9 Disability on the Move: Disabled Mobilities in Contemporary India

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Abstract: In this chapter, we explore multiple constellations of disability to challenge the binary opposition drawn between stasis and mobility, and to document the complex ways in which the two are entangled. We draw on multi-sited fieldwork with people affected by leprosy in coastal South India; Indian Sign Language (ISL)-speaking deaf young adults in urban locations across India; and others identified by themselves or others as disabled in Hyderabad, to document the journeys—for treatment, education, work, and activism—taken by disabled people across their life courses. While these movements should not be conflated with progress, we argue, they do create particular creative opportunities for people to transcend identities and life projects and to forge new ones that are not always open to their nondisabled peers.

Keywords: disability, identity, medicine and rehabilitation, education, livelihood

> *"Thank goodness I escaped from community-based rehabilitation programs. Otherwise, I would still be in my village picking oranges or something like that."*
> *–25-year-old disabled man, Bangalore, 2009*

Given associations of disability with restrictions in bodily movements and participation in everyday life, exploring the apparent irony that those with restricted personal mobility in India might travel more regularly and more widely than their able-bodied counterparts is a particularly enticing prospect. However, in this chapter our aim is not simply to relish such a paradox, in the way that an earlier generation of anthropologists might have

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celebrated the fact that the so-called "primitive" was, on closer inspection, more noble than his or her "civilized" fellow human (Levi-Strauss 1992). Rather, following the new mobilities paradigm (Sheller and Urry 2006), we dig below the surface to investigate both *why* those with atypical bodies might circulate more freely—whether by choice or necessity—and *how* such mobility might in itself reshape the experience of having non-normative embodiment. We argue that analyzing mobility is especially important in the case of disability because disabled people are often considered to be immobile *and* the prescriptive policy framework surrounding disability has focused on community-based rehabilitation (CBR), or on finding ways to rehabilitate people within their own communities. Indeed, there has been a valorization of the local and attempts to fix disabled people in place in international development initiatives (we also see this with the focus on self-help groups in rural environments [Chaudhry 2016]).[1]

In contrast to this privileging of the local, we explore constellations of mobility, or particular patterns of movement, representations of movement, and ways of practicing movement that make sense together, in the context of disability (Cresswell 2010). We argue that a focus on disability mobilities also serves to challenge the tendency within migration studies to privilege certain kinds of movements over others (Glick Schiller and Salazar 2013, 184), and to challenge narratives of movement that portray stasis as the norm and mobility as exceptional (186; Salazar and Smart 2011; Sheller and Urry 2006; cf. Appadurai 1996; Castells 1996; Bauman 2007). Rather, the notion of "disability mobilities" challenges the binary opposition between stasis and mobility to demonstrate the complex ways in which the two are not only interconnected but, in some cases, interdependent (also see Pinto [Chapter 8, this volume] on interactions between stillness and mobility). And, as we demonstrate, while many of our interlocutors are mobile in *attempts* to create upward social and economic mobility, in many cases financial upward mobility does not take place. Rather, what does take place are circulations, departures, and returns, and the inability to transcend or shatter educational or economic barriers.

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[1] This focus on the local is ironic because the local is also situated as a place of lack or as a "disability hell" that must be transformed into a "disability heaven" (Kim 2011). To be sure, Staples (2014a) has observed that cheerleaders for CBR in the leprosy context often have benign intentions, arguing, for example, that treating people at home is less disruptive to those people's everyday lives. What they miss, however, is that with leprosy being predominantly a disease of poverty, maintenance of the *status quo* is not always seen as positive by those concerned. In common with other categories of the disabled poor, change—precipitated through physical movement from one place to another—might well be welcomed in many cases.

We attend to disabled people's journeys within and across India, sometimes to and from natal homes, as well as international journeys. At the same time, we also explore the connections between physical movements across space—from the village to the city in order to seek medical care or education, for example—and less tangible forms of mobility, such as the movement from one social status to another. While "mobility" in the latter instance might be seen as metaphorical, a means of reifying the shift from rural poverty into the urban middle classes, we see the two forms of mobility as intimately linked: social mobility, for many of the people we encountered over two decades of ethnographic fieldwork in India, relates to, and in some cases is dependent upon, physical mobility across space. For many of our interlocutors, social mobility—especially in relation to educational and vocational opportunities—can only happen through leaving one's natal home (even though, as we discuss, people do often return). In thinking through disability mobilities and drawing on Sheller and Urry's (2006, 210) refusal of a "grand narrative of mobility," we are interested in *modest mobilities*, or incremental mobilities aimed at producing more inhabitable worlds for people. In also drawing from work in queer studies on failure (Halberstam 2011), we are interested in the ways that failed mobilities are still productive in terms of creating new political, social, and economic imaginaries. Indeed, disability as a category is attached to specific understandings of modernity, development, and capability (see, e.g., Kohrman 2005; Puar 2017). *Disability as a category is mobile.*

