The ‘Sewer Rats’: Homelessness, Health and the Johannesburg Subunit for Displaced Persons

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Abstract

Black migrant labourers, cross border and from within South Africa, living in the city of Johannesburg, reflect the experiences of populations everywhere subject to structural violence and vulnerability. Their homelessness or displacement in the inner city renders them vulnerable and excludes them directly and indirectly from accessing basic services such as health care and affordable accommodation. Drawing on narratives of daily life and past experiences, I highlight the variabilities and similarities of homeless people, in particular Lesotho nationals, and their ways of 'being' that are framed by institutional, interpersonal and social subjectivities of homeless people who negotiate the city streets. Their accounts of their experiences reveal the barriers to accessing health care. I highlight how the government-run Johannesburg Subunit for Displaced Persons, a unit established to intervene in homelessness, plays a contradictory role that both helps and hinders homeless people. Members of the Subunit are co-opted into society's stereotypical thinking, which places homeless people as outside of society and underserving of care. However, they still work to move homeless people off the streets and into an overnight shelter, and into self-improvement and reintegration initiatives. I highlight how notions of kin are used to refuse and withhold care by health care providers and Subunit members. This master's thesis examines homeless people's experiences of exclusion, the social and structural factors that shape them, and their interactions with society, health care providers and the Johannesburg Subunit for Displaced Persons'. These experiences, shape the health risks and negative health outcomes of homeless people, including mundane health problems such as respiratory infections and minor wounds.

A Note from the Author

Due to the style and presentation of this research report, the methodology and statement of ethics sections have been represented in two parts. The formal methodology and statement of ethics structured in accordance with the University of the Witwatersrand Human Research Ethics Committee's (HREC) requirements have been inserted as an appendix.

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Chapter One

Introduction

South Africa is the largest regional economic power in Southern Africa, and migration a prominent feature in South Africa's labour market (Mazars *et al.*, 2013: 6-8). At the end of Apartheid, South Africa opened its borders, and migration from politically, socially, and economically unstable neighbouring countries significantly increased across its borders (Mazars *et al.*, 2013: 6-8). Even so, the migration to South Africa of people from Lesotho, as well as from countries such as Zimbabwe, has been contentious socially, politically, and economically, pre- and post-apartheid. Migration and its regulation and anxieties, as reflected by xenophobic attacks, have increased with time in the post-apartheid era. Despite policies that protect migrants' rights, access to health care and other public services has been neglected in the implementation of policy in the City of Johannesburg, leaving many people vulnerable to unsafe and poor conditions (cf. Quesada *et al.*, 2011: 339-341; Quesada, 2011: 387-388). At the same time, the increased enforcement of city by-laws and social ideas around what is or who is deemed acceptable in society has exacerbated migrants' personal insecurity and limited their access to city spaces and employment. These by-laws continue to maintain Basotho[1] immigrants in the lowest rungs of society, with many people homeless and living on the streets (Vasey *et al.*, 2016: 173-195). Migrants are regarded with contempt; they are continuously subjected to profiling based on civil status, context, race, and language, resulting in discrimination and exclusion (Vasey *et al.*, 2016: 173-195; Wilhelm-Solomon, 2016: 380-384). This systematic political and social othering has severe implications for migrants' health, creating immense suffering for Basotho, as for other poor immigrants worldwide (Quesada *et*

[1] For clarification- Lesotho is the country from which the Basotho nation originate. Basotho people are Sesotho speakers.

al., 2011: 339-341; Quesada, 2011: 387-388; Holmes, 2013: 25-264; Castaneda, 2019: 1-284; also see Kline, 2019: 396-410).

Black migrant labourers, cross border and from within South Africa, living in the city of Johannesburg, reflect the experiences of populations everywhere subject to structural violence and vulnerability (Vearey *et al*., 2016: 14-15; Castaneda, 2019: 30-59; Kline, 2019: 396-399). In other words, their homelessness or displacement in the inner city excludes them directly and indirectly from accessing basic services such as health care and affordable accommodation (Cross *et al*., 2010: 2-7; Naidoo, 2010: 130). By directly, I refer to the "self-reported experiences of discrimination and baring from spaces because of their race, ethnicity, class, and affordability" (Krieger, 2010: 231-232). By indirectly, I follow Krieger (2010: 231-232) to refer to the underlying layering and intertwining of social and structural factors that compound the effects of the experiences of direct discrimination (see also Manderson and Levine, 2018: 1-4). These combine to create health disparities and negative health outcomes for homeless migrants and other marginalised groups. While both men and women are subject to these forces, for the purposes of this research the focus was on homeless Basotho men.

There are multiple push and pull factors that contribute to the manifestation of homelessness. These factors intersect both historically and contemporarily (Crankshaw and Hart, 1990; Krieger, 2010: 229). However, government institutions, such as the department of City Parks and Zoos, and Home Affairs, which are part of the broader network of institutions mandated to provide supportive services for homeless persons, consider homelessness to be self-inflicted, a product of people's poor judgement and bad choices. This is also reflected in public opinion of homelessness. The result of this view of homelessness, is to reproduce structural inequalities and dismiss local contexts and particularities (Adams *et al*., 2014; 181) because they 'impede' social, market and political forces (Manderson and Levine, 2018: 1-2). I describe this further in chapter three and four.

Not surprisingly then, the emphasis among anthropologists is on the need to understand these factors and contexts from broader social experiences and positionings (Manderson and Levine, 2018: 1-3). Medical anthropologists, writing on marginalised groups within South Africa and globally, have considered the social and structural experiences of diseases such as HIV and TB; mental (ill)health and distress; infestations and foot disease; sexuality and sexual (ill)health; and pregnancy, amongst others (cf. Farmer, 2006: 528-544; Wilhelm-Solomon, 2010: 1-32; To *et al.*, 2016; Kline, 2017: 396-410; see also Makandwa and Vearey, 2017: 75-90; and Mkhwanazi and Bhana, 2017). In expanding on this and applying concepts of structural vulnerability (Quesada, Hart and Bourgois, 2011: 339-362; see also Castaneda, 2016: 269-273; and Kline, 2017: 396-406), structural violence (Farmer, 2004: 305-325), and space and ontology (Wilhelm-Solomon, 2010: 1-34), in this thesis I draw attention to the experiences of the biological embodiment of inequality, and social and structural experiences of homeless individuals, living above and below the inner city of Johannesburg (Krieger, 2010: 225-249). This includes sleeping in the open along busy roads, in doorways, under bridges and in blocked storm water drains. The research on which I draw is concerned with how the experiences that derive from these social and structural factors of exclusion shape the health risks and negative health outcomes of homeless individuals, particularly in relation to mundane respiratory infections and minor injuries, which can be easily dismissed yet can lead to serious health problems.

This research was inspired by an article published by *Independent Online News* on 25 January 2017, blaming severe Johannesburg flooding on the practices of homeless individuals occupying the city (Cox, 2017:1). Following the Johannesburg Road Agency through the city, journalists highlighted how homeless people living above and below particular locations, such as city bridges and storm water drains, compromised the city's infrastructure by blocking storm water drains with mattresses, blankets and other materials, contributing to if not

causing flooding (Cox, 2017:1). Two days later the Johannesburg Subunit for Displaced Persons, the Department of City Parks and Zoos and the Johannesburg Metro Police Department launched a campaign to directly tackle issues of "homelessness, crime and squalor" through measures that would be "effective, humane and sustainable" (Cox, 2017:1). Paradoxically, however, over the next few months, city-wide, homeless individuals found themselves being uprooted, further displaced, and harassed in the name of their 'own good'. To date, the approach to homelessness in the city remains the same.

