

**IDS Working Paper 246**

**When social movements bypass the poor: asbestos pollution,  
international litigation and Griqua cultural identity**

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## Summary

This paper examines citizen mobilisation and activism in relation to asbestos disease and litigation. Although the litigation of Cape plc, a British company mining asbestos in South Africa, has been seen as a success story in which local activists worked alongside international lawyers and environmental campaigners to force Cape plc to pay compensation to 7,500 former employees with asbestos-related diseases, many claimants experienced this case as a bitter defeat. The paper explores these divergent interpretations of the same litigation case, focusing on the experiences of two towns in the Northern Cape, South Africa, namely Prieska and Griquatown and on the claimants' perspectives. The literature of social movements, political mobilisation, ethnic identity and millenarian movements is drawn upon in relation to the everyday economic and cultural experiences of people in these Northern Cape towns. In contrasting the relative isolation experienced by Griquatown residents with the networking and mobilisation process taking place in Prieska, the paper argues that this isolation undermines citizens' ability to frame asbestos disease litigation as an international victory and as a case of justice being done. Instead claimants interpret their experiences in terms of local factors, including poverty, the history of asbestos payment, religious beliefs and, ultimately, in an idiom that corresponds with their ethnic identity. The paper thus suggests that neither theories of social mobilisation nor millenarian movements alone can adequately explain people's emic interpretations of international litigation and political mobilisation. Rather, it is the linkages between these literatures, informed by an understanding of local ethnic identity, which provides a framework for understanding social behaviour.



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## **Preface: DRC Working Paper series on Citizens, Science and Mobilisation**

Rapid advances in science and technology are accompanied by changing forms of public engagement, with implications for citizenship. There is evidence both of apparent crises of public confidence in science, linked to the emergence of new risks, uncertainties and threats thrown up by science, technology and its application. At the same time, certain local knowledges are being re-worked as citizen sciences, in which publics conduct research and engage critically with expert perspectives on scientific and technological issues.

The Citizens and Science Programme of the Citizenship DRC has been exploring emergent engagements between citizens and public issues involving science, and the processes of rights-claiming and participation involved. This inquiry has moved beyond institutionally-orchestrated attempts at public participation in science to look at more spontaneous forms of citizen mobilisation and activism around scientific and technological issues. Across a diversity of issues and contexts, and drawing together perspectives from social movement theory and science studies, the Programme has asked:

- Who mobilises and who does not, and why?
- What are the patterns of experience, profiles and identities of activists?
- Within what spaces do debates about science and policy take place, and what processes of inclusion and exclusion exist?
- What forms of knowledge – including values, perceptions and experiences - frame these public engagements and movements?
- How are activist networks constituted, and what diverse forms do they take?
- How do science and scientists become enrolled in these networks?

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'The formation of the Brazilian environmental movement', by Angela Alonso, Valeriano Costa and Débora Maciel.

'Contesting scarcity', by Lyla Mehta and Lisa Thompson.

'From "medical miracles" to normal(ised) medicine: aids treatment, activism and citizenship in the UK and South Africa', by Steven Robins.



*In March 2003 a small community group, The Concerned People Against Asbestos (CPAA), based at Prieska in the Northern Cape, won a court case in a foreign country which may change the way in which multi-national corporations behave in the developing world. Until now the hidden costs of mining in Southern Africa have been paid for by labour. The CPAA's victory may also help to end that injustice. It is usual to depict communities like Prieska as disempowered and racked with problems yet despite its lack of resources the CPAA was able to synchronise an elaborate game of small and big politics. The group's victory suggests that such communities have levels of political and organisation skill which given the right alignments can be irresistible.*

(McCulloch n.d.: 1)

## **1 Introduction**

In July 2003, a British asbestos mining company named Cape plc transferred £10.5 million to the human rights lawyers representing 7,500 claimants spread throughout South Africa. This was the culmination of an out of court settlement that had occurred on 22 December 2001. Reaching the settlement had taken more than four years. In the small rural town of Prieska, in the northern Cape, the settlement was part of a process which had begun in the 1980s when a local group of activists started to campaign for improved access to asbestos compensation. The settlement and Cape plc's payment is a legal success story. For many people within South Africa, this story of international litigation, of local mobilisation, activist networks and asbestos pollution is without doubt, a David and Goliath story. As Ward argues, the litigation is also a legal breakthrough as it is the first example of a foreign direct liability case in which personal injury actions were brought by South Africans against parent companies of English multinationals in the London High Court (Ward 2002). Accompanied by other product liability cases around the world (Jasanoff 1995; Newell 2001), this has come to be seen as a means of ensuring that corporations are held accountable to their exploited workers and as a means of delivering compensation to injured workers.

Throughout the case, NGOs, academics and lawyers assumed that, although minimal by British standards, this compensation would greatly benefit impoverished communities. In fact, the poverty of the affected communities was identified as a key argument for pursuing international litigation against toxic abuses in South Africa, coupled with the lack of legal expertise or financial aid and the powerful incentives not to address corporate irresponsibility in the claimants' home country (Meeran 2003; McCulloch 2002). As such the settlement is a massive victory. However, as demonstrated below, many claimants see this case as a bitter defeat. As the case reached conclusion and the payout was imminent, tensions heightened between these local residents who saw themselves as having been cheated and the foreign lawyers. In attempting to explain these two diverse interpretations of the same litigation case and the resultant tensions, this paper draws on the literature of social movements, political mobilisation, ethnic identity and millenarian movements, relating these to everyday economic and cultural experiences in the northern Cape. It examines the protest against asbestos pollution, the subsequent court case and compensation from the perspective of the people of Griquatown.

The paper argues that neither theories of social movements nor millenarian movements alone can adequately explain people's emic interpretations of international litigation and political mobilisation. Rather, it is the linkages between these literatures, informed by an understanding of local ethnic identity, which provides a framework for understanding social behaviour.

In many ways, this international litigation campaign should be seen as a social movement. It took the form of "organised resistance" to one corporate asbestos company. It brought together grass-roots asbestos activists from all over South Africa, and saw the creation of networks that crossed national boundaries: a range of NGOs from both South Africa and the UK collaborated in the campaign while activists established coalitions with journalists and drew widely on support from the media. Using scientific evidence as a means of validating their claim (cf. Epstein 1996), the organisers developed a range of medical relationships which could be drawn upon to support their work. A network of groups and organisations thus shared a unified vision that attempted to challenge existing patterns of power relations. These alliances and the specific goal – of forcing asbestos corporations to acknowledge and pay for their past abuses – created an international social movement based on contemporary mobilisation strategies that fought for justice for South African asbestos victims (cf. Scott 1991).

During this campaign, certain towns became identified as places of mobilisation. Within the Northern Cape, the rural town of Prieska was particularly prominent. In the heyday of asbestos mining, a mill crushing asbestos had been located in the centre of the town. This heightened the likelihood of people contracting a range of diseases with differing degrees of severity. Asbestos-related diseases (ARDs) can affect anyone exposed to microscopic asbestos fibres. Mossman and Gee, in their review of Asbestos-Related Diseases categorise four types of benign pleural disorders, namely pleural effusion or fluid on the lungs, pleural plaques, pleural fibrosis and rounded atelectasis (1989). Most people suffering from these benign pleural disorders do not experience pain or dyspnea but do experience shortness of breath and some discomfort. Three forms of disease, which have more serious and debilitating consequences, have also been linked to asbestos. Asbestosis and lung cancer are primarily occupational hazards as contracting these diseases is linked to rates of exposure to asbestos. Mesothelioma (a malignant cancer) is unrelated to dosage and trivial exposure can lead to cancer of the abdominal cavity or lung lining. Exposure, followed by an extended latency period (of up to 40 years) before diagnosis, heightens the danger of this disease. The disease is always fatal and people afflicted with full blown Mesothelioma face a painful, imminent death. As many of the town's residents suffered from asbestos-related disease, the lawyers opened an office in the town and employed a number of people from the grass-roots organisation, Concerned People Against Asbestos (CPAA) to work in the office and assist people with their claims (discussed in more detail below). Victims from the town were also featured prominently in the media and some individuals were selected to travel to London and give testimony in the High Court during the hearing. By the late 1990s people from all over the Northern Cape journeyed to Prieska, despite the difficulties and high personal costs incurred, in order to have their medical conditions confirmed at the Prieska hospital (which had the necessary x-ray equipment to assist in diagnosis).

Other Northern Cape towns, which also housed many people with ARDs, were not able to participate in the same way. In the neighbouring town of Griquatown, people found that in order to be diagnosed with ARD – or to check if their condition had worsened – it was necessary to journey to Prieska. Although Griquatown was not far from Prieska, the journey was a difficult undertaking. No public transport serviced these two towns and very few people in Griquatown owned cars. In addition, most residents could not afford to hire private taxis to transport them to Prieska. As a result, many Griquatown people joined the asbestos campaign as claimants, but knew very little about the organisation of the campaign or what was happening. They waited instead for the campaigners to come to them and to inform them.

