African Affairs (1998), 97, 53–79

ALIENS AND AIDS IN SOUTHERN AFRICA: THE MALAWI-SOUTH AFRICA DEBATE[1]

WISEMAN CHIJERE CHIRWA

ABSTRACT

Between 1988 and 1992, about 13,000 Malawian mine migrant workers were repatriated from South Africa. The official reason given was that in the previous two years some 200 of them had tested HIV/AIDS positive. The South African Chamber of Mines requested the Malawi government to screen all the prospective migrant workers from the country for HIV/AIDS before leaving for employment in South Africa. The Malawi government refused, and the Chamber stopped recruiting labour from the country following a government ban on the employment of foreigners with HIV/AIDS. Strong arm tactics were employed in the repatriation of the Malawian workers, causing heated debates between the Chamber and the Malawi government, and the latter and its repatriated citizens. Within South Africa itself, opinion was divided. The Chamber wanted to keep its Malawian workers for their skills, work discipline and lack of militancy. Some white conservative elements in the government demanded the repatriation. They based their arguments on issues of public health, emphasizing the risks the foreign workers posed to the local—especially the urban communities. A critical analysis of the issues involved, and the way the Malawians were repatriated, suggests that HIV/AIDS was used as a smoke screen. The South African mining industry was going through a period of crisis which necessitated massive retrenchment of workers, and especially foreigners. Desultory migrants were being replaced by career miners as part of the labour stabilization process. There was also a shift towards the recruitment of local workers. Malawi was no longer an important source of labour for the industry.

OF LATE, THERE has been growing academic interest in the intrinsic relationship between the process of industrialization and the politics of disease in the southern Africa region. It is argued that 'the development of the gold mining industry along the Witwatersrand at the end of the nineteenth century had a dramatic impact on patterns of sickness and

Wiseman Chijere Chirwa is a member of the Department of History, Chancellor College, University of Malawi.

1. This paper is based on one of the working papers for the IDRC-funded Migrant Labour Project jointly run by Queen's University, Kingston, Ontario, Canada, and the Sociology Department at the University of Cape Town, South Africa. Some sections are taken from a shorter version presented at a conference on 'Transforming Mine Migrancy in the 1990s: Southern Africa', University of Cape Town, 27–29 June, 1994. The original paper appears in the proceedings of that conference.

health', not only in South Africa, but the whole of the region.[2] The disease and health repercussions of the process of industrialization in South Africa have not been confined to that country:

> Equally crucial has been the role played by the South African political economy in transforming the disease patterns of its neighbours. While not all disease in the region can be related directly to the industrialization of South Africa, the impact through the migrant labour system and economic dependence has been sufficient to justify the emphasis . . . on developments in South Africa.[3]

The health costs of production on the Rand have, throughout history, been directly or indirectly 'passed on to black workers' kinsmen and neighbours who remained in the rural areas from which black labour was drawn'.[4]

Within South Africa itself, conceptions of disease and problems of sanitation have time and again influenced the formulation of discriminatory industrial health and urban 'native' policies.[5] For example, during the late nineteenth century, right up to the 1920s, it was generally accepted among white South Africans, including medical authorities, that Africans were physiologically more susceptible to infectious diseases than were white people. By the late 1920s, and right up to the 1930s, 'physical segregation heightened racial consciousness and moved conceptions of the causes of black susceptibility to disease toward a more explicit racial conceptualization of the problem'.[6]

This was not unique to South Africa. The use of racial, ethnic and physiological theories in explaining people's susceptibility to disease was common in western societies during the early stages of their capitalist transformation. For example, the spread of cholera and tuberculosis among American blacks and minority ethnic immigrant groups in the 19th century was conceptualized in terms of 'racial diseases'.[7] This has only recently changed.[8] The underlying factor in this was not the racial, ethnic or physiological difference in human susceptibility to disease. Instead, it was the differential and discriminatory access to good and adequate medical and health facilities based on class-and-racial identification.

2. R. M. Packard, 'Tuberculosis and the Development of Industrial Health Policies on the Witwatersrand, 1902–1932', in *Journal of Southern African Studies*, 13 (1987), p. 187.
3. S. Marks and N. Anderson, 'Issues in the Political Economy of Health in Southern Africa', in *Journal of Southern African Studies*, 13 (1987), pp. 177–178.
4. Packard, 'Tuberculosis . . . ', p. 187.
5. See Packard, 'Tuberculosis . . . ', pp. 187–209; H. Phillips, 'The Local State and Public Health Reform in South Africa: Bloemfontein and the consequences of the Spanish Flu epidemic of 1918', *Journal of Southern African Studies*, 13 (1987), pp. 210–233; M. Swanson, '"The Sanitation Syndrome": Bubonic Plague and Urban Native Policy in Cape Colony, 1900–1909', *Journal of African History*, 18 (1977), pp. 387–410.
6. Marks and Anderson, 'Issues in the Political Economy', p. 180.
7. See M. Torchia, 'Tuberculosis Among American Negroes: Medical Research on Racial Disease, 1850–1950', *Journal of the History of Medicine and Allied Science*, 32 (1977), pp. 278–279.
8. For a detailed discussion see Packard, 'Tuberculosis and the Development of Industrial Health Policies', pp. 187–209; Marks and Anderson, 'Issues in the Political Economy', pp. 177–186.

People of slave origin—the blacks, and members of other immigrant minority groups—Italians, Hispanics, Asians and others, variably constituted the majority of the urban and rural labouring classes. In towns they lived in overcrowded environments with inadequate health and sanitary facilities. Their susceptibility to disease was therefore a factor of the totality of the social and productive relations in a society undergoing a process of economic transformation. The concentration of workers and the creation of a floating population at or near the points of production provided a conducive atmosphere for the spread of infectious diseases.

The present paper discusses the politics of HIV/AIDS in relation to the operation of the system of oscillating labour migration in the southern Africa region. The focus is on the repatriation of some 13,000 Malawian migrant workers from South Africa between 1988 and 1992 on account of fears that they would be spreading HIV/AIDS in that country. The paper demonstrates that the old conceptions of 'high-risk' groups and racial or ethnic differences in human susceptibility to disease ideologically influenced the decision to repatriate the Malawian workers. However, the reasons were non-racial and non-ethnic. It came at a time when the South African mining industry was going through a period of stress which necessitated the reorganization of production and the adoption of strategies that would lead to an efficient use of the regional labour supplies. Some labour sources were no longer useful to the mining industry, and Malawi was one of them. There was a marked reduction of dependence on the migrant labour system due to the adverse economic environment in which the mining industry operated.

It is important to note here that the value of foreign migrant workers to the South African mining industry had been under debate from as early as the 1960s[9] when 'the state tightened up on the use of foreign workers by other sectors and approached the Chamber of Mines several times to express its concerns'.[10] The latter's response was that it was prepared to recruit local workers but these would not be willing to work for the prevailing wages offered to the foreign workers. Since the state relied on the Chamber's data base, it could not effectively challenge this view. There were also major divisions within the state itself as 'The bureaucrats dealing with South African blacks were opposed by the foreign-affairs functionaries'. The former were worried about domestic unemployment and thus favoured the employment of local Africans: the latter 'wanted the

9. For details on this see D. Yudelman and A. Jeeves, 'New Labour Frontiers for Old: Black Migrants to the South African Gold Mines, 1920–85', *Journal of Southern African Studies*, 13 (1986), pp. 101–124; J. Crush, A. Jeeves and D. Yudelman, *South Africa's Labor Empire: A History of Black Migrancy to the Gold Mines* (Westview Press, Boulder), pp. 110–120.
10. Crush *et al. South Africa's Labour Empire*, p. 110. The account that follows is drawn from this source.

leverage and diplomatic advantage gained from employing foreigners'.[11] Fear of competition for the local labour supply between the mining industry and farmers also played an important role in the Chamber's response. From the mid-1970s, the South African Agricultural Union 'repeated its call for state control over mining recruitment',[12] but was rather unsuccessful. The Ministry of Bantu Administration offered to recruit for the mining industry within South Africa using its bureaus, but the Chamber argued that the bureaus did not provide them with adequate numbers of workers.

