Race, Gender and Public Policy in Ecuador, 1895-1960

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The wider project from which this research stems examines the intersections of race, gender and national identity in Ecuador in the early-to-mid twentieth century, using the state and the process of state formation as the key locus of analysis. The expansion of public health and sanitation was central to this process of modernization in Ecuador. During the period under review, the tropical coastal and Amazonian regions were being spatially integrated into the nation for the first time through infrastructure projects such as the Quito-Guayaquil Railroad and the creation of a highway from the highlands to the Amazon, while the exploitation of the raw materials (including oil, gold, ivory-nut and rubber) that lay in these regions was imperative to elite goals of economic modernization and full national integration into the world economy. Yet these zones were plagued by diseases like yellow fever and malaria which discouraged both the migration of labor and the penetration of foreign capital.

Health and sanitation are essential to an analysis of race and gender because they were at the heart of state efforts to "uplift" the living standard of racial subalterns and to transform the role of women in society. At the turn of the twentieth century, approximately forty percent of the population was characterized as of indigenous descent, while a further ten percent was black or mulatto. Elites increasingly recognized (in no small part because of popular pressure from below) that black and indigenous groups could not continue to simply be excluded from the nation, and began to debate whether they could be "improved" enough to become useful citizens.

Indians in particular were characterized as "dirty" and unhygienic and were blamed for the spread disease, especially the cholera and bubonic plague epidemics that occurred in the 1920s and 1930s; yet they were also seen as "transformable" through targeted application of social policy in the fields of education and sanitation.[1] Women's relationship to the state was under similar negotiation. The idea that women were "naturally" religious and politically conservative led to the intense politicization of women's roles by rival liberal and conservative groups in this era, and in 1929 Ecuador became the first Latin American country to extend the right to vote to women, in an effort by the then in power conservative government, to consolidate their support base. The idea of the home became a dominant trope of discourses of modernization, and as elsewhere in Latin America this was translated into state policy through educational initiatives centered on puericulture and domestic hygiene.[2]

Yet despite these ambitious aspirations, limited fiscal resources meant that the state lacked the economic capacity to achieve its social policy goals and so was forced to rely on proxies and intermediaries. In the field of education Jesuit, Dominican and North American Protestant missionaries largely fulfilled this role, dominating the provision of rural schooling. In the realm of health and sanitation the Rockefeller Foundation (RF) became an important actor, most notably leading the campaign to eradicate yellow fever in the port city of Guayaquil that was so central to Ecuador's integration into the global economy. The RF also supported other smaller public health initiatives, and spearheaded the expanded training of medical personnel.

In this research report, I will examine the ways in which the RF actions and inactions shaped the gendering and racialization of the Ecuadorian state's modernization process and assess the meaning of this in order to understand the international currents that shaped domestic state building in the Andes.

Race, Ethnicity and the Spacialization of Rockefeller Foundation Policy

Ideas about race and transformability profoundly impacted the state allocation of resources and the public health priorities of the Ecuadorian government. Social policy efforts were concentrated on large urban centers and in the countryside, and were restricted to those groups perceived to be most capable of making the behavioral shifts necessary to become respectable citizens—notably highland Indians. Amazonian development was largely outsourced to foreign corporate interests and missionaries, while social provision in the mainly black coastal province of Esmeraldas was neglected almost entirely.[3] This reflected ideas about national priorities, and served to shape a sliding scale of national inclusion that ranked the capacities and potentialities of different ethnic groups.

Many of the ideas and assumptions of the Ecuadorian state about the inferiority and problematic nature of particular races were shared by RF policy makers. This should not be surprising: race and racial ideologies operated in the early twentieth century as international discourses, and were shared and reinterpreted across the Americas. In a 1947 visit to a rural teacher training school near Tambillo, in the highlands of Ecuador, RF representative E.C. Stakman manifested a strongly racialized contempt for efforts to teach academic subjects to indigenous people. "Most of the students are Indians. The spectacle of an Indian girl trying to explain a problem in algebra, when it was evident that she had memorized without being capable of understanding, was a conspicuous example of misdirected effort." [4] On other occasions the disparagement of indigenous people was more opaque, but equally telling. In a 1940 report on living conditions in Ecuador, aimed at recruiting teachers for the proposed American School in Quito, the RF representative listed the observation of Indians as an amusing pastime, noting in a section headed "hobbies," that alongside a variety of plant and animal life: "The Indian, a source

of anthropological and sociological study, is at one's very door in Quito."[5] The invisibilization of blacks was taken to extremes in RF demographic descriptions. A Survey of Medical Education in Ecuador produced by J. H. Bauer in Lima in 1952, described the national population to be "distributed racially as follows: whites, 8%; mestizos 38%; and pure Indians 54%;" totally discounting the substantial black population.[6]