## **2 Social movements and ethnic identity**

Some social movement theorists have posited a distinction between “everyday” and “organised” resistance (Edelman 2001; Laclau and Mouffe 1985). This distinction allows for the recognition that everyday processes are often influenced by “extracommunity actors” who influence the political trajectories of local residents and, in so doing, shape the discursive content of the movement. Although not all social movements are transformative (they can emerge as local resistance movements that do not seek to challenge national political structures), such local resistances are seen as embryonic (Laclau and Mouffe 1985), and as containing “revolutionary implications” (Escobar and Alvarez, 1992: 327) for how people make sense of their experiences. Such everyday movement practices are comprised of people who have multiple subject positions, combining friendly relations with those of antipathy. Rather than being driven by a single principle of identity, everyday movement practices thus emphasise “multiple social positions” (Edelman 2001). However, in the small town of Griquatown, situated in the remote Northern Cape, most claimants did not see themselves as having participated in an international movement aimed at challenging power relations and changing their “way of life” (Touraine 1988). Despite the successful legal resolution of the case, most Griquatown claimants were bitterly disappointed. Far from empowering them, and instead of developing into a social movement, the experience can be seen to have perpetuated their marginalisation within South Africa and the world.

Touraine (1988) and Melucci (1996) suggest that new social movements (NSMs) tend to surface as a result of a crisis of modernity. They argue these new forms of social movements concentrate on symbolic, informational and cultural struggles, emphasising the importance of rights to specificity and difference. The examination of NSMs thus includes exploring how movements influence identity struggles during the course of the NSM and, in turn, shape the processes through which people construct meaning and interpret cultural attributes (Castells, in Edelman 2001: 298). While NSMs literature has pointed to the fluid, multiple associations that people may have and has argued that involvement in NSMs is – of itself – identity forming, it has not adequately addressed the manner in which these new social identities may interact with, or be shaped by, other enduring identities. While it is generally recognised that ethnic

identities do not have the same transformative potential as social movements, there is little understanding of how ethnic identities might mould the possibilities for social mobilisation.

One exception is the work of Hvalkof whose examination of the social movement connected with the Ashénika's campaign to secure legal rights to territory in the Montane area of Peru, shows that the movement was positively affected by people's conceptualisation of their indigenous identity and hence their willingness to operate at both international and local levels of mobilisation (2002).<sup>1</sup>

As Chhachhi and Pittin point out, neither ethnic identities nor emergent movement identities should be prioritised in analysis (1999). Rather, it is necessary to explore how 'multiple identities emerge from and configure each other and political action, subjectivity, and memory' (Edelman 2001: 301). In keeping with Edelman's call for improved sensitivity towards historical and cultural processes, alongside better comprehension of movement participants' and uninvolved people's everyday experiences, this paper explores the mobilisation process that took place in the Northern Cape and examines the interrelationship between social movements and ethnic identity. In so doing, the lack of participation and the marginalisation of people within the movement are accorded the same theoretical value as mobilisation (cf. Burdick 1998).

### **3 Griquatown: context and identity**

Most Griquatown residents classified themselves as either "coloured" or "Griqua" or both depending on the context. At the end of the twentieth century, the Griqua comprised a diverse category of people who were historically seen as the "mixed-race" descendants of indigenous Khoi (nomadic pastoralists), autochthonous San (nomadic hunter-gatherers), escaped slaves, *Boer* frontiersmen, Africans (predominantly Tswana) and European settlers (Ross 1976: 1). The name Griqua – which refers to the indigenous Khoi resident in the Cape Colony in the seventeenth century (called ≠Karixurikwa, Chariguriqua or /Karihur) – was adopted in 1813 when the London Missionary Society persuaded the heterogeneous collectivity at Klaraarwater (Griquatown) – then called "Bastaards" (literally bastards) – to change their pejorative name (Halford 1949; Nurse 1975; Ross 1976). During the apartheid years (1948–1994), the Griqua were subsumed under the government's broader racial category of "coloured", which included the diverse conglomerates that resulted from people's interactions during the colonial era and other categories of people, such as Malays, not easily identified as either black or white. Griqua identity is thus a complex, heterogeneous identity combining many different traditions and overlain by, and entwined with, apartheid planning and structure for almost 50 years (Waldman 1989; Martin 1998; Schoeman 1996; Legassick 1979; President's Commission 1983; Ross 1976; Halford 1949; Morris 1982).

During the formative stages of a collective Griqua identity, Christianity was a primary influence. The missionaries established the tendency to identify people "ethnically" according to whether they lived at the

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<sup>1</sup> Also see Warren edited volume on pan-Mayan activists, which demonstrates how the revitalisation of ethnic identifiers (including Indian languages, cultural calendrical and numerical systems and spiritualities) formed the basis of a social movement (1998).

mission or not and institutionalised the need to segregate Christians – later to be Griquas – from unbelievers. Christianity thus became ‘a core component of Griqua identity’ (Elbourne and Ross 1997: 40) and a marker of social status. Both the London Missionary Society Congregational Church and the Dutch Reformed Mission Church (or *Nederduitse Gereformeerde Sendingkerk* – NGSK), which later replaced it, were known as the *Griekwa Kerk* or Griqua Church. Coupled with this, a sense of place has remained crucial for those identifying themselves as Griqua and “of Griquatown”.

These ideas about Christianity, Griqua identity, place (or Griquatown) and social status are entwined in the notions of *boorlings* and *inkommers*. *Inkommers* were newcomers to Griquatown (literally in-comers) and were coloured elites who had taken teaching or other government posts in the town. *Boorlings*, or people born in Griquatown, were by contrast, “nothing people”. Over the years their identity had been changed, shifted and manipulated. Apartheid governance saw them as coloured: as people who were defined by what they were not.<sup>2</sup> Their Griqua heritage was largely dismissed by the Griquatown Council and by the central government. The powerful extended families and prominent historical leaders (see Ross 1974, 1976) remained only in people’s memories as the process of proletarianisation led to increasing impoverishment. With *inkommers* occupying positions of status and formal leadership, the *boorlings* were reduced to defining themselves in terms of place: of where they were from (or of origin). Place, then, provided an incontestable category whereby people were either born in Griquatown (or the surrounding area) and were therefore *boorlings* or they were not.

The relationship between Griqua and coloured identity is best understood in terms of “shifting allegiances”, fluidity (Hamilton 1999; McEachern 1998; Martin 1998) and ambiguity. To be Griqua is to be both proud and poor. It is to hark back to a past legacy of supreme respectability (cf. Ross 1999) and to be an unemployed, proletarianised worker. As such, Griqua identity is something both affirmed and undermined. On one hand Griqua identity is considered to be lower than that of coloured people and it contains negative associations. It stands in contrast to the apartheid ideology – internalised by many residents – that high status is associated with white society (Nurse, Weiner and Jenkins 1985; Sonn 1996). The wealthiest coloured people tend therefore to have successfully adopted white standards, who are educated and who have long smooth hair and pale skins. These people dismiss their Griqua and Khoi ancestry while poorer members of Griquatown refuse to abandon their Griqua identity. For them, identifying as Griqua provides a means of garnering esteem outside the tri-partite political and social hierarchy of South Africa (see Ross 1976:137). It means that pride and admiration stems from sources other than apartheid-dictated signs of whiteness or post-apartheid criteria of economic and educational success. Griqua historical associations with Christianity continue to provide respect and status (cf. Ross 1996) while forming important cultural markers. Griqua identity thus has a paradoxical status: it has

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<sup>2</sup> According to the President’s Commission investigating the needs and demands of the Griqua, ‘a Griqua is a coloured and a coloured is a Griqua on the grounds of the definition that “a coloured is neither white nor Black nor Asiatic”, and thus all the other coloureds must be classified in this class’ (President’s Commission 1983: 76).

remained an important reference point for people who consider themselves to be Griqua yet there has been a widespread tendency for any Khoi emphasis to be seen as primitive and as a slur on one's descendants (Boonzaier *et. al.* 1996; Sharp and Boonzaier 1994; Sonn 1996).

As Griquatown residents do not have alternative or overlapping forms of identity, the categories of Griqua *boorling* and coloured *inkommer* assume primary importance. In Prieska, by contrast there have been and continue to be many other kinds of identification that people can adopt. Prieska, like Griquatown, is comprised primarily of people who identify themselves as Griqua and/or coloured (many of whom are related to people in Griquatown). However, as the population of Prieska is more diverse, with greater Xhosa influence, the *boorling/inkommer* categories of identification are more diluted. As Prieska is also a far bigger town, with many more economic opportunities than Griquatown, it has more people passing through it. While both Prieska and Griquatown suffer from unemployment and rely heavily on state pensions (discussed in more detail below), Prieska offers more employment opportunities than Griquatown. Positioned on the banks of the Orange River and with abundant irrigated land, Prieska's economy includes maize, wheat, Lucerne, peanuts and fruit farming alongside high-value crops such as pistachio, olive, figs and pecans, while sheep farming and game ranching occur on non-irrigated farms. Industrial development includes salt pans, leather tanning, meat production, a cotton mill, a bakery, furniture manufacture, the manufacture of cattle food pellets and a semi-precious stone industry. Griquatown, however, has only sheep farming and game ranching (both of which employ very few workers) as primary economic activities and a small semi-precious stone industry.

As Prieska is located on the main railway line from Namibia to Cape Town, it is easier for people to travel to and from the town and many Prieska residents studied at the Universities of Cape Town and the Western Cape or other tertiary institutions. This allowed young people to bring back and disseminate radical ideas. During the apartheid era, many of Prieska's school children were involved in the struggle against apartheid. They were politically affiliated to banned organisations and to trade unions. During the 1980s, teenagers and young adults were involved in violent clashes with the police. They were arrested, detained without trial, interrogated, abused and assaulted. They learnt to struggle against the state and had no faith in the police or the state's legal system. In stark contrast with Griquatown, where the majority of the residents supported the apartheid-based National Party in the 1994 elections, Prieska's teenagers from the 1980s were now recognised as leaders who had been involved in the struggle and the ANC, as comrades and as appropriate persons to take over the newly constituted formal leadership positions in the Northern Cape. As one Prieska resident testified to the Truth and Reconciliation Commission in 1996, as youngsters they believed that 'you should struggle and shouldn't become part of the system' (Case CT/04422/UPI 2-3 October 1996). In Griquatown, by contrast, there was no evidence of political activity in the 1980s. As discussed in greater detail below, Griquatown's exposure to the ANC was primarily in the 1990s and was, largely, a negative experience.