From the early 1980s, due to rising unemployment among the South African blacks, various state agents argued for the reduction and gradual phasing out of foreign workers in the mining industry. The most vociferous are said to have been the Ministry of Co-operation and Development and the National Party members of parliament from the East Rand. Though the Chamber successfully continued to resist state intervention in its labour recruiting policies up to the late 1970s, by the early 1980s, state pressure increased. This was due partly to increasing political insecurity arising from increased local unemployment, and also to the international disinvestment and sanctions campaign which put pressure on the South African economy. The Botha government used the oscillating migrant labour system to argue that the campaign would hurt the neighbouring countries and their citizens employed in South Africa. In 1986, the South African government threatened to expel about 1·5 million foreign workers if the sanctions were imposed on it.

Migrant labourers were also used as a political tool against countries that hosted the African National Congress. For example, in the same year, the South African government expelled some 60,000 Mozambican workers in retaliation for a landmine blast on the Mozambique/South Africa border which was blamed on the ANC. The mining industry thus began to make some compromises with the state. In particular, there was a ban on the recruitment of novice migrants and greater emphasis on maintaining only skilled foreign workers. These incidents show that the South African government had the capacity to use (or threaten) the expulsion of migrant labourers as a tool in dealing with any development or incident of a political nature, and especially if it involved neighbouring countries.

The contention of this paper is therefore that the repatriation of Malawian workers from 1988 needs to be placed in two broader perspectives: the debates on the importance of foreign workers to the mining industry; and the internal socio-political tensions generated by the fear of AIDS. The conceptions of the susceptibility of Malawian workers to HIV/AIDS masked the pressure exerted on the mining industry by the

11. Crush, *et al. South Africa's Labour Empire*, p. 110.
12. Crush, *et al. South Africa's Labour Empire*, p. 111.

various agents of the state to reduce its dependence on foreign workers. This pressure increased with increasing levels of domestic unemployment. The mining industry was, itself, caught up in two conflicting demands: on the one hand, the need to maintain foreign sources of labour in case of a sudden shortfall in the internal sources; and, on the other, to strike a compromise with the state regarding concerns for public health and worker safety. The last two were also 'part and parcel of the totality of the social and productive relations' because they had a direct bearing on the physical welfare of the mining labour force.[13] The HIV/AIDS debate also shows how the capitalist system works. It likes to free itself to enter economies and countries unhampered, but systematically creates barriers of various kinds for labour movement into, and between, economies. In other words, it closes down options for working people while all the time opening up options for itself.[14] In doing this, the system relies on the use of non-market factors and non-economic ideologies.

Viewed from another angle, the account below is also a contribution to the debates on disease aetiologies in southern Africa and Africa as a whole. As Maryinez Lyons has argued, 'the history of disease is replete with examples of blaming foreigners, often resident across the border of a neighbouring country. It is not so unreasonable to fear the introduction of disease from outside, by outsiders.'[15] Drawing on examples from Uganda in east Africa, Lyons has shown how current speculations about the origins and spread of HIV/AIDS in Africa 'reminds us of the old attitude that disease is often inflicted upon us from outside by outsiders.'[16] Migrant workers and mobile ethnic groups are often cited as the major vectors of infectious diseases. In the southern African context, the old folk aetiologies of disease epidemics are compounded by the movement of labour from the less developed agrarian economies of the region to the relatively developed mining economy of South Africa. Over the past century, the South African mines have depended on cheap male migrant labour from the neighbouring countries: 'the South African employers systematically recruited foreign migrants to supplement what they deemed to be an insufficient supply of cheap domestic labour'.[17] Of late, this has given rise to a sense of xenophobia on the part of certain sectors of the South Africa population, 'tensions are rising between South African workers and foreign

13. Marks and Anderson, 'Issues in the Political Economy', p. 178.
14. This view comes from Tessa Marcus' comments on the papers on 'Migrancy in Southern Africa' presented at the International Conference on 'Transforming Mine Migrancy in the 1990s: Southern Africa, University of Cape Town, 27–29 June, 1994.
15. M. Lyons, 'Foreign Bodies: The History of Labour Migration as a Threat to Public Health in Uganda', paper prepared for the African Studies Association (UK) conference on 'African Boundaries and Borderlands', Centre for African Studies, University of Edinburgh, May, 1993, p. 1.
16. Lyons, 'Foreign Bodies', p. 1.
17. R. Southall, 'Foreign Workers in South Africa: comrades or competitors?', in *South African Labour Bulletin*, 18 (1994), p. 68.

workers, South African hawkers and foreign hawkers'.[18] Foreign workers and hawkers are viewed as a threat to the local populations because they compete for the available jobs, commodity markets and other facilities. Unofficial immigrants from the neighbouring countries and beyond are referred to as 'illegals' and all foreigners as 'aliens'. This is happening at a time when the South African labour market is going through a period of crisis due largely to inflation and falling prices of mineral products.[19] A total of over 200,000 jobs were lost in the gold and coal mining industry between 1987 and 1993.[20] The mining industry's strategy has been to reduce its dependence on foreign migrant workers. This adverse economic environment has heightened the tensions between local workers and foreign migrant workers. In such an environment, the politics of disease, and HIV/AIDS in particular, can hardly be separated from the general xenophobia associated with the competition for jobs and other economic facilities.

The conceptual and geographical contexts

This paper is written under three major constraints. The first relates to the inadequacy of sources of information on the subject. There is very little written on HIV/AIDS in Malawi and southern Africa in general.[21] As a result, the paper has relied on information from oral interviews with migrant labourers and some shallow official reports and confidential correspondence. To protect the privacy of those directly involved in the debates, and because of the confidential nature of most of the official reports and correspondence from which the information for the paper is obtained, some sources are not directly cited or quoted. In contrast to southern African, the literature on HIV/AIDS in eastern and western Africa is developing very fast.[22] This will be used to provide the contextual

18. Southall, 'Foreign Workers', p. 68.
19. F. de Vletter, *The Implications of Changing Migration Patterns in Southern Africa. A Working Paper* (The Organisation for Economic Co-operation and Development, Paris OECD/OCDE, 1994); J. Head, 'Migrant Labour From Mozambique: what prospects?' paper presented at an International Conference on Transforming Mine Migrancy in the 1990s: Southern Africa, University of Cape Town, Cape Town, 27–29 June, 1994.
20. See Head, 'Migrant Labour from Mozambique'; J. Crush, 'Mine Migrancy in the Contemporary Era', paper presented at an International Conference on Transforming Mine Migrancy in the 1990s: Southern Africa, University of Cape Town, Cape Town, 27–29 June, 1994.
21. For a good coverage on AIDS in Malawi see W. House and G. Zimalirana, 'Rapid Population Growth and Poverty in Malawi', in *Journal of Modern African Studies*, **30** (1992), pp. 141–161; P. A. K. Kishindo, 'High Risk Behaviour in the Face of the AIDS Epidemic: the case of bar girls in the Municipality of Zomba', *Eastern Africa Social Science Research Review*, **xi**, (1995), pp. 35–43; and by the same author, 'Sexual Behaviour in the Face of Risk: the case of bar girls in Malawi's major cities', *Health Transition Review, Supplement to vol.* 5 (1995), pp. 153–160.
22. See, for example, I. O. Orubuloye, J. C. Caldwell and G. Santow (eds), *Sexual Networking and AIDS in Sub-Saharan Africa: behavioural research and the social context* (The Australian National University, Canberra 1994); J. Nabaitu, G. Bachengana and J. Seeley, 'Marital Instability in a Rural Population in south-west Uganda: implications for the spread of HIV-1 Infection', *Africa*, 64 (1994), pp. 243–251; B. Weiss, '"Buying Her Grave": money, movement and AIDS in North-west Tanzania', *Africa*, 63 (1993), pp. 19–35.

framework. Among the best sources of information for the paper would have been the records of the agents of the South African state; those of the Chamber of Mines—especially the recruiting organizations; and those of the National Union of Mineworkers (NUM). The latter is believed to have blocked the repatriation of the HIV positive miners without full compensation. However, its campaign was limited to issues of compensation and other benefits. It could not stop the massive retrenchment taking place in the mining industry at the time. Thus, it was still possible for the industry to use the 1987 legislation prohibiting HIV/AIDS positive migrants from working in South Africa as a smokescreen to repatriate the Malawian workers.

