"Here comes the Doctor!": sanitation guards, labor relations, and the formation of identity (1930s and 1940s)

"É o doutor que vem aí!": guardas sanitários, relações de trabalho e formação de identidade (décadas de 1930 e 1940)

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Resumo

Neste artigo nos debruçamos sobre trabalhadores da saúde atuantes nas décadas de 1930 e 1940, mais exatamente a pequena ilha dos auxiliares de saúde identificados como guardas sanitários (embora nem sempre apareçam com esse nome), com o propósito de problematizar e investigar aspectos relevantes relacionados à identidade desses trabalhadores, sua relação profissional e seus processos formativos. Nosso objetivo geral é procurar responder a algumas questões básicas, a nosso ver negligenciadas na hoje vasta literatura que aborda a saúde em perspectiva histórica. Afinal, quem eram esses trabalhadores? Que formação recebiam? Que identidades assumiam na perspectiva de estabelecerem solidariedades, lealdades em geral e sentido de agregação social?

Palavras-chave: trabalhadores da saúde; guardas sanitários; identidade; relações de trabalho.

Abstract

In this article we focus on the health workers in the 1930s and 1940s, more exactly the small island of health auxiliaries identified as sanitation guards (although they do not always appear with this name), with the purpose of problematizing and investigating aspects related to the identity of these workers, their professional relations, and their training processes. Our general aim is to answer some basic questions, which in our view have been neglected in the vast literature which deals with health in a historical perspective. Who were these workers? What training did they receive? What identities did they assume in the perspective of establishing solidarities, loyalties in general, and in the sense of social aggregation?

Keywords: health workers; sanitation guards; identity; labor relations.

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> *The doctors and engineers are the principal superior elements of the public health services... It is obvious, however, like in the army, a force cannot just consist of officers, also in public health, the higher ranking technical staff have to be helped by auxiliaries in a sufficient number and with adequate preparation, consisting of public health nurses, educators or sanitation visitors, laboratory technicians, inspectors or guards etc., not to mention the non-specialized bureaucratic staff, attributed of any organization.*
>
> Souza; Vieira, 1936, p. 24

The epigraph, from the prominent *sanitaristas* (public health doctors) Borges Vieira and Paula Souza, who worked in the 1920s and 1930s, even though it emphasizes the 'superior' place of doctors and engineers in public health services, also certifies the importance and the need for the assistance of other types of workers, without whom these services were absolutely undermined, but who, in a general form, are little valorized, both in the academic production which has focused on the general theme of health and the process of the organization of public health services: the generically called 'public health auxiliaries,'[2] consisting of sanitation visitors, sanitation guards, laboratory technicians, etc. A devaluation which, to a certain extent, had an impact on a hierarchy which is still very present in the field of health, in which doctors exercise a place of authority and supremacy over other health professionals, particularly – although not only (see the so-called Medical Act, or *Ato Médico*) – towards those with a less qualified education, in others words a non- education university. Acting as various types of auxiliaries, the latter subordinated themselves, both in the past and today, to the authority of the doctor, i.e., to the "superior elements of the health services," in the terms of the above mentioned *sanitaristas*, but they exercised ever more broad and decisive functions such as, for example, the Endemic Combat Agents (ACEs) and the Community Health Agents (ACS) in the Family Health Strategy (ESF), the principal Brazilian program at the present for basic health care.[3]

Similarly, it can be said that during the history of health care in Brazil, these auxiliary workers were fundamental in tackling the numerous challenges faced to properly deal with the question – notably in the field of public health – in the wide range of moments and circumstances of our historic trajectory. Whether they were the so-called *mata-mosquitos* (mosquito exterminators) in the context of Oswaldo Cruz's public health actions at the beginning of the

twentieth century, or the sanitation guards, those working in nursing, and/or sanitation visitors in the various sanitation campaigns in the Brazilian *sertões* between the 1920s and 1940s, specifically in the public health intervention campaigns organized by the Rockefeller Foundation and by the National Department of Public Health (DNSP), both in rural areas with the various national services (related to Malaria, Yellow Fever, Bubonic Plague, etc.), and in the urban and rural health centers established here during this period. Also in the public health education and sanitation carried out by the Special Public Health Service (SESP), set up in Brazil at the beginning of the 1940s, which exercised a role of great importance in the implementation of a real "coordinated and integrated network of basic" health care services (Mello; Vianna, 2011, p. 1142), it was essential to rely on an 'army' of health auxiliaries.

Nevertheless, with the exception of the sanitation visitors and/or educators, and those who exercised subordinate functions in nursing, a certain silence in the historiography of Brazilian health has fallen on these people, always mentioned but little studied in the dimension of health workers with collective interests and identities, professional particularities facing the exercise of the same profession and the possible feeling of belonging to a set of common practices, values, and knowledge. Even the sanitation visitors or educators are generally treated more in the studies which look at the introduction of nursing in Brazil, giving an emphasis to the role of nurses, sometimes with a focus on questions of gender and about their importance in public health education processes, seen in the role of 'public health messengers.' Much less in the perspective of labor history, in the sense of capturing their collective identities, professional expectations, conflicts and aggregation of interests as workers in a common professional field, in the diversity of functions attributed to them.[4]

