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# Alternate Report on the Situation of Economic, Social and Cultural Rights of Persons with Disabilities, for the Committee on Economic, Social and Cultural Rights

## Introduction

For the preparation of this report, the four signatory organizations, we have taken as a basis the information produced and presented in the Alternative Report to the Committee on the Rights of Persons with Disabilities, delivered on August 1, 2017[[1]](#footnote-1).

The general context in which this report is produced is marked by a generalized regression in the role of the National State as guarantor in the exercise of economic, social and cultural rights, based on policies that negatively affect the population in general, and that are particularly harmful to the population of people with disabilities.

After the assumption of the current National Government, which brought the Cambiemos alliance to power, a neoliberal and regressive economic program was introduced, with policies such as the reduction (or elimination in some products) of withholdings on agricultural and mining[[2]](#footnote-2) [[3]](#footnote-3) exports[[4]](#footnote-4) [[5]](#footnote-5), the indiscriminate opening to imports[[6]](#footnote-6) [[7]](#footnote-7), the reduction of taxes for the importation of luxury products (such as luxury vehicles), the deregulation of the exchange rate, among other policies. The program shows negative results about economic development[[8]](#footnote-8) and tax collection. E.g., an official report of the Ministry of Energy and Mining of the Nation[[9]](#footnote-9) notes that "the reduction of withholdings" had "a direct effect for the country of US $ 201.1 million", but "part is recovered through the Income Tax" (US $ 70.4 million). Therefore, the national government recovered through this tax only 35% of what it received before the deduction of withholdings.

This policy is accompanied by the progressive State withdrawal from key sectors of social development: the cut in subsidies to public services (transport, electricity, gas, etc.)[[10]](#footnote-10); the underfunding of strengthening programs in education, health, public services of communication and culture, social security, etc, negatively affects the inclusion and exercise of the rights of the most vulnerable sectors[[11]](#footnote-11).

The continuous devaluation of the peso (the price of the dollar went from $ 9.85, at the time the current government assumed in December 2015 to $ 34.50[[12]](#footnote-12) at the end of August 2018)[[13]](#footnote-13)[[14]](#footnote-14), the continuous rise in prices, which places our country among those with the highest inflation in the world [[15]](#footnote-15), and the loss of purchasing power of the salaries of workers are some of the consequences that the country is experiencing and that has its counterpart in the huge flight of foreign currency that has been accentuated in recent months.[[16]](#footnote-16) In recent years, high levels of poverty are observed[[17]](#footnote-17), and the unemployment rate[[18]](#footnote-18) is around 9 %.

The response of the government to this situation has been the return to the neoliberal recipe book: return to the IMF, with a Stand-by loan with a duration of 36 months to finance the crisis and a program to adjust public spending[[19]](#footnote-19)[[20]](#footnote-20) [[21]](#footnote-21) [[22]](#footnote-22), this is shown in the official documents of both the Government and the International Monetary Fund, although with a positive reading on the results of this type of measures.

In this general framework, the deep crisis hits the most impoverished and vulnerable sectors, a population that includes people with disabilities. Precisely **this report focuses on the violation of economic, social and cultural rights, which are particularly experienced by people with disabilities in Argentina**. The shrinkage of the State is also evident in the official institutions responsible for public policies on disability and mental health. The new National Disability Agency [[23]](#footnote-23), besides absorbing the old CONADIS[[24]](#footnote-24), took charge of the policy in relation to Non-Contributory Pensions on Disability (formerly of the Former National Pension Commission, of the Ministry of Social Development), of the Incluir Salud Program and the National Rehabilitation Service. These changes were accompanied by dismissals of workers, closure of care offices in provinces, the loss of more than 170 thousand non-contributory pensions

These changes were accompanied by dismissals of workers, closure of provincial attention offices in provinces, the loss of more than 170 thousand non-contributory pensions, that with the cessation of payments of the Incluir Salud *capitas* (endangering health coverage for pensioners)[[25]](#footnote-25), particularly affected the access to this right to thousands of people with disabilities throughout the country [[26]](#footnote-26).

However, the national government has been making a so-called disability policy one of its most insistent communication weapons. So it is headed by the vice president (wheelchair user woman who until recently denied her belonging to the group of people with disabilities[[27]](#footnote-27)) the government repeatedly presented a National Disability Plan, whose content is far from being a public policy plan for the full exercise of the rights of people with disabilities.

In July of this year, the INDEC presented the preliminary results[[28]](#footnote-28) of the Study of Profile of People with Disabilities. Among the conclusions presented, highlights that only 34.3% of people with disabilities have updated the Certificate of Disability (CUD), 60.3% do not have it, and the rest: has expired (2.2%) in process (2.9) or ignores it (0.3)[[29]](#footnote-29) This implies that only 34% of people with disabilities in our country have access to benefits and rights granted by the CUD: Free transport pass, comprehensive medication and health coverage and rehabilitation benefits, transportation, educational benefits, etc. In addition, 9.5% of the population with difficulty, having the current certificate, stated in this report that it does not use it.

Within the framework of this report's reading through the articles of the International Covenant on Economic, Social and Cultural Rights, and its links with the International Convention on the Rights of Persons with Disabilities, among the most important points of violation of rights of people with disabilities, we highlight: the employment situation with a very high rate of unemployment in this specific population (and the historical breach of the quota in the State), the cut in more than 170 thousand non-contributory pensions in the last two years, the persistence of practices of institutionalization of people with disabilities (and in particular of people with psychosocial disabilities), the lack of payment of coverage of health services and supports for inclusión for persons with disabilities, provided by the Incluir Salud Program; the lack of accessible services in public hospitals and health care centers; and the large violations of the rights of women with disabilities, specifically with regard to their Sexual and Reproductive Rights.

### About the signatory organizations:

**FAICA Federación Argentina de Instituciones de Ciegos y Amblíopes (Argentine Federation of Institutions of Blind and amblyoped people)**: FAICA is a civil association that aims to consolidate the solidarity and active unity of the *tiflo* movement, and fight throughout the country for the comprehensive promotion of the capabilities of blind and amblioped people, for their general well-being and for the fair recognition of their condition of useful and active citizens; sustaining as fundamental principles the preservation of the dignity of blind and amblioped people, and their right to intervene in all matters that concern them.

**Mesa de Trabajo en Discapacidad y DDHH de Córdoba (Disability and Human Rights Working Group of Córdoba)**: “la Mesa” is a collective working group that since 2013 proposes the promotion of the human rights approach in the field of disability, from the legal framework proposed by the CRPD and other international human rights treaties. People with or without disabilities, family members, workers and representatives from different sectors participate. We work to generate public advocacy strategies in relation to social discourses and representations, public policies, legal frameworks and social practices.

**Observatorio de Salud Mental y DDHH de Córdoba (Observatory of Mental Health and Human Rights of Córdoba)**: since 2011, the Observatory monitors the mental health policies that are carried out in the Province of Córdoba and the effective compliance with the laws on mental health (national 26657 and provincial 9848). It is made up of people and organizations with diverse trajectories and insertions in the field of mental health. The Observatory seeks to strengthen and consolidate the production of information for the monitoring of public policies, through publications and articulation networks that place us as an actor in the field of mental health.

**REDI - Red por los Derechos de las Personas con Discapacidad (Network for the Rights of Persons with Disabilities)**: REDI is a non-profit civil association made up of people with disabilities and relatives of people with disabilities. It was created in 1998 and our main mission is to advocate for the respect of our rights. The actions of REDI are guided by the International Convention on the Rights of Persons with Disabilities of the United Nations Organization. Our main objectives are to disclose the problems of the group, promoting the role of people with disabilities in the fight for their general and specific civil rights. Advocate to ensure that public policies that directly or indirectly affect us are aligned with the Convention. Take legal action, in national and international courts, in the event that violations of the rights of individuals are detected. And the advocacy to achieve the intervention of people with disabilities and the organizations that represent them in the planning, execution, evaluation and control stages of the policies implemented and to be implemented at the national and / or local level.

## Report body

**Based on Article 2.2 of the International Covenant on Economic, Social and Cultural Rights**

**Equality and Non-Discrimination[[30]](#footnote-30)**

**Article 5 and 13 of the International Convention on the Rights of Persons with Disabilities**

The current legal framework on discriminatory acts - Laws 23.592[[31]](#footnote-31), 24.782[[32]](#footnote-32) y 25.608[[33]](#footnote-33)- has not incorporated the denial of reasonable adjustments as discrimination based on disability, nor has multiple discrimination been contemplated.