Racial ideas impacted the way in which disease vectors were labeled and discussed by RF officials. This can be seen most tellingly in the aftermath of the successful campaign to eradicate yellow fever in the important port city of Guayaquil from 1916-1918, when there was extensive discussion about the migration of highland laborers and their mutual congregation as a major source of yellow fever infection.[7] "Serranos," as people from the highlands were termed by RF officials (adopting the usage common in Guayaquil) were less likely than people from the coast to have immunity to yellow fever, since the disease was not endemic in the highlands. These "non-immunes" were viewed by RF officials as a major factor in keeping the disease alive. Almost all of those who contracted yellow fever during the months of July and August 1918, were of highland origin, and had resided in Guayaquil only a few weeks or months. An official report noted: "Comparatively few Ecuadorians from the mountainous districts appear to live long in the coastal plains without contracting the disease."

A big problem was that many infected people experienced only mild symptoms, which they misdiagnosed as malarial fever, and did not seek treatment or enter quarantine. As a result they spread the disease from house to house and from town to town. This was attributed to migration practices. "There is a distinct tendency for Serranos to locate in certain rather definite houses run by their own town or distinct friends, prior to seeking quarter for themselves." As a result, it was proposed that a core focus of the maintenance campaign be a systematic fumigation

in areas where non-immunes gathered, as well as "registration and daily medical observation of all non-immunes to detect early cases of acute infectious diseases that are suspicious."[8]

Given the context of the time, we can assume that most of these "serranos" were indigenous laborers. Although this was never made explicit, one of the key goals of the liberal state was to facilitate the movement of indigenous peoples from the highlands to the coast, and many agricultural workers were attracted by the promise of higher wages on the cocoa plantations that were booming in that period. In RF efforts to police communal housing, we can see racialized undertones developing that mirror those seen in Ecuadorian state efforts to challenge indigenous living customs as part of the process of modernization.[9] In this sense, RF and state policy existed in mutual intersection. Both were racialized in a subtle way, problematizing indigenous practices for the threat they posed to the processes of modernization, even as they served in other ways to create a platform for enhanced Indian participation in national life.

This case-study is also telling, because it makes clear that although yellow fever was fully eliminated in Guayaquil, facilitating foreign trade and the opening of the port, it remained a serious and ongoing problem in other parts of Ecuador. Most notable were the repeated outbreaks in the Amazon, an area which continued to be racked by the disease. However, reports of outbreaks failed to pique RF interest, perhaps because the majority of victims were lowland Indians.

RF correspondence reveals that frequent notifications were presented about the problem of yellow fever in the Amazon. One particularly detailed account came in 1936 when the Science Service in Washington D.C. forwarded information received from an archeologist who had been on an expedition in Ecuador the previous year, and thought the RF might be interested in the

prevalence of yellow fever he encountered during his travels in the province of Oriente. The archeologist wrote that between April and October 1935 he witnessed an intense yellow fever epidemic on the Anzu River, one day's journey above Napo. As the Science Service surmised: "The Indians in the location were dying off to the extent that no labor was available there anymore, and he had to abandon his expedition because he could not get any Indian porters."[10] A description was provided of the symptoms of the disease, called the "3-day" disease by the Indians, because death followed on the third day following the initial symptom of a severe headache, followed by additional symptoms including a high fever and green or black vomiting. The outbreak occurred in a part of the Amazon previously considered to be exceedingly healthy. The archeologist reported that quinine did not help sufferers of the disease, and no other medicines were available.

Concern was expressed that because the Ecuadorian government had been intensifying its military presence in the area troops might contract the disease and spread it to other parts of Ecuador.[11] However, the letter prompted no reply or follow-up correspondence, suggesting that at this point an outbreak that concerned only Amazonian Indians was not considered a priority to the RF.