In Griquatown, throughout the 1980s and 1990s, the *boorlings* felt that *inkommers* had occupied all the good jobs and that this left them with few opportunities for manoeuvre. One woman commented that, because of this, *boorlings* had no option but to clasp their hands and wait. Such a passive stance is a

reflection of Christian values taught by the NGSK. The idea behind this is that God, not human beings, will pass judgment. Sinners will, in time, do penance for their actions and those who have been sinned against will receive retribution, if not in this life then in the next. The implication inherent in these convictions is that immediate political action is of little consequence and that “true” compensation depends, not on the mobilisation done by politicians, but on the moral values and belief system of individuals.

Collectively these identity issues affect Griquatown residents’ attitudes towards asbestos mobilisation. The Christian emphasis on divine justice reinforces other Christian values which emphasise individual responsibility and economic progress and, in so doing, militate against widespread collective mobilisation. Meanwhile the Griqua categorisation of residents into *boorlings* operates more ambiguously: on the one hand it hinders widespread social identification with outsiders and encourages residents to draw on personal, familial resources (discussed in more detail below). On the other hand, it creates a sense of collective Griqua injustice (*vis-à-vis inkommers*) which could provide seeds of a mobilising force. In order for these seeds to sprout, it would however be necessary for asbestos litigation to be framed in Griqua (and possibly Christian) terms rather than as corporate responsibility, justice and an international victory. As demonstrated in the following sections, the lawyers and other asbestos campaigners were assimilated into the “indigenous” Griquatown category of elite *inkommers* – a categorisation that made it extremely difficult for Griqua *boorlings* to trust them and to believe in the campaign.

#### **4 Legal compensation and dissatisfaction**

In Griquatown people saw the Cape plc court case primarily as a means of making money. They commented that they had been promised huge sums of money; that they had been told of people winning cases of unbelievable amounts. They had been waiting for this money for years. During the late 1990s, for example, people were genuinely disappointed when they discovered that they did not have ARD, so great were the sums of money believed to be involved. I attended the community meeting that informed the people of Griquatown that the case had finally been settled and that their payment of compensation was imminent. In many respects such a meeting should have been a success, yet the mood before the meeting was angry. People believed that it would be another extension. They were tired of waiting for their money. All the claimants in Griquatown had previously been informed of how much they would receive and, as this was substantially less than they had initially been led to believe, this information angered them. The comments made by claimants at the time of the meeting included things like:

They got so much, but they are only paying out R8,000 (approximately £800) to some people. They make false declarations, they lied to the people.

I am very unhappy, he said that 80 per cent had pleural plaque and only 20 per cent get real money. Now I’m getting only R8,000.

Rumours flew about the town and most of them concerned money. People said, for example, that R129 million (about £129,000) was paid out by Cape Plc, but that R90 million (£90,000) of it was not being paid out to claimants.

People in Griquatown experienced this court case as an entrenchment of their oppression, rather than as an example of injured workers successfully holding a corporation accountable for its abusive and exploitative work practices. As is clear from the above quotes, their relationship with their lawyers was fraught with tension. They saw themselves as being, to a large extent, dependant on the lawyers and unable to shape the outcomes according to their needs or desires. At moments when emotions were particularly fraught and tensions were running high, and in the long days of waiting for a settlement, they saw themselves as having been cheated by the lawyers. In an indication of the desperation and violation people experienced, one woman commented that ‘he come to enrich himself by gambling with sick people’s lungs’.

Although dissatisfactions with lawyers’ actions and judges’ decisions are not unusual in the world of asbestos litigation (Walker and LaMontagne 2004), they are seldom cast in terms as emotive and negative as these. Many claimants in the neighbouring town of Prieska did not share these views. They saw the court case as a victory, or perhaps a pyrrhic victory. In contrast to the Griquatown meeting described above, the same meeting in Prieska was attended by the mayor of the town who welcomed the lawyers, the podium had been decorated with fresh flowers and the atmosphere was one of celebration and pride. Prieska’s claimants might have been disappointed that they did not receive more money, but they did not see themselves as having been cheated. Closing the final community meeting, the town treasurer commented:

This is the last meeting. It is like reaching the end of a book. ABSA is the final chapter.<sup>3</sup> We may not see him [Richard Meeran]<sup>4</sup> again. On behalf of the community, the government, the role players in the office, the National Union of Mineworkers, and everyone who took part in London to complete this whole case. Meeran says the compensation is too little, but we are grateful for what we will receive. Many many thanks. You have been away from the UK for many months, away from family. At the end of the day, it has been worth the effort. The next chapter is ABSA which must invest in Prieska and start bursaries for our children.

The sentiments expressed in Griquatown were therefore not widespread amongst the 7,500 claimants dispersed throughout South Africa and may have been specific to Griquatown. In order to explain why people felt this way, I consider four factors: the manner in which mobilisation against asbestos took place in the Northern Cape, cultural understandings of money in everyday contexts in Griquatown, the history

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<sup>3</sup> The Amalgamated Banks of South Africa (ABSA) won the contract to distribute the money to the 7,500 claimants.

<sup>4</sup> Richard Meeran is the human rights lawyer who eventually took on the case and who was working for Leigh Day Solicitors in London.



of asbestos payments in the area and finally the way Griqua people conceptualise asbestos compensation. Ultimately Griquatown residents were bitterly disappointed in the legal process, in part due to cultural interpretations of money that related particularly to Griqua identity and in part due to way in which claimants were marginalised from the campaign movement and associated legal processes.

## **5 Asbestos mobilisation: political process, discourse, strategies and practices**

In Griquatown, people believed asbestos-related diseases to be natural.<sup>5</sup> The vast majority of the town's adult residents had worked on asbestos mines in the Northern Cape before the mines closed in 1979. As children were constantly in the vicinity of exposed fibres during their childhood – often being breastfed while their mothers cobbed asbestos fibre or playing on the asbestos dumps – the residents of this town had seen whole families die of this disease which they call *mynstof* or mine dust. While clearly linking the disease to the asbestos mines, it was a disease about which they believed nothing could be done. In a medical sense, this is correct. Once one has been exposed to asbestos and has procured ARD, there is no medical cure. In a political and economic sense, however, something could have been done but never was. Indeed McCulloch has documented the manner in which senior members of the apartheid state aligned themselves with the mining companies and, in so doing, supported the perpetuation of asbestos mining abuses (2002). For many of the people of Griquatown, it was only when the CPAA and the human rights lawyers first visited the town that they became aware of other possibilities and began to see ARD as a disease that could have been avoided. The involvement of “extracommunity actors” did, in this sense, lead residents to reconsider their earlier beliefs and to question established power relations.

Although this new framing of medical problems in political terms did implicitly question established understandings of asbestos disease and notions of justice (cf. Benford and Snow 2000), it did not generate the construction of new cognitive interpretations of power relations in Griquatown. The town residents did not see this international litigation as something new, as a means of challenging the actions of the mining companies or as an empowering act. In contrast to the people of Prieska, Griquatown's residents slotted the legal court case between Cape plc and themselves into their previous understandings of asbestos pollution and disease. And, as I argue in this paper, their categorisation of the court case – not as a form of empowerment or as a reason for mobilisation, but rather as a form of compensation – has had significant ramifications and has affected the impact of international legislation at the local level.

Although nothing was done to prevent the dangers of asbestos exposure during apartheid South Africa, the Medical Bureau of Occupational Diseases (MBOD) had compensated people's experiences of ARD since 1956 (McCulloch 2002). This has made it possible for mining companies to absolve

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<sup>5</sup> Bergland has identified this to be a feature of toxic waste contamination. She comments: ‘Since, in most circumstances, the source of danger is imperceptible to the senses, awareness of a danger is dependent on “being informed”, and being recognised as a problem means it must be constituted in discourse’ (2001: 322).

themselves of all responsibility (that is, until the Cape plc court case). The MBOD categorised ARD into two stages, based on the degree of damage to one's lungs, which it termed first and second grade damage.<sup>6</sup> Because the MBOD saw ARD as progressing in a linear fashion from benign to malignant, most workers expected to receive – and received – compensation in the form of two bulk payments.<sup>7</sup> The first compensation payment was generally after a person had been diagnosed with first grade asbestosis with a second payment if and when the disease progressed to mesothelioma or to pulmonary tuberculosis.

Nonetheless for people living in the rural areas of the Northern Cape, receiving MBOD compensation was a bureaucratic nightmare. In addition to having to travel long distances for medical certification of their disease, they had to complete various detailed questionnaires and to negotiate with the MBOD based more than 600 kilometres away. The lack of access to transport facilities, to telephones, to their own medical records (often held by doctors in neighbouring towns) and to money, coupled with very high levels of illiteracy, made it extremely difficult for former Northern Cape mine workers to negotiate with the MBOD and to secure compensation. Ultimately, it was these problems that led to the Cape plc court case and to the 7,500 ARD victims' successful challenge to international mining companies in the High Court of London.

