



ARTICLE

FROM BAHIA'S BACKLANDS TO TORONTO: HAYDÉE GUANAIS DOURADO'S (1931–1942) PROFESSIONAL TRAJECTORY AS A CERTIFIED NURSE¹

Contacts
Rua Pereira Nunes, 34 – ap. 704
24.210-430 – Niterói – Rio de Janeiro – Brazil
ulume2@gmail.com
Rua Dr.^o Prager Frões, 60 – ap. 1901
40103-020 – Salvador – Bahia – Brazil
kadobatista@hotmail.com

 Luiz Otávio Ferreira²

Fundação Oswaldo Cruz
Rio de Janeiro – Rio de Janeiro – Brazil

 Ricardo dos Santos Batista³

Universidade do Estado da Bahia
Alagoinhas – Bahia – Brazil

Abstract

This article analyzes part of the professional trajectory of nurse and sociologist Haydée Guanais Dourado, from her training as a primary school teacher [*normalista*] at Instituto Ponte Nova (Bahia, Brazil) to her joining the group of nurses at the School of Nursing at the University of São Paulo. The study is possible by recreating the contexts in which she lived and is inseparable from understanding the social characteristics of the group in which she participated, that of qualified nurses. HGD's trajectory oscillates between similarities and singularities in relation to the professional group. The investigation uses a reduction in the scale of analysis and an intensive study of the material analyzed. Throughout HGD's trajectory, it is concluded that a large part of Brazilian registered nurses worked in public health institutions or hospitals and a few others became intellectuals who planned higher education in nursing and reflected on the destiny of the profession.

Keywords

Education in nursing – Female nurses trajectory – History of nursing – Professional nursing in Brazil – Public healthcare.

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² PhD in Social History in Departamento de História in Faculdade de Filosofia, Letras e Ciências Humanas from the Universidade de São Paulo. Professor in the Programa de Pós-Graduação em História das Ciências e da Saúde (PPGHCS/COC/Fiocruz) and in the Universidade do Estado do Rio de Janeiro, Rio de Janeiro – RJ – Brazil

³ PhD in Social History from the Universidade do Estado da Bahia. Permanent professor in the Programa de Pós-Graduação da Universidade do Estado da Bahia, Alagoinhas – BA – Brazil, and collaborator in the Programa de Pós-Graduação em História das Ciências e da Saúde, Salvador – BA – Brazil.



ARTIGO

DO SERTÃO DA BAHIA A TORONTO: A TRAJETÓRIA PROFISSIONAL DA ENFERMEIRA DIPLOMADA HAYDÉE GUANAIS DOURADO (1931-1942)⁴

Contatos
Rua Pereira Nunes, 34, ap. 704
24.210-430 – Niterói – Rio de Janeiro – Brasil
luiz.ferreira@fiocruz.br

Rua Dr.^o Prager Fróes, 60, ap. 1901
40103-020 – Salvador – Bahia – Brasil
kadobatista@hotmail.com

 Luiz Otávio Ferreira⁵

Fundação Oswaldo Cruz
Rio de Janeiro – Rio de Janeiro – Brasil

 Ricardo dos Santos Batista⁶

Universidade do Estado da Bahia
Alagoinhas – Bahia – Brasil

Resumo

Este artigo analisa parte da trajetória profissional da enfermeira e socióloga Haydée Guanaís Dourado, desde sua formação como normalista no Instituto Ponte Nova (Bahia, Brasil) até a sua adesão ao grupo de enfermeiras da Escola de Enfermagem da Universidade de São Paulo. O estudo é possível pela recriação dos contextos nos quais ela viveu e é indissociável da compreensão das características sociais do grupo do qual participou, o de enfermeiras diplomadas. A trajetória de HGD oscila entre similitudes e singularidades relativas ao grupo profissional. A investigação usa a redução da escala de análise e um estudo intensivo do material analisado. Por meio da trajetória de HGD conclui-se que grande parte das enfermeiras diplomadas brasileiras atuou em instituições de saúde pública ou hospitalares e outras poucas se tornaram intelectuais que planejavam o ensino superior em enfermagem e refletiam sobre os destinos da profissão.

Palavras-chave

Educação em enfermagem – Trajetória das enfermeiras – História da enfermagem – Enfermagem profissional no Brasil – Saúde pública.

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⁵ Doutor pelo Programa de Pós-graduação em História Social do Departamento de História da Faculdade de Filosofia, Letras e Ciências Humanas da Universidade de São Paulo. Professor do Programa de Pós-Graduação em História das Ciências e da Saúde (PPGHCS/COC/Fiocruz) e da Universidade do Estado do Rio de Janeiro, Rio de Janeiro – RJ – Brasil.

⁶ Doutor em História Social pela Universidade Federal da Bahia. Professor permanente do Programa de Pós-Graduação em História da Universidade do Estado da Bahia, Alagoinhas – Bahia – Brasil, e do programa de Pós-Graduação em Ensino, Filosofia e História das Ciências, Salvador – Bahia – Brasil.

In this paper, we analyze a particular phase in the professional career of nurse and sociologist Haydée Guanais Dourado (HGD). HGD was born in 1915 and died in 2005. Between the 1930s and 1940s, she occupied strategic positions in the institutionalization of professional nursing in Brazil. However, understanding the context in which HGD lived and the characteristics of a specific group of women to which she belonged—Brazilian graduate nurses—is essential for tracking her career.

According to Benito Schmidt (2000), trajectory studies were historically regarded as a traditional historical model focused on apologetic narratives. These studies promoted linear descriptions of characters with political or military prominence. This narrative style was notably emblematic of the methodical school, often referred to as the “positivist” approach, which prevailed in the late 19th and early 20th centuries.

In recent decades, the return to biographical or trajectory studies within the field of History has not meant a return to an “old genre”. Also, the trajectory studies emphasized the relationship between individuals and society and the narrative forms of historical knowledge (SCHMIDT, 2000). Comprehending trajectories requires a micro-historical dialogue that results from reducing the scale of observation in a microscopic analysis. This dialogue involves an intensive study of the documentary material and understanding the representativeness of the individual analyzed. Despite the uniqueness of an individual, there are always points of contact between their experiences and perspectives and those of their contemporaries. In any case, to a greater or lesser degree, these individuals and their contemporaries share cultural codes that allow them to live together and communicate (SCHMIDT, 2004). Based on these assumptions, we understand that the trajectory of HGD is similar to that of a professional elite in Brazilian nursing (FERREIRA, 2020),⁷ but also has singularities that give her a status of exceptionality.

The historiography dedicated to the study of the institutionalization of nursing in Latin America (VESSURI, 2001; BIERNAT, CERDÁ, RAMMACIOTTI, 2015; CLARK, 2012) points out that the social origin and previous education of the women involved in nursing were determining factors in the development of this profession. The social composition of Brazil's professional nursing elite included women who descended from successful independent professionals, major traders, diplomats, politicians, intellectuals, high-ranking military officers, and farmers. These women received education in traditional private schools and, eventually, in public schools.

