

Disability and begging in the era of the Convention: a postcard from the past?

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Abstract: This paper shares the results of a qualitative study that examined the social processes that lead to the practice of begging in men with disabilities in the City of Buenos Aires, with the intention to problematize the diagnosis asserting a change in attitudes toward this minority from the International Convention on the Rights of Persons with Disabilities. Critically retrieving the social model of disability, we identified four routes associated with new forms of vulnerability promoted by today's capitalism in peripheral contexts (job loss, weakening of networks, chronic unemployment and naturalization of disability as an individual medical tragedy), which configure the possibility conditions of this postcard. We conclude that these processes show the existence of disability policies and supportability mechanisms erected to survive in an unequal world, expressing the problem of the "new social question".

Key words: International Convention on the Rights of Persons with Disabilities, disability, vulnerability, alms, policies of disability.

Resumen: En este trabajo se comparten los resultados de una investigación cualitativa que analizó los procesos sociales que conducen al ejercicio de la mendicidad en varones con discapacidad de la Ciudad de Buenos Aires, con la intención de problematizar el diagnóstico que afirma un cambio en las actitudes hacia esta minoría, a partir de la Convención Internacional sobre los Derechos de las Personas con Discapacidad. Al recuperar críticamente el modelo social de la discapacidad, se identifican cuatro itinerarios asociados a nuevas formas de vulnerabilidad promovidas por el capitalismo actual en contextos periféricos (pérdida del empleo, debilitamiento de redes, desempleo crónico y naturalización de la discapacidad como tragedia médica individual) que configuran las condiciones de posibilidad de esta postal. Se concluye que estos procesos evidencian la existencia de políticas de discapacidad y mecanismos de soportabilidad erigidos para sobrevivir en un mundo desigual, expresando el problema de la "nueva cuestión social".

Palabras clave: Convención Internacional sobre los Derechos de las Personas con Discapacidad, discapacidad, vulnerabilidad, limosna, políticas de la discapacidad.

Introduction

In the history of occident, people with that biomedically called deficiency have experienced social contempt in various manners (Honneth, 1997) which have denied their human statute (Coleman Brown, 2013). The extermination of children with congenital disabilities at birth —prevailing in Classical Antiquity—, the marginalization and institutionalization of mendicancy in the Middle Ages and the medicalization in the early XX century (Palacios, 2008; Foucault, 2000) demonstrate the stigmatizing effects that, inside our culture, the distancing from hegemonic corporality possesses (Goffman, 2001).

The battle to dismantle this unfair treatment has been the drive of the struggles that as of the 1970's the English-speaking collective of disabled people have maintained (Shapiro, 1993). In those years, the American movement for independent life, from the university sphere, taking the contributions from the sociology by Erving Goffman and Robert Scott —in relation to the stigmatization and construction of dependency by medical knowledge—, would define disability as a sociopolitical problem and would demand the recognition of the civil rights of that minority (Barnes, 1998; Palacios, 2008) .

Such conception, incorporated with a heavier emphasis on political rights and in the light of contributions from materialism, in the militancy and academic fields in the UK, would produce what Mike Oliver called the social model of disability (Barnes, 1998). This very author would carry out and analytical difference between deficiency —understood biophysical conditions of individual character— and disability —as a social disadvantage generated by a society which overlooks people with deficiencies and thereby oppresses them— (UPIAS, 1976; Barnes, 1998).

From this standpoint, disability would be understood —as it so far had occurred— neither as a religious problem nor as a medical issue, but as a creation proper to capitalist societies (Palacios, 2008). These, designed according to a parameter of a capable body, impose physical or social barriers that restrict the participation of disabled people (Siebers, 2013; Oliver, 1998; Diniz, Barbosa and Dos Santos, 2009). Because of this, from the social model of disability, it is believed that in order to guarantee the respect to that minority it is necessary to offer policies that transform those social structures that block participation (Shakespeare, 2013; Ferreira, 2008).

Over the last 20 years the social model of disability will produce the paradigm of human rights (Palacios, 2008; Brogna, 2012). Such paradigm has inspired the appearance of international documents that before the persistence of discrimination and unfair treatment to other people with disability, look to promote their observance (ONU, 2006). One of the main milestones in this

aspect has been the signing of the Convention on the Rights of Persons with Disabilities, adopted by the UN General Assembly on December 13th, 2006. In this legal document —henceforth, the Convention— disability is understood as the result from the interaction of a person with a certain deficiency and the social barriers that hinder participation in equal conditions with other individuals (Diniz, Barbosa and Dos Santos, 2009).

Because of this the term disabled person is used for emphasizing the socially created dimension of it. In views of removing these barriers, the States are urged to identify and develop a series of measures to favor social inclusion (Brognna, 2012). The ratification of the Convention by many of the UN members has been welcomed with great enthusiasm by the international collective of disabled people and interpreted by the organism as a “paradigm shift in the attitudes and approaches in relation to disabled people” (UN 2006).