The following year the RF representative on the ground urged New York based officials to act on the Amazonian outbreak, writing that there was so much yellow fever virus scattered around the Amazonian jungle districts that "we must, sooner or later, expect the appearance of the disease in any unprotected city." [12] However, the response from higher ranking personnel was that: "It is no part of the Foundation's program to become permanently involved with the administration of the anti-mosquito service and only under exceptional emergency conditions of a temporary character, can we expect to secure provisions for the organization of anti-aegypti

work." Instead, "every effort is being made to induce the individual governments to undertake the organization of the anti-mosquito service in all the important cities and parts of South America."[13] Perhaps because the disease was affecting mainly Amazonian indigenous groups—not a constituency that greatly affected U.S. economic interests— no action was taken and the Amazonian yellow fever outbreak continued unchecked.

With regards to indigenous realities, then, we see significant convergence between the policies of the RF and the Ecuadorian state in terms of the spatialization of public health provisions. Highland Indians were seen as problematic but important; Amazonian Indians were viewed as less of a priority. When we examine attitudes to Afro-Ecuadorians, the situation was slightly different. The primarily Afro-Ecuadorian province of Esmeraldas was the most neglected within Ecuadorian state policy, and I have argued in the past that this reflected anti-black racism, and a conviction on the part of national elites that Afro-Ecuadorians lacked the mutability and transformability that made indigenous peoples candidates for the future extension of citizenship.[14]

However, this exclusion was not reflected in RF policy in Ecuador. Although efforts to establish a hookworm eradication program in Esmeraldas, as an extension of the 1916-1918 yellow fever eradication program in Guayaquil did not come to fruition,[15] RF interest in the province expanded as the primary extraction sector in Esmeraldas became increasingly dominated by American capital in the 1940s. The rubber boom sparked by WW II was followed by the massive postwar expansion of the banana sector as the United Fruit Company established holdings in Esmeraldas. This was accompanied by increased attention from international agencies. In 1943, after an RF survey found that there was only one trained doctor in the entire province of Esmeraldas, as compared to ninety in the city of Guayaquil alone, plans were

proposed to establish a new IIAA-funded hospital and clinic in the city of Esmeraldas, for the benefit of rubber workers.[16]

In April 1948, Dr. Glenn Curtis was appointed leader of the expedition, and took a four day trip to Esmeraldas, "accomplished by jeep, burro-back, hiking through the jungle, and one full day in a dugout canoe"—the lack of more modern transportation, a marker of state neglect and lack of government funding. Curtis was moved by conditions in the town of Quinindé, where the only health service was a young man with three months of medical training trying to serve a population of two to three thousand people, supplied only with boiling water. "It is surprising how much this boy is accomplishing with this simple remedy." The city of Esmeraldas took ten and a half hours, in a dugout canoe, to reach. This provincial capital had a population of twelve thousand people, but the water supply was not functioning because the state-funded treatment plant was not adequate and had not been effectively operating for years. "The only sewers we could see were in the windows … the hospital consists of a wooden framed building that is certainly inadequate for their needs." Supplies were desperately needed to treat snakebite, malaria and tropical ulcers, but the most prominent public health threat was considered to be yaws. "This is the most dangerous and extensive plague in all of the province."[17] The RF's commitment to funding a yaws eradication campaign, in conjunction with the IIAA hospital, had a positive impact on modernizing healthcare in the province.

Notably, unlike in Ecuadorian policy discussions pertaining to Esmeraldas, at no time was the race of the inhabitants noted in any RF correspondence. While blackness was considered a salient and concerning category for national officials, this was not the case with regards to the RF, who were motivated primarily by the need to protect and facilitate American investments in the rubber and banana industry and related strategic interests.

Gender, Domesticity and the Rockefeller Nursing School

One of the difficulties of examining the racialization of RF policy is that it is challenging to gain more than a limited sense of how black and indigenous people responded to the ideas and strategies implemented. When examining gender, it is much easier to assess a women's agency—at least those of the middle and upper classes—in negotiating the norms and ideals laid out by official policy. In exploring the intersection between gender and RF goals and actions, it is important to note that RF activities followed a somewhat different path from those we conventionally associate with the gendering of public health. RF actions were directed primarily towards initiatives that would enhance the smooth operating of American capital, and it sponsored no projects specifically aimed at mother and baby care, or the eradication of venereal disease, or the registration of prostitution, or any of those other activities which a wave of recent research on gender and state formation in Latin America has directed our attention to.[18] However, the centrality of ideas about domesticity and the home to RF ideas about public health in Ecuador can be clearly seen in the controversies and debates surrounding the School for Nursing in Quito that was established with RF funding and in partnership with the Pan-American Sanitary Bureau and the Institute of Inter-American Affairs.