Before we flesh out these arguments, let us first set out the background of the fieldwork from which those examples draw. James Staples, firstly, has a longstanding ethnographic interest in the lives of people affected by leprosy. He has worked with a self-established and self-run leprosy colony in coastal Andhra Pradesh, South India—referred to here as Anandapuram—since the late 1980s, tracking people's movements not only within the colony but as they crisscrossed borders between their community and the local town, their natal villages, and far-flung begging locations across the country. Movements across these boundaries were not only counter to the assumption that leprosy colonies were remote, cut-off locations, separated from mainstream society, but were also vital to the constitution of the leprosy community as a particular kind of place (Staples 2007; 2014a). Since 2005, he has also worked in Hyderabad, India's sixth largest city, with a variety of disabled people and their families, especially parents seeking treatment for children affected by cerebral palsy. His interlocutors in this context were not only relocating to the city from rural villages to access medical treatments, but they were engaged in multiple journeys in search of cure, care and, in many cases, escape from what were perceived to be negative family and community reactions to their conditions. Attendees of a residential school for the blind in the city, with whom he also spent time, had likewise made physical journeys, mostly from the natal villages where the remainder of their families still resided. But in many cases they had also, as will become clear in the following, become mobile in other, less tangible ways.

Michele Friedner has conducted research with Indian Sign Language (ISL)-speaking deaf young adults in Indian cities since 2007, specifically attending to educational and economic mobility practices. Many deaf young adults have life histories that involve leaving natal homes in order to enroll in residential schools in other cities and states. In addition, there are few colleges that provide education in ISL or that are eager to admit deaf students. As such, deaf students travel around India and internationally to attend colleges or vocational programs that specifically cater to deaf people. Furthermore, deaf young adults often travel to Bangalore and Delhi, for example, to receive vocational training and job placements from NGOs, which then place them in employment in multinational corporations or in the hospitality sector. Deaf people are also mobile between NGOs, often circulating between them as they seek out additional training as well as repeat courses that they have already completed elsewhere as a form of “timepass” (Jeffrey 2010; Friedner 2015). In addition, Friedner has also conducted research on the emergence and transformation of “world class” Indian cities, specifically in relation to disability accessibility and the role of disability NGOs, access consultancies, and disability activists in creating so-called accessible infrastructure and public space. In this work, Friedner has attended to the ways that discourses around disability, and around disability as a category in general, have traveled. Understandings about accessibility guidelines and best practices often circulate from elsewhere (Friedner and Osborne 2013; Hartblay 2017). A particularly telling example is an Indian access consultant who often utilized photos of accessible Japanese toilets in her presentations about accessibility in India: here, best practices traveled from Japan to India.

Moving forward, we mobilize (excuse the double pun—they signal how ingrained our assumptions about movement are) ethnographic data from different moments across disabled peoples’ life courses in order to attend to diverse disability mobilities. We are cognizant of the fact that we work with different populations in different spaces, and we are not attempting to create a universalizing narrative of Indian disability mobility. Rather, we are interested in identifying and analyzing the different kinds of mobilities that do exist. Deaf peoples’ mobilities can be seen as quite different from mobilities of people with locomotor impairments, for example, simply because deaf people are easily mobile in terms of being able to take physically inaccessible public transport and navigate arduous roads and footpaths.[2] This of course makes light of the role of communication barriers. As our examples demonstrate, ways of managing different barriers across impairment categories often articulate surprisingly well with one another. We now turn to specific themes or areas of mobility that we have identified.

