

Occupational Culture

The Inclusion Of Disability Due To A Neuronal Sequelae Of Stroke In The Metro “Cerro Blanco” In Santiago De Chile

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Received: July 26, 2018; Accepted: August 13, 2018; Published: August 27, 2018

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Summary

This article will aim to contribute to a culture of accessible and inclusive spaces and the occupational health of neuronal disability as an added value will be justified why the article number nine was designed regarding “accessibility” convention on the rights of persons with disabilities. The purpose of this paper is to increase the knowledge of the multiple campuses, corpus and habitus that exist in Chilean society. [1]

In this case, it will be studied from a perspective, anthropological and ethnological the metro station “Cerro Blanco” which has the distinction of being “for public use”. Currently and in accordance with the article n° nine of the convention on disability rights “accessibility”, which configures and establishes the laws to have an inclusive accessibility. The asymmetries still existing that reduce the occupational health of a person with neuronal disability will be investigated.

This article wants to ensure that in public and private spaces the diversity of people circulating in this sector, especially people with disabilities, is respected, showing a critical narrative, since from this population the concept of inclusiveness promulgated by the general assembly of The United Nations. The action of respecting accessibility is an action of “occupational health”, since the care of accessibility contributes to the biosychosocial well-being and development of the countries.

These concepts the University of Chile together with NGO bioscorpore foment with their actions. Occupational health is to understand that the external affects the individual. “The unequal context” is main cause or structural antecedent to continue with a disability. As the ninth article of the convention states in its literal b) of point number two of the article on “accessibility”, which states: “ensure that private entities that provide facilities and services open to the public or for public use take into account all the aspects of its accessibility for people with disabilities.” [2]

First, we will begin to unravel the inequality in Latin America so that we can see the existing social inequality, which is a blip for the region to be developed. According to “the vertical control of the ecological floors”, I finish ethnohistoric that Jhon V Murra (1976) conceptualized to graph the balance of power within the Inca State or the multiple realities according to Winch (1990). On this occasion, it will be used as a reference to explain the disadvantageous situation that people with disabilities or corporately unconventional people have (applying the nomenclature of the cultural model) within the region, the anthropology of development and then a reflection will be made, from the cultural model and the historical culturalist alternative, applied inside the metro line number two of Santiago de Chile.

Keywords: Culture of accessibility; Inclusive space; Neuronal Disability; Article n° nine convención convention on the rights of persons with disabilities

Configuration Of The Structure Of Inequality That Produces Disability In Latin America

Alberto Arce and Norman Long (1999) in his book Anthropology, development and modernities, defend that there is no single modernity or better postmodernity, following thereflexivist approach of International Relations. In that sense Clifford Geertz (1994) is quite right to point out that in an ethnographic work it would be necessary to occupy a dense description [3] of the reality to which it is observed, quantifies and qualifies is diverse and varied, since it is defined as observing a reality, its environment and its stakeholders in such a way that the campus is understood, social action as something significant

within the daily life of an individual subject. This is done for the correct use of diversity in a globalized world like the current one [4] There is a text in Mexico called “The most here of modernity uses of modernity as theoretical temporality” by Steffan Igor Ayora Diaz Gabriela Vargas Cetina (2004). They point out: it would then be important to recognize that there is a globalized order whose structure of forces is unequal and that benefits and subordinates different societies. The traditional can only be thought in relation to the modern; that is, each is the product of another and each needs the other to understand themselves “[4] Currently this self-understanding, in Latin America is crossed by all a cultural imaginary of a hadal culture that has a patron-tenant dyad [5] norming all institutions and the world of politics has a

lot of responsibility in this. Since politics gives that look from the "other" Norman and building reality of this relationship with an "I".