In the important studies which deal with the training process of *technical health workers*,[5] generally carried out by researchers in the area of education, PPREPS (Program for the Strategic Preparation of Health Personnel) and the Program for Large Scale Training, known as *Larga Escala*, from the 1970s and 1980s respectively, have been chosen as the landmarks in professional health education in Brazil, a moment when the rapid training that had been in force until then began to be surpassed (Pereira; Ramos, 2006). Without disagreeing with this chronology and the argument which justified it, and even though the explicit aim of these studies was not to narrate the more general history of subordinate health workers, but rather their formative processes, the problem is that in this manner the impression is often given that it was only through

more institutionalized and official training programs that these workers gained the right to history. Until then, resulting from the contempt and undervaluation observed in this type of training – disqualified and rapid – which they received, the attention it received from these scholars was also fleeting, which to a certain extent had an impact on the terrain of narrative history and the disqualification which these workers are a target of in formative terms. Therefore, despite the wide and important literature about the field of health, with a historiography that is now vigorous about the area, and easily observable in the extremely large bibliography produced, some gaps remain. As Pires-Alves, Paiva, and Hochman warn "in the Brazilian case the lineage of the history of workers and of work which has offered important interpretations about our recent past, has dialogued little with the history of doctors, nurses, visitors, pharmacists, and other health professionals" (2008, p. 281).

Our objective in this text is to reflect on those generically identified as 'health professionals,' notably the small island of health auxiliaries in the vast world of workers in general. In this case, we will focus on the so called sanitation guards (although they do not always appear with this name), with the purpose of capturing some aspects of the identity of these workers: who they were, the training they received, the identities that they usually assumed in the perspective of establishing solidarities, loyalties in general, and giving meaning to social aggregation.

The questions which have bothered me since when I began readings about the question are this: what explains the absence of any form of association between these workers, the lack of "associative culture" in Batalha's terms (2004), whether with recreational characteristics, political mobilization, a beneficent nature, or mutual help, until the moment not identified in any documentation or work on the question? Which ties of solidarity have been established between them? Which loyalties were sustained by the fact of having experienced common work experiences? Which elements conferred meaning of social aggregation on these workers, and thereby some collective identity? Submission to medical authority, pride in the function, the search for social prestige or status, personal strategies for ascension given hierarchical situations which are also great insecurity, obstruct or inhibit the possibilities of social aggregation and of collective identification? The weight of paternalist and clientelist traditions operated as *habitus*,[6] in the terms of Bourdieu, of *structures of meaning*,[7] in accordance with Williams, about simple workers recruited in backward rural areas? Questions and doubts which our research intends to

confront, obviously without the intending to take all of this account Rather, here we will only take our first few risky steps.

In the case being looked at, the analytical perspective opened by Mike Savage's reflections about the question of *structural insecurity* (2004, p. 33) as a distinctive trait of the process of constituting the class relations lived by workers in capitalism, in other words, the 'acute uncertainty' in the reproduction of daily life, appears to me to be an important key to dealing with the situation of the guards, inasmuch as it suggests that, even given the labor relations marked by strong constraints which appear to have involved public health agents and their health auxiliaries – and it is intended to show this in this paper – it is both possible and necessary to recognize the "enormous variety of tactics which workers could choose to resolve their problems" (ibid.). And shortly afterwards it is added:

> The basic data of insecurity does not imply any specific form of development in class consciousness or politics expressed by the workers. It does not imply the union of the working class, to the detriment of its internal rivalries. But it reinforces the need to look at contextual factors which explain how the general difficulty of workers to deal with this insecurity led to different types of cultural and political results. (ibid.)

In other words, certain 'contextual factors' of certain 'general difficulties,' or in other words 'structural pressures' which allowed different repertoires of action, from processes of "struggle against their employers to the formation of cooperatives, to the demand for state support, to the texture of the support networks in their neighborhoods" (ibid.). In the terms of Williams, "options under pressure" (2011, p. 328), i.e., men and women who in light of real contexts with strong constraints and possibilities that were very "restricted for inserting their own action," according to Thompson (2012, p. 140) – "the overwhelming urgency of relations and duties" according to the same author – sought with a strong sense of opportunity, to link their interests and look after their lives, both from the collective and the individual point of view.

With the aim of tackling this question, we focus on a specific historical period marked by important actions in the field of public health with programs for the training and recruitment of 'health auxiliaries' in the more general framework of policy formulation which proposes to intervene in this field with a strong bias of education and prevention, taking into account the need for the implementation of a 'public health conscience' in the assisted populations. We

refer to the period of the public health programs implemented by the Brazilian state in the 1930s and 1940s by the National Health Department (DNS) – an agency subordinated to the Ministry of Education and Public Health (created in 1930), afterwards the Ministry of Health (from 1953 onwards) –, but also by one of the most important public health agencies of the period, the Special Public Health Service (SESP), created in 1942 in the context of the involvement of Brazil in the Second World War and the approximation with the United States, but which continued to exist during the following decades, intensifying their actions and exercising an ever more relevant role. This focus is justified by the fact that this period, marked by the action of Gustavo Capanema in the Ministry of Education and Public Health, is considered, according to Hochman, "the most definitive landmark in the process of the institutional construction of public health" (2001, p. 135), which saw the definition and consolidation of the "administrative structure which... remained almost unaltered until the creation of the Ministry of Health in 1953 and, to a certain extent... until the 1960s" (ibid.). Actually, the two reforms carried out under the Capanema administration, in 1937 and, above all, in 1941, witnessed, according to Fonseca, the consecration of "a model of public health administration which left marks in this area for decades and of which we are still heirs" (2007, p. 244). This model, the author adds, had been

> Constructed on the basis of strong centralization, hierarchization, normatization, and control of the tasks carried out, which allowed the establishment of the pillars for a universalization of public health project, since the activities were aimed at all parts of the population. Since then the foundations were laid for the expansion of the services, for the identification of the most urgent needs of the sector and for coordinated action strategies throughout Brazil. (ibid.)