Cure and Medicine

What linked the stories told by many of the families with a disabled child that Staples and Friedner worked with in Hyderabad and Bangalore, respectively, was that they were structured by journeys they had taken. Sometimes these journeys were in search of a cure or of care, or for "disability things" (Ott 2014), such as wheelchairs or hearing aids, from other places that they viewed as life-enhancing. In other cases they were to escape the oppressive gaze of smaller communities within which they felt they were blamed for their offspring's bodily conditions. People recounted movements from Ayurvedic treatments in one place to, say, biomedical attention in another, going "wherever we heard from someone there was something that worked." One mother had taken her cerebral palsy-affected daughter with her on a pilgrimage from the suburbs of Hyderabad to a temple in Kolkata—nearly 1,000 miles away—in the hope that conducting *puja* (worship) there would bring the latter some relief. The pair subsequently made numerous similar journeys, of varying distances, from physiotherapists to homeopathic doctors, or from Unani specialists to yoga therapists, in the mother's ongoing quest for a cure. Such movements took their toll: in addition to being physically demanding for all concerned, they often separated the immediate families of disabled children from wider kin support networks. But such journeys also opened up other opportunities and connected people through alternative networks, as well as rendering those who made them field experts on the dizzying range of treatments and therapies available.

Unsurprisingly, given that a neurosurgeon's outpatients' clinic was the place where he had met them, a lot of Staples's interlocutors' stories converged in that particular location, often hundreds of miles from their natal homes. Nageswari, a seven-year-old girl with cerebral palsy, and her family,

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[2] See Kusters (2017) on competition among people with different disabilities on Mumbai commuter trains in order to see who is worthy of a seat in handicapped compartments.

for example, were not alone in having left extended families elsewhere to set up residence, often in modest, one-roomed, rented dwellings in Hyderabad, sometimes to avoid the gaze of village neighbors or the approbation of family members on whom their offspring's disabilities were seen to bring shame, but, more often, to gain closer access to the treatments that were on offer. As Nageswari's mother put it,

> Back at home, some people would tell us, you need to try this or that treatment. Others would complain that we were wasting money and energy in trying to help our child, that we should put her in a hostel. And then others would cast blame: that her condition must be because of me, or my family. "We don't have anything like that in *our* family," one of my husband's relatives would say, "so it must come from you." Since we've shifted here we don't have those problems anymore.

Living in the city not only allowed Nageswari's parents to make their own decisions—about her treatment as well as about how they organized their own day-to-day lives—but it enabled them to establish links with disability organizations, such as the rehabilitation center that Nageswari attended for physiotherapy a few days a week, and to meet with other families of cerebral palsy-affected children across caste and community backgrounds.

In the case of deaf people and their families in Bangalore, many had stories of travelling to the All India Institute of Speech and Hearing (AIISH) in Mysore where they sat in waiting rooms, waiting to see audiologists in order to determine whether their children were deaf. After receiving a diagnosis, this meant more traveling as, depending on the year, there were limited options in terms of rehabilitation and educational services, and families either had to commute across the city in Bangalore to reach an institute offering rehabilitation services and education or send their children to a well-known oral school in Chennai, a journey that could take between five and eight hours, depending on mode of transportation. Finding out that one's child was deaf or hearing impaired was a critical event that served to fracture everyday routines. Families were often urged to send one parent (nearly always the mother) along with their child to Chennai to seek rehabilitation and education at the Little Flower Convent School for the Deaf if they were willing and possessed the financial wherewithal to do so. Otherwise, they traveled with their children to early intervention programs based in Bangalore. In at least three cases, mothers had very fond memories of traveling across the city with their deaf children by auto-rickshaw or bus to attend school together. One mother in particular said that the time she spent in Chennai with her three deaf children was difficult but also very rewarding. While she had to set up her own house in Chennai and to cook, clean, and take three children to school, she was also freer and more independent, as she was removed from the space of her joint family household, and she formed bonds with other mothers who had moved to Chennai as well. Diagnosis thus led to the need to create new everyday routines and these involved mobility as resources were rarely to be found in proximity. As was the case for the families whose lives were changed from a shift to Hyderabad that we discussed above, however, it is important to stress that these mobilities to and from AIISH and early intervention programs were things that parents and not deaf youth themselves discussed. Additionally, they were often discussed ambivalently and usually involved some kind of return to one's natal home, eventually.