Luciano Tomassini (2010) interprets in his book "breaking codes", politics as instrumental discourse is shaping a way to manage social problems, and occupies a wealth of concepts and terms, to characterize the time we are living, the quote that rescues all, is: "the culture to which we belong is going through the more radical change of how many you will experience during your long career "he continues saying:" to address the issue of cultural change of our time is necessary to stop more, in what represents the cultural "[6] in this sense the cultural change, can be left plausible with the model and the cultural matrix. This concept what The anthropologist Gregorio Pérez (2016) designed a text he wrote for a US journal " Proposed Cultural Model : Analysis of Article 32 Literal A" to "Convention of the Persons with Disability "in Latin America , so that Item Flows and is Effective "[Cultural Model Proposal: Analysis of article 32 literal a) for the convention of persons with disabilities to flow and be effective] in this article it is interpreted that the configuration, indicated in article 32 literal a) towards society, called" Inclusion is a particular cultural configuration that seeks to provide a solution to problems such as; the one that leaves the unequal relationship of the environment with an individual subject in which the disability appears. Problem neither of the "I" nor of the "other" if not of the environment, which is now enhanced by liquid modernity or postmodernity.

Zygmunt Bauman (2009) writes about "liquid modernity", the great change of today, is modernity as we knew it does not exist. In this historical moment there is a gap between time and space and this can be seen in the anthropology of a cerebrovascular accident (ACV) sequelae.

Nowadays if you take out an apple and eat it, you can smell, know and the common people can say that it is an apple, but in reality you do not know if you are eating an apple or a genetically modified object, (GMO) in The fifties one if you ate and knew for sure, that what was eaten was really an apple.

Something similar happens with disability in Latin America, in the past people with this social stigma were looked at from the biomedical prism and socially they were subjects of charity. As a socio-cultural phenomenon of importance it is recent, and acquires the status of global civil society after the ratification by Latin America of "The Convention on the Rights of Persons with Disabilities". All this cultural configuration given in liquid modernity can be analyzed in the view of disability before and now. Everything presented here corresponds to the ideas put forward by the anthropologist, in his cultural model.

For example, a young man with hydrocephalus, normally goes through a fair that is located in front of the San José hospital in Santiago, that is, that person is apparently "included", because he is observed doing activities of the daily life of a fair. But there are areas of daily life in which any person with disabilities will be excluded, because of this asymmetry that occurs between time and space. Now picking up the book breaking codes, there must

be a policy for disability as in the United Kingdom that manages that time and space. That is to say, a State with a strong policy of inclusion towards disability, since this is the most excluded group in the world [2] Consequently, this transforms it into a structural factor of development. The "Sustainable Development Goals" promulgated by the General Assembly of the United Nations last 2015 are important both for the "Millennium Development Goals" and for their successors.

The example is in England, it is given visibility in the virtual world of the internet is the University of Oxford on its website has a banner that says " applicants with disability "; this provides an index that is a collective subject, has different policies for this segment of the population or at least a different valence is given, taking into account the tradition of individual subjects. It must be pointed out that this example was taken from a subject immersed in a society with a retrospective awareness of production and not of a consumer society such as Latin America.

Thomas Pikety (2014) in his book, "Capital in the 21st century", within its third part, talks about the structure of inequalities, economically clear because he is an economist, but he gives lights to make an ethnology of inequality, in order to deconstruct the discourse of inequality, Pikety's sayings will be discussed with the "inclusive cultural model". To begin with, it will be said that economic symbolism is structurally determinant in this society. Under this interpretive framework, the third part will be analyzed. In it, the author takes a historical tour of inequality and does it in developed countries, what this author wants is to unravel the asymmetric relationship between capital and work, it does so through a descriptive methodology. Describe economically why the asymmetry between work and capital. Of the many interpretations that the economic anthropology can give, it is deduced that it is by an asymmetry of knowledge in the occupation. It is Bauman (1999) who speaks in his "Liquid Modernity" that deals with asymmetry space time, and is a concatenation of dyads, capital work and space time generate social exclusion from a mental configuration biased by multiple reasons. This has been conceptualized and exemplified by the following story: a stroke sequel is outdated in time and needs other spaces to work. Article number nine protects the relationship between society and person with disabilities, so that a bodily unconventional or disabled person is respected under a poststructuralist analysis. Summing up the inclusion is a generalized reciprocity as postulated in the analysis of the Kula by Marcel Mauss (1924) and structural anthropology of Claude Lévi -Strauss (1958).

