



## Women, public health and nursing professional education in the Vargas Era (1930-1945)<sup>1</sup>

Mulheres, saúde pública e formação profissional na Era Vargas (1930-1945)

Mujeres, salud pública y formación profesional en enfermería en la Era Vargas (1930-1945)

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### Abstract

The history of professional health education presents an important movement for nursing education in Brazil. During the Getúlio Vargas's administration (1930-1945) public policies imposed the inclusion of women in the social space and the emergence of nurses' role in all regions in the country. The above formalized the Nursing Program proposed by the Rockefeller Foundation to the Ministry of Education and Health (MES) through the Special Public Health Service (SESP). Historical documents on this movement reassemble decisive changes in the history of nursing, which, led by women, had a powerful impact on female professional education.

**Keywords:** History of Feminine Education. History of Nursing. New State.

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## Resumo

A história da educação profissional em saúde permite localizar um movimento importante para a formação em enfermagem no Brasil. Durante o governo de Getúlio Vargas (1930-1945) políticas públicas implementadas impunham a inclusão de mulheres no espaço público e a emergência da atuação de enfermeiros em todas as regiões, esse novo enquadramento formalizou o Programa de Enfermagem proposto pela Fundação Rockefeller ao Ministério da Educação e Saúde (MES) através do Serviço Especial de Saúde Pública (SESP). Registros históricos preservados sobre o movimento remontam a mudanças decisivas na história da enfermagem, as quais, conduzidas por mulheres, impactaram poderosamente na educação profissional feminina.

**Palavras-chave:** História da Educação Feminina. História da Enfermagem. Estado Novo.

## Resumen

La historia de la educación profesional en salud nos permite ubicar un movimiento importante para la formación en enfermería en Brasil. Durante el gobierno de Getúlio Vargas (1930-1945) las políticas públicas implementadas impusieron la inclusión de las mujeres en el espacio público y la emergencia de la actuación de los enfermeros en todas las regiones del país, cuya nueva centralidad formalizó el Programa de Enfermería, propuesto por la Fundación Rockefeller a lo Ministerio de Educación y Salud (MÊS) a través del Servicio Especial de Salud Pública (SESP). Los registros históricos que se conservan sobre el movimiento remontan a cambios decisivos en la historia de la enfermería que, liderada por mujeres, tuvieron fuerte impacto en la educación profesional femenina.

**Palabras-clave:** Historia de la Educación Femenina. Historia de la Enfermería. Estado Nuevo.

## Introduction

Current paper deals with the process of women's inclusion in public jobs due to the establishment of professionalization of the art of health care and analyzes the impact caused by the Nursing Program proposed by the Rockefeller Foundation to the Ministry of Education and Health (MES) through the Special Service of Public Health (SESP) in the post-1930 professional formation and vocational guidance. It is a survey of a wide landscape of structural changes in health institutions which extends itself beyond that which official historiography calls the 'origin' and 'root' of professionalization in health, or rather, the 1920 Sanitary Reform and develops towards a movement that reworks professional formation and guidance during the Vargas Administrations (1930-1945). Consequently, the authors evaluate government interests as part of a long process in the valorization of the health profession, the professionalization of women, and their inclusion with the academic and institutional milieu of the so-called New State.

In the wake of Brazil's modernization process, the broadening of public health services became a sure condition to evaluate women's historical, social and professional place. In current paper, we will focus on the formation of a great number of workers linked to the nursing profession, especially the inclusion of the profession as proper for females and the overbearing character expected by the profession in the maintenance of global health. The historical period under analysis was impacted by specific historical circumstances that transformed the professional profile and raised the state of the art and the science of care in Brazil, especially by bilateral treaties with the United States mediated by the Rockefeller Foundation (MOTT; SANGULARD, 2011; MOTA; MARINHO; CAMPOS, 2015; SOUZA CAMPOS, OGUISSO, 2013).

Although the theoretical bases of Nursing have developed the concept of 'transcultural nursing' (LEININGUER; MACFARLAND, 1993), which indicated historical, anthropological, political, economic and social processes impact care, practically and theoretically, we insist that the nurses' knowledge-practice is strongly linked even today to technical formation, or rather, as a help to medical activity. Impact is evaluated in relation to the image that the profession has maintained with female gender, advertised as appropriate for women, doubly disqualifying them when waiving at long-term social structures that highlighted the male to the detriment of female-lived experiences. 'Being a nurse' linked to the 'nature' of women, feminizes care (SILES-GONZALES, 1999, p. 307; HALLAN, 2000, p. 133).

