

Disability in Neoliberal Times: HIVPositive Immigrants' Experiences of the Ontario Disability Support Program

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ABSTRACT

In a neoliberal economy, the state's new role implies a significant reduction of social services and changes to welfare programs. In this work, the experiences of HIV-positive Spanish speaking immigrants as recipients of the Ontario Disability Support Program are analyzed. Data used for this article are drawn from a larger study conducted by the author on migratory experiences, access to social services, and sexual behaviors of a sample of 30 Spanish speaking immigrants living with HIV in Toronto. Face to face in-depth interviews were conducted and analyzed qualitatively following an interpretive phenomenological approach. The results show that participants' experiences are charged with contradictions: on the one hand, the 'perverse incentives' of the disability benefits system preclude their formal reincorporation to work. On the other, limited income support constrains their everyday lives. These contradictions are framed in participants' intersecting dimensions of identity, as HIV-positive immigrants living on disability support. It is possible to conclude that individuals' experiences signal the success of neoliberal strategies to discipline the poor, deployed by a state whose new role under a neoliberal administration proclaims the importance of individual responsibility as a counterbalance to poverty and unemployment.

Keywords: Disability, neoliberalism, HIV, immigrants, disability support program

INTRODUCTION

The concept of neoliberalism has been used to describe an economic ideology, a policy paradigm, and particular social values, beliefs and ideals. In "A Brief History of Neoliberalism" Harvey defines it as "a theory of political economic practices that proposes that human well-being can best be advanced by liberating individual entrepreneurial freedoms and skills within an institutional framework characterized by strong private property rights, free markets, and free trade" (Harvey, 2005, pp 2). The neoliberal ideology sees voluntarism as the proper manner to solve social problems; and associates government programs with inefficiency, corruption, and incompetence (Evans & Sewell, 2013). The role of the state is to produce and maintain an institutional environment appropriate for the proliferation of free markets, free trade and the prevalence of private rights (Harvey, 2005). At the public policy level, the new state's role implies a significant reduction of social services and welfare programs (Steger & Roy, 2010); giving place to the weakening of a welfare state in favor of the privatization of

services, such as education and health care (Siddiqi, Kawachi, Keating,& Hertzman, 2013).

The adoption of a neoliberal model in Canada has meant the implementation of harsh and punitive measures to cut off individuals living on welfare or disability from income support, and the gradual erosion of benefits for people on social assistance (Chouinard & Crooks, 2005). This article documents and analyzes the experiences of a sample of HIV-positive Spanish speaking immigrants living in Toronto as recipients of the Ontario Disability Support Program (ODSP). They have experienced significant changes in social assistance programs in Ontario, particularly the ODSP. The question that guides this work is what are the effects that neoliberal reforms of the ODSP have had in the everyday lives of immigrants living with HIV? The objective is to contribute to the sociological literature that documents the effects that neoliberal reforms in social assistance programs have had on the everyday lives of people living in vulnerable and precarious conditions, such as immigrants living on disability in Canada (Malhotra, 2009).

The consequences that neoliberal restructuring in western societies has had on the lives of people living on social assistance, particularly living on disability, have received scarce attention in the academic literature; but there exist some few examples (Roulstone, 2000; Soldatic & Meekosha, 2012). Studies conducted in Ontario pay special attention to the effects that policy changes have had on able-bodied welfare

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recipients (Lightman, Herd & Mitchell, 2008; Maki, 2011). Few studies have also examined the consequences of neoliberal reforms on the disabled considering multiple dimensions of identity (Chouinard & Crooks, 2005; Crooks, 2004). This study contributes to the analysis of the outcomes that changes to the Ontario Disability Support Program have on the lives of HIV-positive Spanish speaking immigrants in Toronto. These individuals are highly vulnerable in the Canadian context, as a result of their intersecting dimensions of identity: An HIV-positive status, people living on disability support, and an immigrant identity.