The second constraint, and related to the above, is that researching on HIV/AIDS often involves touching on sensitive and emotional subjects that are intricately connected with individuals' private social lives. Asking questions about individuals' sexual behaviour, beliefs or preferences; use of intravenous drugs and all the other commonest ways of transmitting or contracting HIV/AIDS, 'requires treading on very personal grounds and involves a high risk of offending and alienating respondents'.[23] Avoidance of this risk may affect the quality of the information obtained from oral interviews. Thirdly, the theoretical perspectives on the social and economic context of AIDS in Africa are not well developed, and are often full of stereotypes. As a result, the subject is academically as emotional and as sensitive as is the case with asking informants about their private social lives. This limits 'objective' academic analysis of the subject.

There are three major perspectives on the socio-economic context and geographical patterns of AIDS transmission in sub-Saharan Africa. These are: the 'black peril', the 'distinct sexuality', and the 'high-risk occupational groups' perspectives. The first is one commonly found in the western media. It has viewed AIDS as an 'African problem'. The disease originated in Africa and spread to the developed countries. The combination of economic backwardness, poor medical facilities, and low nutritional standards make Africans more susceptible to developing AIDS-related complex (ARC) once affected with HIV. The thesis is full of archaic notions of Africa being a source of infectious diseases, and those of racial differences in human susceptibility to disease.

The 'distinct sexuality' perspective holds that Africans have a sexuality that is inherently permissive.[24] 'No religious moral value is attached to sexual activity, and christianity has not succeeded in changing

23. M. Van Landingham, J. Knodel, C. Saengtienchai and A. Pramualratana, 'Aren't Sexual Issues Supposed to be Sensitive?' *Health Transition Review*, 128 (1994), p. 85.
24. See J. Caldwell, P. Caldwell and P. Quiggin, 'The Social context of AIDS in sub-Saharan Africa', *Population and Development Review*, 15, no. 2 (1989), pp. 185–233. For a thorough critique see B. M. Albergh, 'Is there a Distinct African Sexuality? A critical response to Caldwell *et al.*', *Africa*, 64 (1994), pp. 220–242.

matters.'[25] This leads to failure of the fertility control programmes on the continent and HIV/AIDS control efforts will also fail 'unless the fear it generates forces Africans to adopt the Eurasian model, with its religious and moral value'.[26] The understanding is that Christianity or the adoption of the Eurasian model will lead to a change from a permissive sexuality to a system of moral restraint which in turn will check the spread of HIV/AIDS on the continent. B. M. Albergh has advanced three criticisms against this thesis.[27] Firstly, that it ignores the ethical and behavioural contradictions generally inherent in moral systems. Even in western societies Christian morality has lost a great deal of its control over social, let alone sexual, behaviour. Secondly, the thesis does not take account of the fact that the process of the Christianization of Africa fundamentally transformed local customs in ways that delinked their role in regulating social behaviour, including sexual behaviour. Thirdly, that it trivializes African moral systems. Even in societies and cultures where sexual activity may appear free of moral restraint, there is, in fact, some kind of moral order. There are moral codes of conduct which control sexual activity and provide for the punishment of those who may abuse them.

Another variant of the 'distinct sexuality' thesis emphasizes cultural-religious factors such as rites of passage. It is argued that some social and cultural practices in Africa play an important role in the transmission of HIV/AIDS. For example, in many African societies and cultures, it is a commonly held view by both men and women that sexual satisfaction is derived from the natural and direct contact of genital organs. The use of condoms during sexual intercourse is seen as unnatural, making the activity less emotionally satisfying.[28] Low acceptance of condoms fuels the transmission of the HIV/AIDS virus. The social value of sexual intercourse involving the direct contact of genital organs is transmitted to young men and women through institutions of rites of passage. In these, boys and girls are taught that sex is penetrative, not just for the sake of emotional satisfaction, but also because that is what leads to procreation which is their prescribed role in society.

As regards the 'high-risk' occupational groups, the argument is that there are some occupations that lead to the emergence of high-risk groups that are more likely to transmit or contract the HIV/AIDS. Among the

25. Albergh, 'Is there a Distinct African Sexuality?', p. 221.
26. Albergh, 'Is there a Distinct African Sexuality?', p. 241. The Eurasian model is outlined in J. C. Caldwell and P. Caldwell, 'Is the Asian Family Planning Program Model Suited to Africa?', *Studies in Family Planning*, **19** (1988), pp. 19–28.
27. Albergh, 'Is there a Distinct African Sexuality?', pp. 220–242. For methodological and other criticisms see S. Heald, 'The Power of Sex: some reflections on the Caldwells' "African Sexuality" thesis', *Africa*, 65 (1995), pp. 489–505.
28. See Kishindo, 'High Risk Behaviour', p. 41; also by the same author, 'The Social context of AIDS in Malawi', paper prepared, for the Regional Conference on Ethical and Social Issues Surrounding AIDS, Lusaka, Zambia, 1993, p. 7.

occupations often cited are long-distance truck driving, itinerant trade, tourism, bar-attending, provision of public night entertainment, and prostitution. Research findings have shown that everywhere in Africa long-distance truck drivers are a source of sexually-transmitted diseases. Levels of HIV/AIDS infection are higher along the routes most densely travelled.[29] Historical studies have shown that there is indeed a direct connection between the spread of infectious diseases and improvements in road or railway transportation.[30] Closely related to this is the expansion in tourism, itinerant trade and prostitution as economic activities. Transport nodes and tourist attractions tend to be centres of itinerant trade and night entertainment. Truck drivers, tourists and itinerant traders provide prostitutes with a ready market for their services. Some female itinerant traders also sell sexual favours in addition to their trade goods.

At the peak of Malawi's labour migration, a lot of facilities for night entertainment in the rural districts, along the major roads, and along the lakeshore were owned by returned migrants.[31] This was especially the case with bars and dancing places. Since their incomes were generally higher than those of the rural workers, peasants and ordinary Malawians, the returned migrants were the regular patrons of these facilities, and dependable customers to the prostitutes found in them. The migrants were thus a 'high-risk' group; and it was highly possible for them both to contract and to spread the HIV/AIDS in their areas of origin.

It is further argued that to properly understand the patterns of the AIDS epidemic in Africa, it is important to analyse the disease in terms of its geographic spread.[32] Official figures, with all their flaws, suggest that 'AIDS is now a major cause of morbidity and mortality in most African countries south of the Sahara'.[33] In early 1991, the World Health Organization (WHO) estimated that about six million cases of HIV infection and 800,000 cases of AIDS had occurred in adults in this region. In addition, there were about 900,000 cases of HIV infection and

29. Orubuloye *et al.*, 'The Role of High-risk Occupations in the Spread of AIDS: truck drivers and itinerant market women in Nigeria', in Orubuloye *et al.* (eds.), *Sexual Networking*, pp. 89–95.
30. See, for example, G. W. Hartwig and D. Patterson (eds.), *Disease in African History: an introductory survey and case studies* (University Press, Durban, 1978).
31. For details on the migrants' economic activities in their areas of origin see W. C. Chirwa, '"Theba is Power": rural labour, migrancy and fishing in Malawi, 1890s–1985', PhD thesis, Queen's University, Kingston, Ontario, Canada (1992); and by the same author, '"No TEBA . . . Forget TEBA": the plight of Malawian ex-migrant workers, 1988–1994', *International Migration Review* (forthcoming); 'The Malawi Government and the South African Labour Recruiters, 1974–1992', *Journal of Modern African Studies*, 34, 4 (1996), pp. 623–642.
32. Caldwell *et al.* 'The Nature and Limits of the Sub-saharan African AIDS Epidemic: Evidence from geographic and other patterns', in Caldwell *et al.* (eds.), *Sexual Networking*, pp. 195–215.
33. I. D. Campbell and G. William, *AIDS Management: an integrated approach* (ACTIONAID, London), p. 1; G. William, *From Fear to Hope: AIDS care and prevention at Chikankata Hospital, Zambia* (ACTIONAID, London, 1990), p. 1.

about 500,000 cases of AIDS in infants and children.[34] John and Pat Caldwell have observed that probably 55 percent of men, 83 percent of women, and 90 percent of children infected with HIV and AIDS are in the sub-Saharan Africa region.[35] By the beginning of 1992, some 8·8 million people in the region were said to be infected with the virus. This was about 68 percent of the world's total. The central, eastern, and south-eastern African countries including, of late, Zimbabwe and parts of South Africa, are areas where the AIDS epidemic is progressing 'indeed fairly rapidly'.[36] The pattern of the spread pertains to the west-east axis from central Africa to the Indian Ocean, the Zaïre-Rwanda-Uganda-Kenya route, and then south-eastern through Tanzania, Mozambique, Malawi, Zimbabwe to the whole of the southern Africa sub-region. There is also a pattern that starts from middle Africa to the south. This passes through Zaïre, Zambia, Angola, Zimbabwe and the rest of the southern African countries. The central and eastern African countries are said to be where HIV appeared earliest and are now the most heavily infested parts of Africa.[37] From here the disease moved southwards to the rest of the sub-Saharan Africa region.

