and these associated nursing schools were also governed under it. The Red Cross in Brazil offered different courses for war volunteers in emergency care, first aid, and first responders. Both these programs would later be recognized by the Ministry of Education.

Brazil's nursing school creation process also mirrored the institutionalization of nursing education globally. In Brazil, this momentum was initiated and facilitated by the supporters within the Rockefeller Foundation. After World War I, early nurse leaders committed to spreading the concept of a professional nurse workforce who were critically involved in improving population health. Various publications from that time show that nurses Adelaide Nutting and Ethel Bedford Fenwick had positioned themselves in advisory capacities with both the U.S. and British governments in an effort to advocate and promote the idea of the professional nurse globally (Cytrynowicz, 2002; Castro Santos, 2008). They established a precedent for collective action by nurses from industrialized nations. Their early work deeply inspired nurses and women within the US Sanitary Commission, most of whom were also involved in North American philanthropy through the Rockefeller Foundation (Castro Santos, 2008; Armeny, 1983). In Brazil, this global movement translated into the creation of “elite” nursing

schools –to which the USP School and Anna Nery Schools would both belong.

### **CREATING THE ANNA NERY SCHOOL OF NURSING AND THE PARSONS MISSION – 1921 TO 1931**

In 1923, through the efforts of the Rockefeller Foundation, Brazilian medical elites, and the government, the Anna Nery School of Nursing (Anna Nery School) emerged as one of the early nursing schools in the country that established a professional degree program. As part of the Rockefeller Foundation's efforts establish its relationship with the Brazilian government, the American nurse Ethel Parsons was hired to coordinate the mission of developing professional nursing in Brazil with the DNSP (National Public Health Department). The Parsons Mission, as it was known from 1921 to 1931, aimed to direct and coordinate the services of public health nursing, including their educational preparation.

The now legendary physician Carlos Chagas, director of the DNSP, supported the idea of creating a nursing school in cooperation with the Rockefeller Foundation.

Carlos R. J. Chagas was born in Oliveira, Minas Gerais, on July 9, 1878. He graduated in 1903, from the Medical School, Rio de Janeiro. Still at university, he entered Instituto Bacteriológico Oswaldo Cruz, which he would direct years later from 1917 to 1934. Chagas eradicated malaria in Santos (SP), in 1905 and he was head of the study commission on the prophylaxis of malaria in Minas Gerais (1907). In 1909 he completed the researches aimed at vanquishing trypanosomiasis, afterwards known as “Chagas’ disease”. He identified the agent of that disease, naming it *Trypanosoma cruzi* in honor of Oswaldo Cruz, another Brazilian scientist. His work includes all aspects of



the disease and a year after his discovery he was acknowledged in the international scientific world. He was twice nominated for the Nobel Prize, in 1913 and in 1921. Unfortunately he did not win the award. Chagas has also helped the management of the campaign against Spanish influenza, in Rio de Janeiro (1918). He was nominated director of the National Public Health Department (DNSP), in 1919, improving and modernizing sanitary services of the then republican capital, Rio de Janeiro. He had taught tropical medicine at Medical School, Rio de Janeiro, and in 1925, the University of Hamburg awarded him the Kummel Prize. He also received the titles of magister honoris causa by the universities of Paris and Harvard and was a member of academies of medicine in Lima (1922), New York (1926) and Paris (1930). Carlos Chagas died in Rio de Janeiro on November 8, 1934, when he was 56 years old (Coutinho, Olival, Dias, 1999).

In a 1927 article she wrote for the *American Journal of Nursing*, Parsons' describes Chagas' mission to develop nursing and encourage women to join the profession as part of their "patriotic service" toward building the country "through the relief of suffering....rich in spiritual satisfaction to themselves" (Parsons; International Council of Nurses, 1927). Chagas' also wanted to ensure that nurses would actively participate in the governance of the new profession and future health system developments in the country.