This article informed my interest in asking questions relating to: i) how city authorities contribute to the already unstable and precarious environments homeless people have to negotiate; ii) what the image of homelessness as crime and squalor does for people's position in society and society's opinion of those who carry the identity of 'homeless'; and iii) how this contributes to health risks and concomitant negative outcomes.

The study of homelessness and its effects, including on health, are important to research for several reasons. Apart from TB and HIV, illnesses experienced by homeless individuals are minimised. There is limited literature on these other health issues, including bacterial and common viral infections despite that their neglect makes people vulnerable to complications and susceptible to contracting more serious conditions, including HIV, TB and to premature death.

I wish to contribute to growing the understanding of the social and structural factors that often leave people who are homeless outside of the reach of basic health care. I find medical anthropological contributions are important to progressive policy design and its implementation for homeless people, that is, to develop more inclusive policies and initiatives, not only to address social and structural factors and accommodation issues, but also understand and address the lived realities of those experiencing homelessness. Thus, the core question I

aimed to answer with this research and in this thesis is: How does the context of living below the city, and the social exclusions encountered by those who do so, shape health risks and associated health outcomes, particularly as related to respiratory infections and minor injuries?

Methodology

To answer the core research question, I conducted an ethnographic study in Braamfontein, a suburb in the inner city of Johannesburg, South Africa. Data were collected through participant observation, and semi-structured interviews with five homeless people and four employees of the Johannesburg Subunit for Displaced Persons. The homeless people selected for this study had made use of the services provided by the Johannesburg Subunit for Displaced Persons (referred to hereafter as Subunit), which included the overnight homeless shelter run by the Subunit and the Subunit's outreach projects. Individual members from the Subunit selected for this study took part in outreach projects and engaged with homeless people daily.

The objectives for the study with homeless people in Johannesburg were i) to understand the structural and social factors (politics, economics, history, social positioning, citizen/noncitizen status, marginalisation and stigmatisation) which shape everyday self-care, health risks and outcomes pertaining to respiratory infections and minor injuries, and ii) to understand the experiences of homeless individuals, and how their residence and everyday life, influences access to health care and their engagement with the Subunit and its overnight homeless shelter.

I focus on individuals from the Subunit for reasons associated with the Subunit's position as a government institution specifically for homeless and displaced persons. I attend to how the Subunit represents directly and indirectly the social and structural factors the Subunit is supposed to mitigate. I also examine how individual Subunit members understand the structural factors influencing homelessness and how this informs their work within the Subunit.

Intense fieldwork took place between August and September 2019, over a period of six weeks. This fieldwork provided specificity to my lengthy and continuing engagements with homeless people living along rivers in the inner city and suburban Johannesburg over the last six years. As a result of the limited time afforded to me in the field, I made use of participant observation and semi-structured interviews from the 'ethnographic tool kit' (Emerson et al., 2011: 2-230). These methodological approaches are particularly useful as they provide a platform to engage participants in an in-depth manner. These methods provided me a way to understand the impact of social and structural factors, and health risks, through first hand experience with how people negotiate these factors, the city space and government institutions (Emerson *et al*., 2011).

In other words, because this research allowed only a snapshot of homelessness in a particular context, these methods enabled me to capture these experiences and stories, however fragmented, and piece them together. Through this process, I built an understanding of the multiple structures, spaces and networks of homeless people and their suffering in multiple forms (Emerson *et al*., 2011). Although qualitative data cannot be 'reproduced' in the same way as quantitative data, the approach accounts for what is beyond variables such as race, age, class and gender to establish underlying factors of meaning-making, agency, sociality, vulnerability, symbolic violence and socio-cultural and structural influence. As Krieger (2011: 228) argues, using a qualitative approach to quantitative research can "document the impact of social structural inequalities, like racial injustice, on people's lives, including their health."

Participant observation was conducted through everyday engagement often from early morning until well into the night, with service users and providers to gain an understanding of and to situate individuals' experiences. Employing participant observation provided me with an in-depth contextual understanding of how participants understood and interacted with the complexities of the city, their health and the Subunit. Participant observation allowed me to immerse myself in the lives of homeless people in inner city Johannesburg, and to experience

how they accessed health care, other basic services such as accommodation and employment. Further, it allowed me to experience how individual members from the Subunit go about implementing policy through outreach projects and how they experienced and dealt with homeless people and their health concerns and problems. It also allowed me to situate what was said in interviews. Conducting research with marginalised groups and undertaking such research in unsafe places can be emotionally and physically straining; it can be a 'culture shock' and it can be challenging to manage in a limited fieldwork period. Conducting this research and dealing with the lived realities of homeless people, would not have been possible if I had not had prior experience in this area of study. The research would also not have been possible without the established relationships I have with homeless people in the city and with the members of the Subunit.

Before conducting participant observation with my homeless participants, I reminded myself that homeless people live very public lives. Everything the men did or did not do could be scrutinised by the public. My presence could make this worse by attracting more unwanted attention on the men. This also meant I had to be mentally prepared to be questioned by 'concerned' citizens. For example, on the way back to my car after a day in the city with homeless participants, I was stopped by a woman who had seen me earlier in the day. She was concerned I was a "confused American who was trying to help the poor 'little' black people," who are "just so repulsive" (Personal Communications, 2019). Participant observation meant learning to handle these often racist and offensive comments in a manner that avoided confrontation. Without my prior experience, encounters such as this one would have been far more challenging to manage.

Participant observation with homeless participants started early in the morning on recycling days, or later if the people with whom I worked planned to beg or wait outside of a construction site in the hope of paid work. I would meet them under the bridge, where many lived, and often

I would arrive as they were getting dressed and putting out the fire used to boil water so they could bathe and make breakfast if they had food. On recycling days, the men would start out as a group and as they moved through the city, they would separate from the group and go on their individual recycling routes. Recycling routes may be shared between some men, but there is an unspoken rule about not collecting on other people's routes. I would accompany my participants on their recycling routes and help them rummage through dustbins when there was more than one dustbin that needed to be sorted through. The recycling often consumed the entire day. Once my participants and I returned to the bridge, I would help sort the material into piles, ready for transport to the recycling depots. I would also join them while they waited outside of construction sites looking for work. On other fieldwork days, I would accompany them on their daily activities: collecting water for cooking and washing; collecting wood for the fire; buying supplies from local vendors and other shops; accessing the shelter; attending the shelter's initiatives and accessing the showers and hot meals provided by the charity Meals on Wheels outside the shelter. I describe this further in chapter three.

Participant observation with the members of the Subunit entailed attending community forum meetings and internal Subunit meetings, and accompanying participants as they go about their daily activities: responding to emails; preparing presentations for feedback sessions community meetings or educational sessions; preparing materials for the various Subunit initiatives; and conducting outreach projects. Subunit outreach projects entailed selecting areas in the inner city in which homeless people lived or frequented often, then arranging with the Johannesburg Metro Police Department (JMPD) and the South African Police Service (SAPS) to join them at the location. The JMPD and SAPS are requested for outreach projects as a safety measure. Once at the location, members of the Subunit who were also social workers and community development officers interacted with homeless people, getting to know a little about them and where they are from. The members then provided homeless people with extra blankets and a

meal if the Meals on Wheels van was present and educated them about the shelter and what it offers. I assisted in handing out blankets and meals. When the Subunit members were sure that they had spoken to every homeless person, they would pack up and move onto the next group of homeless people or return to the shelter to continue the outreach project the next day. The Subunit interacts with homeless people over a few days or weeks before taking them to the shelter. However, on days that the Subunit is called in to assist the JMPD and SAPS with raids on homeless groups, they are required to assist in the removal of homeless people from the area immediately. I describe this further in chapter two.