Well now, even if it is true that the Convention means an important advancement at the formal level, from a sociological approach, it is recognized that the existence of legal documents is not a sufficient requirement to immediately modify the perception schemas and social practices that turn disability into a disadvantage (Soto Martín, 2011; Vite Pérez, 2012; Russell, 2008). Calling attention on these issues, at Latin American level association of people with disabilities,¹ many authors have pointed out the distance between the “stance assumed [by the Convention] and the effective implementation” (Courtis, 2009: 412; Acuña and Goñi, 2010; Vite Pérez, 2012; Pantano, 2009), the inconsistency between the Convention and the current laws on disability at national level (Joly, 2008; Brognna, 2012; Ferrante, 2013), the need to move the debate from the juridical to the ethical (Skliar, 2010; Pantano, 2009; Arteaga and Dyjak, 2006), the validity of the perception schemas in the past and at present (Brognna, 2009, 2012; Ferrante, 2012) and the proliferation of devices of excluding inclusion and new forms of vulnerability (Almeida, 2009; Vite Pérez, 2012).

This way, both the current approaches of the social model (Barnes, 2010; Oliver, 2008) and those that understand disability as a problem unsolved by social justice (Nussbaum, 2007), or as a development issue (Sen 1999), agree on

1 Cfr. in: Vida Independiente México [Independent Life Mexico]: <http://vidaindependientemexico.com>; Red Especial Uruguay para la Educación y la Tecnología Adaptativa [Especial Uruguayan Network for Education and Adaptive Technology] (Uruguay) (REDASUY): <http://www.redesuy.org>; Segregator Project (Colombia) (2013): <http://www.segregatorproject.org/espanol/publication/index.html>; Red por los Derechos de las Personas con Discapacidad (REDI) [Network for the Rights of Disabled People] (Argentina): <http://www.redi.org.ar>; Fundación Nacional del Discapacitado [National Foundation of the Disabled] (Chile): <http://www.fnd.cl/>

stating that disabled people in contemporary world suffer different forms of inequality. In this respect, the World Report on Disability (WHO, 2011) offers overwhelming data: people with disability possess worse health levels than the general population, worse academic results (from the lack of access to education or lack of infrastructure), lower economic participation (associated to inactivity rates 2,5% higher than the general population and hidden unemployment), higher poverty rates (80% of the disabled people are poor), heavier dependence and lower participation in community life.

These tendencies are especially noticeable in “developing countries” and the “third world”. As a result from the confluence of all them, most lower-stratum disabled people in those countries survive by means of social charity, among which one finds: social security, income transfer from relatives, help provided by charities and religious associations, and begging (Barnes, 2010, 2009; Joly, 2008; Borsay, 2008; Russell, 2008).

Argentina is not exempt from this global situation and in the City of Buenos Aires mendicancy becomes a “self-employment” option for many disabled people (Joly and Ferrante, 2013; Joly and Venturiello, 2012). The development of this survival strategy, typical to the Middle Ages, inside the informal economy (Bourgois, 2010; Epele, 2010) well into the XXI century, relativizes the diagnosis of a paradigm shift from the Convention, since in it the merchandization of the pain and spectacle of stigma constitute the core of the symbolic interchange.

On its own, if this interaction ritual becomes effective, it is because there are broader macro-social conditions that make it possible (Goffman, 1991) and which far from expressing a modification of the attitudes to disability, unveil the persistence of contempt and segregation. Well, our objective is to analyze the social processes that lead adults with disabilities to mendicancy in the City of Buenos Aires, Argentina. We intend to deeply reflect on the message this postcard conveys about the disability situation (Pantano, 2009) in our peripheral contexts and the existing challenges to make the postulates promoted in the Convention real.

We will start from empirical material gathered during a qualitative research which had the intention to identify and describe the social circuits that lead to begging among males with mobility impairment.² We decided to restrict the study to males, since the interests in this problem emerges as a unexpected dimension

² Such research is titled “Prácticas de mendicidad y modos de dominación en adultos con discapacidad motriz en la Ciudad de Buenos Aires” [Practices of Mendicancy and domination modes in adults with motor disability in the City of Buenos Aires] and was financed by National Council of Scientific and Technologic Researches of Argentina, through a postdoctoral grant in the Institute of Sciences of Rehabilitation and Movement of the National University of San Martin.

from a previous research on the stigma and motor disability in the city of Buenos Aires (Ferrante, 2014). In poor-strata young people, mendicancy became the only survival option, from the impossibility to access formal job posts. Even if for women access to employment used to be a problem, none of them resorted to mendicancy as means to live up, but took up positions that depended on the family universe and presented a greater tendency to be socially isolated; something associated to the effects of the androcentrism in the region (Silva Segovia, 2013).

