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Salud Callejera: Mobilizing *Cuidado* at the Margins of Neoliberalism
Reimagining Care for People Experiencing Homelessness in Buenos Aires

An Honors Paper for the Department of Sociology and Anthropology

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Bowdoin College, 2019

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ABSTRACT

On any given night, thousands of individuals sleep on the streets of the Ciudad Autónoma de Buenos Aires. Without secure housing, people in *situación de calle* (experiencing homelessness) suffer elevated rates of physical trauma, transmissible and chronic diseases, and symptoms of depression. Nevertheless, two-thirds of this population do not receive annual health consultations, with the majority solely accessing the emergency department when their conditions severely worsen. This study finds that municipal services and, to a lesser extent, the public health system render individuals responsible for housing insecurity by adopting a neoliberal subjectivity of *homo economicus*, medicalizing poverty as a symptom of psychosocial illness potentially curable through economic and social rehabilitation. Those who do not conform with such pathologization or other employment-based demands confront heightened criminalization and exclusion from care services. As an alternative response, this project investigates the actions of civil society networks, which employ a contrary notion of *homo politicus*, reimagining care as a collective right and site of political mobilization. This thesis draws upon interviews with people experiencing or at risk of homelessness, members of civil society organizations, public health providers, and municipal social workers, as well as observations from street-outreach.

RESUMEN

En cualquier noche, unos miles de individuos pernoctan en las calles de la Ciudad Autónoma de Buenos Aires. Sin una vivienda segura, las personas en situación de calle padecen tasas más elevadas de traumatismos, enfermedades transmisibles y crónicas y síntomas de depresión. No obstante, dos terceras partes de ellas no realizan controles anuales de salud, con la mayoría solo atendiéndose en la guardia cuando se vuelven gravísimas sus condiciones. Se encuentra que el gobierno municipal y, en menor grado, el sistema de salud pública responsibilizan a individuos para su emergencia habitacional por adoptar una subjetividad neoliberal de *homo economicus*, medicalizando la pobreza como una síntoma de patología psicosocial potencialmente curable mediante la rehabilitación económica y social. Los que no cumplen con tal patologización ni otras expectativas ocupacionales enfrentan más criminalización y expulsión de servicios de cuidado. Como una respuesta alternativa, se indaga en las acciones de redes de la sociedad civil, las cuales emplean una noción contraria de *homo politicus*, reimaginando cuidado como un derecho colectivo y sitio de movilización barrial. Para esta tesis se realizaron entrevistas con gente en calle, integrantes de organizaciones civiles, proveedores de la salud pública y trabajadores sociales, además de observaciones de recorridas nocturnas.

For my mother

For my father

ACKNOWLEDGEMENTS

GLOSSARY

Acronyms

ACEIF – Programa de Atención en Casos de Emergencia Individual o Familiar
APPDST – Asociación Civil Asamblea Popular de Plaza Dorrego – San Telmo
BAP – Buenos Aires Presente
CABA – Ciudad Autónoma de Buenos Aires (Autonomous City of Buenos Aires)
GCBA – Gobierno de la Ciudad de Buenos Aires (Government of the City of Buenos Aires)
LCBA – Legislatura de la Ciudad de Buenos Aires (Legislature of the City of Buenos Aires)
IMF – International Monetary Fund
PHC – Primary Health Care

Decrees & Legislation

Decree 607/97 – Programa Integrador para Personas o Grupos Familiares in Situación de Emergencia Habitacional (Programa Integrador, 1997)
Decree 895/02 – Modifed Decree 607, establishing *subsidios habitacionales* (2002)
Decree 1234/04 – Programa Apoyo Habitacional (2004)
Decree 690/06 - Programa Atención para Familias en Situación de Calle (2006)
Decree 960/08 – Modified Decree 690, extending benefits to single individuals
Decree 167/11 – Modified Decree 690, augmenting monthly allowances of subsidies
Law 3706/11 – Ley sobre Protección y Garantía Integral de los Derechos de las Personas en Situación de Calle y en Riesgo a Situación de Calle (2011)

Essential Terms

Atención Primaria de la Salud – Primary Health Care (PHC)
Auto-cuidado – Self-care
Barrio – A division of the municipality of Buenos Aires
Calle – Street(s)
(en) Conjunto – In a group, together, collectively
Cuidado - Care
Desalojo – Eviction
Emergencia habitacional – Housing emergency / insecurity
Espacio público – Public space
Hacer la cola – Queue for public services or goods
Hogares de tránsito (hogares) – Transitional homes
Paradores nocturnos (*paradores*) – Emergency shelters
Proceso de reinserción social – Social Reinsertion Process
Ranchadas – Groups of or shelters constructed by people *en calle*
(estar en) Situación de calle or *en calle* – (to experience) Homelessness
Subsidio habitacional – Hotel subsidy

PROLOGUE
Finding Words for the Oft Unspoken

At eleven years old, I remember distinctly hearing a muffled rattling as I laid in bed beneath the covers – not my bed, nor my covers, but a place to sleep nonetheless. My younger brother and sister peacefully rested at my side, as my father swore quietly, but relentlessly, at himself in the bathroom, drowned out by the running faucet. With the door left slightly ajar, I saw his face in the mirror, only a slight portion, but enough to never forget the look of hopelessness as he peered into each empty bottle, one after another, finding a sole capsule left. Whenever he caught me staring, he would quickly shut the door, as if ashamed by what I saw, as if trying to shield me from a reality I should never see. Until soon I no longer awoke to the shaking of empty bottles, but simply to the stifled cry of a baby belonging to a family several rooms down. Despite my relentless questioning, my father never spoke about why he stopped taking pills, why he refused to visit the hospital, or why he so earnestly attempted to hide his deteriorating health. Instead, I returned home to my mother each weekend, confused and without answers, as my father packed his suitcase and readied for the next motel or relative's basement.

Several months later, as I jotted down a solution to the last question on a math quiz, my teacher received a call at the front of the classroom. After hanging up, she hurriedly marched down the aisle and guided me into the hallway, telling me that my aunt was waiting in the lobby to drive me home. Excitedly expecting an afternoon off from school, I confronted a reality that could not have been any further removed, as I opened our front door, my siblings strolling behind me, to find my entire family, their faces sunken. I remember my mom stepping forward to embrace us and simply breaking down, crying as she desperately searched for the words to ease the pain of the news to come. Earlier that morning, my father was found dead in his apartment – an apartment that a week prior I had visited for only the third or fourth time, a home that he could finally proudly call his own. At only eleven years old, I lost my father to a heart attack, deemed 'sudden' by the autopsy, as if unlinked to the chronic stress, depression, and high cholesterol that he had long battled.

For a while thereafter, I often blamed myself for his death, believing that if I had simply pleaded more persistently, he would have sought medical attention. Remaining oblivious to my father's dire financial situation, only later did I recognize that the 2008 recession had thrust him into a tenacious cycle of underemployment and housing insecurity, rendering him unable to afford health insurance or his life-saving prescriptions. As a child, I could never understand how each night we spent in low-budget hotels or 'doubled-up' on strangers' couches further threatened his chances for recovery. Today, however, the realization that it was not I who failed my father, but rather a health system based upon economic privilege, motivates me to fight for the right to quality care. Over the years, I have come to believe that my father suffered partly because his struggles went unheard, as a result of his shame in sharing the severity of his situation, as well as the lack of people offering to listen. I furthermore trust that his story represents a single page, sewn together with countless others, in a book that spans generations, countries, and continents – one that this project hopes to help bind.

Although capturing a reality quite distinct from the rural confines of Vermont in which I grew up, this thesis emerges from a similar struggle – of finding a voice amidst the stigmatization that so often surrounds discussions of homelessness, as well as fighting for basic rights to stable housing, dignified assistance, and affordable healthcare. While my father never visited Buenos Aires, nor likely ever imagined flying so far, or even knew where to place the city on a map, he traveled with me in spirit, serving as a constant reminder of my motivations for pursuing this project, in addition to the numerous fortunes, bouts of luck, and supportive urges from friends, mentors, and family, especially my mother, without which I could not have pursued this opportunity. Cognizant of this privilege, for which I owe so many people, I write the following pages in hope that readers reconsider how we, as a society so entrenched in dehumanizing narratives of neoliberalism, imagine people experiencing or at risk of homelessness. I present this work as a testament of our humane and just obligation to recognize, support, and prioritize the agency of those overcoming each minute of every day a battle that the majority of us cannot even begin to surmise.

CHAPTER I
Introduction: *Care in the Pasajes of Neoliberalism*

Currently, thousands of people find themselves in *situación de calle* (experiencing homelessness) in the Ciudad Autónoma de Buenos Aires (CABA), Argentina, sleeping unsheltered[1] in plazas, bus terminals, doorways, and beneath overpasses, as well as in other forms of temporary refuge (i.e. shelters or dwellings of relatives; Calcagno 1999; Domínguez & Villalba 2010). Since the early 1990s, the rate of housing insecurity has risen significantly, as neoliberal processes of trade liberalization, privatization, and market deregulation have caused real wages to decline precipitously and un(der)employment to skyrocket (Granados & Abeles 2001; Cooney 2007; Faulk 2013). As a result, the prevalence of homelessness has also increased in Buenos Aires, no longer solely confined to nor associated with the peripheral *villas miseria* ("shantytowns"), but rather permeating the streets of even the wealthiest neighborhoods (Pasamonik 2009; Boy *et al*. 2015) – now an institutionalized fixture of the urban Argentine landscape.

In 1997, as the *situación de calle* began attracting significant public attention, the Gobierno de la Ciudad de Buenos Aires (municipal government, GCBA) started conducting annual counts of this population, producing figures that have oscillated between 705 people in 2000 and 1,356 in 2009 (Proyecto 7 *et al*. 2017). In 2017, the GCBA registered 1,066 people in *situación de calle*, a 23% increase from the prior year, yet one that does not reflect the combined rise in poverty (32.2%) and indigence (6.3%) throughout this period (Proyecto 7 *et al*. 2017). Deeming such counts historically inaccurate, various civil society organizations, with the support of the Public Ministry and Defensoría del Pueblo (Ombudsman), organized the Primer Censo Popular (First Popular Census) of homelessness in May 2017. Identifying 4,393 individuals sleeping directly on the streets, with 1,478 more utilizing temporary shelters, and an estimated 20,000 people at risk of eviction (Proyecto 7 *et al*. 2017), this count reveals the lack of government accountability for addressing housing insecurity.

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[1]*Vivienda* (shelter) includes "walls and a roof that award certain privacy, permit storage of belongings, and generate relative stability" (Calcagno 1999:5), excluding public spaces (streets, shop galleries, plazas, construction sites, abandoned houses, or public parks) or other outdoor refuges (overpasses or alleyways; Domínguez & Villalba 2010).

Providing the first full demographic picture of Buenos Aires' homeless population, the Popular Census further finds that 86.5% of people in *situación de calle* are over 18 years-old, with 24.5% identifying as female, 74.5% as male and 1% as trans. Over half of those surveyed have lived on the streets for at least three consecutive years, with only a quarter for less than 12 months, suggesting a high prevalence of chronic homelessness. With respect to nightly accommodations, approximately 80% of those interviewed sleep directly in the streets each day, highlighting minimal use of temporary refuges, such as municipal shelters (Proyecto 7 *et al.* 2017). These data supplement those of other studies (Calcagno 1999; Capellini *et al.* 2012), which further cite un(der)employment and *desalojo* (eviction) as the primary causes of homelessness in the CABA, with the dissolution of socio-familiar networks, substance dependency, and mental illness as aggravating factors. Such demographic details help portray the severity of an issue that often remains invisible, as well the notable rates of both chronic homelessness and low shelter utilization – themes that recur throughout this thesis as testament to inadequate state response.

The Popular Census also interestingly reveals that 20% of participants do not possess proof of identity (Proyecto 7 *et al*. 2017). While seemingly tangential, this lack of documentation serves as a compelling "metaphor of the social reality"[2] of people in *situación de calle* (Capellini *et al*. 2012:17), who confront a "complex social predicament" (Proyecto 7 *et al*. 2017:1) distinguished not only by "economic differences, legal inequalities, and social disaffiliations," but also by difficulties in satisfying basic "material, symbolic, and affective needs" (Seidmann *et al*. 2015:254). In many ways, homelessness represents an expression of the inequalities that "degrade the human being at all economic, social, cultural, and political levels" (Domínguez & Villalba 2010:4), in which physical survival, as well as a sense of personal identity and belonging, grow increasingly difficult to achieve. While I will later describe how this population resists such marginalization, for now, these descriptions aptly characterize the realities of homelessness in Buenos Aires.

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[2] All quotes from non-English texts and interviews that appear hereafter represent my own translations as a non-native yet fluent Spanish speaker, and thus may not perfectly capture the full intent or emotions of the original voice.

Salud Callejera: **Health (In)Equity in the Streets**

This project broadly concerns how the marginalization and precariousness of street life impact the overall health and well-being of people in *situación de calle*. Surveys published by the GCBA indicate that experiencing homelessness in Buenos Aires directly correlates with elevated rates of trauma, diseases of the nervous, circulatory, and respiratory systems, and symptoms of depression, all aggravated by prolonged stints without shelter (Calcagno 1999). Despite such prevalence of illness, however, two-thirds of individuals in *situación de calle* do not receive annual health consultations (Proyecto 7 *et al.* 2017), with the majority only accessing the emergency department when their conditions severely worsen (Calcagno 1999; Capellini *et al*. 2012). I propose that this underutilization of medical services, yet overdependence on acute care, signals not a disinterest of homeless individuals in their personal well-being, but rather a failure of the neoliberal Argentine state to protect the human right to health.

Given that healthcare represents a constitutional guarantee in Argentina and that the civil groups analyzed in this thesis regularly cite such liberties in demanding both medical and social assistance, I too employ a rights-based framework in conceptualizing health. On December 10, 1948, the United Nations General Assembly proclaimed the Universal Declaration of Human Rights, planting numerous "universal," "equal," and "unalienable" guarantees owed to all human beings (General Assembly 1948:Preamble). Such rights include that to health, which the World Health Organization (WHO) defines as a "state of complete physical, mental, and social well-being, and not merely the absence of disease and infirmity" (WHO 1946:1). With this expansive definition, health constitutes equitable access to not only medical services, but also to food, clothing, and housing necessary for an individual to achieve an optimal state of well-being (WHO 1948:Art.25). Through the International Covenant on Economic, Social and Cultural Rights (1966), the UN even urges member states to adopt methods to guarantee such rights, without discriminating by race, gender, religion, economic class, or other social conditions (WHO 1966:Art. 2, 12).

Respecting these international treaties, the Constitution of the Argentine Nation recognizes the right to healthcare as indispensable to the exercise of other social liberties, such as the pursuit of happiness (Capellini *et al*. 2012). The constitution of the CABA similarly guarantees the right to "integrated health," defined as access to nutritious food, secure housing, stable employment, quality education, and an unpolluted environment, as well as to the information and knowledge necessary for "taking control" over personal well-being (Art. 20, cited in Capellini *et al*. 2012:2). The municipal Basic Health Law further deems the public sector responsible for implementing programs to ensure that such comprehensive health services remain universally accessible (Capellini *et al*. 2012). In 2011, the GCBA even ratified legislation to positively protect and promote these liberties specifically for people suffering homelessness, mandating the Ministry of Social Development and public health system to collaborate in developing such affirmative strategies (3706/LCBA/11).

Yet, as previously mentioned, legally guaranteeing equal rights to healthcare and public assistance does not automatically translate into concrete outcomes. Despite constitutional protections, socioeconomically marginalized populations still confront numerous avoidable and unjust obstacles when seeking aid (Whitehead 1991). The most common material barriers to care in CABA, as explored in chapters II and III, result principally from neoliberal structural adjustment policies, namely government disinvestment in social services and austerity measures that have stagnated real wages. Such destructive consequences have reduced the purchasing power of patients for medical attention, as well as depleted material and human resources throughout the public sector. As examined in Chapter IV, more symbolic obstacles also systematically undermine health equity, including actions that ignore the distinct needs of and/or directly discriminate against patients. For example, medical professionals might engage in violent practices, including bathing a patient with a hose before touching them or abandoning them on a stretcher for hours (Ramírez 2015). Such barriers ultimately provoke "auto-exclusion," when a vulnerable person attempts to access services, faces persistent discrimination, and never returns again (Engelmann 2006).

Cuidado: Conceptualizing Care

Throughout this thesis, I examine municipal and public health responses to such inequity, assessing a myriad of care services, including hospital treatment, as well as mobile clinics, *paradores* (shelters), *hogares de tránsito* (transitional homes), and even *subsidios habitacionales* (roughly, hotel subsidies). As such, I conceptualize *cuidado* (care) quite broadly, accounting not only for its delivery by providers, but also its reception by homeless people. With respect to provision, aid can assume both material and symbolic forms, satisfying such physical necessities as food, clothing, medical treatment, and shelter, as well as other affective needs (Seidmann *et al*. 2016a). Yet, care also varies based upon the roles assumed by those parties involved. In a more tutelary approach, for instance, assistance can function as a disciplinary tactic, whereby providers legitimate certain forms of medical and moral discourse through which they convert beneficiaries "into objects of control, normalization," and even surveillance (Foucault 1978, cited in Seidmann *et al*. 2016a:166).