Current paper provides a historical analysis of the Nursing Program that emerges from public policies of education in health implemented by the Special Service of Public Health (SESP) maintained by the Rockefeller Foundation within the Ministry of Education and Health (MES) due to the bilateral agreements between Brazil and the US during the New State (1937-1945). The year of the installation of the Program features the construction of the Nursing School of the University of São Paulo (EEUSP) in 1940. When SESP founded the EEUSP building, it made possible a space in which the Program could be developed. In fact, it was technically built and planned for the formation and renovation of the profession as an irradiating center of the forthcoming changes. Linked to the Hospital de Clínicas and to the Faculty of Medicine of the University of São Paulo, the school became the core of an associative movement that moved from Rio de Janeiro to São Paulo, academic propaganda, reevaluated by the EEUSP teaching staff which maintained as a Councilor the main US nurse, Ella Hansenjaeger. As a nursing advisor, she signed the reports sent to the USA. These reports are the bases of current analysis. The material basis comprises the documents characterized as Fundo SP – Saúde Pública, made available by the Department of Archives and Documents (DAD), of the Library of the History of Sciences and Health of the Casa de Oswaldo Cruz/Fundação Oswaldo Cruz (COC-FIOCRUZ), Rio de Janeiro. Highlighting the post-1930

professional formation in Nursing, current paper insists on the female professional education, the place of females in the field, considered a priority within the universal health agenda in the past and in the present.

### **Women and public space: female access to Education**

Since the mid-19th century, prominent people have vindicated greater female participation within society. The struggle for female rights became stronger within the context of the establishment of the republican regime in 1889 and in the 20<sup>th</sup> century when women conquered the right to vote, legally obtained in 1932. According to June Hahner (2003), although women slowly obtained several achievements, some landmarks were highly significant, especially the establishment of Normal Schools for women in 1835 and the establishment of specific courses for working class women in the Liceu de Artes e Ofícios in Rio de Janeiro in 1881.

In the case of higher education, it should be underscored that traditional higher education would prepare young men of the upper classes for prestigious professions, specifically Law and Medicine. Following the law of educational reform, it was only in 1879 that women were admitted to Brazilian higher education. The admission of the first woman occurred two years later, in 1881, the year that the first two Brazilian physicians received their diploma in the USA. The performance of pioneers Maria Augusta Estrela and Josefa de Oliveira triggered a public debate on the access of females to higher education in Brazil. Rita Lobato became the first woman to receive her diploma as physician in Brazil from the School of Medicine of Bahia in 1887 (HAHNER, 2003, p.149). As of 1880, young women were admitted, not without a struggle, to the Colégio Pedro II, a famous high school during the imperial period and an educational model for other secondary schools in the country. In 1907, two young women concluded their secondary education in the Colégio Pedro II, whilst female secondary education occurred exclusively in denominational Catholic and Protestant high schools.

Female access to education, albeit warranted by law, failed to assure full acceptance of elite women who wanted to work in male areas. A significant example is that, on the eve of the promulgation of the 1879 Law which guaranteed the admission of females to higher education, there were discussions on the intellectual capacity of females in the Upper House of the Province of Pernambuco. The renowned surgeon Malaquias Gonçalves insisted that female physical weakness and women's anatomically inferior brain hindered abstract thought, serious study and the admittance to such professions as Medicine (HAHNER, 2003, p.141).

During the early 20<sup>th</sup> century, Brazilian feminist leaders faced several challenges: they had to struggle against the established order, or rather, they had to refute deeply rooted patriarchal and stiff gender stances. Political and institutional discourses tried to "limit women in their activities, desires and emotions, naturalizing historical and socially established determinations" (SOIHET, 2006, p.26-27). With the trajectory and activities of Martha Lutz in mind for her conquest of universal suffrage, Rachel Soihet (2006) shows the long and meandering way for women involved in the process, which culminated in the right to vote in 1932. The writer refers to 'tactic feminism' in Bertha Lutz's activities, the main representative in the Brazilian suffrage struggle, comprising the adequation of their vindications, direct non-coping, and assimilating the stiff notions of the period, or rather, not attacking the family as a place of female oppressions, for instance, as a strategy to make their claims. This was very close to the female leading activities in the Nursing Program with regard to local conduction by Brazilian nurses and the counseling indicated by the Rockefeller Foundation, through Ella Hansenjaeger, the main adviser within the Nursing Program (SOUZA CAMPOS, 2015, p. 76)