As for the strategies to enquire, we carried out analysis of legislation referred to disability, in-depth interviews (with motor-disabled beggars and the people who gave money) and non-participatory observation in the interaction. The first technique was selected because by means of the analysis of laws on disability it was possible to reconstruct the different conceptions of disability valid nowadays. The second strategy was chosen because the in-depth interviews allow accessing the viewpoints of the agents and reconstructing part of their everyday world, an indispensable dimension to observe how domination becomes flesh (Meccia, 2008).

The methodological justification of opting for a third technique is that it is means to notice nonvisible scenarios from disciplinary knowledge (Scribano, 2008a). We worked with an intentional sample, taken according to theoretical saturation criteria, composed of 9 men, between 18 and 65 years of age, with motor disabilities who beg and 10 adults (5 men and 5 women) who give them money. Fieldwork was carried out between March and August 2013 at traffic lights, subways, trains and avenues in various points of the city where disabled people beg. The collected material was interpreted by means of content analysis (Scribano, 2008a): the dimensions to work with were identified; microtexts were selected and coded; counterpoints were performed between data, theoretical framework and the emergence of analysis categories (Silva Segovia, 2013).

In views of reaching the goal stated in this article, we will follow a development composed of three parts. Firstly, we will describe the links between current capitalism, vulnerability and disability policies, critically recovering the social model of disability. Then, we will examine these processes in the light of the interviewees' narratives. Finally, we will reflect on the challenges to accomplish the inclusion of people with disability in an uneven and excluding world.

Regarding the name we will use to refer to disabled people with what is bio-medically called "disability", in this text, following the Convention, we will use the expression: disabled person. However, we have to underscore our lack of satisfaction in relation to the critical power of this notion: even if this term seeks to emphasize the social aspects of disability, it does not escape the allegedly

biological logic of the normal and abnormal, by means of the reference “dis”ability (“dis”capacidad) (Pizarro, 2008). As Patricia Brogna (2012: 43) points out: there is a pending task in “finding a term that psychologically describes the issue and stresses—not the condition of the subject— but the social inter-relationships”.

Capitalism, vulnerability and the politics of disablement

The changes generated in the capital-labor relation from the globalization of capitalism in neoliberal key have generated many regressive social processes: the unequal distribution of incomes, unemployment increase, labor precariousness, the State retreat in the welfare of the population, the deepening of inequalities between central and peripheral countries (Bauman, 1999; Pérez, 2005).

However, neoliberalism, as a big machine to “transform and the collective into individual” (Scribano, 2008b: 89), conceives segregation and inequality as the result of the lack of adaptation of isolated individuals who only are for themselves or relay on focalized programs. “Social success” and inclusion are understood as the result of the personal merit, independence and capability of conquest of the agent to become a subject apt for consumption (Castel, 2005).

In the case of disability, we paradigmatically notice this transformation logic of the social into the individual, especially via the metamorphosis of inequality into physical disadvantage. The regressive phenomena we previously described embed complex links between poverty and disability in peripheral countries: poverty generates deficiency and this impoverishes further (OMS, 2011; Joly, 2008; Soto Martín, 2011; Oliver, 1990). The pauperization of life conditions create deficiencies: poor labor conditions, social violence, hunger, malnutrition, lack of access to rehabilitation and health care, wars, pollution, and use of drugs mutilate the most vulnerable individual bodies (Martínez Ríos, 2013; Barnes, 2010; Barton, 2009; OMS, 2011).

On its own, in a fiercely competitive labor context, disability—in its presumption of distancing from the ability rules determined according to economic productivity criteria (flextime, the apparent independence and usefulness) (Scribano, 2007)—becomes a factor that leads to a loss of global capital (economic, social and cultural) (Bourdieu, 1998), thereby, it favors demotions in the social strata (Barnes, 2010; Martínez Ríos, 2013; OMS, 2011; Russell, 2008; Ferreira, 2008). In this context, before the impossibility to adapt to the rules imposed by the marker, disabled people become supernumerary individuals (Castel, 2005).

In this framework, the pertinence of the English-speaking social model is clear to point out that the main oppression mechanism of disabled people is their “exclusion from social production” (Abberley, 1998: 87). In this exclusion, as Oliver (1990, 2008) points out, the role of the State is fundamental, in which, as a

guarantor of the reproduction of capitalism, as of the XIX century, by means of the theory of personal tragedy the naturalization of disability as a physical deficit, tributary of medical health and/or social, making its actual political and arbitrary nature evident. By means of what Oliver (1990) calls the politics of disablement, the “disabled” bodies, from an alleged distancing from a capable body, are officially disabled for the labor process and turned into dependent bodies, passive, sick, “inactive”, recipients of State help, part of the reserve army described by Marx.

From this perspective, the deficiency/disability distinction, carried out in the foundational statements of the social model, becomes everlasting (Oliver, 1990): both mask an ideology that reifies a fictitious normality that classifies useful and non-useful bodies, poor deservants and non-deservants, and which becomes the legitimizer of domination relationships (Shakespeare, 2013; Rosato et al., 2009; Ferrante, 2013). Such ideology sediments on common sense and configures disability as a social ghost, activating the fear of a physical death and becoming the antithesis of an ideal of body and intellectual perfection, support of individualism and independence (Oliver, 1990). This, on its own, reinforces the exclusion of disabled people.