This was one of the major investments that the RF made in Ecuador, and the school faced many problems over its lifespan, including delays in construction, a lack of "modern equipment" in Quito hospitals, the resistance of Quito doctors to work with RF trainee nurses, and the inability of the Ecuadorian state to provide the necessary financial resources to bridge the gap in funding. However, perhaps the biggest problem was the challenge the nursing school faced in convincing the Ecuadorian elites and middle classes that nursing was a respectable occupation for their daughters. The school faced a chronic shortage of students, and this ultimately

undermined the long-term development of the facility, because there was a lack of candidates to send on fellowship in the U.S. that was perceived to be an essential precursor to Ecuadorian women running the institution. These problems stemmed from and reflected dueling visions of domesticity: an American image in which the domestic was moved into the public realm, and a national one, where this extension of domestic duties beyond the private space of the home had negative class and race connotations.

In a revealing letter to the head of RF nursing operations in Latin America, an Ecuadorian doctor on a RF fellowship at Johns Hopkins, Dr. Juan A. Montalván, alerted Mary Tennant to the problems the school would face and described attitudes towards nursing in Ecuador. "The nursing profession has no prestige whatever in my country. No capable or ambitious person considers nursing because it has become customary to call any woman who is employed in a clinic or hospital and who wears a white dress a nurse."[19] Thus the problem for him was the class status of most of the women classified as nurses, and while the only way to professionalize them was to improve the backgrounds of practitioners, this would be a major challenge given the attitudes of the "respectable" classes.

This idea of "improvement" in the class status of nurse practitioners was a core focus of early efforts of the RF and their partners, even before the school was officially established. The first task of the two American nurses sent to establish the school, Anne Cacioppo and Berta Maura Marsch, was to win the "confidence and the friendship of the leading citizens of Ecuador." Their efforts were praised by the Pan-American Sanitary Bureau, which reported in 1942, "They have aroused an interest in nursing among a higher type of candidate than has hitherto been known in South America."[20]

However, it seems that RF concern for the class and race status of their students undermined their mandate of creating a fully national institution. The Ecuadorian government provided scholarships for two girls from each of the nine provinces, with the intention that the school would therefore create trained public health personnel which could benefit the population as a whole.[21] Yet, the school consistently struggled to find girls from provinces outside of Guyas and Quito—the two most urban and reliably white-mestizo areas—and scholarships from other, more rural provinces, where the population was more ethnically diverse routinely went unfilled. This reflected a policy of selecting all candidates from the '*escuelas superiors,'* which was designed to "insure an intelligent student, with an education corresponding to high school or junior college in the U.S."[22] However, there were no escuela superiors—certainly not for girls—in many of the more rural provinces, undermining any effort to recruit from those areas. In 1948, under government pressure, one of the American nurses, Miss Surrette, canvassed rural Ecuador to try to find students, and succeeded in finding between seventy and eighty girls with some secondary education.[23] However, she expressed concerns about the "quality" of these candidates—almost certainly a veiled class/race comment—and ultimately only a handful of these girls were enrolled. When they graduated, the American school heads refused to fulfill their agreement with the government which stipulated that upon graduation the girls would go back to their province of origin to train nurses in their local hospitals, insisting that conditions were too "backwards" and would overwhelm any single nurse. It is likely that it was not simply hospital conditions that she was referencing with this comment.

Class and ethnic concerns also shaped personnel selections for the school. An Ecuadorian nurse trained at the University of Chile nursing school was rejected despite her professional training and two years of experience working as a nurse in the public health program in

Valparaiso. The school head feared that she might not be accepted by the right circles in Ecuador because she came from a "poor family" and "probably has a great deal of Indian in her."[24] A similar veto was placed on a Puerto Rican applicant. Despite her Master's Degree in Nutrition from the University of Chicago, the head of the nursing school, Dorothy Foley, rejected her application because "I feel a little skeptical about the ability of a Puerto Rican to manage this house, and I don't like the idea of hiring a person sight unseen"[25]—apparently a veiled racial comment, as several other American nurses whose ethnicity was not opened to question had been hired that way. As a result of this focus on class and racial purity, the school was without a Spanish speaking nurse for the first three years of its existence, severely undermining the functioning of its operation, given that few of the students had any knowledge of English.

