



Public health and international organizations in the academic and professional career of Dr. David Sevlever¹

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Abstract. This study explores the role played by international organizations such as the Rockefeller Foundation and the Pan American Health Organization in the professional career of the Argentine Public health expert David Sevlever, who used international contacts and training courses in other countries to build a career in the nascent field of Public health in Argentina.

Keywords: international organizations; expert knowledge; biography; Public health.

Acronyms:

AH-FCMUBA	Historical Archive of the Faculty of Medical Sciences of the University of Buenos Aires (Archivo Histórico de la Facultad de Ciencias Médicas, Universidad de Buenos Aires)
AIAPE	Association of Intellectuals, Artists, Journalists and Writers (Asociación de Intelectuales, Artistas, Periodistas y Escritores)
CHyAS	Hospital and Social Welfare Commission (Comisión de Hospitales y Asistencia Social)
CIS	Social Research Center (Centro de Investigaciones Sociales)
CLES	Free School of Higher Studies (Colegio Libre de Estudios Superiores)

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COMRA	Medical Confederation of the Republic of Argentina (Confederación Médica de la República Argentina)
CONICET	National Council for Scientific and Technical Research (Consejo Nacional de Investigaciones Científicas y Técnicas)
CVIA	Vigilance Committee of Antifascist Intellectuals (Comité de Vigilancia des Intellectuels Antifascistes), Paris
DSP	Department of Public Health (Departamento de Salud Pública)
ESP	School of Public Health (Escuela de Salud Pública)
ESPUBA	School of Public Health of the University of Buenos Aires (Escuela de Salud Pública de la Universidad de Buenos Aires)
IDES	Institute of Socio-Economic Development (Instituto de Desarrollo Económico Social)
IHD	International Health Division (División Internacional de Salud)
PAHO	Pan American Health Organization
RF	Rockefeller Foundation
UBA	University of Buenos Aires (Universidad de Buenos Aires)
UNL	National University of the Litoral (Universidad Nacional del Litoral)
UNRRA	United Nations Relief and Rehabilitation Administration

1. Introduction

This article developed from two related questions: the first regarding the trajectory, possible motivations, resources, and obstacles that are part of the careers of doctors who engage in the field of public health, whether as experts, consultants, government advisors, etc.; and the second, an interest in a specific and little-known public health professional, Dr. David Sevlever (1904-1982), who is often mentioned when honoring the first years of the School of Public Health of the University of Buenos Aires (ESPUBA) of which he was director from 1958-1966.

In order to make a contribution to the **history of healthcare experts in Argentina in the 20th century**, the idea was to examine David Sevlever's professional career by questioning the role that certain international public health organizations played in the lives of various doctors of Sevlever's and succeeding generations. We knew that Sevlever was an Argentine doctor, who received his medical degree from the University of Buenos Aires (UBA), and that he had had some kind of relationship with the Rockefeller Foundation (RF) and the Pan American Health Organization (PAHO). We also knew that he played an important role in the foundation of ESPUBA. But everything else was an unknown: what kind of career did he have? What material and institutional resources did he have at his disposal? What obstacles did he encounter during his career? And what factors helped him in his professional development?

At the forefront of our study is the aim of situating Sevlever and his trajectory within the realm of international public health. To this end, we engage in an initial dialogue with the work of Marcos Cueto (1996, 1997, 2004, 2013) and Anne-Emanuelle Birn (2006). Starting with these studies, we were able to reconstruct a picture of the field of international public health that began to develop at the beginning of the 20th century and ended up becoming a fundamental space for both the creation of health institutions in Latin America and the professionalization of public-health human resources. The histories of the Rockefeller Foundation and the various organizations created after the Second World War, which both authors discuss, provide us with a general framework to understand various global and national processes and, in our case, a particular individual.

A second set of studies that were consulted are those that deal with experts and the social fields of experts in Argentina in the 20th century, which have been enriched by various studies during the last decade (Neiburg & Plotkin, 2004; Morresi & Vommaro, 2011; Zimmermann & Plotkin, 2012) in various fields including economics, scientific sociology, anthropology, psychology, statistics, etc. From these, we came across an

interest in the formation of **the field of medicine in Argentina in the 20th century** (the institutional and symbolic delimitation of an exclusive field of competence, the construction of stable power relations, and the monopoly of the “art of curing” and the subordination of auxiliary professions) **and its later development during the 20th century** (the ups and downs of the profession, the varying socioeconomic contexts and paradigms of medical care, depending on the period), which also have been the subject of groundbreaking studies (González Leandri, 1999; Belmartino, 2011). This research allows us to situate Sevlever within a range of concerns, debates, and institutions, and to enquire into the extent to which he was an expert in public health, when his expertise was achieved, and what experiences could have helped him achieve this socio-professional status, if indeed he was able to do so. As we learned what has been written about the lives of other doctors – such as Ramón Carrillo (1906-1956), Emilio Coni (1855-1928), José María Ramos Mejía (1849-1914), Gumersindo Sayago (1893-1959), etc. (see Álvarez & Carbonetti, 2008; Ramacciotti, 2009) – some certainties and some ideas emerged about how to collect and organize this information, but there were also some doubts about the prospects of achieving the task laid out.

Third, in the search for validation for our biographical approach, we found the first reference to **life histories**. As Jorge Balán notes:

[...] the attractiveness of the life history resides in its utility in capturing information that is relevant to certain theoretical problems that come together in relation to biographical and historical-social time. Especially problems related to the lifecycle, individual or familial (**occupational careers**, migrations, formation of families); others related to social changes that affect the life of large sectors of the population (urbanization, industrialization, revolutions); and even more, changes introduced because of the latter developments in the lifecycle of entire generations.² (Balán, 1974, pp. 11-12; emphasis ours)

On the other hand, it seems important to us to include some caveats about what Pierre Bourdieu called the “biographical illusion” (2005); for example: the belief that life consists of a coherent whole, with an “original project.” This, according to Bourdieu, is evident in the stories of heroes, these biographies of “great men and women,” written in a laudatory tone, with expressions such as “already,” “from then on,” “from their early infancy,” etc.