Bertha Lutz's influence was mainly achieved through the Brazilian Federation for Female Progress (FBPF) founded in 1922. Debates on female participation in the public space mobilized activists and continuous activity of the female movement around the FBPF which would result in female suffrage in the next decade. The historian Branca Moreira Alves (1980, p.14) writes that "vindication of this group fitted liberal bourgeoisie thought highlighting suffrage as a basic tool to legitimize political power and struggle concentration at the juridical and institutional levels of society".

However, under the influence of the dominating class and gender ideology, the movement's activities had specific limitations and failed to propose changes in the working of the system in its relationships to class and gender (ALVES, 1980). The above statement seems to be relativized if one takes into account that, at that moment, universal suffrage was the main vindication of activists, albeit not the only one. As the feminist movement or tactical feminism, known as the first feminist wave, claimed, along with suffrage, the right to female work and civil equality among males and females, it established inevitably changes in gender relationships whose distinction may be broadened when race and class are also involved (COSTA, 1979; MOREIRA, 1999; GONZÁLES, 2019).

Activities by Bertha Lutz were crucial since they affected several fronts – participation in newspapers, in journals, establishment of feminine associations, organization of manifestations, putting pressure on congress members and receiving support from lawyers – and contributed in the formation, during the early 20<sup>th</sup> century, of a constant and favorable basis within public opinion, plus a network of political and institutional support that made females victorious in the conquest of universal suffrage. Female emancipation and the conquest of citizenship through voting, or rather, equal rights, were important policies that developed within the vindications of female movements during the 20<sup>th</sup> century. These items were added to professionalization as a way towards higher decision-taking jobs.

Edith de Magalhães Fraenkel, the first Brazilian woman who received her nurse diploma in the US, appointed director of the new Nursing School of São Paulo, was greatly involved in the female vote campaign along with Bertha Lutz (MANCIA; PADILHA, 2006, p.434). This aspect revealed that the movement established by Brazilian nurses was close and allied to female struggles for female emancipation in Brazil, or rather, to strategic feminism. Former studies insist that the present proposal evaluates that Nursing during the Vargas Administrations and evaluated by SESP, provided social mobility for females together with professional identity, class formation, and the importance that knowledge triggers social development – forecasting the current notion of global health – with a widening of female political activities, including Negroes (SOUZA CAMPOS; OGUISSO, 2013, p. 157). Recruiting and the professionalization of workers for the exercise of nursing widened the insertion of females in the public space, especially with the new institutional and professional dimensions of care that the New State provided.

Since the time of the Brazilian Empire, the intellectual movements valorized science for progress and established a new social category: the scientist. By the end of the 19<sup>th</sup> century, a diversification of scientific studies occurred in Brazilian institutions especially through the specialization process in schools of Medicine and Engineering (SÁ, 2006; DANTE, 2001). As the historiography of Science in Brazil has shown, scientific production in the early 20<sup>th</sup> century was the result of the valorization of new specific knowledge to the detriment of rhetoric or encyclopedic knowledge. Within the specialization process, several public and private scientific institutions were established together with journals, museums, publications, academies and professional institutions which corresponded to the institutional phase of scientific activity (SÁ, 2006; p. 147).

Institutionalization is consolidated through the establishment of the first universities during the 1930s even though, as pointed out by Lima (1999), scientific activity in Brazil was already taking place by institutions and academies and thus anticipated the establishment of universities. The Biomedical sciences were the protagonists and scientists-physicians took over the Pasteur microbiological paradigm and supported the institutions with their authority. It is worthwhile mentioning the Federal Serum-therapy Institute, renamed the Oswaldo Cruz Institute (IOC) in 1908. Due to the activities of Oswaldo Cruz and colleagues, several physicians, philanthropists, politicians and sanitarians became renowned during the first years of the Republic problematizing the health of Brazilians and forwarding methods for the intervention of medicine, similar to what occurred in São Paulo, called the laboratory city (MOTA; MARINHO; CAMPOS, 2001, p. 14)

Specific laws, decrees, journals and medical reports of the period show the negotiations and debates on the situation of health in Brazil, with special reference to policies and guidelines nationwide as a significant expansion of the State's activities (HOCHMAN, 1998, p. 17). Health achieved an empowering penetration in the countryside and a pro-sanitary movement in the backlands, supported by political elites. In fact, it constituted a section of the materiality of State development. The role of social agents and the results of their decisions were related to the federative dynamics of health policies in the period with local powers establishing different agreements with the establishment, through the Rockefeller Foundation.