In 2013, through the INADI (National Institute against Discrimination, Xenophobia and Racism), the "National Map of Discrimination 2013”[[34]](#footnote-34) was published with a specific annex referring to PWD. Discuss the direct, indirect and multiple discrimination suffered by PWD`s and their families in different areas of their lives. The report concluded that more than 50% of the PWD had suffered a discriminatory act, which did not have a correlation in state measures that adapt the current legislation. There is a need for the discrimination that is exercised against PWD to have adequate normative protection and to implement actions that contemplate the multiple discriminations that they suffer. It also emphasizes the serious situation of the PWD belonging to indigenous peoples by virtue of the total absence of policies and programs that have them as recipients.

The State does not guarantee necessary supports for women with intellectual and / or psychosocial disabilities. In addition, this population is traversed by situations of high social vulnerability, such as poverty, addictions, etc. This hinders the voluntary exercise of her motherhood. The State maintains a policy that generates a deprivation of the maternal exercise by judicial decision and institutionalization of the children

 **Access to Justice for Persons with Disabilities**

The PWD experience daily various barriers in access to justice, but in particular it is worse in people with psychosocial disabilities and people with intellectual disabilities. The State has not produced accessible, updated, disaggregated and rigorous information on access to justice for people with psychosocial disabilities and people with intellectual disabilities. Also, in relation to users of mental health services and in particular those who had psychiatric hospitalizations, a recent investigation in which 266 external users were interviewed, or in process of externalization, of psychiatric hospitals in 4 jurisdictions of the country, gave account of how these barriers are maintained[[35]](#footnote-35).

The State so far has not implemented judicial and administrative resources in simplified language, so that they can be understood and exercised by persons with intellectual and psychosocial disability. Throughout the national territory, the participation of deaf people is not guaranteed in equal conditions in access to justice, due to the lack of expert interpreters with the necessary skills. In many occasions they have to go to suitable interpreters that affect their quality of access to this right.

The Convention on the Rights of Persons with Disabilities establishes in article 19 that persons with disabilities must receive support from the State to live independently and be included in the community. Although in article 23 it warns States that they should not separate mothers and fathers from their children due to disability, they are still exposed to evaluations of their parental responsibility and the most diverse prejudices.

**Recommendation:**

**To urge the Argentine State in its three branches to implement concrete measures against discrimination in all its forms, such as legislative harmonization that incorporates the denial of reasonable adjustments such as discrimination, awareness-raising measures and training for justice operators.**

**Based on Article 3 of the International Covenant on Economic, Social and Cultural Rights**

**Women with disabilities[[36]](#footnote-36)**

**Article 6 of the International Convention on the Rights of Persons with Disabilities**

**Violence against women**

The State has not incorporated the disability perspective in public policies on gender violence. There are no statistical data on violence against women with disabilities, and the devices implemented by the State to contain situations of gender violence are not accessible. Public policies on disability also reflect the lack of a gender perspective, as evidenced by mental health policies and the absence of organizations that contemplate women with disabilities and promote and protect their rights.

In the National Plan of Action for the Prevention, Assistance and Eradication of Violence against Women 2017-2019[[37]](#footnote-37), presented in the year 2017, disability is not mainstreamed, it does not make any reference to violence against women and girls with disabilities. In the section on women in confinement, it only includes women in prison and not women and girls with disabilities with long periods of institutionalization and institutional violence to which they are exposed. At the same time, other shortcomings are observed, such as the absence of childhood perspective and aging, since all the actions focus on women who suffer violence at a certain age, who do not identify them by age, but by situations such as work, couple, etc. It does not present any action to combat violence against girls or older adults. The plan also lacks perspective on diversity and disability, not guaranteeing equity care. Women and girls with disabilities are not mentioned in the plan, even when international treaties are mentioned, leaving out the CRPD and the CEDDIS.

To this is added the restricted access to education, health and employment[[38]](#footnote-38),[[39]](#footnote-39), as well as the supports that allow them to develop a life with full participation in society. Equality of opportunities is not possible, it is invisible group both within the group of people with disabilities, and within the group of women. States should reverse this situation based on the commitments assumed when signing international treaties. Far from advancing in the commitments, disarticulations are evidenced among the state organisms (institutions of health, education, justice and human rights, among others) destined to the implementation of social policies that protect the rights of women, girls and adolescents with disabilities. Especially in relation to women, girls and adolescents without support and support family networks, housed in alternative institutions to the family group (homes, residences, monovalent institutions, geriatrics). The urgency in this aspect concerns the consequent ruptures of ties that prolonged institutionalization entails.

**Recommendation:**

**To urge the Argentine State to incorporate the perspective of disability in public policies on gender and attention to violence against women and girls with disabilities, taking concrete measures, including budget increase.**

**Based on Articles 6 and 7 of the International Covenant on Economic, Social and Cultural Rights**

**Work and employment[[40]](#footnote-40)**

**Article 27 of the International Convention on the Rights of Persons with Disabilities**

The characteristic that assumes the world of work in our country is marked by increasing informality, low wages, intermittent work, and a growing weakening of organizations defending worker´s rights. The advance of this panorama excludes many women and men of elementary rights for a dignified life. Increasing inflation, wages that grow less than inflation, increases in public service rates are policies designed to restore conditions of inequality. It seeks to meet goals imposed by international organizations (IMF), but this directly affects the lives of the majorities of Argentine families.

**General situation (Rate) of unemployment of people with disabilities**

According to data from the 2016 Yearbook published by the National Registry of Persons with Disabilities, 86% of people with disabilities in our country of working age, who processed their Single Certificate of Disability (CUD), do not work[[41]](#footnote-41). Among men with disabilities, the percentage is 84.06%, while it rises to 89% among women with disabilities. This statistical information reiterates similar indexes of previous years from the same source.

Of the people with disabilities who work, the majority do so in a dependency relationship, as an employee or worker (65%), or in their own account (almost 30%). Only 1.33% declared having higher positions and having personnel in charge. In this dimension of analysis, gender inequality also operates with respect to women with disabilities compared to men. It can be inferred then that the type of work accessed by people with disabilities in our country is usually of a low seniority

**Non-compliance with the work quota of persons with disabilities**

The Argentine State does not guarantee the right to work of the PWD and systematically violates the regulations that establish the 4% labor quota for PWD in the public sector[[42]](#footnote-42). As of December 2017, in the scope of the National Public Administration, the labor quota reached 0.91% according to the Report of the Secretary of Public Employment of the Ministry of Modernization[[43]](#footnote-43). Of the 188 ministerial jurisdictions, decentralized agencies and national universities corresponding to the National Public Administration, there were 44 that did not answer what percentage of employees with disabilities have and only 9 had employees with disabilities in a proportion higher than 4%[[44]](#footnote-44). It also happens that when hiring people with disabilities there is discrimination towards people with certain types of disability, in relation to the rest of the group of people with disabilities. This is the usual case with people with psychosocial disabilities and intellectual disabilities.

On the other hand, in the case of people with visual disabilities, there are numerous cases of refusal to make the necessary work adaptations, even in public bodies. Absence in specific public policies means that the programs of civil society organizations are those that respond to requests for assistance in the subject[[45]](#footnote-45). Decree 632/2018[[46]](#footnote-46) is added as an aggravating circumstance. Suspends the hiring of public sector employees, not excepting the PWD, in breach of the National Disability Plan [[47]](#footnote-47) presented in 2018; where the goal of fulfillment of work quota is 2%.

The information provided by the Ministry of Labor, Employment and Social Security of the Nation in 2017, shows that only 3.0% of PWD receiving a training policy, job training or employment promotion programs, obtained at the end of said policy an effective employment[[48]](#footnote-48).

The requirement of a regulation that facilitates the design, implementation and execution of reasonable adjustments for the use of PWD, in accordance with the CRPD, has not been complied with to date. In response to the request for access to public information made by REDI in 2017, it was reported that it was under analysis.

The possibility of an equal labor insertion is particularly hampered for those persons whose legal capacity is judicially restricted[[49]](#footnote-49).

**Limitation of the right to work to training or labor therapy**

In the case of people with psychosocial disabilities, and also people with intellectual disabilities, the usual way of working is in protected workshops or certain types of work therapy. The lack of regulation affects the dignity of work. They have a "symbolic" remuneration that is called "pecunio", with a high arbitrariness in the amount, whose update depends on the efforts of the staff in charge of the workshops. In turn, the type of training offer for labor insertion is associated with manual or low qualification activities. Given the impossibility of generating job opportunities in the transition from the institutional or hospital to the community, these instances are valuable for their occupational or rehabilitative value in the clinical sense and not necessarily social, linking with others and the socio-productive world. There is a fracture between the world of care and the world of work; and in this area, the notion of work as a right is lost, keeping people limited to therapeutic circuits.