With the boom of the neoliberalism, Oliver (1990) points out that the State policies aimed at disability maintain the ideology, but focus on and seek to reduce their coverage, heading for privatizing and outsourcing the benefits; this contributes to the increment in the centrality of the conception of disability as a form of dependency and problem that has to be solved by means of charity. In this same line, other authors in the English-speaking tradition (Barnes, 2010; Rusell, 2008; Borsay, 2008) show how these State devices in peripheral countries, by disabling these people for the labor process and granting amounts far too short for subsistence, only reinforce the dependence of disabled people and create agents who will only be able to survive on social charity (Oliver, 1990; Russell, 2008; Borsay, 2008).

Well now, according to this interpretative framework of the English-speaking world, we consider it necessary to include three conceptual clarifications in order to potentiate its analytical capability and think of the processes that we intend to analyze.

Firstly: the term social vulnerability (Castel, 1997), before that of exclusion (tending to refer a “state” and a somewhat artificial idea of inside and outside), reflects with better density the described phenomena (Vite Pérez, 2012). Deficiency makes agents vulnerable, as it places them in a social zone in which poverty—derived from labor absence or precariousness—and the fragility of societal supports—in which social protection is inexistent or focalized—(Vite Pérez, 2012) combine and in which they coexist with a small set of individuals, relatively integrated by means of labor.

Secondly; taking the contributions by Pierre Bourdieu (1999), it is evident that if the State policies possess the symbolic power to “build” disability as a physical deficit, domination is possible to the extent that the complicity of the very agents who nominate exist. In this tune variables that do not allow thinking of domination as a uniform and omnipotent would intervene —as it is pointed out in the foundational statement of the English-speaking tradition (Shakespeare, 2013; Ferrante, 2013)—, but rather as a relation singularized by means of the social class, gender, age, ethnicity, sort of deficiency, the social space in which it expresses. In Goffman’s (2001) sense, this implies to remember that the stigma refers to perspectives rather than to an attribution.

Thus, in the case of the mendicancy practices among disabled people unveils a pattern of social relationships that turn the spectacle of stigma into a profitable lifestyle for low class agents. Begging takes place in the scenario of multiplication of the subsistence modes in informal economy, which occur with the “usufruct and extraction of material and human resources in vulnerable populations that become profitable and extractable by means of the same inequality and vulnerability that the expropriation of the minimal traditional welfare conditions produces, which on their own, were undertaken looking for the greater welfare and common good” (Epele, 2010: 51).

By completing the statements of Oliver, we can point out that in the framework of the neoliberal inheritance, labor turned into a cost and cancelled the function of the State of investing in social security (now called social protection) (Pautassi, 2013) and maintaining a reserve army, disability constitutes a risk element that makes the agent a potential beneficiary of State assistance (Castel, 1997; Vallejos, 2013; Bauman, 1999).

This way, inside the broadest set of the poor, the deficient body becomes an element that deserves certain focal benefits that will be considered as sort of individual compensation from a disadvantageous situation, of which one is not responsible (Rosato et al., 2009; Calvento, 2006; Vallejos, 2013). Such assistance will not modify the situation on inequality whatsoever; however, as it generates certain secondary benefits, it turns into a credential to receive State resources among the leftover population and thus generates lumpenized subjectivities (Bourgois, 2010).

The third issue to clarify; as the English-speaking authors, the legality inhabited by the official look on disability, as a deficient body, establishes the principles of perception of the body and the social expectations that configure disability as a pathetic situation, generating the condition of possibility of a generous disposition to help another with a disability.

These principles of official vision on disability reduce the disabled body to a social ghost, which tensions the fantasy of a body able to activate fears of death and physical vulnerability. At the same time, we can think that a solidary handout speaks us, in a broader term, of social relationships promoted in our historical world and the fears associated with social vulnerability. Such disabled body is a remainder of the lack of security and stability common to all social bodies in the current framework of capitalism.

In a world in which all the agents are at risk of segregation, that disabled body, the fear of the vulnerable self as it makes it visible the fate to which capitalism throws those bodies that do not fit the demands of the social division of labor. In this sense, the handout might be understood as mechanisms of supportability (Scribano, 2007) that makes social life bearable in an uneven context, systematically avoiding conflict. As pinpointed by Eugenia Boito (2005: 6), the solidary response acts as a social fantasy that occludes the “ghost of oppression, suturing the possible explanations and actions before deprivation situations”.