Impressed with the caliber of the American nurses working for Rockefeller, Chagas reinforced the notion that only the highest qualified candidates should be admitted to the new elite nursing school (Nunes Moreira, 1999). His stance was characteristic of the ideology prevalent in positivist scientific thinking of the time and also reflected his social status since Brazil-

ian physicians are considered social elites, even today. Chagas' views were grounded in the contemporary precepts of rationality and good governance. For example, ensuring sanitation of cities, ports, and the environment were essential to maintaining the health and productivity of every citizen and member of society. Highly qualified candidates for an elite nursing school, therefore, would present the greatest likelihood of being able to accomplish those goals.

Thus, when the Rockefeller Foundation arrived, the staff followed its standard plan of training. Teams began trainings with a cadre of emergency health workers that fit the role description of a nurse. Their education used a standardized nursing curriculum, known as "*A Guide for planning basic Nursing Education Programs - Second Draft*", by the World Health Organization, the origins of which are not known. Prior to the foundation's arrival, the first incarnation of the modern nurse in Brazil was in the form of health workers (lay women) visiting families at home (referred to as public health visitors) who were supervised by physicians. According to Parsons, however, the work of these public health visitors was so "deficient" that she felt compelled to train them as soon as she arrived in Brazil, "... before any disaster resulting from their ignorance destroys public confidence in public health nursing...". Her attitude toward the qualifications of nursing personnel was typical of the time as it was rare for a Rockefeller nurse or any nurse with American or British training origins to consider the roles or training of nursing personnel in other countries as adequate, as multiple accounts from nurses abroad relay in the first fifty years of publications of the *American Journal of Nursing* (Oguisso, 2007).

In an early sign of what would become the initial development of professional nursing

human resources in Brazil, Parsons envisioned a cadre of health visitors, who with just six months of preparation, would become indispensable to ensuring continued operations of the Brazilian health system. It would also form the base for expanding the overall number of nurses in Brazil (Oguisso, 2007).

Anna J. F. Nery (1814-1880) was a volunteer in the War of Paraguay (1864), following her two sons who were officers of the Brazilian army in that conflict. Was honored by the Brazilian authorities for the heroism of the time in caring for wounded soldiers on the battlefield. It is noteworthy that Anna Nery was a lay caregiver, without training (Porto, Amorim, 2007).

The Paraguayan War lasted five years (1865-1870). The human losses were enormous, although there are no precise calculations on the number of deaths. On the Brazilian side, there are estimates ranging from 25,000 to 100,000 combatants dead. On the Paraguayan side, many lives were sacrificed. According to historian Boris Fausto, half of Paraguay's population died during the war (Fausto, 1994). These figures seem exaggerated to the English historian Bethel Leslie, who cites 50 to 80 000 deaths (Bethell, 1996).

Parsons correctly deemed the State's previous governance efforts over the profession as insufficient and began enacting changes with the Foundation's authority with tacit support from the State.

Parsons next step in the 1920s was to institutionalize nursing education within the Nursing Service of the DNSP. In 1926, the DNSP School for Nurses changed its name to the Anna Nery School for Nurses. Anna Nery was a volunteer, caregiver and heroine of the War of Paraguay<sup>iii</sup>, Parsons played a pivotal role in the struggle for the school's creation due to her

belief that it would be critical to the long-term sustainability of the modern Brazilian nursing role and profession. She envisioned the nurse as a primary force in the community, with firm responsibility and representation within the local health authority. Striving for competency and legitimacy, she demanded nurses have a professional knowledge rooted in biomedical science. Ms. Parsons' forceful will ensured the creation of a school that would eventually create the Anna Nery School (Santos, Barreira, 2002; Oguisso, 2007; Barreira, 1997). American nurses would retain the highest positions of the Anna Nery School from 1921 to 1931. The early governance of the school, therefore, was dictated by foreign governance practices and would influence many future policy actions by the school. Ms. Parsons even recognized the value of merging the nursing school with the university years before, as evidenced in the preamble of the school's formal founding in Decree 20.109/31, but had no success doing so during her tenure. It was not until 1937 that the Anna Nery School was incorporated into the University of Brazil.