One hundred kilometres away from Griquatown, in the neighbouring town of Prieska, ordinary people began to mobilise against asbestos pollution and to campaign for easier access to MBOD compensation. This mobilisation did not occur in Griquatown and – in many senses which will be discussed in more detail below – did not reach Griquatown. Prieska had been the centre of asbestos mining in the Northern Cape for over a century. None of Prieska's residents were unaffected by asbestos. The town's economy had relied on the asbestos mining industry and the town's infrastructure built from a multitude of asbestos by-products. In 1979 the residents of this town formed the organisation 'Concerned People against Asbestos' (CPAA). These initial members of the CPAA were of a different economic status from the *boorling* community of Griquatown. They were better educated, had been exposed to alternative and radical ideas (see below) and were employed in relatively well-paid positions.

When the mines closed in the late 1970s, leaving behind a mass of un-reclaimed sites and piles of asbestos waste lying open to the elements, unemployment rocketed. Alongside this, as the latency period lengthened, more and more people were diagnosed with ARD. The CPAA was therefore initially concerned with improving town residents' access to compensation for ARD and challenged the MBOD. The challenge was directed neither at the mines for their destructive and inhumane activities, nor at the

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<sup>6</sup> The MBOD used a variety of medical terms to refer to these stages: pleural asbestosis, interstitial asbestosis, first grade pneumoconiosis, pleural plaque and asbestosis generally referred to first grade; whereas Mesothelioma was considered second grade, as was pulmonary tuberculosis.

<sup>7</sup> In order to claim compensation, one had to be employed on a mine and to be able to show evidence of that employment. As the mines had not kept records, most former mine workers were illiterate and the MBOD did not have a means of confirming employment, a few established members of the town became well-known for their willingness to complete the application forms and to vouch for the fact that the applicant had indeed worked on the mines.

principle of compensation. The CPAA tried to address local experiences of hardship, namely that access to compensation was hampered by long traveling distances, high relative costs of transport, lack of disposable income, low levels of literacy and general despondency brought about both by people's illness and by their perception that ARD was "normal".

As a child, Ismael Nagdee, had however been exposed to external influences that led him to question the nature of ARD. A cousin visiting from Sweden had pointed out the dangers of asbestos and Ismael's father had subsequently started reading about asbestos and assisting people with their MBOD claims. As Ismael grew older he assisted his father with this until his father settled in Johannesburg. Ismael then joined up with Cecil Skeffers, a member of the ANC offices, who had witnessed several family members suffering from ARD. The first battles the CPAA engaged in were thus "small-scale" and aimed at enhancing people's ability to claim compensation. After negotiations, the MBOD initially agreed to cover the transport costs from Prieska to Johannesburg (a round trip of about 1,200km) and accommodation costs for victims. When, however, it became apparent that CPAA members were organising weekly trips to the MBOD and that the numbers of claimants were steadily rising, the MBOD retracted this offer and is said to have reneged on the outstanding transport payments. Because so many of Prieska's people suffered from ARD, this process of mobilisation did not lead to new forms of identity.

At this stage of the campaign, the CPAA was a Prieska-based organisation that addressed the issue of compensation within its own town. In this sense, it was, an "everyday movement practice" that contained within it limited possibilities for transforming power relations or for changing people's understanding of asbestos disease and its causes. In Griquatown, knowledge was even more limited. Even if people of Griquatown had known about the attempts to develop better access to compensation and about the activities of the CPAA, their ability to participate was limited. Furthermore, better access to compensation reinforced the belief that ARD was a disease one got from working on the mines and that only mineworkers were entitled to compensation. Prieska, in contrast to Griquatown, was also a town where people had been exposed to radical ideas and where people were familiar with the idea of opposing established power relations. Many initial CPAA members were involved in the anti-apartheid struggle. The ANC had been active in Prieska during apartheid years. After democratic elections in 1994 and local government elections in 1995, many of the Northern Cape's newly elected town mayors had grown up in Prieska and participated in "the struggle". As described by one CPAA member: 'Because, for once, after the elections we had the right to speak. We weren't suppressed anymore'. Griquatown's experience of the ANC was, by contrast, one of *inkommers* advancing themselves at the expense of others. In the 1995 local government elections a coloured schoolteacher from Prieska was elected as town mayor. By 1997, however, he had been suspended from the ANC after allegations of corruption and fraud. Amongst other things, he had used monthly municipal salaries to build himself a house in Griquatown. One woman commented that when she first heard him talking about the ANC, she thought: 'looks to me as if this man has come here with nonsense'.

In addition, the first ANC branch was established in Griquatown in 2003 and was advertised as the primary way of assisting people to secure jobs rather than as a means of challenging people's political or

economic hardships. Even within the CPAA, during the early years of campaigning, there was some controversy over the extent to which this was a “political” campaign. One CPAA organiser who came from a family with an established history of political campaigning and resistance to the apartheid government argued, during one conversation with me, that they ‘had to take it on a political level because we were very active at that time’ and, at another time, that although a lot of people ‘put political objectives behind it, it wasn’t a political objective’. It appears that any direct challenge to structures of power were viewed as problematic.

Thus, the CPAA documents in a brief history of their early experiences that a “perception” existed that the CPAA was a political organisation. This they believed to be an idea spread by the National Party (the official opposition to the ANC government) that aimed to undermine their organisation as it did ‘not wish to see that the Health needs of the community were being addressed’. This denial of political agendas while mobilising around issues that fundamentally question the underlying political and economic structures that reinforce social relationships and people’s access to resources is common throughout the Northern Cape. In Griquatown, Griqua ethnic mobilisation during the apartheid years tried similarly to keep “political” issues outside of its demands for government recognition, access to land and other resources. It is also in keeping with the Griqua-Christian ideal that overt political quests and active campaigning – on either an individual or societal level – are superfluous to God’s ability to mete out punishments or rewards (Waldman 2001).

CPAA organisers argued that the uncooperativeness and racism of the MBOD in Johannesburg led them to broaden their focus. The CPAA began to address environmental issues and it sought to tackle the rehabilitation of mines and mills left abandoned after the departure of the mining companies. Meetings with government officials from the Departments of Environmental Affairs, Water Affairs, Health, Housing, Labour and Minerals and Energy ensued as the CPAA tried to ascertain which government departments would assume responsibility and assist them. During this period of organisational expansion, the National Union of Mineworkers (NUM)<sup>8</sup> and various government departments (discussed below) became involved. Later on in the campaign NUM issued press statements supporting the asbestos claimants’ demands to have the case heard in the United Kingdom and backed public protest marches in Prieska. Alongside this, the CPAA enhanced its support base and spread its organisational base, seeking to establish relations with many of the neighbouring towns (including Marydale, Griquatown, Kuruman, Upington and Danielskuil) where residents had been exposed to asbestos while working on the mines.

The CPAA’s battles also became more “scientific” as they recruited and involved the Ministry of Health, particularly the department of Developmental Social Welfare and Environmental Affairs with claims of asbestos exposure in 1996. When, in March 1997, this department visited Prieska, the CPAA was well prepared and raised the following concerns:

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<sup>8</sup> The National Union of Mineworkers (NUM) is the largest recognised collective bargaining agent representing workers in the Mining, Energy and Construction industries in South Africa. It is affiliated to COSAT, the Congress of South African Trade Unions, which has been in the forefront of the struggle for democracy and workers’ rights.

- The presence of asbestos dumps and other sites of potential exposure
- The prevalence of asbestos disease
- The limited involvement of the medical profession in assisting the community with claims
- Doctors becoming less accessible due to their relocation from the clinic to the hospital (which is further away from the community)
- Asbestos hazards within houses, such as ceilings, which were becoming old and friable.

Prior to this meeting, the CPAA had estimated that 1,000 people (out of a sample population of 2,500) suffered from ARD and that only 700 of these had been employed on mines. It had also estimated the degree of unemployment to be between 60 and 70 per cent. In addition to voicing their concerns and their assessments of the situation, the CPAA arranged a tour of the town's asbestos sites – an experience the Ministry of Health found “horrifying” – and facilitated a community meeting at which local residents stressed their anger and anxiety. The Ministry of Health summed up the CPAA as ‘doing excellent work. They have independently gathered good information, have attempted to assist the community with compensation problems, and devised strategies to create employment within the community’ (Prieska Project n.d: 2).

The CPAA now also mobilised for scientists to assist them in collecting data and measuring the degree of pollution. A study of asbestos disease had been conducted in Prieska in the late 1980s (Reid *et al.* 1990), but as this research focused only on elite white residents of the town, it excluded the majority of the CPAAs constituency. In 1996, the National Union of Mine Workers invited the Industrial Health Research Group, based at the University of Cape, South Africa to ‘review the occupational histories and audit the chest x-rays and lung functions’ of mineworkers working on an asbestos mine near Kuruman (IHRC 1996).