Within the southern and south-eastern Africa sub-regions, the pattern is from north-to-south. Countries north of South Africa—Zimbabwe, Zambia, Malawi and Tanzania—have higher numbers of officially reported HIV/AIDS cases than South Africa's immediate neighbours to the west and east: Botswana, Namibia, Lesotho and Swaziland. Table 1 shows this difference during the early 1990s. These figures have now changed.

The above account suggests that the high incidence of HIV/AIDS among the Malawian migrants can therefore best be understood from two perspectives: the 'high-risk' behaviour of these people, and the geographical pattern of the disease. Malawi is a landlocked country heavily dependent on long-distance road haulage. With its recently constructed road network, the country has become an important bridge between the southern and eastern African countries. Thus, it is affected by the HIV/AIDS pattern associated with long-distance road haulage and general improvements in road networks in the central-eastern, south-eastern and southern Africa sub-regions. The country is also an important tourist destination. The number of visitors has steadily, if not rapidly, increased over the last five to eight years. Records of the Department of Tourism show that most of these come from the eastern and southern African countries. Levels of cross-border itinerant trade between Malawi and these countries have also increased with improvements in road transportation. Thus, the two:

34. Campbell and William, *AIDS Management*, p. 1.
35. Caldwell and Caldwell, 'The Nature and Limits', p. 195.
36. Caldwell and Caldwell, 'The Nature and Limits', p. 197.
37. Orubuloye *et al.* (eds.), *Sexual Networking*, p. 89.

TABLE 1
Reported HIV/AIDS cases in Southern Africa

Country	Cases	Rate per million pop.	Date of Report
Angola	608	64	May 1993
Botswana	1,415	1,010	Dec 1993
Lesotho	479	252	Dec 1993
Malawi	31,857	3,185	Dec 1993
Mozambique	826	54	Dec 1993
Namibia	510	3,188	Dec 1993
S. Africa	3,210	82	Apr 1994
Swaziland	413	516	Feb 1994
Tanzania	38,791	1,392	Jan 1993
Zambia	29,734	3,457	Oct 1993
Zimbabwe	25,332	2,367	Sep 1993

Source: L. Mosia, 'Economic Integration in Southern Africa: Peace and security in South Africa', paper presented at the SAPES/SARIPS Annual Colloquium, Harare, Zimbabwe, 25th–30th September, 1994. The South African figures are originally from *Epidemiological Comments* 21 (1994); those for Swaziland are from the Swaziland National AIDS Prevention and Control Programme, and the rest from Panos Institute, World AIDS Database, July, 1994.

cross-border itinerant trade and the tourist industry, provide contact between the 'high-incidence' areas of eastern and central Africa and the supposedly 'low-incidence' areas of southern Africa.

The impressionistic statistical and factual data presented above suggest that the countries north of South Africa are viewed as the source of the HIV/AIDS that affects that country and its immediate neighbours to the west and east. An important factor missing in these data is the analysis of the efficiency of the medical and administrative machinery for reporting the incidence of the disease. War-torn countries like Mozambique and Angola may not have had efficient health and administrative capacity to effectively report on the disease. Their medical facilities were not such that they could mount efficient HIV/AIDS testing and monitoring programmes. It is also inconceivable that Mozambique could have a low incidence of the disease while all its immediate neighbours—Malawi, Zimbabwe, Zambia, and Tanzania—have a high incidence. Given the open borders and the free movement of people between these countries, also that some ethnic communities straddle these borders, the incidence and patterns of HIV/AIDS infection in them should be fairly the same.

With the above socio-economic conceptions and geographical patterns of the spread of HIV/AIDS, it has become very easy for most South Africans to view the disease as a 'black peril' from the northern countries. South Africa is regarded as a country where 'third world', more or less economically and socially backward cultures meet with 'first

world' and advanced cultures. It is believed by a lot of white South Africans, including some medical authorities, that this socio-cultural and socio-economic mixing will play an important role in the transmission of HIV/AIDS in their country. The oscillating migrant labour system in the region facilitates the mixing and hence is viewed as the major avenue through which the HIV/AIDS epidemic will be spread to South Africa. Migrant labourers, like long-distance truck drivers, itinerant traders, tourists and prostitutes, are a 'high-risk' group and need to be controlled. What this suggests is that notions of the 'black peril', racial or ethnic differences in human susceptibility to disease, arguments about how socio-cultural factors and economic advancement affect morality, and the categorization of 'high-risk' occupations and groups, can easily be justified by appealing to the above figures on the geographical patterns of the spread of the AIDS epidemic in the region. The account below shows how these conceptions were reflected in the repatriation of Malawian migrant workers from South Africa between 1988 and 1992. Before getting into this, it is important to outline the extent of the HIV/AIDS problem in Malawi.

Malawi's HIV/AIDS situation

The first HIV/AIDS case in the country was diagnosed in 1985, and HIV infection became widespread during the late 1980s. In 1992, a 23 percent prevalence was recorded in the 15–49 year age group in the urban areas and eight percent in the rural areas, giving a nationally weighted average of about 10 percent of all adults. The urban figure is estimated to be more than double the national average.[38] By mid-1992, some 29,194 cumulative cases of HIV/AIDS had been reported from various hospitals in the country's 24 districts. It is further estimated that between 700,000 and 1·1 million people out of the country's population of slightly over 10 million people will probably test HIV/AIDS positive by the end of 1996 or a few years thereafter. Sexual transmission, low acceptance of condom use, and the practice of sex with multiple partners are cited as the major contributory factors to this pattern. The possible effects on the country's demographic and mortality patterns have been documented in official reports. The selective deaths of young adults will result in an increase in the number of orphaned children and destitute old people requiring social and material support. Health care services will be overstretched and improvements in social and economic indicators will be lost.[39]

38. Government of Malawi (GOM) and the United Nations (UN) in Malawi, *Situation Analysis of Poverty in Malawi* (GOM and UN, Lilongwe, 1993), pp. 187–191; AIDS Secretariat, Ministry of Health (Malawi), *Malawi AIDS Control Programme: Medium Term Plan II, 1994–1998* (AIDS Secretariat, Lilongwe, 1994) p. iii.
39. AIDS Secretariat, *Malawi AIDS Control Programme*, p. 2.

TABLE 2
Territorial distribution of confirmed HIV/AIDS cases among recruits (March, 1988)

Territory	Samples Tested	Positives	Percentage
Malawi	2,427	90	3·71
Botswana	1,841	3	0·16
KwaZulu (Natal)	1,993	2	0·10
Mozambique	1,461	1	0·07
Swaziland	1,695	1	0·06
Lesotho	2,003	1	0·05
Totals	11,420	98	0·68

Source: Confidential Correspondence and Reports.

Though the current pattern in the country suggests that the disease is more prevalent in the urban centres, this is likely to change in the near future. Three factors will account for this: rural-urban and urban-rural migration; increased mobility of 'high-risk' groups; and the repatriation of migrant labourers from South Africa. The first two are beyond the scope of this paper. As regards the return of migrant labourers, the key issue is that the majority of them came from, and returned to, rural areas and thus pose a major risk to the communities and especially women in their areas of origin. It has been observed that the money the migrant labourers brought home was usually far above the average rural income, which often led to conspicuous consumption and spending. In this way migrants became a big attraction to women in the villages. The HIV/AIDS would thus spread rapidly if these men and women were carriers or sufferers.