Concerns about respectability also extended to recruitment of American staff. The hiring of a Mrs. Skelton, who had hospital experience in Central America and spoke Spanish, was vetoed because "her husband is a navy man … and she has a 17 month old baby."[26] A working mother from a military family apparently did not project the image the nursing school wished to deploy.

Tensions over what expectations could be considered respectable for young girls of the classes recruited were often filtered through religion and played out in conflicts with the nuns who had previously staffed most of the hospitals and who provided support services to the school. School leaders faced marked resistance from nuns over morality, religion, and the daily running of the school. American nurses chafed at the expectation that students were expected to go to daily mass at 5 a.m., as well as to weekly confession, and resisted the nun's expectations that they could review the content of student's mail and telephone calls. Nuns often disagreed

with and ignored the rules and regulations set by faculty and sought to interject their own ideas on both curriculum and behavior.[27]

Initially, the RF had also agreed to provide training for student nuns, but as tensions with the older nuns developed, the student nuns were dropped from the classes by the head of the school. This was partly in retaliation for the clashes, but also seemed to reflect deeper concerns about the appropriate level of modernity of the students in the class. In response to these actions, the Mother Superior removed all the nuns from the school, saying that the work the nuns were doing could be done by any hired person, and that they were needed elsewhere. [28] While they did quickly hire a new "house mother," this did create problems with the parents of the students, and reinforced concerns about the respectability of the nursing school as an institution. Both parties resorted to sending letters home to the parents of the students. The nuns wrote that their withdrawal meant that the moral status of the girls was now in question, while the American nurses emphasized the "high social standing" of the new house mother, and the fact that she was both Ecuadorian and Catholic.[29]

The nuns then sought to sabotage the nursing teachers and students on the wards, the one place where they continued to have contact, and doctors often sided with the nuns, and refused to allow them access to the operating room. Interestingly, this exclusion was framed in moral terms. The nursing school requested they be given sole access to their "own" OR, where their trainees could work with all the patients. Yet this was not approved because there were only four ORs—one to be used only for women, one only for men, and the other two were reserved just for the "dirty" cases and were used only once or twice a week. (It was not clear in what sense the word dirty was being applied). Reserving one room for multi-sex, multi-purpose use by the nurses was presented as a threat to the morality of the patients, and the nun in charge of the ORs was the

main party responsible for the resistance.[30] Eventually she was transferred because of her uncooperativeness, and replaced with a nun who had spent time in the U.S. and was therefore much more favorable to their needs.[31]

Concerns around the respectability of nursing as a career path were also displayed in the publicity and tension generated by a series of scandals involving student conduct. A series of students were suspended for bad behavior, which was publicized in the local press. In November of 1945, Bertha Jarrin was suspended for three months for "un-chaperoned meetings" with young men.[32] In the spring of 1946, another student, Leila Quimi, left the school to get married, apparently after becoming pregnant.[33]

In 1947, a report by the Minister of Social Provision and Welfare, noted that the "moral and disciplinary tone" of the school was low, and suggested that it could be improved by taking control of both the school and boarding house out of the hands of the American nurses and returning it to the control of Ecuadorians.[34] The RF's nursing head retorted that: "There have been no scandals and only one suspected pregnancy, though much idle gossip. This is quite a record for a Latin American school, and compares well with the nun's boarding schools in the United States. I feel that no American director worth her salt would try and shove the moral and disciplinary responsibility onto Ecuadorian housemothers, and no Ecuadorian parent would feel her daughter safe at this stage without an American in residence."[35]

Interestingly, given what we know about the focus on maternity and child-rearing in other areas of public health, the school explicitly rejected a focus on maternity, obstetrics and pediatrics. While trainee nurses were assigned to work at the local maternity hospital, the head of the school noted that, "We do not approve of Maternidad as a practice field, and we have little respect for the kind of work we have been able to do."[36] Likewise work on the pediatric ward

was discouraged because it would be "dangerous to the good name of the students and the school."[37]