Likewise, in the private sector there are still prejudices and fears towards people with psychosocial disabilities, attributing to them characteristics such as disability and danger, which demonstrates the need for State policies that disarm these (and other) prejudices, and have adequate support for specific needs of these people.

In accordance with the requirements of the programs of the Ministry of Labor, Employment and Social Security of the Nation, the disability certificate is the condition of access to current programs, but it is an obstacle for many people with psychosocial disabilities to access a job formal. Thus they are trapped in the training circuit without being able to access formal jobs; while the PWC that do not have the certificate are not included in the training programs.

**Incompatibility of non-contributory pensions with formal employment**

Among the limitations to access employment also appears the incompatibility between non-contributory pensions and work in a dependency relationship: it leads people to have to choose between a job task of uncertain duration and the maintenance of the pension that, even though it is a insufficient income, presents a certain regularity.

The regulations that govern the granting of Non-Contributory Pensions must be redefined, updated to the current paradigm of the International Convention on the Rights of Persons with Disabilities (CDPD) and following the proposal that the International Committee on the Rights of Persons with Disabilities did to the Argentine State in 2012, around Decree 432/97 (which, contrary to the recommendations received, was never repealed).

The Committee notes with concern the State's regulations on access to non-contributory pensions that directly or indirectly discriminate against persons with disabilities. Among them, the requirement demanded by Regulatory Decree 432/1997 and the eligibility criteria to access a welfare pension for reasons of disability established in Law No. 18.910.

The Committee urges the State party to review its legislative framework on social security and reformulate those provisions that prevent access for persons with disabilities, including migrant workers and children with disabilities of migrant workers, under equal conditions to protection social.

In practice, the amounts of pensions are used to make the highest expenses that people with disabilities have to face in comparison with the other people.. From mobility, in the context of an inaccessible transport system, personal assistance, the provision of services that are not covered by social security, etc. Expenses that are related to the barriers that society imposes on them and that limit access to the full exercise of the rights of this population. The meaning and usefulness of pensions must be adjusted to a practice that guarantees rights and extends to the population, adhering at all times to a perspective from the social model embodied in the International Convention on the Rights of Persons with Disabilities.

**Recommendations:**

**To urge the Argentine State to comply with the 4% work quota for people with disabilities.**

**To urge the State to resolve the incompatibility between the income received from non-contributory pensions and the income received from work in relation to dependence.**

**Based on Article 9 of the Covenant on Economic, Social and Cultural Rights**

**Social Protection**

**Article 28 of the International Convention on the Rights of Persons with Disabilities**

The Argentine Government decided in June 2017 to write off, in a massive way, non-contributory pensions received by PWD, applying Decree 432/97, issued prior to the entry into force of the CRPD, which affected arbitrary and indiscriminately a right acquired by the PWD[[50]](#footnote-50)[[51]](#footnote-51).

The pensions suppose for the holders the dignity of a minimum income, the coverage of educational necessities, adaptations in the transport, medical treatments, assistance in the care and special needs that imply a fixed monthly expense. To stop perceiving them means a severe affectation to their rights, to their autonomy, to their living conditions and their possibilities of subsistence. The same cuts affected the pensions received by mothers with 7 or more children and the Universal Child Allowance, of which the PWD are direct or indirect holders.

The Government made the decision to eliminate pensions without prior notification to their holders, thus violating their right to due administrative process. It should be clarified that the requirements demanded by the regulations applied associate the perception of the pension to a state of poverty that should be accredited by the PWD to be holders of it, which denatures the legal sense of the non-contributory pension that is a right acquired from the PWD[[52]](#footnote-52).

Different organizations, including REDI[[53]](#footnote-53), filed legal actions[[54]](#footnote-54).In the case of REDI, a favorable precautionary measure was ordered to the State to reinstate all the pensions that had been the subject of this claim. The State has not complied with the judicial order, for which REDI has initiated the forced execution of the precautionary measure. The state decision not to pay pensions was reflected in the budget for the year 2018, which the Executive Branch sent to the National Congress, which was calculated to deliver 38 thousand pensions less than those delivered in 2017[[55]](#footnote-55). In accordance with the foregoing, the persons who have initiated the administrative process of application for disability pension express significant delays in obtaining it[[56]](#footnote-56). The State has dismantled the geographic decentralization of the public offices that served the citizens for the beginning of the pension process: agencies were closed and workers were dismissed[[57]](#footnote-57). The negative impact of this policy is the greater delay in granting the pension, which has led some people with disabilities to a real tragedy[[58]](#footnote-58).

According to a press release[[59]](#footnote-59), the government currently intends to make a new cut in disability pensions, estimated at 10% of those currently in existence, which would mean a reduction of approximately 8 billion Argentine pesos. Said cut would be based on irregularities in the granting of pensions already granted.

In the month of December of 2017, an amendment to the Retirement Law was approved, which raised the age for accessing retirement and the number of years of work by 5 years, without taking into account the particularities of persons with disabilities entering the formal labor market. It occurs at a more advanced age compared to people who do not have any disability[[60]](#footnote-60). The reform also says that 82% of the living and mobile minimum wage will be guaranteed as retirement for those who have made contributions for 30 years, without contemplating situations that require equitable treatment for equal opportunities. Thus, the rule has not contemplated those who retire without completing 30 years of contributions as a result of acquiring a disability during their working life. There is no mention of people with disabilities who have entered into any of the moratoriums due to insufficiency of contributions to obtain a retirement, nor to employees of Protected Workshops[[61]](#footnote-61), nor to blind people.[[62]](#footnote-62).

**Recommendation**:

**Require the Argentine State to report how it will respond urgently, to the need for social protection of persons with disabilities who do not meet the requirements to obtain a disability pension according to Dec. 432/97. For example, children and adolescents or people who, although they have a working capacity, do not have a job because they are discriminated against because of their disability.**

**Based on Article 11 of the Covenant on Economic, Social and Cultural Rights**

**Right to an adequate standard of living, adequate food, clothing and housing, and to a continuous improvement of living conditions.**

**Articles 19, 23 and 28 of the International Convention on the Rights of Persons with Disabilities.**

**Right of persons with disabilities to housing**

The housing crisis is one of the historical problems of our country: in studies carried out between 2016 and 2017 it is estimated that the housing deficit reaches some 3.5 million homes[[63]](#footnote-63), which constitutes approximately 25.4% of existing homes nationwide. Of that total, 2 million have problems in the quality of housing, (of which 1.3 million are overcrowded), and the remaining 1.5 million are the homes that need to be built. A more recent report by INDEC shows a similar reality. For example, that 14.1% of households do not have adequate sanitation facilities[[64]](#footnote-64); 10.4% of households do not access the public water network; and 30% lack connection to sewage networks[[65]](#footnote-65).

In this context, and despite the greater disadvantages people with disabilities face in accessing decent housing[[66]](#footnote-66) [[67]](#footnote-67) it can not be verified that the State has a policy consisting of the allocation of housing for people with disabilities within the national plans of access to housing, so that this right can be exercised if the requirement of adequate housing is judicialized, after several years of processing[[68]](#footnote-68). The transversality of hostel policies for people with disabilities in street situations can not be verified either. For example, in the Autonomous City of Buenos Aires, none of them has minimum accessibility conditions.

**Institutionalization as a housing alternative**

There are currently no specific transitory or definitive programs from the State that guarantee decent housing for people with psychosocial disabilities in the process of externalization of asylum institutions. Often people who go through prolonged hospital stays lose the housing alternatives they had before hospitalization[[69]](#footnote-69) and they only count at the moment of externalization with an eventual family help or they end up in as homeless. In many cases, professionals must resort to charity homes or shelters in search of emergency solutions even when they do not guarantee a sustainable alternative for social inclusion.

When externalization happens, users keep often linked to the institution they were interned, to access basic resources such as food, clothing, cleanliness or accommodation. This is contrary to the objectives of externalization based on reintegration within the community sphere[[70]](#footnote-70). There are not enough community devices that contribute to the maintenance of mental health care for users who are in an externalization process.

The issue of the massive accommodation of people with disabilities or housed in public monovalent hospitals of mental health care, should be addressed as it implies a violation of fundamental rights due to the persistence of the logic of institutionalization and deprivation of liberty. The monovalent institutionalization should not be instrumented as an alternative housing in mental health. This is only an exceptional resource in situations of crisis and limited time, according to the spirit of Law 26657. This law prohibits hospitalizations to address social problems: these must be addressed from other State policies. The adjustment in the public expenditure and withdrawal of the State reinforces this reality: that the public hospital appears as an alternative of survival for many, and the hospitalization as a response to a housing problem before the externalization / institutional expulsion and street-living situation[[71]](#footnote-71).