International cooperation and Disability configuring post-modernit disability within globalization in Chile

Before there was only one truth and reality was one. One of the explanations given is because the concept of science is not unique and it is convenient to talk about "sciences," that is what changes, as indicated in Arce and Long's text, the sense of science is culturalized, transforming it into a more multifaceted sense, not as technical as was before. The old struggle between realists

and idealists today becomes rationalists and reflectivists, within these there must be a border. Science which neither the concept nor a concept of objectivity completely understood phenomena today this struggle between the present time and space. For example, disability in Latin America. Problematic that decades ago was not considered. Even taken as a mark of sin.

Today it is taken from the reflectivism, creating the convention on the rights of people with disabilities by the General Assembly of United Nations (UN), giving rise to design within the Institute of International Studies of the University of Chile (IEI) located in Santiago de Chile, the "inclusive cultural model" a postmodern commitment to observe and analyze disability at present in developing societies such as Latin American ones.

The Pan American Health Organization (PAHO), an international organization such as the United Nations (UN), produces a book with the doctors Armando Vásquez and Alicia Mate (2006), called "Disability what we all need to know" in which Amate writes a chapter "evolution of the concept of disability" in which disability is seen and analyzed, the passage of different models and conceptions about it.

In the first place the negativist preformist model that prevails until the 17th century, where it was believed that the Disability was determined by design and people with some type of disability were persecuted or institutionalized. For example, in France at that time, walled cities were built where they were left isolated. The ignorance of the Disability at that time, led to these people being persecuted for having a different body shape because they had the idea that this was a divine punishment. Eugenics was also practiced, (women with a different trait were sterilized) [7]. The whole Judeo-Christian conception of Disability is predetermined by the divine design and its basis is the ancient Hebrews, who held that Disability was a stain of sin [8] even more, certain African cultures they used people with disabilities to chase away demons like the Chaga tribe [10]. So until this century, there was no awareness of this group. Subsequently appears the predetermined medical model, which extends from the seventeenth century to the nineteenth century. Here the Disability only has a biomedical origin, and in this case people with disabilities were interned in special establishments that were usually in charge of religious orders. It was the charitable institutions that took charge of them. In the book *Los Miserables* by Víctor Hugo, that situation is described [9]. As explained in this model, the Disability, was of biological origin, and treated as a disease, having a deformed image of the person with disability. In these first three models, there was no participation of public policies. In them, only the "prejudice" or the mental conception of these people acted. Only in the postwar period, the Disability is seen as a public problem. This change of paradigm or new look of the Disability, comes to design policies for this group to emphasize in understanding the person with disability and its environment, redefining models, in which there is a development in this topic: The functional deterministic model, it is characterized by the adoption of criteria of rehabilitation and special education, beginning to create an awareness around a person who is not conventionally corporal due to a disability. The interactionist-structuralist model,

used especially by the most developed countries, involves the development of the concept of handicap or "handicap" and the interest in emphasizing environmental factors. In the twentieth century, normalization was introduced in education, recognizing the value of prevention in infrastructure Works [9]. Here the awareness of care in the world of Disability begins to consolidate, but only in European or North American countries. Subsequently, the inclusive model of human rights postulates the recognition of the rights of the disabled and that these have a fundamental character in the treatment of Disability [9]. Finally, the intervention models are mentioned and, specifically, the intervention model that operates predominantly in the Latin American reality. This is the biomedical model, which establishes a linear and rigid relationship between diagnosis, symptom and psychological factors, not considering personal or community aspects [9]. This model has been the predominant one in Latin America since the establishment of nation-states. Only in the last time has there been a greater awareness of Disability. Lately, this model is being modified in Latin America and particularly in Chile. PAHO-WHO has introduced a new more comprehensive way to rehabilitate and understand an unconventional person corporeally this product with special features in their biopsychosocial being, generating a relative awareness of what it is to belong to the world of disability.

Moving to see the person with disability as a user and relieving their rehabilitation not only to the hospital, but to the community through the implementation of the RBC strategy (community-based rehabilitation) [9]. There are several experiences in Chile in which this model is used as a state policy. Iconic cases such as the Pedro Aguirre Cerda Rehabilitation Institute and the CESFAM Los Castaños Family Health Center. Both health centers governed by the Ministry of Health, prove that the model begins to advance in the country. However, for it to massify I have internalized in the common people, there would have to be a policy with a higher level of valence, so that this index of cultural development thus described by the UN, is acceptable compared to European or North American countries. For this there must be a development that starts from below. From the socio-cultural bases, where citizens take an active role, generating questions and solutions [6].