⁷ The “professional elite” consisted of the following nurses: Edith Magalhaes Fraenkel, Rachel Haddock Lobo, Laís Neto dos Reis, Walesca Paixão, Clarice Ferrarini, Haydée Guanais Dourado, Isaura Lima, Glete Alcantara, Maria Rosa Souza Pinheiro, Olga Verderese, Wanda Aguiar Horta, Zaira Vidal, and Lieselotte Ornellas.

Commonly, they all spoke at least two foreign languages and had teaching diplomas. Elementary school teachers, popularly known as *normalistas*, emerged as the group of women who were best prepared to enter nursing schools. They also enrolled in health education courses and other university programs established in Brazil between the 1920s and 1940s (ROCHA, 2005; FARIA, 2006; AZEVEDO, FERREIRA, 2006).

Like other Brazilian graduate nurses from the first half of the 20th century, HGD received her initial education as a *normalista*. However, among the characteristics that set her apart, her place of birth stands out. HGD was born in the backlands of the state of Bahia, a predominantly rural area far from medium and large urban centers. Although Catholicism had been separated from the state by the Constitution of 1891, the religion still strongly influenced the beliefs and education of the Brazilian population. Despite this, HGD also stood out for her Protestant education at an educational institute set up by a Presbyterian mission in the region. Living in a Protestant educational environment also allowed two of HGD sisters (Anitta and Radcliff) and three of her cousins (Adair, Alzira, and Ida) to become certified nurses.

After graduating from the Anna Nery Nursing School (EEAN) in Rio de Janeiro, HGD received funding from the Rockefeller Foundation to pursue postgraduate studies at the University of Toronto School of Nursing (EEUT). The scholarship was available to a specific group of nurses at that particular time. The experience provided by the international scholarship program was significant for the academic training of the recipient nurses and decisive in defining the course of their careers and professional status (FERREIRA, 2020).

The Rockefeller Foundation is an international philanthropic agency founded in 1913. Since its inception, its members have followed the philanthropic principles of John D. Rockefeller, an American millionaire who invested in the international agency with money from oil exploration, refining, and trading, and who argued that philanthropy should not be confused with charity. Philanthropy should be seen as an investment offered to government agencies rather than individuals, with a limited duration to avoid dependency, and aimed at organizations committed to continuing the work after the aid ends (FARLEY, 2004).

Faria (2002) states that the philanthropic agency worked with the idea of demonstration effect, in which it would fund institutions for some time, and the leaders of the recipient country would take responsibility for sustaining them henceforth. Nurses made up a specific group among Rockefeller scholarship recipients, due to gender bias. The professionalization of nursing occurred throughout the 20th century, in Brazil, as an eminently feminine activity. It is possible to state that, while RF scholarships for agronomy, medicine and engineering were intended for men, it was through entry into nursing that women gained access to international financing in the period analyzed.

A highlight in HGD's trajectory as an international scholarship recipient was the "unconventional" method used to secure funding. In other words, she traveled abroad independently without any official assurance of receiving funding. From her experience in Canada, the nurse strengthened her international career. Among her later work, she directed a major research project funded by the Rockefeller Foundation, which involved the World Health Organization (WHO) and the Public Health Special Service (SESP).⁸ From 1956 to 1958, HGD conducted the "*Levantamento de recursos e necessidades de enfermagem no Brasil*" [Survey of nursing resources and needs in Brazil], a survey assessing the number of registered nurses and their employment in the country. Furthermore, HGD participated as a member of the editorial board of the *International Nursing Review* in the 1980s (INTERNATIONAL, n.d.).

To reconstruct HGD's professional career, we turned to the historiography that covers the history of the institutions responsible for her professional socialization. In addition, we used institutional documentation that records socio-cultural characteristics and provides information on the activities and performance of HGD at specific stages of her training. We are referring, first of all, to the files of nursing students kept by the Documentation Center (CEDOC) of the Ana Nery Nursing School (EEAN), a higher education institution currently associated to the Federal University of Rio de Janeiro (UFRJ). Secondly, we refer to the scholarship forms of nurses funded by the Rockefeller Foundation to study in the United States and Canada, deposited at the Rockefeller Archive Center. The files track students from the beginning of their education until graduation. The scholarship forms record the scholars' experiences and information about their work in their countries of origin, after their training, and throughout their lives. This was a way for the Rockefeller Foundation to monitor the results of the investment. We also used an interview with HGD, and other documents collected at the Rockefeller Archive Center about the Toronto School of Nursing.

The intensive study of the varied body of sources in this article challenges a comprehensive understanding of HGD's positions throughout her trajectory. This is a common challenge in researching characters that have not previously been studied by historiography, non-literate individuals, or intellectuals without organized personal archives.⁹ The EEAN student and Rockefeller Foundation scholarship re-

⁸ SESP was a bilateral Brazil/United States agency created during the "Política da Boa Vizinhança" [Good Neighbor Policy], a context in which the United States sought to establish closer relations with Latin American countries.

⁹ This can be observed in the trajectories of groups considered as social "minorities", such as women and black practitioners of African-derived religions in a context of Imperial persecution.

cords provide objective data, including age, parentage, and marital status for HGD and other Brazilian graduate nurses. Nevertheless, the information available poses challenges in problematizing aspects such as the decision-making of individuals. Moreover, it contributes to forming descriptive pictures of the contexts and the individuals who lived within them. The interviews provided by HGD cover aspects of her professional life, particularly her attempt to secure a fellowship from the Rockefeller Foundation. In the documentation collected at the Rockefeller Archive Center, these interviews provide a greater degree of insight into the possible courses of action taken by HGD during this particular moment in her life.

We divided this text into five sections. Firstly, we present the family aspects and the context in which HGD received her initial formation, characterized by the Presbyterian education. Secondly, we describe the situation HGD found at the EEAN. In this regard, American and Brazilian nurses were in dispute over the direction of the EEAN. These conflicts implied the possibility of the EEAN offering a Rockefeller Foundation scholarship to HGD. In this section, we also examine the characteristics of the socialization of women in the EEAN. Such features were the only way to obtain the professional status of a nurse at that time. Additionally, we highlight unique aspects of HGD's trajectory compared to other female members of her family who graduated from the EEAN. Thirdly, we focus on the Rockefeller Foundation Scholarship Program and the SESP. In this section, we discuss how HGD was displaced from international professionalization to play a role in public health and sent to work on the SESP project, which created new nursing schools in Brazil. In section four, we discuss aspects of nursing education in Toronto, where HGD studied. Lastly, we present our final thoughts and a brief summary of the article's discussion.