In addition to producing medical evidence of the widespread presence of ARD, the research documented the deep anxiety felt by former mine workers about the long-term risks to their health and the lack of sufficient information about ARDs, the compensation system and adequate health and safety (1996: 2). A fortuitous meeting between a founding CPAA member and Dr Ahmon Randeree, a Canadian doctor who had been exposed to the Canadian litigations, in the Kimberley Hospital was also capitalised on. In May 1997, Dr Randeree administered a questionnaire to over 1,000 residents in order to identify people suffering from respiratory problems who could be further examined. The CPAA joined in this work and voluntarily completed questionnaires, informing people when the x-rays would be taken and when the doctors would be visiting Prieska and they could be examined. CPAA organisers completed a computer databank of all the people suffering from respiratory problems and in need of further examination. The Northern Cape Department of Health then used the media to appeal for help with the medical examinations. Professor Richards from the Gauteng Johannesburg Hospital responded and brought with him a team of specialists to examine patients. This mobilisation around scientific and medical issues took the form of validating scientific claims (cf. Epstein 1996) rather than representing

different ways of generating knowledge, or undermining hegemonic scientific regimes (cf. Jamison 2001). Although the CPAA was instrumental in generating renewed interest in asbestos and pollution issues, and although it did a lot of the management of the research itself (in finding willing respondents, completing forms and ensuring that people visited the doctors or the hospital on the correct days), it did not conduct its own citizen science.<sup>9</sup>

The use of scientific evidence to support the mobilisation process led, in turn, to a shift in movement framing: the realisation of the scope of the problem had shifted from purely health and compensation concerns to a recognition of the environmental conditions: houses were built with asbestos waste, tailings had eroded into the river where people drew their water, the mine dumps had not been reclaimed and local hospitals had no specialised facilities to deal with ARD. The scientific studies showed that the degree of ARD infection was, if anything, underreported and underestimated (Hopley and Richards n.d). An assessment of what actions were necessary was undertaken by the Department of Environmental Affairs, Developmental Social Welfare and Health in 1998 which investigated the possibilities for environmental rehabilitation (Randeree 1998).

By the late 1990s, things changed substantially in Prieska as the CPAA had successfully mobilised for better medical services in Prieska and – as a result of this – residents found it easier to claim compensation. Griquatown residents were now anxious to journey to Prieska to register with the new doctors there and, in so doing, to lay claim to asbestos compensatory payments.

## **6 Moving towards international litigation**

In addition to establishing links with the NUM and with the African National Congress (ANC), the Portfolio Committee on Environment and Tourism had also, in 1996, become aware of the widespread nature of asbestos pollution. This was followed by Members of Parliament visiting affected communities. It was agreed that a national summit would be hosted to obtain adequate information about asbestos. In 1998, the National Parliamentary Committee on Environment and Tourism hosted a national summit to allow public discussion to inform decision-making. Meanwhile, the Provincial Department of Environmental Affairs decided to host a Provincial Asbestos Summit in Prieska, which was attended by representatives from the Department of Environmental Affairs, the Regional Department of Minerals and Energy, an organisation called Entrepreneurial Development of South Africa and legal experts from the University of Stellenbosch. The CPAA also made connections with various medical doctors with links as far afield as Canada and with prominent South Africans such as the Human Rights Commissioner Dr N.B. Pityana. New ideas began to evolve: holding someone accountable for the “gross human rights abuses” performed by the asbestos industry was suggested by Dr Pityana at a public community meeting in Prieska. Faced now with various possibilities, the CPAA could either continue to mobilise for better access to

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<sup>9</sup> Other South African communities also experiencing asbestos pollution did however engage in citizen science and measured the extent of dust pollution in their villages (see for example, Felix 1991)

compensation or it could challenge the entire system of compensation through litigation. In addition, as the enormity of asbestos pollution and ARD became apparent, it became increasingly clear that the South African government was not in a financial position to begin to address this multidimensional crisis.

Globalisation from below, in the form of local interactions with doctors, trade unionists, politicians and others had invariably also led to contact with international, northern-based NGOs. In 1989 the British organisation ACTSA (Action for Southern Africa) took a close interest in the asbestos campaign and assisted with the regular publication of articles that sought to bring the asbestos campaign into the public spotlight. Not surprisingly, lawyers – both national and international – became involved. Initially South African attorneys Ntuli, Noble and Spoor were involved in the litigation, but once international lawyers became involved, they handed over their cases. According to one of the founding CPAA members, ‘We wrote a letter to the Northern Cape Premier stating the problem and what’s happening. He referred it to the Deputy General of Health, Dr Barry Krisna. He jumped onto it because he was aware of Thor Chemicals in Natal and the associations with that. He had made contact with Richard Meeran on the basis of Thor Chemicals, then we made this case’. Contact with Richard Meeran and Anthony Coombs, the human rights lawyers who eventually took on the case, was established as the CPAA sought government assistance. Richard Meeran was working for Leigh Day Solicitors and Anthony Coombs for John Pickering and Partners, Solicitors, both based in the UK. Both were instrumental in assisting with the legal development of the CPAA and orchestrated the Cape plc court case. Both these British companies specialised in environmental and abuse claims, with Leigh Day showing a strong interest in the rights of people and the environment in a world of multinational organisations and global responsibility, while John Pickering specialises in work for victims of industrial disease such as mesothelioma and asbestosis. Filmmaker and reporter Laurie Flynn also participated in documenting the South African asbestos epidemic through both print and film media.

Although the CPAA had already demonstrated a sophisticated understanding of South African politics in their mobilisation procedures, the involvement and interest of foreign actors brought a new dimension to the CPAA. Local activists rapidly enhanced their mobilisation techniques, drawing on the increased networking possibilities, the international contacts and the new perspectives that the lawyers brought with them. During endless meetings with these lawyers, they discussed the pros and cons of different actions. They learnt to consider how politics could best be used to support their campaign, how to publicise the doctors’ medical evidence, the importance of media representation and timing: ‘We had to think through’, explained one CPAA campaigner, ‘how can the political be used? How can the doctors be used? How can the claimants be kept happy? How can the law be used? And all these things had to be juggled simultaneously’. During these discussions, they learnt that campaigning involved an active process of making decisions, that following certain avenues excluded other possibilities and that, along the way, tradeoffs had to be made.

When the lawyers provided the necessary funds to establish an office in Prieska, the CPAA was able to develop a more substantial presence in the town. Equipped with a telephone, Photostat machine, computer and with access to email, CPAA organisers came to be “networked” into the international

environmental justice movements (cf. Castells 1997) that protested against “environmental racism” (the placing of mine dumps in marginalised communities) and sought to ensure a worldwide ban on asbestos. Networking electronically also facilitated more active connections with ACTSA, the UK-based anti-apartheid movement. CPAA activists were now readily accessible to journalists, researchers and other interested personnel. They were in constant communication with the lawyers through email and fax. Pictures of asbestos victims, records of abuses and personal stories could be easily accessed by people anywhere in the world.

These new developments led to an intensifying of transnational activism. Electronic connections also enabled the CPAA activists to link into transnational advocacy networks comprising a wide range of people from other social movements, media, unions, NGOs, intergovernmental and governmental organisations (Keck and Sikkink 1998). Furthermore, these experiences provided the context which enabled the CPAA to develop and maintain an identity that brought together local people’s personal and everyday experiences with international campaigns and global anti-asbestos ambitions (cf. Laclau and Mouffe 1985).

## **7 Perspectives in Griquatown**

Meanwhile, in Griquatown, political campaigns were far from people’s interest. Their primary concern, during the late 1990s, was to find a way to visit Prieska, to be x-rayed at the new medical facilities installed as a result of the CPAA’s campaign and, ultimately, to receive compensation. The CPAA’s movement into the international arena was, in effect, a lawyers’ battle far removed from their experiences. Even their knowledge of the CPAA was limited. Although the CPAA had sought to extend its organisational base to neighbouring towns, it had done so by recruiting someone to identify ARD sufferers and potential claimants. The result was that people in Griquatown knew that there was a possibility of receiving compensation – this time not from the MBOD, but from the lawyers’ actions – and that names of ARD sufferers had been collected. They knew who had collected their names and the name of the lawyer. They also had, safely stored away along with their personal documentation such as South African identity books, marriage certificates and birth certificates, detailed letters from the lawyers explaining the progress of the case. Despite being written in Afrikaans, the home language of most Griquatown residents, these legal documents were extremely hard to understand. As a result, most information about the campaign was gleaned during infrequent community meetings, held when the lawyers were in the country and were providing feedback and/or soliciting their clients’ opinions on the next stage of the campaign.

As the legal component of the campaign became more prominent, the lawyers employed a “community worker” to assist people with their queries in Griquatown. He had grown up in Prieska, where he had been involved in the CPAA before becoming a schoolteacher in Griquatown. He was, however, considered an *inkommer* or foreigner to Griquatown. During the long delays, people blamed him for the holdups, claiming that he had filed their papers incorrectly. They also speculated that he had benefited substantially from his involvement and had bought his mother a house in Prieska. At the same



time as being relatively isolated within Griquatown, his communications with Prieska were tenuous. He had been granted an office (equipped with only a desk) in the Community Welfare building. As he had no access to a telephone, Griquatown residents clubbed together to purchase him a mobile phone. Ensuring sufficient credit to make long distance calls was, however, a problem and he often had to wait until the Prieska office called him. His office was beset with organisational problems: not only could he not make telephone calls, he had no computer, no fax, no Photostat machine and all the records were housed in Prieska. Those people who were able to provide documentary evidence of their employment on the mines or their medical condition, were not able to have copies made in the office. They were directed to the magistrate's office where they had to ask if copies could be made, and then to pay for them.

It was, no doubt, in part because Griquatown residents were so isolated from the organising centre of the campaign and in part, because they struggled to identify with the campaign due to its associations with *inkommers*, that they failed to see the court case as a means of challenging power relations. Instead they interpreted it in terms of their historical and cultural experiences of asbestos payments and, in conjunction with their daily experiences of money.