An important point that needs to be highlighted specifically in relation to the actions of the sanitation guards, the effective object of the investigation, refers to the actual documentation available to observe them. In addition to some manuals aimed at their training[8] and the instigating images portraying them in their daily professional routine (Hochman; Mello; Santos, 2002), generally speaking access to these workers is only possible (and this was our case) through the voices of the hierarchically superior actors, the public health doctors, and the agents of public authorities.[9] Nevertheless, we fundamentally draw on texts and articles which present the impressions and/or perspective which important public health agents involved in public health actions in the

period had about the actions of the guards, due to the proximity that they established due to common work activities. However, in my opinion, this situation did not exactly prevent sufficient evidence from being found which allowed us to reveal at least some important aspects about the modes of existence and the social and professional relations of these workers, even though, in function of the specificity of the documentation, this has demanded an attentive and careful reading in order to capture meanings and significance present in a subtle manner between the lines in the material consulted. After all, as we have stated, our sources are to a large extent public health doctors, in other words, the "superior elements of the public health services," who looked to their auxiliaries in a contradictory manner, sometimes with admiration, more frequently with little tolerance, reasonable suspicion, and above from top down.

Sertanejo Taylorism: doctors, sanitation guards, and relations of power [10]

To implement the ambitious project defined in the 1941 reforms, whose aim was to "create a wide range of health services to reach all the states in the country in a coordinated manner," what would be necessary was wide-ranging "investment in the specialization and professionalization of careers directly related to health" (Fonseca, p. 244). For this, according to Fonseca, it was decided to rely on the training of public health agents, with "fulltime careers and sole dedication to the service, linked to a willingness to travel," which consolidated them as specialists of "prestige in the medical career" and raised them to the condition of "leaders and agents implementing the projected changes" (ibid., p. 245). Nevertheless, as we saw in the discourse of the public health agents Vieira and Borges, mentioned at the beginning of the text, "as in the army," in public health the "superior elements of the service," "qualified technicians," also needed to be helped by auxiliaries in a "sufficient number and with adequate preparation." Assenting to this was no one less than the Director of the National Department of Health (DNS), mentor of the 1941 reforms, the *sanitarista* Barros Barreto, when he indicated, according to Fonseca, that for the proper progress of public health, other careers were necessary, such as "laboratory technicians, dentists, veterinarians, nurses, sanitation guards, laboratory practices, and attendants" (Fonseca, 2007, p. 200). He stated that for these "specialization courses

were being held in the various Brazilian states, as public competitions had come to be compulsory to enter the public career" (ibid.).[11]

Generally speaking, for the selection and recruitment process of guards rapid technical training came to be required, lasting a month, and by 1938 around 130 guards had been trained (Fonseca, 2007, p. 202). According to Barros Barreto, the course required various types of knowledge which included

> hygienic habits, general construction conditions, the conservation and keeping tidy buildings and their dependencies, wastelands, yards, gardens, water supply and sewage; sanitation for huts, collective habitations, commerce in foodstuffs, warehouses, offices, barbers', entertainment establishments, stables and coach-houses, meadows and small farms; the general principles of hygiene and the administrative norms of health inspection services. (apud Fonseca, 2007, p. 251)

In effect, the recruitment of these auxiliaries imposed special care, taking into account the characteristics and demands of the work to be implemented, particularly due to the fact that these workers were selected from among the populations attended in the Brazilian rural environment, in general with little or no education. Analyzing two manuals produced by SESP aimed at both sanitation guards and sanitation visitors, Teixeira emphasizes that these had a "certain singularity" because they were "concerned with the training of habit formers" in the middle of a necessary process "of the fabrication of their own agents, not all committed to the values and norms which guided them [the manuals], specifically in relation to internalizing (territorially and subjectively) sanitarian technologies." In addition, he stresses that these workers were "enlisted among residents in relation to a set of pre-requisites which involved everything from education to personality attributes." Later on he suggests, notably in relation to the manual for the guards, that due to the "complexity of the available information" it was aimed at instructors and not the guards (2008, pp. 966-968).

In the studies carried out about the actions of sanitation guards from the Special Public Health Service (SESP), Vilarino and Genovez similarly emphasize that their work was seen as fundamental for the acceptance on the part of the populations assisted of the "sanitation novelties disseminated in their name [of SESP]." Therefore, it was concluded that for the 'success' of the interventions made, "some requirements had to be fulfilled: good orientations for the sanitation guards and their own convincing about the value of sanitation and

hygiene, since many of these employees came from their own communities" (2009, pp. 8-9).

