1. That the current paradigm of vertical hegemonic power exercised by the state and allied professionals and researchers be replaced with the empowerment of Chagas patients, especially those living in neglected communities within endemic areas, adopting the Ecosystem Model of Health with full participation in political and economic decisions (5).
2. That the current linear paradigm, whose most adopted models are serological diagnosis and the use of insecticides, be replaced with the paradigm of complexity described by Morin (6), which recognizes multicausality and multidimensionality such as that in the problem of Chagas disease.

Therefore, a joint task must be carried out, in which actions are translated into concrete measures that strengthen the development and participation of the community, involving other sciences like anthropology, sociology, ecology, psychology, politics and economics, covering all levels of prevention, focusing on the comprehensive medical care of Chagas disease patients, and establishing centers for the study and control of Chagas disease in all its aspects, especially in the incorporation into the labor market. We must modify the situation of marginalization and neglect faced by millions of patients with Chagas, victims of a disease of poverty which is worsened by its concealment and by the power relationships and economic interests in which few individuals without Chagas disease benefit at the expense of millions who do have Chagas.

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Social and political reverberations in the social study of a disease

Resonancias sociales y políticas del estudio social de una enfermedad

***Stagnaro**, Adriana Alejandrina*[1]

[1]*PhD student in Social Anthropology, Researcher, Institute of Anthropological Sciences. Assistant Professor, Faculty of Philosophy and Letters, Universidad de Buenos Aires, Argentina. astagnaro@uolsinectis.com.ar*

Commentary on: Zabala JP. The disease in its labyrinth: advances, challenges and paradoxes over 100 years of Chagas in Argentina. Salud Colectiva. 2012;8(Suppl 1):S9-S21.

Through a multifaceted approach to Chagas disease and its spread in Argentina for something over a century, Juan Pablo Zabala (1) makes heuristic contributions to the reflection on the approaches by which the definition of the disease has traditionally been delineated.

His discussion of the tensions operating in the configuration of the disease and its historical evolution nourishes an intense dialogue involving important questions, such as the paradoxical political and institutional focus on the social relevance of

SALUD COLECTIVA, Buenos Aires, 8(Suppl 1):S23-S38, November, 2012

Chagas and the concomitant difficulty in achieving the eradication of the disease, or in the interplay of forces between the visibility and recognition of the disease and its retreat into invisibility.

In order to explore why that struggle between illumination and obscurement cannot be resolved, the author appropriately places himself in the gray area of inconsistencies still prevalent today, characterized by phenomena ambiguously situated on the border between nature and culture, the given and the constructed, knowledge and power, rural and urban, specialists and laypeople (2). From that position, he calls upon many disciplinary traditions, ranging from those closest to the disease's origin, such as medicine, medical history and epidemiology, to those more external, such as politics, law and sociology, in order to interpret the logics of the knowledge and practices of the implicated social actors. Thus, looking into the ways of thinking and feeling, the knowledge and the interests of the sick and infected individuals, on the one hand, and of physicians, researchers, and the makers of science and health policy, on the other, allows him to overcome the reductionism of the preestablished scientistic-technocratic and political-commercialist explanations. This achievement enables us to consider the limits of definitions regarding both Chagas disease and its control not only based on technical arguments, such as the lack of innovative capacity to develop vaccines, antiparasitic drugs or more effective insecticides, but also grounded in political arguments, which highlight the lack of interest on the part of the current biomedical apparatus, greedy for earnings and profits difficult to generate in a market of poor patients.