Working with the Subunit was a cautious dance between my friendship with them and their suspicion that I might write against them. While this research was being conducted the members were under heavy scrutiny 'for not doing enough' by their superiors and by the public. I do not doubt that their suspicion of me remained for the duration of the fieldwork, but many began to see me as a vector to tell their stories. For some I became a sounding board, for others I was an 'objective opinion,' someone not entirely aligned with the Subunit or the public. For others I was in the way. However, even those who found my work irrelevant nevertheless, wanted to tell their stories or express their views.

Semi-structured interviews were utilised to gain further insight into the contexts and experiences in which participants found themselves. Interviews allowed me to understand the underlying factors behind people's experiences and allowed participants to share their stories in their own way. Although the interviews were semi-structured to extract information and use time constructively, I allowed a level of fluidity during interviews to give participants space to express themselves fully. This approach was influenced by Manderson and colleagues (2006: 1319), who argued the need for researchers to be aware that interviews are embodied experiences that are influenced by the researcher's presence and the interviewee's experiences.

I attempted to mitigate my own imposition by framing the interview as a conversational space rather than a formal interview, and I channelled participants to answer questions in a manner that did not truncate their explanations beyond the confines of the questions being asked. The interviews were guided by an interview schedule prepared beforehand. Interviews were conducted with participants from the Subunit and with homeless participants individually, in the overnight homeless shelter but away from other people to maintain as much anonymity as possible. Informal conversations took place during participant observation where clarity on situations was needed.

I was very aware of the idea that interviews are embodied experiences particularly when interviewing homeless participants. Asking someone to tell a 'stranger' their life story is no easy task, and as a researcher and interviewer, there is only so much preparation one can do to be prepared for what may come out during an interview. The pain of getting people to talk and witnessing their pain when talking about leaving their families; starving and scavenging; living in dirty clothes; sleeping outside in the elements; living in constant fear of being attacked and robbed by others; living in constant fear of being arrested; not having food and knowing how much they are disliked in the city, was at times distressing. I managed this by listening attentively, showing that I understood the depth of their experiences and by offering my quiet sympathy.

It was also at times painful to deny them their requests for large sums of money to send home to their families or so they could return home and see their families, especially when I was the reason for them having to think about their families.

I am fluent in both isiZulu and Sesotho, and this helped me significantly during the research process. These are the usual languages spoken among black migrant workers. During participant observation and interviews, I used conversational level language because I needed

to take into consideration the literacy level of some of my interlocuters, unable to read or write in English or in their home language. In other words, the conversational style of interviewing was not for lack of ability to communicate or translate on my part but rather, was adopted to explain my research interests and put across my questions in a way that was easily understandable and relatable. This approach was extended to the Information Sheets and Consent Forms provided for homeless participants, to take into consideration their experiences of structural violence, vulnerability and positionality within society and the city. Interviews with each participant lasted between 30min and an hour, in English, Sesotho or isiZulu according to the interviewee's preference. I conducted and translated all interviews into English for analysis myself.

It was my job as a researcher to maintain constant awareness of the limitations of these selected methods and to mitigate the effects of these limitations, where possible and to the best of my ability, to ensure the overall wellbeing of all my participants. Some of the limitations included the public nature of participant observation which reduced my ability to ensure the complete anonymity and confidentiality of participants, and the influence of my presence. For example, during participant observation I accompanied homeless participants as they moved through the city streets to find work or collect recyclable materials. A white woman walking around the city of Johannesburg with a group of black men is not a common occurrence in the city, and this attracted people who knew the men or who were 'concerned' citizens to come and investigate the situation.

Reflexivity

Reflexivity is important not only during field research but also in formulating and analysing one's research. While conducting this study, I was mindful of my status as a white, educated,

middle-class woman studying black marginalised men, particularly within the South African context where my identity echoes Apartheid and white privilege. Having the ability to speak isiZulu and Sesotho and having interacted with homeless people, and conducted research on homelessness before, helped me significantly. Over the last six years, I have participated in numerous projects to assist homeless people in the inner city of Johannesburg and its surroundings, in conjunction with the Subunit and with separate non-profit organisations: Meals on Wheels, The Salvation Army, Holy Trinity Catholic Church Soup Kitchen, and needle and syringe programmes (City of Johannesburg Official Website, 2018). These interactions extended into my honours research project on notions of waste and the subsequent interactions between homeless people and the middle-class communities they live near (Taylor, 2017). This prior experience meant that I was familiar with working and conducting research with homeless people and people from the Subunit.

Even so, my experience with homeless people and on inner city streets did not reduce the unpredictability of field work. The field, therefore, required me to be able to adapt and reposition myself according to the context in which I found myself (cf. Emerson et al., 2011). Moreover, I could not remain a complete 'outsider', despite what ethical protocols assumed and recommended for researcher comportment and positioning. Considering this, I was cognisant of the fact that I was 'betwixt and between' insider and outsider because I had worked with both participant groups (Delaney with Kaspin, 2011). Therefore, I repositioned myself as a 'renewed outsider' to allow myself the opportunity to reexperience the nuanced nature of the experiences of participants (see also Delaney with Kaspin, 2011). In some cases, having prior knowledge about a place or people can blind you to the new meanings being created and experienced, or to subtle changes in the social, political, and economic environments. Repositioning myself as a renewed outsider allowed me to not take the people and their experiences for granted.

The streets and other areas which homeless people utilise within inner city Johannesburg are both contested and fragile, so that being in them at times is unsafe for people surviving in them and for people like me working in them. To ensure the safety of my participants and myself, local law enforcement, such as the Metro police, was alerted to our whereabouts and regular location updates were sent to a third party (family members).

It was also necessary for me to 'own' the space I was in, that is, I needed to look like I was meant to be there – having as much right to walk the streets as anyone else living on or utilising the streets. At least outwardly, I needed to appear unaffected by the presence of potentially 'harmful' people. Put like this, safety seems rather straight forward: You tell people where you are and make sure you do not look like an easy target for criminals. But ideas around safety and how each researcher understands them vary. Thus, different researchers will follow different procedures depending on orientation towards the people which whom they are conducting research, their consciousness of surroundings, and their capacity to read them and ability to protect themselves in a highly contested and often volatile physical setting.

To complicate this process, I undertook the fieldwork during a period of ongoing xenophobic attacks on foreign nationals, including foreign shop owners, in inner city Johannesburg. The riots occurred from 1-5 September 2019, during which large groups of people filled the streets during the day and often into the night, moving from street to street assaulting foreign nationals and raiding shops "to get rid of the criminals raping our women and taking our jobs" (Personal Communications, Johannesburg, 2019). If something untoward happened during the week of riots or on the days I would be in the field till late at night, my brother would wait at a nearby petrol station in case I needed help, felt unsafe, or feared that my participants were at risk, as they were all foreign nationals.

Witnessing people's experiences of structural violence and at times physical violence and vulnerability can be overwhelming. When necessary, to manage the personal experience, I used family members as a sounding board to work through my own feelings about the lived realities of homeless individuals in the City of Johannesburg. I also ensured that my participants were made aware of counsellors and social workers, if they required them. Participants were provided with contact details and physical addresses of counsellors and socials workers in the Subunit itself, at the assessment centre located near the Subunit headquarters and at a separate non-profit organisation that also works with homeless people in the inner city. The counsellors and social workers I selected required no appointments and all three institutions are located within walking distance from each other and from the locations where my homeless participants lived.