Itineraries that lead to mendicancy in the City of Buenos Aires

Circuits that lead to the “street”: inequality made physical deficit

Even if in Argentina in recent years there has been an economic growth, only a half of the laborers holds decorous employment and more than one in five households requires public assistance so as not to aggravate their indigence situation (Salvia, 2013). Even of the policies implemented in the last decade have increased employment, a marked structural heterogeneity still remains, this expresses as labor segmentation inside the labor market (Salvia, 2013). This means that income differences between formal employees and the rest have become acute, and on their own, residual policies for the most disfavored have proliferated (Cortes and Kessler, 2013). These phenomena express as the “existence of a heterogeneous population that is a ‘leftover’ for the current capitalist society” (Salvia, 2013: 46).

Our interviewees are, before or from disability, part of that population sector. At first, we notice situations in which deficiency is generated by poverty and marginalization situations. Fernando, 30 years, and Julián, 28, both have amputations in their limbs. They both have incomplete elementary education and were born at poor households in the Grater Buenos Aires. Their amputations took place at 9 and 20 years of age, respectively, due to falls as they “hanged from the train”, a usual practice among the population with no money to afford the ticket. Both of them had problems with drugs and, at this point, the acquisition of their deficiencies was for them somewhat of a “rescue” (Epele, 2010), to leave that world in order to have a more tranquil life.

From the amputations and in the face of the impossibility of finding a job, the street and begging became an option to make a living. Secondly, we found other realities in which motor deficiencies are congenital or disease sequelae, for instance poliomyelitis, amputations from the use of medication in pregnancy, circulation problems. Here gather men with incomplete elementary education, but also some with complete secondary studies.

In both groups deficiency generates a dispossession of the symbolic capital (Bourdieu, 1998) that symptomatizes and incarnates social itineraries that will lead to the street. We can distinguish in our interviewees four non-excluding processes, as they successively interweave where inequality and vulnerability start turning into disability.

The first of them is the loss of employment, either associated to the acquisition of the deficiency or the economic crisis. Raul is 68 years, incomplete elementary studies, and has been begging at the church door in a charming neighborhood in the City of Buenos Aires for ten years now. At 58, one of his legs was amputated due to an obstruction in an artery because of his heavy smoking. After 35 years working as a taxi driver, after the amputation losses his job and is unable to find another. He claims that after disability he went “straight onto the street”: disability added to advanced age turned into an ejecting mechanism from the labor world. He lives with his son and daughter-in-law who help him survive. While, Pedro, 55, with complete elementary studies and poliomyelitis sequelae, was a tailor up to 1989, when he lost his job as a consequence of the economic crisis associated to the hyperinflationary process experienced in Argentina.

A second process associates to the weakening of networks and social supports. Indeed, Pedro, in addition to becoming unemployed, lost the support from a charity; he used to live in a home for the disabled, ran by a group of women, who in the wake of the crisis stop helping them. At that moment, 26 years ago, the street turned into his lifestyle. In like manner, Carlos, 37, with birth myelomeningocele, as a result of the infantilization of disabled people (Coleman, 2013) was overprotected by his mother. He had a job, but after his mother died he suffers heavy depression and then he was made redundant. After some time secluded at his house, with no economic support—as he had no other family and was not receiving the pension from his old job—, one day he starts to beg in train stations and seeing that the income was good, he goes on to the street.

The third process that leads to the street is chronic unemployment, result of public policies, which block disabled people from the labor process. Pablo, 58 years, complete elementary studies and with poliomyelitis sequelae—unlike Pedro—was

never able to have formal employment. Her begs on the street “since I was 16, I dared to go out on the street, out of necessity, because I didn’t have a trade and was trying to make my own living...”

In that same sense, Jose, 33 years, with complete secondary studies and multiple congenital amputations, arrived from his home province in the City of Buenos Aires with the expectation of enrolling in university. He held a grant from the State, however as it did not even cover a third of minimal wage was not enough to afford all his needs. Being Jose a four-limb amputee, he needs a person’s help for everyday activities (bath, dressing, transportation). Since these supports are not covered by the State, the longing for study had to be put off in order to find a job. Nevertheless, the search turned out everlasting. For him, as for the many with disabilities with neither university studies nor social capital (Bourdieu, 1998), accessing formal employments, in a fiercely competitive context, becomes extremely complex. Jose narrates such difficulties:

I found that if I don’t work I have no roof, food, clothes and I depend on someone else to take me and bring me and I don’t have the money either because the pension is not enough. (...) I started to look for a job and I discovered that it was possible because I was in the wheelchair, no because they had high offices, or a lift, or because they had stairs, or no just because. Then I said, what do I do? Go back to my town, I lock myself in my house and watch life go by? Or do I use what they can’t close? The street and here I am. No studies, not a life of my own, because I have to be here from 8 to 8”.

In a similar way, Fernando states

In the disability certificate I am 100% handicapped, I mean that according to the certificate I would have to be lying on the bed and would have no force to even change the channel in the control, you see what I mean? And because of this it is complicated for me to get a job, because nobody hires me... how would the hire someone with a 100% disability, I mean, that he cannot go by on its own? (...) it is on me to take in this of 100% or look for other means.