Regarding the question of multiple and intersecting dimensions of identity, the theoretical approach known as intersectionality takes into account such dimensions to explain the existence of patterns of inequality. This approach develops a critical analysis of inequalities based on race, ethnicity, class, age, sexual orientation, ability and gender among other categories of differentiation. Social problems, policies, and practices are not only the result of race, class, or gender alone but the product of a particular intermeshing of these and other dimensions. The various combinations of these categories create different results for groups or individuals in specific locations at distinct historical moments (Thornton & Zambrana, 2009).

Disability represents an expression of intersectional identity as well. In the U.S., the linkages of race and disability have been quite detrimental to communities of colour; where ideologies at the intersection of race and disability have been used to validate regimes of slavery, colonialism, and neo-colonialism. In the current context of transnational capitalism, disability discourses keep their powerful influence: the "ideology" of disability represents a key component of the capitalist endeavour as it justifies the existence of social and economic inequality invoking biological difference, and thereby maintaining social hierarchies. In this way, Erevelles affirms that "Disability is the organizing grounding principle in the construction of the categories of gender, race, class, and sexual orientation" (as cited in Erevelles & Minear, 2010, pp. 133).

Erevelles and Minear, from an intersectional approach, propose a tenet that results central to understand the experiences of HIV-positive immigrants with the disability system in Toronto: "individuals perilously located at the interstices of race, class, gender, and disability are constituted as non-citizens and no(bodies) by the very social institutions (legal, educational, and rehabilitative) that are designed to protect, nurture, and empower them" (2010, pp. 129). In addition to intersecting dimensions of class, gender and disability, participants in this study are placed in the most vulnerable positions of the social hierarchy as a result of HIV-positive status and immigrant identity.

At this point, it is also important to make some theoretical considerations that allow us to frame HIV infection in the context of disability. The advent of HAART (highly active antiretroviral therapy) in the late 1990s meant a shift from considering HIV infection as a progressing terminal illness to a permanent but manageable health condition coupled with uncertainty: individuals were living longer, however coping

with secondary effects of HIV and the side effects of treatment (Hannas-Hancock & Nixon, 2009). Although HIV infection might be conceptualized as a disability because it is a chronic health condition that affects individuals' everyday lives, there is a lack of a detailed understanding of the context in which disability is experienced from the perspective of people living with HIV (O'Brien, Bayoumi, Strike, Young, & Davis, 2008). Based on their work with HIV-positive adult men and women in Toronto, O'Brien et al. describe HIV as a chronic fluctuating illness, rather than a "permanent" or "all or nothing" state of health. Accordingly, they propose the Episodic Disability Framework to understand the multi-dimensional, episodic and unpredictable periods of wellness and illness that people living with HIV experience. Such framework takes into account "the variable nature of the disability, acknowledges uncertainty as a key component, describes contextual factors that influence experiences of disability, and considers life events that may initiate a major or momentous episode" (2008, pp. 1). Extrinsic contextual factors, such as level of social support and stigma, and contextual intrinsic factors, such as living strategies and personal attributes, might trigger or alleviate episodes of HIV related disability (O'Brien, Davis, Strike, Young, & Bayoumi, 2009).

In addition to its nature as a chronic fluctuating illness, HIV infection might drive people living with HIV towards disability through stigma (Elliott, Utyasheva, & Zack, 2009). Stigma in health care settings and internalized stigma might also limit individuals' access to health services, medication, treatment and even testing (PLHIV Stigma Index, 2015). In Canada, stigma hinders many individuals, principally from immigrant communities, from testing, early care, treatment and from returning to work (Handa & Negash, 2003).

In the following sections, a note about the Spanish-speaking immigrant community in Canada is presented. A brief description of the reform of the welfare system in Ontario that resulted in the implementation of Ontario Works (OW) and the Ontario Disability Support Program follows afterwards. Demographic characteristics of the participants and their experiences of the ODSP are shown later on. The study results focus on the 'perverse incentives' of the program; participants' constraints as a result of limited income support, and the strategies they develop to face income limitations. The significance of these experiences is discussed considering the neoliberal context taking place in Ontario.

THE SPANISH-SPEAKING COMMUNITY IN CANADA

The immigration process from Spanish-speaking countries to Canada was possible thanks to changes in the 1960s and 1970s of the immigration law that allowed the entry of individuals based on age and professional skills, regardless of nation of origin. The migration flow from Spanish-speaking countries to Canada, particularly from Latin America, arose in the foundation of a combination of circumstances: violence in sending countries; variable barriers to migrant entry in the United States; an independent Canadian immigration and refugee policy; and relatively high income and employment opportunities in Canada (Simmons, 1993).