² Translation by *Apuntes*.

This acritical and spontaneous approach is employed in many traditional medical biographies.

Finally, following these warnings from Pierre Bourdieu, the biography of Argentine doctor Juan César García written by Galeano, Trotta, & Spinelli (2011) brings us closer to a “life trajectory” of an important actor in the Latin American social medicine movement from the 1960s. García, similarly to Sevlever, formed connections with international bodies; but unlike him, he was also able to benefit from methodological developments in the social sciences in the Latin American context of the 1960s and 1970s – a time when the subject of our biography was nearing the end of a career he had started in the 1930s.

In keeping with this perspective, we brought together archival material consisting primarily of bureaucratic papers, including: David Sevlever’s files, currently available at the Historical Archive of Medical School of the University of Buenos Aires (AH-FCMUBA); the professorial records of Sevlever at the National University of the Litoral (UNL), which were made available to us by historian Pablo Salomón, and allowed us to reconstruct Dr. Sevlever’s career as a professor in Rosario, Santa Fe; finally, Sevlever’s degrees, works, and records that he submitted in 1963 for a competition for the post of Director of the School of Public Health. This material was very valuable in reconstructing Sevlever’s activities outside the university, especially his links with international bodies. Finally, journals and a variety of other materials also provided us with information about this professional and/or the institutions or groups with which he was associated at various times.

The first section of this paper is dedicated to the “formative” years of Sevlever’s career, and shows how local-level processes related to centralization of the health system in the province where he lived and the intervention of an international organization combined to influence his professional life. In the next section, we reconstruct some of the activities carried out by this doctor during the years of classic Peronism, in which the prevailing circumstances kept him from holding public office or working at a university. The final section deals with the most active part of his professional career when, in our opinion, he most closely fulfilled the profile of a health expert, and the consequent relationship with the activities of PAHO.

2. The first years of the career of David Sevlever. The centralization of local public health and the Rockefeller Foundation (1930-1946)

In this section, we explore the trajectory of David Sevlever during the first years of his professional career, as a young doctor and later, also, a health expert **in formation**. At the same time, we attempt to understand these initial steps to bring to light the two processes that interest us in this period: on the one hand, the initial efforts by the state to achieve the political and administrative centralization of public health services; and on the other, how the strategy of the RF's International Health Division (IHD) to promote the training of health experts in several Latin American countries functioned in Argentina. We think that these two processes were connected in various ways, and that this stage of Sevlever's life illustrates one of the possibilities.

David Sevlever was born on March 8, 1904 in Berislav, a small town in the region of Jerson, in southern Ukraine, to Jewish parents, Luis Sevlever and Luisa Jaletzky (Kraft, 1963). In 1917, when he was 13, he enrolled in the recently founded Colegio Nacional General Juan Martín de Pueyrredón, in the neighborhood of San Telmo in Buenos Aires, where he finished secondary school in 1921 (AH-FCMUBA). In 1923, he started medical studies at the UBA, receiving his degree in 1929. A few years later he was living in the city of Rosario, Santa Fe, a major city located a little less than 300 km from Buenos Aires. Without losing contact with his Jewish roots, the road taken by Sevlever from this point on was characterized by an increasing interest in public health, great talent, the cultural resources to establish and benefit from international connections, and a political vocation that combined a certain liberalism (antifascist in the 1930s, anti-Peronist in the 1940s, and close to the Radicals starting at the end of the 1950s) with positions close to Reformism at the university.

Through archival research, we have been able to discover his first steps after he graduated. In the private sphere, we know that in February 1935, in Rosario, Dr. Sevlever married a young woman of Jewish descent, Josefina Perel, with whom he later had a daughter, Liliana Renée Sevlever. The marriage was covered in the local press and made an impression on the elite society of Rosario, and was even celebrated by a magazine as “uniting the names of two families of renown in our circles”³ (Monos y Monadas, 1935).

3 Translation by *Apuntes*.

In the academic sphere, in 1932, Sevlever traveled to France and Austria to attend courses and training sessions at different universities and hospitals.⁴ Among these, he took a “specialization course” at the University of Paris, in the Lariboissier Hospital, on “heart and vascular diseases” and another taught by professors Carnot and Chabrol of the Saint Antoine Hospital. In Austria, he visited the Digestive System and Nutrition Department of the First Medical Clinic of Vienna. He also attended a specialization course in Hematology at the Faculty of Medicine of Vienna. According to the archival sources, the young doctor went on this tour “Commissioned by the Superior Government of the Province of Santa Fe for the Study of Social Medicine and the Regulation of the Medical Profession in the countries visited (Decree of September 9, 1932).”⁵ In addition to being an opportunity to improve himself and take his first steps in a clinical specialty, this was also Sevlever’s first responsibility linked to public administration.

While Sevlever was taking these first steps, the government of the Province of Santa Fe was undergoing a series of transformations that led, at the end of the 1930s, to the creation of the first Ministry of Health in Argentina. Indeed, in June 1938, the Commission for Hospital and Social Welfare (Comisión de Hospitales y Asistencia Social, CHyAS) was created through Law N° 2608. As Natacha Bacolla points out, this

[...] established a general plan for the whole territory of the province which included the construction, establishment, and upkeep of a network of general hospitals, sanatoria “on the plains” for tuberculosis, centers for recuperating children and for the mentally ill, and institutes for the diagnosis and treatment of specific diseases.⁶ (2016, p. 11)

Later, under the conservative government of Manuel María de Iriondo (1873-1958), the province worked towards establishing Argentina’s first Ministry of Health, a goal which it achieved in 1941 (Law N° 2952/41, creating a Ministry of Public Health and Labor). However, the national government would take a few years longer to match what the province had already achieved on the local level. As Carolina Biernat (2016) points out,

4 According to the document “Títulos, antecedentes y trabajos” (Titles, Background, and Works) presented by David Sevlever to Dean Professor Doctor Osvaldo Fustinioni for the competition for the position of Director of the School of Public Health of the UBA, which we consulted at the Mariano Moreno National Library of the Autonomous City of Buenos Aires, as well as Sevlever’s professorial records in the possession of the UNL, Province of Santa Fe, which was made available by Pablo Salomón. Translation by *Apuntes*.