## **8 Cultural understandings of money in an everyday context**

Because most people survive through pensions, Griquatown is often described as a “pension town” or as “having a pension culture”.<sup>10</sup> Local people explain this in straightforward terms: it is more lucrative to receive a pension than to be employed. In the late 1990s, for example, an elderly or disabled person would receive a pension of R470 (approximately £47) per month whereas a job on a farm would pay only R270 per month (£27). Pensions were also more secure than ordinary jobs which tended to be informal with no contracts and of short duration. The result is that whole families survive off pensions.<sup>11</sup> In this situation of extreme poverty, people have little control over their own money. As the following example demonstrates, people battle to retain any sense of private property.

In the late 1990s Maria Pieterse lived alone in her two-roomed, sparsely furnished house. She survived on her old age pension and the occasional benefits derived from conducting initiation rituals. Maria's grandchildren and various nieces and nephews resident in Griquatown came to stay with her each time she received her monthly pension. Once the money was spent, they returned to their own families. In addition, her children, who periodically visited from Johannesburg, encouraged and

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<sup>10</sup> In the 1970s, the district was reasonably wealthy, with residents deriving incomes from sheep farming, karakul-pelt farming, lime works and the mining of asbestos, manganese, iron ore and semi-precious stones. For example, between the 1960s and 1970s, 12,000–14,000 workers were employed on the crocidolite (blue asbestos) mines (Felix *et al.* 1994: 267). By the late 1990s, the asbestos mines had closed and karakul farming had ended and Griquatown it had been reduced to an economically depressed, small, rural town.

<sup>11</sup> About 3,000 people eked out a living in this harsh and unforgiving environment. Economic activities were limited and most people survived through pensions. Surveys conducted in 1997 showed that between 13–20 per cent of people were economically active and that almost 79 per cent of all households in Rainbow Valley relied on at least one pension in order to survive, while pensions provided the only source of income for 22 per cent of all households (Waldman 2001).

persuaded her to buy alcohol. If she refused, they stole her money and returned to her home drunk and abusive. These demands and impositions were so bad that that she often left her house and went to live on a nearby farm, where a farmer allowed her to live in one of his houses.

By 2003 Maria was too elderly to live on her own. She had moved into her daughter's (crowded) household where she survived on a combination of her pension and her daughter's wage. Because she was nearly blind, Maria could no longer derive any money from overseeing Griqua rituals. Her only opportunity to raise additional money was an asbestos claim for her deceased husband.<sup>12</sup>

This inability to keep her money for her own use and perhaps to save some is only one example of a process that recurs at all levels and in a range of ways in Griquatown. On pension payment days people who receive pensions are overwhelmed by requests: one person asks for half the fruit the pensioner has bought, another for R10 for electricity, a third for a loan which will never be repaid. Then there are those looking for "companionship" and for someone to pay for the drinks. Some people admitted that they did not like carrying their shopping home as they were unable to get all their purchases home. People also could not protect personal items such as clothing. At funerals people would wear each other's clothing, often without permission, and often relatives from out of town would simply pack someone else's jacket or skirt and take it home with them. I recall my own amazement when, giving someone a lift back to Kimberley, she called out from the car window that she had packed her cousin's jacket and would henceforth be wearing it.

This attitude is possible because the residents of the town see themselves as all being related. As mentioned above, within Griquatown people distinguish between *boorlings* who are people born in Griquatown and therefore are all descended from the original Griqua people who settled here in the early eighteenth century, and *inkommers* or newcomers to the town. This division was also an ethnic and class hierarchy: coloured *inkommers* occupy all the well-paid jobs and Griqua *boorlings* survive on pensions. The *boorlings* (and many *inkommers*) are all related to each other, in complex and multiple ways that could not always be accurately traced, and Griquatown is seen as one extended family. Being Griqua was something passed down the generations, they said: 'The Griqua cause goes from generation to generation, this is a lifelong cause'. Ideas of kinship, place and belonging were therefore powerful and important resources. Although this means it is impossible to save money or to own private property, it also means that you were always nestled within this extended family where, although people are desperately poor, they will always take care of you.

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<sup>12</sup> Although this claim had been registered with the lawyers, Maria needed to trace her husband's medical records. When he died, he had not been living with her, but was staying with a new partner in Campbell (a small town 50 kilometres away). When he died, the doctors at Douglas (a further 30 kilometres from Campbell and 80 kilometres from Griquatown) had recognised Maria as his legal wife. As her husband had already received first stage compensation for ARD, she had requested that his lungs be removed and sent to the MBOD in order to establish her eligibility for a second payment. She received, however, no documentation to support this request and had never heard from the MBOD again. Maria's daughter, Lisa, now needed to try and trace the medical records, but the doctor in question had long since retired and left the town. Lisa found it almost impossible to take time off work and to find the funding to make the long trip to Douglas.

This context, in which *boorlings* resent the skills and achievements of *inkommers*, but in turn circulate goods extensively within a large kinship of *boorlings*, produces a world view of money as a “limited good”. This means that because money is seen to exist in finite quantities, anyone who does well – generally the *inkommers* – are presumed to have done so at the expense of others within the community (Foster 1965). Foster’s argument suggests that peasant societies characterised by notions of “limited good” are attempting to protect themselves against exploitation by other, often external factors. In the case of Griquatown, this protection is more subtle. It is people, or *inkommers*, who are external to the kinship structure and to the value system who are “dangerous” and who have managed to succeed in a material sense. The people who tend to have some disposable income (and it needs to be stressed that relative to other South Africans in urban centres this is absolutely minimal) are the *inkommers* (most of whom are employed in teaching or, more recently in government positions and many of whom operate private businesses alongside formal employment). The only other people who exhibit material wealth are those who have “got lucky” by nefarious means. It is well known that any *boorling* flashing money around – and who has not had an asbestos claim – has been up to no good. In keeping with Foster’s suggestion, relations between *inkommers* and *boorlings* are extremely hierarchical and fraught with tension. Although there is little pressure or incentive for *inkommers* to redistribute their wealth, which would involve them in sharing similar to that which takes place between *boorlings* (cf. Foster 1965), *inkommers* are expected to assist *boorlings* with asbestos claims and other forms of bureaucracy that require literacy skills.

## **9 The history of asbestos payments in Griquatown**

In a context such as this, large sums of money become extremely important. They allow people to extend their houses, to erect gravestones, to buy furniture and so forth. Ironically, asbestos having provided jobs and a reasonably lucrative income between the 1960s and the 1980s, asbestosis payments provided this kind of financial relief for many people in the 1990s. People who had lived in the vicinity of asbestos mines, but had not been employed and who now suffer from *mynstof* (lit. mine dust, asbestosis) are eligible to receive a state pension if they have more than 40 per cent damage to their lungs (or what is known as second-degree illness in South Africa). This provides a small but steady monthly income of R470 per month (approximately £47 per month). As mentioned above, those people who had been employed on the mines and who now suffered from *mynstof* are able to receive compensation from the government-run MBOD. The MBOD pays compensation for asbestosis, mesothelioma and lung cancer (Myers 1981: 241) and distinguished between “first degree” asbestosis or pleural plaque (it used these terms somewhat interchangeably which caused problems for the Cape plc case) and “second degree” infection (which could comprise asbestos infection plus additional damage to the lungs, either from tuberculosis or smoking), which people understood to refer to the increased severity of *mynstof*. Although the payment could either be made as a lump sum or on a monthly basis, I have only met one person who chose to receive it on a monthly basis. Everyone else has chosen a single payment. This, in conjunction with the categories of “first” and “second” degree asbestosis, meant that most people in Griquatown had received

two asbestos compensation payments prior to the Cape plc court case. Ouma Mol, for example, has been paid R11,000 (£1,100) and R6,000 (£600) for asbestosis. Because compensation was tied to length of employment on the mine and wages during employment, it was possible to receive far more than this example. Other people received payments ranging between R9,000 and R19,000 (£900 and £1,900) during the years 1989 to 1996.

The Cape plc court case did not use the South African categories of first and second degree asbestosis as a basis for compensation. Instead people were compensated for mesothelioma (R63,000 or £6,300) for interstitial asbestosis (R40,000 or £4,000), for pleural effusion (R27,000 or £2,700) and for pleural plaque (R8,100 or £810). This meant that the bulk of the claimants (80 per cent) received R8,100 (£810). Some people who believed that they were seriously debilitated through *mynstof*, and who had received the MBOD's second payment as "proof" of their asbestos-related illness, were now categorised as having pleural plaque and they received the minimum R8,100. The various people involved in this case thus utilised different framings of the disease, drawing on various – and sometimes conflicting – forms of evidence. Whereas the MBOD used a form of scientific disease categorisation, this differed from the more internationalised scientific disease categorisation used by the lawyers during the court case. In contrast, Griqua people framed their understanding of the disease in terms of their personal experiences and in terms of the South African categorisation of asbestos disease. The use of these multiple interpretive frames highlights the 'contingency of once-taken for granted certainties' (Franklin 1995: 171). In using these different framing devices, the people of Griquatown challenge international scientific categories of disease and frame their interpretations in terms of their local experiences.

