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Expectations of Paternalism:
Welfare, Corporate Responsibility,
and HIV at South Africa's Mines

It is over a decade since South Africa's leading mining companies first rolled out an HIV treatment and well-being program for their employees. With seroprevalence at South Africa's mines estimated at over 20 percent, HIV management has become the object of the most intensive exercise of corporate social responsibility (CSR). This essay focuses on HIV/AIDS management at Anglo American—the world's third-biggest mining company, the largest private-sector employer in South Africa and across the continent, and the first company to provide antiretroviral therapy (ART) "free of charge" to its workforce in a context of little or no access to state health care.

Through the lens of HIV management, I consider what happens when fundamental human care and welfare is refracted through the prism of corporate managerialism, shareholder value, and, more immediately, the relationship between workers and capital. Relations between employer and employee are being transformed as a result of corporate health care programs, creating connections between the personal realm of sexual conduct and family life, and the political economy of global corporate capitalism. Recently, anthropologists have become increasingly interested in neoliberal

regimes of care and pharmaceutical governance (see, e.g., Ecks 2008; Petryna, Lakoff, and Kleinman 2006). However, research has focused on the subjects of such regimes and the new kinds of "therapeutic citizenship" they create (Biehl 2007: 73), neglecting the actual apparatuses of corporate care as key components of welfare, on which this essay concentrates. Here I chronicle Anglo American's HIV intervention. I track the dispensation of corporate care from the boardrooms of its London and Johannesburg command centers to the platinum mines and labor hostels of South Africa's North West Province. In 2003 Anglo Platinum established its HIV prevention and wellness program under the banner "Circle of Hope," describing its strategic approach as one underpinned by a combination of "economic impact containment" and "compassion" (Anglo Platinum 2003c).

In South Africa, the state rollout of ART was long in coming, blocked by denialism at the highest levels of government at a time when ART was most needed. When a national ART initiative was finally announced in 2002, it was slow and uneven (Thornton 2008). Over a decade later, while South Africa now hosts the largest ART rollout in the world, it remains patchy, with striking disparities in service provision across the nation's provinces, while rural areas remain drastically underserved. As a result only about half of those who need antiretrovirals are thought to be currently getting them (UNAIDS 2012). Within the mining industry, where HIV prevalence is higher than the national average, pressure to respond to the HIV crisis has been further compounded by debates surrounding the migratory labor system. As Catherine Campbell's (1997: 273) study makes clear, "The life situation of migrant workers . . . renders them particularly vulnerable to HIV." Thus the epidemiology of the pandemic has been determined, in part, by the political economy of migrancy upon which the mining industry continues to depend (Williams et al. 2002).

The elevation of Anglo American and its cohort of mining multinationals should be viewed within a broader market-based paradigm of development that promises to harness the reach and resources of big business in the service of global health crises and to supersede the economic, political, or bureaucratic impotence of state health care systems (Rajak 2011). Under the banner of CSR, this movement has gained increasing currency within the development arena. The discourse of CSR asserts an unassailable rationale for intervention: HIV poses an urgent threat to human capital for labor-intensive businesses operating in southern Africa. Underlying this rationale is the promise of a confluence of efficient business and caring corporation that combines moral imperatives with, as Marcel Mauss ([1925] 1967: 73) put it, "the cold reasoning of the business man, banker or capitalist."

Corporate systems of HIV management thus aim (or claim) to offer a new ethic of care while also mitigating the economic impact of the epidemic on the financial bottom line of the company. In this particular dispensation of corporate welfare we find the discourse of shareholder value fused with moralities of social responsibility. Corporate reporting on HIV has become part of complex actuarial calculations measuring the costs of HIV treatment against the losses incurred through sickness, injury, and fatality, for each ounce of platinum produced. Such actuarial calculations attempt to take uncertainties (or, in corporate speak, "externalities") at the mines—underground injuries, absenteeism due to illness, loss of "human capital"—and turn them into calculable certainties for investors in London. Carina Fearnley (2005: B146), for example, estimated that HIV treatment would reduce the value of production at Anglo Platinum by 10 percent, whereas "doing nothing" would reduce the value of production by approximately 23 percent. Thus the volatile and uncertain capital markets are intimately connected to corporate regimes of welfare, which attempt to manage a very different set of uncertainties at the mines. As such, calculations attempt to make worker welfare amenable to the kind of predictive logics that turn uncertainties into certain outcomes in order to insulate the company from the fickle fears of investors. This is part of a much older program of scenario forecasting within Anglo American dating back to the later years of apartheid when the company controlled around 50 percent of the South African economy (Lester, Nel, and Bins 2000: 188). Surveying the postapartheid future, the company's team of horizon scanners and scenario planners attempted to provide a set of principles, a playbook as it were, for predicting and controlling the uncertain future (and sustaining their influence and wealth within it). According to these principles, business, indeed all of life, is best strategized as a game—much like the classic model of market rationality—complete with rules, players, winners, and losers. Today the biggest "game" being played in South Africa, according to the company's chief forecaster, is HIV: "a catastrophic game" that, as he put it, combines "human tragedy with cold economics" (Sunter 2005).

In 2004 when I started my research on the platinum belt, mining companies were riding high on soaring global metals prices. The *Financial Times* reported: "Mining companies are generating so much cash at the moment due to high metals prices that it sometimes appears *hard for them to know how to spend it*" (Bream 2006; emphasis added). At the center of the platinum boom was Rustenburg, the source of about half the world's platinum. At the same time, the CSR movement was gaining ground daily, building momentum globally, and finding particular currency in South Africa as

it incorporated the language of Black Economic Empowerment (BEE) promising emancipation and social improvement through business, big and small. In South Africa, multinational corporations, with the mining industry at their helm, were lining up (or competing) to commit their resources, their know-how, and their creative energies to social goods, from community education and empowerment initiatives to HIV care and treatment programs.

As it turns out, CSR offered much more to companies than something to spend their *own* money on. It proved equally lucrative for them—enabling mining companies to leverage international donor funds, demonstrating the extent to which CSR in general was emerging as the new orthodoxy of development. In particular, the South African mining industry was being embraced as a partner in building the new South Africa. In 2007 the International Finance Corporation gave Lonmin (owners of the Marikana mine) $5.9 million in technical assistance to upgrade worker housing and promote BEE, among other things (Lichtenstein 2012).