**Institutionalization of children with disabilities**

The institutionalization of girls, boys and teenagers with disabilities is still practiced, contrary to article 23 of the CRPD. Persistent measures of accommodation of children and youth in alternative homes to their family group (and their extended family and community) are evident. In addition, within the framework of this violation of the right to home and family [[72]](#footnote-72), the residences show serious deficiencies: there is little or no mobility of staff (mostly elderly women), there are few intervention tools to respond to the problems that arise in coexistence; and deep general deterioration of houses (paints, leaks, heating, sewer, glass, furniture, electrical system, humidity, etc.)

**Recomendations:**

**To urge the Argentine State to implement a policy of assigning decent housing to persons with disabilities within the national plans for access to housing.**

**Urge the Argentine State to develop a policy of decent housing, independent living and inclusion in the community for people with disabilities, consistent with articles 19 and 23 of the CRPD, with the National Mental Health Law and the National Mental Health Plan.**

**Based on Article 12 of the Covenant on Economic, Social and Cultural Rights**

**Right to health**

**Article 25 of the International Convention on the Rights of Persons with Disabilities**

The lack of approach to the issue from a human rights perspective is evident. Health programs are not comprehensive, they are not accessible, they are not endowed with resources with trained personnel that generate an appropriate context so that PWD can exercise their right to health on equal terms with other people. There is a deficit in the public health system. The access to health outside the public system is conditioned to the labor insertion of the person and as we have seen the PWD face major social difficulties to get employment.

There are also physical barriers in accessing medical facilities and specific services for conducting medical studies. There is no assistance for communicational accessibility (interpreters in sign language or Braille format or easy to read and understand). There is a lack of trained professionals in the social model of disability.

The obstacles are accentuated with respect to people with rare diseases (EPOF), a categorization not recognized by the health system and not included in comprehensive disability programs. In Argentina it is estimated that 3.2 million people live with a diagnosis of EPOF[[73]](#footnote-73). The health professionals that make up the Evaluation Boards at the federal level have little knowledge of this, which impacts on the notorious disparity in the CIF criteria applied to grant the single disability certificate.

The result is the violation of the right to health of people with EPOF, who need an accurate diagnosis, accessibility to health centers and the necessary supports, treatments, habilitation and rehabilitation.

In the case of the provinces, the low budget execution for health is particularly alarming, evidencing the regressive orientation in the policies. For example, in Cordoba the percentage allocated to the Ministry of Health of the total provincial expenditure forecast fell from 10% in 2010 to 8.6% in 2018. Staff and supplies were the two dimensions that were most cut in the budget 2018[[74]](#footnote-74). This is particularly sensitive in the area of ​​mental health, since the possibility of implementing deinstitutionalization and integral policies depends fundamentally on interdisciplinary team interventions, and only to a lesser extent on building infrastructures (which is the main type of actions carried out by government))[[75]](#footnote-75)

**National Program “Incluir Salud”**

The National Agency for Disability founds the federal program “Incluir Salud”. In July 2018 there is a 6 month delay in the payment to the providers that have an agreement and in the cases of the affiliates they are owed around 14 months[[76]](#footnote-76).

According to information provided by FAICA on the Advisory Committee of the National Agency for Disability, 43,000 beneficiaries have been owed since March 2018. The PWD receives funds from the Program “Incluir Salud” to cover rehabilitation and / or hospitalization payments.

“Incluir Salud” is a federal program, medical assistance, which includes the holders of non-contributory pensions. You are required to cover, hospitalizations, treatments, transfers, medications, etc.

With this situation, people with disabilities who benefit from this program would be left without medical attention. They could even be left without a home to live in, as many PWDs are in very vulnerable economic conditions and the state with the late payment is severely damaging.

**Right to health for women with disabilities.**

There have been no significant and systematic advances in the incorporation of disability perspective in the National Program for Sexual Health and Responsible Procreation (PNSSyPR), the main public policy. The few actions aimed at women with disabilities did not have continuity over time and did not generate substantive results[[77]](#footnote-77).

The most significant action was the approval of Resolution 65/20152015[[78]](#footnote-78) of the Ministry of Health of the Nation. The norm says that all people over 13 years old, with or without disabilities, have the right to access sexual and reproductive health practices[[79]](#footnote-79) autonomously. It establishes the presumption of capacity of the PWD to make decisions and recognizes their right to have support systems and to "receive health care in the terms that are most accessible, acceptable and with the best quality available.”

Despite the validity of this rule, in practice, most of the sexual and reproductive health services:

1. They do not respect the privacy and confidentiality of women with disabilities[[80]](#footnote-80)
2. They do not respect the right of women with disabilities to provide their informed consent or guarantee their access to support systems for decision-making, especially in relation to non-punishable abortion and sterilization practices.
3. They do not satisfy any of the parameters of accessibility, prevailing attitudinal barriers based on stereotypes towards women with disabilities and their sexuality and reproduction [[81]](#footnote-81).

The right to sexual and reproductive health of women with disabilities, shows severe shortcomings and their experience is characterized by the lack of accessibility under the multiple barriers that exist and that are not noticed from the programs or state agencies dedicated to health women's. Barriers such as the lack of accessibility to the information that is disseminated for the promotion of health. The lack of accessible gynecological stretchers. The lack of accessibility of contraceptive methods: condoms are not in Braille, even with their expiration date, and almost no brand of contraceptive pills has a provision that makes the taking of them is organized. Pregnancy tests are visual, so women with visual impairment can not do it without support. Women with hearing impairment, are permanently with numerous barriers to access sexual health.

In the case of reproductive rights, institutions do not respect the right of women with disabilities to decide autonomously, without the interference of their family members, informed consent for surgical or pharmacological sterilization practices[[82]](#footnote-82).

**Mental health[[83]](#footnote-83)[[84]](#footnote-84)**

It highlights the lack of creation of Local Review Boards in the provinces, as bodies that must ensure compliance with the rights of users of mental health services, as required by the National Mental Health Law 26,657 (NMHL), in its article 40. i- The existence of these bodies would allow to monitor, evaluate and make recommendations to the three public authorities on mental health and users of mental health services.[[85]](#footnote-85). The lack of conformation of Local Review Boards makes it impossible for there to be instances of complaints about violations of the NMHL.

There is no information available to know the number of people who are housed in mental health institutions. Situations of physical, psychological and sexual abuse of persons who are in such establishments by the authorities, health personnel, caregivers and other inmates are recorded. There are no effective systems to channel complaints about such acts of violence. In addition, there is an abuse of medication and overmedication is used as a form of control, discipline and punishment.

Policies linked to people with psychosocial disabilities, and people with intellectual disabilities and mental health do not involve actions tending to labor, social and community inclusion through the articulation between the areas of health, social development, work and education. There is a shortage of material and professional resources and lack of community-based cross-sector substitution devices, which hinders a genuine process of externalization, making it impossible for users to live in community, sustaining a project of autonomous living, outside of the psychiatric hospital circuit. There is a lack of adequate psychotropic drugs in the first and second level of care, and a preponderant role of psychiatric hospitals in the provision of these medications. The approaches use most of the economic resources to sustain public and private asylum psychiatric institutions. It was paralyzed and retroceded in the objective of total replacement of monovalent psychiatric hospitals by the year 2020. In Argentina, monovalent psychiatric hospitals are among those in a more critical situation, for example, in the psychiatric section of the Dr. Alejandro Korn Hospital. the Province of Buenos Aires, the rate of deaths for avoidable reasons is 4 times higher than the general average of that province, 7 times higher than the average of the Nation and 18 times higher than the penitentiary system of that province[[86]](#footnote-86).

The consequence is the lack of adequate services for hospitalization in mental health crisis in general hospitals. There are resistances and practices of discrimination and exclusion that hinder access to health in general hospitals for people with psychosocial disabilities, even when the demand is articulated in relation to organic pathologies and not specific to mental health. Recent research has shown how people with psychosocial disabilities, even having managed to leave long periods of hospitalization in psychiatric hospitals, still have a very low level of access to health services other than psychiatric services.

The benefits that are accessed in other specialties, are usually provided by the same hospital in which the person was hospitalized[[87]](#footnote-87)

The majority of primary health care centers, both provincial and municipal, have incomplete and insufficient mental health services, with serious shortages of interdisciplinary teams at the first level.[[88]](#footnote-88) This lack in the neighborhoods hinders the possibility of carrying out comprehensive approaches to promotion, prevention and treatment framed within the guidelines of community mental health. There is not enough installed mental health care, both in the community setting and in general hospitals, that can sustain the therapeutic independent living process.