Development And Disability: A Challenge To Face In Latin America

The socio-cultural phenomenon of disability is complex, diverse multidimensional and multicultural as seen by the researchers Susan Raynols and Benedicte Ingstad in his book *Culture and Disability*. For our time or way of dealing with this phenomenon. Disability is a cause of inequality and inequality is also a cause of disability, since people in this group suffer from discrimination, marginalization and illiteracy, poor nutrition, lack of access to water, unhealthy and dangerous working conditions [2].

According to the World Health Organization, 10% of the world population has some type of disability, according to the World Bank 20%. In summary, there are approximately 650

million people with disabilities in the world. (UN, 2007). That is why the UN Convention on Matter arose, as a political and legal body that tries to protect this group of people. [2]

In the body and first chapter of The Convention on the Rights of Disability, it is marked:

"The purpose of this convention is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities and to promote respect for their inherent dignity.

Persons with disabilities include those with physical, mental, intellectual or sensory long-term deficiencies that, when interacting with various barriers, may prevent their full and effective participation in society, on equal terms with others. "[2]

But if the society deals with the person with disabilities and its environmental conditions, being so, in Latin America a multiplicity of analytical and interpretive models coexist is enough, but they are useless without the interaction of the cultural reality that touches in an area, in particular, as Melville narrates Herskovist (2004) in his book "man and his works" in the chapter that deals with "the reality of culture", he points out:

"Man lives in several dimensions. It moves in space, from the natural environment exerts an influence on him that never ends. It exists in time which provides it with a historical past and a sense of the future. He carries out his activities as a member of a society, identifying himself with his companions and cooperating with them in the maintenance of his group and in assuring them continuity, all the animals have to take into account the space and time. Many forms live in aggregates where the need to adapt to their peers is a factor always present in their lives. "[9]

Time and space are structural for vulnerable groups especially for the disability, when a person is left with a disability, there is a deconfiguration of reality and the phrase "live in aggregates" displaced from a reality that was their own or born in a foreign reality takes meaning. The environment becomes strange in some cases hostile to the disability. It is there that this concept of inclusion is born, that what it does is break codes establishing a more vertical relationship with another in order to carry out the activities of daily life, identifying with a role and giving it a status within its reality in order to reconfigure and be useful for this consumer society in Latin America.

Culture gives man the ability to transform the adversities of daily life from negative to positive, giving it meaning and adding value to the fact of having a disability. It is essential that the person without disabilities, understand the world of disability and since the cultural environment is the part of life made by man. In the case of Chile, the urban and rural reality are not designed for disability. Here a challenge is presented, the harmonization of the environment with the person is sought to solve the existing gap that produces the disability according to the international classification of the operation (CIF) as reaffirms Herskovits "and it is the culture who is the one that allows to adapt to the complexities of the world in which he was born, giving him the meaning and sometimes the reality, of being the creator of that

world". [22]

At the same time there are two environments that man inhabits the natural and social, these spaces when the man acquires or brings a disability from birth, they see and perceive a reality that is different from the common one of the people. Because they perceive time and space differently. In disability, it is also perceived as different form these two concepts. Foreexample, the distinction is made between a quadriplegic person and a spastic diplegic or another with retinitis pigmentosa, as they see and perceive the world or their social scenario is different.

Herkovits points out "the resources presented by the natural world are shaped to satisfy existing needs and the congenital traits are shaped so that from the congenital dispositions arise the reflections that dominate in the external manifestations of behavior"[22] reflections that dominate the Chilean and Latin American society are patriarchy and mentality hacendal this is reflected in the top-down treatment (recalling the tenant landlord relationship) that is given to the person with a disability category "win" (individual who was in the last ranks of the hacienda). Returning to the three examples of previous paragraphs, all of them present congenital features that particularize and identify them, each of these cases have a non-conventional corporeal form that culture means to be fit to live with the environment. Herkovits, points out three categories that are the cultural framework of a particular reality, these are:

"Culture is universal in the experience of man: however, each local or regional manifestation of that is unique".