In some cases, however, mobility did have a more direct impact on the lives of disabled people themselves. The journeys we have described above, and the reasons for them, closely mirrored those made in the 1950s and 1960s by leprosy-affected people in coastal Andhra Pradesh. They had left natal homes at least in part because of the stigma associated with the disease and the social risks it posed to their families. Siblings, for example, might well have faced difficulties in securing marriage alliances had word got out that their brother or sister was affected by what was referred to locally as *maha rogi* (great disease) or *pedda rogi* (big disease). In some cases, interlocutors also reported that spouses or other members had refused to eat from plates that they had previously eaten from, such was their fear of contagion (see Staples 2007). But they, too, also left in search of treatment and care—or, as many interlocutors put it, with the benefit of hindsight, in search of the *prema* (love) that they found from care takers in some of the mission hospitals and colonies where they eventually received treatment. Movement, as it became clear from countless conversations over the years, was both necessitated by their condition *and* an opportunity that was afforded by it. "How else would I have seen so much of my country?" as one woman expressed it. "Without leprosy I'd have stayed in my village until I got sent to my husband's village after marriage. My life hasn't been easy, but I have seen so many different places, learned so many different things." And through their journeys the former leprosy patients of Anandapuram not only found treatment for their disease, they also radically changed their lives in other ways, too: many converted to Christianity (Staples 2014b), married outside their castes and communities, and—like those we met in Hyderabad and Bangalore years later—acquired knowledge of other places, foods, and languages to which their families back home did not have access.

Movement, then, was about attaining treatment and, with it, other potential advantages, but it also offered the possibility of escape, and for the forms of reinvention which that allowed, both for families of disabled people and for disabled people themselves. So, while Nageswari's mother escaped the negative jibes of her in-laws and developed new connections with the other parents of cerebral palsy-affected children she met at therapy centers, people affected by leprosy in coastal Andhra Pradesh began new lives in leprosy colonies where not only could they avoid the stigma associated with their disease, they could also escape some of the restrictions imposed by caste or community affiliation. It is important to consider the ways that stigma is mobile, too—it moves from individuals to families to communities. Contagion is a form of mobility, after all (Das 2001; Friedner 2018).

Education

Education and training are some of the potential benefits of mobility most welcomed by our interlocutors across locations, even though in some cases there was (initially) ambivalence because educational "opportunities" often took children and young adults far from home. Children who attended a school for the blind in Hyderabad, however, offer a good example of the perceived benefits of disability mobility. Those children were, in certain ways, similar to the children from the leprosy colony who travelled for their education. Many of them, in getting a place at the blind school, were proud to report that they were the only members of their respective families to receive any education at all, in some cases going on to enter more lucrative professions than any of their sighted siblings, the majority of whom worked as agricultural laborers or as daily-waged labor in the city. A class of year nine students, for example, in discussing their aspirations for the future one day, spoke of pursuing careers in law, music, teaching and the civil service. Those considered less academically inclined were offered opportunities to train in physiotherapy. And even if the reality did not always match the aspiration, the fact that such careers were a possibility of thought already distinguished these students from their family members who remained at home.

What was also interesting was that these children, because of the way they had been plucked out of the context of their families and natal homes, came to be differentiated more by their disabled identity—that of "the blind child"—than by that of their caste and community. Indeed, there are many blind and other disabled people who had received superior education to that of other family members because of their disabilities; they were able to leave their natal homes and receive specialized education in residential settings, together with others who were “like them,” at least in terms of disability status. While for some this might have been a disadvantage, for others, particularly those at the lower rungs of the social ladder, the privileging of their bodily differences over those of, say, caste, in itself offered a route to social mobility. To be a *blind* lawyer was potentially more impressive, more immediately socially acceptable than, for example, being a *Dalit* lawyer, with the latter located in a far more politicized, contested, and, subsequently, ambivalent space.[3] This speaks to the ambiguous power of certain disabled identities; but—of particular interest to our present purposes—it is a power that can only be fully realized via mobility, by the literal moving away from the anchoring ties of home, extended family, and religious community, and into networks of other connections. On the face of it, then, although the pupils at the school for the blind benefited most from the education they were able to avail for free, and from the occupational opportunities that flowed directly from that, there were other, less tangible social advantages afforded by their mobility. And while socioeconomic disadvantage in one location often follows groups as they travel to new locations, as Ballard (1990) and others have shown, it is also the case that socially disabling identities relating to, for example, caste, even if not eliminated, are certainly diluted by distance. Indeed, movement also results in different kinds of value being attached to disability status in relation to caste or religious status. Many deaf interlocutors similarly engaged in “sameness work,” whereby differences in caste, class, religion, and geographic background were ignored or obscured in order to focus on a (presumably) shared sense of deafness.