During research, Griquatown residents showed me numerous examples of what they saw as medical "downgrading": Sophie Lottering, for example, has a letter from the MBOD (dated January 1992) which states that she is suffering from Pneumoconiosis (which literally means a dust-induced disease of the lungs), whereas her paperwork from Leigh Day indicates that she has pleural plaque. Nella Gebanemoets similarly has paperwork indicating that, in October 1993, she was diagnosed with Pneumoconiosis. Leigh Day's letter, described by her daughter as 'that unfortunate letter' records that she will receive payment for pleural plaque. As mentioned above, part of the reason for this apparent downgrading stems from the fact that the court case used different categories to those followed by the MBOD. Two other factors account for the rest of the downgrading. The first has to do with the interpretation of medical evidence. MBOD records had initially been provided as evidence during the Cape plc court case, but the court requested that these records be reviewed. Two thirds of the claimants' records were reassessed by a panel of three medical experts. Despite using the same x-ray material, the panel did not always agree with the MBOD assessments and, in some instances where the MBOD had diagnosed asbestosis, claimed that there was no evidence of ARD on the lungs. Judging the panel to provide the most recent, most expert analysis, the lawyers went with their diagnosis and "downgraded" people's medical condition. (In those instances where the panel identified no evidence of ARD, the client's condition was noted as pleural plaque – the most benign of the ARDs). This medical "downgrading" was in keeping with other scientists' belief that the media and lay people "grossly elaborate" the dangers of asbestos. Indeed Prof. Richards of the

Respiratory Unit, Johannesburg Hospital, who had worked in the Northern Cape on ARD<sup>13</sup> explained to me that smoking and tuberculosis are, in fact, the primary causes of pulmonary disease. While he recognised that people became incredibly upset when informed that they did not have ARD, he also believed it possible for people to ‘smoke their way into receiving an MBOD payment’. Although there were differences of opinion between South African experts, these did not develop into competitive struggles for authority as the evaluations of the claimants’ medical condition took place in the UK.

The second factor which led to medical “downgrading” has to do with the MBOD records of payment. As mentioned above, the MBOD records were submitted as evidence of ARD in the Cape plc case. When, however, it became necessary to review these medical assessments, it turned out that approximately 2,000 of the 7,500 files were missing from the MBOD. These clients were seen as not having sufficient medical documentation, despite the fact that some of them did have letters from the MBOD identifying them as recipients of either first or second degree payments. In the interests of “fairness”, however, clients were provided with a window opportunity to submit new medical evidence from qualified radiologists. I knew of only two people from Griquatown who took this opportunity, having to meet the travel expenses of a 300 kilometre trip to Kimberley and of the radiologist, from their personal finances. It is perhaps not coincidental that both these two people had claims for mesothelioma, the worst form of ARD possible. These two people and almost everyone else I spoke to in Griquatown simply did not understand how the MBOD records could be downgraded. The result was that many people simply resubmitted their MBOD letters and personal correspondence, believing that the MBOD simply could not be wrong. Collectively, the people of Griquatown faxed a strongly worded letter to Richard Meeran, most of which was concerned with discrepancies in payment and with this question of classifying people’s illness, and requesting immediate information.<sup>14</sup> The person responsible for drafting the letter explained to me that

At that stage we could not understand that people had been paid by the MBOD for second grade and now all of a sudden all the people have only pleural plaque. What does R8,100 really mean if someone is already deceased and one third is deducted?<sup>15</sup> And we could not understand how come all the people now only have pleural plaque. And we requested that they call the experts in again and

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<sup>13</sup> His research conclusions were, however, that ‘We found a significant number of previously undiagnosed uncompensated cases of asbestos-related disease in this community study’ (Hopley and Richards n.d. 1).

<sup>14</sup> This letter was never directly answered, although people did receive indirect responses in the community meetings that followed.

<sup>15</sup> Under South African law, when someone dies then certain relatives are entitled to payment from the estate of the deceased. According to South African law it is not possible to claim for pain and suffering. The lawyers argued that had the case taken place in South Africa, Cape’s lawyers would have argued that South African law had to be applied. They, however, argued for English law which allows relatives of the deceased to claim for pain and suffering of the deceased. ‘We had to consider the likelihood of English or South African law and it is clear the judge would have said South African law applies. Had that happened, the deceased claimants would not have received a cent’. Thus, despite the fact that the case was heard in the House of Lords before being settled out of court, the lawyers decided, in the interests of what they saw as “fairness”, to deduct one third of the compensation in instances where claimants lodged claims for deceased family members.

that another review is conducted to see if the people really . . . because you see when they diagnose people at the MBOD and state that you suffer from asbestosis, then seven doctors get relied upon. First five [doctors] and then two. So it's the mine's doctors and then the doctors who work for the MBOD. So this says to us that those doctors [relied upon in the Cape plc court case] made a mistake . . .

This issue of medical “downgrading”, alongside the biasing of science for political and economic dividends, also arose in the final community meeting described above. When the meeting was opened for questions, people bombarded the lawyers with questions such as those which follow:

Please explain the meaning of pleural plaque?

My father died of lung cancer, he had no lungs. How did you diagnose him with pleural plaque when you didn't know him?

I want to know where you get your records from?

The result was one of frustration all round, the claimants feeling that their questions had not been answered and that the lawyers had been far too hasty, not allowing sufficient time for people to track down and submit additional evidence. The lawyers were frustrated meanwhile, feeling that they had explained these issues in previous letters and previous meetings and why could people not understand it. Not surprisingly, the meeting ended in disillusionment without any formal thanks to the lawyers and without the conventional prayer, song or clapping. In circumstances such as these it is possible to see why people felt cheated of the promise that they would receive large sums of money. As another person commented:

He [the lawyer] fought against the Bureau because he said it paid too little. Now I'm only getting R8,000. He made a case against the Bureau because the Bureau belittled us. He said the Bureau paid too little, but they [the lawyers] are paying far less.

As the people of Griquatown had not been involved in the meetings with the lawyers and had not participated in discussions about which avenues to pursue, they were not able to recognise that tradeoffs had been made along the way. In their experience, the lawyers had come looking for them and had used them. The constant delays in payments were not related to the legal case or to the fact that Cape plc threatened bankruptcy, with its bank refusing to relinquish the money. They were not aware of the complicated renegotiations – despite the fact that this information had been relayed to them in written format and explained in the community meetings. They understood only that the lawyers were delaying endlessly and that, as the delays became longer, so the amount of compensation became steadily less. This contrasted with the neighbouring town of Prieska, where CPAA organisers were readily available if anyone had any questions and they explained at length to people how the Cape plc compensation differed to that

of the MBOD. Even if people did not understand these explanations – and indeed many did not – they had faith in their local leaders. In addition, the office bolstered the image of a substantial organisational campaign, backed by political leaders of the town, involving many influential South Africans and bringing in international figures to assist with the case.

In Griquatown, where none of these symbols of success were apparent, people did not understand the court case in terms of complicated political manoeuvring and economic constraints. They did not understand the many and varied battles (and tradeoffs), fought initially at local and national level and then at international level, that the movement had become involved in. Instead they resorted to local cultural understandings of asbestos payments.

## **10 Cultural understandings of asbestos payments**

In a context where it has become impossible to secure good, well-paying jobs and impossible to save money, asbestos payments come to assume immense cultural importance. Asbestos payments are a very important source of income and many people have been genuinely disappointed to discover that they were not suffering from asbestosis or *mynstof*. Ironically perhaps, there is also a degree of status associated with the receipt of *myngelde* (lit. mine money). Asbestosis sufferers are considered to be rich, albeit briefly, and hence valuable to their families. Stories about *mynstof* and the associated large sums of money, such as the two related below, circulated throughout Griquatown.

Example 1: When Joseph Bankies died from *mynstof*, his descendants received R34,000 in compensation from the MBOD. It was agreed to share the money between his descendants and his brother's children. In recounting what happened with the money, people explained that three gravestones costing R10,000 each were erected, Joseph's daughter got R10,000, each of the six grandchildren received R4,000 and with the remaining money, two more gravestones were purchased (note that this equals R84,000 and not R34,000).

Example 2: Oom Dirk was taken ill shortly before he received his contribution from the Cape plc case. During this time he often referred to his *mynstof* money. He, like many others in Griquatown, had often wondered how the money would be delivered. In discussions, people spoke about hiring a delivery truck to fetch the money because they believed it was too much to fit into a car. As Oom Dirk became increasingly ill, he began to believe that he had received his money. He related the following tale: The money was delivered to the Griquatown bank in two helicopters. This was because there was so much money that it could not fit into a delivery van. The Bank Manager called Oom Dirk and told him he would be the first to collect his money. Oom Dirk described how politely the bank manager spoke to him and how, when he left the bank, his pockets were bulging with money. Then, on exiting the bank, he met his wife and he gave her the money to go shopping in Kimberley. She returned with nothing but a hat. In the final days before his death, Oom Dirk frequently called his wife and asked her what she had done with all his money.

What are we to make of these accounts? In the first story, far more money is spent than is actually available and in the second one, pockets bulging with notes end up buying a hat. The ideas contained in these stories are like those described in millenarian movements in Melanesia where “cargo” in the form of immense social wealth is delivered by the gods or ancestors (Worsley 1957). Although millenarian movements – or in this case millenarian-like stories – are often thought to be bizarre; they generally make sense in terms of trying to explain people’s everyday experiences (Burrige 1969).<sup>16</sup> The two stories reiterate the themes of life in Griquatown: the ambiguity associated with their identity which carries with it both positive and negative connotations; the role of extended kinship relations and how, within an extended family of Griqua *boorlings*, money is a communal resource; the importance of ethnic identities which emphasise the role of Griqua *boorlings* in contrast to external actors (such as *inkommers* or lawyers) who may assist you if they feel like it but who have no obligation to do so.