The repatriation of Malawian workers came after almost two years of debates within South Africa on what to do with foreigners who were HIV carriers and AIDS sufferers entering the republic. In 1985/86, the South African Chamber of Mines (COM) began to screen migrant labourers for HIV/AIDS. An AIDS Working Group was set up with the objective of mounting a surveillance programme to determine the prevalence of the exposure to HIV among black mine labour recruits. By March 1986, some 14,420 blood samples were tested, 268 of these showed initial reaction and 98 were confirmed HIV/AIDS positive. The confirmed cases had been established by a minimum of 3 and a maximum of 5 tests on each blood sample. The conclusion by those who conducted the tests was therefore that the results were accurate. The territorial distribution of the confirmed cases showed a high incidence among Malawian recruits, and a comparatively low incidence among those from countries neighbouring South Africa.

The figures in Table 2 were based on the testing of recruits on their arrival. An additional random blood sampling project was mounted as

TABLE 3
HIV/AIDS cases based on random testing

Territory	Specimens	Positive	Percentage
Malawi	419	23	5·49
Mozambique	578	11	1·90
Swaziland	160	2	1·25
South Africa	1,454	6	0·41
Transkei	704	2	0·28
Lesotho	936	2	0·21
Botswana	335	0	0
Unknown	1,158	0	0
Totals	5,744	46	0·80

Source: Confidential Correspondence and Reports

part of the surveillance programme. In this, the number of positive cases among recruits of Malawian origin was still higher than that of any other group. All these figures are for black workers. It was maintained that blood samples taken from white workers, the majority of them South Africans, showed no positive cases.

Based on the above figures, Malawi was categorized as a 'high-risk' country, and Malawian migrant workers as a 'high-risk' group. Though it was officially observed that Malawian mineworkers appeared to have 'a high moral code' and claimed to have no sex partners in South Africa, and therefore would not be spreading HIV/AIDS in the Republic,[40] the authorities of the mining industry found it necessary to continue blood testing of Malawian recruits and to monitor their social behaviour. From April 1986, an HIV surveillance clinic was opened at the Rand Mutual Hospital in Johannesburg where every HIV-positive case was detained for three days in the course of which a history was taken and physical examination and skin tests were carried out. Blood tests were conducted by the South African Institute for Medical Research (SAIMR) while the clinic at Rand Mutual provided counselling to the 'patients'. The nature of the HIV was explained and instructions were issued to them to always report sick if feeling unwell. Further counselling was provided by the STD clinics run by the COM on various mines.

Strong-arm tactics

Up to 1987, there was no concrete policy on how to deal with workers with HIV/AIDS in and outside the workplace. The mining industry treated HIV/AIDS cases just like any other case of infectious disease. The position changed in October that year when the South African government,

40. Most Malawian ex-migrants interviewed maintain that they had sex partners in South Africa especially among urban women: domestic workers, petty traders, sales ladies in shops, canteen and restaurant waitresses, and beer-hall women.

heavily influenced by ultra-rightist white elements in the Conservative Party, issued a declaration prohibiting HIV carriers and AIDS sufferers from immigrating to the Republic. Those already in the country would possibly be deported. It became an offence for an individual or institution to knowingly abet an HIV carrier or AIDS sufferer to enter or stay in the Republic. All those immigrating to South Africa to work or study had to carry an HIV-free certificate issued within 14 days prior to their entry into the Republic.

In February 1988, 101 Malawian recruits were repatriated from the Republic for being HIV/AIDS positive, and a month later the COM stopped importing labour from Malawi altogether. By mid-1988, about 2,000 Malawian recruits were suspected HIV positive and were to be repatriated from the Republic. Within a period of just about 24 months, the number of Malawian workers employed on the South African mines dropped from about 13,090 to zero.[41] In a manner typical of the apartheid regime, the repatriation was fast and carried out with impunity—without any regard to socially and internationally accepted norms of behaviour. It caused a lot of debate between the Malawi government and the Employment Bureau of Africa (TEBA), the COM's official recruiting agent, and between the former and the migrant labourers themselves. The Malawi government had three points of contention: the ethical or moral justification for mandatory HIV/AIDS screening as a precondition to employment; compensation for those repatriated; and the legality of the decision to test the recruits and repatriate them if they were found positive.

The Malawi officials were of the opinion that mandatory testing was 'a degrading practice', especially that it was done without the consent of the recruits.[42] In addition, any HIV/AIDS testing as a pre-condition to employment was contrary to the World Health (WHO) policy on AIDS and amounted to discrimination, exclusion and preference in employment. The Malawi government thus rejected the request by the COM and the South African government that all recruits from the country be screened at home prior to their departure for work in South Africa. In addition to the WHO's policy, there are some International Labour Organization (ILO) conventions that outline internationally acceptable guidelines on the elimination of discrimination, protection in relation to termination of employment, special measures for the disabled, and occupational health and safety.[43] For example, any form of discrimination,

41. Crush, 'Mine Migrancy', Table 3. For the longer trend see J. Crush *et al. South Africa's Labor Empire*, Table A.4.
42. Government Printer, Malawi. *The Hansard: National Assembly Official Verbatim Report of the First Meeting of the Thirtieth Session, 7th July* (Government Printer, Zomba, 1994), p. 161.
43. A. M. Trebilcock, 'AIDS and the Workplace: some policy pointers from international labour standards', *International Labour Review*, 128 (1989), pp. 29–46.

distinction, exclusion or preference that has the effect of nullifying or impairing equality of opportunity or treatment in employment or occupation is regarded as unacceptable by international standards.

Though these conventions did not specifically deal with HIV/AIDS, they could have been applied to the treatment of migrant labourers with the disease. In some countries, including several states of the United States of America, 'legislation has been adopted either prohibiting discrimination in employment on the basis of HIV/AIDS, or restricting the uses to which HIV tests may be put in relation to employment'.[44] A joint WHO/ILO Statement published in 1989, a year after the beginning of the repatriation of Malawian workers from South Africa, categorically stipulates that 'persons in the workplace affected by, or perceived to be affected by HIV/AIDS, must be protected from stigmatisation and discrimination by co-workers, unions, employers or clients'.[45] It also deems inappropriate all pre-employment HIV/AIDS screening as part of the assessment of fitness to work; and states that 'there should be no obligation of the employee to inform the employer regarding his or her HIV/AIDS status'.[46]

The applicability of these international conventions or norms of behaviour to the case in question depended on their acceptability by the South African government. If South Africa was not a signatory to such conventions, it had no obligation to implement them. However, the most contentious issue in the South African decision to repatriate the Malawian workers was the failure to distinguish between the nature of the HIV infection and the types of jobs in which the workers were employed. There are three categories of HIV-infected persons.[47] The first is that of persons who are simply positive but have no symptoms of AIDS or any AIDS-related disease. These are usually in the majority. The second is that of individuals who have developed AIDS-related diseases but are capable to work. The third is that of those with ARC and incapable of work. The majority of the Malawians who had tested positive were in the first category. They had not developed AIDS or/and ARC, and were thus fit to work. However, there was a possibility that they could develop the disease and fall sick in the course of their contracts.

Jobs fall into two categories: those that involve no possibility of exposure to or transmission of HIV, and those that may present such a risk. In any workplace, there are two interlinked tasks to be addressed: the protection

44. Bureau of National Affairs, *AIDS in the Workplace: Resource Manual.* (Bureau of National Affairs, Washington, 2nd ed. 1987). These are discussed in detail in Trebilcock, 'AIDS and the Workplace', p. 32.
45. Cited in Trebilcock, 'AIDS and the Workplace', pp. 31–32. The policy pointers are outlined in World Health Organization (WHO) and the Labour Organization (ILO), *Statement from the Consultation on AIDS and the Workplace, Geneva, 27–29 June, 1988* (WHO and ILO, Geneva, 1988).
46. Trebilcock, 'AIDS in the Workplace', p. 34.
47. This account is from Trebilcock, 'AIDS and the Workplace', pp. 29–46.

against the discrimination and infringement of the rights of those with HIV/AIDS, and the protection of those who are not infected so that they do not contract the HIV or/and the AIDS-related diseases.[48] The majority of the Malawian workers on the South African mines were not in jobs that presented the risk of transmitting the HIV. Though some of the jobs in which they were employed were characterized by physical dangers with the possibility of sustaining open wounds and letting out of blood and other bodily fluids, the risk of other workers contracting HIV through contact with such injuries was minimal and could be easily averted.