Such paternalism, I argue, operates within a broader neoliberal tactic of governing poverty and, more specifically, homeless bodies. As Michel Foucault (2008) highlights, neoliberalism does not simply imply destructive consequences in the Marxist sense, but rather productively creates new modes of governmentality. Functioning as a "normative order of reason" (Brown 2015:50), neoliberalism responsibilizes[3] a novel subject of "rationality" – *homo economicus* – who, as an "entrepreneur of the self," must invest in their own human capital as the chief producer of personal well-being (Foucault 2008:223-6). Now a normalized behavior, *homo economicus* pervades not only economic and political but also civil life, including marriage, parenting, and even health activities (Brown 2015). As I hereafter demonstrate, this 'rehabilitative *cuidado*' permeates municipal and public health services in Buenos Aires, offering homeless persons largely inadequate assistance in exchange for conforming to ideals of *homo economicus*.

---

[3] First appearing in governmentality literature in the 1990s in reference to neoliberal discourses, "responsibilization" signifies the process by which subjects find themselves individually accountable for a task that previously fell under the duty of another – usually a state agency – or never constituted an obligation at all (Wakefield & Fleming 2009).

Nevertheless, in contrast to such tutelary approaches, care can also function as a "practice of liberty," fomenting the agency of beneficiaries as active participants in their own assistance (Seidmann *et al.* 2016a:165). Recognizing that individuals confront suffering via different strategies depending on their particular backgrounds (Menéndez 2003), this dignified empowerment *cuidado* seeks to incorporate recipients in the identification of social issues and implementation of potential solutions (Kornblit *et al.* 2007:13). I propose that such care embraces an alternative notion of *homo politicus*, whereby humans assume a collective responsibility for one another, mobilizing political demands for social assistance as a fundamental human right rather than tool for behavioral reformation. While neoliberalism actively seeks to vanquish *homo politicus* by reorienting people as primarily economic actors (Brown 2015), I find that this form of *cuidado* still figures prominently amongst lower- and middle-class community associations in Buenos Aires, especially those directly integrated with peers in *situación de calle*.

I further argue that *auto-cuidado* (self-care) exemplifies such assistance, constituting "practices learned by people, directed at themselves and towards their surroundings to regulate factors that affect their development in benefit of their own lives, health, and well-being" (Seidmann *et al.* 2016a:165). I should first recognize, however, that *auto-cuidado* coincides quite nicely with *homo economicus* and the neoliberal production of self-managing bodies. In highlighting the "ethics" of self-care for discovering the "truth" or morality of personal actions, Foucault (1988:68) describes this process as a "task of testing oneself, examining oneself, [and] monitoring oneself in a series of clearly defined exercises." Although asserting that people engage in such care as "explicitly [c]onscious" of their behavior, Foucault too signals that they must pursue self-reformation "in relation to existing rules of conduct" (68). In many ways, this "care of the self" represents the fundamental objective of the normalizing rehabilitative *cuidado* discussed previously. However, in this project, *auto-cuidado* instead manifests as a collective act, practiced amongst peers, aimed not only to alleviate personal issues and reclaim individual dignity but also to achieve external political change.

Methodology & Ethical Considerations

Although numerous studies already address the demographic characteristics, health risks, and service utilization of homeless individuals in the CABA, as well as their receipt of non-governmental support, few examine the articulation between civil entities in expanding this population's access to care. Furthermore, while prior investigations reveal the empowering results of peer-based initiatives, none specifically assesses how such projects resist neoliberal ideals of economic self-management. Accordingly, this thesis explores how *cuidado* – offered by the state, public health system, and civil society networks – emerges as a site where neoliberal subjectivities are not only actively reproduced, but also questioned and resisted. I thus perceive care by and for people in *situación de calle* as a multi-dimensional issue fraught with internal contradictions and numerous external pressures, whose complexity I eagerly seek to unravel.

Under the auspices of the School for International Training Institutional Review Board (IRB), I completed the first stage of data collection in May 2018, conducting six semi-structured interviews with the founder of SUMAR Solidario,[4] an occupational therapist from the Hospital Municipal José Tiburcio Borda ("Borda"), a psychologist, licensed social worker, and primary care coordinator from the Hospital Nacional en Red Licenciada Laura Bonaparte ("Bonaparte"), and a municipal social worker. Arranged via snow-ball sampling, these conversations focused upon barriers to health and social services, cross-sector collaboration to facilitate care, and grassroots mobilization. While partaking in *recorridas* (street-outreach) with SUMAR, I completed an additional group interview with three formerly homeless women now receiving hotel subsidies, discussing obstacles to accessing services, SUMAR's efficacy in addressing such barriers, and tactics of self-care. During several of these street-outreach rounds, I also assumed the role of participant-observer, examining interactions and care practices between service providers and homeless community members.

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[4] Formed in 2014, SUMAR Solidario (SUMAR) defines itself as a non-profit group without political or religious affiliations that conducts street-outreach to assist individuals experiencing homelessness in the CABA (SUMAR N.d.).

With approval from Bowdoin College's IRB, I returned to Buenos Aires in January 2019 to interview more people in *situación de calle* and specifically assess how neoliberal discourse influences conceptions of *cuidado*. First visiting Proyecto 7,[5] I spoke with organization founder, Horacio Ávila, and several homeless members about strategies for constructing peer-based projects. During this conversation, I was invited to the radio program *La Voz de la Calle* at Radio Sur FM88.3,[6] where I conversed with homeless broadcasters about the values of reporting on one's own community. Additionally, I interviewed Ciudad Sin Techo's[7] administrative team regarding the status of shelters and hotel subsidies beneath the current political-economic crisis. Throughout my stay, I embraced all opportunities to speak with homeless individuals in the streets about their perspectives on available public resources, gathering unique anecdotes that nevertheless revealed similar underlying themes. Lastly, in quotidian interactions, I often found myself caught amidst heated political discussions, many of which allowed me to further expand upon and locally situate my ideas.

Nevertheless, I acknowledge the methodological limitations of this project which, while aptly reflecting the experiences of the few interviewees and organizations consulted, cannot nor should be extrapolated as a universal reality of homelessness in Buenos Aires. Moreover, although personally familiar with the debilitating consequences of convoluted housing and health systems, I conducted this research well aware of my positionality as a healthy, able-bodied, white, heterosexual, male, and college-educated US citizen. Accordingly, while the breadth of participant backgrounds, scholarly sources, and social services presented permits a comprehensive analysis of the research topic, many of the voices that follow would likely narrate a different story – one perhaps closer to a 'truth.'

---

[5] In 2003, Proyecto 7 formed as the first peer-based organization in Buenos Aires founded by and for people in *situación de calle*. In addition to politically mobilizing legislation affirming the rights of homeless individuals (Law 3706/11), Proyecto 7 manages two full-service shelters, as well as community creative workshops (Proyecto 7 N.d.).

[6] Radio Sur FM 88.3 serves as a community public radio that transmits in the *barrio* Megaproyecto MTL, a social housing collective inaugurated in Parque Patricios in 2007 by the Movimiento Teritorial Liberación (a national movement of un(der)employed workers that emerged in 2001 to address housing insecurity in the CABA; Radio Sur N.d.).

[7] In July 2012, Ciudad sin Techo emerged when participants in the weekly marches of the Madres de Plaza de Mayo (an association of mothers whose children "disappeared" during the last civic-military dictatorship) decided to create a public space where people in *situación de calle* could safely convene to, broadly, "share their realities in an attempt to transform them" (Ciudad sin Techo N.d.).

Thesis Outline

After *prestando los oidos* (listening attentively) to such a voice in one of several poetic interludes, I begin Chapter II by retracing the history of homelessness in Buenos Aires, rooted in neoliberal policies adopted since the early 1990s. Examining responses to rising housing insecurity, I argue that the GCBA embraces a rehabilitative *cuidado* that responsibilizes individuals for both the origins and consequences of homelessness. Institutionalized in a paternalistic social-assistance circuit, this model forces people to first accept that psychosocial illness caused their *situación de calle* and thereafter engage in both behavioral reform and formal employment to merit largely inadequate support. Those who fail to conform with such ideals of *homo economicus* suffer heightened criminalization and removal from public space. In Chapter III, I explore an additional component of this circuit, the public health system, which, despite recognizing health as a constitutional right, still psychologizes homelessness as a medical symptom. Under this inclusive-expulsive *cuidado*, providers responsibilize individual patients for rehabilitation, who, unable to achieve autonomy due to insufficient resources, confront stigmatizing barriers that ultimately provoke auto-exclusion.

In Chapter IV, I describe how grassroots organizations challenge such inadequate responses through an alternative empowerment care. Focusing upon civil society in post-dictatorship Argentina, I demonstrate how popular manifestations have resisted neoliberal ideals of *homo economicus*. Within this context, I assess how two groups, Proyecto 7 and SUMAR, embrace an opposing notion of *homo politicus*, reconfiguring *cuidado* as a site of political resistance against the state. By constructing networks across institutions, as well as between homeless people and providers, these organizations expand access to services and mobilize constituents to protect rights to housing, healthcare, and public space. Lastly, I consider how such collaborations promote *auto-cuidado*, empowering peers to reclaim dignity as active protagonists over their collective well-being. In the final chapter, I conclude by sketching a present panorama of housing insecurity in Buenos Aires, reflecting upon the significance of my findings, and providing suggestions for future research.

INTERLUDE I

-17-

la mirada del desprecio[8]

te cruzan te llaman

te piden documento y te
engarronan te hacen
una causa

por portación de rostro
te hacen
sospechoso de robo
te meten droga te toman
de rehén

no te podés negar a nada
ni a ser testigo terminás
en cana

por h o por b
siempre terminás en cana

y si te agarran sola
te revienten

esto no pasa solo acá
pasa en todos lados

esto nos pasa a todos
seas varón, mujer, trans o cura

es
lo que está pasando

Collective poem (*Otrx Mundx* 2018:39)

the disdainful gaze

they trample you call you

demand documents and
cuff you they find you
guilty

for facial expression
they deem you
suspect of robbery
they plant drugs hold you
hostage

you cannot deny anything
nor plead witness you end up
in jail

for this or that
you always end up in jail

and if they nab you alone
they break you

this happens not only here
but everywhere

this happens to everyone
whether man, woman, trans or priest

this is
what happens

---

[8] Beginning in January 2018, homeless members of Proyecto 7's Centros de Integración Monteagudo and Frida gathered in the organization's Centro de Integración Comunitario (CIC) Ernesto "Che" Guevara every Thursday morning for a creative writing workshop. Presented by Proyecto 7's publication Editorial Fisura, the anthology *Otrx Mundx* (2018) surged from this workshop, during which participants claimed, "we found new places, we transported ourselves a bit, we wanted to change with words the world in which find are." I have dedicated interludes to several poems from *Otrx Mundx* and *Desplanetadas* (2017), an anthology written by cis and trans women from the Frida (further discussed in Chapter IV), as spaces in which several poets can directly share their voices and experiences of homelessness uncensored by theoretical analysis – though accompanied by my translation. These poems, I believe, reveal the realities of isolation, criminalization, marginalization, and victimization on the streets of Buenos Aires. However, they also highlight the power and agency mobilized by such collective projects, through which poets achieve both personal dignity and political transformation.

CHAPTER II
Cleaning the *Calle*: *Disciplining Hom(eless) Economicus beneath the State*

Currently, thousands of people find themselves in *situación de calle* in the Ciudad de Buenos Aires, surviving precariously in the *umbrals* (doorsteps) of the city's wealthiest neighborhoods. In this chapter, I trace the origins of contemporary homelessness amidst the destructive outcomes of neoliberal policies adopted throughout the 1990s, specifically the 2001 economic crisis and ensuing rise in housing insecurity. Thereafter, I examine responses to such consequences, positing that the Argentine state responsibilizes individuals for both the causes and effects of homelessness, reinforcing notions of *homo economicus*, whereby ideal citizens operate as self-managing entrepreneurial subjects (Foucault 2008; Dean 2018). I argue that the municipal government employs a neoliberal rehabilitative *cuidado*, medicalizing poverty as a pathology curable through both social and economic reformation. Under this model, those deserving of aid must not only accept that psychosocial illness caused their *situación de calle*, but also fulfill behavioral and workfare-based demands as forms of self-investment. Meanwhile, anyone who fails to conform with these neoliberal subjectivities suffers heightened criminalization and coercive removal from public space.

The GCBA has institutionalized such neoliberal care within a "social-assistance circuit" (Biaggio & Verón 2009), in which emergency social services coordinate with the police to coerce people into night shelters, from which those demonstrating psychosocial needs and/or employment potential can thereafter enter a transitional home. Within such residences, those who graduate from a work-based social reinsertion process qualify for hotel subsidies, whose meager monthly allowances and unsustainable wage requirements, however, quickly lead to eviction. Nevertheless, this current cycle has not always existed as such, but rather emerged alongside ever-changing conceptions of the state's obligation to alleviate homelessness. Accordingly, I explore the development of this circuit chronologically, first examining the responsibilization of housing assistance and transitional homes. Thereafter, I assess other neoliberal processes in shelters, emergency services, and punitive street-clearance policies, which together directly threaten the well-being of individuals in *situación de calle*.

Crisis in the Streets: **Consequences of Neoliberalism in Argentina**

Between 1975 and 76, Argentina endured a severe period of economic and political instability, precipitated by the return of Juan Domingo Perón (and his Justicialista Party) to power in 1973 and untimely death the following year. Thereafter assuming the presidency and inheriting what developed into a financial crisis, Isabel Perón soon invited intervention of International Monetary Fund (IMF)-style shock treatment, which eventually provoked hyperinflation. After a military coup in March 1976, a new junta quickly received an IMF loan of over US $100 million and, by demonstrating willingness to authoritatively impose neoliberal policies, was granted another $260 million within five years – the largest single loan ever to a Latin American country (Cooney 2007). Similar to other US-imposed and -backed dictatorships in Latin America (most notably Chile's Augusto Pinochet), the regime's Economics Minister, Martínez de Hoz, began pursuing monetarist policies espoused by Milton Friedman's Chicago School (Kingstone 2018; Dados & Connell 2018), formalized in the junta's *Proceso de Reorganización Nacional* (National Reorganization Process; Cooney 2007).

Beneath the military regime, the birth of early neoliberalism in Argentina consisted principally of economic and social policies catering towards the landowning agricultural oligarchy and transnational corporations, which severely curtailed the previous dominance of industry and manufacturing. Between 1975 and 1981, deindustrialization and regulations favorable to investment soon shifted the economy to finance, inducing rampant speculation and capital flight (Cooney 2007). After 1982, rising foreign debt and the effects of other neoliberal policies produced heightened economic instability, inflation, and inequality between the *patria financiera* (financial elite) and working classes. Coerced to sign an austerity plan with the IMF in September 1984, the transitional democratic government of Raúl Alfonsín (1983-89) failed to improve this situation, only further diminishing real-wages, eliminating price controls, and encouraging trade liberalization. As a result, inflation continued to soar throughout the following years, eventually escalating into another crisis of hyperinflation in 1989 (Cooney 2007).

However, the neoliberal policies that ultimately generated the conditions of extreme housing insecurity present today in Buenos Aires surged beneath the presidency of Carlos Menem (1989-99) – particularly his administration's Plan Cavallo of 1991. Praised as the ultimate archetype of market-friendliness, this plan complied entirely with the Washington Consensus,[9] promoting trade liberalization, privatization of various public assets (ranging from state-owned oil refineries to social security), and market deregulation (Granados & Abeles 2001; Cooney 2007; Faulk 2013). As a result of these reforms and further deindustrialization, real wages declined precipitously, un(der)employment skyrocketed, and the informal economy overtook the city, producing widespread housing insecurity (Cooney 2007). Simultaneously, the government withdrew social assistance from the expanding population most affected by such structural adjustment, transferring welfare responsibilities to a wholly under-resourced private sector (Ávila & Palleres 2014).

Nevertheless, the most severe socioeconomic consequences were arguably prefigured by the Menem administration's IMF-backed Convertibility Plan (1991), which pegged the Argentine peso to the US dollar at a rate of one-to-one. While this "dollarization" quickly curbed inflation and renewed foreign investment, the government could not afford to perpetually subsidize convertibility, ultimately encouraging the capital flight of billions of pesos from anxious Argentines (Cooney 2007; Kingstone 2018). Meanwhile, currency appreciation and trade liberalization continued to accelerate deindustrialization and, thus, unemployment during this period (Granados & Abeles 2001). Therefore, in December 2001, when President de la Rúa's administration (1999-2001) failed to halt capital flight and the IMF reneged on a US$1.3 billion payment, the national banking system collapsed, causing inflation and unemployment to soar (Cooney 2007; Faulk 2013). As affordable housing stock declined precipitously, thousands soon found themselves on the streets, homeless and occupying abandoned buildings, vacant lots, and other public spaces (Ávila & Palleres 2014).