In relation to the requirements for the selection of guards who would work in the National Bubonic Plague Service, the *sanitarista* Celso Arcoverde de Freitas commented:

> We selected the guards by age, never less than 20 or 22 years of age – young people, but not too young – or above 35 years. Why? Because the work is very hard in the rural area. It involves horse-riding, walking, spending the entire week outside, or only going home at the weekend. The individual will spend one, two, three, four, five years, then marry and along comes complications. There is the family, the son, they no longer want to be transferred from one district to another, and this is problem which the public health administrator has to resolve. It is the question of the structure of the groups of trained sanitation guards. All guards have to be able to read. All guards have to be able to read, write, do all four mathematical operations, because he has to be able to write; they have to do the statistical part and all that. Now, they were trained by us in the countryside. (apud Fonseca, 2007, p. 203)

Nevertheless, as can be observed in the same statement, the guard training processes were also carried out in the daily practices of the service, since as the *sanitarista* stated, "they were trained by us in the field." Nevertheless, perhaps other criteria also need to be mentioned in the selection of these workers, criteria that are not very explicit, even hidden, but nonetheless indispensable for the proper performance of public health activities in rural areas, without which the "superior members of the public services" would have had difficulties carrying out their valuable work. In his instigating work about the trips and campaigns carried out by *sanitaristas* during the 1930s and 1940s, Neiva Cunha suggests this by observing, based on the narrative of those linked to the National Bubonic Plague Service, which in the far-flung regions of Brazil, after leaving the principal roads and following local roads only covered by foot or on horse back,

> the sanitation guards and the motorist always acted as guides, as they were generally people enlisted in the location and knew the region well. It was them who gave advice about the best decision to be taken, for example, in relation to the choice of a good animal to continue the journey. It was also them who indicated the best path to be followed. The importance of the choice of this type of '*mateiro*' was decisive for the proper progress of the journey. (2005, p. 172)

Nevertheless, to the contrary of what could be suggested by a rapid reading of the capacity of these workers – considering their origins in the illiterate and backward Brazilian rural world – this does not appear to have prevented them from getting good training, in as much as the importance and the quality of the work of the guards has been widely recognized, which can be observed in the reports and statements of the *sanitaristas* and in the reports which analyzed the results of certain public health actions. Hochman and his collaborators, for example, in the study about the fight against the *Anopheles gambiae* mosquito, a campaign carried out by the National Malaria Service for the Northeast (SMNE) in 1939 (created under the auspices of the Rockefeller Foundation), stated: "Each Zone was confided to a guard from the anti-larva service who went through it weekly, collecting water, whether or not larva was presented." Later it is concluded:

> The control of the efficiency of the work realized was done by the guards based on the rigorous research of larvae in all the water collections. At the end of 1941, due to the *excellent results obtained*, the use of Paris Green was gradually suspended in areas considered free of the presence of the mosquito until the total extinction of the anti-larva service in the first half of 1941. (Hochman; Mello; Santos, 2002, p. 246, emphasis added)

Looking at the routine of the National Yellow Fever Service (SNFA), the participation of the sanitation guards can also be seen to have been indispensable, as shown by the report of the *sanitarista* Fausto Magalhães da Silveira. Talking about domiciliary visits, the basic work of SNFA in its fight against *Aedes aegypti*, it is clear that the work depended very much on the qualified action of sanitation guards. According to Silveira,

> What I know is that there existed great rigor in the work of the guards, who visited on average, 500, 700 houses per week. In the center of the city where there were lots of *sobrados* (lofts) this could fall to 300 or thereabouts. But all of this was done with such rigor, which also in some areas, we measured the time the guards spent in each visit... The guards visited, looked through everything and would eliminate the foci that might exist. And the group which did this investigation in rural areas had the dual function of larva guards and captor guards. (apud Fonseca, 2000, p. 397)

Later he commented:

> Because there existed guards in the service who were true artists! And I admired that and said to myself: "I am not able to do this service!" The guy arrived in a medium sized town, starting with the water source, he did the thing *with such a precision* that in possession of the map, you would go and check that it was rigorously what was portrayed on the map drawn by the guard. There were *highly* trained subjects. It is true that all of them were specialized guards, they were head guards and moved whenever the Service wanted to organize this police service focused on determined rural areas. (ibid., p. 398, original emphasis)

What is observed here, in a crystalline form, is the recognition of the important role of sanitation guards in the fight against yellow fever, with it being highlighted, full of admiration, that the work was done with great 'precision' by 'highly trained subjects,' seen then as 'true artists.' But it is important to emphasize another aspect: the subtle indication, that is precious and revealing of the subordination and the control which the guards where submitted to by the *sanitarista* doctors who had the power to verify if what was drawn on the map was 'rigorously' what had been implanted, even with the detail control of the time spent by the guards on each visit they made. Furthermore, according to the doctors, they had the authority and power to dismiss their auxiliaries immediately, without the right to "explain anything," as can be observed in these statements:

> Why was the map updated? For you to know the routes of the guards, where they could be found... a subject arrives at a service like this, looks at the map, you know the location of *all* the guards, right? You leave there if you do not find anyone, he is lost. (Silveira apud Fonseca, 2000, p. 398, original emphasis)

At another moment he states:

> Each group of these guards, we can say six or seven, had a head guard. And there existed the overall head guard. There was no possibility of the guard registering activities which were not done, because as well as the control of the itinerary, we used a form which the guard was obliged to sign and date, about his work. And they knew perfectly that if they by chance wanted to 'impregnate' their visits, recording two trips in subsequent weeks which they had not done, it would be easily identified by the inspector or by the doctor. *In these cases, dismissal was immediate*, there was no chance to explain anything; it was inexcusable. (ibid., p. 397, emphasis added)