Even if as of May 2008, Argentina has entered the Convention by means of the Law 26.378 and in the Article 27, referring to labor and employment it is read:

The States Parties recognize the right of disabled people to work in equal conditions with the other: this includes the right to make a living by means of a freely elected or accepted in a labor market and environment open, including and accessible for disabled people. The States Parties will safeguard and promote the exercise of the right to labor, even for people who become disabled during employment, adopting suitable measures, included the issuing of legislation, among them.

Beyond proclamations measures tending to fulfill this obligation have not been taken. On its own, this law has not been harmonized with previous local legislation.

The National State policies, derived from the Law of the System of Integral Protection of Disabled People (22.431) and the Law on Basic Benefits in Habilitation and Rehabilitation in favor of disabled people (24.901) faithfully adjust the diagnosis made by Oliver of the politics of disablement, which restrict to: perform medical rehabilitation of the deficit and offer a series of secondary benefits (free pass in public transport, pension, exemption of automobile importation tax), which, even if legally recognized, are seldom exercised (Acuña and Goñi, 2010).

It is important to notice that this law was sanctioned in a context of dictatorship and replaces the law 20.923 sanctioned by Perón Administration in October 1974 (Bregain, 2012). The latter, produced by National Socioeconomic Union of the Handicapped, established an employment share that forced the State and the private sector to include as labor force—at a percentage not below to 4%—“disabled” people (Bregain, 2012). Likewise, the law stipulated the creation of the National Commission on the Disabled, which depended on the Ministry of Labor and was composed, among others, of representatives of organizations of disabled people, it would be in charge of sanctioning those institutions that did not fulfill this disposition.

Law 20.923 never came into force and was derogated, as it was considered that forcing the market to offer an employment share for the disabled, it went against free market (Ibid.). This is to say, the derogation of this disruptive law harmonizes with the neoliberal ideology of the last military dictatorship (Ferrante, 2012).

Law 22.431 starts from a conception of disability as an individual deficit to be rehabilitated and before which the individual should look for normalization in order to integrate into society. This law scantily emphasizes the removal of disabling barriers; the granted social benefits do not “transform” at all the previous unequal condition that generated disability, it only compensates the individual for their disadvantageous situation (as we previously exposed), at the same time, by means of the State certification of disability, they disqualify for the labor process (Vallejos, 2009). As for employment, the law demands a labor proportion of 4% in the State, which from the modification of Law 22.431 by means of law 25.689, extends “to its decentralized or autarchic organisms, non-State public entities, State enterprises and private enterprises concessionary of public services”.

According to reports by NGO’s in favor of the rights of disabled people, these shares are not even met at a quarter (REDI, CELS, FAICA, FENDIM, ADC, 2012). Likewise, the Report on the Convention Follow-up produced by

UN in 2013, indicates the Argentine state the need to verify the fulfillment of the employment share, systematize data that allow carrying out an adequate analysis and promote employment in the private sphere (UN, 2012).

There are no updated official figures in relation to the labor status of disabled people. The available data in this respect are those from the National Survey on Disability carried out by INDEC in 2002/2003, according to which 7 out of 10 disabled people at productive ages were inactive, and out of those employed, 80% is hired in low-qualification jobs (Ferrante, 2008). Data from the 2010 Census add that a 12.9% of the population experiences disability and even though 59.2% is at working ages (INDEC, 2012), 45.3% receives a pension (while in the total population the percentage of people who receive this benefit is 15.2%).

If this difference is read in such document as a positive sign of the broad coverage that disabled people receive in Argentina, from our statement this figure cannot be but interpreted as an effect of institutionalized discrimination (Oliver, 1990). There are no medical reasons for disabled people at working ages not work, but ‘inactivity’ and chronical (and unseen) labor are the results of the politics of disablement.

This can also be related to what Xabier Rambla and Judith Jacovsis (2011) call institutionalized degradation. This refers to the effects of many of the public policies generated in the 1990’s destined for the Argentinean vulnerable population, in which the construction of the profile of the “beneficiary” imposes a definition that compromises the social image and hinder the presentation of the individual in decorous conditions” (2011: 161).

Some organizations of disabled people estimate that 80% of them in the country are affected by unemployment, while unions increase the figure to 91% (REDI, 2013; World Bank, 2014; Joly and Venturiello, 2012). Such figures adjust to those at global level by International Labor Organization in 2005, which estimate 80% of the disabled people are affected by chronic unemployment and are invisible by means of the unemployed category (Joly and Venturiello, 2012; Joly, 2008).

On its own, the persistence of these pauperizing policies, which generates the schemas that mediate the perception of the disabled body, create a fourth process that explains the effectiveness of mendicancy: the naturalization of disability as an individual medical tragedy. Configuring disability as a personal physical problem, which casts a shadow on the existence and prevents labor access (Rosato et al., 2009), the social disposition of the handout for disabled people is legitimized. As pointed out by Juan Pablo Matta (2010), this will be the other face of begging: if such practice is efficacious is because it is capable of generating a pathetic situation that stirs individual charity.