Although addictions are part of the field of mental health, since 2016 initiatives have emerged that seek to bring the attention of problematic consumption back from the rights-based approach to another that installs, once again, a disciplinary and sanctioning paradigm

After the change of national authorities in December 2015, the National Commission on Mental Health and Addiction Policies (CoNISMA) was considerably reduced in relation to the incumbency of ministries[[89]](#footnote-89) and was transferred from the Cabinet Office to the Ministry of Health of Nation. The Honorary Consultative Council for Policies on Mental Health and Addictions (CCH)[[90]](#footnote-90) was no longer officially convened, the travel allowances for representatives from the different provinces were no longer guaranteed and the meeting place was not provided. However, the organizations that make up the CCH continued holding the meetings in a self-convened manner throughout 2016, according to the schedule agreed in November 2015 with the CoNISMA.

During the first months of 2017, self-convened sessions continued for participating organizations. In the plenary session of June 12, 2017, the new authorities of the CCH were elected. In July 2017, the CCH was convened to a meeting by the National Mental Health Directorate. There claimed the full functioning of the CONISMA and the CCH were demanded. On August 22 of that year, it was possible to meet under the conditions set forth and with the participation of the guaranteed interior counselors.

In February 2016, the National Mental Health Commission was created, not defined by the LNSM or by any other law and composed of "experts" on the subject designated discretionally by the Minister of Health. Civil society organizations ask for participation in this instance and access to their official work documents, the state response was negative.

**Recommendations**

**To urge the State to comply with the payments due from the “Incluir Salud” Program, which affects people with disabilities and institutions that provide services for people with disabilities, thus preventing an improvement in their quality of life.**

**To urge the State to comply with the National Mental Health Plan, which includes deinstitutionalization and transformation into a comprehensive, integrated, interdisciplinary and community mental health system. It is urgent to allocate budget to the creation of a network of substitute devices to prolonged monovalent hospitalization, to make effective the closure of the asylum. At the same time, urge the States to guarantee the admission for reasons of subjective suffering in general hospitals.**

**Based on Article 13 of the Covenant on Economic, Social and Cultural Rights**

**Right to Education[[91]](#footnote-91)**

**Article 24 of the International Convention on the Rights of Persons with Disabilities**

According to data from the 2016 yearbook of the National Registry of Persons with Disabilities, the illiteracy rate among persons with disabilities, over 10 years old, who processed their Unique Disability Certificate (CUD) during 2016, reaches 14%, the same figure as in 2015 (in 2014 it was almost 16%). This category includes illiterates (9%) and instrumental illiterates (5%) which also maintain the same proportions compared to the previous year. This figure is still well above the numbers of the total population, where illiteracy represents 2% of the population (CENSO, 2010)[[92]](#footnote-92)

The Argentine educational system maintains two subsystems of education: a general education system and a segregated or special education system. This is supported by the National Education Law 26.206, whose article 42 states that Special Education is the modality intended to ensure the right to education of the PCD when these can not be addressed by common education, and in resolutions of the Federal Council of Education, in particular No. 155 and No. 174, both of which are in force.

The recent regulation of the Federal Council of Education (Res. 311/2016), although it brings advances in the regulation of the educational trajectory of people with disabilities is not fully harmonized with the postulates of the CRPD, since it establishes that jurisdictions they must guarantee the operation of the special modality. These norms are the expression of a segregating paradigm and their validity is incompatible with the obligation of the States to guarantee the right to inclusive education.

Despite the validity of the new federal regulations that regulate the educational trajectories of people with disabilities in "regular" schools, many provincial jurisdictions are reluctant to implement it, claiming the validity of local regulations that are incompatible with the new resolution. Therefore, it is necessary that the Argentine State implement the new regulations in their aspects consistent with the CRPD and require that local jurisdictions do the same.

It highlights the discriminatory denials of enrollment to students with disabilities, the lack of teaching of both Braille and sign language in the common schools, the lack of accessibility in physical spaces, in furniture and work materials, and the lack of a solid educational policy in relation to train interpreters and eliminate barriers to achieve real accessibility of students in the education system.

The educational system suffers from a lack of professionals from the official field to accompany the processes of "educational inclusion" in schools where there are children or youth of low economics resources, whose parents do not have social insurance to access them. Even in the case of those who have social insurance, the provision of support works poorly and the State does not control the insurers that fail to fulfill their obligations.

Also noteworthy is the lack of training of teachers, who often say that they are not trained for the "school inclusion" of students with disabilities and consider that these students depend on the support teacher and not the teacher in charge of the classroom. The lack of reasonable adjustments in educational trajectories[[93]](#footnote-93) is a persistent failure of the education system.[[94]](#footnote-94).

It should be noted that the Argentine State does not produce the same information for common schools as for special schools. This means that there is essential information that does not occur for students who attend special education schools and the information that is produced about students with disabilities included in common schools, is not validly relieved information, as recognized by the State itself; and it is incomplete.

This situation motivated that in 2015 four organizations dedicated to work for the right to inclusive education (ACIJ, ADC, ASDRA and REDI), interposed an injunction to force the State to produce the missing information. In 2018, the Supreme Court of Justice issued a judgment in the case[[95]](#footnote-95), in which the Argentine State was ordered to take the necessary steps to ensure the production of the requested information on the education of persons with disabilities. The sentence is impeded and resisted by the National State.

**Accessibility in schools[[96]](#footnote-96)**

The project of the New Building Code drafted by the Government of the Autonomous City of Buenos Aires (GCABA) incorporates transgressions: it differentiates the requirements for private management schools from those of public management. And in the context of a growing depletion of the school of public management and progress of private management, the project has observed situations of exception to compliance with physical accessibility, to the point of including an item called "inaccessible schools".

By means of Law 962/2003, in the Building Code of the Autonomous City of Buenos Aires (CABA), regulations had been incorporated to favor physical accessibility. Consequently, it improved the quality of life in the home and allowed more presence of people with reduced mobility outside the home (at work, school, shops, among others). But the draft new code prepared by GCABA breaks ground with these advances. By means of Law 962/2003, in the Building Code of the Autonomous City of Buenos Aires (CABA), regulations had been incorporated to favor physical accessibility. Consequently, it improved the quality of life in the home and allowed more presence of people with reduced mobility outside the home (at work, school, shops, among others). But the draft new code prepared by GCABA ends with these advances. Evidence an indiscriminate tendency to reduce obligations to private owners; differentiating requirements for private management with respect to public management, particularly in shops and educational buildings. Multiple exceptions to accessibility, seriously compromising the daily life of older adults, as well as the future of children and young people who require accessibility in their schools.

After successive drafts, the GCABA raised to the Legislature of Buenos Aires the legislative initiative "ProyectoDeNorma\_\_Expediente\_1058\_2018"[[97]](#footnote-97) in which principles and modalities questioned by regressives in the previous drafts, are consolidated.

This project reduces and eliminates obligations in accessibility for the private sector and perpetuates exceptions already present in the current Code. These are buildings for housing, education and commerce, among others. It incorporates, for private management, building surface minima and number of students below which admits inaccessibility in schools. And it incorporates categories such as "Reduced accessibility in University and Higher Education establishments".

Finally, in higher education, it is noted that there is no specific budget or programs designed to provide students with support to ensure their permanence. For example, the current data loading system for scholarship applications is not accessible to blind people.

**Recomendations:**

**Urge the State to plan and allocate resources to the implementation of a public policy for the realization of an inclusive education system that avoids double enrollment in regular and special-type schools, considering the creation and transformation of special schools into centers of educational resources for inclusion; and combat illiteracy in the population of people with disabilities.**

**Based on Article 15 of the Covenant on Economic, Social and Cultural Rights**

**Access to Information, Culture and Communication.**

**Articles 9, 21 and 30 of the International Convention on the Rights of Persons with Disabilities.**

Article 66 of the National Law 26,522 on Audiovisual Communication Services [[98]](#footnote-98) (which regulates the accessibility of national productions in the media) and its regulation had the participation of civil society organizations representing persons with disabilities. In accordance with the demands for this law to be applied, it is stated that the partial suspension of the validity of this law[[99]](#footnote-99) determined setbacks regarding compliance with the provisions on audiovisual accessibility harming blind and deaf people, aggravated by the absence of an organism that controls whether open signals comply with legal provisions. This situation is worse in the provinces that buy contents generated in the Autonomous City of Buenos Aires (CABA), acquiring them without resources of accessibility.

To the total or partial lack of audio description in the public and private media are added other facts that violate the right to access to information and culture:

* Sometimes audiodescription generated in real time is incorporated, which produces a deterioration in the quality of it. If the person who audiodescribes has the script in advance, he can foresee the time he has to describe and do it with better efficiency.
* When videos, reports, etc. are broadcast on television, the mention of the names of those who appear on the screen is generally omitted; neither addresses of websites, telephones and addresses are verbalized.
* If a content in a foreign language is subtitled, its verbal reproduction in Spanish (dubbing) is omitted.