Meanwhile, in 2013 Anglo Zimele, Anglo American's empowerment arm that enables it to comply with BEE legislation, received funding from the Development Bank of South Africa, that is, the state development bank, to support BEE start-ups (empowerment work construed as demonstrating the corporate effort to "give back" to the nation). That same year, the UN Global Fund apportioned 80 percent of its country budget to fight malaria in Ghana to Anglo Gold Ashanti (ICMM 2014), effectively channeling the bulk of Global Fund programming in the country to mine-affected areas while leaving a dearth elsewhere. Each of these cases represents the investment of public or donor funds and technical assistance to cover core operational costs such as worker health and housing that are nonetheless categorized as "externalities" in corporate speak. CSR, I argue, is a mechanism by which companies offload the financial burdens of their social obligations rather than internalizing them. This foreshadows a critical tension between responsibility and externalization that runs through this essay.

Four years after the boom time of investment in minerals and social responsibility, the picture looked very different. Anglo American announced a 69 percent decline in profits to $1 billion for the first half of the year (Smith 2009). By the end of the year, 11 percent of its global workforce was laid off to make up $450 million in costs (Sparshott 2009). A large proportion of the nineteen thousand retrenched Anglo employees were at Anglo Platinum, which, according to trade unions, was responsible for a fifth of all recession-linked formal sector job losses in South Africa (Smith 2009). This reduction amounts to ten thousand or so former employees at the platinum mines who

were no longer eligible for company-sponsored ART or other benefits offered as part of the company's CSR to its workforce. In such a context of mass joblessness, "those with jobs," as William Gumede (2012) puts it, "cling on to them, for fear they may never get one again." Yet they are all the more vulnerable to the dictates of a volatile global market and the shibboleth of shareholder value invoked by corporate management as a rejoinder to their struggle for better conditions and a fairer wage. Cast as a facet of CSR, worker welfare is thus linked to shareholder value, contingent on the extreme vacillations in price to which the platinum market is subject (from $2,000 an ounce in 2006 to $800 an ounce in 2008).

This essay is divided into four sections that explore the kinds of control that are enabled through the corporate dispensation of worker welfare, the spatial and temporal limits to that exercise of responsibility, and the inequalities that these acts of delimitation and externalization produce.

In the first section I consider how worker welfare becomes a basis for governance, not the self-governance of corporations as is commonly expected, but governance of the workforce. As welfare is conflated with the maintenance of human capital, care becomes a conduit for corporate control, giving new force to old paternalistic and repressive regimes of labor management that the advent of contemporary CSR had supposedly consigned to the past. From sport and leisure to health and hygiene, and from safe sex to "feeding" science, HIV management is embedded within daily regimes that attempt to regulate the working and domestic lives of employees.

The second section moves on to consider the geographic demarcation of corporate responsibility. I examine how the new technologies of HIV management reinscribe boundaries demarcating the company's zone of responsibility, erecting a metaphysical "cordon sanitaire" between the workplace and, what is described in corporate jargon as, "the world beyond our perimeter fence" (Anglo American 2005: 16). Through the daily routines of HIV management, the company attempts to "make legible its subjects" (Scott 1998: 2) and to protect the social fabric of its workforce—its human capital—from the physical infection, "moral contagion," and threat to productivity, brought by "outsiders."

Section three explores how this spatialization of CSR creates liminal spaces between the company and what the World Health Organization (WHO) has termed "peri-mining communities." As increasing numbers of mine workers opt to live outside the hostels—mostly in the informal settlements that sit cheek by jowl with the mining compounds—the distinction between workplace and society becomes increasingly anachronistic. Yet, I argue, it is

the very permeability of the physical borders (across which movement was once more rigidly controlled) that has placed increasing importance on symbolic "moral" borders reconstructed, rather than dissolved, through the authoritarian benevolence of corporate care. Through the reinscription of these borders the tension between welfare and profit emerges clearly.

As the fourth and final section of this essay shows, the circumscription of CSR not only imposes spatial boundaries but also establishes sharp temporal limits to welfare provision. Measured against metrics of productivity, the corporate care program has become increasingly efficient at managing and maintaining the well-being of mine workers *while they remain employed by the company*. However, there are no reliable statistics accounting for the health and well-being of workers once they leave the company (whether due to sickness, sacking, or shaft closure). And while the state delivery of ART remains patchy and slow, especially in the traditional "labor-sending" areas to which many mine workers return after their contracts are terminated, doctors at the mines remain pessimistic about whether a continuum of care across the mine's perimeter is possible, let alone likely. The result is the emergence of a vanguard or island of ART recipients, employees who depend on the mine not only for their livelihoods but for their survival. Thus they are divided from society outside the workplace and from their own dependents. Their liminality comes to embody the disjuncture between corporate responsibility and state welfare that translates into an awkward topography of authority and responsibility.

Human Care and Human Capital

In Anglo's 1987 forecasting, HIV had been identified as a "wild card" in the broader game of socioeconomic transition (Sunter 1987). This prediction was underwritten by a survey of sixty thousand mine workers conducted by the Chamber of Mines between 1986 and 1987 showing 0.3 percent HIV prevalence among South African miners. The highest prevalence (around 4 percent) was among Malawian mine workers (Randera 2003). In response, the mining industry introduced preemptive testing for all foreign mine workers: "No known carriers will be engaged [and] all recruits from *high risk areas* will be tested *at source*" (Brink and Clausen 1987: 15; emphasis added). Such a response effectively externalized HIV as an extraneous risk encroaching on the borders of the workplace. Mining companies attempted to insulate themselves against this "threat" to productivity and profit by cutting off the supply of labor, and supposedly the infection, "*at source.*"

The genealogy of this strategy can be traced back over half a century to apartheid discourse from the 1940s, perpetuated by the mine medical establishment and the government, that located the source of tuberculosis (TB) epidemics at the mines in the physical and moral failure of mine workers to make the transition from rural life in the homelands to industrial civilization at the mines, or, as Randall Packard (1989: 686) puts it, from "healthy reserve" to "dressed native." Such pseudoscientific claims provided support for the policy of "separate development" between the areas designated "native homelands," or "Bantustans," by the apartheid government and the state. The tenure of black mine workers within the boundaries of the workplace was determined by their objectification as a productive resource. Mahmood Mamdani (1996: 7) writes that "this meant, on the one hand, the forced removal of those marked unproductive so they may be pushed out of white areas back into native homelands and, on the other, the forced straddling of those deemed productive between workplace and homeland through an ongoing cycle of annual migrations." The realities of impoverishment in the homelands, of households fragmented through migrant labor, and of the poor conditions of work and life at the mines were glossed into an idealized myth of the "healthy reserve," to which mine workers were expected to return when their contracts ended (Packard 1989: 686). Such narratives externalized responsibility for both the cause and cost of occupational ill health and welfare from employer to employee.