In Bahia's backlands: possibilities for female education

In the early 20th century, most Brazilian women had no formal education because they did not have access to literacy. According to the social gender norms of the time, a woman's likely destiny was to get married, have children, and become a housewife. Despite the recurring speeches advocating for the construction of the Brazilian nation through education, this was a project that had yet to be put into practice. In that context, there were few schools in good condition and few teachers. Many of these teachers were poorly trained, lacked practical teaching methods, and had disputes with the state over the payment of salaries (LUZ, 2013). Teacher training in Bahia's backlands, especially, was even more precarious than in the state capital, Salvador. Decree No. 215 of December 29, 1903, closed the *Escola Normal* [Normal

Schools] of the cities of Barra do Rio São Francisco and Caetité, disregarding their vital role in teacher training for the region (LUZ, 2013). However, as we will explore later, a specific group of women from Bahia's backlands received a unique religious education that set them apart from others born in their context.

Formal education and socialization played pivotal roles in shaping these women. HGD benefited from her father, presbyter José Augusto da Silva Dourado, and her mother, teacher Anna Guanais de Lima, both Brazilian Protestant missionaries associated with the Central Presbyterian Mission of Brazil. They established missions in Salvador and Bahia's backlands, including Bonfim, Ponte Nova, and Caetité, starting in 1871. The Guanais Dourado family members received their education at the Instituto Ponte Nova (IPN), founded in 1906 in the namesake city, to centralize the Presbyterian Mission's educational efforts. The IPN's pedagogical and evangelizing principles were rooted in the late 18th and early 19th-century "Great Awakening" in the United States. This movement aimed to spread a Christian civilization guided by religion, morality, and education beyond North American borders (NASCIMENTO, 2007). The IPN's significance lies in its *escola normal*, which trained teachers for rural parochial and evangelical schools, and its auxiliary nursing program, complementing its ambitious primary and secondary education project.

Social action in education and health embodied a utilitarian and rational worldview for the Presbyterian mission, filling the void left by the absence of national and state governments in catering to the needs of rural populations. Faced with this void, in the first decades of the 20th century, Brazilian elites developed a sanitary awareness that led them to create the first public health institutions and policies (HOCHMAN, 2012 [1998]). Their creation was made possible by the travels of the health workers of the Oswaldo Cruz Institute in the 1910s, who made known the situation of the poor Brazilian population. On the one hand, in the second half of the 19th century, the Brazilian people were considered degenerate due to their racial mixture; on the other hand, in the early 20th century, they began to be perceived as degenerate due to the complete neglect of the public institutions established in the recent Republic (governed by federalism) (LIMA; HOCHMAN, 1996).

As of the creation of the National Department of Public Health (DNSP) in 1920, various federative units made agreements with the Union to carry out health actions. In Bahia, the State Governor José Joaquim Seabra signed an agreement in 1921, and Governor Francisco Marques de Góes Calmon renewed it in 1924. The Federal Government began providing technical and financial assistance to Bahia in various areas, including rural sanitation, control of leprosy and venereal diseases, tuberculosis, and child hygiene (BATISTA, 2017). However, in a state as large as Bahia, it would take time for the state's presence to be effective in a region as far from the capital, Salvador, as the one where HGD was born.

To some extent, it is possible to affirm that the medical missionary work proposed by the Presbyterians functioned as a complementary action to the assistance offered by the public authorities in Bahia. This work began in 1916, when the first doctor of the Central Brazil Mission, a Stanford University graduate named Walter Welcome Wood, arrived in Ponte Nova. Ten years later, in 1926, Wood opened the Grace Memorial Hospital, which was a modern 30-bed facility offering services in Internal Medicine, Surgery, Obstetrics, Pediatrics, Gynecology, Urology, X-ray, Diathermy, and Laboratory (SILVA, BATISTA, 2019). The Presbyterian Medical Action had many purposes: it “helped fight resistance to Protestant work, contributed to the dissemination of official medical knowledge, helped bring a large number of people to hear the Protestant message, and cared for the health of the missionaries and students of the IPN” (SANTOS, 2017, p. 166).

One of the innovations introduced by the missionary hospital was the organization of a nursing course, the Grace Memorial Hospital Nursing School. Between 1926 and 1931, two graduated American nurses, Janet Graham and Lidya Hepperle worked on establishing the course framework. The historiography we are referring to (SANTOS, 2017) is not explicit regarding the teaching program that structured the Protestant nursing school. It is possible that, due to the presence of two American nurses who supposedly graduated from Stanford University (BARREIRA; BAPTISTA, 2002), they likely adopted the standard teaching program from the United States and Canadian nursing schools. This program was developed and documented in the renowned work *Nursing and Nursing Education in the United States* (1923),¹⁰ authored by the social assistant Josephine Clara Goldmark. The report established new parameters for the teaching of nursing. These included the requirement of a secondary course or equivalent for school admission, aimed at attracting highly qualified candidates. It emphasized the correlation between hands-on work and theory. Furthermore, with a total course attendance duration of 28 months, students had the potential to specialize later on with a post-graduate degree. The report also specified that students' working hours, including nursing services and classroom periods, should not exceed 48 hours per week. In addition, the ideal profile of a nursing student was a woman, young, culturally competent, with a solid and broad education.

¹⁰ In 1919, the Rockefeller Foundation created the Committee for Study of Public Health Nursing. Research was conducted by the researcher and social worker, Ms. Josephine Goldmark, the Committee's secretary. The conclusive report was titled *Nursing and Nursing Education in the United States*, dated 1923, also known as the Winslow-Goldmark Report.

HGD was a student at Instituto Ponte Nova between 1927 and 1931. She received the elementary school teacher certificate (*normalista*), which did not prevent her from sharing experiences at the Grace Memorial Hospital Nursing School circles. She was not the only one. Three other women from the Protestant Guanais Dourado family—Annita, Adair, and Radcliff—also broke ground to act as teachers and/or nurses, the two titles that qualified them to move on in the professionalization. The proximity to the School of Nursing motivated HGD to pursue a profession that wouldn't compel her to follow the path of marriage. For instance, in an interview, HGD expressed her admiration for a nurse at Grace Memorial Hospital: “she was from a university, in the western of United States. She was very competent, and so we greatly admired the nursing profession” (DOURADO, 1986, p. 1). There were no higher education institutions near Ponte Nova that could offer HGD parameters on how advanced training worked. However, the imposing figure of the IPN nurse echoed in HGD's imagination. And it led her to travel to Rio de Janeiro to pursue higher education. In this context, the nursing profession was being promoted at the national level since the DNSP Nursing School (also known as EEAN) had been created in 1923.

The Anna Nery Times (1930s)

HGD's mother seems to have been responsible for sending her children to study in Rio de Janeiro (DOURADO, 1986). Perhaps she understood the significance of this when she herself graduated from the IPN as a *normalista* in 1909. One of her children studied at the School of Engineering at Mackenzie College, an institution that was also part of the Presbyterian Mission in Brazil, operating in the southern region of the country. HGD was not the first woman in her family to be sent to the EEAN. Anitta Guanais Dourado entered the institution at the beginning of 1932 and soon received a letter from her mother that read: “See if you can get your sister in there, too, because she's waiting for a teaching position here, but I think it might be better over there” (DOURADO, 1986, p. 1).