Nonetheless, the political origins of the Anna Nery School ensured its eventual preeminence as a nursing school and solidified its early role as an accrediting agency. After the creation of the Anna Nery School, all three of the preceding early schools of nursing had to receive formal approval for their curriculum and match it to the Anna Nery School's. The Anna Nery School also accredited all religiously affiliated nursing schools in the country. Every Brazilian nursing school, as a way to ensure consistent governance in the early years of the profession, had to have an Anna Nery school graduate as its dean and the content of its courses had to closely emulate those of the Anna Nery School. The School maintained



this role until the creation of the Ministry of Education.

Once the Anna Nery School became the accrediting body, other requirements for accreditation emerged as the State expanded its influence. First, to receive accreditation, all nursing schools had to be affiliated with a hospital with at least 100 beds, which would enable students to have clinical training in areas such as surgery, general medicine, obstetrics, infectious diseases and pediatrics. If the nursing school's affiliated hospital lacked a mandated curriculum, its students would be sent to other nursing schools with appropriate clinical sites (Barreira, 1997). This change further standardized the quality of Brazilian nursing education by ensuring that schools that did not meet these new accreditation standards would not remain open.

While this approach was one way to homogenize and standardize nursing education and practice it ultimately affected the rate at which the profession could grow and produce nursing human resources (Barreira, 1997). It created a regulatory monopoly for the Anna Nery School, possibly to the detriment of nursing human resource production in Brazil. For example, if the Anna Nery School could not graduate enough nurses to meet the demand

for Deans and instructors at nursing schools, then additional schools could not be created and fewer graduates would enter the market. It also meant that nurses with no patient care experience beyond their entry-level education served as institutional leaders, likely having an effect on what and how nurses were taught. While this strategy likely worked in the early years of nursing's development in Brazil, it ultimately would slow workforce growth until the laws changed.

The 1931 Decree #20109 positioned the Anna Nery School as the only accrediting body for nursing schools in Brazil. This edict regulated nursing schools in Brazil through curriculum, content, and program duration, as well as the qualification needed for faculty members. It also created a faculty council as the main decision making body within each school. In 1949, a new law emerged (Law 775), which regulated all nursing education throughout Brazil. After this law, nursing schools had to be recognized by the state, which meant the school had to demonstrate a full curriculum, both theoretical and practical and it did not have to match the Anna Nery School. It is considered landmark legislation for nursing education in Brazil since it required all nursing schools to be nationally recognized by the Ministry of Education.

Thus as the State grew, it centralized the accreditation process to better reflect its own interests and demand for services and nursing personnel nationally. The timing of the school's creation depended on the convergence of interests of three domestic and international actors: 1) the alignment of the State domestic development interest in controlling yellow fever; 2) support and influence of the Rockefeller Foundation due to the Good Neighbor Policy; and 3) the readiness of the Brazilian medical

community for this change, as they were not used to working in partnership with professional nurses.

### **A PRODUCT OF EXPERIENCE AND AN AGENDA: THE FOUNDING OF THE USP SCHOOL**

As the twentieth century progressed, the first Brazilian graduates and nurses with post-graduate degrees from the USA gradually returned to Brazil and assumed leadership positions at different schools of nursing throughout the country. The regulatory modification of 1931 that allowed non-Anna Nery School graduates to assume leadership roles facilitated this change. Among the returnees who would become a national leader was Edith de Magalhães Fraenkel, who became the first dean of the University of Sao Paulo, School of Nursing (USP School) in 1942 (Santos, Barreira, 2002; Baptista, Barreira, 1997; Mancia, Padilha, 2006). Her assumption of a leadership role in the school was the product of a different set of domestic and international policy dynamics that contrast with the early history of the Anna Nery School. The genesis of USP School reflects both the political and economic changes in the country, along with the latter day policies from Rockefeller's nearly thirty years of experience in Brazil. Clear shifts in governance approaches over nursing education and the profession itself began to emerge and were reflected in the school's evolution.