The risk of the migrant transmitting the HIV would come mainly through social behaviour and blood donation. As regarded the former, there were three ways: the use of intravenous drugs, homosexuality, and sexual contact with urban women outside the hostels and the place of work. Oral informants maintained that unprotected homosexuality was a 'common thing' in their hostels and the use of intravenous drugs was also on the rise. A lot of mineworkers also had multiple sexual partners outside the hostels especially among 'shebeen queens'—the women serving in beerhalls. Through these activities the mine workers could not only transmit the HIV, but also contract it within South Africa itself. While homosexuality and the use of intravenous drugs presented the risk of transmitting or contracting the HIV to and from fellow workers, sexual relations with urban women presented the risk of transmitting it to, and contracting it from, the public outside the mining industry. Thus, if the general opinion in South Africa was that the migrants presented the risk of transmitting the HIV/AIDS to the local public, there was equally the risk of the local public transmitting the disease to the foreign workers.

The other possible way of the mineworkers transmitting the disease to their fellow workers was through blood donation. The mining industry had a voluntary blood donation programme as necessitated by its medical requirements. Infected persons could therefore possibly donate contaminated blood. However, since the blood was screened for HIV and other infectious diseases, this risk could be greatly minimized, if not put under complete control. Incidentally, there was a 'serious reduction' in the numbers of blood donors in the industry as a result of confusion between donation of blood for transfusion purposes and the AIDS blood sampling programme. The industry's medical authorities were concerned that this would result in a disastrous shortfall in the industry's blood requirements. They appealed to the workers to come forward and donate blood without fearing HIV/AIDS screening, but the workers shunned them.

For those recruits repatriated for being HIV positive, the Malawi government demanded that they be compensated. The argument

48. For a detailed discussion see Trebilcock, 'AIDS in the Workplace', pp. 29–46.

advanced was that the workers were not informed of the screening before they left their country, and some of them were repatriated before their contracts had expired. The mining industry challenged the argument because neither TEBA nor the employing mines could be blamed for the repatriation. There was no provision in the standard agreement with the Malawi government for compensation upon its termination where the reason for the termination was a legislative provision. The legislative position was that any person with AIDS or who was infected with HIV was a prohibited person for the purposes of the amended Admission of Persons to the Republic Regulation Act of 1972. Section 33 of the Act stated that any person shall, before entering the Republic, appear before an immigration officer and satisfy him that he is not a prohibited person. There was also a provision in section 51 that any person who aids or abets any person in entering or remaining in the Republic knowing that that person is prohibited from doing so, is guilty of an offence. The legal tool for interpreting the Act was a Government Notice No. R.2439 of 30 October, 1987, Regulation 17, which stated that persons who, *inter alia*, have AIDS or who are infected with HIV were prohibited persons for purposes of the Act. Thus, any employer who was aware that a foreign employee had HIV or/and AIDS and assisted him/her to remain or/and work in South Africa would be committing an offence. TEBA and the COM would therefore be committing an offence if they recruited and knowingly abetted Malawian workers with HIV or AIDS to remain or/and work in the Republic. The Malawi government remained unconvinced by this argument. Though neither TEBA nor the COM could be blamed for the introduction of the law, there was still a valid claim for compensation and severance benefits on the grounds that these workers had signed an employment contract prior to leaving their country. The contract was in force and binding from the day the contracting parties appended their signatures to it. The recruits were employed from the day of the signing of the contract and thus entitled to compensation and/or any benefits in the event of accident, death, retrenchment and severance as outlined in the agreement.

TEBA and the COM initially rejected this argument. They counter-argued that by entering into a contract with TEBA the recruits were only assured of employment once they had passed the medical examinations in South Africa and were deemed fit for work. It was not unusual for recruits to be returned home for medical reasons if they failed the medical examination in South Africa even though they had passed the initial test in their country of origin. After consultations and lengthy correspondence with their legal experts, TEBA and the COM were convinced that an agreement comes into force as soon as the parties have agreed on all the material terms and conditions. The fact that one or all the parties to it

were only required to carry out part or all of their obligations under its terms at some future date did not alter the fact that the agreement was in force and binding. The fact that Malawian recruits were only required to work after arriving in South Africa and passing a medical examination on their arrival did not alter the fact that the agreement became binding from the time it was signed in Malawi. The conclusion was therefore that these workers were employed upon their recruitment in Malawi. However, the COM agreed only to make an *ex gratia* payment for distribution to the affected workers as the Malawi government saw fit.

The Malawi government also blamed TEBA and the COM for unilaterally changing the terms of the standard labour agreement signed between them. Any alterations to its terms were supposed to be made after consultation between the two concerned parties: TEBA/COM and the Malawi government. However, section 16 of the document stipulated that it shall be interpreted and applied in accordance with the existing laws of the Republic of South Africa. Since the South African laws at the time provided for the screening for HIV/AIDS, and the repatriation of those who were positive, it was improper to accuse TEBA and the COM for unilaterally introducing new terms of the agreement. In fact, there was no new term introduced.

Divisions and points of contention

Though TEBA and the COM were locked up in such a heated debate with the Malawi government, it does not mean that they were in support of their government's declaration. Generally, the mining industry valued its Malawian employees for their skills, work discipline and lack of militancy. The 1980s were years of increased militancy by South African black workers due to the intensified campaign by the National Union of Mineworkers (NUM) and the African National Congress (ANC). Thus, the mining industry was concerned about the possibility of sudden changes in the internal labour supply. It was therefore necessary to keep Malawi open as a reliable alternative supply. The industry was also concerned about the investments it had made in establishing a network of recruiting facilities in the country and the region as a whole. Closure of these would be a loss to the industry. Equally important were the 'good' political relations the industry had established with the Malawi government through labour agreements. These, it was argued, needed to be maintained because they formed a basis for the establishment of the constellation of southern African states which the South African government looked forward to.

The Chamber's reluctance to repatriate the foreign workers was shared by the National Manpower Commission and the SAIMR researchers who were involved in the testing of the migrants' blood samples. The former put forward two arguments. Firstly, that there was no national policy on

HIV/AIDS and therefore it was morally wrong to ban the recruitment and employment of HIV carriers and AIDS sufferers. Secondly, that, in fact, the migrant labour system was not particularly instrumental in spreading HIV/AIDS in the country. They cited the role played by South African long-distance truck drivers who operated on routes to northern countries and prostitutes who 'serviced' them. The evidence they presented suggested that about 50 percent of these truck drivers were, by early 1989, HIV/AIDS positive. In addition, in the same year, 0·2 percent of the urban black women attending ante-natal clinics in Johannesburg and Soweto tested HIV positive. The latter figure was ten times higher than the average prevalence measured in 1986 in South African mine employees. To the Commission, this was an indication that HIV/AIDS was already entrenched in the country. They would have therefore hoped to see the mining industry let off the hook and not singled out by the government as being particularly instrumental in spreading the disease. They were also not in favour of any statutory provision relating to the employment and/or termination of contracts of HIV positive employees or AIDS sufferers in any other sector of the country's economy. Their opinion was that each employer should have been allowed to decide on the appropriate policy to be adopted; and that there was no point in dealing with AIDS differently from other illnesses. The criterion should have remained whether or not the prospective employee was capable of performing the job for which he was employed.

These views were shared by the SAIMR researchers. They also argued that AIDS was already entrenched in South Africa and the ban on the employment of foreigners with the disease would not do anything to curb its future development in the country. They preferred the testing to be done by the government and not the mining industry because it would give the industry a bad name. The government would also have to cooperate with the labour supplier countries to ensure that the migrants were pre-tested before they signed their contracts; and for the monitoring of those found positive. They further proposed that the validity of the AIDS-free certificate, if it was absolutely necessary that it should be introduced, should be 30 rather than 14 days. The researchers were also worried that the actions of their government would generate hostile reaction worldwide. They argued that so far, virtually only the eastern bloc countries had introduced similar requirements. AIDS testing was a pre-condition to immigration into the USA, but not to being granted a work permit if immigrant status was not sought. They therefore proposed that HIV-positive workers already in the country should not be repatriated.