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[9] The Washington Consensus constitutes the neoliberal/market-fundamentalist reform package promoted for crisis-affected countries during the 1980s and 90s by the D.C.-based IMF, World Bank, and US Department of Treasury.

***Governing Poverty*: Responsibilizing Homo Economicus**

As housing insecurity intensified throughout the early 1990s, the GCBA offered little support for individuals in *situación de calle*. Although the municipality revamped the Programa de Atención en Casos de Emergencia Individual o Familiar (ACEIF, 1986), providing hotel lodging for 15-day periods to people at risk of eviction, those living in the streets could not receive such assistance. During this period, the government (and society in general) still conflated homelessness with vagabonds, including alcoholics and the mentally ill, who allegedly lost housing due to personal vices and, as such, did not deserve state support (Biaggio & Verón 2010; Ávila & Palleres 2014). However, the rising visibility of homelessness beneath the Plan Cavallo ultimately forced the GCBA to adopt the Programa Integrador para Personas o Grupos Familiares in Situación de Emergencia Habitacional (or Programa Integrador, 1997). Similar to ACEIF, the program assisted homeless families that recently experienced eviction due to "insufficient incomes, unemployment, familial ruptures, [a]nd immigration" (Decree 607/97). For such groups, the GCBA offered lodging for 15 days at hotels, as well as the Hogar 26 de Julio (a home for mothers with children; Biaggio & Verón 2010).

Under Decree 607, sole adults (not falling under the moral category of deservingness reserved for families and minors) could also receive support, yet of a less comprehensive and more precarious nature. Under this second component, the Programa Integrador catered to single people "lacking [social] relationships and situated outside of society" (Decree 607/97) – language reminiscent to that of the "vagabond" (Biaggio & Verón 2010:4). Instead of providing access to hotels, the GCBA offered accommodation in *hogares de tránsito* (roughly, transitional homes). Acceptance into such *hogares* required applicants to present patient referrals and/or medical certifications verifying that a psychosocial illness had previously restricted them from full employment (Biaggio & Verón 2009:44). Reflecting upon the continued importance of such clinical referrals today, Roxanne Piediferri, a Licensed Social Worker at the Hospital Bonaparte, comments:

> If, for example, someone has a mental illness or substance dependency, hospital admittance can generate other resources via a certification of disability…which allows

the [social-assistance] system to offer possibilities of a pension, medical benefit, and/or *obra social* [a form of health insurance] that can facilitate access to *hogares*.

Compared to the pre-1990s narrative of inherent deviancy, official discourse thus shifted with Decree 607, reconstituting poverty as a psychosocial symptom potentially curable through state intervention. I propose, however, that this medicalization now functions as a principal component of neoliberal governance – of rehabilitative *cuidado* – that ultimately responsibilizes individuals for homelessness.

Echoing political theorist Wendy Brown (2015), I believe that neoliberalism establishes novel social contracts or, rather, care relations, between the state and its citizens. Neoliberalism conceives of the state as responsible for both creating and sustaining market growth but not for the exchange (access), distribution (equality), or collateral damages (social, environmental, and political) of capital. Regarding poverty not as a structural issue, but rather a personal deficit, neoliberal discourse therefore "moralizes" individuals (as well as families) to adopt "strategies of self-investment" to survive, "blaming" those unable to "thrive" (Brown 2015:68,130-34). Medicalization, accordingly, individualizes the causes of homelessness, forcing people to internalize a psychosocial diagnosis and thereafter undergo behavioral rehabilitation in order to receive public benefits. Nevertheless, acknowledging such pathology does not necessarily guarantee access to sufficient municipal support. Instead, the GCBA responsibilizes individuals even further, converting social assistance into "workfare"[10] and thus positioning economic self-management as the ultimate solution to housing insecurity. While manifesting explicitly in the *hogares'* social reinsertion process and subsidies' wage expectations, this rehabilitative *cuidado* also occurs through work-based rituals, in which service providers function as gatekeepers, allocating limited resources to 'deserving' subjects based upon employment potential.

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[10] In *Punishing the Poor* (2009), Loïc Wacquant argues that since the mid-1970s, the US has domestically disseminated a political project aimed to "subordinate all human activities to market tutelage" and, as such, moralize individual economic responsibility (Wacquant 2009:20). Rolling back housing assistance programs, various presidential administrations positioned formal employment as a prerequisite for welfare benefits, requiring recipients to verify job status and supplemental income to qualify for aid. I argue that the GCBA has similarly converted a right to welfare into an obligation of "workfare" for homeless people through both explicit and more implicit mechanisms.

As previously mentioned, Decree 607 epitomizes rehabilitative *cuidado*, granting temporary lodging in *hogares* to single individuals with official documentation of psychosocial illness. Upon acceptance into these homes, residents enter a 6-month to yearlong *proceso de reinserción social* or social reinsertion process (Biaggio & Verón 2009). Individualizing the causes of homelessness, this program emphasizes "recuperating family ties" as essential to maintaining housing, and thus primarily consists of behavioral health consults and social rehabilitation workshops (i.e. for emotional coping mechanisms). Yet, this process further focuses upon recovering labor skills through job training, promoting financial "autonomy" and "self-sufficiency" as additional pillars of housing security (Biaggio & Verón 2009:50). Under this approach, the *hogares* allow participants to leave the residential spaces each day to seek employment and return at night to partake in workshops (Biaggio & Verón 2010). Those who fail to comply with such medicalization and workfare demands ultimately forgo lodging in the *hogares* and, as explained hereafter, access to future housing options.

Following the 2001 economic crisis, this responsibilization soon dominated social assistance for people in *situación de calle*. Since families supported by the Programa Integrador (Decree 607) often remained in hotels longer than the allotted 15 days (Biaggio & Verón 2009), the GCBA soon enacted Decree 895 (2002) to create *subsidios habitacionales* (hotel subsidies). No longer "depend[ing] on a direct contract with the government," participants instead received six-month subsidies of $1,800 pesos to rent rooms from private owners (Ávila & Palleres 2014:29). To qualify for such support, families had to demonstrate a monthly income, yet one that did not exceed the costs of the "*canasta básica*" (basic living expenses; Decree 895/02:Art. 7-8). The GCBA thereafter created the Programa de Apoyo Habitacional (Decree 1234/04), granting access to bank loans at higher sums than the subsidies, albeit with the expectation that after a six-month grace period families would repay the loans at 12% interest rates (Art. 9). Compared to Decree 607, which offered (still inadequate) temporary lodging unconditionally to families, these programs implicitly required that beneficiaries engage in formal labor for assistance (Ávila & Palleres 2014).

This workfare obligation of recipients to find and sustain jobs – in a context of deindustrialization and widespread unemployment – undermined any alleged attempt to support the population in *situación de calle* and instead provoked more insecurity. Ávila and Palleres (2014) suggest that people who agreed to leave hotels in return for the *subsidios* never received or, more often, could not secure the stable employment necessary for such benefits. The loans, while providing immediate assistance, proved nearly impossible to repay. Although the GCBA later created the Programa Atención para Familias en Situación de Calle (Decree 690/06) to subsidize housing without explicit wage demands, the monthly allowances barely surpassed municipal minimum salaries, therefore necessitating that applicants still generate substantial supplementary income in order to maintain their housing (Ávila and Palleres 2014). As a result, evictions continued to escalate after the adoption of Decree 690, with the CABA Ombudsman registering 1,491 evicted families in 2005, 1,815 in 2006, and another 1,967 in 2007 (cited in Biaggio & Verón 2009:41).

María Acoyte (pseudonym), a GCBA social worker who previously worked with Apoyo Habitacional, suggests that these implicit workfare expectations continue to persist. Commenting on the Programa Atención para Familias en Situación de Calle (modified via decrees 960/08 and 167/11, to expand aid to single persons and increase subsidy amounts, respectively), Acoyte asserts:

> The program provides money so that individuals in *situación de calle* can rent housing. However, we offer very little, and they cannot access dignified shelter…The idea is that they can, with this monthly aid, find some alternative [to the streets]. However, [the state] does not accompany them in seeking employment or addressing health conditions…Thus, after nine months, these individuals return to the streets. They can request *amparo* (protection) through the Ombudsman, which obliges the state to grant an extension on the monthly payments…The Ombudsman can occasionally secure protection for single mothers with children or when there are health problems.

Highlighting the paternalistic nature of this program, Acoyte signals how the GCBA subjects recipients to a position of tutelage, responsibilizing them to secure additional income in order to maintain housing (though perhaps to a slightly lesser extent for 'morally deserving' mothers with children). Founder of Ciudad sin Techo, Claudia Enrich, similarly affirms that average monthly subsidies ($2,500 to $4,000 pesos depending on household size) do not suffice to cover the $8,000

pesos requested by hotel owners in this monopolized, private, and unregulated industry. Such comments corroborate the Ombudsman's 2015 conclusions that "elevated rental prices and imminence of eviction" characterize the experiences of residents (7-8). Reflecting upon the precariousness of such social assistance, Diego, a homeless member of Ciudad sin Techo, attests:

> Occasionally an entire apartment flat has only one bathroom for over four families. The kitchen appliances rarely function, and you'll often find holes in the floors, walls, and ceilings, or *plagas* (bugs) like cockroaches. For me, these conditions represent forms of violence that, with the inadequate subsidies, force people into the streets, forcing them to engage in often dangerous informal labor to earn money. Clearly such living conditions pose health and sanitary threats as well. The subsidy system functions as a business for the government. For example, why doesn't the GCBA simply expropriate the hotels as public housing and eliminate the middle man.

Diego's remarks reflect those of various interviewees who, in also citing a lack of state support for employment, highlight a responsibilization of individuals that expels many back into the streets.

Throughout the last two decades, the growing number of people in *situación de calle* unable to sustain housing via *hogares* or subsidies has forced the GCBA to adopt a more emergency-based response. In 2003, the Secretary of Social Development established two *paradores* (shelters) for adult homeless men, providing nightly accommodation, as well as basic clothing, food, and hygiene services[11] (Biaggio & Verón 2009; Ávila & Palleres 2014). Demonstrating a "flexibilization" in demands, these shelters do not impose the same entry requirements as *hogares*, waiving the paperwork required to verify psychosocial need. Operating with higher tolerance, shelter regulations and staff even allow guests, for example, to miss consecutive days without forgoing future admission (Biaggio & Verón 2009). By loosening such entry rules, the GCBA targets chronically homeless people who have lived in the streets for multiple years. Nevertheless, despite satisfying immediate needs, these shelters, as demonstrated hereafter, ultimately contribute to a social-assistance circuit that attempts to remove individuals in *situación de calle* from public space and thereafter hold them responsible for both social and economic rehabilitation.

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[11] The GCBA currently operates six municipal shelters, including three with day services. One shelter accommodates families and unaccompanied minors, while the others lodge single men and women in separate dorms.

Although facilitating access to basic material support, municipal shelters aim to limit the "institutionalization" of users in these spaces (Palleres 2009:3). Sociologists Mariana Biaggio and Natalia Verón (2009) assert that shelters ideally function as "a first level of attention," in which professionals stabilize guests and, with repeated contact, verify their physical and/or mental health issues. Accordingly, despite eliminating medical diagnoses as an entry requirement, providers still assess psychosocial illness in order to circulate people into *hogares*, where they can complete the reinsertion process to achieve both behavioral and financial independence (50). Upon graduating from the *hogares* and thus demonstrating such autonomy, individuals can receive help applying for a hotel subsidy to eventually attain full economic self-management (Biaggio & Verón 2009). As such, these shelters have increasingly represented the principal site by which the government determines and crafts subjects deserving aid, pathologizing homelessness as a symptom of psychosocial illness potentially curable through behavioral change and formal employment.

This responsibilization further materializes in the gatekeeping role assumed by providers when allocating assistance. For example, qualifying for hotel subsidies technically only requires applicants to demonstrate financial need by verifying the use of "a public hospital, school, [and/or] soup kitchen," or by providing documentation of homeless status from a shelter, *hogar*, or non-governmental organization (Biaggio & Verón 2009:41). Accordingly, although the "implicit rules of the assistential circuit" dictate that access to subsidies depends upon graduating from *hogares*, shelter staff occasionally submit applications upon request, yet only for those who, in their opinion, can "sustain the subsidy's work and social requirements" (i.e. participation in addiction recovery or behavioral health programs; Biaggio & Verón 2009:51). While undoubtedly partly triaging assistance due to resource constraints, these providers still employ a neoliberal rhetoric that holds individuals accountable for self-management. Regardless of whether a person receives a hotel subsidy through the shelters or *hogares*, they must demonstrate deservingness by utilizing psychosocial services and fulfilling employment expectations – in other words, by performing *homo economicus*.

However, as indicated by the low usage among the chronically homeless, these shelters still remain quite inaccessible (Palleres 2009). As a possible explanation, I posit that workfare demands imbue shelters beyond the simple allocation of subsidies, permeating other practices in quite unexpected ways. Highlighting several of such barriers, Acoyte affirms:

> The shelter for families remains open all day, [but] the shelters for men and women usually have stricter entry and exit requirements, which often do not accommodate users. First, people cannot enter with *pertenencias* [belongings]. Thus, for example, if they work with carts as *cartoneros* [recycling collectors], they have to give up these items, and many people resist losing the little that they already possess. There typically isn't a place to store such belongings, so many individuals decide not to sleep in these spaces. Similarly, there are people that have dogs, for example, and very important links with their pets. These individuals also do not access the state shelters because they cannot enter with animals. Secondly, having fixed schedules does not function either because many have to *hacer la cola* [queue for public goods] every day. Thus, if I want to sleep inside, this especially applies during winter, I cannot because I have to queue, which always takes time and interferes with entry hours.

Supporting these comments, Malabia confirms that shelters function based upon conventional work hours (opening at 6pm and closing at 8am the following day), which do not account for the sporadic schedules of people queuing or engaging in informal labor. These rules cater more to those who possess stable income (regardless of how minimal) through formal employment. Restrictions on belongings also reflect neoliberal ideals, implicitly negating informal labor as a viable income source, as well as impeding the acquisition and utilization of private property (even for survival) in public spaces. Such regulations responsibilize individuals for overcoming homelessness through formal labor, an unjust expectation given the scale of unemployment in Buenos Aires. As a result, Malabia concludes that many people elect to sleep on the streets, even if they must engage in high-risk activities for subsistence, confront heightened violence, and suffer worsening health conditions.

Social scientist Griselda Palleres' study of the Parador Retiro (2009) reveals that this responsibilization pervades additional shelter operations. The investigation demonstrated that Retiro staff often offer workshops to facilitate job training and seeking employment. Although allowing providers to develop more personal relationships with shelter guests, as well as allegedly improve shared living situations (by generating greater accountability among peers), such programs

nevertheless occur at inconvenient hours, demand more consistent commitment, and, thus, fail to accommodate many guests. Palleres asserts that providers therefore often "positively discriminate" against those that demonstrate greater dedication to these programs, offering them "a variety of possibilities" for support, including increased access to material resources (i.e. food and clothing) and even long-term forms of care (such as *hogares* or hotel subsidies; Palleres 2009:7). Again, while shelter staff irrefutably encounter restraints that necessitate allocating resources efficiently, deservingness of aid continues to require compliance with workfare demands. As a result, the GCBA still attempts to refashion homeless people according to ideals of *homo economicus*, while simultaneously alienating those who cannot fulfill such expectations.

Criminalizing Deviance: Cleaning Public Space

Given the entirely ineffective and expulsive nature of such responsibilization, one must ask how this social-assistance circuit adequately sustains itself? I propose that these hegemonic processes of medicalization and workfare require a complementary criminalization of homeless bodies – specifically of those that fail to conform with rehabilitative *cuidado*. As previously argued, neoliberalism reconstitutes contemporary social citizenship (in terms of access to state support and protections) as dependent upon economic self-management. Unable to demonstrate this rational autonomy, people in *situación de calle* experience heightened punitive targeting, notably through 'quality of life' policies that punish non-domiciled status, such as anti-loitering and -vagrancy laws (Ávila & Palleres 2014). Yet, the GCBA also deters homeless bodies more subtly, modifying urban amenities, for instance, by separating benches with dividers to render sleeping in public virtually impossible. Businesses similarly employ intense outdoor lighting, bars in doorways, spikes on windowsills, and security services. To further displace homeless persons, municipal contractors also frequently redevelop liminal zones where the poor have historically found refuge, such as abandoned buildings and vacant lots (Biaggio & Verón 2010; Ávila & Palleres 2014).