Accompanying in the studies carried out the report of two health agents working in the public health intervention programs undertake in the 1940s in the region of Governador Valadares, in Minas Gerais, Vilarino and Genovez confirm to a great extent this assessment:

> The reports of the two employees mentioned above coincide with the assessment under the control of the Service, which according to them was very organized. The work of the guards or sanitation agents was supervised and each one had a determined itinerary, their own forms to fill in; by foot or on bicycle they covered the whole town, also going to the rural zone. There was much rigor on the part of the directors and any deviations were punished with the suspension of service, known among the agents as *balão*. (2009, p. 8)

What can be noted is the respect for the hierarchy and that whatever was decided by medical superiors was non-negotiable, which according to Neiva Cunha, favored or could generate an environment of bellicosity, at the same time that it suggested a relationship of suspicion between guards and *sanitaristas*, with the auxiliaries seeking to 'impregnate' visits, 'burn' houses,[12] or make a 'fictitious record of activities,' while the medical supervisors created rigorous norms and rules to inspect and punish the guards (Cunha, 2005, p. 224). According to Dr. Celso Arcoverde de Freitas,

> Once, Dr. Alves Bezerra inspected without warning various places in the district of Palmeira do Índios (AL) and found a serious problem of a 'false registration.' The guard in question, when he arrived at the houses, simply loudly announced: – 'The orders are the same!' He spun on his heels and went on, repeating the refrain in houses where he decided to go to and sign the visit report, which was placed inside the front door. At the end of the day, without any effort, our irresponsible guard recorded in the bulletins the productivity demanded from the field service. Obviously the penalty was dismissal. (Freitas, 1988, p. 65)

It appears that this was an old characteristic of the way relations were created between doctors and public health auxiliaries. Analyzing the Rural Prophylaxis Service of Parana, in a period before the one we deal with, between 1916 and 1921, headed by Dr. Heráclides de Souza Araújo, the historian Beatriz Olinto observes that in his reports it was always repeated the "authority of the doctor over the guard" taking into account the "need to frequently reinforce the role of each category involved in the project and to leave clear the limits of the actions of sanitation guards." According to Olinto this was a serious

indication of the "fear of the doctor in relation to the latter [the guards]." Afterwards he suggests:

> Perhaps a lack of faith in their subservience to hierarchy and scientific authority. Perhaps because these people are chosen amongst local residents, closer to the patients, a closeness reinforced by visiting residences and administering medicine, which could result in recognition as a sanitation authority on the part of the local population. But these are only hypotheses. (2012, pp. 114-115)

As can be seen, it seems that the relationship of suspicion and mistrust between *sanitaristas* and the guards was a very old one! The former were responsible for the supervision of the activities carried out by their sanitation auxiliaries, using various strategies such as inspecting 'without prior notice,' which in general assumed the meaning of a rigorous inspection, with the possibility of punishment and, at the limit, summary dismissal. Furthermore, what the statement of Dr. Celso Arcoverde Freitas shows is the presence of a tactical conflict between the guards and the *sanitaristas*, with the former seeking to dribble the work and the surveillance of the *sanitaristas,* while the latter tightened their method of control and surveillance. Here what can be observed is that, as well as the partnership and intermingling in the work, there was a strong relationship of power with very little complicity and the permanent use of means of control and threats of punishment, creating a situation of near despair of the guards in the presence of the doctor, as Fausto Silveira reports: "cars were something rare. Ninety percent of the guards heard the rare sound of a car and said: 'The doctor is coming! You know that once a guard, he saw a car, and there was a wall... He was not following his route. He jumped over the wall and broke his leg, the foot? It was terrible!" (apud Fonseca, 2000, p. 398).

This aspect, to a certain extent in a contradictory manner, calls attention in the relationship between the guards and the *sanitaristas*, since at the same time that the latter recognized the quality and importance of the work of the guards, as we have observed they seemed to nurse a strong suspicion in relation to the personal behavior of their auxiliaries, which led them to implement modes of control of work that were ever more severe and prescriptive, further revealing a certain contempt or at the least a lack of consideration for the work the guards carried out, sometimes even compared unfavorably to cargo animals. Here it is worth noting the very ironic statement of the *sanitarista* Fausto Magalhães da Silveira, the same person who various times praised the

'precision' of the work of the guards, considering them 'highly trained,' 'true artists' of their profession:

> And little by little we were invading the rural zone. The visits there were done by donkey, by ass. I always thought that the Yellow Fever Service committed a great injustice by not paying homage to the donkey with a statue in the middle of Brazil. Because if it had not been for the donkey, the ass, we would never have been able to have eradicated *Aedes*. In the town the service was done it, in 'P2' we can say. 'P2' was done on foot by the [sanitation] guards: zap, zp, zap! He runs from one side to the other. (apud Fonseca, 2007, p. 237)

As can be seen, ever with all the running around of the sanitation guards, on foot from one side to the other, who the *sanitarista* deemed wronged, to the point of deserving a 'statute in the middle of Brazil,' was only the valorous donkey!