It is also worth mentioning that people with disabilities have the right to participate actively in the production of content, as well as presenters, journalists, producers, etc.

In this sense, it is unfortunate that the column hosted by a person with visual disability in the news program "Visión 7" of the state channel "TV Pública", the journalist Verónica González, has been discontinued from the current management under the management of Mr. President of Fopea, Néstor Sclauzero, since it was the only case of a visually disabled journalist in Latin America in front of the camera, that not only provided relevant information for the group, but also broke with stereotypes and prejudices unfortunately still deeply rooted in society.

The fact that only Ms. González has managed to be aired in a TV channel, also shows that many prejudices are present in audiovisual media, for which a joint work is necessary between the the *ombudsman's office for audiovisual media audiences[[100]](#footnote-100)*, the media and representative organizations of people with disabilities.

People with disabilities have the right to be respected and to be seen as people who develop autonomously in daily life, without being the object of pity or spectacularization.

**Recomendation:**

**Urge the Argentine State to comply with and guarantee audiovisual accessibility in the media, with quality services that DO NOT limit access to information for deaf people, with hearing loss, blind or low vision.**

**Urge the Argentine State so that the National Communications Agency, observes and controls that the accessibility products of the audiovisual contents are arranged in all the open signals and evenly distributed throughout the country.**

1. <http://redi.org.ar/index.php?file=Documentos/Informes/Informe-alternativo-Argentina-2017.html> [↑](#footnote-ref-1)
2. <https://www.infobae.com/2016/02/12/1789562-el-gobierno-anuncio-la-eliminacion-retenciones-las-mineras/> [↑](#footnote-ref-2)
3. <https://www.telam.com.ar/notas/201805/285210-dujovne-no-habra-cambios-en-el-actual-regimen-de-retenciones-al-agro.html> [↑](#footnote-ref-3)
4. <https://www.pagina12.com.ar/29149-regalo-millonario-a-exportadoras> [↑](#footnote-ref-4)
5. Relationship between deduction of withholdings and level of occupation: <https://www.cronista.com/economiapolitica/A-pesar-de-los-estimulos-el-trabajo-en-el-agro-y-mineria-esta-en-los-niveles-de-2009-20170809-0034.html> [↑](#footnote-ref-5)
6. "Consumer goods, meanwhile, in 11 months grew 17%, four points more than imports in general": <http://www.perfil.com/noticias/economia/la-apertura-comercial-y-el-dolar-siguen-empujando-las-importaciones-para-consumo.phtml> [↑](#footnote-ref-6)
7. <https://www.cronista.com/economiapolitica/El-Gobierno-libera-por-completo-la-importacion-de-productos-electronicos-20171130-0058.html> [↑](#footnote-ref-7)
8. With the exception of the period March 2017 / March 2018, the monthly economic activity estimator showed negative percentages during almost all of 2016 and from April 2018. The current national government assumed in December 2015. The last official measurement available to date is June 2018 , registering a fall of the economic activity of 6.7% with respect to the same month of 2017. Source: <https://www.indec.gob.ar/uploads/informesdeprensa/emae_08_18.pdf> p. 3 y 4 [↑](#footnote-ref-8)
9. "Effects of elimination of Export Rights tax to the mining sector" <https://scripts.minem.gob.ar/octopus/archivos.php?file=7296> Analyzed in: <http://chequeado.com/ultimas-noticias/vidal-hoy-las-mineras-por-el-impuesto-a-las-ganancias-pagan-siete-veces-mas-que-lo-que-dejaban-por-retenciones/> [↑](#footnote-ref-9)
10. <https://www.infobae.com/economia/2017/07/27/standard-poors-exhorto-al-gobierno-a-eliminar-subsidios/> [↑](#footnote-ref-10)
11. "These policies have led to deepen the structural problems of Argentina and make this model an unviable path to socio-economic development, fueling the flight of capital and the financial speculation that, through external indebtedness, intend to sustain over time". <https://www.pagina12.com.ar/129874-el-modelo-insustentable-sigue-tocando-fondo> [↑](#footnote-ref-11)
12. <https://www.lanacion.com.ar/2166744-dolar-hoy-miercoles-29-agosto-macri-banco> [↑](#footnote-ref-12)
13. <https://www.cronista.com/finanzasmercados/El-peso-argentino-la-moneda-mas-devaluada-del-ano-20180503-0082.html> [↑](#footnote-ref-13)
14. <https://www.lanacion.com.ar/2139699-mayo-cerro-con-la-mayor-devaluacion-del-peso-en-dos-anos-y-medio> [↑](#footnote-ref-14)
15. <http://www.ambito.com/928433-argentina-es-el-sexto-pais-con-mas-inflacion-en-el-mundo> [↑](#footnote-ref-15)
16. <https://www.pagina12.com.ar/129802-cuestion-de-tiempo> [↑](#footnote-ref-16)
17. According to the INDEC, people under the poverty line rose in the second half of 2017 to 25.7% <https://www.indec.gob.ar/uploads/informesdeprensa/eph_pobreza_02_17.pdf> [↑](#footnote-ref-17)
18. The unemployment rate in the first quarter of 2018 reaches 9.1%, similar to that registered in the same period of 2017 (9.2%) <https://www.indec.gob.ar/uploads/informesdeprensa/mercado_trabajo_eph_1trim18.pdf> P 3 Source: INDEC. Permanent Household Survey [↑](#footnote-ref-18)
19. <http://media.ambito.com/diario/2018/0614/imagenes/pdf_subido_0614084808.pdf> The letter of request sent by the Argentine government to the IMF describes on page 4: "In 2015 we received a government with excessive and oversized primary public expenditure." Before the crisis of 2001-2002, the consolidated primary expenditure of the three levels of Government (national, provincial and municipal) represented 26 percent of GDP, while in 2015 it had reached 42 percent (the increase was driven by increases in the wage bill, pensions and subsidies for energy and transport). Starting from that level, during 2017 we have managed to shrink the primary expenses for a sum equivalent to almost 2 percent of the GDP" [↑](#footnote-ref-19)
20. <https://www.pagina12.com.ar/129969-sangre-sudor-y-mas-ajuste> [↑](#footnote-ref-20)
21. <https://www.argentina.gob.ar/sites/default/files/acuerdo_argentina-fmi-final1.pdf> P. 10 [↑](#footnote-ref-21)
22. <http://www.imf.org/en/Publications/CR/Issues/2018/07/13/Argentina-Request-for-Stand-By-Arrangement-Press-Release-and-Staff-Report-46078> "The government also intends to continue working within the appropriate parliamentary commission toward defining a path to improve the pension system and make it financially sustainable and fairer, for both current and future generations". Pag 17 Request for Stand-By Arrangement--Press Release and Staff Report; IMF Country [↑](#footnote-ref-22)
23. <http://servicios.infoleg.gob.ar/infolegInternet/anexos/275000-279999/279040/texact.htm> [↑](#footnote-ref-23)
24. National Advisory Commission for Persons with Disabilities (Comisión Nacional Asesora para las Personas con Discapacidad) [↑](#footnote-ref-24)
25. <https://www.facebook.com/notes/mesa-de-trabajo-en-discapacidad-y-derechos-humanos/el-derecho-al-trabajo-y-el-colectivo-de-personas-con-discapacidad-atravesamiento/1278334285632195/> [↑](#footnote-ref-25)
26. <https://www.pagina12.com.ar/108771-la-agencia-de-discapacidad-despidio-a-60-trabajadores> [↑](#footnote-ref-26)
27. <http://www.rumbos.org.ar/no-en-nuestro-nombre> [↑](#footnote-ref-27)
28. According to the official communication, the final results will be available by the end of this year. [↑](#footnote-ref-28)
29. See: <https://www.indec.gov.ar/ftp/cuadros/poblacion/estudio_discapacidad_07_18.pdf> , p 15, chart 9. [↑](#footnote-ref-29)
30. See more in REDI Report; Cordoba Report (Disability and Human Rights Desk / SM and HR Observatory) and Integrando Foundation: <https://drive.google.com/drive/folders/0BwUonvwXVQjacjJoaWV2UXZ6REk?usp=sharing> [↑](#footnote-ref-30)
31. Law 23.592 (B.O. 23/8/1988) See: <http://servicios.infoleg.gob.ar/infolegInternet/anexos/20000-24999/20465/texact.htm> [↑](#footnote-ref-31)
32. Law 24.782 (B.O. 31/3/1997) See: <http://servicios.infoleg.gob.ar/infolegInternet/anexos/40000-44999/42477/norma.htm> [↑](#footnote-ref-32)
33. Law 25.608 (B.O. 5/7/2002) See:: <http://servicios.infoleg.gob.ar/infolegInternet/anexos/75000-79999/75734/norma.htm> [↑](#footnote-ref-33)
34. <http://www.inadi.gob.ar/wp-content/uploads/2016/04/mapa-de-la-discriminacion-2013.pdf> [↑](#footnote-ref-34)
35. CELS (2015) Cross the wall: challenges and proposals for the externality of the asylum. Full text available in: [www.cels.org.ar/especiales/cruzarelmuro](http://www.cels.org.ar/especiales/cruzarelmuro). [↑](#footnote-ref-35)
36. See more in REDI Report; Cordoba Report (Disability and Human Rights Desk / SM and HR Observatory) and Integrando Foundation: <https://drive.google.com/drive/folders/0BwUonvwXVQjacjJoaWV2UXZ6REk?usp=sharing> [↑](#footnote-ref-36)
37. <https://www.argentina.gob.ar/inam/plandeaccion>