Such criminalization does not simply function to incarcerate people, but rather to confine them to a "legal limbo" (Arnold 2004:38), whereby they can receive assistance upon conforming with ideals of self-management. Not solely implying coercive punishment, neoliberal governance instead relies upon a joint reformative process, molding productive subjects according to *homo economicus*. Accordingly, I argue that criminalization sustains the market-based orientation of both medicalization and workfare by inducting homeless individuals into the social-assistance circuit. Such punitive-rehabilitative *cuidado* materializes most poignantly in the municipality's commitment to cleaning public space via the Unidad de Control del Espacio Público (Control Unit of Public Space, UCEP). Established in 2008, UCEP teams rounded the city with garbage collectors to destroy the belongings and encampments of homeless people, and thereafter transport the victims to shelters (Ávila & Palleres 2014; Biaggio & Verón 2010). In 2009, however, the government deactivated the program after the Ombudsman denounced it as violating civil rights (Ávila & Palleres 2014).

Nevertheless, the municipal street-outreach program Buenos Aires Presente (BAP) has since partnered with Espacio Público to fulfill UCEP's responsibilities of both criminalization and shelter recruitment. After the 2001 crisis, the GCBA increasingly invested in BAP to provide direct emergency assistance, sponsoring teams of psychologists, medical providers, and social workers to transport people to shelters and *hogares* (Buenos Aires Ciudad 2018a). Serving as the front-line of care, upon arriving on-site, these professional teams even assess whether anyone suffers from conditions warranting more comprehensive medical assistance and, if necessary, articulate with public hospitals or health clinics to activate a treatment program. Piediferri further highlights how BAP participates in the process of hospital discharge, helping patients reconnect with families, enter a therapeutic community, or secure a hotel subsidy to ensure adequate respite conditions.

Nevertheless, SUMAR's Malabia disputes the seeming benevolence of such programs, revealing more punitive tendencies that directly criminalize homeless individuals. Proposing that the state concerns itself primarily with "the city appear[ing] beautiful," Malabia comments:

> Espació Público, the municipal police, and BAP all awake people sleeping in the streets…in the night, when no one else is around… and they bring them [to the shelters] discarding the little they possess into dumpsters. They throw away all belongings, [including] the photos belonging to children of their families. Occasionally law enforcement officers even assault individuals who resist detention. We have numerous complaints from people that have been attacked. That is what the government desires, to destroy the *ranchadas*, the groups of protection that these people create.

Malabia recognizes that although BAP teams satisfy immediate food and clothing needs, they also aim to "find [people in *situación de calle*], record their information, and remove them from public view" through shelter recruitment – actions remarkably identical to those of UCEP. Revealing these underlying motives, ex-program directors María Silvia Repetto and Patricia Malanca (2003) comment that BAP receives most calls from neighbors complaining about homeless individuals. In the first months of its execution, for instance, only 20% of emergency demands corresponded to someone experiencing or at risk of homelessness (Repetto & Malanca 2003), suggesting that this program primarily serves to coerce people into the social-assistance circuit.

The overall inefficacy of BAP's assistance further implies that punitive removal might indeed function as its main operative. Condemning gaps in emergency aid, Malabia reports:

> The government does nothing in terms of health. When people in the *calle* die because of the cold, that also concerns health, and an abandonment of the people who cannot access these spaces [the shelters] to spend the night…Over these last seven years, we attended to four kids that died in the streets due to the cold – the cold – sleeping with their parents…Imagine the amount that die across the city, across the country.

Frío Cero, the campaign with which BAP responds to increased risks during winter months, only operates below 5°C, as well as between 6pm and 3pm. Outside such parameters, people cannot request assistance, including blankets, gloves, or even transportation to a shelter (Velasco 2008). The insufficiency of such rigid schedules reveals how emergency services complement the social-assistance circuit, legitimating street clearance policies and criminalization for recruitment into shelters. If individuals refuse (or cannot solicit) transport by BAP, and thus fail to comply with the behavioral and workfare expectations thereafter, they lose all state protections – defended, in the best of cases, solely by a blanket and lukewarm cup of *guiso* (soup).

Caring for Homo Economicus: Concluding Remarks

Legitimating disciplinary tactics of *cuidado* that do not reflect the distinct needs of those in *situación de calle*, municipal responses to extreme housing insecurity prove woefully inadequate. Instead, by both explicitly and implicitly coercing people to adopt neoliberal ideals of economic self-management, they arguably provoke more insecurity, forcing people to vacate dilapidated hotels they cannot afford, abandon protective *ranchadas* that allegedly threaten public space, and discard personal belongings that permit basic survival. Acoyte asserts that the GCBA "acts through *asistencialismo* [assistentialism]," of "giving, giving, giving" to publicly demonstrate that it aids the poor, without truly ensuring access to the employment and housing necessary to "live with dignity." Reflecting such comments, the municipal decrees, policies, and programs presented here merely serve as temporary palliatives, circulating people through an unending cycle of social-assistance.

In the beginning of this chapter, I explored homelessness in the CABA as a devastating result of structural adjustment policies adopted through the 1990s, namely trade liberalization, privatization of public assets, and market deregulation. Thereafter, I assessed responses to such consequences, revealing a promising divergence of the GCBA from such previous processes in responding to widespread housing insecurity. During this period, even Argentine presidents Nestor Kirchner and Kristina Fernández de Kirchner (2003-7 and 2007-15, respectively) publicly repudiated neoliberalism, as demonstrated by the immediate repayment of IMF loans, avoidance of international debt, and pursuit of redistributive policies (Faulk 2013). However, these administrations – at both federal and municipal levels – still governed according to norms of *homo economicus*, ultimately failing to halt the rise of homelessness. Instead, the GCBA continues responsibilizing individuals for homelessness, embracing a rehabilitative *cuidado* that medicalizes poverty as a psychosocial illness curable through social and economic rehabilitation. As a result, the state only further marginalizes people in *situación de calle*, rendering their sufferings invisible through a discourse of personal culpability, while punitively criminalizing any deviance from these neoliberal ideals.

INTERLUDE II

Tal vez
Quiero nadar
Pero mis brazos están cansados
Doy manotazos de ahogada
No hay un salva vidas
Tal vez
No lo puedo ver
Me desespera desesperarme
Pido a gritos ayuda
Pero siguen de largo
Ya no puedo distinguir
Quien es quien
Tal vez
No me quieren ver
No interesa lo que pueda decir
Tal vez
Estoy hablando
Con la gente equivocada
Tal vez
Y solo tal vez
Ese tal vez sea una reality

Maybe
I wish to swim
But my arms are tired
Two drowning strokes
Without a life vest
Maybe
I cannot see
Losing hope despairs me
I cry for help
Yet from afar
I cannot distinguish
Who is who
Maybe
They desire not to see me
Uninterested in what I could say
Maybe
I am speaking
With mistaken people
Maybe
Just maybe
This maybe is a reality

Charly Toth (*Otrx Mundx* 2018:17)

CHAPTER III
Reforming the *Paciente*: *Pathologizing Homelessness in Public Health*

In the previous chapter, I demonstrated how the Argentine state governs homelessness through a rehabilitative *cuidado*, offering ultimately inadequate support to those who internalize psychosocial illness as a cause of housing insecurity, as well as engage in behavioral and workfare-based demands. I further proposed that the GCBA institutionalizes such conditional care within a social-assistance circuit sustained through criminalization. Within this chapter, I assess another component of this cycle, the public health system, as a site for the responsibilization of people in *situación de calle*. Although this sector uniquely recognizes care as a collective right and even challenges state violations of such guarantees, neoliberal ideals of *homo economicus* still pervade treatment of homeless patients, producing a paradoxical form of inclusive-expulsive *cuidado*. I argue that while ensuring greater access for people in *situación de calle*, especially through community outreach programs, the public health system still psychologizes homelessness, disempowering patients by positioning the responsibilities for care and recovery on the individual neoliberal subject.

Following, I first explore the constitutional right to healthcare in Argentina, focusing upon the role of the public health system in protecting such guarantees, as well as tensions between this sector and neoliberal governments in funding municipal services. I then recount the obstacles that people in *situación de calle* have historically confronted in seeking medical attention, thereafter narrating how hospitals have recently expanded primary care to better serve this population, coordinating with community organizations to incorporate service users in program planning. However, I highlight that health providers simultaneously medicalize homeless bodies, conflating mental and behavioral illness with housing insecurity. Furthermore, I reveal that such psychologization occurs alongside an additional responsibilization of *cuidado*, which places the burden of recovery on the individual patient, who, despite lacking adequate resources, must achieve autonomy in order to continually access services. Finally, I discuss how such expectations create expulsive barriers that provoke auto-exclusion, abandoning individuals on the streets to ultimately suffer deteriorating health conditions.

Before beginning, however, I must note that I remain careful to distance myself from viewing only the paternalistic and oppressive functions of such medicalization. By focusing upon this process solely as a repressive mechanism – compared to a productive tactic, as expressed in most Foucauldian literature – I would naïvely and unfairly dismiss the more beneficial effects of and many patients' genuine demand for mental and behavioral health treatment. Consider, for example, Deborah Lupton's conclusions in "Foucault and the medicalisation critique" (1997):

> In their efforts to denounce medicine and to represent doctors as oppressive forces, critics tend to display little recognition of the ways that [medicalization] may contribute to good health…or the value that many people understandably place upon these outcomes. They also fail to acknowledge… [the] ways that people willingly participate in medical dominance and may indeed seek 'medicalisation' (98).

While Foucault himself never sought to moralize neoliberal subjectivities as either (un)ethical or (in)humane, I do recognize the numerous positive effects of public hospitals' attempts to incorporate community-based primary care programs into their package of services, even when such outreach simultaneously functions to surveil and identify homeless bodies for further pathologization. I must also acknowledge that barriers to *cuidado* often result from disinvestment in a public health system that so laudably attends to Buenos Aires' most underserved populations, while also exploring how such obstacles reinforce an individualized obligation of recovery.

In sum, the ensuing critique of the public health system does not impede me from highlighting or even praising the numerous beneficial effects that it grants un(der)insured and chronically-ill people. Rather, I wholly believe that the proactive and affirmative medical gaze directed at individuals affected by homelessness facilitates positive outcomes for many of these patients, who undeniably suffer psychosocial issues at rates higher than the general housed population. However, I also embrace the tension in my argument – between the need to both psychologize and responsibalize housing insecure individuals – as a valid point of contention, through which the public health apparatus visibly operates within a social-assistance circuit that punitively reproaches and ultimately excludes those unable to conform with such treatment demands.

Rights of Cuidado: Constitutional Guarantees to Health

As highlighted in my introductory chapter, the constitutions of both the Argentine Nation and the CABA guarantee access to public health services as a human right. In 2010, the CABA even sanctioned Law N° 3706/11 to "integrally protect and advance the rights…and guarantees consecrated" in these constitutions specifically for people in *situación de calle* (CABA 2010:Art.1-3). Moreover, the CABA Basic Health Law mandates that the public sector adopt "actions of promotion, protection, assistance, and rehabilitation freely and with criteria of accessibility, integrality, universality, and opportunity" (Capellini *et al*. 2012:4), liberties protected for homeless individuals by Law 3706. Together, such legislative pieces position the public health system as a protagonist against both state and private transgressions against the universal right to healthcare – a responsibility that hospitals and other institutions have actively defended beneath neoliberalism.

A poignant example of this protectorate stance, on April 26, 2013, four-hundred members of the Metropolitan Police illegally entered the Hospital Municipal José Tiburcio Borda (a psychiatric institution in the CABA – and one of my case study hospitals) to forcibly remove staff protesting the demolition of a recreational space. Earlier that morning, contractors from the Ministry of Urban Development began to demolish patients' carpentry workshops in order to construct a new Civic Center, representing another attempt of ex-governor Mauricio Macri to reduce or sell the hospital's territory for real-estate development (Ruchansky; Benitez 2013). Newspaper *Página/12* contributor, Emilio Ruchansky (2013) further contextualizes this intervention within the "[neuroscientific] medicalization…[and] privatization" of mental health services. Given that a high proportion of Borda's patients suffer from homelessness (for reasons I explore later) and thus lack health insurance, this police repression, I propose, also functioned to restrain state-funded care for the population in *situación de calle*. While the police injured over 30 and detained at least eight people, the hospital staff successfully resisted the intervention (later deemed illegal by the Congress of Buenos Aires), protecting patients' rights to comprehensive health services.

Nevertheless, despite such public guarantees to healthcare, people experiencing homelessness in the CABA confront elevated rates of trauma, neurological, cardiovascular, and respiratory diseases, and symptoms of depression, all aggravated by prolonged stints without shelter (Calcagno 1999). The service providers I interviewed suggest that the streets represent a site of extreme vulnerability, in which difficulties of eating healthily, sheltering oneself securely, and bathing habitually exacerbate malnutrition, dermatologic conditions, and respiratory problems. Experiencing homelessness, they affirm, provokes and aggravates communicable diseases (such as HIV/AIDS, Hepatitis and Tuberculosis), as well as chronic illnesses (like diabetes and hypertension). SUMAR founder Malabia also highlights hypothermia as a constant battle, provoking the death of four children she personally knew since the organization's founding, and even more adults that, by "arming *braseros* [fire pits]" to endure the cold, accidentally ignite their mattresses and severely burn themselves.

According to the interviewees, violent acts, assaults, traffic accidents, robbery, and gender violence also abound on the streets, most often perpetrated by individuals not in *situación de calle*. Acoyte recounts when "a group of [housed] people" intentionally burned a homeless man, forcing him to access urgent care – and this, she laments, "was not the first time it occurred." With respect to gender violence, SUMAR once attended to a woman that, after escaping from an abusive stepfather, suffered rape numerous times while sleeping in the Plaza de Los Dos Congresos. Additionally, many girls end up dying from clandestine abortions or consuming substances to terminate pregnancies. In general, these conditions of malnutrition, disease, and violence provoke, what Malabia terms, a "deterioration of the person" and their wellbeing. Nevertheless, despite such high incidences, two-thirds of individuals in *situación de calle* do not receive annual health consultations (Proyecto 7 *et al.* 2017). Those who do utilize services attend public hospitals only when their conditions severely worsen (Calcagno 1999; Proyecto 7 *et al.* 2017), with 90% of patients admitted to emergency departments (Capellini *et al.* 2012). As evidenced here, legally guaranteeing equal rights to medical assistance does not necessarily result in equitable access.

***Approaching the Barrio*: Collective Mobilization for Primary Care**

Nevertheless, public health institutions have recently adopted strategies to expand access for homeless populations, embracing a comprehensive model of community-based Primary Health Care (PHC) that responsibilizes the state, not individuals, for personal well-being. Developing mobile health clinics, the hospitals consulted for this investigation actively approach *barrios* with high concentrations of underserved populations, delivering preventive health services, as well as organizing local assemblies and sponsoring patient workshops. This approach, I argue, not only reduces incidences of disease and increases peer self-care strategies for individuals in *situación de calle*, but also facilitates communal participation and patient involvement in resolving health issues – which even includes the lack of affordable housing. Furthermore, I demonstrate how such collective *cuidado* under PHC informs not only pre-hospital contact, but also discharge processes, with providers collaborating across sectors to ensure that patients are not released directly into the streets.

Professionals globally proposed this public health model during the International Conference on Primary Health Care of Alma Ata, Kazakhstan in 1978. Soon functioning as a core component of WHO's "Health for All" campaign, the Declaration of Alma-Ata emphasizes: (1) accessibility to sanitary services (including nutritious food, potable water, and secure housing); (2) "practical, scientifically founded, and socially acceptable" technology to "prevent detect, and treat the majority of infirmities at the primary level"; (3) trans-sectorial coordination within and between health subsystems (i.e. private and public); and (4) community participation to redistribute heterogeneous power (i.e. asymmetric physician-patient relationships) and foment communal "self-determination" (Alma Ata 1978:Art. III-VII). Compared to a neoliberal emphasis on individual responsibility for personal well-being, these PHC-informed strategies actively recognize early state intervention, based in community outreach and education, as a necessary requisite and public obligation for achieving a more collective *cuidado*.

According to Silvia Figueroa (pseudonym), a Hospital Borda occupational therapist, CABA medical services historically focused on intensive care, rarely engaging in community health prevention. Only recently have institutions, such as the hospitals Borda and Bonaparte, outreached less accessible populations through PHC. Figueroa asserts:

> Currently, in primary care, professionals are engaging with grassroots and other non-governmental organizations, arming a network. This constitutes a fairly recent change …Now we are seeing substantial work in primary care…experimenting, leaving the institution to maintain contact with the local population. The hospital for many years represented a space in which we lost ourselves inside, but we are seeking to open up.

The Hospital Bonaparte achieves such work in *territorio* (roughly, in community) by installing mobile clinics in zones with high rates of housing insecurity. In these consults, interdisciplinary teams of health providers and social workers provide preventive care (including annual check-ups, dental consultations, and vaccinations), as well as referrals and accompaniment to in-patient hospital services. Acknowledging that structural barriers mediate both susceptibility to and recovery from illness, such *acercamiento* (outreach) responsibilizes not individuals but public institutions.