Mobility also featured widely in many of Friedner’s interlocutors’ stories about education. For the primary school years, before there were deaf schools in Bangalore, many deaf children traveled to Chennai, where they attended residential schools and lived with other deaf children from around India. In these residential settings, deaf children learned new practices of dress, comportment, and eating from each other. One of Friedner’s friends told her about learning to eat (and enjoy) meat for the first time while attending a deaf school in Chennai. When she returned home, she had to adjust to no longer eating meat. Deaf children in these settings also had to learn new

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[3] Disability, unlike caste, religion, and gender, is a form of “feel good” diversity in urban India and is not politicized in the same ways that other categories of difference are (Friedner 2017). Staples noted in his work in schools and NGOs that the ways that sponsors and visitors spoke about blindness, inflecting it with a kind of noble status, was different to how people spoke about Dalits who received care from NGOs (who were much more objects of abject pity).

ways of communicating with each other—orally and/or in ISL—and they met deaf children from all over India with whom they remained friends. Indeed, Friedner attended an alumni function at Little Flower Convent in 2009, where she met deaf adults from all over India who had returned to the school to socialize and learn about new developments (as well as to protest about the school's continued oral focus).

Deaf young adults in Bangalore who did not attend residential schools often spoke about how their commute to and from school offered opportunities to meet other deaf children along the way—on buses—and how they would speak ISL with each other during these journeys. In addition, traveling to and from deaf schools in Bangalore provided opportunities to meet other deaf people such as Christian missionaries or older deaf role models—with whom they signed. The importance of mobility for creating social connections was foregrounded in a discussion with two deaf young adults who did not attend deaf churches, unlike many of their peers. When asked why they did not go to church, they said it was because when they were growing up, they lived close to their school and walked to school and home—they were not mobile throughout the city in the same way that their peers were and therefore they did not have opportunities to interact with diverse deaf people. What is interesting is how vitally important commuting is. While conducting research with young adults in vocational training programs, Friedner observed that there were deaf missionaries who would meet deaf young adults leaving these programs, accompany them on their bus rides home, and use every available moment for teaching and/or spreading the word of God. The commute was not just an interlude between point A and point B, but it was time for learning, sharing, and, possibly, for salvation.

Deaf young adults also traveled some distance to attend higher education programs, since programs accessible to deaf students were few and far between. Deaf students from all over India came together in Mysore to attend the JSS Polytechnic Institute for the Deaf, in Chennai to attend the St. Louis School for the Deaf, and previously, in Delhi to attend a BA Program in Applied Sign Language Linguistics. The BA program, while it was open, attracted deaf students from all over the world. There were students from Burundi, India, Nepal, Uganda, China, and Mexico, among other countries, studying together in Delhi in what appeared to be a feat of deaf international education coalescing in the Indian capital. Indeed, to be educated as a deaf person in India, as to be educated as a blind person, one often had to go elsewhere.[4] Deaf

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[4] The United Nations Convention on the Rights of Persons with Disabilities has called for inclusive education, and there have been debates around the value of separate schools for deaf

interlocutors also spoke about Gallaudet University, which was seen as a deaf “Mecca” (Lane, Hoffmeister, and Bahan 1996), which they aspired to attend.

Mobile Livelihoods

Movements across space did not stop once disabled people found treatment, shelter, and/or education. With the proliferation of both nongovernmental organizations offering vocational training and multinational corporations offering employment in major metro cities such as Bangalore, Delhi, Pune, and Chennai, many deaf young adults have flocked to these cities in search of both training and job placement services, as well as hopefully and eventually employment. Deaf young adults have been mobile between vocational training programs—moving back and forth between them and repeating the same trainings—as they wait for employment and seek out additional skill development and training. During the fifteen months that Friedner spent in Bangalore between 2008 and 2009, she saw the same students enroll and repeat the same or similar basic computer skills class at multiple NGOs. Or, as they waited for employment, they returned to NGOs to practice their typing skills.

Deaf young adults, and other disabled people in general, working in multinational corporations or in India’s new hospitality outlets, were simultaneously mobile and immobile. They were mobile in that they traveled to new cities to seek out additional training and livelihood. However, often, once they were hired, they were largely immobile. According to rhetoric espoused by NGOs and diversity organizations (Diversity and Equal Opportunity Centre 2009), disabled workers tend to attrite less than non-disabled workers. Take the case, for example, of one deaf woman who worked at a coffee café chain in Bangalore and who had been there longer than any of her (hearing) coworkers. Newer coworkers came to her to ask for advice or direction on how to do tasks at the café because she knew how to do most things, although she had never been promoted to manager.