The protagonists of the HIV/AIDS regulation were the Department of National Health and Population Development, and the ultra-conservative elements in the white-controlled National Party. Their arguments were

based purely on issues of public health, especially as they affected the welfare of urban communities. They received support from the Ministry of Foreign Affairs officials who were willing to implement the government's decision even without Cabinet or parliamentary approval. In the end, the Chamber maintained that it would consent to the repatriation as a way of complying with the legal requirements. However, when the requirements were relaxed in 1990 after criticisms, the Chamber did not resume the recruitment of Malawian labour. No negotiations were made with the Malawi government. Instead, it only continued to pay outstanding pensions for the retired workers. It is also important to note that although the government was responsible for the introduction of the legal regulations on HIV/AIDS, the repatriation of the workers was done by the Chamber itself, no government assistance was provided. The strong-arm tactics employed in the exercise were also designed by the Chamber itself. The official HIV/AIDS regulations can therefore not be blamed for the social stigma and psychological torture the Malawian migrants suffered, and the inconveniences caused to the Malawi government.

The Chamber might argue that the strong-arm tactics were used because the Malawi government had refused the pre-testing of the migrants in their country. This would be a valid point, but it is worth noting that after a change of government in Malawi in 1994, the new government proposed to re-open talks with both TEBA and the Chamber for recruiting to resume, but was rebuffed. In fact, by this time TEBA had already sold off its office buildings and other facilities in the country. On the regional level, its offices in a number of countries were also closed. The organization was no longer actively engaged in recruiting for the Chamber. Its functions had also changed. It had shifted to managing TEBA-CASH, a banking service for the mine employees; and ran the Manpower Data Centre, an archive of computerised records on the structure and composition of the labour force. This information was provided to the Chamber and individual mines for a fee. As Judith Head has noted, 'what is clear is that TEBA's days as a recruiter of labour are numbered. In part, this is because with no restrictions on the free movement of labour [from the internal sources] men can simply sign on at the gates of the mines and, more importantly, mine managers can hire at the mine gates.'[49] This is another indication of the declining value of foreign recruited migrant workers. The closing down of TEBA offices in the labour supplying countries of the region, and the changing roles of the organization, are indications that there were major changes in the recruiting policies of the mining industry. AIDS or no AIDS, there was still going to be a shake up in the system of oscillating labour migration.

49. Head, 'Migrant Mine Labour', p. 7.

As regarded the migrants from Malawi, even if the talks had re-opened and recruiting had resumed, the Chamber still had to deal with the social stigma and the humiliation the Malawian workers had experienced. There was also need to explain to them why they were treated in an unaccountable manner during the testing period; and why strong-arm tactics were used in their repatriation. For the two years that the tests were conducted there was no statement of the objectives given to the migrants, whose opinion was that taking blood samples for screening without their informed consent was an insult. They maintain that they were not informed of the purposes for which the blood samples were taken and who was going to have access to the results, let alone the consequences of the tests.[50] The prohibition of HIV carriers and AIDS sufferers to work in South Africa was 'an unfortunate and unfair decision' that placed unnecessary conditions and restrictions on their right to choose where to work.[51] They also feared that the requirement to obtain an HIV-free certificate within two weeks prior to entering South Africa for work would result in the invasion of individual privacy during the process of testing. Though the majority of them were willing to be screened in order to be able to migrate freely, they were very concerned about the stigma associated with the disease. They would not like to see their names appear in official documents as HIV carriers or AIDS victims, not even as people who had been tested, and especially if the test results were positive.

This is not unique to Malawian migrant workers. Studies done elsewhere have shown that 'research on AIDS is difficult because of the sensitivity of the topic of sexual relations ... especially in relation to providing information on sexual relations outside marriage'.[52] Interviews on sexual behaviour, exposure to sexually transmitted diseases, including AIDS, may easily lead to the alienation of the informants, individual unpleasantness and grievance, and excitement and curiosity from society about which person is being interviewed. The identification of an individual as an HIV carrier or AIDS patient is often taken as an accusation of loose morals, regardless of the fact that a lot of people are aware that the disease can be transmitted by non-sexual ways.[53]

What the Malawian migrants disliked most was being categorized and stereotyped as a 'high-risk' group from a 'high-incidence' country. This carried with it hidden notions of the 'distinct sexuality' and 'black peril'

50. Interviews with Mwazeni M'tira, Chia, Nkhota kota, 29 September 1989; George Tondoli, Liwaladzi, Nkhota kota, 21 December 1993; Lloyd Chilewe, Misanjo Village, Mabuka, Mulanje, 4 April 1994.
51. Interviews with Isaac Nyirenda, Mpamba, Timbiri, Nkhata Bay, 16 December 1993; John Kaunda, Nthulinga Village, Timbiri, Nkhata Bay, 18 December 1993.
52. Orubuloye *et al.* (eds.), *Sexual Networking*, p. 1.
53. Orubuloye *et al.* (eds.), *Sexual Networking*, pp. 1–2. For AIDS Awareness in Malawi see National Statistical Office (NSO), *Malawi: Demographic and Health Survey* (Zomba: NSO, 1994), chap. 10.

theses. In their opinion, it gave the impression that they had loose morals and hence were more susceptible to contracting and transmitting HIV/AIDS. 'We were viewed as the "evil" ones', lamented one returned migrant, 'as if there was no AIDS in South Africa itself, or elsewhere in the world.'[54] Thus, they are convinced that the whole HIV/AIDS issue was just a ploy to stop their recruitment so as to give a chance to the unemployed South Africans. 'There are a lot of people in South Africa without jobs . . . they are not happy to see foreigners take jobs away from them . . . they want their government to do something for them.'[55]

In theory, the use of HIV/AIDS as a tool for the repatriation of the Malawian workers would have had the effect of unifying rather than dividing the labour force. In practice, it did not. The retrenchment and down-scaling of the labour force had heightened competition among the workers. This, in turn, created wide divisions along ethnic and nationality fault lines. The Malawian migrants maintain that their repatriation was 'good news' to Basothos, Mozambicans and other nationalities, though these, themselves, were equally worried that they may face the same predicament in future. But for as long as such a fate had not yet arrived, they were safe and could maximize their employment chances. There is no doubt that given the rising levels of unemployment in South Africa, the popular opinion in some quarters, especially among the unemployed in the townships, is that the repatriation of foreign workers was a welcome development.

The story of rising unemployment has recently been officially confirmed. 'It will be surprising', observed L. Crewe-Brown, the South African Ambassador to Malawi, 'if they [the Chamber of Mines] will need more foreign workers because of unemployment in South Africa.'[56] He put the unemployment rate in the Republic at 30 per-cent. Thabo Mbeki, the South African Vice President, has made even stronger remarks:

> Our people are just loafing in the streets at the expense of foreigners flooding our offices and mines. The Home Affairs Ministry will have to sort this thing out . . . these foreigners have to go back home. There are hundreds of Malawians at the East Rand Platinum Mines (ERPM) in Germiston, hundreds of Mozambicans at St. Helena Gold Mines in the OFS [Orange Free State], hundreds of Zimbabweans at City Deep Mines to the east of Jo'burg (Johannesburg) city while our own sons and brothers are just hobbling in Soweto, and being turned into spivs by the end of the day. We cannot afford that . . . .[57]

54. Interview with Mwazeni Mtira, Chia, Nkhota kota, 29 September 1989.
55. Interview with Mwazeni Mtira, Chia, Nkota kota, 29 September 1989.
56. *The Malawi News*, 4–10 June, 1994, p. 1; also in *The Michiru Sun*, 7–13 January, 1994, p. 1.
57. *The Malawian*, 2–4 July, 1994, p. 1; also *The Malawi News*, 23–29 July, 1994, p. 1.

Malawi's declining value

The contention of this paper is that the key factor in this debate was the declining value of Malawi as a supplier of cheap migrant labour to the South African mines. This began in the mid-1970s following a plane crash in Francistown, Botswana, in April 1974, in which 74 Malawian migrant labourers died. Dr. Hastings Kamuzu Banda, the then [Life] president of Malawi, banned the recruiting activities of the Witwatersrand Native Labour Bureau (WNLA or Wenela) in the country. *Wenela* was the South African recruiting organization that preceded TEBA. Though recruiting resumed in 1977 after a lengthy debate and a lot of consultation, the average numbers of Malawian workers on the South African mines never reached the pre-1974 levels. The following table supports the argument.