Upon entering the EEAN, HGD and Anitta were impressed by the institution, which boasted English-fluent teachers. Comparing the rural and urban realities, HGD pointed out that, on the one hand, she had access to books in the backlands of Bahia. On the other, in the state capital, knowledge was accessible at different opportunities. Then, she took typing and painting classes and enrolled in a two-month English course every year. She chose this strategy because her family couldn't afford a language course. She also didn't want to forget what she already knew of the language (DOURADO, 1986). Therefore, it was necessary to practice it, even if only for a short time.

The admission of the first generation of women from the Guanais Dourado family to the EEAN concurred with a scenario of institutional changes that would reflect on the establishment of a social group of certified nurses. It was a politically tumultuous time, marked by institutional reforms and reorientations in health and education. In 1921, the DNSP and the Rockefeller Foundation signed a technical cooperation agreement that created a mission to send American nurses to Rio de Janeiro (SAUTHIER; BARREIRA, 1999). These nurses organized the Nursing Service and the EEAN, which began operations in 1923. They also trained most of the graduate nurses who worked in Brazil until the mid-20th century. And in 1931, the Technical Cooperation Mission for the Development of Nursing in Brazil (Parsons Mission), in association with the DNSP, ended 10 years of activities.

In 1928, the EEAN's headmaster was Bertha Lucille Pullen, an American nurse who succeeded another American nurse, Loraine Geneviève Dennhardt. Pullen's successor was the nurse Rachel Haddock Lobo¹¹, the first Brazilian to hold the title. Contrary to what one might have expected, Haddock Lobo was not part of the first generation of nurses certified by the EEAN. She was the daughter of an upper-class household from Rio de Janeiro and attended the nursing school *École des Infirmières de l'Assistance Publique* in Paris from 1922 to 1924. In 1925, back in Brazil, she was invited by the leader of the Technical Cooperation Mission for the Development of Nursing in Brazil, the American nurse Ethel Parsons, to integrate the EEAN's faculty. Haddock Lobo was mindfully prepared to take over as director in the future. She was then sent to the United States, in 1927, as a scholarship holder of the Rockefeller Foundation, to specialize in nursing management and teaching. Back in Brazil, in 1929, she was appointed assistant director, a position she held until she was appointed the EEAN's director in 1931 (OLIVEIRA; SANTOS; OLIVEIRA, 2002).

Besides overseeing the EEAN, the American nurses were also focused on grooming a Brazilian successor capable of assuming the role of supervisor at the DNSP Nursing Service, a strategic position that was held by the Mission's leader, Ethel Parsons. Edith de Magalhães Fraenkel¹² was then chosen, and similar to Haddock Lobo, she was not part of the first generation of Brazilian nurses certified by the EEAN. Fraenkel was also from an upper-class household from Rio de Janeiro and graduated in nursing and public health from the Brazilian Red Cross. The organization maintained a Practical Nursing School (established in 1914) and a Visiting Nurses course (founded in 1920) in Rio de Janeiro. In 1921, when she was invited by Ethel Parsons to join the EEAN's faculty, Fraenkel was the chief nurse at the DNSP's

¹¹ Born in 1891 and died in 1933.

¹² Born in 1889 and died in 1968.

Tuberculosis Inspector Office Visiting Service. To prepare for the role of chief nurse at the DNSP, Fraenkel received a scholarship from the Rockefeller Foundation to attend the Nursing graduate course at the Philadelphia General Hospital in the United States. Back in Brazil, in 1925, she worked as a teacher at the EEAN and, finally, in 1928, she took over the position of Nursing Service Supervisor at the DNSP (OGUISSO; FREITAS; TAKASHI, 2013).

However, Rachel Haddock Lobo's sudden death in 1933 interrupted the transition of power to the Brazilian nurses. At the time, Bertha Pullen was the Associate Dean at the Baylor University Nursing School in Dallas, Texas, USA. She returned to Brazil in 1934, supported by the Rockefeller Foundation, to take over, once again, the EEAN's direction, extending the American nurses' management phase up to 1938.

According to Ieda de Alencar Barreira (1999, 2005), the unexpected return of the American nurses prompted resistance from the "native nurses", who were a group of 120 EEAN-certified nurses, including 17 with post-graduate degrees obtained in the United States. The dispute between the "native" and the "American" nurses showed the interests at stake in the context of shifts in federal public health services driven by the creation of the Ministry of Education and Health (MES) at the beginning of the 1930s. At the time, the MES merged with the former National Department of Public Health (DNSP), which subordinated the EEAN. The conflict also involved the Catholic Church's interests, which sought to influence the nursing professionalization process by maintaining control over a vast network of charity hospitals and creating its network of schools, which was managed by religious certified nurses.

Bertha Pullen's second mandate with the EEAN was marked by the director's weakened authority and her "detachment" of the institute from the MES. The difficulties faced by the director were related to the period of reform in the education and federal health services, known as the Capanema Reform (1934-1937). During the stage of institutional restructuring, the EEAN was *administratively* subordinate to the International Health Protection Department and the Capital of the Republic and *technically* subordinate to the Nursing Service General Superintendence. In 1937, the EEAN was supposed to be incorporated by the Universidade do Brasil. However, the transfer did not proceed immediately, so the nursing school remained temporarily associated to the National Department of Health (DNS) (BARREIRA, 1999). Later on, in 1946, the EEAN became part of the Universidade do Brasil, inaugurating a higher education program equivalent to other universities, "which represented a remarkable victory in the sense that it contributed to establishing the professional 'statuses' of nurses" (OGUISSO, 1976, p. 207).

The challenge to Bertha Pullen's authority occurred outside of the EEAN sphere and stemmed from "disagreements" that arose during her first term. Frustrated ex-

pectations by some “native nurses” and, notably, the intervention of the Catholic Church in the national policies for nurses training¹³ stirred animosities in the profession (BARREIRA, 1999). The main challengers were Dr. José P. Fontenelle, a former EEAN professor, and nurse Laís Neto dos Reis, who graduated in the first class of 1925 and held a scholarship from the Rockefeller Foundation. In the new health institutional context, Dr. Fontenelle assumed the role of director at the Public Health Service in Distrito Federal, to which the school director reported. Nurse Reis, in turn, was appointed by the federal government to establish a nursing school at the capital of the state of Minas Gerais, known as the Carlos Chagas Nursing School. Despite being a public institute, it was under the control of the Minas Catholic Church. The challenge to Bertha Pullen's authority culminated in her dismissal from the process of incorporating the EEAN into the Universidade do Brasil. Following this, in 1938, Reis, a Catholic nationalist, was appointed to direct the EEAN, and her tenure extended until 1950.