The industry's initial response after the 1986–87 HIV survey followed this same logic. Just as mine medical officers in the 1940s had pursued a policy of swift "repatriation" of TB-infected mine workers once they became "unable to function" (Packard 1989: 692), so in 1987 the Chamber of Mines instituted a similar policy for HIV-positive miners. An article appeared in the *Journal of the Mine Medical Officers' Association* qualifying the industry's position: despite preemptive testing (which was later outlawed), mine workers would not be "repatriated" if they were well enough to work, but they would face "repatriation" when they became too sick to do so (Brink and Clausen 1987).

In 2002, when Anglo American launched its wellness program, Sir Mark Moody-Stuart (2005), the chairman, explained, "This is . . . not just a humanitarian mission; it is good business practice." The logic of enlightened self-interest (as CSR is often dubbed) focuses on countering loss to profit wrought by HIV, costed in terms of increased absenteeism, accidents due to impaired physical or cognitive function, and loss of manpower in order to provide "economic risk assessment model(s)" for the investment in

ART. The company's 2008 annual *Report to Society* sets the cost of its care program as follows: "Total monthly savings at an individual level were . . . calculated to be $219 . . . the cost of providing treatment was $126, giving a net saving of $93 per month at an individual level. . . . The overall impact of HIV/AIDS on the Group . . . was calculated at 3.4% of payroll" (Anglo American 2008: 34). These actuarial logics sustain a broader narrative of "shareholder value" that apparently provides proof of a bottom line to corporate humanitarianism. From this conflation of human care with human capital, an unsettling combination of health speak and accountancy speak emerges that reduces the human "cost" of HIV to a ratio of payroll (in this case 3.4 percent).

An Anglo executive (2004) explained: "Look, the bottom line is . . . if you spend thousands of dollars training someone to drive a truck and they then die of AIDS, you have to train someone else." By rendering social responsibility as a facet of shareholder value, HIV management can be distilled into productive outputs to provide apparently irrefutable evidence of efficiency. This was borne out in my discussion with Dr. Matthew Waywell (2005), chief medical officer at Anglo American, during which he presented the cases of the Goedehoop colliery and the Rustenburg platinum mines and the respective success and failure of the HIV intervention at each:[1]

> The manager at Goedehoop moved there and said, "How's the AIDS program going?" They said, "5 percent have been tested." He said, "This is pathetic." . . . They went from 5 percent to 92 percent uptake of VCT [voluntary counseling and testing] in 2004. They have a workforce of 1,177. Ninety percent of these were tested; that's 1,059 employees and 22 others. Of these, 191 are HIV-positive (that's 18 percent). Of the 191, 176 have enrolled in the wellness program, and the other 15 are thinking about it. Of those, 65 are on ART, and of those 63 are at work. That was 2004, now it's 2005 and he's reset the clock: "Now we start again with VCT." Last time I saw him he said, "Doc, we're up to 100 percent VCT uptake." . . . Anglo Coal puts VCT targets into managers' performance ratings. They measure their VCT uptake day by day. I can call him—I'll call him now and say, "What is your VCT uptake for today?"

Waywell then turned to Rustenburg: "What you see there is a lack of commitment, lack of leadership. . . . At Anglo Platinum they claim that HIV is 25 percent in their report; it should be 35 percent. Why don't they know? Those section managers in Anglo Platinum need to be held accountable. Someone should put a rocket up their arse."

Waywell's recitation of the numbers tripped off his tongue, well rehearsed after frequent interviews and public engagements. The same numbers were recited to me in interviews with executives in London and were presented at CSR conventions, compelling in their ability to demonstrate measurable success of the company's HIV interventions in terms of a quantifiable output. Such metrics of efficiency (the numbers of workers in VCT, on ART, and back at work) impose a profit-and-loss logic that did not go uncontested within the company.

For those such as Bridget Kessler and Elias Makoe, who worked on the "social" as opposed to the "medical" side of HIV planning within Anglo subsidiaries, the preoccupation with "numbers," as Kessler (2005) put it, was indicative both of the technocratic and production-focused culture of mining companies and of the dominance of a traditional biomedical approach to worker health: "The whole HIV issue has been melted down to two figures—how many workers have had VCT and how many are on ART. We have meetings with our counterparts in London, and that's what we discuss—the numbers! How many people are infected, how many are in VCT, how many are on ART."

The friction surrounding this preoccupation with figures for VCT and ART was equally revealing of a tension between the narrow focus on protecting the company's human capital and the broader moral mission of "taking a stand on HIV," as Anglo executives commonly put it. "Does anyone care about anything other than that?" Kessler (2005) asked, adding, "And when I say 'anyone,' I mean the decision makers." Indeed, this demand for empirical proof of the efficiency of the HIV intervention is operationalized in much the same way as production targets, though without the same incentives and penalties if an operational manager fails to meet a target: "It's the process of internal competition—beating up the laggards. If, as a business unit, you read in the annual report that 90 percent of the company is successful at this—it could be production, it could be getting workers into VCT—and you're in the 10 percent . . . you feel the peer pressure. . . . People in business are essentially competitive—nobody wants to be the dragging tail" (Moody-Stuart 2005). As Moody-Stuart's statement indicates, the elevation of multinationals in the fight against HIV (celebrated by bodies such as the UN and WHO) goes beyond a question of delivery. As he underlines, it is the extension of market logic itself into the realm of worker health care (and public health more broadly) that is fast becoming orthodoxy.