When all the interviewed agents who give money to disabled people were asked what they felt when they see them begging, they unanimously point out: pity [women, 40 years, university degree: “I pity them a lot (...) the State had to deal with this, not us”; men, 18 years, university undergraduate: “It is pitiful”; women, 69 years, complete secondary education: “it breaks my heart”].

They all think that it is the State the one that must be in charge of the situation experienced by these people, via subsidies, for if they do not have a job it is because “they cannot work”, not because they are “vagrants” [women, 28 years, university undergraduate: he is clearly on the street out of necessity, who will hire a disabled person?; man, 51 years, university graduate: “I give because I know the disability is real (...) the State had to subsidize them so that they would not be on the street”; women, 69 years: the State, especially for disability, would have to support more, economic help so that those people can survive”; man, 31 years, university graduate: “the State should (...) secure that they have the means to medically, physically rehabilitate or be able to develop in a better way and look for ways to include them”].

This is to say, they reproduce those disability perception schemas of an individual medical problem. The deficient body operates as a legitimizer of the infra-valuing of that other and compassion comes from their lack of responsibility before the impossibility of incarnating the labor ethics: these agents are poor, not because they are not industrious enough, but because they are officially/naturally released from any obligation.

Here we can also notice the social suffering (Bourdieu, 2010) generated by a regression of a State that does not guarantee the general welfare any longer and the resignation before this. As we stated previously, a handout, as a mechanism of social supportability (Scribano, 2008b), dispels the anguish and discomfort awakened by that socially marginalized body that reflects the vulnerability that vertically crosses all the social structure. As in the charity events described by Zygmunt Bauman (1998), these little solidary scenes allow making the quotidian indifference bearable in front of those undeserving poor, who, as a result of their lack of individual effort, are “legitimately” banished from society.

“Not having does not mean not being”

Even if the itineraries that lead to begging in the case of disability are socially created and unthinkable outside the situations of inequality created by current capitalism, the protagonists live their arrival onto the streets as self-employment, in which by means of “help from the people”, they manage to obtain larger incomes than those they would likely obtain in a formal post.

Juan (38 years, paraplegic, elementary studies): “I work on my own, at a traffic light. For a handicapped it is very hard to get a job, unless you have studied a lot, the jobs you get pay very little, and they don’t give pension. Just days ago I rejected a \$900 because of that (...) when I was a boy I worked as assistant in a shoe store and made \$10 a day, back then, then one day came a lame who sold pencils at the traffic lights and he gave 40 to try. I thought it would take a week to sell them, and in the end I sold them in two hours. In two hours I made for times as much as in a day in the shop! You can tell me it is a shame to cause pity, but well, I get the money I didn’t get in the other job...”.

On its own the reference to “easy money” is present in most of our interviewees:

Carlos (37): “I do this willingly (...) (another good thing of the street is) the easy money and that you on a good work day, as I call it, can make up to 300 pesos. That’s why I found the business of many in a newscast and yeah it is true, because people come and give to you”

At this stage of the exposition, the relativity of Carlos and Juan in relation to the reference to the “easy money” (as the incomes are very irregular) and the ‘personal’ choice of stigma as a job (since we have insisted on the complex social, political and economic constructions of this practice), neither can it be ignored the lived sense (Bourdieu, 1999) that our interviewees attribute to mendicancy. If there are no doubts that in the conditions that lead to begging intervene social processes associated to vulnerability, in the experience of this practice as a “job” there is something else to understand.

Not only does labor in our societies imply access to subsistence material means, but also it gives personal and social recognition (Castel, 1997; Vallejos, 2013). This way, when capitalism strips the agents from fixed structures from which to identify, such as labor, these have to support on anything so that they can exist (Arteaga and Martuccelli, 2013). “Disabled for labor”, with scarce supportive networks and socially perceived through one of the official perception schemas that configure them as mere unfortunate bodies, recipients of medical and/or social help, for our interviewees the physical deficit turned into a spectacle becomes an instrument of work. In terms by Goffman, we would say that in this social interaction these agents “work” exhibiting the signs of stigma to obtain secondary benefits (Goffman, 2001). At this point, for the interviewees that exercise mendicancy, the “street” becomes a space in which there is a possibility to fight to materially and socially live. Because of this, it might be thought that living mendicancy as job, also constitutes, on the side of the beggar as they “have” a disability, a mechanism

of social supportability, as not only does it allow occlude the conflict, but also mobilizes the search for respect, derived from incarnating a denied manhood (Bourgois, 2010). The construction of disability from the politics of disablement, as we pointed out, configure a diseased, incapable and asexual body. Strength, virility and capability to work for other, as breadwinners, are three of the nodes that define masculinity (Bourgois, 2010).

This way, mendicancy understood as self-employment constitute a rhetoric to exalt the respect-giving values associated with labor ethics and the spirit of self-improvement.