Despite Bertha Pullen's prominence, HGD found an atmosphere dominated by Catholicism and nationalism at the EEAN. Adjusting the American standards for nurses' training to the Brazilian sociocultural context resulted in absorbing values and local hierarchies related to the sources of class, gender, and race. In the 1920s and 1930s, the socialization of nurses was imbued with a heated political and cultural debate on “nation-building” and the Brazilian republic agenda (OLIVEIRA, 1990). In order to address national problems, the nationalist activism at the time suggested the adoption of health and education policies aimed at eradicating illiteracy and preventing endemic communicable diseases. Training elementary school teachers and public health nurses was part of the “nation-building” project. The professionalization of women for teaching and nursing practice was adopted as state policy involving institutes, in addition to national and international agents and institutes.

The socialization of nurses at the EEAN took place in a social environment that was beneficial to imposing “discriminatory and undemocratic criteria in the selection of the first classes of nurses that would eventually form the professional elite” (CASTRO SANTOS; FARIA, 2009, p. 84). The adoption of “discriminatory and undemocratic criteria” made the nursing schools become inaccessible to women who could not meet the demanded physical, intellectual, and moral requirements. The recruiting methods to engage potential students did not hide the preference for a particular sociocultural profile: young, single, white, middle-class women, with secondary school education. The *normal school* teachers were the social group

¹³ Between 1934 and 1937.

closest to the ideal type, and therefore, elementary school teachers were strongly encouraged to join the new female profession.

In general, the engagement of women who would fully meet the prerequisites required by the EEAN was low. Three cultural factors help to understand what was happening: secondary school education was not usual, especially among urban middle-class; the rigid socialization process was rare even at normal schools; and there was prejudice against the nursing social status, whose practices were culturally associated with manual labor.

The socio-cultural characteristics of the 1920s and 1930s were specific: young women (average age 20), single, Catholic, from the urban middle class, and holders of a normal school diploma (MENEZES; BAPTISTA; BARREIRA, 1998). Another aspect related to the dynamics of the nurses' socialization process was the high evasion rates at the EEAN (LIGEIRO; BAPTISTA, 1999). Approximately 42% of the female students enrolled between 1930 and 1938 were excluded for several reasons, including unsatisfactory school performance, non-adaptation to the boarding school system, or indiscipline. The high percentage of exclusion of female students suggests that the "discriminatory and undemocratic" mechanisms remained active even after the admission phase.

The Guanais Dourado Sisters' sociocultural profile did not exactly match the above-mentioned. They were neither from the urban middle class, nor Catholics. Nor were they the only women from Bahia's countryside, nor were they the only Protestant women to enter the EEAN between the 1930s and 1950s. The records of nursing students at the Centro de Documentação (Document Center—CEDOC, in the original Portuguese acronym) of the EEAN showed that about 50 women were from Bahia. Among them, 29 had migrated from the countryside, and 22 identified as Protestants.¹⁴ All women from the Guanais Dourado family were *normalistas* and had distinguished skills: previous nursing training and English language proficiency, purchased at the IPN in the countryside of Bahia.

Table 1 shows the sequence of entries of women from the Guanais Dourado family in the EEAN between the 1930s and 1950s. We will not go into detail about the path of all of them, but it is important to highlight key aspects of the professional career of each of them since this is a family group with similar social and professional experiences. The professional socialization of the Guanais Dourado sisters took place under a law that established the curriculum and administrative organization of the EEAN as the model to be obligatorily followed by all Brazilian

¹⁴ Information taken from the student records database of EEAN.

nursing schools. Thus, under the “standard school” regime,¹⁵ nursing education was standardized nationwide and followed the curriculum model proposed in the Standard Curriculum for Nursing Schools of the National League of Nursing Education in the United States of America.¹⁶ The training of nurses at the EEAN followed a specific model: a two-year and four-month course, equivalent to 20 intensive months, with only two weeks of vacation per year. The requirements included having a *normal school* diploma or passing an entrance exam. The program started with four months of theoretical modules, after which students should take eight hours of mandatory daily service in the hospital. Students also had the right to residency, a small monthly stipend, and two half-shifts per week. This schedule equated a 48-hour work week, excluding hours dedicated to theoretical instruction and study (BARREIRA, 1992, p. 174).

¹⁵ Between 1931 and 1949.

¹⁶ Composed of school superintendents from the United States and Canada, the National League of Nursing Education had the primary purpose of attempting to control nursing education in those countries. It was also responsible for implementing significant changes in the nursing curriculum. In 1917, the league published a work specifically devoted to nursing education, the “Standard Curriculum for Nursing Schools”, the first concrete attempt to standardize the curricula of North American nursing schools.

Table 1
Admission of women from the Guanais Dourado family
in the Anna Nery Nursing School (1930–1950)

Name	Admission/ Conclusion	Previous occupation	School Per- formance	Scholarship	Public Service	Marriage date
Annita Guanais Dourado	1931–1935	Teacher	Very Good	Rockefeller Foundation (resignation in 1935)	Divisão de Organização Sanitária do Departamento Nacional de Saúde	1936
Haydée Guanais Dourado	1932–1935	Teacher	Very Good	Rockefeller Foundation (1941)	Divisão de Organização Sanitária do Departamento Nacional de Saúde	Single
Adair Guanais Dourado	1936–1939	Teacher	Good	Information not available	Superintendên- cia dos Serviços Médicos do Estado da Gua- nabara	1942
Radcliff Guanais Dourado	1937–1940	Teacher	Very Good	Rockefeller Foundation (1947)	Universidade Federal da Bahia Faculdade de Enfermagem	1952
Alzira Guanais Dourado	1947–1950	Teacher	Good	Information not available	Universidade Federal de Goiás Faculdade Enfermagem e Nutrição	1952
Ida Guanais Dourado	1950–1953	Teacher	Information not avail- able	Information not available	Information not available	Informa- tion not available

HGD's academic performance shows that she adapted to the demanding professional training regimen, while many students didn't. This was quickly recognized. One element that distinguishes her from the other members of the Guanais Dourado family is that she remained single until the end of her life while the others married. As we will see, at many times, marriage could be an obstacle to professional status.

In this context, an aspect that set the EEAN students apart was the chance for international training. According to HGD:

[...] at the Anna Nery School, the students knew by word of mouth that those with the best results would receive scholarships to study in the United States. That's what happened to Maria de Oliveira Régis. She went to study maternal and child health in North America and many, many others. In this scholarship system, there were Hilda Krish and Elisete Cabral. We had a continuous and planned education here, complementing the teaching staff of Anna Nery, which was very close to the years of its foundation. So, when it was our turn, there was much anticipation (BARREIRA, 1986, p. 3).