### **Public health and women's professional formation after 1930**

The policy of Getúlio Vargas (1930-1945) comprised the defense of Brazilian territory and the modernization of the country. The health movement denoted the first cycle for the nationalization of health policy in republican Brazil. During the first stage, characterized by the order established in 1891, a sort of coercive power by the health authority was established. The second stage (1901-1930) was the continuation of the State's despotic stance combined with an increase in infra-structural power, especially as of the 1920s (HOCHMAN, 1998). Social interdependence helps us understand the dynamics of relationships established by people in the society of that time. When one observes the institutions and the decisions taken during the period, one perceives the way social policies attained in the formation of public health in modern capitalist societies and states (MUNIZ, 2013). Such interdependence was acknowledged and defended by the suggestions of sanitarians and political struggles that tried to convince the government on the importance of fighting "infectious diseases", through a highlighting of the dangers that would be inflicted on society (HOCHMAN, 1998, p. 42).

Throughout the 1930s and the 1940s the theme of rural endemics topped the agenda of Brazilian public health. The National Services (special agencies focusing on certain diseases) and MES researched, reported and classified diseases of the Brazilian backlands. Health policies during the first administration of Getúlio Vargas (1930-1945) were characterized by the establishment of a New State apparatus for their management. An aspect of post-1930 health policies was the strengthening of the government that enabled the increase in activities against endemic diseases (FONSECA, 2007).

Historiography on public health during this period reports that the new apparatus provided an increase of activities against several rural endemic diseases in Brazil (FONSECA, 2007; HOCHMAN; FONSECA, 2000; BRAGA; PAULA, 2006; CAMPOS, 2006). Within the context of changing the life style of rural populations, health was part and parcel of the political and ideological project of the post-1930 Brazilian government. Consequently, the establishment of public management and permanent institutions for health administration symbolized a further type of institutionalization experienced in the 1930s and 1940s (FONSECA, 2007).

The execution of the SESP's Nursing Program reveals its historicity. Reports on the process bring to the fore the new social space built for professional formation, particularly the Nursing School of the Faculty of Medicine of the University of São Paulo which became the new model of teaching constructed as a sort of propaganda for Nursing throughout the country. Taking into consideration the oblique relationships brought about by the policies of Getúlio Vargas during the New State (1937-1945), the Program which recalled women as a prerogative of formation of a new group of health workers in Brazil, and of instruction of professionalizing groups for the development of health activities as a primary factor in the conduction of a new political and social order after the 1930s, revealed a process of radical change in feminine experience in the country.

In this context, the history of health in Brazil shows the amplification of services within the already existing public health activities as one of the main occurrences. The issue implied a reassessment of the nursing profession since it had been restricted to the urban centers, organized by a limited group, privileged by a narrative constructed around a space formed by excellence in Brazilian nursing during the 1920s. These prerogatives were actually in conflict with the populist policies built inclusively on changes of the professional status in the nursing course (BARREIRA, 1997; SOUZA CAMPOS; OGUISSO, 2013).

President Getúlio Vargas's populism and interventionism imposed new guidelines for Brazil's social development when he promoted public policies that included different groups in urban labor. Special attention for nurses was given through the insertion of females within the labor sphere. This was actually an important issue with regard to the institution of a new standard in political relationship among dominant elites and subaltern classes, the latter historically oppressed and outcasted. Jobs established through the foundation and amplification of public institutions such as hospitals, health centers and health programs, urban and rural, required the formation of a great number of workers for the public network in medical and hospital care. It was a favorable field which rightly responded to female (and voting) demands.