Yet the notion of "enlightened self-interest"—which instrumentalizes CSR as a mechanism to safeguard human capital—recalls a much older

logic. As Shula Marks (2006: 570) reminds us, "Concern for the lives and limbs of . . . workers" is far from new. Health management in the workplace traditionally combined a paternalistic ethos with a Taylorist order that attempted to maintain living labor capacity by eliminating threats to low output (Crisp 1983: 104). This logic found concrete expression in the establishment of the Ernest Oppenheimer Hospital at the Welkom gold mines in the 1950s, a model of both modern medicine and progressive mine management, according to its first director, Dr. J. H. G. van Blommestein (1971: 100): "This was an era in which there still survived an *idée fixe* . . . that workers were just hands . . . that expenditure not directly relevant to profit must be kept at a minimum. However, the winds of change blew . . . directors and managers began to realize that every day lost by a sick or injured man adds to the cost of production."

Over three decades later Dr. Guy McAllister (2005), at the Anglo Platinum Hospital in Rustenburg, described a similar shift from labor battery to responsible corporation with the advent of the HIV wellness program: "Occupational health used to be just about being 'fit for work'—a rubber stamp. . . . If someone couldn't work, you got rid of them and got another . . . fatalities were budgeted for." According to McAllister, the new socially responsible company no longer "budgets for fatalities." Yet, as discussed above, the contemporary discourse of enlightened self-interest relies on just such a set of, albeit more sophisticated and compassionate, actuarial calculations now cast in the language of shareholder value. Thus welfare framed within the logic of corporate responsibility is articulated as managing and minimizing risks to shareholders. With a simplicity that seemed both irrefutable and reminiscent of van Blommestein, the chairman of Anglo American affirmed the synergy of responsibility and productivity in his address to the Leadership Conference on Global Corporate Citizenship in New York, January 29, 2009: "Healthy workers are more productive" (Moody-Stuart 2009).

By presenting risk and responsibility as two sides of the same coin, the dominant corporate discourse externalizes HIV as a social risk or threat to profit from which business must insulate itself. Executives stressed that while the company offered a solution to the crisis in the areas where it operates, the source of the problem lay outside the company's domain, extraneous to the business of mining. The chairman explained: "There are also things in the country happening which have an impact on the operations, such as . . . crime, HIV, . . . conflict, things which are not caused by the company but impinge on it. . . . *This is not our fault*, but we're getting zapped by it" (Moody-Stuart 2005). As I explore in the following section, this tension

between externalization and responsibility plays out in the routines of care and the demarcation of moral space around the mines, delimiting the boundaries of corporate responsibility to the company's zone of interest: the workplace and the workforce.

Geographies of Care and Control

As Steyn, a hostel coordinator at Anglo Platinum's Rustenburg section, was to insist, the hostels are much changed from those described by Francis Wilson (1972) as "labour batteries": "Now the company cares about their [miners'] health . . . we are more socially responsible" (Steyn 2005). Yet despite the directives of the Mining Charter, and pressure from the National Union of Mines (NUM), to "upgrade" the hostels to apartments with single rooms and family units, the accommodation provided by the mine to lower-ranking employees remains one in which a resident is "expected to live as a 'bachelor' until he returns 'home' . . . to visit his wife and children" (Ramphele 1993: 20). From the physical space of the hostels to the involvement of the company in the personal lives of mine workers, the hostel is an encompassing institution that circumscribes the interaction between occupants and those outside. The figure of the hostel manager embodies this merging of public and private. Like most of the hostel managers I talked to, Kobus Visser, manager of Hostel A (one of Anglo Platinum's Rustenburg hostels), spoke about his role in terms of affectionate paternalism—a combination of welfare managerialism and discipline. He described his commitment to "protect his men" and his efforts to "educate those who aren't infected" and to "look after those who are." He added, "We want to make it clear that we will take care of people, and they shouldn't go to the informal settlements where it's not safe" (Visser, pers. comm., May 19, 2005).

Visser underlined the awkward role occupied by hostel managers, often conflicted between their commitment to residents and their status as agents of the company's authority over the domestic lives of its employees: "If they don't go to work, that's not for me to interfere . . . [but] if they're sick, that's my concern . . . you see, I'm working for the company, but what I'm doing here is for the residents." In this sense, the anachronistic figure of the hostel manager embodied a paternalism that was reinvigorated by the imperatives of HIV management yet clashed with the progressive discourse of empowerment and self-mastery in which the intervention is cast in corporate policy.

A focal point of the hostel's welfare regime was food and the adoption of the Palladium Public Health Module, a scientific nutrition system

targeted at "maintaining and extending the wellness of HIV positive employees" (Anglo Platinum 2003a: 2). Over lunch in the hostel canteen, Visser explained the care that was taken to ensure a precisely balanced daily meal for mine workers. In addition to the scientifically formulated diet, residents are given Morvite, a vitamin-supplemented porridge, before going on shift each day. This concern with the nutritional sustenance of mine workers—and its relationship to HIV and employee performance—was a central topic for the monthly hostel managers' meetings, where discussion focused on what was referred to as "correct feeding procedures." At the hostel managers' meeting in Rustenburg on May 25, 2005, for example, a manager commented: "The other day I was sitting with the unions, and they were complaining that the food in the hostels was inadequate for people with HIV . . . but what about the squatter camps? Are they complaining about the food people eat there?" Steyn, the coordinator, replied: "We can track the food groups and check they're eating right in the hostels. If they live in the informal settlements, we can't feed them well." The contrast between the hostels, cast as a healthy environment in which employees are "looked after," and the informal settlements was constantly reinforced. Bruno, another hostel manager, was concerned that residents were likely selling their portions of Morvite: "I've seen kids running around the squatter camps with . . . Morvite—where else could they be getting them from? This means that I have men in the hostel . . . that aren't getting their supplements and it's costing us money." Steyn put up the most recent cost and nutritional analyses of "feeding returns" at each hostel, noting that at Hostel B the proteins were lower: "You should be giving them 270 and you're only giving them 257." Jurie, Hostel B's manager, explained that his "feeding budget" was inadequate to meet the new nutritional requirements of Palladium. Steyn responded that the budgets were calculated precisely according to the number of hostel residents: "If some of those living in the informal settlements are coming in with someone else's card, then you're overspending on feeding them instead of getting the nutrition up for the residents."