5 Ibid. Translation by *Apuntes*.

6 Translation by *Apuntes*.

although there were various proposals voiced at conferences and legislative proposals prepared starting at the turn of the century, it was only at the end of the 1930s that these proposals for state reform became more frequent and systematic: in 1938, Dr. Gregorio Aráoz Alfaro – then Director of the National Department of Hygiene – proposed the creation of a Ministry of Health; later, in 1942, the Commission on Hygiene and Social Welfare of the Senate reiterated the proposal. Finally, in October 1943, the short-lived National Office of Public Health and Social Welfare (*Dirección Nacional de Salud Pública y Asistencia Social*) was piloted, which took control of various offices (Biernat, 2016, p. 17), bringing together social welfare and health services under one agency.

This concept of unification was put to the test in the Province of Santa Fe when the CHyAS was created. David Sevlever was part of this commission, together with doctors Abelardo Irigoyen Freyre (1905-1950) and Francisco Javier Pérez. As a result of their work and studies, a draft of Law Nº 2858 was prepared for the creation of the Department of Public Health (*Departamento de Salud Pública, DSP*), and became law shortly thereafter.⁷

In 1940, Sevlever was named the DSP'S General Technical Secretary (doctor) while Irigoyen Freyre, who was the director of this department, became the minister. According to Bacolla, the new ministry was conceived “as an eminently technical ministry due its areas of intervention: medical services, social welfare and ‘prevention’”⁸ (2016, p. 14). The technical character of this new agency was accentuated by the entry of a group of doctors: Jorge Braulio Mullor, David Staffieri (Sevlever's superior at the Hospital Centenario), and Clemente Álvarez, as well as others such as Sevlever, Irigoyen Freyre, and Pérez; and of engineer-architects such as Hilario Di Muro and Carlos Navratil. All of them were “fully inserted in national and international networks in their respective specializations”⁹ (Bacolla, 2016, p. 16). Further extending the integration of medicine into public administration were the various provincial public offices held by doctors such as Joaquín Argonz, Emilio Argonz, and Vice-Governor Rafael Araya (Bacolla, 2016, p. 16).

Sevlever's involvement in these activities of the provincial government had consequences for his career, but also allowed him to exert an influence on some specific policies regarding the construction of hospitals. Between 1938 and 1940, after he had been the Head of Clinical Training and Practical

7 Ibid.

8 Translation by *Apuntes*.

9 Translation by *Apuntes*.

Work under the Chair of Clinical Medicine – held by Dr. David Staffieri (1891-1970) – for two years, and after he had held the position of “paid doctor” (médico rentado) at the above-mentioned Hospital Centenario, Sevlever became the “Medical-Technical Secretary” of the CHyAS.

The work of this commission was productive. Between 1938 and 1942, four important projects were constructed for the provincial public health system: the Hospital Psiquiátrico Doctor Emilio Mira y López in Santa Fe; a leprosarium in Recreo; the Colonia de Alienados de Oliveros (a mental asylum), and “a prototype of a rural health clinic to be constructed in 58 small localities”¹⁰ (Adagio & Müller, n.d., p. 1); all these were designed by architect Wladimiro Acosta (1900-1967).¹¹ Various testimonies (mentioned in: Rigotti, 2008; Adagio & Müller, n.d.) are in agreement that Sevlever had some influence on the conceptual design of these buildings and that he already knew Acosta in 1937 – when the latter gave a lecture at the Rosario branch of the Association of Intellectuals, Artists, Journalists and Writers (Asociación de Intelectuales, Artistas, Periodistas y Escritores, AIAPE), an antifascist organization based in Buenos Aires and other provinces – and that this was why it was Sevlever who proposed that this architect design the structures.

In relation to the consequences that this experience had on his trajectory as an intellectual, analyst, and as a writer too, it should be noted that until 1938, Sevlever focused on biomedical matters related to his daily clinical experiences. This can be seen in the titles of his first publications: “Consideraciones sobre un caso de rabia humana” (Sevlever, 1934a); “Las cardiopatías frente a la sociedad” (1934b); “Síndrome neurológico de origen psicógeno” (Sevlever & Pizarro Crespo, 1936); “Hernia y eventración diafragmática” (1937). In contrast, his experience in public administration in Santa Fe seems to have changed his focus to hospital administration, a subject that was not necessarily related to his daily concerns nor to the medical problems of his patients. This new interest was manifest in *El hospital* (Sevlever, 1938a), an original monograph which includes a historical introduction about hospitals and their evolution over time, a second part entitled “Concepto y función del hospital como organismo sanitario,” and another section which includes some observations about the operation of the Hospital Centenario. Among

10 Translation by *Apuntes*.

11 Born under the name of Vladimir Konstantinovsky (1900-1967), he was an architect from Ukraine and a naturalized Argentine. From the beginning of the 1930s, he promoted the Helios model, a type of habitat designed based on seasonal changes in solar illumination. Acosta was a professor at UBA and gave conferences at the CLES. He was married to Telma Reca, also a member of this institution and a notable presence in local medical circles. He died in Buenos Aires in 1967.

the recommendations for Argentine hospitals, Sevlever emphasizes some basic issues. Facing a “real industrialization of medicine,” which was creating an increasing number of specialties, it was necessary to consider how the hospital could offer a synthesis between these specialties and the practice of general medicine. He argues that the construction of a “block”-type building that brought together all the different specialized institutes would be an excellent place to start. For Sevlever, a hospital was a complex organism that should be organized according to a “scientific health program,” capable of reducing inpatient time, lowering costs, and enabling better results in its “social, educational and teaching functions.” In relation to its social function, Sevlever provided further details in a conference in which he set out the argument of his book (1938b), stating that it was crucial to train social workers so that they could extend hospital care outside the hospital, and thus obtain “data of fundamental importance for the treatment and prognosis of the illness and better orienting the work of the doctor”¹² (1938a, p. 85).