The movement of population from Latin America to Canada has been characterized by waves of migration. The most important of these waves has been the arrival of political refugees, first from South America, mainly from Chile, in the mid-1970s, and movement of refugees from Central America in the 1980s. A new wave of newcomers arrived since the mid-1990s, this time consisting particularly of professionals, individuals seeking to reunite with their families, and refugee claimants from all over Latin America (Veronis, 2007).

In spite of being a relatively new group of immigrants in Canada, the Spanish-speaking community is quite diverse with individuals coming from over twenty North, Central and South American nations. In 2007, there were approximately 520,000 Spanish-speaking individuals in Canada. Contrary to the United States where specific national groups dominate in some cities, regions and/or states, in Canada, similar to other immigrant groups, this immigrant community locates itself principally in the three largest urban areas: Montreal, Toronto and Vancouver. The metropolitan area of Toronto has the largest concentration of Spanish-speaking population, with around 150,000 individuals for 2007. This represented 3.2% of the total population of the metropolitan area of the city (Veronis, 2007).

Similar to other newcomers, Spanish-speaking individuals occupy a socially, economically and politically marginalized position in Canada compared to white European immigrants and Canadians in general. Spanish-speaking immigrants are underrepresented in Canada's decision-making levels (Siemiatycki & Saloojee, 2002).

Regarding the HIV epidemic amongst the Spanish speaking group, the Centers for Disease Control and Prevention, in the United States in 2010, found that new infections among the Spanish-speaking community were 2.8 times higher than for white individuals (Centers for Disease Control and Prevention, 2012). This is consistent with findings in Ontario which show that among the studied ethnocultural groups (Black, South Asian, Latin American, Asian, Arab/West Asian, Aboriginal) in the province, Latino gay and other men who have sex with men (MSM) have a higher rate in HIV diagnoses. Spanish-speaking gay men and other MSM account for the largest proportion of HIV diagnoses among ethnocultural groups in 2004, and continuing a faster increase than the MSM average through 2006 (Remis & Liu, 2006). Also, it is known that in Canada, for the period of 2009-2011, new HIV diagnoses are over-represented among the Black and Latin American ethnicities and 72% of new infections among Spanish-speaking individuals were diagnosed in Toronto (Sullivan, 2011).

NEOLIBERAL RESTRUCTURING OF SOCIAL PROGRAMS IN ONTARIO

In Canada, a neoliberal restructuring process started in the late 1970s when, seeking to compete with US and international businesses, corporations lobbied to reduce state-imposed restrictions and regulations. Neoliberalism advocates promised to the lower and middle-class majority a substantial increase in profits that would help to create more jobs, making welfare and

other government-funded social services unnecessary. In the 1990s, a substantial process of decentralization, deregulation, and privatization took place in the country (Maki, 2011). Among these changes, a key transformation in the relations among federal and provincial levels of administration took place: Greater responsibility to the provinces in program design and delivery was granted. This was the beginning of the retrenchment of national forms of welfare and the implementation of new models of local workfare (Lightman, Herd, & Mitchell, 2006).

In the province of Ontario, the beginning of the government of Mike Harris from the Progressive Conservative Party in 1995 meant a substantial reform of social programs, including the implementation of stricter measures to regulate welfare, cuts to welfare rates and funding for nonprofit organizations, among other major changes (Chouinard & Crooks, 2005). Regarding the implementation of workfare, the Progressive Conservative Party sustained that it was their obligation to 'prepare welfare recipients to return to the workforce by requiring all able-bodied recipients either to work or to be retrained for their benefits' (Progressive Conservative Party of Ontario, 1994, pp. 9-10).

Substantial changes that affected people with disabilities were also proposed, such as the tightening of eligibility for provincial disability income support, and the creation of a separate income supplement program for disabled individuals and the elderly. In 1998, the conservative party enacted the Ontario Works Act and the Ontario Disability Support Program Act, legislation that replaced the General Welfare Assistance Act, the Family Benefits Act, and the Vocational Rehabilitation Services Act, social assistance programs that operated in the province for over thirty years (Income Security Advocacy Centre, 2003).