The focus on feeding as part of the broader HIV wellness program encapsulates the synergy of scientific workforce management, enlightened self-interest, and the notion of the caring corporation that are wrapped up in CSR. At the same time, the legacy of colonial paternalism persists within this contemporary approach to HIV management, most explicitly in the linking of feeding regimes to productivity. The discussions surrounding Palladium recall the colonial administration's preoccupation with nutrition and labor efficiency as documented in Frederick Cooper's (1987: 65) account

of the Mombasa docks in the 1940s: "The committee looked at how many pounds of maize meal, salt, beans, and meat the Railway and the Public Works Department gave their workers; the Government Biochemist said this was not enough, and the 'Biochemist's Diet' entered the lexicon of scientific wage determination."

Just as Steyn and his colleagues were concerned that mine workers who live outside the hostels would not "feed themselves properly," so Cooper notes that the 1942 committee on malnutrition and industry reported that the diets of dock workers "do not provide the resistance to disease and the essential alertness which Government should expect from its servants" (quoted in Cooper 1987: 60).

The imperative to encourage mine workers to stay in the hostels (and out of the informal settlements) similarly provided the rationale for the promotion of sport. And once again, these discussions recall the paternalistic ideals of Victorian industrialists and their prescriptions for the moral upliftment of their workers through physical endeavor, underpinned by a vision of muscular Christianity. At the Rustenburg mines it was the job of the welfare officers to promote and organize sports in the hostels, and they, as a consequence, were the subject of debate at the hostel manager's meeting on May 25, 2005:

> Bruno: In the new system, the welfare officers have been demoted to level 5—you can't do that to these guys. . . . They're working really hard to look after the men. . . . Otherwise, what are they all going to do? Spend all their time in the squatter camps?
>
> Steyn: Look, 90 percent of the soccer is contractors and I don't see the need for Anglo Platinum to spend the money to do the soccer for contractors that aren't Anglo Platinum. . . . I want to see figures— how much is he [the welfare officer] costing the hostel? . . . How many men is he recruiting to sports?

As Steyn's final comment highlights, there was a sense in which everything targeted at managing HIV was, at least in theory, calculable. Inputs (such as "feeding returns," the number of residents recruited to soccer, or the number of free condoms given out each month) were weighed against outputs, measured by the HIV prevalence rate and the numbers of employees in VCT and on ART. Circle of Hope guidelines instructed that "peer educators must keep good records . . . statistics should include the number of people reached, the number of condoms distributed" (Anglo Platinum 2003c: 39). Benjamin (pers. comm., April 2, 2005), an underground mine

worker, peer educator, and Hostel A's champion long-distance runner, told me: "I think the message is getting through; last month we gave out eighteen thousand condoms . . . in the hostel in just one month." These measurements recorded by peer educators, VCT counselors, and the mine medical staff, and reported to corporate headquarters, feed into broader analyses of the cost benefit of HIV management, demonstrating the capital saved in increased productivity.

As Visser took me around his hostel, he stressed the commitment to cleanliness throughout the institution. In the spotless industrial kitchen, he said: "We don't have . . . infections here; it's kept very, very clean. . . . The hostels are not the way they used to be—squalid . . . bad food. Now it's all sanitary, it's clean . . . it's a healthy place to live" (Visser, pers. comm., March 23, 2005). The focus on cleanliness seemed symbolic of a broader concern for maintaining the purity of the hostel from pollution of all kinds: from the risk of food contamination and infections to the threat of contagion from proximity to the informal settlements. The extension of responsibility over the physical and moral vitality of the hostel erected a figurative cordon sanitaire encircling the compound as an independent welfare community. Implicit within this vision is an imperative to protect or defend the company's workforce from the potential moral and physical corruption that surrounds the territory of the mine. Thus Benjamin (pers. comm.) explained to me that the gate security measures were "to keep illegal people out and keep the people inside safe, because there's a lot of risks outside in the squatter camps—there is a lot of HIV."

Thus while the extension of the company over the domestic realm for inhabitants of the hostels blurs the boundaries between public and personal life, the mechanisms of HIV management simultaneously sharpen other social boundaries. As Brooke Schoepf (2001: 344) argues, "A major social fault line is drawn between people of high moral repute and stigmatized 'others' . . . represented as bringing sickness—constructed as social pollution." The practices of HIV containment at the mine redraw these social fault lines in a bid to protect the moral fabric of the mine and its workforce as insiders, from the social pollution and physical infection brought by outsiders. An article in Anglo American's journal *Optima* describes an influx of squatters bringing "crime, disease and prostitution" to mining areas (Russell-Walling 2006: 51). Similarly, a union shop steward spoke of the need to protect mine workers from "becoming victims of the prostitutes in the squatter camps" (pers. comm., Trent Shaft, May 19, 2005). Once again, the dominant discourse of HIV management at the mines recalls colonial

attempts to classify, stratify, and segregate the working population from the nonworking population to protect the former group from the social contagion and lawlessness of the latter (Cooper 1987).

Circle of Hope describes its vision as "thinking beyond *boundaries* in the fight against HIV/AIDS by empowering the infected and affected with faith, care and support" (Anglo Platinum 2003c: 2). The moral overtones of this mission connect with the portrayal of the company as a vehicle of broad social improvement and compassionate capitalism. At the same time, the market logic of "the business case for CSR" strives to reassert the primacy of shareholder value (and clearly delineates *boundaries* to corporate care). The logic of CSR presents the interests of the company and those of its employees as one: "The thing about AIDS is it teaches you the value of humans and human capital. A good response to AIDS is synonymous with good management and good management is good business and good business is one to invest in" (Waywell 2005). But there is a fundamental contradiction between valuing humans and valuing human capital. The logic of enlightened self-interest casts labor as a facet of production, conflating social responsibility with the desire to maintain productive efficiency and thus glossing the tension between them. By framing ART as a *benefit*, provided free of charge by the company to its employees, a perception is generated that, as Toby Zwick (2005) of the Chamber of Mines put it, "I am being looked after and I am *apparently* not paying for it."