<https://www.argentina.gob.ar/sites/default/files/consejo_nacional_de_mujeres_plan_nacional_de_accion_contra_violencia_genero_2017_2019.pdf> [↑](#footnote-ref-37)
38. <https://www.snr.gob.ar/wp-content/uploads/2017/08/Anuario-2016-FINALRE.pdf> [↑](#footnote-ref-38)
39. <http://www.memoria.fahce.unlp.edu.ar/tesis/te.1213/te.1213.pdf> [↑](#footnote-ref-39)
40. See more in the Report that REDI prepared, based on requests for access to information submitted to the Argentine State: <https://drive.google.com/file/d/0BxLYNKPKJ4oiWHRrQ3d6dG05M2c/view?usp=sharing> [↑](#footnote-ref-40)
41. See pag.49 <https://www.snr.gob.ar/wp-content/uploads/2017/08/Anuario-2016-FINALRE.pdf> [↑](#footnote-ref-41)
42. Law N°25689. See: <http://servicios.infoleg.gob.ar/infolegInternet/anexos/80000-84999/81041/norma.htm> [↑](#footnote-ref-42)
43. See more in pag. 7 <https://www.argentina.gob.ar/sites/default/files/informe_rcpd_semestre_2_2017.pdf> [↑](#footnote-ref-43)
44. See more in pag. 8 <https://www.argentina.gob.ar/sites/default/files/informe_rcpd_semestre_2_2017.pdf> [↑](#footnote-ref-44)
45. See: <https://drive.google.com/file/d/0BxLYNKPKJ4oiOHktOUdVeWZsMnc/view?usp=sharing> [↑](#footnote-ref-45)
46. <https://www.boletinoficial.gob.ar/#!DetalleNorma/187783/20180710> [↑](#footnote-ref-46)
47. <https://www.argentina.gob.ar/sites/default/files/plan_nacional_discapacidad_imagenes_04-2018.pdf> [↑](#footnote-ref-47)
48. In the case of the province of Córdoba, the index of people who obtained employment after having carried out the programs offered by the provincial state falls to 2% [↑](#footnote-ref-48)
49. See more in the Córdoba Report (Disability and Human Rights Committee / Observatory of Human Rights and Human Rights)