To begin, in the 1930s, within the context of the US's "good neighbor" policy, the idea of inter-American cooperation became central to American foreign political discourse. The most effective instrument of that policy was the Office of the Coordinator of Inter-American Affairs, created in 1940 and coordinated by Nelson Rockefeller. Around the mid-cen-

tury, the outbreak of World War II stimulated urban-industrial development and for Brazil, this generated a tremendous demand for rubber. This increased the number of urban wage earners among the country's poor and middle class. In effect, it was an industrial revolution not too dissimilar from the one experienced by its North American counterparts at the end of the nineteenth century. Characteristic of industrial revolutions, more wage-earning workers increased the demand for health services (since they could now afford to pay for services) and required the expansion of existing public health infrastructure. To meet demand, the Brazilian government created the Special Service for Public Health (SESP) under an agreement with the US government. The SESP resulted from collaboration with the Institute of Inter-American Affairs (IAIA), whose primary aim was to assist workers in extracting rubber, an indispensable material to the war.

The IAIA and its collaboration with the SESP had four goals. First, the IAIA would send nurses to Brazil that would reorganize the existing schools of nursing. Second, with support from the Rockefeller Foundation, the SESP would create more schools for training of professional nurses. For the third goal, the Kellogg Foundation supervised scholarships for undergraduate and graduate studies for Brazilian nurses in the U.S., while the SESP would provide scholarships for training in Brazil. The fourth goal centered on the creation of short trainings for practical nurses and health visitors (Secaf, Boaviagem, 2007; Castro Santos, Faria (2004).

Other events in the early 1940s also created a policy window that generated more political will in Brazil for the creation of additional nursing schools. When a series of events occur due to of social, political, and economic shifts,

a policy window opens according to Kingdon (2003). Rare opportunities like these offer regulatory bodies the opportunity to review regulations, examine trends, and make recommendations for new policies that can strengthen health systems and their human resources (Hafner & Schiffman, 2012; Xavier et al, 2012; Kingdon, 2003). First in 1943, after extensive preparation, the IAIA sent Mary Elizabeth Tennant to Brazil to assess where to direct investments in professional infrastructure development for nursing. At the time, Adhemar de Barros, the Governor of the State of Sao Paulo and physician, requested a formal report that would describe in detail the conditions for the organization and development of nursing education in São Paulo. In this commissioned report, Tennant focused on the need for more nurses in São Paulo, as part of the previous agreement between Rockefeller and the Medical School and the Hygiene Institute. Tennant's report focused on the "...urgent need for registered nurses in hospitals". Her report also encouraged the creation of a School of Nursing with a minimum of 150 students (Campos, 2008). The report urged the Ministry of Education and Health to supervise the creation of nursing schools across the country and to be responsible for organizing the four schools in Rio de Janeiro, Salvador, Sao Paulo and Belem. This geographic distribution ensured that the country's population centers would be able to produce nurses to meet local needs and then promote fair regional distribution of nurses. Tennant's report advised the organization and the direction of these four new nursing programs through the SESP. The USP School was the direct result of Tennant's report.

The Tennant report illustrates the challenges of developing professional educational infrastructure in a country, and highlights the

international influence on the evolution of professional Brazilian nursing. Primary and secondary sources reveal that the project to create the USP School evolved not from the sheer political will of a single individual, like Dr. Chagas' efforts to create the Anna Nery School, but from multiple collaborative sources. The creation of USP School would build the largest nursing program in the country, able to accommodate a minimum of 220 students. Initial plans allowed for easy expansion of the physical infrastructure of the school in order to accommodate increased student capacity (Castro Santos, 2008).

Records from Tennant about the efforts to create the USP School included multiple drafts of facilities plans to build the school and housing for students, teachers and nurses of the Clinics Hospital. The USP Clinics Hospital was established in 1940s with the aim at improving medical practice and nurses training in USP School.

The plans replicated the designs common for US nursing schools of the time, resulting in an almost exact copy of the US nursing education and training model from the time. Even the curriculum came directly from US sources and was based largely on the book "*The Curriculum Guide for Schools of Nursing*." The SESP nursing program began officially in August 1942, when the IAIA approved the project entitled "More public health nurses for Brazil." The Rockefeller and Kellogg Foundations also supported the program (Campos, 2008).