"Culture is stable, and yet culture is dynamic as well, and manifests, continuous and constant change."

"Culture fills and determines broadly the course of our lives". [22]

The culture in the first characteristic, points out that no matter the corpus, or how dynamic it is, there will always be a cultural matrix between the subject and the environment. Matrix that occurs in the intersubjectivity of communication. This is the only possible way to achieve inclusion. The matrix is composed of cultural elements, and they are given according to the type subject. In the individual subject it is crossed by; resilience or demoralization, the collective is crossed by inclusion and exclusion, social solidarity and charity and in the last the historical is determined by integration and its alter ego discrimination. It should be noted that in all type subjects; they are crossed by all the elements, only the ones described here identify them and an individual subject, can be "Juan" a collective "the collective of blinds" the social the political party "Christian Democracy" and the historic "State of Chile" or the "UN".

The second characteristic refers to the synchrony and diachrony that gives content to the space time. These characteristics are found in a particular reality, but when a person remains or has a disability, the second characteristic becomes fundamental, and this is where inclusion becomes relevant as it manages space / time, Herskovitz (2004) and Bauman (2004) they take this dichotomy between space and time very seriously.

Inclusion as a feeling of care given to a reserved group of people.

The third characteristic of culture is that it is the form and content of all social actions carried out by man.

To enable the person to act interact with their environment. For example, the person with mielomelinguocele, if your community has knowledge of how to treat that person, then we can talk about inclusion towards the person with disability. This article refers in depth to the second characteristic as predominant; put in the Balance cultural stability and cultural change, in a diachronic moment, weighs cultural stability but when someone is born with mielomelinguocele, cultural change makes sense because the entire group of people who live with the person with that condition adapt to change their customs and are modified for their tradition, this is where you can see the dynamism culture, when all the "others" change the time and space to evolve and accept the other.

In this example of a particular disability, others in interaction with the person change, but this change is conditioned to a particular reality and disability. Herskovits points out "we have only to look at our own experience to see to see how change lives in us. Often in such a subtle way that we do not suspect it until we project the present onto the past. "We must not think that this tendency to change customs is exclusive to our own culture. The same phenomenon can be observed in any town, no matter how little dense, isolated or simple in their customs". [22] This phrase can be seen patent in a person with disabilities and their behavior with others and vice versa, the author is talking about culture in a town in a social subject, because This article will refer (emulating Margaret Mead (1928) "culture and personality"), or in other words to the cultural relationship that an individual subject has with an unconventional body shape and its social reality.

Cultural change in cases such as disability, comes from the emic, from the "I", it is my body structure that changed, ergo my reality has to change to make the transit more fluid, since the culture is changing and stable, diachronic and synchronous at the same time and is transversal to all the subjects individual, collective, social and historical [27] as the historical culturalist alternative reaffirms in the book " Anthropology and Social Theory ", Latin American culture is receptive because it is hybrid, that is to say, it was founded under a hadalmentality, followed by migrations, first the internal city countryside, like the foreign ones the Ubandesa, Christian catholic and Jewish. It should be noted that the referrals are contemplated in the cultural change experienced by the region.

This is visible in Latin America within the sociocultural phenomenon of disability, it is more prone to cultural change since it is a reality inserted in another. All Kinesiologist, speech therapist and occupational therapist, physiatrist and physicians in general, should know the cultural reality of their object of study or subject of intervention to be more inclusive and comprehensive impact on the health of their patient in general and to a greater extent if the users present a disability For it to be fulfilled, the central purpose of the convention, which states:

"The purpose of this convention is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities and to promote respect for their inherent dignity.

People with disabilities include those who have physical, mental, intellectual or sensory long-term deficiencies that, when interacting with various barriers, may prevent their full and effective participation in society, on equal terms with others. "[2]

Reality Of Culture In A Poststructuralist Society Such As The Latin American One Today

The individual subject (as the historical culturalist alternative points out) lives in several areas: political, economic, social and cultural and multiple dimensions: daily, religious, urban and rural. The human being moves in space. The natural and social environment is changing throughout the life cycle of this and its influence on it is always fundamental. It exists in time, which provides it with a historical past and a sense of the future, that is, a retrospective and prospective awareness. The subject carries out his daily routines as a member of a community and builds his future, sometimes with planned actions. Sometimes trial and error, but always leaving behind crystallized actions *pudiéndolas* bring to memory under a psychic abstraction of the self, performate or not. In short, building historical memory by creating an interaction with the positive or negative environment. But, as man manages and manages time and space that is the fundamental thing.