The inclusion of women in urban labor potentially favored Vargas's motto of being "the father of the poor". Openings for women within a professional field socially adequate for females underpinned the positive discourse of workers whose activity impacted the health of the people and socially projected them as emancipated, an item proposed by the 1932 universal suffrage. Expected results gave visibility to the statesman and legitimated the government's proposal of an administration dedicated to the masses. They also favored the nationalist idea of development and social protection in periods symptomatically covered by World War II (1939-1945). In fact, the policies for the masses and the administration's style impacted on the activities of Darcy Vargas who inaugurated the first-lady stance in Brazil when she founded the Brazilian Assistance Legion (LBA). Ivana Simili states that "the formation of an internal front composed of women ready to work for victory was one of the main mobilizations triggered by Vargas" (2008, p. 135). An important aspect in our analysis is the investigation on the initial innovation brought about by the changes in first aid structures in the 1930s. The end of the First Republic evidenced the formation of a policy with a greater national pretension divided into two sectors: a more general public health and preventive medicine (BRAGA; PAULA, 2006, p. 52). Years later, an analysis of the model inaugurated by the first Vargas administration would indicate the role of the government after the end of the First Republic and the manner the issue of 'excessive federalism' was lessened. However, the new structure was neither a complete rupture nor was there any great distinction between the practices and ideas of the pre-1930 period. There was only a greater centralized activity at the federal level. According to Fonseca (2007), sanitation and already existing activities were not interrupted but actually increased in several institutions that tried to centralize and normalize the administration's initiatives (FONSECA, 2007, p. 20).

Since the responsibilities for public health were shared between MES and the Ministry of Labor, Industry and Commerce (MTIC), the health area had a new power relationship between the federal sphere and the local governments. A novel stage in the nationalization process of public health in Brazil was inaugurated through a greater attempt to control diseases in the whole country. During the same period, an important reform was undertaken by Gustavo Capanema, the minister of Education and Public Health. In 1937 the centralizing role of health policy by the Vargas administration was defined, whilst in 1941, the National Services to control the great rural endemics and other diseases were established (CASTRO SANTOS, 1985). It should be underscored that these measures, albeit centralizing, maintained a dialogue with ideas debated in academic national and international stances, such as the Pan-American health conferences, sharing the first syndicates with US agencies and institutions (FONSECA, 2007).

Nursing was underscored within a set of changes where progress included the social well-being of Brazilians. The status of nursing redirected services made by sanitary visitors and educators, widened the field of professional activity in the public service especially in institutions established and maintained by the administration. New perspectives in clinical medicine and in public administration or government programs extended representations, practices and appropriations of nursing with regard to social visibility and necessity of the health workers.

The configuration of nursing in Brazil transformed public discourse into a practice since it was strengthened by the possibility of inserting a great number of women in jobs established by the public service. The multiplication of hospitals and health networks maintained by the administration increased the number of hospital beds, technological changes, renovation of the medical and hospital infrastructure based on the importation of apparatuses, medicines and other products produced by the US industry. Ideas on hygiene and health were aligned to a patriotic and nationalist discourse within the historical situation (COSTA, 1985).

Further, the expansion of a more pedagogical stance occurred within the exercise of health policies to the detriment of more coercive practices which had formerly featured the health warden. In other words, teaching on health in the home through lessons and home visits was on the top of the government's agenda and, consequently, the activities of female health professionals were crucial (MUNIZ, 2014). Lina Faria (2006) argues that the process limited the participation of women to certain specific professions. However, in the case of nursing, the process also contributed towards the inclusion of women within the formal labor market and the organization of a professional career which in a short time would constitute an independent stance with its proper demands and autonomous trade union.

Within this historical context, health would have to change behaviors and day to day practices in a direct association with ideas of order and progress. These values would lead the country towards civility and modernity impacted by the policy of good neighborhood. Getúlio Vargas greatly benefited from agreements established to promote political and military adjustments during the New State since the war imaginary represented nursing as a patriotic, nationalist, goodwill activity, very similar to the type of Americanism on which modernity was mirrored (SEITENFUS, 2003; ALVES, 2002). The strengthening of a medical and aid network in the case of enemy invasion or conflict required the maintenance of a great number of workers who were prepared to go to the front (Cytrynovicz, 2002, p. 233).

Consequently, the American way of life ruptured the old standard of social reference (TOTA, 2000). Control on the subaltern classes through labor laws and trade union structure linked to an authoritarian State modified the public service through the establishment of new jobs which were taken by a technical and bureaucratic elite coopted by the swelling of



the administrative apparatus (PESAVENTO, 1994). It is highly relevant to take into account that low literacy levels in Brazil in the early 20th century, the formation a new type of workers, the qualification of existing health services and the formation of a permanent class of civil servants (fulfilling the national demand) produced unique conditions for the success of Vargas's policies.