Conducting this research also meant that I was approaching situations from a homeless person's perspective and from a Subunit member's perspective. This meant that I would accompany staff from the Subunit and law enforcement officers on their raids on the very homeless people with whom I was conducting research. The most likely outcome for this situation would be that my homeless participants would be suspicious and respond negatively to my presence after I was 'part of' a raid. However, through my previous years of engagement my position with community members, although fragile, was regarded as that of mediator between homeless people and other groups, which assisted me in navigating these situations as a 'renewed insider'.

It was important during this research that I relayed the stories told by participants, particularly by my homeless participants, as they told them, not only because this research was made available to them but also to ensure that they felt heard. Feedback was provided to participants before the submission of this research report, with understandably mixed responses, especially from members of the Subunit.

Statement of Ethics

Ethics protocols and processes are an understandably necessary structure which students and all researchers need to address, to ensure they are mindful of the risks to themselves and others who are involved in conducting research, and mindful of the purpose of the research. However, the rigid process and requirements for ethical clearance employed by the University of the Witwatersrand's Human Research Ethics Committee led me to feel like I was dragging an elephant, as I clung to my determination to conduct research with homeless individuals, who are not only considered a vulnerable group, but in terms of ethics, were also living in a medium to high risk study area. In reading between the lines for students at my level of study, this meant 'avoid, avoid, avoid'. As a result, the ethics protocols became an embodied experience, which, if only momentarily, made me question my ability as an anthropologist and my moral compass. It seemed to me that permission depended no longer on my work with and possible outcomes for homelessness, but rather on ensuring the university's position in relation to my safety. In other words, permission was granted not on my ability to conduct research and interact with homeless people or about the importance of conducting research with marginalised groups. Rather, permission was granted on my ability to ensure that the university was not liable if something went wrong during fieldwork.

The ethics committee's representation of groups like homeless individuals was problematic in and of itself, as it stripped them of agency and reduced them to people unable to function as persons within society or in relation to people like researchers. The responses to me in relation to my proposed research drew on the very stereotypes I was trying to demolish. I found that for many students, the formalities of ethics clearance created a disconnect between students and their research, between students and the people with whom they had been interacting for many years, and for some, between themselves as students and their own families. For example,

some master's and undergraduate students live in informal settlements deemed too risky to visit by students as researchers.

This is not a criticism of the presence of an ethics committee or its protocols. Rather, it is a critique of how the ethics committee defines vulnerability, which assumes a gap between researchers and vulnerable others, and draws on the very stereotypes that students need to avoid when conducting research. The impracticality of certain protocols in the field can inadvertently create the unethical and immoral ruptures that the protocols are put in place to mitigate.

This being said, writing about the need to improve the approach of an ethics committee and its protocols is easier than doing the work to actively change it. With this in mind, I have yet to provide my report to the ethics committee for a change in possible decision making around similar work.

Literature Review

In the following section I engage with the literature that informed this research.

In order to understand how particular contexts create conditions of inequality, discrimination and vulnerability, and result in noncitizen and citizen migrant labourers' exposure to certain health risks and concomitant negative health outcomes, in this section I link my research to the existing literature on structural violence (Farmer, 2004: 305-325), structural vulnerability (Quesada, Hart and Bourgois, 2011: 339-362; see also Castaneda, 2016: 269-273; and Kline, 2017: 396-406), and space and ontology (Wilhelm-Solomon, 2010: 1-34).

Homelessness and other forms of marginalisation are embedded in relations that are constructed by and construct social and spatial contexts; these cannot be detached from broader historical, political, and economic networks (Staeheli, 2011: 394-396). Marginalised contexts take on different meanings and forms for different people in different settings and thus are experienced and defined in multiple ways. It is therefore necessary to consider homelessness and other marginalised contexts as a social status and as a set of relations (Vasey *et al*., 2016: 173-195). Personhood and the rights of persons to the city and society, are constructed through multiple boundaries that derive from the social status of and the relations that derive from homelessness (Vearey *et al.,* 2016). These boundaries create meaning by blurring notions of insider and outsider, private and public, and tolerance and intolerance (Staeheli, 2011: 396-397; Bhopal, 2007: 238; DeWind and Kinley, 2019: 1-5). Further, the boundaries are both physical and metaphorical and intertwine creating a web of discrimination and 'othering' that prevent people from marginalised groups from accessing rights, often through discourses of fear and intimidation (Staeheli, 2011: 395; Castaneda, 2016: 269-273; also see Wilhelm-Solomon, 2016: 378-395; and Kline, 2017: 396-397). Kline (2017: 396-410), for instance, has demonstrated how the policing of relentless and severe immigration policies against Latinx immigrants led to them to embodying the fear of deportation. This directly affected their health by limiting their access to regular health care systems.

People living in such circumstances make various decisions in response to these networks of limitation and socially constructed hierarchies of power (Kline, 2017: 396-410; also see Alunni, 2015: 139-149). These contexts influence when and how such people seek care, what kind of care they seek, the feasibility of maintaining care, and the social implications of doing so (Makandwa and Vearey, 2015: 75-90). Farmer and colleagues (2006: 376-392) argue that to understand the biological manifestations and implications of people's health, we need to pay careful attention to the unequal processes of racially permeated social determinants. These play

out most overtly in the biomedical and social service sectors, where care becomes an ideal rather than a right (Singer *et al*., 2017: 941-950). In other words, the reproduction of particular social and institutional conditionings within biomedical and social service spaces create pathways for contemporary forms of inequality. This builds too on the legacies of historical inequalities, causing health disparities in seemingly 'neutral' spaces (Braun, 2006: 253). For instance, Farmer (2004: 305-325), through ideas of structural violence, argues that understanding the persistence of epidemics, such as AIDS and tuberculosis, requires an awareness that illness is not only a reflection of the social environment but is intrinsically linked to the history and the political economy of a country. Farmer (2004: 305-325) traces how social factors intersect with historical and political structures in a systematic way that oppress, erase and exploit, directly and indirectly, a whole class of marginalised people – those who are impoverished. The harshness of structural violence, defined as the systematic layering of structures that may be social, biological, symbolic, or material, creates conditions for oppression, desocialisation and discrimination (Farmer, 2004: 307-308). This is both visible and tangible in the realities of poverty, experiences of sickness and precarious access to health care. As Farmer (2004: 320) suggests, illness and its outcomes are subject to the reproducing, reshaping and embodiment of historical, political, and social structures in the daily lives of marginalised groups. Using structural violence to frame these experiences exposes the forces and underlying connections that promote and produce suffering (Farmer, 2003: 337). While the context and setting may differ, the meaning that these experiences convey are embedded in a foundation of structural similarities. As Farmer (2003) insists, the theory of structural violence is not to portray or explain the multiple versions of experiences, but rather to suggest that there are similar underlying structures at work beneath the varying expressions and experiences of suffering and (ill)health (also see Farmer *et al*., 2006: 376-392; Farmer, 2008: 393-544, 2008: 559).