Secondary sources, however, are more likely to emphasize the influence of the Rockefeller Foundation in the development of the school. For example, in early 1940, Dr. Fred L. Soper (Director of the International Health Board of Rockefeller Foundation), with Mary Tenant (then nursing section chief of the foundation), met with 18 lecturers of the Medi-

cal School, University of Sao Paulo, given the cross disciplinary interest and support shown for the creation of a nursing school this sentiment was confirmed in the following speech:

“We believe that every new advance in medical education, hospitalization and care of patients, as well as in the field of public health and hygiene in the State of São Paulo, they all depend, largely on the organization of nursing at a high professional standard” (Travassos, Williams, 2004).

They stated that without its direct involvement, insistent and persistent as it was, and without the financial and technical assistance available to the educational future entity, construction and opening of the school could have been delayed as much as ten years. Compared to the global advancement of nursing outside of Brazil and even within Sao Paulo, this would have represented a very late start (Campos, 2004; Nunes Moreira, 1999; Carvalho, 1980).

Nonetheless, the USP School began operating and functioned autonomously, despite its administrative and political ties to the USP Medical School. It had its own budget, direction, and qualified teaching staff. Interestingly, the schools founded earlier than USP would remain directed by American nurses until 1937, when Lays Netto dos Reis, a Brazilian nurse graduated at the Anna Nery School, became the dean. In fact, in 1931, the nurse Rachel Haddock Lobo, graduated in France, and worked with the American nurse and dean Bertha Lucille Pullen, became the first Brazilian dean, of the Anna Nery School. But with her premature death in September 1933, made Bertha Pullen return to Brazil, where she continued until 1937, when she was replaced by Lays Netto dos Reis (Oguisso, 2014).

The USP School's ties to the medical school, however, proved detrimental for the political and operational functioning of the nursing school within the larger university. Representation for the school of nursing at the University Council, as was common then and in many countries today, came from the Dean of the medical school. Reports from the time indicate that representation by the medical school failed to consider neither the needs of the school of nursing nor the problems it faced.

At the same time, the medical complex in Brazil was growing rapidly, faster than the existing nursing human resources production infrastructure could match. The 1944 opening of the University of São Paulo (USP) Medical School and its 1,000 bed Hospital is an excellent example of this imbalance. At the time of the construction of the hospital, there were already too few professional nurses to meet the care demands for that facility alone, never mind the other hospitals already operating in the country. The opening of the Clinics Hospital was at the forefront of a massive expansion of hospital construction and expansion of institutionalized health services across the country; yet its example illustrates the consequences of an imbalance between State development policies and interests of the medical establishment and its subsequent devaluation of nursing care.

As we further examine the creation of nursing schools throughout the country, it becomes clear that their founding reflected the government's political priorities, where economic development flourished or did not, and where US partnerships like Rockefeller's dominated—the latter often aligning with economic development initiatives. Our two case example schools were products of these

dynamics, along with schools in the northern parts of Brazil, in the heart of the jungles; in Belém, capital of the State of Para; in Manaus, capital of the Amazon state; and in Salvador, capital of the northeast state of Bahia (Castro Santos, 2008; Rafferty, 1995). These schools represented a culmination of the Ministry of Health's political interests which mirrored the medical schools' development initiatives. The private sector's role in creating nursing schools lead to small, hospital-based programs that produced few graduates or catered to immigrant populations. The combined influences of international actors and the State enabled Brazil to develop schools that would produce enough graduates to meet population health needs. It also ensured that a professional identity became associated with Brazilian nursing early on in its development and that it did not become relegated to vocational training.

### THE ROCKEFELLER FOUNDATION'S INFLUENCE ON BRAZILIAN NURSING'S IDENTITY

Where in a society a country recruits its future nurses is an important part of nursing human resources production. In all countries, domestic dynamics related to class and gender will play a strong role. Like many diverse societies, in the case of Brazil race also plays a role in who becomes a nurse. The origins of these identity issues began with the creation of the two schools.