The program helped the subaltern classes to be inserted within a social life through the inclusion of work parties established by the administration that would easily control them. Francisco Weffort (1978) analyzes the Brazilian policies of the time as a product of a long process of social transformation, inaugurated by the so-called 1930 Revolution and manifested in two ways, as a style of government and a mass policy, as described by Ângela de Castro Gomes (1996). The political situation experienced in the New State regime brought about common interests that united professional formation and the US model for life and labor. The insertion of the people within the labor world through nursing guaranteed a policy of good neighborhood between Brazil and the US. In fact, US health and labor values were disseminated in Brazil through government programs, exchange of personnel and massive import of pharmaceutical, medical and hospital products from the USA (ANTUNES, 1991; RIBEIRO, 1993; PORTER, 2004; MOTA; MARINHO, 2011).

One of the most crucial aspects for the anchorage of nursing within the political discourse was the reestablishment of already existing representations. In other words, it was necessary to deconstruct the symbolic capital of the 1920s for the professions and its main personage, the female nurse, strongly rooted within the social imaginary. The proposal recommended by the Rockefeller Foundation for the realignment of professional formation underpinned government empowerment. The old model hindered the inclusion of black women in nursing schools and males in the nursing profession which was diametrically opposed to Vargas's policies.

### **Nursing program: the new professional model**

Bilateral agreements during the New State between Brazil and the US included improvement in the population's health quality. Sanitation and aid programs required the formation of professional teams which would be able to administer the issues in direct assistance and in the administration of health services, such as collection, tests, professional and auxiliary technical formation throughout the country. Demand which was produced through the broadening of medical assistance concretized the inclusion of a great number of workers in the urban milieu. The above favored policy maintenance and the strengthening of Getúlio Vargas as a leader (LEVINE, 2001).

The nursing program was based on a demonstration effect (CASTRO SANTOS. FARIA, 2010), or rather, on the replication of the health formation and assistance model as from an irradiant nucleus which, as explained above, emerged from São Paulo and reached different regions, strengthening the construction process of public policies in health instigated by the Brazil-US agreements. The proposal aimed at amplifying the number of nurses, which was historically very small, and at detecting the regional dynamics and the Brazilian social diversity so that medical and first aid services could be established. These would qualify the new profession as a multiplier of knowledge within the different and far away regions of Brazil, with special reference to São Paulo (SOUZA CAMPOS; CARRIJO; CAMPOI, 2020).

So that the Nursing Program would attain its aims, it was necessary to train professionals from far off Brazilian states. Due to their knowledge of the social difficulties which the local populations had to cope with, nurses from all the country's regions would be able to disseminate

the new techniques according to the local situations as has been conceived in the Amazon Program. In other words, changes in operations diversified the social origin of nurses. The latter was not based on the former elitization which was now considered politically restrictive and out of date (SOUZA CAMPOS; OGUISSO, 2013).

The history of nursing reveals that the few existing professionals, mainly women, were quickly absorbed by hospitals of the great urban centers or professional schools as teachers, consultants, supervisors of short courses which were abundant during and after World War II. The situation required the formation of a new team of workers as Vargas's policies insisted upon. This was due to Vargas's concept of a new society that was emerging, or rather, "a collection of differentiated groups hierarchically organized according to the productive or economic role they performed" (LEVINE, 2001, p. 51).

The elitization of nursing in Brazil – proposed in the 1920s as a reinvention of native traditions contrary to the model presumably ideal – was opposed to the nationalist and developmental policy of Getúlio Vargas. When modifying the social and sanitary conditions in different regions of the country with special emphasis on the north and northeastern regions, the Nursing Program capacitated new fronts within the labor movement especially in the public service. When urgency was given to the qualification of health workers, SESP favored the opening of new labor fronts which made visible the State's social stance. The social laws of assistance and aid which reordered public life during the New State period, responded to demands expressed in the vindications of political, trade union and mutualist organizations, all of which raised Vargas's populist ideals (LEVINE, 2001). One may ask: How did the women involved in the process appropriate themselves of the changes that modified nursing and the place of women in the public sphere as university professors, scientists and directors with specific attributions within the Administration's organization, public agents that supervised and constituted departments for the fulfilment of public activities?