Moreover, this community-based approach reconfigures *cuidado* as a site of collective participation, in which municipal and civil providers together dictate the norms of attention. For example, Fernando Rey, director of Bonaparte's primary care program, affirms:

> [The PHC teams] organize assemblies, in which all the institutions from the *barrio* gather once a month and discuss issues occurring in the community…This process is quite dynamic and depends upon demands generated by community members…For example, we have immigrants that do not possess documentation, and, as a result, we must modify our procedures…We do not solely resolve medical questions, but also involve ourselves in education and judicial processes.

This collaboration allows constant improvement and adaptation to address dynamic population needs. Such coordination also foments PHC at the community level, training local partners outside of clinics in order to facilitate the continuity of prevention efforts. In forming such networks, the public health system thus offers an alternative to tutelary state care, seeking to incorporate community members in the identification and resolution of patient needs – which can include medical assistance, as well as transportation to hospitals and even legal protections.

Collaborating with these non-governmental organizations, PHC teams also foment collective *auto-cuidado*, hosting workshops so that communities can partly manage themselves without professionals always assuming a paternalistic position of surveillance. Rey declares:

> Within health services exists a network that arrives to a point *donde se corta* [where it ends], where you cannot continue further. Thus, if the same people [that receive PHC] can continue promoting it, the end of this network becomes invisible.

Although limitations undoubtedly exist due to resource constraints, primary care services thus encourage the development of collective care, of societal and communal accountability for health. With respect to the preventive strategies, Rey affirms that PHC workshops intend that when someone trained within a *ranchada* perceives that a friend requires medical attention, they can say, for example, "*Che* (friend), listen to me, leave and fix this, you should go to a hospital, I saw this same thing happen to someone else, and they had to take medication." These peer relations accordingly function as spaces in which individuals transform into "multiplying agents" (Kornblit *et al.* 2007:21), facilitating self-care amongst themselves to increase service utilization (Boy *et al.* 2015; Seidmann *et al.* 2016).

Such collective notions of *cuidado* even influence the processes of hospital discharge, helping reduce the likelihood of releasing patients directly into the streets. According to Figueroa, the service Pre-Alta in the Hospital Borda, for example, seeks to sustain discharged patients in adequate sanitary conditions and link them with shelters or therapeutic residential homes. Similarly, Piediferri highlights how upon entering the Hospital Bonaparte, patients undergo interdisciplinary evaluations, in which social workers register patients without housing in the program *Vuelta a casa*, securing them a bed in a shelter or *hogar*, or access to *subsidios habitacionales*. The initiative furthermore aids patients at risk of eviction, covering costs of transportation, food, clothing, and lodging. While I cannot claim that overcrowded shelters, medically-unequipped *hogares*, or dilapidated hotels suffice for respite care, I cite such programs to instead highlight how PHC-informed strategies reconceptualize *cuidado*, responsibilizing a collaborative network between public health and state institutions for the well-being of people in *situación de calle*.

Rehabilitating the *Mente*: Psychologizing Housing Insecurity

Upon further examination, however, such inclusive models of collective *cuidado* still exist alongside discourses that medicalize homeless bodies. Although accurately acknowledging that street life often aggravates substance dependency and mental illness, these practices also conflate such disorders with the causes of homelessness. I propose that health providers, although benevolently intending to assist patients, often evoke treatment strategies based upon first curing psychosocial pathologies and then facilitating access to more comprehensive care services (such as housing). While many people in *situación de calle* undeniably suffer from behavioral health conditions – and indeed benefit from such treatment – housing insecurity in Buenos Aires stems not from these factors, but rather from destructive neoliberal policies (as evidenced in the previous chapter). Accordingly, I posit that the public health system functions as a core component of a social-assistance circuit, rendering individuals responsible for the causes of homelessness by forcing them to self-identify as mentally ill and thereafter engage in behavioral rehabilitation in order to receive social assistance.

Similar to municipal *paradores*, the primary care initiatives of the hospitals Borda and Bonaparte also target the chronically homeless, who indeed confront higher rates of addictions and mental illness than the general population. Although benevolently expanding access to preventive treatment, these PHC programs principally facilitate hospital admittance for psychosocial issues. Rey, for example, explains:

> The mission [of the PHC teams] concerns prevention and promotion…promotion to approach mental health issues *en territorio*. Through workshops, which are what we use most, we host cultural activities, painting, music, drawing, and in such encounters surges the issue of addictions. Thus we create encounters, in which we can engage these patients so that they will eventually arrive at the hospital.

Although the previous section revealed that PHC programs provide numerous preventive services (such as dental consults), here, health promotion for homeless people becomes synonymous with mental health treatment. Accordingly, while likely bolstering peer-provider connections and interpersonal skills, these workshops ultimately facilitate the pathologization of housing insecurity.

Upon hospital admittance, homeless patients undergo further medicalization, immediately subject to an entrance exam where conversations of discharge center upon psychosocial diagnoses. Hospital Bonaparte provider, Andre Clotet, asserts that the "primary goal" of such meetings "is to reintegrate the patient with their family." However, Clotet further comments that patients "often become homeless due to continued substance use," complicating such reconciliation. Immediately, this entrance interview responsibilizes individuals, positioning personal actions and family rupture as the principal causes of homelessness. The provider thereafter notes:

> If, despite our efforts, we cannot achieve [family reintegration], then we consider *hogares* and shelters – but the same rupture [in relationships] can happen here… Therefore, we end up helping the patient apply for a subsidy. However, you have to assess whether the person has the autonomy to succeed by themselves in a hotel room. Thus the panorama becomes more complicated because many people with psychiatric illness cannot achieve this autonomy or stabilization.

As in municipal shelters and *hogares*, deservingness of social assistance depends upon individual self-management – ideals that people with mental illness allegedly cannot achieve. Conflating homelessness with the lack of responsibility, this narrative ultimately demands that patients in *situación de calle* recover such autonomy through psychosocial treatment.

Similar to the GCBA, the public health system offers a form of rehabilitative *cuidado* predicated upon a patient's conformance to certain behavioral conditions. As previously highlighted, physician certifications of mental illness facilitate access to *hogares*, hotel subsidies, and other resources (i.e. a pension, medical benefit, or insurance plan). However, as Piediferri affirms, the process to establish psychotherapy and provide such health references requires time and, therefore, commitment to "continued admittance and treatment." Clotet further notes that prolonged psychotherapy serves to address the "special conditions" of homeless patients, principally their victimization by drugs, social alienation, and disassociation from employment. Only by accepting such procedures of medicalization – by acknowledging and actively combating mental illness – can these patients, according to Clotet, recover "a habitual mode of life necessary for productive living" in greater society.

Expounding such rhetoric of responsibilization, municipal social worker Acoyte suggests that health professionals hope "to achieve a change in position within the homeless subject, so that they themselves choose to sustain treatment." Patients must first acknowledge that psychosocial illness caused their housing insecurity and thereafter embrace treatment to achieve self-autonomy. Only by completing this therapeutic regimen can people receive support from these providers, who, similar to staff at shelters and *hogares*, function as gatekeepers to housing assistance. Those who fail to conform with such medicalized procedures ultimately face discharge into the same precarious conditions that initially drove them to seek care. Testifying to this issue, Rey comments that approximately 90% of mobile clinic users often never utilize hospitals due to unfavorable prior experiences, despite suffering conditions that require tertiary-care interventions. As I explore hereafter, however, this expulsion results not only from medicalizing the causes of homelessness, but also from individualizing recovery.

Responsibilizing Recovery: Institutionalizing Homo Economicus

The Argentine public health system provides services free of charge, without discrimination by religion, ethnicity, or socioeconomic background. However, neoliberal structural adjustment has severely curtailed health resources and reduced the purchasing power of low-income populations, many of which confront additional symbolic obstacles stigmatizing them as undeserving of medical assistance. I propose that providers rely upon such symbolic discrimination to obscure structural barriers to health equity, inadvertently responsibilizing people for recovery according to ideals of *homo economicus*. Embracing an inclusive-expulsive *cuidado*, public health institutions and professionals expect to only provide relief temporarily, discriminating against those with repeated admittances who have allegedly 'failed' to achieve self-rehabilitation. Such neoliberal demands, I reveal, actively expel homeless patients from the medical system, ultimately provoking auto-exclusion and thus deserting them on the streets to suffer from deteriorating conditions.

Despite healthcare representing a constitutional guarantee, economic barriers frequently limit the continuity of treatment. For example, although patients receive free services in public institutions, they cannot always acquire medication without cost. According to Malabia, hospitals generally cover prescriptions for "vulnerable persons" such as patients with HIV, mental illnesses, and/or in *situación de calle*. However, she asserts that "they do not provide the quantity needed monthly," which results in the majority of people not fully completing their treatment. Given that the assistance necessary for the most common health conditions in the streets demands long-term remedy, patients must then return to the hospital repeatedly to seek medication. This inadequacy of continuity implies a limited temporal commitment to care on behalf of the public health system. While institutions have expanded medication access to vulnerable populations, they only maintain such support early in treatment, expecting that patients either achieve recovery quickly or financially contribute to prescription costs.

In addition to these economic obstacles, organizational barriers also responsibilize recovery, shifting burdens of *cuidado* from institutions to individuals. Affirming that the health system has nearly "collapsed" and thus imposes unfeasible expectations on patients, Malabia notes:

> It's difficult for families to wait in line at 4:00am to *sacar turnos* [schedule appointments], especially with all the *criaturas* [creatures/children] that they have accompanying them…This makes it complicated for patients with chronic conditions, such as HIV, Hepatitis, or Diabetes, or families with children, pregnant women, and students to secure appointments and thus continuity with the same *profesional de cabecera* [roughly, primary care provider].

For individuals in *situación de calle*, such scheduling delays present significant challenges, impeding access to continuous check-ups – which can prove life threatening for people experiencing pregnancy or other chronic conditions. Although such organizational barriers stem from deficiencies in institutional resources linked to neoliberal disinvestment, they undeniably reduce systemic support for continuous care. Moreover, while patients with secure employment and incomes, as well childcare services, might possess flexibility in their daily agendas to accommodate such delays, homeless individuals laboring informally or forced to queue for other social services may not. As a result, these patients might forgo seeking attention until their conditions worsen considerably.

Rendering individual patients responsible further materializes during the process of hospital discharge. Typically failing to facilitate access to quality respite care – except, as mentioned, in cases where patients successfully undergo psychosocial therapy – public hospitals often release patients into municipal shelters, *hogares*, subsidized hotels, or the streets without sanitary conditions for recovery. For example, members of SUMAR describe municipal *paradores* as "overcrowded," poorly-ventilated spaces where illnesses spread easily and sleeping adequately proves difficult, if not impossible. These mothers, all current recipients of subsidies, cite similar conditions of overcrowding in government-subsidized hotel rooms, with cockroaches covering the floors and kitchen appliances rarely functioning. *Hogares*, they further comment, also lack the medical personnel and equipment necessary for continual treatment. Without ensuring adequate discharge accommodations, the public health system therefore transfers a constitutional obligation of care to vulnerable patients (and, if fortunate, their families) who must navigate recovery in extremely precarious environments.

Unable to secure consistent attention and respite care, homeless patients often experience repeat hospital admittances, during which they confront heightened discrimination from providers. Malabia, for example, comments that paramedics and physicians occasionally refuse to attend to homeless patients – primarily, but not solely, those whom they regularly encounter. Acoyte further confirms that some health professionals directly "expel people," denying beds to those with frequent emergency department and/or ambulatory visits. She recounts a particular event:

> I remember one case, which also entails the hospital and its functioning…when a group of people – and this was not the first occurrence – burned an alcoholic man living in the streets… Therefore, we rushed to the public hospital accompanying him, and I remember one time when this man mentioned that he did not wish to seek attention, because, he said, "They do not want me there." We worked with him so that he would access health services, and when we arrived at the hospital, a physician exclaimed, "*Vos de nuevo acá!* [You, here again!]"… and the patient left.

PHC teams face similar exclusion and maltreatment when accompanying homeless people from the streets to hospitals, especially if the patient accessed the institution previously and suffers from a mental health condition. Rey comments:

> Generally, when bringing someone to the hospital for an issue related to mental health, we are often not initially well received. In fact, we have experienced numerous instances of maltreatment or poor disposition [*sic*] against our professionals and teams that transport patients, especially if someone was recently discharged.

In both instances, homeless patients with repeat admittances confront heightened discrimination, to the point of being denied services. I posit that through these symbolic obstacles, professionals inadvertently blame and responsibilize individuals for health conditions caused by structural barriers. Those who previously received medical attention, or even acceded to psychologization, yet fail to attain rehabilitation no longer deserve care. Instead, discriminatory practices imply that these patients do not warrant further assistance, that investing in their lives proves economically irrational because they cannot autonomously sustain such investment post-treatment.

Expelling Auto-Exclusion: Concluding Remarks

Primary care programs and public institutions, such as the hospitals Borda and Bonaparte, represent efforts widely understood to resist neoliberalism by ensuring that socioeconomic status does not determine whether a patient lives or dies. As such, these spaces should receive recognition as laudable endeavors to protect the human right to health. Yet, as anthropologist Khiara Bridges (2011) comments in examining racism and classism in a New York public hospital, "such programs and institutions are not self-effectuating; *people* give them life" (142, emphasis in original). Providers who harbor problematic beliefs about individuals in *situación de calle*, especially regarding mental and behavioral health, will undermine *cuidado* as an equitable, inclusive, and collective practice, and should be interrogated as such. However, I would further add that these providers operate within a retrenched social service apparatus and thus feel pressured to disburse limited funds efficiently to those deemed most deserving. This economic rationalization and triaging of lives, I propose, represents the issue we must confront. When this mentality prevails, the public health system no longer protects the right to health and instead reproduces the very neoliberal subjectivities – of privatized, individually responsibilized care – that directly threatens the sector's future.

Unfortunately, at this moment, both service providers and housing insecure people must respond to these constrained circumstances, forced to either accept or reject the pathologization of homelessness and responsibilization of recovery. However, the majority of individuals in *situación de calle* fail to comply with this inclusive-expulsive *cuidado*, and, upon confronting discrimination during readmittance, ultimately suffer "auto-exclusion" (Engelmann 2006). In attempting to reenter a system in which they already face marginalization and again feel excluded, people avoid returning to seek attention. If fortunate, some patients continue treatment within the mobile consults, yet without the comprehensive assistance that their conditions merit. While aiming to ensure greater access for housing insecure patients, as well as promote collective forms of *cuidado*, the public health system still responsibilizes individuals for homelessness, medicalizing poverty as a psychosocial illness and denying care to those who fail to achieve rehabilitation and self-management.

INTERLUDE III

-47-

Frida = Crisálida

De la cáscara de la fruta
descomponiéndose
no queda todo perdido,
de esa nada
sale mucho.
Se transforma
en compost.

Micaela Pifano (*Desplanatadas*
2017)

Frida = Chrysalis

From the rind of the fruit
decomposing
not all remains lost,
from that nothing
much surges.
Transforming itself
into compost.

Contala

Contá la vida
contá tu revolución
contale a la gente
cómo vos la contás
y la cantás.
Que nadie recuerde
tu nombre
sino esa sencilla
revolución
que te dé ganas de gritar
de sentir
de vivir.

Selva López (*Desplanatadas* 2017)

Tell it

Tell your life
tell your revolution
tell it to the people
as you tell it
and sing it.
Need no one remember
your name
but this simple
revolution
that urges you to scream
to feel
to live.

CHAPTER IV
Mobilizing the *Gente*: *Empowering Hom(eless) Politicus within Civil Society*

In the previous chapters, I revealed how destructive neoliberal processes exacerbate inequality, while also eliminating state support for affected populations. Simultaneously, I examined how neoliberalism produces new modalities of governing poverty that, permeating both social and public health services, medicalize homelessness as a pathology potentially curable through behavioral and economic reformation. In this final chapter, I propose that grassroots civil society organizations challenge such individual responsibilization by addressing housing insecurity with an empowering form of care. Confronting tutelary approaches of *homo economicus*, of providing insufficient support while privatizing economic self-management, such groups instead politicize homelessness as a social concern. Constructing networks across institutions, as well as between service users and providers, these organizations embrace an opposing notion of *homo politicus*, reconfiguring *cuidado* as a collective right and site of mobilization against an irresponsible state. Through such resistance, people in *situación de calle* regain a sense of dignity as active protagonists in their lives.