Responsibility and Externalization

Circle of Hope's HIV prevention plan set out to map the "community," beyond the perimeter fence through a "sexually transmitted infection surveillance programme" within a ten-kilometer distance (Anglo Platinum 2003d: 8). The aim was to create an economic risk profile of the pandemic by targeting "female commercial sex workers [and] female partners of male attendees" (Anglo Platinum 2003b: 16). The map depicts the hostels at the center, surrounded by informal settlements marked "high risk areas for transmission for STIs" and "divided into discrete, manageable zones" (Anglo Platinum 2003a: 38). The desire for sharp boundaries (arguably a product of the cartographic tendencies of an extractive company) cleanses this map of the intricate social relations that straddle the workplace and the informal settlements.

As James Scott (1998: 2) observes, the process of demarcation, classification, and rationalization enables the state and, in this case the company,

not only to "get a handle on its subjects" but also to "remake" social realities in its image. The great advantage of such tunnel vision is that it brings into sharp focus specific elements of a "far more complex and unwieldy reality," making it amenable to control and isolating the "slice of social life" that is of interest to the observer, in this case Anglo Platinum (11). It does so by aiming its interventions at particular targets, making them distinct from those who are not in its line of vision or interest and thereby territorializing the company's responsibility. And yet, in spite of the mapping, profiling, and routine surveillance, the corporate Panopticon is limited in its capacity both to see and organize the workforce and to insulate it from so-called externalities, which remain illegible. Cooper (1987: 181) tells us that the colonial state strove to "preserve the infant urban working class from the contagions of the idle, the criminal, and the rural." Its efforts, however, resulted in a more fragmented workforce "but not in a purified city" (181). The same could be said of the company's workplace HIV intervention. Between 2004 and 2005, the number of hostel residents dropped from 15,885 to 14,928 (Anglo Platinum 2005: 91). As mine workers opt to live outside the hostels in increasing numbers, they move beyond the paternalistic authority of the company, contesting the boundaries that such endeavors have resurrected and confounding managerial attempts to spatialize their responsibility (and indeed authority) within the confines of the workplace.

Where Cooper (1987) described the capacity of capital to draw a stark divide between job and no job, in the postapartheid workplace that stark divide has become further fragmented—riven by inequalities between skilled and unskilled worker, between old and young, and between contractor and subcontractor (Crush et al. 2001; Breckenridge 2012). For the rise in CSR over the past fifteen-odd years and the extension of benefits (largely restricted to permanent employees) has been accompanied by a parallel rise in the use of subcontracted labor at the mines. ARTs, together with housing, food, and education programs, are not provided to subcontractors even if they have worked at Anglo, Lonmin, or Impala Platinum for years. Once reserved primarily for the temporary work of shaft sinking, subcontractors now constitute about one-third of the workforce at most of the platinum mines. At Lonmin, for example, subcontractors accounted for 9,131 of a total workforce of 33,046 (Bench Marks Foundation 2012: 72). Equally, while Anglo Platinum drastically reduced its use of subcontractors from 14,014 in 2009 to 5,513 in 2012, this change may well reflect (and therefore veil) mass retrenchments at the Anglo Platinum mines in the wake of the financial crisis in 2009–10 (45). What this highlights, then, is something

new: the capacity of corporate managerialism to create fresh inequities alongside the old *within* the lower ranks of the mining workforce and their dependents.

Employees who voluntarily subscribe to the company's platinum health insurance scheme receive benefits (including ART) for their spouses. But few can afford to do so. McAllister (2005) estimated the number of subscriptions as "at most five thousand out of twenty-five thousand and . . . most of those will be in the higher grades." The company's 2006 *Report to Society* stated that "the majority of employees *choose* to rely on the national health system for the health care of their families" (Anglo American 2006: 27; emphasis added). But the report goes on to acknowledge that this source of health care, in reality, is unreliable. "Although ART is available in this setting, waiting times are long and service provision is patchy" (27). Clara Xorile, a psychologist at the Rustenburg mines, suggested that "[relying] on the national health system" was not a matter of choice: the cost was prohibitive for most miners, while the scheme failed to acknowledge the physical distance between migrants and their families, who are excluded from the mine's welfare community. This distance makes the demarcation of corporate responsibility easier: "For many, their [the miners'] wives are in the rural areas, so we don't even come into contact with them" (Xorile 2005).

The exclusionary gaze of the company on its human capital thus rendered the dependents of mine workers invisible to the exercise of CSR, even where it extends into the intimate realm of personal relations and sexuality. However, it is not purely, or chiefly, the geographic distance that facilitates this displacement of the social responsibilities and costs of the mining industry onto poor rural households and enables this century-long denial of the social worlds of migrant miners beyond the hostel. In many cases the separation between mine workers and their dependents is not marked by physical distance. Where dependents live in the informal settlements just outside the hostels, they remain equally outside the figurative boundary of responsibility that conforms to the contours of the perimeter fence. In 2008 the company announced its intention to extend ART to dependents (Anglo American 2008: 30). This decision poses a major practical challenge in relation to tracking dependents back to so-called remote areas (30), highlighting the geographic and discursive border between the company and the world outside. It also raises questions about *who* the company will categorize as dependents and whether this will incorporate or further marginalize those who live close by in the informal settlements but who subvert the classic profile of the migrant miner's rural home life.