After graduating from the EEAN in 1935, director Bertha Pullen recommended Annita Guanais Dourado to specialize in postgraduate studies in North America with a Rockefeller Foundation scholarship. But she gave up and requested the cancellation of the grant, citing personal reasons. In a letter to the Director of Health Defense, Bertha Pullen stated the following: “[...] I am writing to inform you that the candidate for the trip to the United States visited my office today to report her marriage contract and to request an exemption from the responsibility of preparing to assume the position of instructor in the future” (OFÍCIO, 1935, p. 1). Marriage became an obstacle for Annita, who gave up traveling abroad. The lack of international training in her education implied a different professional destiny from that of the Rockefeller Foundation fellows upon their return to the country.

Annita's professional trajectory is registered mainly in her activity in the nurses' associate movement in the 1940s (TEIXEIRA, 2015). There is a record of her employment as a chief nurse at the Hospital for Tropical Diseases at the Oswaldo Cruz Institute. There are four nurses certified by the EEAN listed in the archival records—Haydée Neves da Cunha, Elisa Werber, Maria José Ximenes, and Annita Guanais Dourado—who briefly attended that school between 1934 and 1945. They were hired as chief nurses, the most important role assigned to a nursing professional within a hospital. However, they stayed in that role for less than a year. All of them had been discharged, per request, months after their admissions. The destiny of these nurses was generally to be attached to some agency of the DNSP, later incorporated into the MES (AZEVEDO; FERREIRA; ROSSI, 2020).

The choice made by Annita did not favor sending her sister, HGD, as a scholar in her place. The school principal informed that, given the withdrawal of Annita,

they did not have another candidate “capable of replacing her” (OFÍCIO, 1935, p. 1). Nevertheless, winning a scholarship to study abroad became HGD's main goal after graduating from the EEAN. Like many graduate nurses of her generation, HGD joined the federal civil service in 1937, specifically the Division of Sanitary Organization of the DNS, an agency of the MES. She also worked in the newly created network of health centers and was later sent by Edith Fraenkel to work with the Federal Delegate for Health of the northeastern region of Brazil, in the states of Maranhão and Piauí.

Already a public health nurse with the MES, HGD sent an application to the EEAN for a Rockefeller Foundation Scholarship. By that time, Laís Reis was in charge of the school and denied the benefit, arguing as follows:

It would be my great pleasure and sincere intention to ensure that you can continue your studies in the United States, as you desire, as it would be of great benefit to you and the Public Health Service. Unfortunately, there is nothing I can do at this time, nor would I be able to, as I am the nurse in charge of the Nursing Service, not the School. It is, therefore, up to Mrs. Edith Frankeal to act in this case (OFÍCIO, 1937, p. 1).

The disputes between the “native” and the American nurses described in this article had an impact on HGD's trajectory. An analysis of the context suggests that Laís Reis' refusal may have been influenced by the growing distance between the Rockefeller Foundation and the EEAN, rather than her competence as a director to appoint a former student.

From then on, the direction of HGD's professional destiny could have permanently focused on public health nursing. It seemed unlikely that she would be given the funding to study abroad, but the nurse received support from the Federal Delegate for Health of the northeastern region, who referred her to a Rockefeller Foundation scholarship. The request was granted, but with the beginning of World War II and the redefinition of the Foundation's priorities, the study trip to the United States was canceled.

HGD, who lived in Rio de Janeiro with the family of General Eugênio Pereira de Almeida, did not inform them about the cancellation of her scholarship. Instead, she told them it had been postponed. Still, she didn't give up on finding a way to study abroad. A few months later, the Almeida family received one of the General's daughter's boyfriend's mother, a Mrs. L. C. Jones, who lived in Greenwich, Connecticut. Mrs. Jones battled depression and traveled to Brazil seeking a cure. The nurse from Bahia had been hired to care for the American lady in the hotel where she was staying. After this encounter, HGD was taken to the United States as a private nurse (DOURADO, 1993). This way, she aimed to secure a grant directly from the Rockefeller Foundation. This is one of the peculiarities of this professional's career since there is no

correspondence in Brazilian historiography about Rockefeller Foundation fellows. So far, none of the scholars who studied here have used the HGD strategy of traveling independently in the uncertainty of receiving a fellowship (DOURADO, 1993).

Upon arriving in the United States, the nurse contacted the international agency to apply for funding and received the following response from the secretary: “The Rockefeller Foundation does not grant scholarships to those who request them” (DOURADO, 1993, p. 4). This attitude was part of the scholarship selection criteria. According to Luiz Antônio de Castro Santos and Lina Faria (2004), an employee of the institution where the professional worked was recommended to indicate their name. Therefore, the respective institution should inform the Foundation’s representative about them during a visit. Only after that could the scholarship be granted.

Nevertheless, HGD returned to the office the next day and explained that this was not an individual request. She had already been shortlisted in Brazil. On February 14, 1941, the funding was approved. She was 25 years old at the time. The funding was for the study of teaching methods and the organization of nursing schools, beginning September 1st of that year (DOURADO, 1993). However, she was not assigned to work at the EEAN or in Brazilian public health but to a new Rockefeller-supported project in Brazil.

Negotiating with the Rockefeller Foundation

In its early years, the Rockefeller Foundation worked to eradicate diseases such as hookworm infection in Central America (PALMER, 2015) and yellow fever in Brazil, projects that received large financial investments (BATISTA, 2021). The Rockefeller Foundation also took on the responsibility of supporting educational institutions to enhance the quality of the professional workforce in the countries where it operated. The goal of the Rockefeller Foundation-funded schools of public health was to train personnel to carry out operations related to prevention campaigns and to maintain the infrastructure of the public health system. Furthermore, they aimed to train teachers, students, and qualified professionals dedicated to the subject. The strategy was based on the premise that these institutions would form “key elements” of the public health system (MARINHO, 2013).

In the Brazilian context, starting in 1916, the Foundation agreed to organize and maintain the Hygiene Department of the Medicine and Surgery Faculty of São Paulo. They provided initial equipment valued at US\$ 10,000 and allocated an annual amount between US\$ 15,000 and US\$ 20,000 for the five-year agreement. The Foundation also committed to awarding two scholarships for Brazilians to study hygiene and public health in the United States, covering round-trip and living expenses. Eventually, the Foundation promised to send two scientists to Brazil to

head the Hygiene Department for five years, during which they would supervise two assistants. In return, the Faculty was to pay for the rent and renovation of the facilities to make them suitable for academic and laboratory work and allocate an annual amount of no less than US\$ 3,000 for operating expenses (MARINHO, 2013). Institutions in other states did not receive solid institutional support, like the University of São Paulo, but they did receive grants, like the Medicine Faculty of Bahia, throughout the 1920s (BATISTA, 2020).

The Rockefeller Foundation Scholarship Program started in the 1910s, with a class of doctors studying at the Johns Hopkins University Hygiene School, the first teaching institute supported by the international philanthropic agency. According to Elizabeth Fee (2016 [1987]), in the first class that started on October 1st, 1918, four doctorate students, two Hygiene bachelor candidates, and two special students were selected. Among the doctorate candidates, three of them were assigned to the International Health Board: John Ferrel, Francisco Borges Vieira, and Geraldo Horácio de Paula Souza (the last two doctors were Brazilians sent by FMCSF).