While domestic ideals were firmly inscribed in the curriculum—in classes on dietetics and nutrition, the final exam was to "plan, prepare and serve" a complete dinner,[38] and an effort was made to instill in the students "an evangelical urge about cleanliness."[39] The focus was on training women of the middle and upper classes to move beyond the home and therefore contribute to national development. It may be that a close focus on obstetrics and pediatrics was thought to impede this and ghettoize what was envisioned as an all-encompassing contribution to national health into the realm of a more traditional women's sphere. Yet this may have been where Ecuadorian women felt more comfortable in their contribution. While the nursing school continued to struggle, and was ultimately replaced in the mid-1950s by one run by Ecuadorians, more conventional women's volunteer projects, such as societies promoting care of infants, breast-feeding, and help for poor mothers, continued to flourish. The modernization and extension of women's domestic contribution, encapsulated in the RF vision for the school, did not connect with the middle and upper class women's own views of their roles.

Conclusion

An analysis of the activities of the RF in early and mid-twentieth century Ecuador reveals the importance of international actors to Latin American state-building, and also underlines how even slight differences between national and international discourses could affect the success of modernization projects in the fields of public health. In terms of racialization, we see a great deal of overlap between Ecuadorian and RF perceptions of race, and while this impacted the spatialization of health care projects, public policy goals remained largely aligned. The exception to this was in attitudes towards the province of Esmeraldas, which was a higher priority for the

RF than for the Ecuadorian state, for whom racial concerns continued to trump economic development demands. With regards to gender, there were more substantive differences between American and Ecuadorian norms, and this had consequences for the success of RF initiatives and provided slightly more space for negotiation and contestation by those who were the subjects of policy.

These findings have wider resonance for our understanding of how the RF contributed to neocolonialism in Latin America, and steps forward recent suggestions that viewing the RF solely as an imperial agent may be too simplistic[40]—attention must also be paid to the way in which the RF intersected with local demands and interests and contributed to the process of national-level state formation.

ENDNOTES:

[1] See A. Kim Clark and Marc Becker, *Highland Indians and the State in Modern Ecuador.* Pittsburgh: University of Pittsburgh Press, 2007; Erin O'Connor, *Gender, Indian, Nation: The Contradictions of Making Ecuador, 1830-1925.* Tuscon, University of Arizona Press, 2007).
[2] A. Kim Clark, *Gender, State and Medicine in Highland Ecuador: Modernizing Women, Modernizing the State.* Pittsburgh, University of Pittsburgh Press, 2012; Erin O'Connor, "National Domesticity: The Home as a Sacred and Contested Domain in Nineteenth Century Latin America," Paper presented at the Conference on Latin American History, Boston, Massachusetts, January 6, 2011.
[3] Nicola Foote, "Race, State and Nation in Early Twentieth Century Ecuador." *Nations and Nationalism* 12: 2 (2006), pp. 261-278.
[4] E.C. Stakman, "Latin American Agricultural Institutions: Preliminary Report of Trip, May 8 to July 14, 1947." Rockefeller Foundation (RF), RG 1.1, Series 300, Box 6, Folder 37.
[5] Memo February 6, 1940, RF, RG 1.1, Projects, Series 317, Sub-Series R, Box 3, Folder 18.
[6] RF, RG 1.2, Series 300 A, Box 2a, Folder 16b.
[7] (Sanitation in Ecuador, with special reference to Guayaquil, [1918] RF, RG 5, International Health Board/Division, Series 2.317, Special Reports—Ecuador, Box 30, Folder 181.
[8] Ibid.
[9] See A. Kim Clark, *The Redemptive Work: Railway and Nation in Liberal Ecuador, 1895-1930.* Wilmington, Delaware: Scholarly Resources, 1998.
[10] [Jane Stafford, Medical Staff Writer, Science Service, Washington D.C., to Dr. Fred Soper, IHD, RF, November 20, 1936. RF, RG 1.1, Projects, Series 317 0 (yellow fever), Folder 16, 1934-1938]
[11] Ibid.
[12] Soper to Long, July 9, 1937, RF, RG 1.1, Projects, Series 317 0 (yellow fever), Folder 16, 1934-1938.
[13] Ibid.
[14] Foote, "Race, State and Nation."
[15] For more information on this proposal see: Memo, July 26, 1916. RF, RG 5—International Health Board/Division, Series 1.2, Correspondence—Project, Box 29, Folder 455, 317 Ecuador.
[16] Officers Diaries, Wilbur A. Sawyer, January 2, 1942-May 29, 1944, Reel 3; Officers Diaries, Wilbur A. Sawyer, January 2, 1942-May 29, 1944, Reel 3. Wednesday, March 24, 1943; RF, RG 5, International Health Division, 2, 317, Box 30, Folder 181.
[17] Dr. C. Glenn Curtis, Chief of Party to Mr. Clarence I. Sterling, Director, Health and Sanitation Division, Institute of Inter-American Affairs, May 5, 1948. RF, RG 2, 1948, General Correspondence, Series 317, Box 418, Folder 2822.
[18] See for example Katherine Bliss, *Compromised Positions: Prostitution, Public Health and Gender Politics in Revolutionary Mexico City*. Philadelphia: Pennsylvania State University Press, 2001; Donna Guy, *Women Create the Welfare State: Performing Charity, Creating Rights in Argentina, 1880-1955.* Durham: Duke University Press, 2009.
[19] Montalván to Tennant, November 13, 1941 in RF, RG 1.1, Projects, Series 317, Box 1, Folder 2.
[20] Vernon Foster, Travelling Representative, Pan American Sanitary Bureau, to Hugh Cummings, Director, Pan American Sanitary Bureau, August 29, 1942. Tennant to Brackett, May 28, 1943, in RF, RG 1.1, Projects, Series 317, Box 1, Folder 3.
[21] Hackett to Tennant, April 24, 1942, in RF, RG 1.1, Projects, Series 317, Box 1, Folder 3.
[22] Vernon Foster, Travelling Representative, Pan American Sanitary Bureau, to Hugh Cummings, Director, Pan American Sanitary Bureau, August 29, 1942. Tennant to Brackett, May 28, 1943, in RF, RG 1.1, Projects, Series 317, Box 1, Folder 3. For more detail on recruitment struggles see RF, RG 1.1, Projects, Series 317, Box 1, Folder 5.
[23] Hackett to Tennant, July 29, 1948. RF, RG 1.1, Projects, Series 317, Box 1, Folder 7.
[24] Brackett to Logan, November 8, 1943. RF, RG 1.1, Projects, Series 317, Box 1, Folder 4.