Herskovits points out "the fact that man is often said to be an animal culture builder "is an acknowledgment of diversity, it is an attribute of all human beings to create and invent new things behavior patterns, wherever they are or whatever could be the orderly way of living. This diversity has the character of universality and can be described in exactly specific terms. All cultures, at least when they are considered objectively, have a limited number of aspects, which are, by means of an instrumental rationality, divided for their study". [22] The ethnological interpretation that is made, of the said thing is, the culture is the governing entity of all the social conditioners of the daily life and the health that would be an important aspect within the life cycle of a person. In all areas there is culture and in all layers, social, community, psychological.

Culture, as Herkovits points out, is contained in the social determinants of health, which are coined by PAHO / WHO "The social determinants of health are the circumstances in which people are born, grow, live, work and age, including the system of health. These circumstances are the result of the distribution of money, power and resources at the global, national and local levels, which in turn depend on the policies adopted.

The social determinants of health explain most of the health inequities, that is, of the unjust and avoidable differences observed in and between countries with regard to the health situation. To this article it seems that they should be called sociocultural determinants of health for a greater precision of concepts and these should be applied in all health care centers in the region in

this case the Latin American, at the local, provincial and regional levels, to be able to respond complete to the concept of health " bio- psychosocial well-being .

In response to the growing concern over these persistent and growing inequities, the World Health Organization established in 2005 the Commission on Social Determinants of Health, to offer advice on how to mitigate them. "[11]

In the past 2000 the General Assembly of the United Nations (UN) launched a series of programmatic actions for the world to develop and reach a higher standard of living, with the launching of the 8 Millennium Development Goals and gave it a special character with the incorporation of disability, as a measure of enhancement, gave a bonus to the fact of belonging to the world of disability:

"The adoption of the Millennium Development Goals (MDGs) meant the establishment of a unified set of development goals for the international community. With the joint participation of United Nations agencies, governments and civil society around eight key development issues, the MDGs foster collaboration in efforts to reduce poverty, improve health and address educational and social concerns. Of the most pressing development problems facing the world. The MDGs have been specifically designed to respond to the needs of the poorest inhabitants and the most marginalized populations on the planet.

However, the MDGs will not be met if people with disabilities are not included in their policies, programs, monitoring and evaluation. Although people with disabilities represent 10% of the world's population, according to World Bank studies, 20% of poverty in the world would be linked to disability. At present, there is no reference to persons with disabilities either in the MDGs themselves or in the guidelines, policies, programs and related conferences that are part of the initiatives underway to achieve the MDGs. In addition, the new MDG reviews that are in progress do not include people with disabilities.

The international community must urgently incorporate disability into the MDG processes. This requires that the policymakers and technical experts who are specifically tasked with programming, monitoring and evaluating current MDG programs begin to take disability into account, so that it is included in the next stage of compliance with the MDGs as an important component of its basic mission.

This gives way to inclusive development, which was ratified by the signatory countries of the convention on disability rights and the Millennium Development Goals (MDGs) and their continuing sustainable development goals (SDGs).

In September 2000, world leaders committed to achieving the Eight Millennium Development Goals (MDGs) in 2015. These goals include halving extreme poverty, halting the spread of HIV / AIDS and guaranteeing universal primary education. To achieve them, the Secretary General has promoted different initiatives, such as the Zero Hunger Challenge in each woman and child. Significant progress has been made in achieving these

goals, but much remains to be done. [2] "Currently, the seventeen Sustainable Development Goals (SDGs) were promulgated and the first eight were the follow-up to the MDGs and the United Nations Organization launched eight objectives specifying them with the cultural phenomenon of disability, crossing these objectives with the theme with figures. For example, the sixth Objective: **Combat HIV / AIDS, malaria and other diseases (non-communicable diseases).**