The ODSP was considered as the solution for people with disabilities because it would keep similar benefits that individuals previously had under the Family Benefits Act, and at the same time help them achieve independence and stable employment. However, the program created other issues that directly affect people living on disability support (Income Security Advocacy Centre, 2003). For instance, stricter eligibility requirements have made it increasingly difficult to qualify for income support. Even individuals with levels of disability in the range of 62% to 87%, accordingly to the ODSP's own criteria, have been denied benefits as a consequence of not being 'disabled enough' (Chouinard & Crooks, 2005).

MATERIALS AND METHODS

Data used for this article are drawn from a larger study conducted by the author on migratory experiences, access to social services, and sexual behaviours of Spanish-speaking immigrants living with HIV in Toronto. The study was based on a non-probability sample ($n=30$) of immigrant and refugee, HIV-positive, Spanish-speaking men and women residents of Toronto or the Greater Toronto Area (GTA). Inclusion criteria were being a Spanish-speaking individual or having an origin in a Spanish-speaking country, being 18 years or older, and living

with HIV in the GTA. Potential participants were contacted by staff members of Latinos Positivos (Positive Latins) and the Centre for Spanish-Speaking Peoples (CSSP), community-based organizations that have wide experience working with Spanish-speaking HIV-positive people and running HIV prevention programs. Approximately 50 individuals were initially asked to participate; but finally, 30 accepted to participate in the interviewing process, with no later dropouts.

Data collection was accomplished through individual in-depth, face-to-face interviews. An interview guide was designed following the research questions and incorporating suggestions from the CSSP staff and members of the Spanish-speaking HIV-positive community in Toronto. The interview guide was organized in general sections: life in the country of origin, migration, access to health care, employment and housing, experiences of living with HIV, sexuality and demographic information. Thirty interviews, 29 in Spanish and one in English at the request of the participant, were conducted by the author from September to December of 2011 and audiotaped for later transcription.

Transcripts were qualitatively analyzed following an interpretive phenomenological analysis (IPA). Reid, Flowers, and Larking (2005) characterize IPA as an approach that focuses on the lived experience of the subjects, coupled with a subjective and reflective process of interpretation. From this perspective, a successful analysis is interpretative and therefore subjective. As part of the reflective process involved, researchers should think about their role during the whole investigation, including the phase of analysis. The study of narrative material through an IPA perspective implies that the researcher starts the analysis by listening to participants' stories and giving priority to their world-views (development of an "insider" perspective). Later, the investigator must try to understand individuals' experiences through a process of interpretation, seeking to answer the research questions of interest. Interpretations may be drawn from a range of theoretical perspectives, provided that they are developed around the phenomenological world of research participants.

The analysis phase is backed up by a detailed process of coding, organizing, interpretation and integration of data. The result of the IPA analysis is a set of themes organized in a coding overview or table of themes, which represent commonalities and variations across participants' narratives (Reid, Flowers, & Larking, 2005).

In this project, QSR International's NVivo 9 qualitative data analysis software was used for the codification of transcripts. The advantage of code-and-retrieve programs, such as NVivo, is that they allow the attachment of codes to texts organized in lines, sentences, or full paragraphs (Neuman, 2004).

Regarding the question of validity, Neuman affirms that qualitative research is more interested in authenticity than validity. Authenticity implies to convey a fair, honest, and balanced account of social life from the viewpoint of someone how lives it every day. In this way, qualitative researchers strive to communicate an open and sincere picture of social life that is true to the experiences of people being studied. Therefore, from

this perspective, it is crucial "to capture an inside view and provide a detailed account of how those being studied feel about and understand events" (2004, pp. 117). Following a qualitative perspective, authenticity in this work comes firstly from a close involvement of the author with the Latino community in the place of study: The investigator had worked as research assistant in HIV intervention programs with HIV negative and positive Spanish speaking individuals for two years, prior to this research. He also maintained several informal conversations with HIV negative and positive individuals. This involvement contributed, to some extent, to the generation of an insider viewpoint. The project obtained approval from the University of Windsor Research Ethics Board.