The complex politics of race in Brazil did filter into the development of the nursing profession. In particular, the Rockefeller Foundation's personnel and organizational views on race in nursing also appear to have influenced who became a nurse in Brazil. These influences merit discussion as a governance issue as the dynamic of race clearly influenced the com-

position and production of nursing personnel (Travassos, Williams, 2004). The conceptualization of race in Brazilian society appears to have complicated the State's relationship with the Rockefeller Foundation. Simply put, the two had very different ideas about race and thus directly and powerfully affected who became a nurse during this period in Brazilian history.

For background, slavery was abolished in Brazil in the late nineteenth century and the delicate process of integrating a racially diverse society began just as efforts to institutionalize healthcare services were occurring. As part of its early twentieth century social policies, the government and intellectual elites encouraged miscegenation and immigration as a broader policy response to "whiten" the population in order to create, what they imagined, as a unified, singular race (Travassos, Williams, 2004). Leaders also began to see the value of increased immigration into the country as means to drive economic growth and fuel an industrial revolution similar to that in the U.S. and Europe. The prevalent concepts of health and identity during this time, including that of eugenics, influenced policies and shaped the early formation of the healthcare system and health professions' schools (Amador, 2008).

Travassos and Williams' comparative work on how researchers study race in the U.S. and Brazil provides a useful foundation for describing these challenges. They show how racial descriptors in Brazil were determined by skin color alone and not with other aspects of physical appearance – a trend that remains true even in modern Brazil. They explain the evolution of this trend via miscegenation, since the majority of Brazilians are of mixed-racial heritage which can be difficult to determine by appearances alone (Amador, 2008;

Travassos, Williams, 2004). In contrast, the US, differentiated race solely based on overall physical appearance. Brazil would continue to be more progressive in matters of race when compared to the US as racial discrimination in Brazil was made illegal in 1951 (Page, 1995).

Yet US-educated, predominantly White, Rockefeller nurses managed the admissions committees of the Ana Nery School and had a powerful influence on who became a nurse. The School's admissions criteria may have set the stage for informal, racially influenced admissions decisions. Despite the legal condemnation of discrimination in Brazil, it still affected who was admitted to the Anna Nery School. In the early 1930s, the Anna Nery School did not select Black candidates for nursing training despite having applicants (Nunes Moreira, 1999). In a concerted effort to change the public's opinion of nursing and to attract female students from higher classes, Black students were excluded since they tended to come from lower socioeconomic classes.

There is some evidence that the Anna Nery School preferred only female White candidates, but this was not explicitly stated. Records do show that a single Black student in the first cohort was initially denied admission to the School. She reacted negatively and raised the issue of discrimination. Subsequently, she was accepted (Barreira, 1997, page 169). In another case, a North American nursing student of mixed racial background was considered inappropriate by the admissions committee (that included American nurses) because it was believed that she would not be well accepted in Brazil (Nunes Moreira, 1999).

In contrast, the São Paulo School accepted Black nurses from the beginning, but alumni records from the USP School illustrate a disparity in the racial representation of nursing



graduates that persists even today. Between 1947 and 2006, while 3,680 nurses graduated from the USP School, only 128 identified themselves as “not white” with the fewest number identifying as “black” (Bonini, 2010). Graduates referred to their race in various terms, including “brown”, “pardo”, “light brown” and “of color”, all of which were captured under the umbrella of the term “black” students (Bonini, 2010). Throughout the 64 years since, 45 graduating cohorts had at least one “black” student. The highest number occurred in 1951 when eight black students graduated from the program (Bonini, 2010).

Further adding to the complexity of race and the school's alumni, during the same period in the twentieth century, the USP School admitted 13 students from Angola, two from Mozambique, one from Guine-Bissau and one from Paraguay (Bonini, 2010). The legacies of Portuguese colonialism brought African students to study in Brazil. More recently, African students, especially those from Portuguese speaking countries, have been accepted to study in Brazil, in different areas, including nursing. Mid-twentieth century migration trends from Asia, specifically Japan, also brought students from Asia. Between 1953 and 1970, for example, the school had a total of



132 Asian students (Silva, Freitas, Nakamura, 2010). In 1953, the first student of Japanese origin was graduated and since then the number of Asian students have steadily increased.