Hereafter, I first conceptualize civil society, focusing upon collaboration among grassroots associations as a means for confronting state hegemony over discourses and practices of *cuidado*. I then contextualize such organizations within post-dictatorship Argentina, examining how popular manifestations since 2001 have increasingly utilized rights-based discourse to resist neoliberal notions of *homo economicus* and thus hold the state accountable for widespread poverty. I proceed to demonstrate how two entities, Proyecto 7 and SUMAR Solidario, reimagine care as a collective empowerment practice, collaborating with other sectors to expand access to services, constructing horizontal relationships with and mobilizing homeless people to protect and advance their rights to housing, healthcare, and public space. Finally, I conclude by examining how such networks ultimately promote *auto-cuidado* (self-care), allowing peers to reclaim individual and collective agency, as well as rally against paternalistic neoliberal governance.

***Defending Homo Politicus*: Civil Resistance to Neoliberalism**

Prior to examining community resistance, I must first define the characteristics and roles of civil society. Drawing upon Andrew Heywood's (1994) application of Gramscian "hegemony" and "revolutionary strategy" (100-1), I identify civil society networks as aggregates of private, non-governmental entities that collaborate to address a problem aggravated by the action or omission of the state. By operating in the public sphere, such groups generate communal responses to local issues, thus confronting state hegemony over social, political, and economic power. Representing an apparatus *en momento* (a static product of institutionalized liberties) achieved through processes *en movimiento* (such as collective mobilization), civil society facilitates not only democratization but also social development, preserving already acquired rights, while simultaneously advancing new ones (Biagini 2005, 2007). Through these actions, such organizations generate social capital, empowering vulnerable populations to establish networks of reciprocity, trust, cooperation, and mutual goals (Biagini 2005; Arcidiácono 2011). Simultaneously, they render the state responsible for addressing structural issues and responding to popular demands.

However, we should also recognize that this sector constitutes not a homogenous apparatus but rather a space traversed by distinct units, with varying structures of organization and clientelist state relations (Biagini 2007; Arcidiácono 2011). For example, civil society includes private businesses and multinational corporations with racketeering interests that undoubtedly perpetuate housing insecurity. For the purposes of this thesis, I will not consider such for-profit entities, but rather their non-profit counterparts, which assume three forms in the context of Buenos Aires: social groups without governmental contact; religious, charity institutions; and organizations that directly mobilize against the state (Boy *et al*. 2015). Of relevance to this project, Proyecto 7 and SUMAR Solidario represent combinations of informal networks and autonomous associations that publicize political demands, with homeless peer groups functioning more as organic solidarities (which may or may not organize politically).

In characterizing these entities as potential protagonists against state hegemony, we should also theorize their relationships to governmental institutions. Political scientist Pilar Arcidiácono (2011) contends that a relation of autonomy should exist between the state and civil society, such that these groups do not manipulate nor are privileged by the political system. Nevertheless, she also suggests that this sector should somewhat "influence the political arena," namely as a "collective actor" that participates in the definition of "the state agenda" (Arcidiácono 2011:68-70). However, Arcidiácono (2011) further warns against the risk of transferring state responsibilities (such as protecting human rights) to non-governmental organizations without assuring adequate recourses and technical capacities for their fulfillment. This paradox often occurs when the civil society must enact a determined political program, yet lacks sufficient and sustainable means to do so (Arcidiácono 2011). I propose that this particular tension clearly manifests in – and actually embodies – neoliberal transformations in Buenos Aires since the early 1990s.

As explored in Chapter II, structural adjustment policies have reassigned state obligations of social assistance to the civil society (Pasamonik 2009), a sector which first gained prominence in Argentina as people lost confidence in political institutions following the last dictatorship (Arcidiácono 2011). Even after the economic crisis of 2001, the federal *kichnerista* government (2003-15) never significantly modified the inequalities that induced homelessness, despite slightly regulating the economy and implementing several social programs. Instead, this administration continued to devolve governmental duties to civil society organizations, revealing an increasing tendency of decentralization in public politics (Pasamonik 2009). Although not representing an inherently inequitable process, such devolution essentially functions as public disinvestment – and thus individualization of *cuidado* – if non-governmental entities do not receive substantial financial support. Unfortunately, the lack of collaboration with legislative bodies forces Argentine civil society to heavily depend upon neoliberal executive powers, which principally allot funds to charity organizations affiliated with the Catholic Church or majority political parties (Arcidiácono 2011).

Such charity-based institutions predictably operate from a "tutelary logic" that considers people in *situación de calle* as incapable of "managing themselves" (Seidmann *et al.* 2015:260). Despite distributing substantial material resources (i.e. clothes and food), these organizations often provoke more insecurity, for instance by requesting someone to abandon their *ranchada* in order to receive services (Seidmann *et al.* 2016a). However, as previously mentioned, to characterize the civil society as a homogenous paternalistic sector mirroring woefully inadequate state responses proves misguided. Accordingly, I argue that, instead of accepting and further normalizing *homo economicus*, many of Buenos Aires' lower- and middle-class residents – as well as affiliated community organizations – actively reconfigure *cuidado* around *homo politicus*, whereby people assume a collective responsibility for one another, mobilizing political demands for social assistance and championing popular sovereignty over individual self-management.

Brown (2015) posits that neoliberal reason intends to eliminate the solidarity fundamental to a "democratic citizenry" (65), converting the "*political* character" of its constituents into "*economic* ones" (17, emphasis in original). By normalizing *homo economicus*, neoliberalism therefore seeks to vanquish *homo politicus*: the subject animated by and for the realization of popular sovereignty. Echoing Aristotle's original theory of *homo politicus* (1946), Brown (2015) asserts:

> The ancient ascription of a political nature to man did not refer, as is often thought today, to the human will to power or connivance, but to living together in a deliberately governed fashion, to self-rule in a settled association that comprises yet exceeds basic needs, and to the location of human freedom and human perfectibility in political life… political nature issues from…generating multiple forms of association (87-8).

Within this passage, Brown (2005) identifies a politicized form of collective *auto-cuidado* that, although suppressed, cannot be eliminated entirely, and, she even suggests might represent the "most important casualty" of "neoliberal reason" (87). In Argentina, I propose that an orientation towards *homo politicus* still figures prominently amongst the general populace, especially within community-based organizations integrated with peers in *situación de calle*.

To fully understand the approaches to collective *cuidado* embraced by my case study organizations, I situate them within a broader national and historical context. Grassroots groups first organized *en masse* to reject *homo economicus* during the 2001 economic crisis. In December of that year, when the federal government failed to halt the collapse of the national banking system induced by Menem's dollarization, President de la Rúa declared a state of emergency. Instead of remaining in their homes, tens of thousands of middle- and lower-class, as well as homeless, Argentines stormed the streets, occupying the Plaza de Mayo to demand protections against bank failures and rising unemployment, ultimately forcing de la Rúa to flee the Casa Rosada in helicopter (Faulk 2013; Ávila & Palleres 2014). According to Proyecto 7 founder, Horacio Ávila, and social scientist Griselda Palleres (2014), this popular mobilization generated a distinct political scene in Buenos Aires, characterized by a "crisis of the institutional system" and an emergence of novel forms of "social auto-organization" (19).

While most scholars view these protests simply as the climax of progressive disenchantment with neoliberal policies, Karen Ann Faulk (2013) also situates them among "broader discursive struggles" over collective liberties (1). Societal concern towards human rights in Argentina rose significantly in response to the atrocities perpetuated by the last civic-military dictatorship (1976-83), yet, according to Faulk, shifted throughout the 1990s to denounce "impunity and corruption" in the "social, political, and economic spheres" (2). In alignment with *homo politicus*, corruption concerns "plac[ing] personal interest above the public good," with impunity signaling the lack of repercussion for "those who infringe" upon such common well-being (17-21). Throughout the post-crisis decade, lower- and middle-class *barrio* organizations have mobilized such discourse to counter the normative property-based focus of neoliberal guarantees, especially the "primacy afford[ed] to the individual as the ideal liberal subject" (4). Instead, popular manifestations have publicized "a right to collective well-being" as the antithesis to impunity and corruption, further insisting that bestowing priority upon singular market actors "inevitably violate[s]" human rights (Faulk 2013:5-6).

For sociologist Maristella Svampa (2005), these mobilizations express a new politicization of civil society, whereby themes traditionally attributed to the private sphere (such as financial difficulties and caring for one's self and family) enter fervently into public discourse. Svampa (2005) asserts that Argentina has witnessed a "return of politics to the streets" since the crisis (263), distinguished by the development of more community associations and democratic forms that even incorporate an increasingly impoverished middle class. Political scientist Gabriela Delamata (2004) similarly proposes that new *asambleas barriales* (neighborhood assemblies) – which help organize these mobilizations – have "recuperated public space," permitting novel points of "articulation to surge between social and political life" (67). Fomenting "public participation" and "collective political sentiment," these organizations have served as "the initial force for the manifestations of new actors, demands, and confrontation" in a post-crisis state (Delamata 2004:67).

Unlike in many neoliberal states where *homo economicus* occupies hegemonic, although not totalizing, privilege in national narratives and social imaginaries, the Argentine populace still ascribes to tenants of *homo politicus*, of collective responsibility in demanding protections for all constituents. Ávila and Palleres (2014) assert that "in the most critical moments, social relations – instead of collapsing – undergo modification and adaptation," frequently assuming forms of communal "auto-organization" (67). Directly challenging precepts of neoliberalism, these associations encourage a popular base of democracy, a "sphere, markedly *social* [and] *not* individualistic" (Greenhouse 2010:8, emphasis in original). In Argentina, for instance, people actively employ a language of collective rights in contesting government divestment in public assistance, thus reinscribing political discourse with values of social accountability and communal well-being (Faulk 2013). Surpassing the "limits of neoliberalism" (Greenhouse 2010:8), these civil groups actively revive, reinvent, and reassert new "socialities" necessary for reimagining an "ideal state" (Faulk 2013:12-13), one centered upon *homo politicus* and a shared responsibility for *cuidado*.

Drawing upon this literature, I assess how post-crisis grassroots organizations negate individualistic self-management, instead mobilizing *homo politicus* as a morally dignified form of collective care. Anchored in "subjective feelings of unity" rather than neoliberal rationality, such groups espouse an "ethics of solidarity" and a "humane concern for others" (Jelin 1996:106). In the sections that follow, I explore how two groups establish these new approaches to *cuidado*, promoting collaborations between distinct entities to politicize housing insecurity as a social concern and advance rights for those in *situación de calle*. I furthermore examine how these organizations form non-tutelary horizontal relationships with homeless people, incorporating them in program planning in order to more comprehensively address street issues. Through peer-based initiatives, these organizations ultimately cultivate a notion of dignity, allowing individuals to realize their potential as contributing members of a collectivity.

Proyecto 7: Collective Concerns of the Streets

In 2003, a group of Argentinians who found themselves homeless following the economic crisis formed the first organization in Buenos Aires integrated exclusively by individuals in *situación de calle*. Representing a distinct alternative to the paternalism of the GCBA social-assistance circuit, their initiative, Proyecto 7 – Gente en situación de calle, proposes to "overcome the streets through a fight led by themselves" (*la salvación por cuenta propia*; Ávila & Palleres 2014:19). Embracing a communal approach, Proyecto 7 creates new "spaces of sociability and belonging" to mobilize "collective demands, strategies, and actions" (Ávila & Palleres 2014:19-20) that confront the responsibilization of the homeless individual. Retracing the organization's history, I demonstrate how Proyecto 7 reconfigures *cuidado* as a societal obligation to protect and advance human rights, resituating the *situación de calle* as a public issue whose resolution requires the political empowerment of housing insecure peers and the collaborative mobilization of civil society groups.

Immediately positioning homelessness as a collective issue, Proyecto 7 began approaching people queuing for soup kitchens and shelters, as well those inhabiting plazas and parks, to establish peer delegates in local municipal programs and community organizations (Ávila & Palleres 2014). Soon receiving widespread publicity and support, Proyecto 7 proceeded to host *reuniones asamblearias* (assembly meetings), in which people affected by housing insecurity met to discuss concerns on the streets. Most notably, during a gathering in December of 2004, approximately 200 people decided to stage a *huelga de hambre* (hunger strike) in the Plaza de Mayo to highlight a lack of municipal support for housing insecurity. Lasting nine days, the protest elicited responses from various social development and human rights groups, government entities, and even other homeless individuals, who supplied water for the strikers. Most significantly, the *huelga* led the GCBA to expand Decree 895 (see Chapter II), which, in 2010 alone, granted over 8,000 people with limited resources access to hotel subsidies (Monteagudo 2011; Ávila & Palleres 2014).

A further example of such political mobilization, another assembly organized a *frazadazo* in the winter of 2008 in response to UCEP's punitive street clearance policies (against which Proyecto 7 and other organizations had filed numerous law suits). Alluding to the *frazadas* (blankets) used to brace the cold, the manifestation again occupied the Plaza de Mayo, publicizing the deaths of 113 people in the streets that year (Ávila & Palleres 2014). In July 2010, Proyecto 7 and other groups – collectively forming the *Red en la Calle* (Street Network) – planned another *frazadazo,* denouncing GCBA's lack of assistance for those in *situación de calle*, particularly during the Operativo frío ("Operation Cold"), which subsidized organizations to shelter people during the winter. Also mobilizing civil society entities not directly associated with homelessness, the protest resulted in approximately 4,000 people taking over the city's central plaza. In concession for abandoning this space, the Street Network achieved two months of dialogue with the Instituto Nacional de Vivienda and Ministry of Social Development to debate governmental housing policies, as well as the criminalization of homelessness (Ávila & Palleres 2014).

This same year, Proyecto 7 secured a physical space for weekly assemblies in the public soup kitchen of the Asociación Civil Asamblea Popular de Plaza Dorrego – San Telmo (APPDST; Ávila & Palleres 2014). In these meetings, participants quickly demanded a law to recognize and protect the rights of individuals in *situación de calle*. In 2009, Proyecto 7 and APPDST organizations therefore convened with professionals from the Commission of Public Policy to draft such legislation. Simultaneously, Proyecto 7 coordinated with the soup kitchens of Barrancas de Belgrano to develop *Jornadas por la Declaración de la Emergencia Social*, daily campaigns in city plazas and parks that publicized the potential law among local residents. "The first organized intent to establish [housing insecurity] as a communal issue," these *jornadas* (roughly, work days) aimed to "demand recognition of rights of homeless individuals, generate networks between civil society organizations, and [identify] people in *situación de calle* [as] active protagonists" in the process of auto-organization (Ávila & Palleres 2014:75).

Hoping to more effectively disseminate information about and solicit public support for the proposed law, these organizations soon formalized their collaboration through the Street Network. Contacting various media outlets, the Network generated enough publicity to influence the Legislature of Buenos Aires (LCBA) to accept the law for consideration, and, on December 13, 2010, finally approve *Nº 3706 Ley sobre Protección y Garantía Integral de los Derechos de las Personas en Situación de Calle y en Riesgo a Situación de Calle* (published in 2011). As the first legislative document to specifically define homeless people as "subjects of rights" (Art. 1), Law 3706 mandates that the GCBA "promot[e] positive actions to eradicate prejudice, discrimination, and violence" against this population. Offering a broad array of constitutional guarantees, the law demands equal "access to education, healthcare, employment, shelter, leisure, security, and well-being" (Art. 4). The legislation also obliges government agencies to publicize all information regarding such rights, as well as remove obstacles that impede both "personal and community development," including, for example, limited hours for shelters and other social services (3706/LCBA/2011).

Vetoing and modifying Article 5, however, the Legislature denied "the right to the city and the use of public space" for group occupancy, choosing only to prohibit discrimination within such areas (3706/LCBA/2011). On July 25, 2013, after various organizations accepted the partial veto, the government sanctioned Law 3706. Such congressional approval crowned a decade of civil mobilization that, I posit, reconstituted *cuidado* within the sphere of *homo politicus*. Espousing a dignified model of care based upon incorporating housing insecure community members in organizational collaborations, Proyecto 7 and other groups position homelessness as a public concern resulting from destructive neoliberal processes – rather than a personal issue stemming from psychosocial illness. Confronting the omission of people in *situación de calle* from care services (such as hotel subsidies) through direct political mobilization, these civil society networks responsibilize not the individual but rather the state for the causes and continued exacerbation of homelessness in Buenos Aires.

SUMAR *Solidario*: Empowerment Care in *Redes*

Regularly collaborating with Proyecto 7, SUMAR Solidario similarly contests *cuidado* based upon *homo economicus*, whereby social services provide temporary paternalistic assistance expecting that individuals ultimately assume responsibility for self-management. Instead, SUMAR promotes the formation of networks – embracing horizontal relationships between civil society entities, as well as service providers and beneficiaries – to confront such individualistic conceptions of care. Ranging from informal connections between providers to solidarity amongst homeless peers, the links facilitated by SUMAR construct *cuidado* as a site of communal mobilization, whereby participants actively defend access to social and health services, as well as public space. Moreover, SUMAR's initiatives incorporate individuals in *situación de calle* as active agents in the identification and resolution of street issues, further empowering a novel figure of *hom(eless) politicus* that collaborates with others to ultimately achieve greater individual and collective well-being.