How people live with the chronic conditions and social determinants of structural violence, including racism, poverty, poor access to health care, and personal vulnerability, depends heavily on the social and cultural environments in which marginalised people find themselves, within the contemporary global space (Singer *et al.*, 2017: 941-950). Quesada, Hart and Bourgois (2011:339-362) examine how health care services, immigration policies and political exclusion render Latinx immigrants in the United States structurally vulnerable to ill health. Structural vulnerability is defined as the "positionality that imposes physical and emotional suffering in systematic ways on specific population groups" (Quesada et al., 2011: 340). For Quesada and colleagues (2011: 341-342), structural vulnerability is based in the cultural and social ordering of people, which perpetuates negative stereotypes, unfair treatment based on social stigma, and "devalues and subordinates non-white racial populations" (Williams and Mohammed, 2013:1156). For instance, Crush and Tawodzera (2013: 655-670) demonstrate how the health care provided to migrant Zimbabweans within South African health facilities is shaped by local perceptions of these migrants, leading them to avoid care seeking and so to neglect their own health. Despite their right to access health care facilities, Zimbabwean migrants are routinely verbally assaulted, given inferior care, and in some cases are barred from facilities by health care professionals. Crush and Tawodzera (2013: 656) suggest that this is a direct consequence of their undocumented migrant status, which creates ambiguity about their rights to care, but reflects also perceptions, based on their nationality, that they are burdening the economy, 'swamping' South African health services, and stealing jobs. Understanding the suffering experienced by marginalised groups is important for understanding when and why 'difference becomes disparity' (Pollock, 2012: 181-183).

Hand in hand with discourses of structural violence and vulnerability are discourses of space and ontology that reinforce structural factors, such as poverty, persistent unemployment, political instability, citizen/noncitizen status, lack of adequate housing, discrimination and poor

implementation of social policy, and the boundaries created by them. If the experiences of these structural factors are ubiquitous, then the sites in which they are experienced and enacted are similarly ubiquitous: the sites mediate a set of relations and interactions that establish the type of othering experienced and exercised (Staeheli, 2011: 393-400; Brown, 2006: 1-125). These physical spaces, among other things, blur notions of public and private, governmental agendas and public opinion, and the stigmatisation of disease and (un)cleanliness (Margaretten, 2011: 45-65; Staeheli, 2011: 393-400; also see Rose, 2017: 1-124).

Paradoxically, as well as mediating forms of othering, they allow for the re-formation of identity and alternative forms 'of being' and allow the creation of new social networks. These networks enable marginalised people to manoeuvre around and through the barriers established to maintain them as outsiders (Margaretten, 2011: 45-65; Wilhelm-Solomon, 2016: 378-395). For instance, Rose (2017: 1-124) suggests that notions of (un)cleanliness and (un)healthiness move beyond the 'material impositions of people' and facilitate the removal of 'social waste' (homeless people) from society, by re-zoning public spaces that homeless people live on. The re-zoning of these space gives government and private sector the prerogative to remove homeless people by citing public health violations and prohibited land use violations. In his study of the provision of antiretrovirals in displacement camps, Wilhelm-Solomon (2010: 3-6, 10-18) also identifies space as the defining feature of the lived experiences of marginalisation, the stigmatisation of HIV, and the potential for healing. Wilhelm-Solomon (2010: 1-32) suggests that the spatiality of the camps visibly shapes the identities and health outcomes of people who are marginalised and displaced, and whose diagnosis of HIV sets them apart from others in the camps. This became re-imagined in relation to their healing, as treatment access was made visible through the layout of the camp and the delivery and provision of separate rations. These experiences are not isolated or unusual. Rather, the stigmatisation enacted upon marginalised people by other marginalised people and non-marginalised people, Wilhelm-

Solomon (2010) suggests, is intrinsically linked to the social and historical contexts shaping these interactions.

In his later work with people who unlawfully occupy buildings in inner city Johannesburg, Wilhelm-Solomon suggests that, through the unstable social and physical forms of the city, marginalised and displaced people create a space of 'ruinous vitalism' where they can maintain personhoods through multiple orientations towards city institutions and society (2017:175,179-181). In other words, space is at once political, material, and symbolic. As Delaney with Kaspin (2011: 37) has remarked, "space is neither empty nor neutral, it is filled with things and with meanings." In the context of this report, spatial questions are also health related questions, in so far as they come into existence in the context of the inner city, as people are exposed to unstable infrastructure, social relations of vulnerability and inequality, governmental and private sector interference of space, and informal and formal spaces of health care that they attempt to access (Farmer, 2004: 305-325; also see Delaney with Kaspin, 2011: 37-78; Quesada, Hart and Bourgois, 2011: 339-362; Leite, 2013: 165-189; Wilhelm-Solomon, 2010: 1-34). The research literature demonstrates that homelessness and other experiences and attributions that result in marginalisation are linked to broader political and historical structures. They are also linked to social and cultural perceptions.

While the internalisation of such perceptions and experiences become embodied as negative health risks and concomitant outcomes, they also produce multiple forms of sociality which can enable marginalised people to exert some form of agency. However, these forms of sociality can be manipulated by a complex set of interactions that reproduce marginalisation rather than undoing it. For instance, Willse (2010:155-184) demonstrates how neo-liberal governance through biopolitical housing policies and initiatives enables the reproduction of the neo-liberal conditions that reproduce chronic homelessness and housing insecurity. The

reproduction of neo-liberal conditions allows neo-liberal economies to proliferate, without incurring the costs of providing for marginalised groups like homeless people.

In a similar vein, Brown (2006: 1-268) argues that tolerance, while it is represented as a willingness to engage and accept the presence of marginalised people, functions in an underlying way to marginalise those who do not conform to societal norms or who are considered not to 'fit' into society. Tolerance finds its power through the dissemination of its discourses into government institutions, public opinion, and social services. Tolerance functions as a selection process for 'accepted' ways of being, and so is a mechanism for denying marginalised people a place within cities and societies (Brown, 2006: 1-268). These processes and approaches are often supported by national and local governments. As Staeheli (2011: 7) has argued, it is necessary to examine the ways in which the institutions tasked with implementing these approaches of engagement with marginalised groups are 'constructed and sustained' by national government, public and personal opinion. Understanding marginalisation and the institutions tasked with dealing with marginalisation reveal the consequences for marginalised people's health.

The poor health and wellbeing of homeless and other marginalised people is the outcome of the clustering of these experiences of stigmatisation and discrimination. While ethnographers recognise the overall (ill)health of marginalised groups, the focus of many ethnographic texts in the African context is on the sociality of communicable diseases such as HIV, TB, hepatitis and malaria, and their coincidence with and exacerbation of existing social problems such as inequality, poor socioeconomic status, poor health services and access, violence and discrimination (Seager and Tamasane, 2010: 63-83; Wilhelm-Solomon, 2010: 1-32; also see Wangdi *et al*., 2015: 79-107). Ethnographic accounts such as (Farmer, 2003: 328-349; 2004:305-325; 2006: 528-543; Bourgois and Schonberg, 2009; also see Quesada, Hart and Bourgois, 2011: 339-362; and Singer *et al*., 2017) have revealed how social settings and

relations are instrumental in sustaining communicable diseases and non-communicable illness in different countries and communities. However, little work has been undertaken on illnesses that are seen to present limited risk to public health, such as mild infections and injuries. Outside of Africa there have been calls for more adequate investigation and intervention of such conditions. For example, To and colleagues (2016), writing on homeless people in North America, illustrate how poor hygiene, inadequate footwear and excessive walking contribute to the high prevalence of foot problems. Although this problem is commonly reported, foot health is often overlooked by health care providers as it is not considered a primary health concern.