In addition to these local initiatives, in the 1940s, a key experience for Sevlever was his trip to the United States funded by an RF grant. According to various authors, the RF’s International Health Division, starting in 1913, financed health campaigns to fight contagious infectious diseases such as hookworm, yellow fever, and malaria in various Latin American countries. Anne-Emanuelle Birn (2006) studied the Mexican case to understand how this philanthropic foundation acted in an international context that was increasingly globalized and interconnected by economic and demographic networks, and where the central concern was the control of contagious diseases in order to avoid their propagation beyond national borders and ports. In the midst of the reconstruction and modernization of the Mexican revolutionary state, the RF was able to offer a series of tools, technical profiles, and public management models to strengthen public administration. In the words of the author, “public health served as an opportunity for a burgeoning state apparatus to build bureaucratic power, often resulting in increased control over population” (Birn, 2006, p. 5).

With the objective “to promote the well-being of mankind throughout the world” (Birn, 2006, p. 5), International Health Division interventions reached more than 100 cities or localities with campaigns to control epidemics, establishing schools of public health in the United States, Europe, Asia, and Brazil, and providing grants to healthcare professionals for specializations at U.S. universities. The objectives of the RF went beyond

12 All translations in this paragraph are by *Apuntes*.

creating specialists or promoting the “North American model” of public health among Latin American governments; rather, it was an institutional strategy whose goals included:

[...]to stimulate development, stabilize nation-states by helping them meet the social demands of their populations, improve diplomatic relations, expand consumer markets, and encourage overall economic vitality combined with the more direct activities of diffusing and internationalizing scientific, bureaucratic, and cultural values. (Birn, 2006, p. 9)

In several studies, Marcos Cueto analyzes the cases of other countries where the RF was involved in international actions (1996, 1997, 2013). The author examines different aspects of the campaigns to eradicate diseases such as yellow fever or malaria in Peru, Colombia, Brazil, among other countries. These campaigns, and the concept of “eradication” which sustained them, varied in their objectives, scale, and degrees of success in a period spanning the 1910s to the 1940s. The 1916 campaign against hookworm in Brazil included examinations of the infected populations, the establishment of dispensaries which administered medication, informational lectures, and other educational activities on popular hygiene. In Brazil, the activities of the RF were aimed at the creation of a National Department of Health (*Salubridad*), with a system of community health centers distributed throughout the whole country (Cueto, 1996). By 1924, according to Cueto (1996), when the Rockefeller Foundation left Brazil, 122 functioning health centers with trained personnel had been created in 16 of the 20 Brazilian states.

As Ana P. Korndörfer notes, the foundation’s goal was to train experts who would disseminate theories, practices, and the values of scientific investigation among governmental agencies, professional communities, and the general public (2013). In the case of David Sevlever, the RF grant program permitted him to travel for the first time to the United States and, according to his professorial records, he was chosen by the Faculty of Medical Sciences of the UNL to further his knowledge regarding the “study, functioning and systems” of “Schools of Hygiene.”¹³ According to *Science Magazine*, Sevlever received a three month grant “to make investigations in public health, hospitals and vital statistics” (1942). As he later said, he received a Study Travel Grant of \$5,000 for a trip to the United States and Canada to “observe the work and organizations of

13 Professorial records of David Sevlever (Facultad de Medicina de la UNL).

schools of hygiene and public health, schools for public health nurses and the organization of health centers [...] and to attend specialized courses in the School of Public Health at Johns Hopkins University, Baltimore.”¹⁴ Another of the objectives of the trip was for Sevlever to learn about the organization of a modern nursing school; he later put this into practice when he became a professor of Public Health at the school of the UNL and of Social Medicine in the Red Cross Samaritans course.¹⁵

The selection of Sevlever by the RF was made by the organization’s local representative, U.S. doctor Lewis Hackett, who arrived in South America in 1941 to head the Río de la Plata Andean Regional Office (Ramacciotti, 2016).¹⁶ The pre-requisite for a doctor to be on the radar of the regional office was to have good references from university scientific sectors and/or to work in government health agencies. With these criteria, Hackett formed a close link with the Santa Fe doctor Abelardo Irigoyen Freyre, the first Director of the DSP, and with the group of Rosario doctors that included David Sevlever. Nevertheless, the organization’s performance was not as successful in Argentina as in other countries (in Chile, for example, it established a public health school in 1944 as well as several community health centers) and many activities and programs were interrupted after the coup d’état in 1943 (Ramacciotti, 2016), anticipating the later final closure of the International Health Division in 1951 amidst the rocky diplomacy of the Cold War in several of the countries where the Foundation worked.

Sevlever’s career continued to increasingly concentrate on problems and issues associated with public health administration, although during the years of Peronismo he was forced to stay away from both university and governmental spheres.