As these cases illustrate, the Foundation's employees had a strong initial influence on who became a nurse and these decisions contradicted the more progressive racial policies that the Brazilian State attempted to institutionalize throughout the country. Effectively, the admission politics of these early nursing schools clearly shaped the racial composition of nursing in Brazil in a way that countered demographic trends in the country. It is no surprise, therefore, that so few students of "color" represent nursing graduates from the schools, even today. Marginalization and poor access to secondary education in many Brazilian communities also contributes to the persistence of this pattern (Barreira, 1997).

### GOVERNANCE CHANGES AND THE IMPACT ON NURSING EDUCATION AT MID-CENTURY

The early efforts around building nursing professional and educational infrastructure should have made it possible for Brazil to produce enough nurses to meet its needs, but that was not the case. Despite significant advances, according to *The Gazette*, a prominent national newspaper in Brazil, by the mid-twentieth century there was a deficit of 19,000 nurses in the state of São Paulo alone. This critical shortage persisted despite the fact that the state of São Paulo had four degree granting programs and multiple other hospital-based programs to prepare nursing personnel. Thus, despite several decades of early twentieth century infrastructure investment in nursing education, only five thousand nurses graduated in Brazil in 1960. This represented an insignifi-

cant number compared to the pressing health needs of the country whose population had reached approximately 72 million people. According to the Brazilian Institute of Geography and Statistics, the Brazilian population in 1960 was estimated at 65,743 million people, corroborating the finding of publication (Instituto Brasileiro de Geografia e Estatística, 2009).

Necessary educational reforms to ensure a standard of quality for graduates also meant that many of the earliest schools were closed. These reforms included stricter standards for professional qualifications (more than 9 years of school) and academic titles to teach at a nursing school. Other schools were incorporated to the local state, federal or private universities. Examples in the succeeding paragraphs illustrate a variety of attempts by various actors in the health care system to increase the production of nursing human resources. While some succeeded, others failed.

One local policy initiative in São Paulo, which began in 1940, attempted to address the shortage of services and providers. The Clinics Hospital restructured the curriculum and training of medical students around the school's first priority: curative care. Yet nursing training only became perceived as important, as stated previously, when the construction of the hospital was nearing completion. Medical leaders at the time realized the new facility could not function without a solid nursing workforce. Instead of coordinating their efforts with the USP School, leaders of the medical school tried to build relationships at the Hygiene Institute (currently known as the USP Public Health School). The Institute facilitated the training of nurses to work both inpatient and outpatient services, with greater focus on the former. However, the Institute was not an autonomous entity and did not grant degrees.

Upon its creation, the Institute was part of the USP Medical School and was primarily designed to teach theoretical and practical public health. Hence, nurses graduating from the institute did not have diplomas in nursing.

At a national level, several major political changes in Brazil either directly or indirectly influenced Brazil's ability to bring the production of nursing personnel to levels necessary for safe functioning of the health care system. It began with the democratic return of President Getulio Vargas to the presidency in 1950. With popular support, he created state enterprises and monopolies, and made key infrastructure investments in major export areas, such as oil, electricity and steel (Caldeira et al, 1997). This helped generate greater economic stability in Brazil and provided capital that could be directly invested into health system infrastructure.

The crucial internal political change that affected the training of more nurses, however, occurred when the Ministry of Health reorganized into its own branch of infrastructure, which heralded changes that directly impacted the USP School and other nursing schools. In 1953, Law number 1920 was approved by the Parliament, and resulted in the separation of the Ministry of Health from the Ministry of Education, which were formerly united (Caldeira et al, 1997). For nursing education this meant that medical schools affiliated with hospitals would fall under the Ministry of Health, while independent schools of nursing, which were not hospital affiliated, would fall under the Ministry of Education.

In the case of the USP School -- which was initially created as an annex to the medical school-- the separation started in 1956. It took nearly six years to finalize the split from the medical school, which occurred in December

1962. A formal State Decree (number 42,809, of 1963-12-20) made the USP School a higher education institution that was administratively autonomous and able to operate independently of the school of medicine. This unique arrangement allowed the USP School to evolve as an autonomous nursing school and created a different growth trajectory when compared to programs that were still governed by medical schools.