Badiaga and colleagues (2005: 382-386) highlight the high prevalence of aggravated superficial bacterial and parasitic skin infections in homeless populations in France. They concluded that this was the result of poor hygiene and proximity to other infected people in homeless shelters, but they did not examine the social implications or contributing factors to lack of treatment seeking and the aggravated nature of the infection.

Despite the high prevalence of mundane and easily treatable health issues in homeless people and other marginalised groups, these problems are often left to become more severe. The concern with such infections and minor injuries is their potential to weaken the immune system for opportunistic diseases such as HIV, TB, or hepatitis, and to deteriorate and so result in more serious infections. The decision to overlook sores, cuts, burns, wounds, coughs and colds often reflects health worker concerns to lessen the burden on health care systems, despite that subsequent complications and more serious infections require more intensive treatment, increasing demands on health care systems and resources. In general, though, homeless people and other marginalised people are often left to deal with persistent yet easily treatable health issues.

In the following section I introduce the Subunit for Displaced Persons. I highlight how Subunit staff members become co-opted, although unwillingly, into the removal and dehumanising of homeless people through societal and governmental pressure to rid the city of its homeless problem.

Chapter Two

The Johannesburg Subunit for Displaced Persons

It is just after 7pm on a cold August evening and Kotze Street (see appendices for map) is surprisingly quiet, except for the noise emanating from the entrance of the Johannesburg Subunit for Displaced Persons' Overnight Shelter. A queue of homeless men and women, worldly possessions in hand, snakes down the road as people line up to pay their R8.00 entrance fee. This gives them access to a bed, locker, and shower, and a hot meal for the evening.

The shelter was established in 2011 by the Subunit to provide temporary shelter to economically active homeless people (City of Johannesburg Official Website, 2018: 1). The shelter can accommodate around 200 people, and outside of other interventions conducted by the Subunit, the shelter can only be used from 7pm to 7am. The building itself resembles a parking garage - a rectangular mass of concrete with multiple levels split into male and female rooms and showers. Its concrete finish is offset by metal fold up tables, plastic chairs, white wooden bed bunks, and three couches in the waiting room near the entrance.

Cramming through the entrance, the hall - which doubles as the canteen - is busy with people, as they hurry up the flights of stairs to secure themselves a bed and a locker for their belongings, before racing back down to join the already long line of people waiting to get a meal. The air

is offensively stuffy. "DT!DT! You made it, hello sweetie." Before I could process a response, Mpumi had me by the hand and I was being dragged through the crowd, out the back door and down to her office. DT was a nickname Mpumi, who was one of the head social workers, had given me. As I stood waiting while she fumbled with her keys in the poor light, I remembered the first time I met her.

It was early February 2017, just after the article attributing the Johannesburg flooding to homeless people was published, and I had gone to the Subunit and to her office. Mpumi's office is small; an L-shaped computer desk fills the left corner and a six-seater black wooden table monopolises the right side of the room. Squashed in between, an overcrowded book shell threatens to give way at any moment. She sat me at her desk, and I began to probe her about the uprooting of homeless people as a result of the article. She began:

> You know DT, when that article was published it made lots of trouble for the homeless in the city. We were called in to assist with removing the homeless off the streets, having them assessed and then getting them placed in shelters and registered for work permits. You know, it frustrated me so much that they blamed them for these issues, that I even took those same reporters and the road agency back to these spaces, to show them what was blocking these pipes. We pulled out trees, rubbish, car parts, everything. Still the homeless are getting the blame for what the city isn't sorting out. They are people in a bad situation; it does not mean they are damaging the city.

Homeless people are 'matter out of place' (Douglas, 2003), they do not fit into socially accepted categories and so, not only do they need to be categorised in a way that can give society a form of 'control' over them, and the circumstances of their lives, but also they need to be categorised in a way that keep them apart from other components of society (Campkin, 2013: 47-55). If homelessness is framed as the problem of an individual and not their social circumstances, then the person can be seen as a burden on society, a social waste, for which society is not responsible (Rose, 2017). But this categorisation is not enough to justify moving

or getting rid of the visible problem of homelessness. Categorising people as social waste only highlights the reluctance of others in society to include them socially and physically, but this does not give them the prerogative to physically move homeless people. In order to do so, society has taken the notion of waste one step further. When the local city government reclaimed the city and began to promote Johannesburg as cleaner and safer world class 'African city', homeless people became akin to waste (Rose, 2017; City of Johannesburg Official Website, 2018: 1). Mpumi's attempt to separate homeless people from other waste – wrappers, empty cans, plastic bags and other trash blocking the pipes – reflected her aim to humanize homelessness and disassociate homeless people from dirt and pollution (Campkin, 2013: 49-51).

Establishing the Subunit

The Subunit was established in 2007 by the Department of Social Development to assist with child homelessness. In 2009, the Subunit extended assistance also to the growing number of adults who were living on the streets in inner city of Johannesburg (City of Johannesburg Official Website, 2018). The Subunit identified areas inhabited by homeless groups and assisted the JMPD and SAPS to reclaim these spaces by providing alternative accommodation in shelters, and by profiling individuals and placing them into initiatives (such as for job readiness, education bridging courses, hygiene and health, skills development, wellbeing, and HIV and TB programmes), or by reuniting them with their families by finding kin in Johannesburg (City of Johannesburg Official Website, 2018). The term 'displaced' is used by the Subunit staff members in relation to the Subunit's initiatives to reunite people with their families. "Homelessness implies that people do not have a place to return to but displaced

means they are just not in the right place but have a proper place to return to" (Personal Communications, 2019).

The Subunit was also established to mediate between different government and non-governmental partners intervening in homelessness. Social workers and community development officers enter areas inhabited by homeless people, develop personal relationships with them, and once a relationship is established, they seek permission to intervene in their lives by linking them into initiatives offered by the Subunit (Personal Communications, 2019). The police are then called in to remove homeless people from their usual areas of residence and take them to the Subunit Assessment Centre. Mpumi explained it this way: "Our job is not to do the actual displacing, that's for the police, but to deal with the homeless people by providing them access to what the Subunit offers."

The Subunit exists in a paradoxical space, where it does not deal with physical displacement but lays the foundations through 'personal relationships' for the displacement to occur. Mpumi elaborates further:

> You must remember, although they are not allowed to legally occupy these spaces, our constitution gives them the right to refuse help and forcing them would be problematic because they probably wouldn't cooperate further in the process. This is why it is important to build relationships with them, to understand them and where they are from. It is often difficult to explain this to the city.

The Subunit's focus is on humanising homelessness; they get to know each homeless person individually. This approach is not only a part of the Subunit's mandate but a form of resistance to the interference of the public in the Subunit's approach to homelessness. However, I illustrate in the next section, the pressure and influence of the public and government, have begun to show in the frustration of Subunit members towards societal and governmental demands.

Cracks in the Foundations

Two years later not much had changed in the interior of Mpumi's office, as I find myself sitting this time at the oversized black wooden table that was still dominating the right side of the room. Mpumi had just come back from a community forum meeting in a surrounding middleclass neighbourhood, whose bridges along the river join them to the inner city. These bridges, or rather, the spaces under the bridges, were now home to a growing number of homeless men. Mpumi, dressed in all black, leaning back against the table, arms folded and with a look of annoyance, explains:

> I am called in often to address community forums like this one. The middleclass communities in these suburbs are looking for answers to why they are seeing more homeless people in areas and what we are doing about it because they link them to criminal activity in the area and they say it makes the city untidy. They want to see them moved but it is not our job as the Subunit to move them. The best we can do as a Subunit is encourage people to stop giving them money to get them off the street and to get as many homeless people into shelters and into programmes.