Pablo (58 years) points out: “here I depend on myself, in a regular job I would have a boss, a chief, someone to direct me, I am independent here, the job depends on me, I depend on myself, the job depends on my will on my charisma and endeavor. Many disabled have jobs that worn them out, let’s say those with a disabled and have him at a corner. I don’t like it because I’m a normal regular person”.

In a similar way, José, 33 years, expresses: “there are many disabled that don’t make people respect them. You have to have self-esteem (...) being on the street does not mean you are in misery (...) that we don’t have doesn’t mean we are not”.

The practice of mendicancy and the suit of begging do not lead those agents to incorporate a self-perception as “dis” able (Pizarro, 2008), as socially “less valid subjects”. This is to say, if in public the rhetoric of medical tragedy becomes a resource that allows surviving on a regular basis, in a private sphere these agents think themselves as “normal and regular people”, who experience injustice from a society that does not provide them with opportunities to participate.

This way, the practice of begging is no registered as such, but this help is a severance from the experienced vulnerability. Facing the question what it is living on begging like, one of the interviewees becomes angry and replies:

Jose (33 years): “this is no begging, I don’t see it as begging, asking the society that isolates you, asking those who really can help you day after day. I’m hurting no one, I’m not forcing anyone when they give me. I’m here as their conscience. If they feel unease let them give me, if not, then no it is, it’ll be tomorrow, the day after, it’ll be when they have, when they see they have some two three coins to spare and feel like helping me, they’ll do”.

Likewise, Jorge, 58 years, who strolls with his wheelchair at the traffic light of an avenue of the wealthiest neighborhoods in the city, he boasts about never having begged: “I never asked for a coin, never knocked a window, I never said: have a coin? People just by looking at me struggling and trying to survive recognize you and help you”.

This is to say, “help from the people” generates a subsistence means that preserves the honor as there is a struggle to survive and they become the unpunished affected by a physical disgrace. Thus, it can be pointed out that in this practice there is a rebel acceptance of the identity socially imposed by means of denigration: if these agents take the suit of stigma, they do not think themselves as inferior agents, but victims of a situation of unfairness shared with a broader group of supernumerary individuals.

Final reflections

In this article we have intended to tension and problematize the diagnosis which states that from the ratification of the International Convention on the Rights of Persons with Disabilities there is a paradigm shift in the attitudes and approaches to disability. Specifically on the social processes that configure begging as the strategy of disabled people to survive in the City of Buenos Aires, we have described how current capitalism, in peripheral countries, generates a structural dynamic that, far from making inclusion bloom and beyond every declaration, endemically generates forms of inequality among which one finds disability.

There is a logic in which the social structure biologically disables some of its members, promoting modes of social vulnerability in which poverty and focalized help converge. Such helps, in the case of the City of Buenos Aires, are authentic policies of discrimination that socially disable them, as they are excluded from the process of labor and by justifying this process, by means of the logic of personal medical tragedy, generate schemas to perceive disability that promote the development of lumpenized subjectivities.

Thrown into the void, for these agents stigma turns into a role by means of which they materially and symbolically survive. Its signification as “work” constitutes a supportability mechanism to find ways of socially valued recognition. At the same time, we have noticed that the generous disposition of those who give money and who make the practice of mendicancy effective, intend to make life bearable in a segregating world, where the ghost of vulnerability crosses every single body and where social necessities are perceived as issues that will not be solved by social security. In short, this interaction does nothing but reproduce the situation of domination of people with disability, as it naturalizes —meekly or naively— deficit as a personal disadvantage, without paying attention to origin of the issues that produce inequality.

While from the office in charge of disability in all the Latin American States the consecration of a human rights perspective for disabled people is decreed following the UN diagnosis, which banishes medical and assistentialist perspective,

in practice, capitalism and the State policies reproduce forms of social contempt camouflaged as scenes of old, but which actually pose new problems. This way, even if the image of a disabled person begging would seem a postcard from the past, of the Middle Ages, in reality shows us the emergence of what has been called the “new social issue” (Rosanvallon, 2007). If the dysfunctions of industrial society in the XIX made room for social issues, regressive phenomena associated to contemporary capitalism, which seem to be like those of the past, show the “failure of the conception of social rights to offer a satisfactory framework to think of the situation of those [currently] excluded” (Pérez, 2005: 19).

In the face of this dynamic, it is licit to state the question in relation to the effectiveness of the convention to revert these dynamic. It cannot be denied that in the framework of individualization of social needs introduced by neoliberalism in most Latin American countries, the convention provides a spirit in which the State is the guarantor of them. However, the question is, do these measures work if they are only utilized to generate a good-willing speech and by doing so make the proliferation of modes of inequality invisible?

In this respect, Colin Barnes (2010), representative of the English-speaking tradition, states that the legal way promoted by this tradition would seem to be insufficient to generate the structural social changes necessary to revert the inequality experienced by many disabled people. In this context, from critical sociology, it is important to make those ambivalences visible and at the same time enquire on them.

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