3. The construction of networks in adverse circumstances. David Sevlever during the period of Peronismo (1943-1955)

The years of Peronism and of states of emergency roughly coincided with the post-WWII period. These were also years in which two parallel developments took place: on the one hand, the organization on a local level of a

14 See footnote 4.

15 Ibid.

16 This office coordinated the activities of the Rockefeller Foundation in seven countries in the region: Argentina, Chile, Peru, Ecuador, Bolivia, Uruguay, and Paraguay (see: Ramacciotti, 2016, p. 2).

centralized national health policy that was broad-based, had a strong statist orientation, and a marked emphasis on healthcare for popular sectors; and, on the other, a notable reorganization of the international public-health panorama through the creation and expansion of various entities in the framework of the United Nations, which became world authorities that defined and guided health policies. In this section, we review Sevlever's relationship with the first process, which took place on the national level, and in the following section we will look at the reconfiguration of the international health system and how this global process affected Sevlever.

This period in Sevlever's life, which lasted from June 1943 until the so-called "Revolución Libertadora" (Liberating Revolution) of 1955, was marked by his exclusion both from the university and from public administration. In the 1960s, Sevlever looked back on this period:

While I fulfilled my academic obligations, I became interested in the problems of Hospital Administration [that are] so linked to the community. Because of my experience in these matters, the then Dean of the Faculty of Medical Sciences, Professor Dr. Javier Pérez picked me out as a suitable advisor to work with the Government of the Province of Santa Fe (1938) in the construction of hospitals. Out of this relationship was borne the possibility of preparing a project, which under the title of "Unification and Coordination of Health and Medical-Social Assistance of the Province of Santa Fe" was made into law, permitting the construction and equipping of a network of 62 rural hospitals linked to the increasing complexity of hospitals and health centers of greater importance. [...] With the support of Dr. Abelardo Yrigoyen Freyre, I was able to plan the creation of the Department of Public Health of the Province, the institution charged with implementing the approved plan. [...] With the self-same Dr. Yrigoyen Freyre, we were later able to create the first Ministry of Public Health in the country and prepare, with the experts of the Bromatology Institute, the first Bromatological Code of the Province, which is still today an example of health legislation.¹⁷

The participation of Sevlever in public administration effectively ended in 1943. In his words: "The revolution of 1943 forced me to resign by health position and to dedicate myself to university teaching."¹⁸ Then, this

17 See note 4. Translation by *Apuntes*.

18 *Ibid.* Translation by *Apuntes*.

work was interrupted in 1946 (“by the decision of the government of the dictatorship, the Controller of the university did me the honor of declaring that I was fired, along with various distinguished professors of the universities because of our democratic viewpoints”¹⁹). He did not resume either activity until 1955-1956, when he was named controller of the Faculty of Hygiene and Preventative Medicine. The reasons for his dismissal were eminently political and not at all religious or ethnic, as some might think. Sevlever was seen as a liberal doctor with connections to a U.S. foundation, and it seems that for the new government in 1943 – which had a strong nationalist streak – these were reasons enough.

While the Peronist government was in power, Sevlever continued to be active, teaching short courses and lectures, attending congresses and meetings, and engaging in other types of activities. Examining these allows us to understand the place which Sevlever occupied once the second government of Juan Domingo Perón was interrupted. First, judging from some of the courses he taught during this period, Sevlever remained active in his teaching work thanks to a **political-cultural network with liberal characteristics**. This was a circuit which included, at least, the Free School of Higher Studies (Colegio Libre de Estudios Superiores, CLES) in Rosario (where he gave a lectures entitled “Simón M. Neuschlosz: the Man, the Professor” in 1950; “The Masculine and the Feminine” in 1953; and a three-session course on Hygiene and School Medicine in August of the same year), the Rosario Association of Argentine North American Exchange (Asociación Rosarina de Intercambio Cultural Argentino Norteamericano; “The United States Seen Through the Eyes of an Argentine Doctor” in 1948), the University Club of Santa Fe, and the Jewish Argentine Club of Rosario (Club Hebreo Argentino de Rosario; where he gave a lecture on “Freud and His Influence on Contemporary Thought” in 1953).

CLES was founded in 1930 by Roberto F. Giusti, Carlos Ibarguren, Alejandro Korn, Narciso C. Laclau, Aníbal Ponce and Luis Reissig in Buenos Aires, as a center for intellectual and cultural activities in opposition to the intervention of the university by the military dictatorship established that year. The purpose of the school, which would grow over the years, was to provide a space for lectures, courses, and talks about “subjects included or not in university curriculums,” where attention would be given to “specific matters that are not covered in depth in general courses or are not within the curriculums of the Faculties”²⁰ (Colegio Libre de Estudios Superiores,

¹⁹ Ibid.

²⁰ Translation by *Apuntes*.

CLES, 1952, p. 3). Between 1930 and 1952, important cultural and political figures who had lost their university positions for the same reasons as Sevlever participated in CLES, including: Amado Alonso, Carlos Alberto Erro, Jorge Sábato, Ernesto Sábato, Jorge Luis Borges, Francisco Romero, José Luis Romero, José Babini, and Tulio Halperín Donghi. They taught courses on a variety of subjects, from philosophy and literature to finances and current affairs. Sevlever's lectures took place at the Rosario branch, one of two branches of the school in the provinces (the other was in Bahía Blanca in the Province of Buenos Aires). When the Peronist government decided to close the main center in Buenos Aires on July 17, 1952, the Rosario branch became CLES' principal site (CLES, 1952, p. 10). Since 1930, many prestigious doctors (some of them linked to preventive medicine and public health) and psychiatrists had been associated with the school, including Gregorio Aráoz Alfaro, Gregorio Bermann, Jorge Thénon, Pedro Escudero, Bernardo Houssay, Bernardo Kandel, Salvador Mazza, Alfredo Sordelli, and Alberto Zwanck. Other intellectuals such as Aníbal Ponce and Dardo Cúneo could also be found there, as could lecturers who were already emerging as experts in social statistics and sociology such as Gino Germani, Alfredo Poviña, and Miguel Figueroa Román.