Joy, another member of the Subunit, who looks equally as annoyed, takes her cue from Mpumi, and, joins in:

> We have very few shelters in the city and they are either underfunded or already full. The city wants us to move these people but resists the building of shelters or alternative forms like sleep zones in the spaces they [homeless people] are already occupying or cheaper housing. There is constant interference [going over our heads to the director and directly to police] from communities as they see our approach as not making a significant enough difference. Or constant threatening- get these people out of our space or there will be repercussions for you not doing your job.

I realise that my status as an anthropologist in this space, and my wish to understand the Subunit, has attracted people and their opinions. Carrying a tray of tea and muffins, Sipho, a tall burly man, appeared in the doorway and piped in:

> Homelessness is about so much more than criminality and the city chooses not to see this. It's about housing, family breakdown, depression, drug abuse and bad choices. The pressure that we're experiencing now is a lot. The City wants results but the City [

> the department of Social Development, Johannesburg municipality and the middle class] doesn't want to spend money on burden groups.

Mpumi interrupted Sipho:

> You know, we are out there every day interacting with these guys [homeless] getting to know them, to understand their stories so we can get them off the street and into the shelter and our initiatives, which are doing a lot for a lot of them. As many as we get off the street, as many are added to the street. We try fix from both ends through the initiatives, what causes it and what to do to get them off the street. But there are so many problems and we are constrained by funds, limited staff and people's ideas of what should be done and not what we think should be done when we are out there seeing the problems.

Homelessness is viewed in multiple ways. It results in disjointed views that become entangled in a clash of ideas and a power struggle for the authority to act and employ a particular set of interventions. Societal and governmental pressures, and the ambivalence and contradictory views of homelessness, and how it should be dealt with, translate into a re-politicisation of space and a re-politicisation of the 'visibility' of homelessness. The interactions between the middle class and the staff of the Subunit are embedded in complex social and cultural 'matrices of meaning' in which they create and re-create themselves in relation to a growing problem of homelessness (Delaney with Kaspin, 2011: 216). Alternative forms of 'being', like homelessness, make explicit the fragility of these matrices of meaning. This is evident in the assumed physical disruption to space which homelessness creates, particularly for those who have extended their notion of personal space to include suburbs, parks, bridges and inner city streets - in fact, the whole cityscape. Homelessness becomes a 'constraint' on the agency of other people, creating a subliminal need for a conspiring force of interventions (Farmer, 2003: 334-335). This space is further created as contentious by the dynamics and distribution of blame on everyone and no one, and the lack of a standard approach to intervening in homelessness.

The lack of a standard way of intervening in homelessness, the pressures experienced by those working in the Subunit, and the stigma associated with homelessness, articulate a 'politics of intolerance' among staff members of the Subunit in relation to the city's inability or perhaps unwillingness to provide permanent shelter for the growing homeless population (Brown, 2006).

A large part of the Subunit's work involves outreach projects. These projects are designed to locate areas which are inhabited or frequented by homeless people and then to intervene in 'their' homelessness or displacement. This process can unfold over a few days or even weeks, as Subunit staff establish relationships of trust with homeless people before getting them to agree to be moved off the street and into shelters. Although the population of homeless people was relatively stable during my research, the Subunits outreach projects can be complicated by fluctuations in the numbers of homeless people in each location over time. However, with society wanting to see the Subunit proactive in removing homeless people off the street and away from middle class suburbs, the outreach turns into raids. Raids give the JMPD and SAPS, in cooperation with the Subunit, the right to remove homeless people and their belongings from their transitory residences.

The Subunit and Raids on Homelessness

Later in the week, I was helping sort papers in the Subunit office when Joy informed me that there was to be a meeting between the Subunit, the JMPD and SAPS, and that it had something to do with the community forum meeting that the Subunit had attended earlier in the week.

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Before continuing, I wish to take a closer look at why both police forces needed to be present. In other systems of civic control around the world, an infringement of jurisdiction of one police force by another render any decisions in relation to an incident or person null and void. In South Africa, very loosely these same rules apply. However, the JMPD is an assistant force to SAPS, and oversees the enforcement of municipal by-laws, traffic control, prevention of small crime and the proactive policing of areas with high occurrence of criminal activity or by-law infringement (Duval, 2016). The JMPD is not allowed to detain persons or investigate crimes, but it's officers can remove material items. SAPS is the primary national force for crime prevention, and its members can detain or arrest individuals and carry out criminal investigations; they cannot remove material items (Duval, 2016). In the end, the involvement of both JMPD and SAPS is about who can remove persons and who can remove their personal possessions.

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Eight officers, five from JMPD and three from SAPS, were already sitting around the conference table enjoying tea with Mpumi, Joy, Sipho and a few other members of the Subunit who participate in the outreach projects. The air-conditioning was turned on high, but the result was that the conference room had turned into a sauna. I found myself a place on one of the extra seats they had placed in the room away from the table, and I listened to the friendly conversation among those at the table about how the only reason they came to the meeting was for the nice tea and biscuits. Once all those whose attendance was essential had arrived, the meeting began. Mpumi went over the proceedings of the community forum meeting for those who had not attended it. Slurping the last of his tea, one of the more senior JMPD officers began:

> The community of Greenleaf (pseudonym) has been contacting us constantly about the homeless people in the river [under the bridge]. They want us to remove them and they

> are not taking no for an answer when we explain we are too busy with other matters. They want instant results and the only way we can do that is by conducting a raid in the river, so they can stop harassing us with calls.

One of the SAPS members, with a mouthful of biscuit, added:

> We are getting the same thing. Every day someone is contacting us about these homeless there by the river and it is getting too much now. We will conduct the raid early tomorrow morning when we can catch them there. We will be taking two vans and four with JMPD, to make sure we have enough officers because we don't know many they are. The private security for the area will also come. We have also decided to conduct raids on other groups over the next few days now, so it is done because it is already winter, and we haven't done them.

The meeting lasted another half an hour as attendees decided on times for raids and a meeting place from where to begin. Once the officers had left, I had the opportunity to ask about the raids. Sipho told me that raids were the preferred method to show the force of middle-class communities and police by unsettling and removing homeless people from where they are living. Sipho went on to tell me that raids were conducted at least once every six months, during which middle class residents, JMPD, SAPS and private security officers in each area conducted raids on all known homeless groups in the inner city of Johannesburg and surrounding suburbs. He continued:

> We as a unit do not do the raid but are there to provide them with the option to access the Subunit. If you are coming with tomorrow, you will see. The six month raids have to do with the law, and what must we do? We don't have a choice. We make sure we are there to help them [the homeless].

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It was 6 am the next morning, and all relevant people were gathered in vehicles along the road just up from the river, where they had planned to gather before conducting the raid. The cars split into two convoys and moved towards the river that bordered Greenleaf suburb and the inner city. Before the group of homeless men knew what had hit them, the police and private security employees had surrounded the section under the bridge where they had set up shelter.

Their shelter ranged from cardboard boxes, to plastic self-made awnings secured against the retaining wall of the bridge; some had nothing for shelter from the elements except their tattered blankets.

The group was mostly awake, sitting on plastic crates around the fire that was coughing out large plumes of smoke as it came to life; some were still under cover of their blankets. There were about 10 men, aged from what appeared to be 25-50. Bloodshot, weathered by the elements and sleep deprived, they all almost simultaneously rose to their feet as the 15 strong group of police officers, private security officers and Subunit members joined them. The Subunit members to which Mpumi, Joy and Sipho belonged greeted the men, as a JMPD officer poured a canister of water over the fire and doused it. The officer then destroyed any chance of another fire being lit as he poured more water over the extra firewood the men had collected. "Why haven't you been back to the shelter? You know you cannot stay here. They don't want you here," Mpumi probed, having recognised some of the men. She received numerous responses, and mumbling under the breath, from many of the men.