[25] Foley to Tennant, February 5, 1945. RF, RG 1.1, Projects, Series 317 (Ecuador), Box 1, Folder 5.
[26] Hackett to Hirst, January 26, 1945.
[27] Logan to Cumming, February 11, 1943. RF, RG 1.1, Projects, Series 317, Box 1, Folder #3.
[28] Logan to Tennant, June 3, 1943. RF, RG 1.1, Projects, Series 317, Box 1, Folder 4.
[29] Brackett to Tennant, July 18, 1943. RF, RG 1.1, Projects, Series 317, Box 1, Folder 4.
[30] Report for November-December 1944. RF 1.1, Series 317, Box 1, Folder 5.
[31] Report May-July 1945. RG 1.1, Projects, Series 317, Box 1, Folder 5. For further material on uncooperative nuns and the OR, see Report on Activities of Nursing School, April 1944, RF 1.1, Series 317, Box 1, Folder 5.
[32] Report for November-December 1945. RF, RG 1.1, Projects, Series 317, Box 1, Folder 6.
[33] Report for January-March 1946. RF, RG 1.1, Projects, Series 317, Box 1, Folder 6.
[34] Informe del Ministerio de Prevision Social, 1947. *Mensajes e Informes, 1947.* Archivo Biblioteca de la Función Legislativa, Quito.
[35] Quito School of Nursing, Recommendations by LWH, Read at conference with Dr. Vought, Mrs. McKinnon and EMH, March 17, 1947. RF, RG 1.1, Series 317 (Ecuador) Box 1, Folder 6.
[36] Report for January-April 1945. RF, RG 1.1, Projects, Series 317 (Ecuador) Box 1, Folder 5.
[37] Report for January- April 1945—Escuela Nacional de Enfermas in RF, RG 1.1, Projects, Series 317, Box 1, Folder 5.
[38] Report for August 1944, RF, RG 1.1, Projects, Series 317 (Ecuador) Box 1, Folder 5.
[39] Tennant to Heffner, April 30, 1943. RF, RG 1.1, Projects, Series 317, Box 1, Folder 4.
[40] See most notably Steven Palmer, *Launching Global Health: The Caribbean Odyssey of the Rockefeller Foundation.* Ann Arbor: University of Michigan Press, 2010.