RESULTS

Demographic Characteristics of Participants

As shown in Table 1, the study involved a highly diverse sample in terms of national origin, age, time residing in Canada, years living with HIV and education, among other characteristics.

At the time of the interview, 27 respondents (90%) were registered with the ODSP. Five individuals, even though registered with the program, did not receive economic support because they were working and their salary, after the calculation of the 50% exemption, was higher than the maximum amount granted; however, they kept drug coverage through ODSP. Only three participants were not ODSP clients. One, who recently arrived in Ontario, was in the process of applying; another although not a direct beneficiary due to his immigration status, received income support and drug coverage through his partner who is an ODSP recipient. The last participant, who was a pensioner, obtained medical services and economic support derived from his former job. A distinction is made here between individuals living on disability support and the unemployed because even though the latter also received income support, they were actively looking for a job at the time of the interview. Among the individuals working in either full or part-time positions, four out of 11 worked in community service organizations, some of them directly serving other people living with HIV. One participant had a clerical job; another worked as a professional and was also involved in community work; two persons worked in factory-related jobs, and three in the cleaning industry.

Participants' experiences of the Ontario Disability Support Program

The 'perverse incentives' of the ODSP

Most of the participants acknowledged the importance of the ODSP income support and are thankful for having access to it. However, some of them have experienced the 'perverse incentives' of the benefits system (Hyde, 2000, p. 7). This implies that the need to look for and keep a job is undermined by the income support granted, reinforcing dependency on social benefits. When the ODSP recipient is working, s/he must report his/her salary, and then half of the wages will be discounted from the economic support. Even though wages

Table 1 Demographic characteristics of participants

Variables	Variable Category	n = 30 n (%)
Years Living in Canada	0-5 y.	10 (33.3)
	6-10	6 (20)
	11-15	3 (10)
	16-20	3 (10)
	21-25	5 (16.6)
	> 25	3 (10)
Region of origin	North America & the Caribbean	7 (23.3)
	Central America	7 (23.3)
	South America	15 (50)
	No information	1 (3.3)
Age in Years	18-29	2 (6.6)
	30-39	5 (16.6)
	40-49	17 (56.6)
	50-59	5 (16.6)
	60-69	1 (3.3)
Gender	Male	26 (86.6)
	Female	3 (10.)
	Transgender	1 (3.3)
Marital Status	Single	16 (53.3)
	Married/ in a relationship	7 (23.3)
	Divorced/separated	6 (20)
	No information	1 (3.3)
Education	No formal education	1 (3.3)
	Secondary	5 (16.6)
	High school	4 (13.3)
	Started College	6 (20)
	University graduate	14 (46.6)
Work Status	Disability	14 (46.6)
	Unemployed	4 (13.3)
	Working part-time	6 (20)
	Working full time	5 (16.6)
	Retired/pensioner	1 (3.3)
Income year (CAD)	0-10,000	3 (10)
	10-19,999	17 (56.6)
	20-29,999	5 (16.6)
	40-49,999	2 (6.6)
	60-69,999	1 (3.3)
	No information	2 (6.6)
Diagnosed since	3-5 years	4 (13.3)
	6-10	11 (36.6)
	11-15	10 (33.3)
	16-20	5 (16.6)

Spanish-speaking countries by region, North America and the Caribbean: Mexico, Cuba, Dominican Republic, Puerto Rico. Central America: Guatemala, Honduras, El Salvador, Nicaragua, Costa Rica, Panama. South America: Venezuela, Colombia, Ecuador, Peru, Bolivia, Paraguay, Chile, Argentina, Uruguay.

earned through work may be higher than the ODSP income help, the situation might be disadvantageous for some individuals; mainly those living in income based subsidized housing. In such cases, rental fees will go up, depending on the earned wages. In the end, with the discount of the income support and paying higher rent, available earnings may be less when the person is working than when living with social assistance income due to paying a significantly lower rent. Participants hold a critical perception of how the program's design reinforces dependency on disability income support, resulting in a significant hindrance to reincorporating formally back into the labour market:

I'll tell you something, the financial help is very comfortable for me, because I am also in housing that is paid by ODSP, but I'll tell you something, the financial help is very comfortable for me, because I am also in housing that is paid by ODSP, but on the other hand, that is something that keeps me paralyzed from the professional viewpoint because I tell you, due to the system they have, you have to report... In the end, if I had a job, in the end, they would take away all the help. I mean maybe that is fair but I say, 'Well, what am I going to work for if I am going to get the same without working?'... Of course if I found a professional job with a good salary, it would be worth it, but a job where, really, a job of 12 or 13, 14 dollars per hour it is not worth it, because practically with the monthly deduction for taxes, in the end, it is the same amount that ODSP gives me, then I had better stay at home... In my case, I live in a building that belongs to the government, the Toronto Community Housing. Then, on the other hand, you pay according to your salary; then, I would have to pay more. The ODSP is taken away, and on top of that I have to pay more because I receive a bit more money, the salary, but I would have to pay more rent. Then I say 'I'd better stay paying 130 dollars or whatever it is and it is covered anyway by the ODSP'... Sometimes I feel that they paralyze you, and you do not do anything because of that (Participant 1: 50-59 years old, cis-men. All translations from Spanish by the author. Italicized words were spoken in English in the original).

In this testimony, we can see that, in addition to how the ODSP system works, the lack of access to well-paid jobs also stops some of those relying on disability benefit support from reincorporating to the labour market. These issues are present not only in participants' lives; other people living on disability face similar difficulties to return to work and leave disability support permanently. However, interviewees' intersecting dimensions of identity, as immigrants and people living with HIV on disability support, make more salient their experiences of marginalization in the job market, therefore reinforcing their dependence on disability programs. They experience the double burden of barriers to employment that immigrants encounter in Canada (George, Chaze, Brennenstuhl, & Fuller-Thomson, 2012; Teelucksingh, 2006; Turchick Hakak, Holzinger, & Zikic, 2010), in addition to barriers for individuals living with HIV (Martin, Steckart, & Arns, 2006) and for those who have lived on disability support for a significant period of time (Maguire, McNally, Britton, Werth, & Borges, 2008; Martin, Steckart, & Arns, 2006; Rodger et al., 2010). Regarding this point, a participant affirms:

First, I was learning English; afterwards, my health was not very good because of HIV. In six years that I have not worked [things] have changed a lot, and I have not worked in Canada. Second, I am not up-to-date in regards to the knowledge in my field. Third, I do not feel one hundred per cent confident because of all the weaknesses that I can have in regards to the language, in addition to HIV. All those factors together, how am I going to work? Obviously, nobody will hire me (P2: 40-49 y., cis-men).

Therefore, barriers that arise as a result of being HIV-positive, living on disability and being a non-English speaker immigrant, accompanied with fear of losing disability benefits, intersect to leave many of participants in this study with overwhelming feelings of being ‘trapped on disability’ (Maticka-Tyndale, Adam, & Cohen, 2002: 13): ‘Living on ODSP or on someone else is suppression for me. Suppression because I am limited, and I cannot get out of there’... (P2: 40-49 y., cis-men).

Limited income support and survival strategies

The majority of participants consider that the income support provided is not enough to cover their basic everyday needs. Chouinard and Crooks (2005) found similar issues among the disabled women they interviewed in Ontario. The lack of increases in income support rates makes more difficult for ODSP recipients to cover the costs of their most basic needs. Spending money on recreational or social activities is out of the question:

Life is expensive in Toronto. I get less than \$1000 dollars [of income support]. It is very basic. For instance, you go to the store every two weeks and spend more, between \$100 and \$200 dollars in groceries. You have to buy things for your house, such as toilet paper, deodorant, toothpaste, things to clean the stove, everything, your personal stuff. I do not pay for haircuts; I do it by myself, and sometimes you want to eat out and you think about it because that is \$10, \$15 dollars, and you say, ‘I do not have money already.’ The 20th I already do not have money, but I have food at home, ‘I better go eat at home.’ I have to pay for the phone, internet, pay electricity, my rent which is low, but I have to pay (P3: 40-49 y., cis-men).