There is a growing literature that indicates that people with disabilities have a level of exposure equal to or greater than that of other people to all factors known risk factors. Due to several reasons, including insufficient access to adequate HIV prevention and support services, many people with disabilities adopt behaviors that put them at risk of becoming infected with HIV. In addition, a high percentage of people with disabilities suffer sexual assault or abuse during their lives, and in this sense the greatest risk corresponds in particular to women and girls, people with intellectual disabilities and those who go to specialized institutions, schools or hospitals At the same time, it is possible that the services offered in clinics, hospitals and other places are not physically accessible, do not include the right to decent work of people with disabilities. [2] In Chile, currently the base hospitals, the family health centers There is a growing increase in noncommunicable diseases (for example, vasculitis, among them: polyarteritis nodosa, lupus, Kawasaki disease, which cause strokes commonly called ACV, which is one of the leading causes of death in Chile today). Self-degenerative diseases such as: Lateral Sclerosis Amiotrophy) Without a doubt, armed conflicts, conflicts of all kinds, the use and abuse of alcohol and drugs, and social violence are also causes of disability.

All the indicated here is summarized in the 17 Sustainable Objectives, in objective 10: reduce inequality in and between countries. Among its goals is to promote and promote the social, economic and political inclusion of all people, regardless of their age, sex, disability, race, ethnicity, origin, religion or economic situation or other condition. [2]

For example, this text is written by a sequel of four cerebrovascular accidents, that is, this text would be a social programmatic goal inclusion action of the tenth sustainable development objective.

The Problem Of The Santiago Metro And Disability As A Well-Founded Theory. Dense Description In A Particular Reality

The reality to be analyzed will be the Chilean one, particularly Santiago metro. But before the arguments of the historical culturalist alternative that can be taken as a well-founded theory [12], trying to cross its theory with the ideas exposed in previous paragraphs, these two concepts will be the grounded theory, treated in this article.

Central to this article is the introduction of the global phenomenon of culture to the reality of Latin American disability and how it affects the different social fields paraphrasing Pierre Bourdieu (1979) or ecological floors following Jhon V Murra

(1972), which they occur in a global society in Latin America. It is also argued that the asymmetry of information that exists between the environment and the human being, or individual subject, producing disability is due to the fact that different realities have different spaces and times, producing a clash or noise between these diverse realities.

This is explained as follows; EP Thomsomp (1978) develops the concepts of praxis and historical methodology, in a Marxist theoretical context, giving great importance to the cultural tradition, with it one can interpret the phenomena, as the disability can be observed the limitations between the person the environment that he has to travel; for example the Santiago Metro, from the section that goes from the Heroes to Sappers. In all that way there is a difference between the platform and the subway train car. How is this explained what leaves a space without universal accessibility. There is the assumption that there are different historical traditions between a person with a disability and another common person, who share the same social campus but that their corpus and habitus are different, that is to say the engineers or risk preventionists , never gave an ethical look at a different one. [10]

There should be within the inclusive development, a set of professionals or knowledge that resume a heuristic perspective to develop and innovate in regulations or protocols that clarify the social relationship between the metro and the person with disabilities. I think that in that specific campus, the metro in Santiago should allocate resources, to hire a team "care en route" consisting of occupational therapists, nurses, anthropologists. These professionals have to be inside the subway stations, to assist in a healthy way people with some type of disability, migrants or pregnant women.

When talking about new institutionalism, Guy Peters points out: "The new institutionalism aims to determine whether differences in approaches: behavioral and rational choice in different States (Anglo-Saxons and Europeans) do they really exist? and if so, in what differences ways to organize life [13]. The text proposes a new way of relating to vulnerable groups, that there are not two types of subjects that provide health services or care en route. These subjects are: behaviorist respond to cause effect. Which moves their behavior or act under a rational choice, the ideal that individual and collective subjects, perform actions moved by a common good, in this case disability, because it serves in the cultural development of the country or nation State where it is executed this, and acquires a legitimacy in social action [10] (Thompson in Ulin 1999) This author, points out the importance of cultural tradition, the saw in the limitations of political economy. You can also see in everyday life the case of the metro: as the convention on the rights of persons with disabilities says, in its ninth article on accessibility; "So that people with disabilities to live independently and participate fully in all aspects of life, States Parties shall take appropriate measures par ensure access for persons with disabilities on an equal basis with others, to physical environment in transportation, information and communications and other services and facilities open to the public or for public use, both in urban and rural areas.