Eventually, however, this café worker left her job to go to work as a missionary or Bible outreach worker for a Christian organization. Many of Friedner’s friends and interlocutors from Bangalore went to work for this

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and blind children in particular, with deaf communities around the world arguing for the continued existence of separate deaf schools. It will be interesting to see how inclusive already existing schools become and whether there is as much of a need for traveling elsewhere to attend schools.

organization as Bible translators or, more attractively, as outreach workers. There was a sense that one had more freedom as an outreach worker—one could traverse the city looking for other deaf people, manage one's own time, and also move beyond state and potentially national boundaries. Some of the missionaries had been sent to Kenya to work at a Bible translation center to create DVDs of Indian Sign Language Bibles. And missionaries and pastors crossed state lines to attend marriages of members of their flock—or to arrange such marriages.

Those same kinds of national and international movements had also been made possible for leprosy-affected people in Anandapuram, likewise through missionary and NGO connections established over the course of seeking treatment. For a rather larger number of them, however, a key source of income—particularly in the early years after settlement—had been from begging. In Anandapuram, a number of people continued to travel long distances to beg for alms: the journey to Mumbai, for instance, the most popular location for begging, entailed a train journey of nearly 700 miles. Although some of the older members of the community preferred to keep their begging local, returning to the relative comfort of their own huts each evening, those with the most notable deformities were often very willing to travel long distances, because for the latter it was the most lucrative (see Staples 2007). These people were not cosmopolitan in the same way as the educated, upper-middle-class city dwellers—or even as evangelical pastors, whose lifestyles drew on international rather than local tropes (see, e.g., Mazzarella 2003)—but they were nevertheless noticeably different from the often monolingual, uneducated peasant farmers and local traders who occupied the neighboring hamlets and small towns of the region.

These differences were not only to do with their status as "lepers," either. Their greater and more protracted movements across space gave them a set of knowledges that also, in certain contexts, afforded them certain advantages. Knowledge of other regional languages, foods, and cultural styles meant they were more at ease in other places than those they characterized as their "simpler" neighbors. They were also able to shift between alternative identities as they moved between these locations—from a vagrant begging persona in the city, for example, to one of urbane respectability in the provincial town (see, e.g., Staples 2003). As such, they saw and experienced themselves as different from those whose movements and encounters were more limited. For example, food offered by visiting philanthropists in the begging settlement set up by Anandapuram residents in Mumbai was sometimes disparaged as "the kind of food they eat in poor villages" (see Staples 2008); different, as they saw it, to the more sophisticated preparations that their movements through space had attuned their palettes to. In addition, they were also able to use movement to counter the stresses of everyday life. Like the movements of nineteenth-century, working-class French sufferers of fugue who Ian Hacking documents so vividly in his book *Mad Travelers* (1998), going begging, or undertaking the other journeys for education or treatment that we have described, offered a sense of relief that was not achievable by staying put. It was not coincidental, as Staples has argued elsewhere (2012, 2015), that those in Anandapuram who attempted suicide or self-harm were not those who went begging but those whose lives felt more firmly anchored *within* the village.

In addition to various forms of social capital (Bourdieu 1986), their mobility, forced as in many cases it had been, also gave the residents of Anandapuram a wide network of contacts across the country on which they could rely when, for example, seeking college placement for their own children, medical treatments, employment opportunities, and/or marital alliances. The fact that many more of their children were educated and accommodated in geographically distant hostels than were the children of local farmers, for example, was not just made possible by their disease status, but because their range of contacts had been widened by the movements that their leprosy had precipitated.[5] In common with the rural-to-urban labor migration that David Mosse, Sanjeev Gupta, and Vidya Shah (2007) describe, it was not so much that village life was destroyed through migration but that the maintenance (and sometimes transformation) of rural lifestyles was, in many cases, *only* possible because of the inward flows of remittances (and information) that labor migration provided.