Federico Neiburg notes that CLES can be seen as a sounding board for the processes of renovating Argentine political and intellectual elites. The individuals it brought together in 1946-1955 went on to become members of the government, university administrators or cultural leaders in post-Peronist Argentina (Neiburg, 1998, pp. 180-182). It should also be noted that this institution made it possible to keep alive a politico-cultural identity whose roots date back to the reformist university traditions ushered in by the events of 1918 and prolonged by the activities of antifascist groups during the 1930s, which denounced both the dangers of the expansion of Nazi-fascist authoritarianism in Argentina and the national Catholic and "anti-reformist" project that had taken root in universities after the coup d'état of 1930 (Neiburg, 1998, pp. 137-140). Sevlever's trajectory is representative, on the ideological plane, of these liberal groups. As we have seen, in the 1930s he participated in the activities of the AIAPE, an antifascist group that brought together, in different parts of the country (such as Buenos Aires, Rosario, Tandil, etc.), intellectuals, student leaders, political activists, and artists to organize cultural activities and speak out against the advance of fascism in Europe, foreseeing its imminent expansion to other parts of the world. Following the example of the Vigilance Committee of Antifascist Intellectuals (Comité de vigilance des intellectuels antifascistes, CVIA) in Paris, AIAPE was created in 1935 through the efforts of Aníbal

Ponce (1898-1938) and other intellectuals (Pasolini, 2013, pp. 1-25). The participation of Sevlever in CLES was consistent with his own previous history and, as already noted, allowed him to stay active during a period when he was excluded from other institutions.

Although Sevlever did not work in the government or university sectors during these years due to his political differences with the authorities, he did maintain ties, in different ways, with issues, problems, and methodologies related to healthcare planning, hospital administration, and preventive medicine – matters that were present in the policies and rhetoric promoted over the period by the neurosurgeon Ramón Carrillo, who held the health portfolio on the national level. The issue of health planning, that is, the government's role in healthcare, was a clear objective during the years of Peronism, as is evident in the creation of the State Secretary of Public Health, later the Ministry of Public Health, and the preparation of an “analytic plan” for health in 1947 (Ramacciotti, 2009, pp. 63-68). Healthcare planning, as Ramacciotti points out, was already a public policy from the time the National Department of Hygiene was created at the end of the 19th century, but it was only with the advent of Peronism that it “stopped being a response to exceptional conditions in order to embody a new modality that committed the state to offer solutions to different regional health problems”²¹ (2009, p. 63). The Analytical Plan for Public Health that was prepared in 1947 focused on a wide range of problem areas such as regional asymmetries between the provinces and Buenos Aires, endemic diseases, unequal access to healthcare by the population, and the need to expand the network of public hospitals and bring them closer to sectors that lacked access to medical care.

In addition to Peronism's state intervention, the question of healthcare planning was a topic of discussion and study in congresses and meetings of doctors and doctors' associations. In 1940, Sevlever participated, as an audience member, in the First Population Conference held in Buenos Aires,²² representing the university and the Santa Fe government. Years later, in 1946, together with doctors Juan Lazarte and Ángel Invaldi, he presented “The Bases for Healthcare Planning” to the Medical Federation of the Province of Santa Fe. In 1952, he was a rapporteur at the Fourth Medical Associations Congress of the Argentine Republic on the subject of “National Healthcare Planning” and in 1954, also with Lazarte, he was a rapporteur on the subject of “Fundamental Problems and Elements for

²¹ Translation by *Apuntes*.

²² See footnote 13.

National Healthcare Planning” at the 5th Medical Association Congress of the Republic of Argentina in Mar del Plata.

After all these activities during the Peronist governments and the support of a network of like-minded people, Sevlever entered a period of intense activity and a full re-entry into university life. In the next and final section, we will examine the role played by his renewed links with local circles – medical and governmental – as well as with international health organizations in this final stretch of his career.

4. The last stages of a career. The Pan American Health Organization and the School of Public Health (1955-1966)

In this section, we will reconstruct some episodes from the last stages of the career of Dr. Sevlever, which are set against the background of the Cold War and the group of institutions and organizations that began to define post-war health policies in Latin America. According to Marcos Cueto, until the 1950s, “the North American State Department considered technical aid abroad as an essential part of its effort to prevent communism in the poorest countries”²³ (2013, p. 20). Under this premise, Cueto explains, U.S. policies sought to include even “neutral” social dimensions such as science, medicine, and international health, with the purpose of counteracting the social and cultural influence of the Soviet Union in the region. Poverty, diseases, and the low level of scientific development in the region came to be viewed as a problem that could lead to politico-ideological radicalization. In order to fend off this possibility,

[...] a group of U.S. social scientists, supported by universities, foundations, and the government, designed a development model known as “modernization,” which was anti-populist and authoritarian, depended on bilateral aid, and promoted the creation of professional elites and the transfer of technology, factors that supposedly would overcome poverty and illness. (Cueto, 2013, pp. 20-21).²⁴

According to U.S. plans, changes in Latin America should come “from above,” promoted by elites and technical experts, according to “detailed planning” and “a detailed budget with defined goals.” With this approach, the U.S. government, starting in 1945, helped create a framework of new supranational organizations, plans for economic and technical aid, and

23 Translation by *Apuntes*.

24 Translation by *Apuntes*.

cooperation agreements with Latin American countries. In the area of international health, the World Health Organization was created in 1948, taking on the organizational and health functions which until then had been fulfilled by the Hygiene Section of the League of Nations, the Office International d'Hygiène Publique de Paris, and the United Nations Relief and Rehabilitation Administration (UNRRA). Together with the Pan American Health Office (renamed as the Pan American Health Organization, PAHO), these institutions sought to impose themselves as permanent health control agencies on the international level. One of the central themes of their activities was the fight against diseases such as malaria and yellow fever through control or eradication programs. Nevertheless, human resources training also played an important role: it was necessary to have trained personnel to fight against and prevent diseases, improve the capacity of Latin American states, and increase scientific and professional expertise in these nations. For this reason, according to Marcos Cueto, after WWII there was “an explosion in the number of scholarships, above all to U.S. institutions,”²⁵ which led to