Recognizing the need to go beyond these types of explanations, the author seeks out the complexity provided by a multidimensional view – including the biological, medical, social, economic and political dimensions – of the most important node of the disease's definition, which likely embodies this oscillating movement between the states of visibility and invisibility. This view is based on the biomedical, political and identity-related aspects of the definition of Chagas disease. Given this interpretation, it is important to focus our attention on the concepts of visibility and invisibility so as to cast new light on them using the concepts of *cultural anesthesia* and *political anesthesia*, suggested by Fassin (3) in his anthropological study of AIDS in South Africa. *Cultural anesthesia* is expressed, for example, in the Western world's indifference regarding the almost six million people with AIDS in that country; although we are made aware of their existence through the newspaper or the television, we do not feel the need to know more. P*olitical anesthesia*, rather than in the lack of international commitment to fighting AIDS, is expressed in the idea that social worlds are vast and as they are incomprehensible to us, there is no need to worry about the problems of "others," thereby justifying the insensitivity operating not only between the "West and the rest" (4), but also in the relationships between the North and the South. Returning to Chagas disease, the amplification of the concept of invisibility through those of *cultural anesthesia* and *political anesthesia* may lead to a better interpretation of the phenomenon as a social problem as well as a more profound understanding of the subjects affected in the local context, by unraveling the subtle mechanisms by which Chagas has been dehistoricized and socially determined as an "individual biological event." Inversely, the idea of visibility may be completed by restoring the human and social dimension to situations that medical language has dissociated from the diagnosis and has covered up with the diagnosis, even while recognizing the disease's social importance, as in the case under study. It is at this point that the history of diseases, epidemics, the medical profession and medical specialties contributes to enriching the knowledge about the society they affect. This is revealed in Zabala's historical analysis (1) of the process by which the disease becomes a stable medical entity, beginning as a special case in the history of science where, in a brief period and by a single person, the causative parasite (*Trypanosoma cruzi*), the vector (triatomine bug, *vinchuca* or *barbeiro*) and characteristics of the clinical profile are discovered. This discovery is at first accompanied by wide recognition but then passes into oblivion. In the 1930s Chagas again becomes a public health issue of interest and in the 1950s it reemerges as the object of systematic study as a specific cardiopathy. This movement of discovery, obscurity, recognition and invisibility shows Chagas disease to be an integral part of longstanding biological events that have come to have political importance.

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SALUD COLECTIVA, Buenos Aires, 8(Suppl 1):S23-S38, November, 2012

In this sense, we can see that the study of epidemics as mosaics of knowledge and power emphasizes the social, cultural and political characteristics of configurations built of elements already existing in the social world, more than characteristics resulting from biological or medical factors. Epidemics are a sound board reflecting the variations of the social world, reverberations with a melody to which an attentive researcher is always willing to listen so as to better comprehend the totality of a problem from different points of view. This includes the tensions and contradictions of local experiences seen in the medical and scientific field, in the layperson, in public health policies and in the ways in which those policies are received and interpreted by individuals in their everyday lives.

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Comments on "The disease in its labyrinth: advances, challenges and paradoxes over 100 years of Chagas in Argentina"

Comentarios acerca de "La enfermedad en su laberinto: avances, desafíos y paradojas de cien años del Chagas en Argentina"

Freilij, *Héctor*[1]

[1]*Physician. Consultant, Chagas and Parasitology Service, Hospital de Niños Dr. Ricardo Gutiérrez. Medical Coordinator of the National Chagas Program, Ministerio de Salud de la Nación, Argentina. hectorfreilij@yahoo.com.ar*

Commentary on: Zabala JP. The disease in its labyrinth: advances, challenges and paradoxes over 100 years of Chagas in Argentina. Salud Colectiva. 2012;8(Suppl 1):S9-S21.

Dr. Juan Pablo Zabala's work (1) shows a profound knowledge of the difficulties arising in the fight against the principal endemic parasitic disease in Argentina. Moreover, it puts into evidence the different causalities, actors and detractors that affect the success of efforts made towards this task, and provides a very interesting historical outline of what has happened in Argentina.

I would like to highlight Zabala's statement that "Chagas disease has neither been so neglected as to disappear from the political agenda nor so present as to put a permanent end to its reproduction cycle" (1 p.10). This concept clearly explains the reason why good results have not yet been obtained: discontinuity in the tasks carried out.

The author mentions two main elements when discussing the actors responsible for this "failure": a) scientific and technocratic aspects, and b) political and commercialist aspects.

Within this first group the author mentions the nonexistence of a vaccine. However, it should be recalled that to date vaccines have been developed for viruses, bacteria and toxins, but thus far not for parasites, due among other reasons to the great biological complexity of protozoa. Another example of this has been the impossibility of developing a vaccine for a protozoan with