1. These measures, which will include identification and elimination of obstacles and access barriers, will apply, among other things, to:

- Buildings, public roads, transport and other indoor and outdoor facilities such as schools, housing, medical facilities and workplaces.
- Information and communications and other services, including electronic and emergency services

2. States Parties shall also take appropriate measures to:

Develop, promulgate and supervise the application of minimum standards and guidelines on accessibility of facilities and services open to the public or for public use.

- Ensure that private entities that provide facilities and services open to the public or for public use take into account all aspects of their accessibility for people with disabilities.
- Offer training to all the people involved in the accessibility problems that people with disabilities face
- Provide buildings and other facilities open to the public in Braille signage and in formats that are easy to read and understand.
- Offer forms of human or animal assistance and intermediaries, including guides, readers and professional interpreters of sign language, to facilitate access to buildings and other facilities open to the public.
- Promote other appropriate forms of assistance and support for people with disabilities to ensure access to information.
- Promote access for people with disabilities to new information and communication systems and technologies, including the internet.
- Promote the design, development, production and distribution of accessible information and communication systems and technologies at an early stage, so that these systems and technologies are accessible at lower cost". [2].

In Chile this article is partially fulfilled, the metro station "Cerro Blanco" will be ethnographically and ethnologically observed, it will be described below, by the participant observation data collection technique, by a sequel anthropologist of four cerebrovascular accidents:

The subway station is located in a Stripp Center or zone center, to the north is Cerro Blanco [where the name comes from, and it is called that because it used to be a quarry, where limestone was extracted] plus the Dominican chapel and to the south the School of Dentistry of the University of Chile. In front of the elevator of the station is installed, commercial premises of different heading as a " dental clinic ", another is a supermarket "TOTUS". When you reach the subway entrance at the side of the stairs, there is a cement vault "the asensor." Currently for a person with disabilities, it is to reach the finish line after passing through the fences or obstacles. Before arriving at the station. Before described, the person with neuronal disability goes from the

Faculty of Medicine, passing through the Clinical Hospital of the University of Chile, to La Paz Avenue. All this route is complicated especially by the scooter since the streets or avenues are full of potholes, where you spoil the scooter, because the pedestrian part is impossible to transit. This has happened to me over the course of a year. One once inside, I repeatedly demanded payment for a service suboptimal for people with disabilities and neuronal person who mobilize in a wheelchair or use a cane, nor is there enough signs for a visually impaired person.

Conclusion

The present article concludes that:

- Social discrimination towards people with disabilities and ultimately between all the groups that have been postponed is caused by the asymmetry between four factors: work, capital and space time, each culture that belongs to a specific society must adapt its guidelines so that it does not occur: example an indigenous community through adaptive advantages (historical memory) try not to discriminate, of course this is a collective subject immersed in a social subject, but as an example works.
- The idea of change or modification in the customs that lives within a historical subject as a State. The convention is changing, the legal and political system, modifying the political culture and the national and international economy, introducing the disability in a way of trading.
- Of the present text and of the Chilean reality is inferred, first in the socio-cultural reality there are currently four subjects the individual, collective, social and historical and are differentiated by their magnitude of both prospective and retrospective consciousness. Each one has its own corpus, habitus and campus and they generate historical memory. These subjects may be theoretically healthy or sick; as for example: a drug cartel, a sick collective subject and a self-sustaining group that generates innovation and development, is a healthy collective subject.
- Can the subjects create and generate inclusive local scenarios to modify and develop their reality.
- The subway collective subject of Santiago, does not know the article number nine when denying the passage to a person with neuronal disability. I would be failing to "ensure that private entities that provide facilities and services open to the public or for public use take into account all aspects of their accessibility for people with disabilities" however it is expected to change. At present, this reduces the occupational health of the disability and, above all, of the neurological

- In Chile and Latin America culture is asendal has a logical pattern - tenant and this relationship is vertical and now society is diverse and pluralistic, ie operates with a horizontal logic, citizen - citizen, and these two dyads not mezclan then why inequality occurs in every area in Chile and Latinoamerica.

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