According to Neiva Cunha, in an already mentioned work, there was a list of procedures to be carried out which was organized by stages: these ranged from supervision (of rat removal and prevention, for example, in the case of the fight against the bubonic plague), already carried out by the sanitation guards, at the moment of the *in loco* monitoring of the work of the auxiliaries, aiming to observe and correct the techniques they used. After this came the stage of revision, in which one or two days of the work done by the guard was revised, without their presence, in which, noting the mistakes and doubts about the work done (Cunha, 2005, p. 212). The supervision also involved the team of the sanitation guards through "the establishment of 'hierarchically superimposed classes' – called pyramidal supervision" – which was structured in the following form:

> each team of five guards was under the supervision of a head guard; and for each five head guards there was a head guard inspector, responsible for a determined zone of work. The head guard inspector was responsible for presenting data relative to the area of work under his responsibility and for accompanying the doctor-*sanitarista* charged with supervision. (ibid., p. 213)

Ivana Lowy, in turn, described in very similar terms the functioning of the service for combatting yellow fever in the 1930, still under the control of the Rockefeller Foundation – which she describes as a "*Sertaneja* version of Taylorism" – and which little changed after its transformation into the National Service subordinated to the DNS in the 1941 health reforms:

> A rigorous pyramidal organization ensured the permanent inspection of these workers [the service's employees]. Zone inspectors were controlled by the district inspectors; these were in the sights of an inspector general who, in turn, was controlled by the regional director, usually an American. *It was possible to easily localize and follow each inspector, since the employees of the Yellow Fever Service had the obligation to fly a flag indicating the house they were visiting.* A complicated system for registering and collecting data to verify the inspectors' work was established. The zone and district inspectors filled in forms which indicated the progress in the eradication of the disease each week, while the general inspector checked if this agreed with the data supplied (separately) by the zone and district inspectors, and produced statistical data about the area under their jurisdiction. The regional director centralized the paperwork and checked again all the quantitative data. *Employees who falsified a document — if, for example, they included in their daily or weekly report houses they had not visited — were summarily dismissed*. (Lowy, 1988-1989, pp. 660-661, emphasis added)

To a certain extent, this 'pyramidal' model of supervision suggests – more than the dimension of rigorous control and immediate punishment emphasized in the comment above, an expression of unquestionable medical power – it is the presence, as emphasized by Cunha (2005, p. 224), of a hierarchy within the sanitation guards, stimulating a certain atmosphere of belligerence, vigilance, and competition between the auxiliaries, with the institution of proceedings of authority and intra-team hierarchy. Which perhaps – and to me it seems reasonable to suppose – could act as a desegregating sphere, creating hindrances to the affirmation of a group conscience and a meaning of social aggregation and collective identity, at the same time that it insinuated the possibility of individual strategies of social ascension. In this case, the manifestation of vertical loyalties and the obedience to hierarchy probably were presented as the most suited to reach favorable positions in terms of social prestige and *status*. After all, to reach the position of head guard and head guard inspector, it was necessary to gain the trust of the *sanitarista* doctor – to be considered, for example, 'highly skilled,' according to the previously mentioned report of the *sanitarista* Fausto Silveira –, and, as a result, to obtain prestige, functional ascension, and an obvious social and economic return. In a visit to the Yellow Fever Service in the 1930s, Dr. Morgan, a doctor from the British Ministry of Health, admiring its organization, described it in his report:

> they all use a work uniform which is a khaki tunic and denim trousers, both washable, a kepi with a green ribbon and the emblem of the service and a green armband. The use of this uniform is restricted and is subject to federal regulations which prohibit its imitation or use by any other corps or persons not affiliated to the service. *As a result, the men are known, the public recognizes them, and they can easily be tracked by the higher ranking employees of the service during their supervision tasks.* The system was designed in the smallest details, with an experimental service also being used and timed with a stopwatch in the hand in order to determine the exact time it took the inspector to complete the inspection, so that it could be known at any time of any day of the week, exactly where to find them during their rounds. The inspectors carried out their inspection exactly in the same manner week after week, always moving the same direction and with the same pace, and thus the work became so automatic and follows such an exact routine that the possibility of any possible places of the reproduction and deposit of larvae or errors in the detection of adult mosquitos is to the minimum.' (apud Lowy, 1988-1989, p. 661, emphasis added)

Once again what calls attention here is the intended level of control and organization of the service, even with the presence of specific uniforms which easily identified the workers and made them recognizable by the public, which also further facilitated their being 'tracked with facility by higher ranker employees.' This severe work regime led the historian Ivana Lowy to describe it as a '*Sertaneja* version of Taylorism.' Also very interesting is the aspect of the 'recognition by the public' when it was known that the guards in general were recruited in local populations, and often had relations with the groups being assisted. In this case the hypothesis is that the demand for a uniform with military characteristics and all the formality that this demand established in relation to the presentation of the employees when they were working, with symbolic effects that were not negligible in terms of subsumption in the hierarchy, perhaps had this objective, amongst other reasons, of affirming the authority of the sanitation guard and at the same time preventing possible intimacies and proximities seen as undesirable for the technical progress of the work. According to Fausto Silveira, the authority of the guard was indispensable for visits:

> But the domiciliary visit was the basic, fundamental, point which allowed the eradication of *Aedes aegypti*. Without this authority of the visit, not only in the capturing service, but also in the service of policing the foci, the periphery of

> the houses, but *inside* the houses, would have been totally impossible... Today the sanitation guards have no authority to enter in anyone's house. (apud Fonseca, 2000, p. 398, original emphasis)

Vilarino and Genovez, in turn, based on the statement of a sanitation guard who, according to them, had worked "for decades in the service," indicated something similar: "some residents were afraid or even did not like to be visited by the sanitation agents as they were ashamed or uncomfortable with their presence in their houses. In these cases, they were instructed to speak with authority in order to convince the residents" (2009, p. 162).