For female recipients the economic limitations might be even more severe; especially when they have economic dependents and nobody else contributes to household expenses. That is the case of a participant whose three kids arrived in Canada at the time of the interview. She was having problems to find an appropriate place to live:

The social worker told me that for me and my kids I can receive \$860 dollars for rent. The cheapest I can get was an apartment at \$ 1,300. If I only get \$860, I would be very worried, because I would have to get money somewhere else (P4: 30-39 y., cis-women).

Participants speak of a series of strategies to solve economic constraints, such as obtaining food from organizations and churches’ food banks; participating in projects and events where they get some small compensation, there is available food or help for transportation; reducing or avoiding completely the use of basic services, such as home phone, public transportation and cable; buying clothes out of season; relying on friends, family members, and partners to obtain food or other goods; women sell homemade food among friends and acquaintances; going to community kitchens to make meals; and in general, trying to adjust their expenses to a very tight budget, which implies adjusting their whole lifestyle.

Another strategy to deal with economic constraints is participating informally in work activities without declaring them to ODSP to avoid reductions in income support.

Participants affirmed that undeclared work usually implies low wage, physically demanding and exploitative activities: ‘All those cash jobs of the agencies are out of the city. Those are jobs of exploitation. There is a minimum payment... You cannot take a break. Yes, those are hard jobs’... (P5: 40-49 y., male).

To make ends meet and being very honest, working under the table, working extra, you understand? That is the only way that one can (make ends meet)... I have had to work cash. One feels bad because to work cash, what kind of jobs can you find? Cleaning. Work is work, but well, one has to do those kinds of jobs, which are not degrading, but it is not your profession at all (P1: 50-59 y., male).

Participation in undeclared work is a survival strategy which does not represent a formal reincorporation to the labour market: It generates a precarious and uncertain income related to menial, temporal, and exploitative activities. In addition, undeclared work is completely against the rules of the ODSP, which requires declaring all paid employment and thus, undeclared employment criminalizes participants involved in the activity.

The intersection of an immigrant identity—mainly the fact of being a non-English speaker immigrant—with the experience of living on disability also plays a significant role in reinforcing participants’ location in the undeclared job market. A participant declares:

The problems that I have over here [In Toronto] are because I have been slow to learn English and of course it is understandable that I have difficulties getting better jobs. I am doing cleaning jobs and that is it. Back home, I was not used to that. I am doing it here because of the language difficulty (P5: 40-49 y., cis-men).

In this testimony, we can see once again that even though the issues that HIV-positive immigrants encounter in their everyday lives are not exclusive to the group, their intersecting dimensions of identity—being HIV-positive non-English speaker immigrants, living on disability support—make those issues more significant and marginalize them even further in the Canadian context.

DISCUSSION

This paper documents the experiences that a sample of HIV-positive Spanish-speaking immigrants living in Toronto has as recipients of the Ontario Disability Support Program (ODSP), in the context of neoliberal reforms of social assistance programs in Ontario. As evidenced by participants’ personal narratives, such experiences are charged with profound contradictions. Participants have experienced the ‘perverse incentives’ effect of the disability benefits system, which undermines the search for paid employment. In many Western nations, changes from welfare to workfare in social assistance programs in the 1990s were justified at the discursive level as a manner of counteracting these ‘perverse incentives’ and stopping welfare dependency (Hyde, 2000). However, in Ontario, these changes have not had the desired outcome. The design of income support programs, such as the ODSP, where individuals going back to work risk not only losing economic benefits but other

crucial services, such as subsidized housing, hinders their formal reincorporation to the labour force. For HIV-positive immigrants living on disability support, in addition to the 'perverse incentives,' there exists a series of structural barriers to employment that arise as a result of their intersecting dimensions of identity as immigrants and HIV-positive individuals living on disability.