At its most basic level, the reality that is expunged from this corporate vision is migrancy itself embodied in the figure of the rock driller. Rock drillers, who make up the bulk of the underground workforce, are the lowest rank on the industry's Patterson salary scale. They are the ones literally at the platinum face, drilling into the unpredictable seams where they face the immediate threat of rockfalls and injury, the short-term health risks of TB, which is perfectly incubated in the humid conditions underground, and the long-term health risks of silicosis. Deemed an anachronism, vestiges of the old South Africa who do not fit the story line of the new South Africa, they have been all but excised from the hegemonic narrative of empowered entrepreneurial citizens pursuing the dream of upward mobility. In its effort to demarcate zones of protection and wellness, the spatialization of corporate care stands in stark contrast to the constant peril and exposure to ill health that defines the working life of miners, and rock drillers in particular (Phakathi 2013). Within this metanarrative of denial, the material reality of migrant life continues to be externalized from the framework of CSR, and the simple fact (which remains unacknowledged by the mines' housing services) that if a miner is supporting a family in the Eastern Cape or Lesotho, the living-out (housing) allowance of around R1,800 is barely enough to rent a shack in the squatter camps. This is especially the case in and around Rustenburg, where the platinum boom in the early 2000s led to massive appreciation in the property market and a substantial shortage of low-cost housing. One NUM shop steward at the Rustenburg mines explained: "If you live outside the hostels, you get the living-out allowance, which means you cannot afford to live anywhere but the informal settlements. . . . It's not a choice, either the shack or the hostel" (Prosper Masinga, pers. comm., May 19, 2005). Rather than a mark of progressive corporate responsibility and commitment to the autonomy of employers, the living-out allowance is itself an act of profound externalization. Another union shop steward stated: "In the past the mine would supply a concrete 'bed' and meals. Workers could send home to the rural areas most of their pay. . . . [Now] on our small wages we have to pay for our own beds and meals. Many workers now have two families here and back home" (quoted in Mapaila 2012).

As increasing aspects of social welfare are dispensed by non-state entities through exclusionary and narrowly targeted processes of corporate care to specific constituencies, it is not purely *capital* that can be credited with creating such fragmentation and inequity. It is the administration of *welfare* itself that serves to divide and rule. The outcome is two mutually dependent yet seemingly antithetical dimensions of the Janus-faced corporate form—the

one asserting responsibility for worker care and welfare in the very same moment that the other externalizes it. In the former we see a corporate paternalism over the company's direct human capital (i.e., its permanent workforce) reminiscent of colonial and apartheid regimes of total control. In the latter we see the benefits extended through CSR to be highly exclusionary, reserved only for that shrinking portion of the workforce that the corporation claims as its own, while rendering subcontractors and dependents as ineligible.

Temporalities of Care: "A Handover to Nothing"

The big question now is, what do you do with workers who leave your employment or you have to get rid of for other reasons?
—Chris Carrick, Anglo American executive, London, August 9, 2004

The geographic dislocation of responsibility described above alerts us equally to the short-term and contingent nature of corporate care, as the spatial dynamics of externalization intersect with temporal dynamics. In 2005 the wellness program, according to McAllister (2005), was "relatively cheap" at about R300 per person per month.[2] This was in part because two-thirds of the medical costs of HIV are incurred in "the final illness" and, McAllister explained, most will have been "sent home by then." The wellness program was provided to mine workers for as long as they were employed at the company. If they were retrenched, were assessed as unfit for work due to illness, or left, they were given three months of ART and then handed over to the state service. The company's 2006 *Report to Society* states, "We strive to ensure that individuals leaving our employment continue their treatment through other programmes" (Anglo American 2006: 27). Zuneid Moosa (pers. comm., March 3, 2005), a doctor at the Platinum Health Hospital in Rustenburg, explained: "We provide ART for as long as they're improving and are fit for work, and 95 percent of those on ART are healthy and back at work. But once they've plateaued, those who aren't well enough to work get medically boarded, dismissed, and passed on to the government health providers."

Anglo Platinum sets out this process as formal protocol, "Progression towards AIDS: Step 3: creation of an interface between Anglo Platinum and labour sending areas":

> Where employees do not meet the required level of performance or attendance, as determined by the company, and exceed the sick leave allocation, employees will be referred to the company designated medical officer. The medical officer will *confidentially* discuss and determine the contents of the

medical examination. . . . An opinion will be provided to the company as regards to the employees [*sic*] prognosis and ability to fulfil the job requirements. If the employee is declared to be *permanently unfit to work*, with no possibility of rehabilitation, the HR [human resources] manager will investigate the viability to invoke the procedures and principles of dismissal because of incapacity in terms of the Labour Relations Act 1995, Act 66 of 1955. . . . A *medically repatriated* employee will not be able to access the workplace care and support programme. Anglo Platinum will commit to follow up the cases for a period of six months to ensure that the employee has made a smooth transition into the community care . . . system within the labour sending area. (Anglo Platinum 2003a: 9; emphasis added)

Despite the focus on creating an "interface" between the "services offered in the workplace environment" and "the community environment" (4), the transition from company employee to "repatriated employee" represents a boundary. The consensus among the company's ART coordinators in Rustenburg was that once a mine worker had left the company, hope of a "continuum of care" (Anglo Platinum 2003c: 58) was at best highly optimistic. Martha Lesego (2005), an ART coordinating nurse at Anglo Platinum's Rustenburg hospital, commented: "If a person gets *medically boarded*, the company will support them with ART for three months and then transfer them to the government stream. . . . As you are aware, the government is not yet very far along with their rollout."

McAllister (2005) was even more explicit about this "handover to nothing": "When workers leave the employment of the mine we write a very nice letter detailing the status of the patient, his CD4 count . . . 'this person is on such and such a combination' . . . and it goes to a sister [nurse] in a little rural clinic in the Eastern Cape . . . and then it stops. It's a handover to nothing."

With the high turnover of staff in the lower grades of mine employment (one shaft manager put it close to 100 percent turnover in five years), the hope, according to McAllister, is that "sometimes treatment will be picked up by other workplaces if they've moved jobs." "Unless of course they're too sick to work," he added. There is little doubt that in the context of the current economic downturn, few retrenched Anglo employees will be in a position to find a permanent job at another mining company that offers the benefits of a workplace HIV wellness program, making the chance of a "continuum of care" slim at best.

Yet while most of the mine's medical staff acknowledged the difficulties of ensuring uninterrupted compliance to a drug regime, given job inse-

curity in the mining industry, few spoke explicitly about the concerns this raised for multidrug resistance. Concern, however, was expressed by Gilbert Mogapi (2005), an Anglo Platinum socioeconomic development officer at the Rustenburg mines: "Once it is rolled out, the service cannot be interrupted. Once you start with ART you can't discontinue it, if you come off it for a month, you cannot go back on because of the danger of multidrug resistant strains. Even in places where the rollout is the most advanced, like in Gauteng or the Western Cape, you might wait six months on a list. In rural areas in the Eastern Cape, it's virtually nonexistent."