From 1917 to 1962, over 1,700 Latin Americans received Rockefeller scholarships. The distribution of scholarships to Brazilians was as follows: 140 in Agriculture and Natural Sciences; 274 in Medical, Health, and Population Sciences; and 29 in Human and Social Science, totaling 443 scholarships (CUETO, 1994). Most fellowship holders were doctors and health workers who later held pivotal management roles in public health services in the country (CASTRO SANTOS; FARIA, 2003).

Although the Rockefeller Foundation Scholarship Program extended over several decades and integrated various institutional projects, it is necessary to understand how its operation was influenced by local contexts, impacting the decisions regarding fund allocation. Scholarships to Brazilian nurses started to be granted in the 1920s with Edith Fraenkel's award.¹⁷ At the time, the nursing training aimed to prepare them to work at the newly established DNSP and EEAN public health services.

According to Ana Paula Korndörfer's research (2019) on the *Directory of Fellowships and Scholarships (1917-1970)*, 28 Brazilians received funding for nursing studies in the United States and Canada, totaling 31 scholarships (some received more than one). In research at the Rockefeller Center, we found individual registration forms related to 30 scholarships granted by the International Health Division (IHD). It is worth noting that three nurses received funding at two different moments, which provided valuable insights into the periods when the Dourado sisters traveled abroad. Between 1920 and 1930, for instance, we identified 15 scholarships granted

¹⁷ Between 1922 and 1925.

to Brazilian women mainly to study Nursing in Public Health or to take nursing training courses. It is relevant that five of them were still students (non-graduated) at the São Francisco de Assis School, also known as the EEAN. This indicates the difficulty in finding sufficient numbers of qualified graduated nurses to study abroad. However, this was not the case with HGD.

Nevertheless, the “marriage” (BIRN, 2006) between the Rockefeller Foundation and Brazilian institutions started to deteriorate during the troubled health system reorganization from 1930 to 1934. This decline culminated with the creation of the MES and, particularly, with the departure of Bertha Pullen from the EEAN's board at the end of the Parsons Mission. No Brazilian nurses received scholarships between 1931 and Pullen's return to the EEAN direction in 1934. Our analysis of the forms of Rockefeller fellows shows only five scholarships awarded in the 1930s, one starting in 1936 and four in 1937. In addition, with Pullen's definitive departure from the direction of the EEAN, student finance supported by the Rockefeller Foundation was now targeted to a new project: the School of Nursing of the University of São Paulo (EEUSP), created in 1942.

During the period of closer ties between Brazil and the United States, also known as the Good Neighbor Policy, in the 1930s and 1940s, the concept of inter-American cooperation was recurring in the American discourse (CAMPOS, 2008). The Office Coordinator of Inter-American Affairs (OCIAA), created by Franklin Roosevelt and run by Nelson Rockefeller (TOTA, 2014), was responsible for forging these closer ties between the United States and Latin American nations, especially Brazil. In addition to economy and culture, the agency acted in different areas, and the Institute of Inter-American Affairs (IAIA) led cooperation in health (CAMPOS, 2008).

In 1942, the Public Health Special Service (SESP) was created in this cooperation atmosphere. The SESP served as an agency for bilateral relations between Brazil and the United States, promoting American interests while aligning with President Getúlio Vargas' national development program. The United States wished to curb the German influence in Brazil during World War II, set up military bases in the Northeast, and control the production of Brazilian raw materials, such as rubber and iron ore. In such a scenario, it was necessary to protect American soldiers stationed in Brazil from “tropical diseases” and to safeguard rubber and iron ore production workers from Malaria and other infectious diseases. The initial health projects devised to reach those goals were implemented by the SESP, created after the Third Meeting of Ministers of Foreign Affairs of the American Republics in Rio de Janeiro, as a reaction to the Japanese attack on Pearl Harbor. The conclusions reached after the meeting were that South Hemisphere countries should mobilize resources for the war, break off relations with Germany, and implement public health policies through bilateral agreements (CAMPOS, 2005).

One of the clauses from the Basic Agreement that gave origin to the SESP established that, as part of their roles, there should be training for doctors, health engineers, and nurses, since the lack of qualified personnel was considered a critical shortcoming of the country's health system. The Nursing Program of the SESP officially started on August 1942, upon the IAIA's approval of the "More Nurses to Brazil's Public Health" project, supported by the Catholic Hospitals Association of the United States and the Rockefeller and Kellogg Foundations. A study carried out by the OCIAA on nursing teaching in Latin America in 1943 showed a complex and diverse scenario for which there was no simple and comprehensive solution. The IHD's nurse, Elizabeth Tennant, was assigned to assess the nursing conditions in the country and draw a plan to reshape the standards for professional training: "The Tennant report suggested that the Ministry of Education and Health should oversee the creation of nursing schools throughout the country, and the SESP should be in charge of organizing the first four schools: in Rio de Janeiro, Salvador, São Paulo, and Belém" (CAMPOS, 2008, p. 884).

Based on the report, the Nursing Program of the SESP was organized and aimed at training graduate and assistant nurses for public health and medical assistance programs in the North and Northeast regions. It also included the southeastern states of Minas Gerais and Espírito Santo. In addition, the program supported the general plan for the professionalization of nursing in Brazil. Four strategies were designed to meet that goal: 1. The IAIA would send nurses to Brazil to restructure existing schools; 2. The SESP would open schools to train professional nurses, with support from the Rockefeller Foundation; 3. The Kellogg Foundation would grant graduate and postgraduate scholarships to Brazilian nurses in the United States, whereas the SESP would grant scholarships for training at Brazilian schools; and 4. Short-term courses would be created for practical and visiting nurses (CAMPOS, 2008).

The EEUSP was the first school created by the SESP in Brazil. In order to launch the project, visiting nurses from the São Paulo Institute of Hygiene were granted Rockefeller Foundation scholarships to graduate in Nursing abroad. In the 1940s, there were ten scholarship holders. Five trained to work at the EEUSP, two created the School of Nursing of the Federal University of Bahia (EEUFBA), which was also part of the SESP's nursing project. One was assigned to the SESP Araraquara (São Paulo), while two had no clear destination. Therefore, one could say that in the 1940s, the Rockefeller Foundation retargeted funding for the graduation of Brazilian nurses, mainly sponsoring those who would eventually work at the SESP.

The path of HGD between Brazil and the United States (marked by unique elements in relation to other graduated nurses) coincided with those of other SESP scholarship holders. In December 1941, HGD was selected as the third instructor at

the EEUSP to begin work upon her return to Brazil. Her career thus followed the transition from the Rockefeller Foundation's funding of the EEAN to the SESP project.