At the same time that participants experience disincentives to go back to paid employment, their narratives confirm that limited income support severely constrains the lives and wellbeing of ODSP recipients. Otherwise, other disabled individuals who are not considered 'disabled enough' (Chouinard & Crooks, 2005), respondents in this study remain as part of the disabled population entitled to state support, receiving income and disability benefits on the grounds of their disabling condition. However, with the rates of ODSP, even those individuals who are granted income support are condemned to rampant poverty: A single individual receiving ODSP income support is 30% below the low-income cut-off calculated by Statistics Canada, while a couple still is 10% below such line (Poverty Free Ontario, 2012).

Inadequate levels of income support are one of many features that characterized social assistance programs implemented by neoliberal governments, which for many years have failed to adjust assistance payments to the costs of living (Chouinard & Crooks, 2005). ODSP's limited income support is a punitive measure to discipline disability recipients, discouraging their use of state assistance and forcing them to rely on their own resources and develop alternative strategies to obtain additional income. (Lightman, Mitchell, & Herd, 2005).

Undeclared work, or 'working under the table,' one survival strategy to counteract the negative effects of insufficient income support, contradicts directly the ODSP's rule of declaring all monthly earnings; thus 'working under the table' criminalizes recipients involved in such activity; at the same time that it exposes individuals to exploitative work conditions, without representing a formal reincorporation to the labour market due to the flexible, temporary, and low paid nature of this kind of job. In addition, undeclared work might reinforce negative discourses about living on disability support because individuals involved in the activity are seen as 'scamming the system.'

In addition to the insufficient social assistance income, the now prevalent neoliberal model of precarious employment (Standing, 2011) makes it increasingly difficult for people with different levels of disability to position themselves advantageously in the labour market and, therefore, to leave social assistance. It is important to recognize that even though the wave of neoliberal restructuring might affect to a wide sector of the population worldwide, it affects more severely to those individuals and groups who occupy a vulnerable position in the social hierarchy. An intersectional approach is appropriate to give evidence of the difficulties that vulnerable groups might encounter in a neoliberal context. In the particular case of this study, as a consequence of their intersectional identities, as people living with a disabling and highly stigmatized condition, as HIV still is, and as immigrants who belong to a minority, non-English speaker group in Canada,

many HIV-positive immigrants are located in a disadvantaged position in Canadian society, and therefore they are highly vulnerable to neoliberal endeavours.

The experiences of HIV-positive Spanish speaking immigrants as ODSP recipients and their increasing reliance on personal strategies for survival might well signal the success of pervasive motivational, economic, pedagogical, emotional and coercive tools and techniques to discipline and govern the poor (Organization for Economic Co-operation and Development [OECD], 2009), deployed by a state whose 'paternalistic' role (Whitworth & Carter, 2014) under a neoliberal administration proclaims the importance of individual responsibility over state support as a counterbalance to poverty and unemployment (Chouinard & Crooks, 2005). The profound changes of welfare programs might also give us evidence not of the retreat of the state, but of its gradual transformation towards a regime whose discipline and governance practices are determined by market logics and directed to serve market necessities (Soss, Fording, & Schram, 2009).

It is crucial that policymakers listen to the pleas of people living on disability prior to the implementation of further changes to social assistance programs. Such changes must strive to improve recipients' quality of life and facilitate their social inclusion in terms of self-fulfilment, rather than their further marginalization as people in need. Regarding HIV-positive immigrants and other HIV-positive ethnic/racial minority groups in Canada, it is crucial to consider the particularities of these groups' conditions of life and the multiple forms of oppression, based on their intersectional identities, which they encounter in their everyday lives.

It is important to acknowledge that not only economic independence from disability support is a positive consequence of paid employment, but returning to work might also foster a sense of self-value and fulfilment. Due to the specificities of each case, programs aimed to facilitate the reincorporation of ODSP clients to the job market must be tailored at the personal level, considering the changing context of individuals' lives, and the episodic and unpredictable nature of some chronic health conditions, such as HIV infection. In addition, income support rates must be continually adjusted, not only to cover individuals' most basic needs but to facilitate the fulfilment of social, recreational and other activities which might contribute to developing ODSP clients' full potential.

CONCLUSION

It is possible to conclude that individuals' experiences signal the success of neoliberal strategies to discipline the poor, deployed by a state whose new role under a neoliberal administration proclaims the importance of individual responsibility as a counterbalance to poverty and unemployment.

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