Nevertheless, it is possible to also assume that it was sought to avoid the establishment of closer relations which could generate complicities and bonds between the auxiliaries and those they worked with (and vice-versa) and not with the "superior members of the public health services," i.e., doctors and public health authorities. Neiva Cunha, for example, calls attention to the "resistance and refusal of the population to adhere to the new norms and measures imposed by the system of public health practices" in as much as this demanded what she called the "new premises of the *cosmology of sanitarism,*" in other words a "set of values which translated... into new habits and customs for the population" (2005, p. 223). A type of "initiatory pedagogy," according to the author, which to some extent assumed a "bellicose dimension" among the "teams responsible for the actions of Public Health and the local populations" (ibid., p. 224). In this case, this pedagogical task was, above all, the responsibility of the *sanitaristas*, specialists armed with an arsenal of knowledge necessary to "confront the forces responsible for the misfortunes represented by the endemic diseases which afflicted the Brazilian population" (ibid., pp. 223-224). However, as well as having to convince the actual health agents – the guards and auxiliaries who had come from the same rural universe to be converted – of this new "public health cosmology," in a process as already mentioned of "training the habit makers," it was the auxiliaries in general who carried out the principal tasks of contacting and directly dealing with the populations – in the sense of administrating and operationalizing the necessary public health measures. Therefore, – it does not seem unreasonable to assume – this perhaps could have created a certain amount of mistrust and/or bad feelings in the relationship between *sanitaristas* and guards, due to the proximity of the latter to the communities they assisted. In effect, as suggested – and correctly in my opinion – by Beatriz Olinto in the text cited above, since it was the guards and subordinated who "visit[ed] the residences and administer[ed]

the medicine" it is also possible that the doctors were concerned with their own recognition "as public health authorities by the local population" (2012, pp. 114-115).

By way of an ending: (in)conclusive considerations

Analyzing the statements of the important *sanitaristas* who worked in the 'interior' of Brazil between the 1930s and 1970s, the historian Cristina Fonseca draws the following conclusion:

> The set of statements presented here sought to highlight, as the central idea of the exhibition, the presence of public authorities in the interior of the country. This presence was made feasible, as has been seen, through the strong *institutional hierarchy*, based on a centralizing model and which can basically be found in the *meticulous monitoring of the implementation of the services – exemplified by the control of the work of the sanitation guards*. (2000, p. 409, emphasis added)

Given everything that we have been able to observe in the materials consulted above, i.e., relations based on suspicions fear, and latent and recurrent threats, with the often emphasized demand of the strict submission of the guards to the authority of the doctors – the excess of zeal of the *sanitaristas* for respect of hierarchy and severe obedience is impressive –, in other words, the repeated constraints on a group of very vulnerable workers, with very restricted possibilities, if any, of being able to use resources and to appeal to social agencies for protection and the measurement of labor relations, I believe that it is valid to accompany the indications presented in the conclusions drawn by Fonseca: strong institutional hierarchy with a meticulous monitoring of the service exemplified by the high level of the work of the guards. In effect, one of the aspects that in my opinion most leaps out in the material compiled is the objective finding of an unstable and insecure professional situation, based on an "acute uncertainty" in the reproduction of "daily life" (Savage, 2004, p. 33) – as can be seen in the frequent mentions that they could be summarily dismissed by their medical supervisors, without "any explanation" as they said – as well as being strongly hierarchized and subject to rigid controls. In this sense, the hypothesis of identifying, by the subordinate workers, of most individual strategies of action of social ascension – such as reaching, for example, the hierarchically superior position of head guard and head guard inspector and what this provided in terms of social and economic results and

prestige – in a life of someone who may have been at the preeminent limits of survival – "the overwhelming urgency of relations and duties," in the terms of Thompson –, it seems to be to be a very relevant measure. In this case, it is possible to suggest that the most adequate behavior to reach these objectives would involve the manifestation of vertical loyalties, as well as strict obedience to hierarchy and discipline, which to some extent could favor or serve to reinforce the logic of control and authority determined by the organization of the work, in other words, the already mentioned "*Sertanejo* Taylorism."

Nevertheless, although this could have happened, it does not seem correct to me to note only this aspect – it can be seen that the important tactical conflict between *sanitaristas* and guards over the work, with the rigorous implementation of means of control by the former often being bypassed, or was about to be bypassed, by the latter, through what was identified as 'impregnating' visits or 'burning' houses. A tactical conflict which revealed other logics of action and relationships, in this case somewhat more tense and challenging.

Moreover, it can be suggested that behind the argument which justified certain severe measures of control over the guards' work, always referring to the search for greater efficiency and good technical results in the implementation of important public health actions, also feared was the establishment of closer relations of loyalty and bonds of the auxiliaries with their neighbors (and vice-versa) and not with their hierarchical superiors, doctors and even more high ranking employees, such as head guards and inspectors, above all if we consider the fact, often highlighted in the documentation, that the guards were recruited from among the assisted groups, in other words, they were "members of the communities assisted or had the same profile" as them (Vilarino; Genovez, 2011a, p. 166), which seemed to be a reason for great concern on the part of the *sanitaristas*.