TABLE 4
Average numbers of Malawians on South African Mines, 1964–1990

Year	Workers	Year	Workers
1964	35,658	1978	17,910
1965	38,580	1979	15,033
1966	39,014	1980	13,569
1967	38,182	1981	12,937
1968	47,446	1982	13,565
1969	53,315	1983	14,287
1970	78,492	1984	15,120
1971	92,782	1985	16,849
1972	111,768	1986	17,923
1973	119,141	1987	17,620
1974	108,431	1988	13,090
1975	27,994	1989	2,212
1976	571	1990	29
1977	3,495	1991	5

Source: J. S. Crush, A. H. Jeeves and D. Yudelman, '*South Africa's Labor Empire*' Table A. 4: Sources of Mine Labour, Average Number of Black Workers Employed, 1920–1989; and J. S. Crush, 'Mine Migrancy in the Contemporary Era', paper presented at an International Conference on Transforming Mine Migrancy in the 1990s: Southern Africa, University of Cape Town, Cape Town, South Africa, 27th–29th June, 1994. Table 3.

The peak of the recruiting of Malawian labour was between 1968 and 1974. Between 1975 and 1977 figures drastically dropped due to Dr Banda's ban. When recruiting resumed in 1977 the numbers remained relatively low. High levels of unemployment at home forced the Banda regime to change its stance and resume talks with the South African recruiters to increase their importation of Malawian labour. Between 1978 and 1985, the Malawi government battled with TEBA to increase the number of Malawian recruits by about 5,000 annually, but not much was achieved. This was because the 1980s experienced major changes in the recruiting policies of the South African mining industry. On the one

hand, the industry strove to maintain what is popularly known as 'heterogenous sourcing'—keeping open all regional sources of labour supply—but on the other hand it increasingly shifted towards 'internalization'—the employment of local people. Since emphasis was on the latter, the numbers of foreign workers on the South African mines began to steadily decline from the mid-1980s:

TABLE 5
Average numbers of African miners employed on gold mines, 1986–1992

	1986	1987	1988	1989	1990	1991	1992
South African	133,965	128,513	120,008	108,957	98,924	86,790	77,282
Transkei	12,249	12,249	11,593	10,569	9,225	7,713	6,331
Ciskei	15,107	15,107	13,861	12,038	10,862	9,470	7,764
Bophuthatswana	103,897	117,553	119,806	113,992	105,251	90,227	79,693
All other areas	206,150	273,402	265,268	245,556	224,262	194,200	171,070
Total S.A.	103,742	105,506	100,951	100,529	98,200	88,281	83,877
Foreign							
Lesotho	56,237	45,917	44,084	42,807	43,172	41,596	42,467
Mozambique	19,106	17,939	17,061	16,051	14,918	13,388	11,159
Malawi	14,239	15,743	16,171	16,387	16,387	15,623	15,210
Botswana	17,923	17,620	13,090	2,212	29	5	0
Swaziland	211,247	202,725	191,357	172,706	172,706	160,253	153,371
Total foreign	477,397	476,127	456,625	396,968	396,968	354,453	324,44

Source: J. S. Crush, 'Mine Migrancy in the Contemporary Era', paper presented at an International Conference on Transforming Mine Migrancy in the 1990s: Southern Africa, University of Cape Town, Cape Town, 27th–29th June, 1994.

There was also a general decline in employment in the mining industry as it battled with a stagnating real gold price, increasing working costs in part due to inflation, and increasing competition from low cost producers elsewhere. As Judith Head has rightly observed, 'the glorious days of the 1970s which saw massive capital investment and significant expenditure on research and development gave way to belt-tightening strategies'.[58] Many marginal mines struggled for survival and some closed down altogether. For the larger and better capitalized ones, it became necessary to reorganize production and make an efficient use of the available labour and its regional sources. One of the strategies adopted was to retrench migrant workers. Between 1987 and 1992, some 173,957 jobs were lost in the mining industry. Of these, 52,145 were of foreign workers. It is estimated that by the mid-1990s, an additional 150,000 jobs would have been lost through downscaling and layoffs.[59]

With these developments, it had become very clear, by the late 1980s and early 1990s, that some regional labour suppliers would no longer be all

58. Head, 'Migrant Mine Labour', pp. 1-2.
59. Crush, 'Mine Migrancy', p. 8; Head, 'Migrant Mine Labour', p. 1.

that important to the mining industry. The speed with which Malawian workers were repatriated, whether they had HIV/AIDS or not, clearly showed the determination of the mining industry to reduce its dependence on foreign migrant workers. It also showed the declining value of Malawi as a labour supplier. The poor economic performance of the mining industry necessitated the reorganization of the regional system of oscillating labour migration. This, in turn, led to the adoption of recruiting strategies characterized by internal contradictions. The three strategies adopted: 'heterogenous sourcing', 'internalization', and 'retrenchment', by their very nature, contradicted each other, but, put together, constituted an efficient use of the regional labour supplies.

As regards the repatriation of Malawian workers the arguments about the fear or the spread of HIV/AIDS was not applicable to South Africa alone. There was always the possibility of the migrants contracting the disease within South Africa and spreading it in their areas of origin. In this way, the labour supplying areas would bear the health and social costs, as they have always done. More recent evidence suggests that AIDS is in fact already entrenched in South Africa. In 1990, 2·3 percent of rural women in Kwazulu/Natal aged between 15 and 44 years were infected with HIV. By the end of 1994, about 8 percent of ante-natal clinic attenders in the Republic were suspected of being HIV positive, and perhaps 7 percent of the adult South Africans were in the same position.[60] Given that the doubling time of HIV infection in the southern African countries is between 6 and 12 months, the prevalence of the disease in South Africa today could be just as high as in any other country in the region, and this cannot entirely be blamed on the migrant labour system.

Conclusion

The above account suggests three levels of the debate: between the Malawi government and TEBA and the Chamber of Mines; between the various actors within South Africa itself; and between the Malawian miners and their government. None of them accepted the responsibility for what happened. What comes out clearly at all these levels is the lack of policy guidelines on AIDS and employment. Though reference was made to international legal and policy instruments, none of the parties involved in this debate were bound by them. The result was to use the politics of the disease as an excuse rather than as a reason to deal with the problems that had nothing, or very little, to do with the disease itself. Screening and

60. See L. Mosia, 'Economic Integration in Southern Africa: Peace and security in South Africa', paper prepared for the SAPES/SARIPS Annual Colloquium, Harare, Zimbabwe, 25–30 September, 1994; R. M. Packard and D. Coetze, 'White Plague, Black Labour Revisited: TB and the mining industry', paper presented at an International Conference on Transforming Mine Migrancy in the 1990s: Southern Africa, University of Cape Town, Cape Town, 27–29 June, 1994.

repatriation were not solutions to the spread of AIDS, and they did not constitute treatment for those found positive. They were measures to control the movement of the migrant workers and the would-be workers. The evidence presented here suggests that three issues were at the centre of the debate. The first were the COM's efforts to reorganize production given the economic crisis the mining industry was going through. This, naturally, meant the reorganization of the regional migrant labour system. Even without AIDS, the COM would have retrenched large numbers of Malawian workers. In fact, at the time AIDS became an issue the mining industry had already embarked on retrenchment. This, in turn, exacerbated the competition between, on one hand, the foreign and the local workers, and, on the other, the foreign workers themselves. Jointly, these developments created a political environment in which the AIDS issue easily became an instrument for the repatriation of the Malawian workers. The second factor was the mounting political pressure on the South African government and the Chamber of Mines from the unemployed South African blacks, and from the conservative white elements afraid of the blacks' politics. Given the long-standing political contentions relating to foreign workers, AIDS provided a 'good' opportunity for some of these issues to be resolved. Finally, the evidence also suggests the declining value of Malawi as a labour supplier. No doubt the mining industry valued the skills and discipline of the Malawian workers as individuals, but Malawi as a country was not a vital source of the industry's labour supply at this time. As the crop of the experienced Malawian workers grew older and retired, they were going to be effectively replaced with younger local workers through the process of 'internalization'. It can therefore be safely argued that the politics of AIDS only speeded the developments that were already taking place.