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We are thankful to the colleagues who responded to the invitation from *Interface* to comment on our article. Their very positive comments regarding the utility of the analyses touched and energized us to continue developing these types of studies that combine rigorous scientific approaches with social and political activism, which we call militant research. The purpose of such studies is to reach out to those who work in the health field, not only in academia, but also in healthcare services and in social movements. From our perspective, social movements are the spaces that have more power to produce events that open up lines of flight and creation of LIFE that deserves to be lived in capital letters.

In the article commented on, the focus of the analyses was applying concepts that are useful for studying disputes and new realignments of capitalistic war machines, and for showing the complex web of social actors/partners who, although facing challenges, are betting on their ability to produce new subjectivities and governmentality in the space of health care. These subjectivities and governmentality are focused on making profit and creating additional spaces for capitalistic reproduction, which is increasingly concentrated. We think that it is very important to recognize and understand these processes, not to be paralyzed, but to help us to create spaces of resistance, which confront the lines of flight with neoliberal projects and emerge from them to create vanishing lines. The concepts and methodologies that we proposed in our analyses can be applied to discover powerful events that have the ability to transform this oppressive reality.

In this response, we want to emphasize the vital importance of creating new subjectivities in producing changes toward both, more egalitarian forms of living, or their opposite. In the nineties, we analyzed the entrance of financial capital groups in the health sector in Latin America, including venture and pension/retirement funds, which in most cases originated in the United States, but have operated worldwide. By analyzing the Argentinean case and using the concept of silent reforms, we showed how the privatization of healthcare services started transforming the collective subjectivity using communicational mechanisms to change the common sense regarding health/illness/care processes^{1,2}. The ideological mechanisms utilized were very effective, privatization and neoliberal

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policies advanced with a huge destructive power in several Latin American countries. The exception was Brazil, which in this period developed redistributive policies and increased access to health care for those previously deprived of it. At the beginning of the new century, neoliberal policies were partially halted in some countries in Latin America. This was caused by deep economic crises that made the situation ungovernable and opened the field up to new governmental administrations, which for a while were able to partially develop more inclusive policies. However, the groups that promote neoliberal policies have been waiting to attack by using different means to recapture the control of social and economic mechanisms in order to facilitate the recreation of capitalistic subjectivities and turn back social, labor, political and economic rights to the situation that existed at the beginning of the 20th century. These groups provoked an institutional coup d'état in Brazil and manipulated electoral campaigns and created deep governmental destabilization in other countries. Currently, these reactionary forces are reinstalling neoliberal policies with a ferocity and speed that leave us almost paralysed and most of the times, we are only denouncing the situations or betting on the fantasy that in the next elections people will realize their mistake and vote for the "good." These situations are taking place not only in Latin America, but in countries with more consolidated democratic governance, such as the US, but also in those countries with more solid welfare states, such as UK, Canada and Sweden. The last are the countries mentioned by our colleagues in their responses to our article, suggesting that they could be supporting the offensive of the neoliberal model in the health care sector.

The liberal democracy is fatally wounded and the police/military/judicial state has expanded by governments selected through electoral processes, which are increasingly manipulated by "expert in informatics," who create the fantasy of shared opinions by millions of people, or by those who took over the governments through spurious political impeachments that removed, under "democratic" rules, governments that propose a more egalitarian wealth distribution. In the service of these processes, the judicial branch imprisons potential opponents using false accusation of corruption in order to interpellate the morality of "good people," while protecting their "bosses" against legal denunciation for money laundering, spurious businesses, illegal associations, etc. Their media accomplices complete the task by helping to create subjectivities that serve the interests of dominant groups. This is the situation that we are currently confronting, which has advanced with dramatic speed in the few months since we finished the article under debate. We think that these processes need to be included in future analyses, because they are impacting the health sector and the health of the people.

Our colleagues appropriately drew attention to the need to move further in the analyses of lines of flight. We know and participate in several groups and social movements as part of their struggles and creations, but there are so many more to learn about. With several colleagues, Merhy has initiated the process of mapping these groups in Brazil, which have the potential events that are able to perforate the "instituted" and create new possibilities for the future. These experiences were recently published in Portuguese³, but there is much more to know, not only in Brazil but also in other countries. For this reason, in response to the challenge proposed by colleagues who participated in the debate, we invite them and others to take part in the process of recognizing and spreading the word about these types of experiences. We think that this needs to be a collective process developed by researchers who are politically and socially engaged, working in many countries as possible. Adele Clarke, in her comment and in the books that she edited, put us in contact with English-speaking authors, Brazilian colleagues with their own studies, and others studies who circulate in their spaces. There are many groups that question the biomedicalization process. There are also academic journals (we highlight *Interface* in the present effort to bring Portuguese, Spanish and English-speaking readers and authors closer) and some mass and social media that disseminate information about their analyses and practices. Mapping, studying and understanding their power is a very important task and it is fundamental to developing these analyses in different countries. It could be interesting that the results of these studies could be published in several languages and through multiple means of dissemination, with the idea of creating connections and exchanges, and increasing the power of these experiences. We think that this will help avoid being paralyzed by denunciation and keep the focus on searching for and putting out evidence about the alternative movements and their ways to create LIFE.

References

1. Iriart C, Waitzkin H. Argentina: no lesson learned. *Int J Health Serv.* 2006; 36(1):177-96.
2. Iriart C, Merhy EE, Waitzkin H. Managed care in Latin America: the new common sense in health policy reform. *Soc Sci Med.* 2001; 52(8):1243-53.
3. Merhy EE, Baduy RS, Seixas CT, Almeida DES, Slomp Júnior H. Políticas e Cuidados em Saúde: livro 1 - Avaliação compartilhada do cuidado em saúde. Surpreendendo o instituído nas redes. Rio de Janeiro: Hexis; 2016.

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