[...] a real “North Americanization” of medical education and public health in the region [...]. Just in 1953, the Health Office (Pan American) gave out a total of 415 scholarships, of which 60 were for the study of healthcare administration and 32 for nursing. In 1958, the number of scholarships was 560, an increase of more than 30% over the previous year, the great majority of the scholarships were for studies in sanitation and medical education.²⁶ (Cueto, 2004, p. 94)

Argentina was not immune to this trend, nor to the strategy implemented by international bodies. After the coup d'état which overthrew President Juan Domingo Perón, in 1956 the military government which followed asked the representative of Zone VI of the Pan American Sanitary Bureau (the Chilean Emilio Budnik, who represented PAHO in Argentina from 1952 until 1973) to prepare a report about the national public health system (Veronelli & Veronelli Correch, 2004, pp. 549-551). The government had a plan to transfer the administration and financing of national hospitals to provinces and municipalities, and an international report to validate the plan would be very useful. The requested study and the writing of the report was carried out by a commission of experts made up of Odair P. Pedroso

²⁵ Translation of quotes in this paragraph are by *Apuntes*.

²⁶ Translation by *Apuntes*.

(1909-1981), a Brazilian doctor who was a special consultant on hospital organization; Carlos Luis González, PAHO subdirector; Paulo Antunes, Professor of Applied Parasitology and Rural Hygiene, from Brazil, and ex-regional representative of PAHO; Palmer Dearing (1905-1994), Deputy U.S. Surgeon General (equivalent to a vice minister of health in Latin America; and Abel Wolman (1901-1989), Professor of Sanitary Engineering (Veronelli & Testa, 2002, p. 91). The Chilean Hugo Henríquez Frödden, a specialist in hospital organization, also accompanied the commission in its tour of hospitals in Buenos Aires, Chaco, Jujuy, Catamarca, San Juan, Mendoza, La Rioja, and San Luis.

The relationship between Argentina and PAHO was not particularly smooth during the Peronist years, but there were some isolated agreements, one of which was the decision that PAHO would set up an office in Buenos Aires – which took place in 1952. The results of the commission's study were blunt regarding the legacy of Peronism: the Argentine health system was disorganized; it lagged behind in administrative techniques; modern statistical systems had shortcomings or were totally absent; and what would be considered an important deficiency in the following decade – there was **an alarming deficit in public health experts, technicians, and non-professional assistants**. One of the principal measures proposed by PAHO was a scholarship program that would improve the professional capacity of experts. As a result, David Sevlever became one of several Argentine doctors and healthcare professionals who went abroad during the years after the report was issued to receive training at various schools of public health. In his case, we found information about two trips: one in 1958 to the School of Health (Escuela de Salubridad) in Santiago de Chile and another, in 1959, to the School of Public Health at Harvard University to obtain a Master's degree.

How did Sevlever's career progress after the 1955 coup d'état? Immediately after Perón was overthrown, there was a rapid process of "de-Peronization" of universities and many professors who were fired or had resigned were rehired (Buchbinder, 2005, pp. 169-1973). In other cases, professors were promoted to higher positions; this happened with Sevlever, who became Dean Controller (Interventor) of the Faculty of Hygiene and Preventive Medicine of the UNL and resumed his position as Professor in the Chair of Hygiene and Director of Hospital Centenario.²⁷ Sevlever promoted a reform of the School of Medicine at the UNL: *Proposiciones para un nuevo Plan de Estudios de la Escuela de Medicina de la Universidad Nacional del*

27 See Footnote 13.

Litoral (Sevlever, 1956). This document argued for a structural reform of medical studies, which according to the author should be divided into a first, pre-clinical period, consisting of theoretical teaching; and a second clinical period, based on practice “in residency” (“en internado”). On the other hand, his career was also revived by a series of expert consultancies in various provinces (Córdoba and Chaco in 1956, Misiones in 1957, Santa Cruz in 1958, Avellaneda the same year) and for the national government (member of the Office for Dermatological Improvement in 1956, of the Commission for the Study of the Institution of Scholarships in 1957 and of the Advisement Council to the Office to Combat Leprosy in 1959; all part of the Ministry of Public Health and Social Welfare) (Sevlever, Canitrot & Kelmendi de Ustaran, 1963).

Nevertheless, 1958 and 1959 were definitely the best two years of Sevlever’s career. First, he was invited to join a special commission that the Dean of the Faculty of Medicine of UBA, Dr. Florencio Escardó (1904-1992), had convened to evaluate the possibilities of creating a School of Public Health at UBA.²⁸ This commission had the approval of PAHO, which sent the Chilean public health doctor, Benjamín Viel (1913-1998) to participate in the commission’s meetings and advise the Argentine team. The creation of the commission was important because it was a statement of the UBA’s intent to establish an entity that would train technicians and experts in public health in response to what was, at the time, a strong recommendation by international health bodies. Later the same year, Sevlever received a grant from PAHO to travel to Chile to study “The Organization of the Public Health Instruction.”²⁹

The following year, 1959, Sevlever traveled to the United States to the School of Public Health of Harvard University, from where he returned with a Master’s in the Science of Hygiene. This degree program lasted one year and was financed by a PAHO scholarship. Because of this support, Sevlever was able to complement his Master’s with other courses such as Preventive Medicine taught by Carl Taylor (1916-2010), as well as visiting schools of public health such as that in Ann Arbor (Michigan) and “various universities in New York State (in Brookline [sic] and in Syracuse); Western Reserve University; Cornell, Pennsylvania [sic], Albany, Vermont, etc.”³⁰ In

28 The members of this commission were: Guido Ruiz Moreno (Chief of the Chair of Hygiene at UBA and director of the Course for Social Hygiene Workers between 1955-1973), Humberto Rafael Rugiero (1903-1968, a doctor specialized in epidemiology), Isaac Wolaj, and Mario Waissman.