Deaf young adults also adopted the trappings of "middle class" (Mazzarella 2003) lifestyles as they worked for Information Technology Enabled Services (ITES) companies or in India's hospitality sector. These young adults preferred to wear branded jeans and other clothing and to frequent restaurants and cafés such as McDonalds and Café Coffee Day. There was a gendered dimension to this in that deaf young men often lived together in rented rooms and apartments away from their families and had freedom that young women typically lacked. Many female interlocutors, for example, were not able to work night shifts, and there were many more men than women involved in

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[5] Because leprosy-affected parents who begged in Mumbai had been able to bring the kinds of consumer goods into the village that, until recently, were not available locally, their movements also changed the lives of many of those left behind in the village. Anandapuram's young men, for example, could be distinguished from the sons of local farm laborers by their sartorial styles: duplicate Levi's jeans, branded sweatshirts, and trainers, in which they moved with confidence, were in contrast to the trousers and shirts stitched by local tailors.

computer training courses focused on ITES employment. Overall, however, these urban dwellers developed new tastes and modes of self-fashioning. They also developed new language practices in that they interacted with other deaf people from elsewhere in India and learned new varieties of ISL as well as new discourses about what it means to be a deaf Indian.

Recreational Practices and Social and Cultural Organizing

Many of Friedner's interlocutors in Bangalore spoke to her about how much they enjoyed *goomna,* or roaming, with other deaf people. By this, they meant going out, exploring, wandering, and generally engaging in "timepass" (Jeffrey 2010) with deaf friends. *Goomna* is a social practice among urban Indians, and it has come to have an important valence in deaf worlds in India. Deaf young adults often discussed a strong desire to go out roaming with their deaf friends because staying at home—being immobile—was a source of boredom, poor communication, and missed opportunity for growth and development. Deaf young adults often complained that they did not understand anything at home and that their families did not know ISL and so could not communicate adequately (Friedner 2015). *Goomna,* in contrast, was not just idle wandering around but was being with other deaf people and being open to the possibilities such sociality might bring. It was also the unexpected pleasure of running into other deaf people in bus stations or on the street, for example.

There are also organized recreation opportunities through deaf sporting and cultural associations which sponsor sporting matches and cultural events—including beauty pageants and cricket matches—around India. Traveling by train or bus with other deaf people (and chatting away for the entire duration of the trip) from Delhi to Calcutta is not uncommon. Staples (2003, 308–9) witnessed similar recognition between leprosy-affected people traveling by train to World Leprosy Day marches held in Chennai, where he observed leprosy-disabled people intuitively offering support to—and engaging in conversation with—those they recognized as having been affected by the same condition as they were. In the case of older deaf people attending the gatherings described above, it is also possible that they might know each other from attending residential schools together as children in Chennai. Leprosy-affected people, similarly, had often met before in mission hospitals. Pan-Indian disability worlds were not just imagined (cf. Anderson 1983); they are also materially made up of people with shared histories.

In addition to being active within India, deaf people are also quite mobile through involvement in international deaf sporting events in the Deaflympics,[6] and in cultural and educational programming through the World Federation of the Deaf (WFD) and its Youth Section Camp. Deaf Indians have traveled to the WFD congresses, which are held around the world every four years, and they also participate in Asia-Pacific-related WFD events as well. Friedner heard stories from deaf Indians who attended the 2011 WFD congress in Durban, South Africa, about their experiences traveling to South Africa and interacting with international deaf people.

To be clear, this international participation is not tied only to deafness. Since the 1980s, there has been an internationalization of disability achieved through the UN-declared "Decade of Disabled Persons (1983–1992)" and through disability activists and professionals traveling to attend training courses, workshops, and informational meetings. India is no exception, with a host of accessibility consultants that have been set up, particularly in Delhi, as part of the nation's attempt to constitute metro cities as "world class." Disability access and the seamless movement of disabled people through public space have become ways to index and promote this "world class" status. Disability mobility becomes a way of showcasing modernity, whether it be through highlighting the existence of accessible buses, elevators for the Delhi metro system, or tactile guidepaths.