Dr. Petrus van Zyl dismissed such fears. It was precisely the expectation that (in spite of the company's efforts) few employees would in fact find treatment elsewhere after leaving the Anglo care program that allayed concerns about multidrug resistance:

> If you have a quick, clean cut, then it'll be ok. If you completely suppress it, it's fine, and if you don't suppress it at all, it's fine—well, not for them—but fine in terms of mutant strains. It's if you partially suppress it, or come off and on sporadically, that you get escaped mutants, and that has severe epidemiological consequences. Also remember that, at this point, the number of people in the company on ART is still pretty small, because VCT uptake has been slow. (van Zyl 2005)

A number of issues emerge in light of van Zyl's observations. He was firm on the company's policy to mitigate the risk of multidrug resistance by demanding either full compliance or complete termination of treatment because of the "severe epidemiological consequences" of partial suppression or sporadic treatment. At the same time, he, like McAllister, had made it clear that the likelihood that workers who were dismissed would find alternative sources of ART was at best unpredictable, and thus there was no way of knowing the treatment regimen of former employees once they left the Anglo medical system. Van Zyl further suggested that the risk of multidrug resistance was minimized, since the cohort of Anglo Platinum workers on ART was "still pretty small." However, the commitment to increasing participation in VCT and enrollment in the wellness program demonstrates the hope that numbers would grow significantly over the coming years. As Paul Farmer (1997: 348) argues, multidrug resistance should be viewed as the product of particular political and social relations. In this case, fears of multidrug resistance are revealing of the limits of corporate care and the disjuncture between a corporate HIV intervention and state provision. This disjuncture challenges the dominant projection of the company's HIV intervention

as a moral and political stand against the ineptitude of government. In practice, the corporate care program reflects instead the particular interests of the company: to maintain worker health as long as employees are within the spatial confines of the workplace, the structural confines of the Anglo system, and, crucially, as long as they are economically productive.

The enduring terminology of mine worker "repatriation," both in official company HIV policy and in the everyday discourse of medical personnel and hostel managers, was striking: an artifact of colonial- and apartheid-era labor regimes that endured during the course of almost a century. Yet apartheid-era "influx controls," which restricted the movement of black workers between the dually constructed worlds of "homeland" and workplace, were dismantled over two decades ago. Still, the discursive separation of the mine from broader society remains a significant element in understanding how contemporary discourses of HIV management at the mines reinscribe spatial, moral, and political boundaries between the workplace and society.

Conclusion: Expectations of Paternalism

Despite (or perhaps because of) its emphasis on scenario forecasting, Anglo Platinum's future vision of worker care is myopic. For it is premised on a denial or obfuscation of the effects of corporate welfare dispensation *beyond* the workplace, outcomes that may be deferred by CSR but become all the more inevitable. In the end, this denial brings home how perilous and exclusionary this new social-moral contract is, premised as it is on corporate patronage that is simultaneously coercive and fickle, for it can be extended or withdrawn at will (Rajak 2011). This was captured in the most visceral way in the aftermath of the Marikana massacre of thirty-four striking rock drillers on the platinum belt in 2012 and the wave of strikes that paralyzed the industry following the massacre. In the second year of the strikes, in a bid to get striking rock drillers back to work, Anglo American closed the hostel kitchens where a great many miners, even those who do not live in the hostels, survive on one meal a day. This single act brought into sharp focus the violence of corporate responsibility as an instrument of benevolent tyranny (or tyrannical benevolence?) that enables companies to give and withhold benefits as techniques of control used in undermining worker agency. The Marikana massacre and its aftermath has reaffirmed that welfare, as deployed by corporations, has the peculiar capacity to dehumanize even as it claims an ethic of care. This form of corporate welfare turns humans into

human capital, a productive resource to be nurtured, controlled, or repressed through the provision or withholding of even the most basic welfare and social goods, in this case food.

At the same time, Marikana has come to symbolize not only the struggle for recognition by the country's disenfranchised miners but also a much broader struggle by underpaid and marginalized workers in other sectors by subcontractors at the mercy of flexible contracts and ruthless labor brokers, by the jobless inhabitants of squatter camps who live on the fringes of mine territories. The predicament of those who have lived in a state of chronic impermanence, quite paradoxically, has come to *permanently* define the "new" South Africa for many millions of its citizens (James 2011). Rising protests around the platinum mines have brought together subcontractors, rock drillers, and squatters alike defying corporate processes of divide and rule chronicled in this essay, creating new solidarities in collective demands for jobs for the jobless and fairer wages for the poorest workers, for protection and security.

Such petitions for a renewal of corporate paternalism may seem anachronistic—recalling in part the Thompsonian moral economy of the English peasantry seeking protection from their overlords against the ravages of the market (Thompson 1991)—but they are quite distinct. The expectations of paternalism that have come to define the politics of protest at South Africa's mines over the past few years have done so in the wake of the global economic crisis as the only recourse left for claim making from below.[3] They reveal change as much as continuity in the corporate dispensation of welfare in South Africa's mining territories. For while the practices of corporate-sponsored welfare reinvigorate century-old forms of patronage and clientelism both on and around the mines (Moodie 1994; Carstens 2001), they are now both more exclusive and more contingent than the total and comprehensive paternalism once so characteristic of the southern African minescape.

As James Ferguson (2013: 223) makes clear, such "declarations of dependence"—which in this case look to the self-styled corporate sponsors of welfare and empowerment rather than to the state—should be seen as an activist mode of claim making, rather than a "retrograde yearning for paternalism." After all, if corporations such as Anglo are to be taken seriously in *their* declarations of social responsibility, it stands to reason that workers and those who live tantalizingly close to the apparent benefits extended through CSR will attempt to compel companies to make good on their promise to take care of them, by whatever means they can.

Notes

1   For the purposes of anonymity the names of informants have been changed, except those of informants who are public figures, such as the company chairman.
2   The exchange rate for this period (September 2004–July 2005) fluctuated between R8 and R6 to the US dollar, strengthening considerably in the first half of 2005 to R6 to the US dollar.
3   Expectations of paternalism have long been entrenched in the South African political economy—legacies of apartheid that were as much cultivated/imposed from above as they were voiced from below (Bolt 2013; James 2014).

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