29 See note 4.

30 Ibid.

addition, with the financial support of the recently created National Council of Scientific and Technical Research (CONICET), he visited and observed at the Department of Preventive Medicine and the School of Public Health in Puerto Rico and the Faculty of Hygiene and Preventive Medicine in Sao Paulo, Brazil.

Finally, capping a trajectory which had led him to become an expert, on December 1, 1959, Sevlever was named Organizing Director of ESPUBA (School of Public Health of the University of Buenos Aires), a position he held until 1966.³¹ ESPUBA, which became his primary occupation,³² was supported by the national government – through the Ministry of Public Health and Social Welfare – by UBA, and by the local office of PAHO. In the case of the first two, the ministry and the university contributed material resources and funds for scholarships. The course for a Diploma in Public Health, which lasted ten months, six days a week, required the full-time participation of the students (Sevlever, 1962). This made it necessary for UBA (*Boletín UBA*, 1962, 1965) and later, the Ministry of Public Health and Social Welfare, to provide scholarships for this course, due to the priority given to doctors and other professionals who were working in public administration. It was also common for provincial governments to send doctors or odontologists to train them and improve their professional teams. The school included the following departments: Health Administration (led by Sevlever until 1966), Practice in Public Health, Biostatistics, Epidemiology, Maternal and Infant Health, Health Education, and Public Health Odontology. The majority of students were doctors, although others were odontologists and veterinarians.

PAHO's contributions to this institution were heterogeneous; they included scholarships for training in Chile and the United States for Sevlever and other professors, as well as textbooks. Many of these materials are

31 As the Organizing Director, Sevlever was charged with putting together a team of professors to teach the courses. ESPUBA was created by Resolution N° 46/1958 of February 5, 1958 (*Boletín de Informaciones de la Universidad de Buenos Aires*, 1958, p. 7), but classes did not start until the beginning of 1960. During its first years, the only course taught was the Diploma in Public Health, which brought together doctors, odontologists, and veterinarians.

32 Sevlever's activity during the last part of his professional career was very prolific in terms of public advisement: between 1961 and 1962, he was consulted about the organization of the Hospital Pilota in Mar del Plata; he was invited by the Ministry of Health of the Municipality of Buenos Aires to give lectures; he was a member of the Special Commission to draft a health code for the Municipality of Buenos Aires; he carried out consultancies for various civil society organizations such as the Hygiene and Social Medicine Advisory Commission of the COMRA (Confederación Médica de la República Argentina), advised the press (for example, in the "Problems of Cancer" roundtable organized by the Buenos Aires daily *Clarín* and also for the *Revista Análisis* between 1961 and 1963).

still in ESPUBA's library. PAHO also was a space for the international exchange of ideas through meetings of directors of schools of public health. Selever participated in four such meetings: in Mexico in 1959 (Organización Panamericana de la Salud, OPS, 1960), in Venezuela in 1961 (OPS, 1962), in Brazil in 1963 (OPS, 1963), and in Puerto Rico in 1964 (OPS, 1966). These meetings provided the opportunity to share experiences from each country regarding the training of human resources in public health, and professors and directors of schools of public health in Latin America participated along with PAHO officials.

The coup d'état in Argentina on June 28, 1966 ended the government of President Arturo Illia (1900-1983), and marked the beginning of a period known as the "Argentine Revolution." In response to the military government's intervention of public universities a month after the coup, a large number of professors resigned from the faculties most committed to academic modernization, such as Pure Sciences, and Philosophy and Letters. A significant number of professors from the School of Public Health also resigned during the first days of August, including David Selever, who submitted his resignation to Dean Osvaldo Fustinioni in August (AH-FC-MUBA). At the time, Selever was 62 and he would never again hold a position as a professor. He dedicated the next years to various activities such as private consultancies (he was part of the technical staff of the Liga Israelita Argentina contra la Tuberculosis), and at the beginning of the next decade he became a key expert on public health, consulted by news magazines.³³

5. Concluding words

Finally, we would like to conclude by briefly summarizing the findings of this article and how these can be incorporated into some ongoing discussions. Yves Dezalay and Bryant Garth, in *La internacionalización de las luchas por el poder*, speak of "international strategies" to design actions through which "national actors seek to use international capital, which can take the form of resources, academic degrees, contacts, legitimacy, techniques and specialized knowledge"³⁴ (2002, p. 30). Some episodes in Selever's professional life, although with some temporary reversals and detours, can be read in these terms. Exploring his trajectory, we have described his activities over more than three decades, in Argentina and abroad. We have not included all the information we found due to issues of space, but we think that this initial analysis includes data about the development of his political and cultural

³³ See: *Cronopios* (1970); *Confirmado* (1970).

³⁴ Translation by *Apuntes*.

identity such as, for example, liberal spaces like AIAPE in the 1930s or CLES in the 1950s. On the other hand, some elements of his career as a professor and as a government advisor show that he was an actor with specialized knowledge and, at the same time, a facilitator between the university and the state. According to Neiburg and Plotkin, these type of expert actors

[...] offer a certain number of instruments obtained from academic environments that order the social world and can sustain the actions of the state, legitimating the diagnosis of social problems and the formulation of solutions to these that only they were capable of providing.³⁵ (Neiburg & Poltkin, 2004, p. 20)

But, going beyond this, Sevlever's biography is that of a local actor connected to international spheres. The scholarships and financial aid provided by international bodies (like PAHO and the RF) to obtain academic training in public health at prestigious universities (Johns Hopkins, Harvard, etc.) allowed him to accumulate the cultural capital necessary to achieve a place in a field that was being created – public health in Argentina – in the mid-20th century in which he played different roles and was cited or called upon as an authority.

35 Translation by *Apuntes*.

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