Founder Malabia recounts that the idea for SUMAR first emerged while she and several friends participated in grassroots movements in the *barrio* Parque Patricios and observed "how communities organized" to defend and advance their rights. Hoping to distinguish themselves from the paternalism of BAP and other charity-based initiatives, the group established SUMAR in 2014 as an organization "without political or religious banners" that does not mobilize any monetary funds. Conducting weekly street-outreach to distribute clothes and food donated via social networks, SUMAR – at first glance – undeniably provides immediate palliative assistance similar to the GCBA. However, the organization ultimately facilitates more prolonged and dignified *cuidado*, generating affective horizontal links with those in *situación de calle* to help them schedule medical appointments, secure housing, contest eviction, and defend rights to public space.

SUMAR relies principally upon informal networks between non-institutionalized contacts to configure such care as a collective action. In the public health system, for example, SUMAR articulates with professionals in the Hospital General de Agudos Dr. Cosme Argerich to secure appointments and facilitate continuity of medical treatment with the same primary care providers. The reliability of attention achieved through such contacts proves lifesaving for homeless patients, especially for pregnant women who occasionally do not know how to access prenatal care and often present with conditions that complicate pregnancy. Highlighting the importance of such associations, Malabia recounts two recent cases of women whose medical histories and *situación de calle* risked the survival of their fetuses:

> The last birth we followed in the Argerich was that of a mother whose diabetes and hypertension risked her pregnancy. Therefore, we secured more frequent appointments with the same physicians so that her progress could be more closely monitored…and now the baby *se ve bonita* [looks beautiful], with both her and the mom healthy…We even have a girl with HIV that also completed all the prenatal controls and treatment, and now she raises three daughters who were born without the virus.

Transferring the burden of care from the individual to the collective – and even the public health system – SUMAR ensured that these women and their children faced minimal threats during pregnancy, scheduling frequent appointments to ultimately permit safe deliveries.

Further resisting individual privatization of care, as well as a neoliberal dismissal of structural barriers that impede regular access to health facilities, the organization even requests professionals to treat people directly in the streets. Malabia narrates, for example:

> In the past, an obstetrician from a [private clinic] often joined our *recorridas*, and I saw him suture people in the streets. Attend to *pibes* [children/teenagers] because in the winter there are often burns from accidental fires and injuries from consuming alcohol to stay warm… suturing people in the [Plaza] de Los Dos Congresos…He even invited pregnant mothers to the clinic, a super private space, and completed sonograms and prenatal care…Currently, a crucial issue is the criminalization of abortion, and a ton of girls die in the streets as a result of clandestine procedures.

Attending to patients in "*plena calle*" ('broad daylight') or private clinics undeniably represent individually-based solutions that fail to eliminate the structural violence which provokes death from accidental burns and clandestine abortions. However, this remarkable scene indeed captures how SUMAR's networks conceptualize care distinctly, diffusing the responsibility of *cuidado* away from the individual patient to collective actors, despite nonetheless addressing the same material needs.

Three previously homeless women who now receive hotel subsidies, yet still utilize SUMAR's services, similarly corroborate that these interprofessional links facilitate healthcare access. All interviewees affirmed that prior to SUMAR, they had to queue for multiple hours to seek attention at the primary level (i.e. annual check-ups and basic consults). While they could technically request appointments with preferred providers, physicians would attend to patients sporadically – often unavailable for weeks at a time. Nevertheless, the women assert that with SUMAR's contacts in the Hospital Argerich, they receive more consistent appointments with the same practitioner. As previously mentioned, for a 40 year-old mother with diabetes and hypertension, continuous prenatal care during her latest pregnancy allowed the safe delivery of her daughter. Furthermore, another woman that receives monthly assessments for hypothyroidism, also commented that SUMAR-affiliated providers attend to her more respectfully, demonstrating less reluctance in treating homeless patients. Such testaments highlight the manner by which a collective trans-institutional *cuidado* delegitimizes neoliberal responsibilization of homeless individuals.

As well as amongst health services, SUMAR encourages collective care between members of civil society. For example, the group uploads the personal histories of homeless members to online platforms, always with permission, requesting needed items. Returning to the story of the diabetic mother, SUMAR published photos of the newborn with a description of her housing status, soon receiving milk, diapers, and clothes – with some donors even volunteering for street-outreach. Instead of simply representing charitable donations, these networks allow housed people to identify with their homeless neighbors, strengthening affective links. Malabia affirms that these networks enable the public to better "know the names of people sleeping on their block," listen to them, and facilitate their access to basic needs, such as a medical appointment or DNI (identification card). Accordingly, despite providing similar material items as the GCBA, these informal alliances publicize housing insecurity as a social concern, promoting greater *cercanía* (closeness) to homeless people and transforming them from a stigmatized other to a community member in need of dignified assistance.

SUMAR also collaborates with other civil society organizations, establishing informal contacts between groups to protect rights to various care services. Describing how to denounce violations of civil guarantees, Malabia asserts:

> They [our members in hotels or *situación de calle*] contact us in cases of urgent needs and emergencies. Right now the telephone could ring, and someone could say "Look [Alejandra] they are evicting us from the hotel onto the streets." Then we connect with other organizations…such as Proyecto 7… and when there's an eviction from public space by BAP or Espacio Público…or destruction of *ranchadas*… or someone cannot access health services…we come together to denounce these violations. First, we present ourselves at the scene, all of the organizations, and make the issue visible, generating media attention…then we contract the help of legal assessors to file a complaint [to the Ombudsman].

Such collective mobilization positions housing insecurity as a public issue demanding governmental rather than individual remedy. These civil society networks thus construct *cuidado* as a site of political manifestation, through which associations can recognize and contest obstructions of basic rights to medical attention, shelter, and public space – all vital components of both personal and communal well-being.

This network-based *cuidado* not only facilitates access to care and defends basic rights, but also bolsters the agency of people in *situación de calle* as protagonists in developing and implementing services. By abandoning a tutelary approach to care, Malabia proposes that civil organizations should "organize people, with us [the providers] as participants." Similar to Proyecto 7, SUMAR formalizes such empowerment through monthly assemblies, in which providers and homeless community members join to discuss and resolve issues arising on the streets. For example, in a recent reunion, participants conversed about abortion and gender violence, even inviting a psychologist to speak with adolescents about sexual and reproductive education. In addition to these assemblies, the organization also hosts street events (such as holiday celebrations and dances), in which homeless people partake not as spectators but as organizers planning programs. SUMAR therefore incorporates participants as decisive actors in the collective production of social support, confronting a rehabilitative *cuidado* that simply reinforces neoliberal illusions of individual responsibility for self-management.

The affective connections that abound during nocturnal *recorridas* further attest to this collective notion of care. During street outreach rounds, SUMAR's volunteers and housing insecure members, especially mothers receiving hotel subsidies, often gather in a *ronda* (circle) to share food and discuss issues, establishing a space that overflows with horizontal relationships, informal language, and emotive interactions (with embraces, warm greetings, and drinking *mate* tea). Although men often do not directly participate in this circle, they still access services and interpose comments from aside. Furthermore, providers do not distribute resources randomly, but instead allow people to choose desired items and even request certain supplies. Satisfying both physical and emotional needs, SUMAR recently celebrated, for example, the birthday of a 15-year-old girl, gifting her soccer equipment since she always dreamed of competing professionally. Although this support remains materially palliative similar to that of the GCBA social-assistance circuit, the affectivity and parity generated through such collective *cuidado* nevertheless restores dignity as a basic human right.

Auto-cuidado: Overcoming Homelessness as Peers

During our conversation, Proyecto 7 founder Horacio Ávila repeatedly highlighted two ethical pillars that, he suggests, should always motivate *cuidado*. The first, *libertad* (liberty), implies that every individual can fulfill their personal desires and ambitions without unjust interference, while simultaneously not infringing upon collective community values. Such freedom depends upon *dignidad* (dignity), whereby individuals possess the support to shamelessly accept their *situación de calle*, "*aprender quienes son*" (reflect upon themselves), and mobilize resources to modify their situation. Although neoliberal self-reformation undeniably employs similar language, Ávila emphasizes a marked difference, further conceptualizing dignity as "realizing one's own role within a collectivity" by fostering personal talent and a sense of self to reciprocally bolster a supportive surrounding community. Accordingly, despite emphasizing internal potential, Proyecto 7 and SUMAR ultimately oppose *homo economicus* by calling upon collectives – not individuals – to facilitate liberation from the streets.

I propose that such empowerment care figures most prominently in the politicized practices of peer *auto-cuidado* promoted by these civil society networks. Encouraging personal agency, self-care constitutes "practices learned by people, directed at themselves and towards their surroundings to regulate the factors that affect their development in benefit of their life, health, and well-being" (Seidmann *et al.* 2016a:165). While applying to *homo economics* and individual responsibility, understandings of self-care undoubtedly vary between contexts, with Proyecto 7 and SUMAR conceiving it more as a dignified assistance based upon communal assertion for rights. The views of these organizations thus echo those of sociologist Martín Boy (2014), who affirms that congregating in groups implies "to coexist with the same problems, find methods to confront difficulties … [and] share material and emotional resources" (50-2). Within the peer associations facilitated by these organizations, strategies of self-care allow constituents to achieve personal dignity as active protagonists over their lives and simultaneously engage in political mobilization against the state.

In the prologue of *La calle no es un lugar para vivir* (2014), social-psychologist Alfredo Moffatt affirms that *communidades autogestivas* (self-managed communities) enable marginalized populations to confront issues *por mano propia* (by their own hands), concluding that "all great social changes" center upon such collective auto-organization (12). Ávila and Palleres (2014) similarly confirm that successful social interventions must "sustain *cercanía* [proximity to beneficiaries] and labor *en conjunto* [together as a group]" (117). Deeming the paternalistic mentality of municipal services and traditional charity organizations "vain," the authors propose:

> In addition to promoting collaboration, cooperation, and work *en conjunto*, it proves necessary to sustain community demands, actions, and appeals against the palliative nature and direct omission of [state] policies. Establishing the *situación de calle* as a collective issue…requires superseding temporary emergency assistance (133-4).

In this section, I demonstrate how both Proyecto 7 and SUMAR embrace and incorporate this framework of collectivity to promote *auto-cuidado* between homeless peers.

As a result of the 2010 *frazadazo* and subsequent approval of Law 3706, Proyecto 7 signed an agreement with the GCBA in April 2011 to assume the management of the Centro de Integración Monteagudo. Previously a municipal *hogar*, Monteagudo now functions as a full-time multi-service center, housing 120 adult men in *situación de calle*, as well as offering food, hygiene, clothing, and even medical services to an additional 300 non-residents (Proyecto 7 n.d.).[12] A peer-based initiative, the center focuses upon training individuals with histories of homelessness to assist others in managing pensions, securing hotel subsidies, requesting DNIs, and resolving civil or criminal cases, as well as in addiction recovery and mental health support. The organization also hosts peer-led creative workshops (i.e. in painting and journalism) to "construct spaces that encourage the circulation of knowledge…[and] collective participation" (Proyecto 7 n.d.). This comprehensive approach reconfigures (*auto-)cuidado* as "a social and collective tool" (Ávila & Palleres 2014:130), drawing upon participants' combined experiences and skills to address both material and affective needs.

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[12] In July 2015, Proyecto 7 signed a similar contract with the GCBA, establishing the Centro de Integración Frida, a 45-bed residence for (cis and trans) women with or without children offering services similar to Monteagudo.

Such communal care permeates Monteagudo's entire organizational structure, which demands equitable participation among residents and providers in managing the center. Although Proyecto 7 employs professional chefs, as well as medical professionals in an on-site infirmary, everyone inhabiting the space must work *en pie de igualdad* (as equals). Coordinators and staff, for example, contribute to all shared-living activities, such as cleaning the bathrooms, sweeping the kitchens, serving food, and aiding older guests. This mutual trust and collective labor reverse the tutelary and hierarchical orientation of *cuidado* prominent in the GCBA social-assistance circuit. Thus although this center offers similar services (i.e. food, shelter, and addiction recovery) as municipal institutions, the burden of care remains placed upon everyone in the space, including directors and professionals (who themselves might have experienced homelessness), instead of solely on participants in *situación de calle* (Ávila & Palleres 2014). As a result, Proyecto 7 undermines neoliberal notions of *homo economicus*, repositioning responsibility for individual recovery at the communal level.

The impact of collective *auto-cuidado* clearly manifests in Monteagudo's weekly meetings, modeled after the original assemblies of Proyecto 7 and APPDST. In these gatherings, peers identify problems arising both in the streets and the center, suggesting solutions and designing plans to address them (Ávila & Palleres 2014). These discussions tackle a broad array of topics, ranging from quotidian concerns of shared-living, such as the color of wall paint, to more complex themes of discrimination, homophobia, gender violence, addictions, and even the death of *compañeros* (friends). Ávila and Palleres (2014) suggest that by engaging in collective deliberation and resolution of issues in a manner "more connected to the reality" of homelessness, these meetings bolster the "emergence of a collective actor capable of fighting for the revindication of rights" against apathetic government entities (123, 37). Accordingly, they argue that Monteagudo encourages peers to achieve a "double transformation," generating "new spaces of sociability," "auto-organization," and "a framework of rights" that position them as "protagonists of their lives" (137). By recuperating such dignity, these participants then hold the municipality accountable for addressing housing insecurity.

Yet, such politicized *auto-cuidado* also materializes via other venues, as evidenced by the poems interjected throughout this thesis, written in weekly creative writing workshops at the Centros Monteagudo, Frida, and "Che" Guevara (CIC).[13] Reflecting upon the anthology *Desplanetadas* (2017) compiled by 27 women in Frida, workshop facilitator Daniela Camozzi (2017) asserts:

> The workshop and the poems represent a double movement of art: between us all we create something and, in this action, we recreate ourselves: speakers, listeners, readers, writers, reciters…[We] use language to say what impedes [us] from living.

In an interview with newspaper *Pagina/12* (Jiménez España 2018), Camozzi further emphasizes:

> What happens with those bodies that never appear in public space? I think of [the workshop] as [a space] in which invisibilized *compañeras*, those that were silenced, can appear in a creative form. You can think of the workshops in terms of intimacy and privacy, but upon creation and publication, these bodies expressively appear.

In addition to verbalizing homeless experiences and political demands, the poems, in their collective act of production, also help participants reclaim dignity, achieve liberation, and – as with the public presentation of the anthology *Otrz Mundx* (2018) – openly protest their marginalization.

These literary workshops also produce other peer-based projects that collectively publicize housing insecurity and mobilize political demands. For example, in 2011, Monteagudo created the magazine *Nunca es tarde*, seeking to "create a space where [homeless members] can say that which they truly wish to say," as well as "integrate [the center] within the community" (Monteagudo 2011:4). Two homeless poets/journalists, Tuqui and Manu (pseudonyms), similarly host *La Voz de la Calle*, a weekly radio program that constructs "spaces of consciousness," in which broadcasters pursue self-liberation through a collective process of expression (Proyecto 7 N.d). Complementing Radio Sur's promotion of community solidarity and participatory democracy, *La Voz de la Calle*, according to Manu, also contests hegemonic media by granting the public a less stigmatizing perspective of homelessness. Such artistic mediums embody an *auto-cuidado* inspired by ideals of *homo politicus*, transforming peers into active protagonists who reimagine homelessness as a social concern.

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[13] Founded in 2017, the Centro de Integración Complementario Ernesto "Che" Guevara offers courses on substance abuse, as well as centralizes the creative workshops and monthly assemblies previously held in Monteagudo and Frida.

Embracing a comparable rhetoric of collective mobilization, SUMAR also organizes homeless peers to fortify their "resolute capacities" (Juárez 2014), allowing them to more actively negotiate and navigate their life conditions. All interviewees consulted for this project commented that people in *situación de calle* manage their personal well-being most often through *ranchadas*. Figueroa and Acoyte affirms that these organic communities encourage both mutual trust and experiential learning, allowing peers to effectively care for one another, such as by constructing *chapas* (metal shelters) or even treating chronic conditions. Malabia recounts, for example, how friends with colostomies once utilized grocery bags to maintain each other's wounds clean post-operation. Seeking to foment such collective *auto-cuidado*, SUMAR trains housing insecure people who already possess certain skill sets (i.e. a mother who feels more comfortable with bureaucratic paperwork), to accompany peers in various procedures, such as scheduling a prenatal care appointment with an obstetrician, requesting a DNI (identification card) from the GCBA, applying for hotel subsidies, or even drafting a curriculum vitae for employment.