The stories thus emphasise the significance of family, of descent and of place. In the first story, asbestos payments were being used to erect gravestones, to cement the relations between this large extended family of *boorlings* and the people from whom they were descended and drew their identity. The second story tells of emptiness, of how the place in which people have cemented their identity is barren and, even when presented with a helicopter full of money, is unable to develop or use this money in ways that preserve or increase its value. Rather the money is eaten, shared and lost, rather like other items of personal property. In this context, the Cape plc compensation payments were received as “bitter cargo”, a notion which resonates with Shipton’s work on Luo economic transactions in Kenya. Shipton points out that transactions which undermine Luo family and ancestral relations, landholding and which are linked to foreigners are interpreted as “bitter transactions” (1989: 55). In labelling such transactions “bitter” and in transferring this label to the people who perform such transactions, the Luo constrain individual opportunities and decision-making, forcing people to act according to culturally prescribed values and for the “good” of the community.

In Griquatown, cultural interpretations of money – and in particular of asbestos money – were the criteria by which they judged this case. Not being involved in the process, the people of Griquatown did not follow the legal debates. They did not see the court case as a means of enforcing corporate social responsibility. The complex economic and political relations which hid the culpability of the mining organisations and which the social movement activists sought to challenge were reinterpreted in terms of other, more local and – to many non-Griqua more inexplicable – ideas of power that sought to explain unattached money. Money that dropped from the sky in unbelievable quantities and which was completely removed from daily experiences and local contexts, but which, nonetheless was still to be shared within the *boorling* community and used according to local cultural criteria.

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<sup>16</sup> Millenarian movements tend to arise in situations where there is no apparent correlation between skills, hard work, honesty – the values taught by society in general – and who gets regular employment, good jobs, and makes money.



In keeping with the millenarian tradition, Griquatown also had a woman who claimed to be a prophetess. As a Christian *boorling*, an ARD sufferer and a claimant, Marka Beukes felt especially disadvantaged by the legal process. As in many other instances, her MBOD records showed that she had pleural asbestosis and she had been compensated for second degree lung damage in 1999. She had, however, been diagnosed with pleural plaque during the Cape plc court case's review of the MBOD records. She commented: 'The Bureau has already given me R19,822 [£1,982] and now I discover his radiologist finds I have plaque. I don't have plaque, my lungs are holes and only half [exist]'. Believing, not without cause given her health and extreme weight loss, that she is suffering from mesothelioma and thoroughly distressed by the court case, Marka received guidance from God. As a religious woman with a prophetic gift, she found wisdom in the biblical extracts that God directed her towards. She explained that in Psalm 37:09, which for example, had been pointed out to her by God, it stated that:

. . . rogues will be weeded out but those who place their trust in the Lord will remain in possession of the land. Then I asked the Lord to give me a second prophetic message about the man [Richard Meeran, the lawyer]. And then the Lord spoke to me, the answer was that now I should be calmer: 'Find your peace in the Lord, he will provide for you what your heart desires'. Because I was so unhappy that we were not being adequately compensated.

Millenarian prophets are generally understood to be extraordinary people who take diverse ideas, many of which already have widespread acceptance, and synthesise them to 'meet the exigencies of social and cultural crisis' (Barkun 1974b: 129). The religious language and idioms in which these millenarian prophesies are couched add authenticity. More importantly, in the Griquatown context, they remove the claims and demands from profane political discussions and elevate proposed interventions to a "higher", supernatural level. In other contexts, Griqua *boorlings* have successfully used Christianity as a means to bolster their leadership status and to gather around them a following, which in turn has facilitated their involvement in many political decision-making bodies (see Waldman 2001). It is thus surprising to find that, in contrast to well-known prophets in fully-fledged millenarian movements, Marka does not have a following. Her synthesis of religion, asbestos disease and lawyer corruption, has not been able to adequately capture people's imagination, despite their own convergence on many of these matters. She herself points out that 'they joke with me, I am the joke of all my opposition, especially my neighbours. [I am] a horror or terror to all. Those who know me and see me in the street, flee from me. It's because I am so wasted that they probably think I have Aids'.

Understanding why millenarian movements have not developed more fully and operate only at a partial level in Griquatown requires consideration of the parallels between social movements and millenarian movements.

## 11 Movements, protest and politics

While Worsley (1957), Frank and Fuentes (1991) consider millenarian movements to be stages of resistance that will, eventually, develop into resistance movements and political protest, this evolutionary scheme is unhelpful in Griquatown where science and technology have not replaced the idea that man's redemption lies in God. Like social movements, millenarian movements have been seen as processes that link seemingly diverse political, economic and social processes. Like social movements, millenarian movements also seek to challenge established political and economic relations, although they seek to do so through supernatural means rather than through mobilisation and grass-roots organisation.<sup>17</sup> As movements they have often been seen as characteristic of social stress (Burrige 1969), anomie (Worsley 1957), dispossession (Diacon 1991) or disaster (Barkun 1974a). These situations are generally understood by academics to be so overwhelming that they destroy normal connections between people and wreck everyday community activity. There are, nonetheless, significant differences between social movements and millenarian beliefs. Whereas social movements rely on modernist technology for high-speed communication across long distances – on telephones, the internet, faxes, and efficient transport – which facilitate effective networking relationships across disparate social, economic and cultural contexts, millenarian movements rely on similar cultural and religious values, on widespread experiences of marginalisation and dispossession and on interpersonal relationships to facilitate the spread of ideological beliefs. In the case of Griquatown, it is clear that residents of the town are isolated from the networking and mobilisation process taking place in Prieska and that this isolation undermines the effectiveness of the CPAA's drive to frame asbestos disease litigation as an international victory and as a case of justice being done. It is also clear that the Griquatown community does function and is able protect itself – though the extensive use of kinship ideology and practice that stretches pension payments throughout the community, through the notions of *inkommers* and *boorlings* and, ironically, through asbestos payments of one kind or another. This, in turn, undermines the possibilities for millenarian beliefs to take hold. In addition, the fact that the claimants did receive some asbestos payment, albeit limited, further limits the explanatory power of millenarian beliefs. It is perhaps for this reason that fully-fledged millenarian movements have not developed in this town and fledgling prophets, such as Marka, have not been able to develop a following.

However, like social movements, millenarian movements arise in situations of economic and political oppression (Trompf 1990). Although fundamentally concerned with power – or rather with the moral use of that power – and with politics, millenarian movements are shaped by a convergence between political/economic structures and cultural/spiritual values (Diacon 1991). In this sense, they resonate with new social movements – which emphasise not only a challenge to conventional political and economic structures – but are also fundamentally concerned with new identities. Despite the emphasis on cultural and spiritual values, millenarian movements are not vestiges of previous “traditional” identities. As

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<sup>17</sup> Cohn (1970) defined millenarian movements as collective processes, in which supernatural agencies will bring about an imminent and total transformation of everyday life on earth. Believers will be rewarded for their devotion, not in the next life or any otherworldly heaven, but in this life and on this earth.

modern movements whose origins stem from the ideological values imparted by mission Christianity (Barkun 1974b: 118),<sup>18</sup> they are particularly appropriate forms of expressing discontent in Griquatown where overt political activity is avoided. In addition, the religious component is significant in Griquatown where people believe that it is God who ultimately metes out punishments or rewards, and therefore Griqua people's energies are better used worshipping him than seeking retribution. For the people of Griquatown – given their everyday life experiences with money and *inkommers*, their historical familiarity with asbestos compensation, an identity which is both deeply religious and ethnically ambivalent and their geographical, organisational and technological distance from the CPAA and the process of asbestos mobilisation – it simply makes no sense to interpret the Cape plc case as a victory of the oppressed over international corporations. Nor does it make sense to view it as a case of justice being done.

## 12 Conclusion

Thus, neither social movements nor millenarian movements adequately explain Griqua emic interpretations of the court case. Barkun's argument, that that millenarian movements exist 'within the limits of the existing technology of communications', is helpful. He suggests that such movements require 'the nurturance that only remote, relatively unurbanised areas can provide' (1974b: 141). For the people of Griquatown, they are partly remote and partly not. Access to information comes with high financial costs and enormous effort. This means that they have been partly involved in the mobilisation process, that they have had access to information and that some people have a general awareness of how the asbestos claim was progressing. They have not, however, been totally immersed in the intricacies of the negotiations. This, in many respects, echoes the ambiguity of their ethnic identity, part-in, part-out, part-good, part-bad, part-political, part-religious. In fact, their economic and social marginalisation from South Africa more generally puts them in a position where the internal divisions of Griqua *boorlings* and coloured *inkommers* became the frames of reference against which all other negotiations with outsiders are evaluated. Ultimately, the compensation from the Cape plc case did, as lawyers and NGOs believed, make a difference but not in the ways they expected.

People's concern over asbestos compensation is intimately wound up with a range of factors that affect people's lives: it is related to their immediate poverty and their inability to save, it is linked to the history of asbestos payments in South Africa and it is ultimately tied up with how people think about themselves and their identity. Ultimately, Griquatown's anger and discontent with the Cape plc settlement stemmed from a combination of factors including their reliance on pensions, their cultural identity with its emphasis on religious retribution and its restrictive notions of private property and their distance and alienation from the centres of power and information. Thus neither social movement theory nor millenarianism theory adequately explains Griquatown's residents' experiences. In order to use social

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<sup>18</sup> Barkun argues that some aspects of millenarianism, stemming out of Judeo-Christian religious traditions, have always existed in Western society. What has not always accompanied it, is the interpretation of traditional beliefs as 'promising imminent, this-worldly, collective transformation' (1974: 129)

movement theory to address questions of local cultural interpretation, it is necessary to include perspectives which integrate history, everyday experience and cultural values with modern mobilisation processes.

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