At least in reference to the contradictory relations between doctors and guards (the main focus of our study), instead of seeing these workers, simple men from the Brazilian rural universe, as only or mainly as brutish and rude *Sertanejos*, without the capacity or organize interests or to affirm their own objectives, as if they passively accepted to be submitted to the dictate of medical authority – a fact expressed by the absence of associative processes and the most revealing moments of conflicts and the non-identification until the moment of the affirmation of collective identity –, it is possible to suggest something more than this: the observation of plots that are somewhat more complex than relations of power, hierarchy, and inequality in relation to the

uncontested authority of doctors which the guards had to deal with on a daily basis when implementing their work, and which, to the extent that their few possibilities allowed, sought to favorably manage, aiming to "take care of their problems" (Savage, 2004, p. 53). This leads us to propose, as a final comment, that in the singular work experience of the guards, it is correct to point out – as in numerous other cases of subordinate workers in situation of great vulnerability and "structural insecurity" – the presence of elements which note social dispersion and desegregation, it seems valid to me to also register the presence of logics of action (Kirk, 2004; Batalha; Silva; Fortes, 2004, p. 15) – although diffused, incipient, and individual – revealing of objectives which, in their way aimed to put "the system in their favor" (Ramalho; Esterci, 1996, p. 86), as well as expressive behavior of a recurrent and unescapable inertia.

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NOTES

[1] Doctorate in Social History, Universidade Estadual de Campinas (Unicamp).

[2] According to Heloísa Rocha, 'public health assistants' was the terminology used in the "documents of the period to refer not only to sanitation or public health educators, but also sanitation or public health nurses, sanitation or public health visitors, laboratory technicians, and guards, amongst other professionals, whose care assisted the work of doctors and other specialized technicians" (ROCHA, 2005, p. 75).

[3] There are more than a few studies which identified some similarities in the characteristics of the work of the ACS and some health agents in the 1940s and 1950s, particularly in the in the SESP assistance model: "In its [SESP's] model there was a figure – similar in some aspects to community health agents – who were called sanitation visitors" (PEREIRA; RAMOS, 2006, p. 32); "The mediators changed. We no longer have sanitation visitors and guards, other political actors assumed this position: health educators (no longer sanitation), community health agents, indigenous health and sanitation agents" (TEIXEIRA, 2008, p. 973).

[4] An exception should be made of the important work done by Faria (2006) and Castro Santos and Faria (2010).

[5] Technical health workers, accompanying the definition of an important study about the situation of professional education and the labor market of health auxiliaries and technicians, carried out by EPSJV-Fiocruz and funded by the Ministry of Health, should be un-

derstood the "set of workers who exercise technical and scientific workers in the health sector," which is not exactly related to their level of education (REIS, 2003, p. 13).

[6] Bourdieu understands *habitus* as a scheme of perception, appreciation, and classification of the social world acquired by individuals based on experiences lived and internalized in accordance with a certain social insertion, not exactly reduced to the condition of class, but which escape their conscience – "an incorporated disposition, almost postural" in Bourdieu's words –, coercing them to a certain specific practice, although these individuals should not be taken for this reason as mere effects of social structures (BOURDIEU, 1989, pp. 59-73).

[7] The concept of *structures of meaning* was developed by Raymond Williams in his *Marxism and Literature* and sought to define "a specific quality of experience and social relationships" referring to "meanings and values as they are actively lived and felt." In our opinion, he intended to link the determinations coming from the material conditions of existence (structures) and the way these are treated and/or experienced in terms of the affective experiences of subjects (feelings). In other words, "thought as well as meant" and "meant as well as thought" (WILLIAMS, 1979, p. 134).

[8] In relation this, see the work of Teixeira (2008), who used an interesting analysis based on two manuals produced by SESP, aimed at the training of the Sanitation Guards and Visitors.

[9] Generally speaking, the oral history programs aimed at public health workers, despite being a valuable research source, have until now privileged the memory of doctors and public health researchers. An exception should be made of the works of Genovez and Vilarino about the actions of SESP in the Vale do Rio Doce region in Espírito Santo, which used the statements of health auxiliaries in interviews held by the Collection of the Historical and Territorial Studies Group of Univale (see: VILARINO; GENOVEZ, 2009; 2011a; 2011b).

[10] I owe the expression *Sertanejo Taylorism* to the historian Ivana Lowy who, in her study about the Rockefeller Foundation, described the work of the Yellow Fever Service organization as the "*Sertaneja* version of Taylorism" (LOWY, 1998/1999, p. 661).

[11] It is interesting to observe the affirmation of the director of DNS that for health auxiliaries, including the guards, "public contests were also being held to enter the public career," which leads us to suppose some type of stability or legal protection in relation to the labor question. This statement clashes with the recurrent comments of *sanitaristas* that these workers, specifically the sanitation guards, could be fired without ceremony for any mistake or absence from work considered serious by their superiors, as we will see during the text.

[12] 'Burn' a house was to 'stop working' in a certain residence, probably registering it as inspected.

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