My interviewees confirmed that SUMAR actively encourages such a collective approach towards peer empowerment. The assemblies and street-outreach, they noted, strengthen trust between mothers, whom often rely on each other for childcare when working or shopping at the supermarket. Additionally, when the organization distributes donations, for instance, the mothers save diapers, milk, and clothes for women or children that could not attend, as well as relay the specific needs of absent families. Again, although these actions principally address individual immediate concerns – a task which BAP teams, municipal shelters, and soup-kitchens theoretically fulfill – their provision proves radically different. Instead of distributing goods in a paternalistic sense that dismisses the true demands of beneficiaries, SUMAR facilitates affective relationships to ultimately encourage communal *auto-cuidado*, empowering peers to demand and allocate resources according to their collectively perceived needs. While the state should ultimately assume responsibility for such assistance, this communal approach still nevertheless resists neoliberal notions of self-management.

Similar to Proyecto 7's assemblies, peer *auto-cuidado* amongst SUMAR members also assumes greater organizational, tactical, and political dimensions. Malabia, for instance, narrates the story of when GCBA's Espacio Público attempted to evict families from a public park:

> It's important to organize people, as they should both know how to defend what belongs to them…Four years ago, an eviction occurred in the Parque de Chacabuco, against families with babies and pregnant women within days of giving birth, and they were sleeping. [Espació Público] wanted to remove them from the streets, and the families advised us. They began to mobilize between themselves, and when we arrived to support their protest, [the GCBA] could not remove them.

Recognizing their civil rights to public space and health necessities for protecting their *ranchada*, these families began organizing themselves. By eventually employing the disruptive tactic of a *sentada* (sit-in) – an entirely collective politicized action – backed by SUMAR and Proyecto 7, they successfully resisted state violence and expulsion from the park.

Caring for Homo Politicus: Concluding remarks

Throughout this chapter, I demonstrated that positioning responsibility for *cuidado* within the collective rather than individual represents not a disillusioned radical concept, but rather a widespread framework for interpreting and advancing human rights in Buenos Aires. In a post-crisis context of plummeting real wages, rising unemployment, and intensifying housing insecurity, Argentines have stormed the streets *en masse*, mobilizing political grievances on a stage unprecedented since the onset of neoliberalism. Contesting ideals of *homo economicus* and self-management, grassroots organizations have reconfigured social assistance as a public obligation towards the common good. Rather than medicalizing poverty and allocating temporary assistance solely to those who demonstrate self-reform, Proyecto 7 and SUMAR envision an alternative care, based upon not only addressing basic immediate needs but also politically combatting structural inequality. As the epitome of such resistance, these organizations ultimately facilitate *auto-cuidado* through shared living, communal assemblies, and creative workshops, empowering people in *situación de calle* to recover dignity as active protagonists over both their individual and collective well-being.

INTERLUDE IV

Tengo sueños
que necesito cumplir
tantos
como los años
que cargo en mi vida.
¿Se puede soñar
cuando no se descansa?
¿Seguir sin sueños,
sin experanzas?
¿Dar la pelea
en este invierno sin calor,
sin afecto, luchar
cuando no hay conquista?
La única lucha
que puedo entender
es la sobrevivencia.
El cansancio me domina
pero que la llama
no se apague nunca,
eso marcaría que mi sueño
ha terminado.
Tengo un grito para dar:
yo sigo vivo.

Miguel Ángel Lobos
(*Otrx Mundx* 2018:26)

I have dreams
that I must achieve
many
like the years
in this life I leave.
Can you dream
when you cannot rest?
Persevere without dreams,
without hopes?
Continue to fight
in a winter without warmth,
without care, battle
without victory?
The only struggle
I can understand
is that of survival.
Fatigue dominates me
yet the flame
will never rest
but to mark that this dream
has ended.
I have one shout to give:
I still live.

POR MANO PROPIA
Final Conclusions and Future Actions

I conclude this thesis with a panorama of the present – or, rather, a closing of a cycle – which shares alarming similarities with the onset of neoliberalism in the 1990s. As President Mauricio Macri's administration steers the Argentine nation through soaring inflation, currency devaluation, and an IMF loan that will undoubtedly indebt generations (Cogen 2018), extreme housing security seems unlikely to decline soon. At the federal, provincial, and municipal levels in Buenos Aires,[14] the state continues to "combat" this economic instability by defunding and privatizing public services, including those of health and education for which the country has historically held international renown. As the value of the peso plummets, costs of essential services and basic expenses, including food, utilities, gasoline, and rent, also surge without foreseeable decline. As a result, within the last year, my interviewees witnessed a notable increase in the quantity of people sleeping and laboring informally in the streets, not only in wealthy *barrios*, but also further from the city center.

Nevertheless, as the demand for social assistance rises, the budget allocated to such services only dwindles. For example, the CABA currently operates six shelters (three with additional day services), yet all of these, according to municipal auditor Mariela Coletta, lack the personnel and infrastructure necessary to respond to heightened need and thus "function more as a *parche* [cover-up] than integral solution." (AGCBA 2018). Coletta further notes that funding constraints limit aid for families, children, and people with disabilities, the latter for whom BAP only offers mobility services to but not from the shelters (AGCBA 2018). Even the Costanera Sur, the sole space that permits entrance of entire families, will likely close soon due to a massive accumulation of complaints since 2009. In addition to only offering one bathroom for 140 people, lacking toiletry and first aid items, and ignoring insect infestations, the Costanera recently experienced an electrical problem, resulting in lack of heat and hot water throughout the winter of 2018.

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[14] The current governor of the province of Buenos Aires, María Eugenia Vidal, and CABA mayor, Horacio Rodríguez Larreta, belong to and helped create Macri's Republican Proposal (PRO) campaign, enacting policy alongside party lines.

Yet despite these issues, closing this center would only further complicate homelessness for families and children without guardians. Traveling to Buenos Aires seeking employment after the recent death of their mother, José (16) and Manuel (15, pseudonyms) reported that, as minors, they rarely secure nightly accommodation and that while schools offer free meals, the need to earn money impedes them from regular attendance. As such, they must sleep in the streets, panhandling at the intersection of the avenues Boedo and Independencia or laboring informally as *cuidacohes* and *limpiavidrios* (informal valets and window cleaners). Also panhandling on Ave. Independencia, Facu (30) and María (26, pseudonyms) similarly mention that after eviction, they frequently accessed the Costanera with their two children. However, the long entry waits and lack of available beds in the last few years have forced them to either split up between shelters (the children with María) or sleep on the streets. Further referring to these spaces as "*nidos de ratas*" (rat nests) where the food lacks nutritional value and the "impossible state bureaucracy" complicates, for example, applying for hotel subsidies and enrolling his children in school, Facu lists the streets as their only viable option.

As highlighted in the introduction, nearly 26,000 people experience homelessness or extreme housing insecurity in Buenos Aires (Proyecto 7 2017), yet the municipality provides only 2,200 shelter beds (Ayuso 2018). Even in the winter, when the GCBA partners with churches and parishes to offer temporary lodging, the supply fails to satisfy this immense need. Nowadays, individuals even face long wait lists at most of the public-private *hogares*, whereas those who qualified in the past almost always received a room (Ayuso 2018). Enrich affirms that this lack of institutional resources results in unequipped and overcrowded spaces, where violence becomes a primary method for social control. In these "*cárceles*" (prisons) or "*tumbas*" (tombs), according to Enrich, untrained personnel often resort to authoritarian rules and abuse to manage largely deficient conditions. Diego, a homeless team member of Ciudad sin Techo, comments:

> When I stayed at the Parador Retiro, they [the managers and staff] would not provide toilet paper, soap, or shampoo. I saw *un montón* [a ton] of food come into the shelter, healthy food, but they only cooked the cheapest meals, spitting in it. It seemed as if they found the largest rat scurrying around and fried it as *milanesa* [a thin fillet], despite

the fact that nutritionists regularly reviewed the food supplies…Those that don't die from *paco* [crack] will die from the food, especially given the high proportion of people with diabetes, hypertension, and etc. …They also look to throw people out, especially the churches during winter, because they receive money for each person.

Again, the lack of government resources and exploitation of existing funds produces violent spaces that exacerbate the vulnerabilities of homelessness. Diego proceeds:

Do you know what they call the Bepo [a shelter]? "*El Carcel de los Niños Perdidos*" ["The Jail of Lost Children"], because upon arriving as children, people become enmeshed in a circuit of drugs, crimes, violence, and end up in the streets as adults. They never leave this cycle. They can never advance from the shelters, to *hogares*, to subsidies because "*siempre te echan*" [they throw you out for nothing]…Once staff working at the Bepo denounced a *ranchada* outside where they consumed *paco*, which ended with the police shooting a teen. It's a *sistema carcelario* [prison system].

Beneath a model where institutions compete for limited funding, homeless bodies become disposable. Unable to effectively respond to the disastrous effects of poverty, these shelters employ institutional violence as perhaps the only readily accessible alternative.

Even funding for hotel subsidies suffers similar retrenchment amidst the current economic crisis. In June 2018, the GCBA suspended disbursement of such aid for numerous families, detaining protestors that mobilized in response (APU 2018). Enrich affirms that while not completely eliminating this assistance, the government ultimately found itself without the resources to accept new applicants between December 2018 and February 2019. Given that the program's budget reflects the number of people *in situación de calle* and that the official count of 1,091 persons does not match the 6,000 of the First Popular Census, the government lacks adequate funds every year. Highlighting this disparity between supply and demand, Enrich comments:

In November [2018], the GCBA conducted a count... Some of my colleagues from other NGOs participated during the survey and told me, "*Che* [friend], we went with the workers [from the GCBA], we went to a *ranchada* in Caballito, and I counted thirty people, however those from the government only registered four." Thus we already know that the statistics that the GCBA announces this month will be incorrect and low.

As a result, Enrich suggests that the upcoming budget for subsidies and other programs (i.e. shelters) will remain inferior to the actual need. Accordingly, numerous organizations planned a Second Popular Census for April of 2019, the results of which have yet to be published.

The consequences of this retrenchment also contribute to a neoliberal responsibilization of *cuidado*. If the GCBA reduces resources for municipal social services, while transferring such obligations to non-governmental entities through exploitative partnerships (exemplified by the private monopoly over subsidized hotel rooms), individuals ultimately bear the duty of economic self-management. As I detailed in Chapter I, such practices do not represent a novel occurrence, but instead remain grounded in a history of structural adjustment stemming back to the 1990s. As the administration of Menem (1989-99) complied completely with the Washington Consensus, pursuing trade liberalization, privatization of public assets, and market deregulation, widespread poverty and housing insecurity rapidly overtook Buenos Aires. When the presidency's Convertibility Plan (1991) ultimately prefigured the gravest economic and political crisis in the nation's history, homelessness predictably surged across the city, failing to decline ever since.

While accentuating the impact of these devastating effects, this thesis primarily focuses upon more productive forces of neoliberalism that respond (albeit ineffectively) to housing insecurity. Despite offering minimal support to individuals in *situación de calle* during the early 1990s, granting temporary lodging only to "deserving" single mothers with children, the GCBA adopted more substantial measures as homelessness gained public visibility, especially following the 2001 crisis. Yet instead of alleviating housing insecurity, municipal programs have proven woefully inadequate, arguably provoking more vulnerability. Embracing a rehabilitative *cuidado*, the GCBA reinforces neoliberal ideals of *homo economicus*, expecting people to ultimately manage their own livelihoods. Medicalizing poverty as a pathology potentially curable through social and economic reformation, this model responsibilizes individuals for homelessness, providing temporary assistance only to those who fulfill behavioral and workfare-based demands. The GCBA institutionalizes such care within a paternalistic social-assistance circuit, whereby emergency services coerce people into night shelters, from which those exhibiting psychosocial needs or employment potential can enter an *hogar*, and later qualify for a hotel subsidy, whose implicit wage demands, however, soon result in eviction.

Complementing this vicious cycle, the public health system also responsibilizes people in *situación de calle*. Although this sector, unlike the GCBA, recognizes healthcare as a human right and even actively defends such guarantes, neoliberal subjectivities of *homo economicus* still influence attention towards homeless patients, generating a contradictory inclusive-expulsive *cuidado*. Accordingly, despite mobilizing resources for community-based primary care, health providers and their affiliated organizations still frequently promote treatment strategies based upon first curing psychosocial illness and thereafter facilitating access to more comprehensive assistance (such as housing). As within the municipal circuit, access to care remains implicitly contingent upon obeying certain behavioral demands. Moreover, professionals only expect to provide relief temporarily, stigmatizing patients with recurring hospital admittances that fail to achieve rehabilitation. Such discrimination directly obscures obstacles to continuous care resulting from retrenchment of public aid, therefore further responsibilizing recovery. These expectations actively expel homeless patients, abandoning them to suffer worsening conditions and heightened criminalization under the punitive apparatus that ultimately sustains this neoliberal system.

Nevertheless, as an interim social worker myself, I remain hesitant to only view the paternalistic and oppressive functions of medicalization – and, to a lesser extent, self-rehabilitation. By solely emphasizing repressive characteristics, I would foolishly omit the more positive effects of and many homeless peoples' demand for behavioral health treatment, as well as employment-based training. Critiquing the social assistance and public health systems in Buenos Aires, however, does not automatically prevent me from highlighting beneficial components, lauding, for example, the existence of and constitutional guarantee to primary care in Argentina. This nuanced perspective instead allows me to condemn institutional shortcomings and providers' discriminatory actions, while also acknowledging how funding constraints motivate inequitable decisions in allocating resources. However, these tensions do not justify nor excuse the devastating effects of such contradictory care, but instead reveal the urgent need for reforming neoliberally-infused public services.

Conceptualizing an alternative to this rehabilitative *cuidado* requires first destabilizing the assumed hegemony of neoliberalism as both a political-economic regime and order of reason. As dialectical materialism contends, society and history develop through constant struggles over power, implying that distinct subjectivities not only exist but forcefully resist normative structures (Mills 2000). Without trivializing the traumatic experiences of exploitation, I accordingly hope to deconstruct the "analytical bifurcation" that reinforces capitalism as a totalizing phenomenon and instead emphasize the "interactional constitution of social units, processes, and practices" (Go 2013:28) that reveal other forms of agency and empowerment. Rejecting neoliberalism as "the only major force in contemporary life," we – as researchers, policy makers, activists, and members of a global community – must highlight and bolster such subaltern "relation[s] to power" (Gibson-Graham 2006:2, 6) and thus reimagine new possibilities of social justice.

As such an example, grassroots organizations in Argentina actively delegitimize notions of *homo economicus* and instead hold the state accountable for housing insecurity. Mobilizing *en masse* following the 2001 crisis, these civil groups supplant neoliberal expectations of individual self-management with tenants of *homo politicus*, reinscribing political discourse with values of communal accountability and well-being. The foremost homeless advocacy organization in Buenos Aires – Proyecto 7 – for instance, reconceptualizes *cuidado* as a societal obligation to advance human rights, positioning housing insecurity as a structural issue whose resolution requires political-economic reform. Through community assemblies, the group has collaborated with various *barrio* associations to organize hunger strikes, *frazadazos*, and other protests, generating not only public concern for homelessness but also comprehensive legal protections, as embodied by Law 3706. Embracing informal cross-sector partnerships, as well as non-tutelary relationships with participants, SUMAR Solidario similarly constructs *cuidado* as a site of collective resistance, through which people preserve their rights to municipal services and public space. As a result, these organizations ultimately deem the state accountable for resolving homelessness.

In protesting against the municipal government, Proyecto 7 and SUMAR more importantly allow constituents to achieve dignity as active protagonists over their lives. Ultimately fostering *auto-cuidado*, these organizations empower peers to confront their marginalization *por mano propia* (with their own hands). While this notion resembles individualistic ideals of *homo economicus*, these civil groups instead reconfigure it as a more humane form of care centered upon collective demands for rights. Through shared living, communal assemblies, and creative workshops, peers engage in joint acts of production that permit them to not only navigate experiences of homelessness, but also realize personal aspirations denied them by life on the streets. Such *auto-cuidado* reimagines participants as valued members of a community, with unique skills and talents – as assembly facilitators, feminist poets, militant activists, and street merchants – that, together, they can mobilize politically.

In an interview with *Nunca es tarde* (2012), Proyecto 7's founder, Ávila, stated that he desires Monteagudo to "not have a future, but instead that different policies exist to end homelessness" and allow people to "construct their own lives" (7). This thesis therefore essentially concerns questions of dignity, not only of destigmatizing housing insecurity and protecting human rights, but also of fomenting agency over personal and collective well-being. Although community-based organizations occupy an integral role in facilitating peer-based projects and publicizing issues that surge on the streets, the state must ultimately assume responsibility for systemic reform. However, such justice also requires eliminating the very subjectivities that render those affected by housing insecurity underserving of social assistance. Dominant government, civil, and media powers must destabilize ideals of *homo economicus* and acknowledge how structural inequalities perpetuate homelessness. Emphasizing the voices of people in *situación de calle*, future studies should therefore highlight additional subaltern initiatives in Buenos Aires that contest neoliberalism, assessing their strengths and weaknesses in motivating potential future policy. Only by supporting such projects will we, as a society, recognize that the streets never suffice as a place to live nor die, yet that in alleyways and under overpasses resistance not only exists but powerfully thrives.

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