Discussion

Conducting work with disabled interlocutors requires that anthropologists be mobile, too. In writing his biography of Das, an interlocutor and friend, Staples (2014) traveled with him across India by train, and followed other interlocutors back and forth on trains, buses, and rickshaws as they traversed the country to go begging, seek treatments, attend marches, or visit family in their natal homes. Friedner traveled by train from Bangalore to other Indian cities with deaf people who were members of multilevel marketing programs, and she also traveled within cities with her interlocutors, weaving through buses at crowded bus stands and hopping from bus to bus in order to take the quickest route on Bangalore's increasingly crowded roads. And while traveling with friends who are wheelchair users or with other mobility disabilities, there were

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[6] In 2017, deaf Indian athletes won four medals at the Deaflympics in Samsun, Turkey. There was much criticism of the Indian state because these athletes' accomplishments were not recognized or supported by the state. See *Hindustan Times* 2017.

arguments with auto-rickshaw drivers about whether wheelchairs were a form of luggage. More recently, there have been new taxi companies with accessible vehicles designed to transport disabled and aged passengers in air-conditioned comfort. To be sure, we do not espouse or advocate for anthropologists or other researchers to engage in disability simulations (which are regrettably quite popular in NGO and charitable circles), yet, like Sheller and Urry (2006), we are interested in considering how being mobile with our interlocutors enables certain kinds of intimacies and embodied knowledge to come to the fore, both through shared experiences and through narrating those experiences.

We also want to stress that none of the above examples are meant to suggest that movement unequivocally relates to progress, an assumption Salazar and Smart (2011) challenge in their overview of anthropological approaches to mobility. Begging, for example, in common with other forms of labor migration, is often far more physically and socially challenging than staying put at home, however necessary such movements might be for bare survival. Rather, we recognize the tensions inherent in the kinds of movements, across spaces and between social categories, that disabled people in India are engaged in. And for every disabled person able to benefit from moving, it is also worth pointing out, there are likely considerably more who, like members of the older generation of cerebral palsy-affected people that Staples occasionally caught glimpses of in Hyderabad, were hidden away in back rooms at home rather than accompanied to specialist centers or on pilgrimages. For some, disability created particular kinds of immobility.

Nevertheless, as our examples indicate, contemporary mobilities have also opened up the worlds of our interlocutors in a range of interesting, albeit often ambivalent, ways. In the past, as neurosurgeons told Staples in Hyderabad, adults with cerebral palsy and other conditions might have ended up strapped to their beds, never to leave the house, let alone the village or the neighborhood. But the explosion of information afforded by globalization since the economic liberalization of the 1990s has led subsequent generations, across income groups, to chase treatments wherever they might be. Such movements—even when they do not lead to the long hoped-for cure—create opportunities of their own: for families to ditch routines once enforced by the gaze of their local communities and to try out their own, for example, or to forge new—sometimes cross-caste and cross-community—connections with others on the basis of shared bodily differences. Movement for work opened up similar possibilities, even as disabled people struggled to get promoted, and so to move within their working lives, once they had filled the places reserved for them. Indeed, while disabled people often covet government employment, earned through a quota system, this system does not allow for advancement or promotion; once someone gets a government job, the job is “fixed” in place.

And with all these physical movements also came the chance (or sometimes compulsion) for social mobility: to transcend identities imposed by, for example, caste, and to redefine oneself (or be redefined) in relation to one’s bodily impairment. Here, too, movements were of ambivalent value: a deaf or a blind professional might rank their disability identity higher than a Dalit identity, for example, but associations with leprosy were harder to present in a positive light. Nonetheless, what is important here to recognize is the *creative* potential that disability might offer in relation to social identity: having a body that did not fit pre-existing blueprints, for all the potential discrimination that engendered, offered spaces for mobility and reinvention that were not always open within mainstream society.

We want to end by thinking about mobility, marriage, and love. Many deaf interlocutors pursued love marriages with other deaf people across caste and religious lines, as did the older generation of leprosy-affected people in Anandapuram, where more than half of all marriages were intercaste. In some cases, marriage occurred across geographic boundaries as well. One of Friedner’s deaf friends from Kerala married a Punjabi man from North India, while another person from Bangalore met his future Russian wife through an online Jehovah’s Witness community. Such relationships serve as a platform for social, cultural, and economic (re)production, and ultimately for future mobility. Note that we did not devote time and space in this essay to discussing online communication and the kinds of mobility afforded through participating in online chat groups and support networks, and through finding other deaf and disabled people on Facebook and on other social media sites. Indeed, online communication and social media offer up possibilities for disability mobility to develop in new and interesting ways (Boellstorff 2012; Hartblay 2015). While we make no claims, then, to have provided an exhaustive account of the ways in which disabled people in India are mobile, what we have offered are some illustrative glimpses into the everyday and imaginative work of disabled people, the state, and NGOs in relation to disability mobilities.

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