The SESP, established as a temporary war agency, survived for 48 years and gave priority to public health, especially the formation and the professional qualification of physicians, engineers and nurses. Public health policies were employed for populations in the backlands of Brazil against endemic diseases, for the construction of health networks and other types of medical assistance in regions which were far away from the great urban centers where intentionally the US had aerial bases such as in the states of Bahia and Pará. Consequently, agreements provided for the establishment of nursing schools, hospitals and health centers, financial aid to already existing schools, postgraduate studies in Brazil, US and Canada, learning of the English language and the maintenance of consultation by the Rockefeller Foundation in the main nuclei of professional formation.

Besides implanting water and sewage systems, the SESP made agreements with states and municipalities for the construction, standardization and expansion of the benefits of public health, providing the movement with the pioneering task of public policies in republican Brazil. It also opened labor fronts for health professionals in public administration, coupled to a great number of technical and auxiliary jobs. Its activities also included the regularization of procedures, the expansion of health services and the formation of qualified personnel in sanitary education as conceived by the Pan-American agenda for health during the Vargas administration (COSTA, 1985; CAMPOS, 2006).

The presence of US consulting agents in different educational spaces aimed at aligning the new professional guidelines and install new dimensions to Brazilian nursing, as occurred with Ella Hansenjaeger, the main agent appointed by the Rockefeller Foundation, and with Edith de Magalhães Fraenkel, Maria Rosa Sousa Pinheiro, Glete de Alcântara, Clarice Ferrarini, among others, to renew the former bases of professional education in nursing in Brazil (SANNA, 2003; ROCHA, 2005; SOUZA CAMPOS, 2015).

The Nursing Program's proposal was to give nursing scholarships and the aid necessary for professional formation, personal and academic maintenance, two-way tickets to those who did not live in the places indicated by SESP, among the many other benefits received by scholarship holders hailing from different regions. Services in the place of origin of scholarship holders were required for at least two years. Teams would be thus formed for health services, monitoring of government programs and for the administration of clinics, hospitals and health centers. There would be a replication of knowledge acquired in training centers supported by SESP. It was a strategy established on the administration principle of assistance in US nursing (CASTRO SANTOS; FARIA, 2010; SOUZA CAMPOS; OGUISSO, 2013).

The maintenance of scholarship holders legitimated investment when it inserted a new team in the labor market and reconfigured health care services to populations living in the backlands of Brazil. The demonstration effect, originally proposed by the Rockefeller Foundation, guided the new professional formation whose incentives established and maintained educational spaces for its specific aims. Consequently, the Nursing School of São Paulo became the radiant nucleus of nursing for Brazil (CARVALHO, 1980).

The new configuration of the nursing profession complies with the policies of the New State. The 1937 Constitution which empowered the president to appoint intervening agents in the different Brazilian states and govern through authoritarian decrees, centralized decisions on issues with political and administrative interests in the president's hands. Assumed as orders of the State, as the promotor of public health, the administrative reform established under the direction of MES the National Health Department (DNS) and other executive orders to replace the former National Department of Public Health (DNSP), established by Carlos Chagas in the 1920s (OGUISSO; SCHMIDT, 2010). Nursing formation made a definite rupture from the former education and professional guideline model.

### **Final considerations**

The establishment of public policies in health during the New State period coincides with the development of science in Brazil. The historical process of health-for-all reveals the great importance of the Nursing Program as a movement that significantly incorporates women within the labor world and empowers them with decision-taking, command and leadership within the context of the formation of public servants in all the regions of Brazil. The novel formation modified public health and widened the nursing status significantly occupied by women.

In the process, the US stance established a new teaching pattern to nursing, modified professional identity, redefined the curricular bases and allowed males and black females to occupy new social places when new disciplines were inserted in the curriculum which were not extant in the former model. Consequently, nursing was reorganized within the social, institutional and academic world.

The prospects of a new nursing type for Brazil favored the effectiveness of a nationalist and developmental discourse maintained by the New State. Consequently, the Nursing School of the University of São Paulo, constructed by SESP, became prominent. The professionalization of health care, as a priority during the Vargas administration, became unique in the building of spaces for and by women. At the same time, it also meant that the professional exercise of nursing became basic for global health since diseases do not acknowledge borders.

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