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Power and money, culture and knowledge. Response to the commentaries

Poder y dinero, cultura y conocimientos. Respuesta a comentarios

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The diversity of the commentaries made put into evidence some of the tensions mentioned throughout my article, enabling us to observe the concrete expression of the paradoxes. The commentators, not only experts in Chagas disease but also actors involved in day-to-day interventions, give examples of the implications and limitations they face every day in the control of the disease.

In this sense, and returning to the question of how to explain the persistence of the disease over 100 years after its discovery, there seems to be consensus around the idea that the primary cause is the lack of actions sustained over time. With slight differences, most commentators hold that Chagas disease control is a matter that depends on political willingness to allocate funds for control strategies that have already been applied in the last decades. "Much has been done," says Freilij (1 p.29), "but there is still much more to do." And the indicators described serve to support this position.

Storino (2), however, does not agree. For him, the lack of sustained actions is not the main cause of the persistence of the disease; rather, he presents a conspiratorial version in which the responsibility lies in the deliberate actions of a group of actors who have utilized available funds for their own benefit.

Like all extreme views, this one is difficult to uphold. In particular, I consider the analysis unfair to some of the actors mentioned, such as “basic researchers, who were able to obtain substantial subsidies” that, Storino suggests, could have been allocated to improve the quality of life of individuals with Chagas (2 p.24). Strictly speaking, researchers – molecular biologists, anthropologists or physicians – receiving research subsidies from science promotion agencies should not be understood as an act generating personal economic gain (in general, research subsidies do not imply an increase in researchers’ salaries), nor should researchers be held responsible for the existence of Chagas. Nevertheless, the question underlying Storino’s assertion is troubling: *What use is science to us when people continue living in poverty?*

The discussion of Chagas always has as a backdrop the discussion of poverty, and this debate is no exception. Recurring in the commentaries is the idea that the problem of Chagas is subsumed within the issue of poverty and that in order to modify these realities it is necessary to change the material conditions of education, housing and employment access. In this respect, there is an undeniable situation of extreme vulnerability reflected in the references made to the communities of the *wichis*, *pilagás* and *tobas*, among other ethnic groups from the geographical region of the Greater Chaco. Moreover, the figures provided by Auger (3), which translate the idea of “disease of poverty” into concrete and alarming indicators using studies of patients in the City of Buenos Aires, show the extent to which “Chagas disease” and “poverty” are two sides of the same coin. These figures also put into evidence the profundity of the processes of urbanization of Chagas, which date back to the domestic migrations to the metropolis that began in the first decades of the last century.

However, this idea, which enables us to understand the disease beyond its biological conditioning, also set limits to our thinking. Insofar as poverty is the cause of Chagas, and insofar as

we have reached the point at which to eradicate this disease it is necessary to end poverty, what space is there for discussion about the specificity of health policies that must be implemented? How should we develop health policies that take the complexity of the problem into account but at the same time suggest concrete solutions to improve quality of life?

Once again Storino (2) is the commentator with the most radical proposal. He suggests the total transfer of political and economic decisions to the affected communities, in opposition to an allegedly centralist model that has squandered public funds. Paradoxically, this idea seems to overlook the fact that Argentina’s National Chagas Program was decentralized in the 1980s and thus its implementation was left in the hands of provincial governments, which is highlighted precisely as one of the causes explaining the disparity in the results of Chagas disease control. Even if the affected communities themselves were in charge of defining their most urgent problems, are we sure that they would agree that Chagas is a priority problem, as it is considered to be from an urban perspective based on a traditional medical discourse?

All these issues are difficult to solve, and the article under debate does not escape the tension between “understanding” and “the need for transformation” that surrounds all reflections on social matters. Is it enough to understand reality or should we develop tools to transform it? Undoubtedly, in the case of disease like Chagas or tuberculosis, the availability of technical resources and knowledge clearly shows the need to modify the current conditions that allow for the reproduction of these diseases.

Although this issue cannot be solved merely through a better understanding of the problem, it is difficult to suggest transformations of reality if we do not take into account the concrete conditioning factors that form that reality. The original article bases itself in this point: it aims to provide a way of thinking about the problem of Chagas as it is manifested in the actors, institutions and policies that have marked its recognition and control. If my article indeed offers anything of value, I believe it is showing how the interrelationship among the different cognitive, political and professional dimensions determines both the way in which the problem is posed and the possibilities for its control.

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