The Toronto Times

Once the scholarship selection process was over, the Rockefeller Foundation recommended that the selected students should go to the United States before classes started, usually in October, to improve their English skills (BATISTA; FERREIRA, 2021). Before starting her activities as a Rockefeller Foundation scholarship holder, HGD had an internship opportunity at the Yale Nursing School in Connecticut. According to her scholarship form: "Ms. D. [Dourado] has worked at all nursing wards except for the maternity ward, where she spent time only watching. There are so many of them working at the maternity ward that she is currently not needed, and, given the vacation period, there are no courses for her to take" (ROCKEFELLER, n.d., p. 1).

When the scholarship became effective, HGD enrolled at the University of Toronto School of Nursing (EEUT), in the South of Canada, in the "Teaching and Supervision in Schools of Nursing" course, equivalent to a one-year postgraduate course on Pedagogy, Didactics, and Supervision. In addition to her studies, her achievements were also notable as daily life experiences. At that time, four Brazilian women attended the EEUT: Maria Rosa de Souza Pinheiro, Zilda Carvalho, Glete de Alcântara, and Lúcia Jardim. They were health professors in the state of São Paulo taking the nursing graduate course and preparing to work under Fraenkel's management at the establishment of the EEUSP. They also visited the New York Hospital services as part of their preparations (BARREIRA, 2005).

The EEUT had the support of the Rockefeller Foundation to develop. Based on the idea of demonstration effect, the proposal was a five-year funding, after which the State would control its maintenance. Although the Rockefeller Board approved it in 1929, the partnership was not established until 1932. The school was organized in a well-equipped building on July 1st, 1933, and welcomed its first class on September 1st, 1934 (ROCKEFELLER, 19--). The main course characteristics were: 1. Partial reassignment of theory; 2. Selection of the most suitable hospital services for nurses' work; 3. Early and constant introduction to preventive medicine; 4. Increased practical experience hours at public health work (ROCKEFELLER, 19--).

When HGD and the health teachers/nurses from São Paulo met abroad, the EEUT was already firmly established, welcoming many IHD scholarship holders. In 1937, for example, nearly half of the nurses were sent there. In addition, "many visiting students came to the School from countries where nurses training on public health became a relevant subject, and those visitors received valuable guidance when studying the organization plan that is adopted" (ROCKEFELLER, 19--, p. 1). As

an example of other women studied in historiography who attended Toronto, it is possible to mention the case of the Portuguese Maria Palmira Macedo Tito de Moraes and the Brazilian, born in the state of Ceará, Maria Clayde Teixeira Barroso (BATISTA, 2023; BATISTA, FERREIRA, 2023).

Upon her return to Brazil, HGD worked as a teacher/instructor alongside the certified nurses trained at the EEUSP between 1942 and 1946. She engaged in the SESP's Nursing Program, collaborating with the scholarship selection process in other Brazilian regions to study at the EEUSP. Later, these certified nurses would reinforce the policy for creating additional nursing schools in the national territory. On this matter, on November 2nd, 1943, the Rio de Janeiro newspaper *Gazeta de Notícias* published an article with the following headline "New schools to be inaugurated in the North and Northeast of the country aimed at increasing the nursing workforce". The purpose was to inform the Rio de Janeiro elite that nurses Gertrud E. Hodgman and HGD were back from Belém, the state capital of Pará, in the Brazilian Amazon. They had visited states in the North and Northeast to select scholarship holders in that region (GAZETA DE NOTÍCIAS, 1943, p. 4). Hodgman graduated in Nursing from the Johns Hopkins University. In June 1943, she was assigned to Brazil to direct the SESP's Nursing Division and command its Nursing Program after Ms. Kieninger left (BONINI, 2014).

On November 3rd, 1943, the newspaper *A Noite* also reported the arrival of nurses in Rio with the following headline: "Getting to Know Nursing" (GAZETA DE NOTÍCIAS, 1943, p. 9). In addition to explaining the purpose of the trip, the reporter interviewed HGD at the SESP headquarters to learn her impressions on her latest life experience. She mentioned that she had previously visited the South of Brazil, and that SESP had granted 30 scholarships to Brazilian nurses interested in studying at the EEUSP. Furthermore:

[...] the main focus of the excursion was contact with groups and institutions such as the Red Cross, the Brazilian Legion of Assistance, and the Normal Schools, which bring young Brazilian women together to stimulate their interest in nursing and show them what the future holds for those who wish to become nurses. Nursing is no longer simply an ordinary job as it used to be. It is a profession that requires high-level courses, specialized courses (GAZETA DE NOTÍCIAS, 1943, p. 9).

Despite her education at the EEAN, HGD did not develop institutional bonds with the group of nurses from Rio de Janeiro in the 1930s and 1940s. The final steps of HGD professional socialization abroad guided her to the project for numerical expansion and development of the nursing profession towards the countryside, carried out by the SESP with support from the Rockefeller Foundation. HGD became a certified nurse at the service of this project, working to consolidate the bilateral agency project in other states of Brazil.

Final thoughts

During the specific period in HGD's professional trajectory addressed in this article, we noticed that the Protestant sociocultural environment where the Guanais Dourado family lived in Bahia's backlands was favorable to and encouraged the professionalization of young women. In addition to rural elementary teachers, two generations of women with ties of kinship with the Guanais Dourado family became certified nurses from the EEAN.

After migrating to Rio de Janeiro to become professional nurses at the EEAN, the Guanais Dourado sisters from the countryside and a Presbyterian background joined a group of predominantly middle-class urban women, *normal school* teachers, and Catholics who comprised the student body of the EEAN. During the 1930s, nursing training occurred in politically troubled times, when health and education faced reforms and institutional shifts. The period when the Guanais Dourado sisters attended the EEAN coincided with the extended transition of institutional control from American nurses to the elite of "native" certified nurses.

The most likely professional career for these women would be the same as that of many certified nurses from their generation: joining the public service and working either at public health services or federal and state hospitals. The other chance for professionalization would be in the teaching profession. However, in the 1930s, placement opportunities for an EEAN-certified nurse at any existing or new nursing school were limited. Nevertheless, the Guanais Dourado sisters' trajectories were unique, since they received Rockefeller Foundation scholarships to undertake postgraduate studies in the United States and Canada.

The internship and postgraduate certificate taken abroad not only distinguished HDG and elevated her professional status but also deviated her from the typical trajectory of nurses. HGD's accomplishments transformed her into an "intellectual" and an "institutional builder" who played a pivotal role in the development of nursing policies and institutions.

After returning to Brazil, HGD helped found the EEUSP and was the founding director of the School of Nursing at the Federal University of Bahia in 1946. She also played a leadership role in the Brazilian Nursing Association. Furthermore, she served as Nursing Superintendent for the National Campaign against Tuberculosis, among many other activities. Considering her significance in the consolidation of nursing in Brazil, it is crucial to shed light on this woman's scientific trajectory, especially when numerous other trajectories remain unnoticed by historiography.

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