<https://drive.google.com/open?id=0BxLYNKPKJ4oibjlISUlWbEItSlU> [↑](#footnote-ref-49)
50. See: <http://www.centrocepa.com.ar/PROpension.pdf>; <http://chequeado.com/ultimas-noticias/clarin-el-gobierno-empezo-a-dar-de-baja-pensiones-por-discapacidad/> [↑](#footnote-ref-50)
51. See: <https://drive.google.com/open?id=0BxLYNKPKJ4oiV1BEdno2N3pIdzQ> [↑](#footnote-ref-51)
52. The Decree 432/97 predates the CRPD and was issued to protect people with work disability. However between 2003-2015, it was used as a tool for social protection of PWD and the granting requirements were made more flexible. The new Government applies the Decree 432/97 and therefore does not grant pensions without these requirements. It is not bad that there is a decree to respond to the contingency of work disability. But there should be a norm to comply with the social protection of PWD that is independent of that, that is to say that is not related to the labor capacity. Because besides being ruled by medical criteria, it excludes children and adolescents. [↑](#footnote-ref-52)
53. Asociación REDI c/EN-MINISTERIO DE DESARROLLO SOCIAL sobre AMPAROS Y SUMARÍSIMOS, Expediente N° 39031/2017. Juzgado Federal de la Seguridad Social N° 8 [↑](#footnote-ref-53)
54. <http://www.redi.org.ar/index.php?file=Prensa/Comunicados/2017/17-07-17_Amparo-por-pensiones-no-contributivas.html> [↑](#footnote-ref-54)
55. See p. 80 from section “4.5.1 Seguridad Social”. <https://www.minhacienda.gob.ar/onp/documentos/presutexto/proy2018/mensaje/mensaje2018.pdf> [↑](#footnote-ref-55)
56. <http://www.nuestrasvoces.com.ar/investigaciones/agencia-nacional-de-ajuste-a-discapacitados/> [↑](#footnote-ref-56)
57. http://www.nuestrasvoces.com.ar/investigaciones/discapacitados-sin-pensiones-y-sin-centros-de-atencion/ [↑](#footnote-ref-57)
58. <http://www.infoberisso.com.ar/intento-cortarse-las-venas-cuando-le-negaron-pension/> [↑](#footnote-ref-58)
59. <http://www.lapoliticaonline.com/nota/113779-exclusivo-el-gobierno-avanzara-con-el-ajuste-a-las-pensiones-por-invalidez/> [↑](#footnote-ref-59)
60. <http://redi.org.ar/Documentos/Publicaciones/Impacto-negativo-de-la-reforma-previsional.pdf> [↑](#footnote-ref-60)
61. Law 26.816 establishes that employees with disabilities who work in Special Protected Workshops for Employment, Protected Production Workshops, or Protected Work Groups can retire with 20 years of service and 45 years of age. [↑](#footnote-ref-61)
62. Law 20.888 allows people with congenital blindness to retire at 45 years of age and 20 years of service. [↑](#footnote-ref-62)
63. See: <http://www.unidiversidad.com.ar/central-la-problematica-habitacional-en-argentina> / [↑](#footnote-ref-63)
64. <https://www.indec.gob.ar/uploads/informesdeprensa/eph_indicadores_hogares_02_17.pdf> pág. 5 [↑](#footnote-ref-64)
65. <https://www.indec.gob.ar/uploads/informesdeprensa/eph_indicadores_hogares_02_17.pdf> pág. 7 [↑](#footnote-ref-65)
66. "General Comment No. 4 provides that persons with disabilities receive full and sustainable access to adequate resources for housing and that housing provisions and policies take full account of their special needs" <https://www.ohchr.org/Documents/Publications/FS21_rev_1_Housing_sp.pdf> P. 32 [↑](#footnote-ref-66)
67. "8. e) Affordability: Adequate housing should be affordable to those who are entitled. The disadvantaged groups should be granted full and sustainable access to adequate resources to secure housing. Disadvantaged groups should be guaranteed a certain degree of priority consideration in the field of housing ... "CESCR General Comment No. 4 (General Comments) <http://www.acnur.org/fileadmin/Documentos/BDL/2005/3594.pdf> P. 4 [↑](#footnote-ref-67)
68. [http://thomsonreuterslatam.com/2017/02/acceso-a-una-vivienda-digna-y-discapacidad](http://thomsonreuterslatam.com/2017/02/acceso-a-una-vivienda-digna-y-discapacidad/) [↑](#footnote-ref-68)
69. Either by loss of ownership of property, deterioration of personal ties, and / or income limitations and requirements to sustain a self-employed rental. [↑](#footnote-ref-69)
70. Current legislation on mental health states that the transformation of the care system requires the implementation of actions tending to community inclusion, through substitute devices to the asylum (day hospitals, halfway houses, houses of coexistence) and development of a community-based service network that includes outpatient, domiciliary and primary health care centers (art. 9 y 11, LNSM) [↑](#footnote-ref-70)
71. Likewise, the persistence of hospital-asylum logics with emphasis on chronicity (residence and treatment) in different state institutions contradict the National Mental Health Plan: the plan aims to "guarantee spaces and mechanisms of intra and intersectoral intervention for promotion of health and the prevention of mental illness, executing transversal programs in order to strengthen protective factors, including healthy and supportive ties, with particular emphasis on promoting family ties" [↑](#footnote-ref-71)
72. Art. 23 CRPD: "4. States Parties shall ensure that children are not separated from their parents against their will, except when the competent authorities, subject to a judicial review, determine, in accordance with the law and applicable procedures, that such separation is necessary in the best interest of the child. In no case will a minor be separated from his parents because of a disability of the minor, both parents or one of them. 5. States Parties shall do everything possible, when the immediate family can not care for a child with a disability, to provide alternative care within the extended family and, if this is not possible, within the community in a family environment." [↑](#footnote-ref-72)
73. See: <https://drive.google.com/file/d/0BxLYNKPKJ4oiYXVIYUtmWG1iNWc/view?usp=sharing> [↑](#footnote-ref-73)
74. See in the text “La provincia destina cada vez menos presupuesto al Ministerio de Salud” <http://www.perfil.com/noticias/cordoba/la-provincia-destina-cada-vez-menos-presupuesto-al-ministerio-de-salud.phtml> [↑](#footnote-ref-74)
75. Adding as an aggravating circumstance that previously the infrastructures were made with the budget of the Ministry of Public Works, and for two years this has been starting from the same budget item of the Ministry of Health. [↑](#footnote-ref-75)
76. See these news articles on this subject: <https://www.lanacion.com.ar/2140579-el-gobierno-promete-ponerse-al-dia-con-el-pago-de-incluir-salud> y <https://www.lacapitalmdp.com/las-deudas-de-incluir-salud-ponen-en-riesgo-la-subsistencia-de-una-ong-de-salud-mental/> [↑](#footnote-ref-76)
77. See more in the text ”El derecho de las personas con discapacidad a la salud sexual y reproductiva: 20 preguntas fundamentales sobre las políticas públicas del Estado argentino” en: <https://drive.google.com/drive/folders/0BwUonvwXVQjacjJoaWV2UXZ6REk> This report was prepared based on three requests for public information sent to the Ministry of Health of the Nation by REDI and ACIJ. [↑](#footnote-ref-77)
78. <http://servicios.infoleg.gob.ar/infolegInternet/anexos/255000-259999/257649/norma.htm> [↑](#footnote-ref-78)
79. This rule covers "all reproductive health practices that do not pose a serious risk to the health, life or integrity of adolescents" and, in particular, transient contraceptive methods, HIV diagnosis and pregnancy tests. Resolution 65/2015 [↑](#footnote-ref-79)
80. [Nota "Amor sin Barreras" del Suplemento Soy del Diario Página 12](http://bit.ly/2pY3gBj) [↑](#footnote-ref-80)
81. [Nota "Amor sin Barreras" del Suplemento Soy del Diario Página 12](http://bit.ly/2pY3gBj) [↑](#footnote-ref-81)
82. <http://www.lavoz.com.ar/ciudadanos/detuvieron-al-hermano-de-mujer-con-paralisis-cerebral-que-dio-luz> [↑](#footnote-ref-82)
83. See more in CELS Report; Cordoba Report (Disability and Human Rights Desk / SM and HR Observatory); Report Assembly of Mental Health Users of Santa Fe in: <https://drive.google.com/file/d/0BxLYNKPKJ4oiYXVIYUtmWG1iNWc/view?usp=sharing> [↑](#footnote-ref-83)
84. The public policy of mental health in Argentina is governed by the National Mental Health Law 26,657, sanctioned in 2010 and regulated by decree 603/2013. [↑](#footnote-ref-84)
85. Conclusions 1st. National Meeting of Users of Mental Health Services (2016) in: <https://drive.google.com/file/d/0BxLYNKPKJ4oibklTaHJrT2dlRDA/view?usp=sharing> [↑](#footnote-ref-85)
86. These data emerge from the judicial presentations made by the Provincial Commission for Memory (CPM) within the framework of a collective habeas corpus and the measures of evidence requested by the Center for Legal and Social Studies (CELS) and the Romero Demanicomializador Movement (MDR) within the framework of a collective protection of the rights of the persons interned in said hospital. [↑](#footnote-ref-86)
87. CELS (2015). Cruzar el muro. Desafíos y propuestas para la externación del manicomio. Chapter 3: Health. See: [www.cels.org.ar/especiales/cruzarelmuro/](http://www.cels.org.ar/especiales/cruzarelmuro/) [↑](#footnote-ref-87)
88. For example, in the city of Córdoba, of the 98 municipal health centers, there are only 27 psychologists and 20 social workers.. [↑](#footnote-ref-88)
89. The Ministries of Justice and Human Rights, Security, SEDRONAR and INADI, which are strategic for the implementation of a Law with a transversal content, were excluded from its composition. [↑](#footnote-ref-89)
90. The Council is made up of representatives of 30 organizations from different sectors of civil society. [↑](#footnote-ref-90)
91. See more in Report Art. 24; CIPED report; Asociación Colibrí Report; Cordoba Report (Mesa de Discapacidad y DDHH / Observatorio de SM y DDHH); UNLP Higher Education Report, in: <https://drive.google.com/drive/folders/0BwUonvwXVQjacjJoaWV2UXZ6REk?usp=sharing> [↑](#footnote-ref-91)
92. <https://www.snr.gob.ar/wp-content/uploads/2017/08/Anuario-2016-FINALRE.pdf> [↑](#footnote-ref-92)
93. The Convention on the Rights of Persons with Disabilities introduces the concept of **reasonable accommodation**, and its denial as a form of discrimination. Article 2 defines them as "necessary and appropriate modifications and adaptations that do not impose a disproportionate or undue burden, when required in a particular case, to guarantee persons with disabilities the enjoyment or exercise, on equal terms with others, of all human rights and fundamental freedoms "They differ from accessibility measures: while these are aimed at eliminating barriers and allowing access to groups of people with disabilities, reasonable adjustments are implemented for individual cases, when the general measures are not enough. In Article 5.3 on Equality and Non-Discrimination, the CDPCD states that "in order to promote equality and eliminate discrimination, States Parties shall take all appropriate measures to ensure reasonable accommodation". Finally, when referring to the Right to Education, article 24 requires States Parties to ensure that "reasonable adjustments are made in accordance with individual needs" (24.2.c), and that in order to guarantee general access for persons with disability "to higher education, vocational training, adult education and lifelong learning without discrimination and on equal terms with others (...) will ensure that reasonable accommodations are made for people with disabilities". [↑](#footnote-ref-93)
94. In General Comment 4 (2016) the Committee on the Rights of Persons with Disabilities has strongly addressed the analysis of reasonable adjustments in education. And he has given some examples: "change the location of a classroom; offer different forms of communication in class; facilitate the materials and / or teach the subjects by signs; make available to students a person who is responsible for taking notes or an interpreter, allowing students to use auxiliary technology in situations of learning and evaluation. Also of immaterial adjustments such as: "that a student has more time, reduce levels of background noise, use alternative evaluation methods, substitute an element of the curriculum for an alternative", etc. [↑](#footnote-ref-94)
95. See more in:

<http://acij.org.ar/wp-content/uploads/2016/12/Sentencia-C%C3%A1mara_3.11_ACIJ-y-otros-c-EN-ME-s-amparo.pdf> [↑](#footnote-ref-95)
96. For further information and to see the reference documents, visit:<http://www.rumbos.org.ar/sites/default/files/COMENTARIOS%20Y%20SUGERENCIAS%20A%20%20BORRADOR%20CODIGO%20CABA%202018_%2018-03-27-%20RUMBOS_REDI.pdf> [↑](#footnote-ref-96)
97. <http://parlamentaria.legislatura.gov.ar/pages/download.aspx?IdDoc=162897> [↑](#footnote-ref-97)
98. <http://servicios.infoleg.gob.ar/infolegInternet/anexos/155000-159999/158649/norma.htm> [↑](#footnote-ref-98)
99. <http://servicios.infoleg.gob.ar/infolegInternet/anexos/255000-259999/257461/norma.htm> [↑](#footnote-ref-99)
100. The Ombudsman's Office of Audiovisual Communication Services is an organ created by Law 26.657 Chapter 4, Articles 19 and 20. Although the current government did not repeal this body or its functions, its current operation is limited, because when the mandate of the previous management of the body was fulfilled in 2016, it remained in a situation of acrimony. The Legislative Power Commission of the Legislative Power in charge of electing authorities (Promotion and Monitoring of Audiovisual Communication, Telecommunications Technologies and Digitization) delegated on November 29, 2016, through Act N ° 15, administrative and operational functions in the Director of Protection of Rights and Legal Affairs of the organization, Dr. María José Guembe, until the titular person is appointed. See: <http://defensadelpublico.gob.ar/>  - <https://www.pagina12.com.ar/15728-la-acefalia-limita-el-funcionamiento> [↑](#footnote-ref-100)