Another important policy is related to Federal Law 775 enacted in 1949, which formally regulated the country's nursing education. It was a milestone in the history of Brazilian nursing, because it established the autonomy of established nursing schools. For those schools that were not formally recognized, it provided a governance model that was mandated by law. The Law 775/1949, approved by the legislative body of the country, demanded that each nursing school had to be recognized by a specific decree. Therefore, all nursing schools created before 1949, which used to follow the Anna Nery School pattern, had to be recognized by the legal model established by the Law 775/1949.

Despite these collective policy changes, which definitively secured autonomous governance of nursing schools by nurses and job growth; capital investments to build more nursing schools and train more teachers did not occur. Brazil continued to struggle with attracting women (and men) into the nursing profession with adequate levels of primary and secondary education to meet the demand for nursing services. One main country-wide barrier was that very few Brazilians had access to the minimum entry-level education required to study nursing. Only in the last decade of the twentieth century did the Brazilian State begin to systematically invest in nursing education.

It had continued to produce enough nurses to meet the demand for services in a way that would optimize patient outcomes and build a sustainable workforce. However, a new national survey on Brazilian nursing profile, aiming at knowing the current nursing situation within the country, was presented by the Nursing Federal Council, in 2015. It shows that the workforce is composed by 20% of professional nurses and 80% of technicians and auxiliaries; strong concentration of nursing personnel in the south-east region of the country; trend for increasing the number of male nurses, low-salaries and also some level of nurses' unemployment (Conselho Federal de Enfermagem, 2015; Machado, Vieira, Oliveira, 2012).

### **HISTORICAL LESSONS FOR PRESENT DAY NURSING HUMAN RESOURCES PRODUCTION**

As we consider the early development of Brazilian nursing in the context of Brazilian nation building linked to global health governance of the period, we see that all are inextricably linked. The founding of the two schools, even though they were only separated by as little as two decades, illustrated the influence of domestic and international policy actors. The State's complex relationship with its private sector partner produced mixed support for creating and investing in critical professional infrastructure necessary to support the production of nursing personnel. The "good neighbor" policy contributed to the process of Americanization of nursing in Brazil between the two world wars.

Additionally, we see two different creation stories for two eminent nursing schools. With the Anna Nery School, it was the product of two powerful advocates, Ethel Parson and Carlos Chagas and their influence and socio-

political connections that led to the creation and growth of school. In contrast, the integral influence of the US in the early establishment of the USP School was a result of broader State policy initiatives. The Ana Nery School contributed to strengthening the method and content of nursing education in Brazil and the continuing education of trained nurses. This substantiated the professional manifesto to provide assistance and public education in the field of nursing. The USP School shows how influences of early twentieth century North American ideas, especially about race, shaped the early development of nursing and its identity in Brazil, not always constructively.

Even as ideas about racial equality have evolved over time, Brazil continues to struggle with creating educational equity. For nursing, it affects the present-day racial composition within the profession. Today's Brazilian nurses are increasingly diverse, but not reflective of broader population demographics. Somewhat ironically, the same trend is found in US nursing.

The role of the State in supporting the development of or detracting from a health profession is also clear. Historically, most countries ministries of health have been dominated by physicians and only recently have begun to diversify their professional representation. As such, when the State mechanisms that govern health are dominated by one profession, policies will naturally benefit the aligned profession, as Freidson aptly illustrated and advocated for in his early work on the professions. The case of Brazilian nursing in the early twentieth century does suggest that without concordant investments in the education sector, efforts to develop the infrastructure of professional nursing will be insufficient to create a system capable of producing adequate numbers of nurses to meet demand for health services.

In conclusion, this study of the development of nursing schools in Brazil in relation to broader domestic and international forces acts as a microcosm to facilitate a better understanding of the interplay of international actors, the State, and a profession effected the development of the nursing profession in Brazil. It provides a lens through which the nursing profession, along with ministries of health and education can critically reflect on its domestic development and professionalization process. As countries seek strategies to produce more nursing human resources, they will benefit from examining the nursing profession's history in relation to key global health governance actors as they seek to create sustainable nursing human resources production policies for the future.

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