There are currently 20 global neglected tropical diseases recognized by the World Health Organization that affect more than one billion people worldwide. In recent years, the country of Bolivia has maintained the highest prevalence of Chagas disease, a neglected disease spread by insects infected with the Trypanosoma cruzi parasite endemic to Latin America. There is currently no cure for Chagas disease; limited treatments are available for the acute stage of infection but not the chronic stages. The indigenous people of Bolivia are most impacted by Chagas disease but tend to only seek treatment when their symptoms impact their way of life or income. Due to the delay in receiving treatment many unknowingly allow the disease to progress too far and in turn develop heart and GI diseases. This reactive mindset is due to the centuries of colonization and their lingering impacts; the indigenous people of Bolivia do not seek or receive preventative care or treatment in the acute stage. Being able to treat Chagas disease in both the acute and chronic stages could significantly impact many lives positively both within and outside the Bolivian border. This presentation outlines the efforts of two capstone experiences, examining the social determinants of health within the Bolivian healthcare system and proposing a preliminary synthetic pathway toward antiparasitic organic molecules with the potential for therapeutic development for Chagas disease.