While Subunit members engaged with the men about the shelter, JMPD officers moved around, confiscating the men's belongings, including blankets, mattresses, pots, buckets, and the crates on which they had been sitting. The goods were loaded into one of the JMPD vans, to be impounded at the JMPD headquarters. Another JMPD officer came out from the back of the tunnel with a bag of maize meal in hand, invoking a response from one of the older homeless men, who through heavy coughing, asked him to give it back. The officer responded: "That's fine, you can have it back, but you must go with the Subunit [officers] and leave here." Visibly upset and refusing to go with the Subunit members, the older man found himself and his maize meal detained in the back of one of the SAPS police vans.

Using the incident as an example, Mpumi added: “Please, you guys need to come with us to the shelter or the police are going to take you to jail. We want to help you and if you come with us now, you’ll be able to get some food and to wash nicely.” Six men refused to be taken to the shelter by the Subunit staff; and they joined the older man in the back of the SAPS van. They would be taken to the relevant police station where they would be fined for loitering and detained for 24 hours before being released on a warning. Four men agreed to Mpumi’s offer and came back to the Subunit headquarters; there they were taken to the assessment centre to be placed into shelters and initiatives. The following day the six men detained by the police and two newcomers were back under the bridge, leading to further complaints by the community forum.

Over the next few days, raids like this one were conducted throughout the inner city, with more homeless men refusing the Subunit than agreeing to their terms and efforts to prevent them from being arrested, creating higher and higher tensions between the Subunit members. Four raids were conducted over a period of ten days, and out of roughly 28 men, only 12 had agreed to be helped by the Subunit. By the end of business on a Monday, a little over a week since the raids had begun, all those who had not opted for the Subunit were back on the streets.

A Change in Approach

It was midmorning Tuesday and after waiting three hours for Mpumi to arrive, Sipho and I joined her in her office for a meeting. Mpumi started:

> The head is not happy with the results of the last few days. I’m beginning to worry about our spaces here [jobs] and I am also tired of doing this work and getting no response from these guys [the homeless]. From now on, if any of them refuse our help they WILL be arrested, and it will not just be for one day. For those who have joined

> our initiatives whether it be job readiness or HIV programmes and have not bothered to come back, and we find them out there, they will be arrested too.

That night, around 8pm, the Subunit members, SAPS and JMPD conducted a raid on one of the larger groups who live along the street, under a bridge and in narrow storm water runoff drains along a busy highway interchange near the University of the Witwatersrand, about a ten minute drive from the shelter. The group seemed to be well known by the Subunit; a lot of them were greeted by name.

The air was cold and filled with the smell of burnt maize meal, stale urine, and marijuana. The concrete covers to the stormwater drains were slightly lifted where the men had hidden their blankets and other possessions. The roof of the bridge was stained black from fires and just off the side of the bridge, where water collects in a concrete tunnel before running into the stormwater drains, a pile of papers and cardboard were strewn on the ground.

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Most homeless people in Johannesburg make a 'living' from collecting recyclable materials and selling them to recycle depots for a small sum of money (Samson, 2010). The amount of money they receive depends on the weight of the material; materials are paid per kilogram at recycling depots. To better the amount of money they get, the reclaimers, as Samson (2010) terms them, soak the paper and cardboard in water to make them heavier. The material is then separated into individual piles and then collected into bags of paper, cardboard, plastic, tin cans and glass; they then pull the material on a makeshift trolley to the nearest recycling depot. Refuge from households and businesses is only collected once a week by the municipality, and consequently reclaimers only have access to dustbins from which they collect once a week. This makes providing for themselves difficult. To increase their chances of food at least a few

days a week, many homeless people combine their materials and split the money equally if the amount is high enough. Alternatively, they give the money to one person to buy food for the entire group.

Reclaimers walk many kilometres collecting hundreds of kilograms of recyclable material to earn as little as twenty rand or as much as five hundred rand, if not more, in a day. Twenty rand can buy, for example, a 750ml bottle of beer, or half a loaf of bread and a small jar of hot pickle, a box of cheap cigarettes or a 5g bag of marijuana. A few hundred rand can buy a case of beer, meat, airtime, maize meal, toothpaste, cigarettes, soap, milk, a cold drink or an entry level cell phone.

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Many of the men were sitting around the fire and seemed to be mellowed by alcohol and marijuana, some more so than others. A noticeably short older man, wrapped in his blanket, approached us, and Joy piped up: “David (pseudonym), are you drunk again?” In a very slurred mixture of IsiZulu, Sesotho, Afrikaans, and English, he explained that he was not drunk at all: “Hhayi, no, I am not drinking, I only had a little bit.” He then burst into laughter, which then led to uncontrolled coughing. We were now joined by Sam: “We are drinking a little bit for the cold. So, we drink.” Sam seemed much younger, his face was deeply scarred, and his left hand was wrapped in a dirty bandage.

From the opposite side of the bridge Mpumi yells in a loud and angry voice: “You must be kidding me, that is disgusting! What is wrong with you, get the fuck up! Now!” Very rarely did I hear her swear, if at all. Foster was lying on the ground, urinating all over himself and anyone within his reach. Once they had him on his feet and ‘unarmed’, I could see that the left side of his face had a substantial cut and was swollen.

The Subunit members, along with the various JMPD and SAPS officers, with considerable effort started to round up the 15 men, to get them into the vans and to the shelter. Meanwhile, other officers began confiscating their belongings, which led to complete non-compliance as many men attempted to stop the officers from taking their belongings. “That’s it, anyone giving trouble, arrest them!” Mpumi shouted across the group. Ten men, excluding David, Sam and Foster, were thrown into the back of SAPS vans and taken off to the local police station to be charged with public drinking and loitering.

The City and the Timing of Raids

The City, through the Subunit, JMPD and SAPS, works in very unassuming ways if one does not pay attention to their timing of events, for example, ensuring that raids are conducted every six months and that homeless people are detained for a minimum of 24 hours.

On the surface, these raids are in response to community complaints about the visibility, encroachment and ‘criminality’ of homelessness. However, the City (society and the state) places the Subunit in an unusual legal space, within the by-laws and Constitutional Law of South Africa. The law states that if someone occupies a space, which can be a building or any other structure or discrete place, for longer than six months continuously, then it is de facto a home. The City is then legally obliged to follow the correct procedures for eviction, provide alternative accommodation, and ensure all dignities associated with human rights to whoever is being evicted. To avoid this legal obligation, the person or people occupying the space must be removed for 24 hours. This re-sets the six-month cycle.

The City is not able to meet its mandate to provide affordable housing for at risk, poor and previously disadvantaged populations, and this had led to the manipulation of existing by-laws to avoid the legal obligation to do so.

The Subunit's existence in this legal paradox, to reiterate, means that staff do not undertake physical displacement, but its staff create the legal and social relationships that make way for the displacing to occur. The Subunit thus becomes caught in and is a part of the intentional re-creation of homelessness, so that the City and the private sector circumvent a legal obligation to provide for homeless people.

Associated with this, there is the clearly unethical detainment of homeless people and the confiscation of their belongings. A sad reality for almost all homeless people living within the inner city, is the fact that they do not have the legal documentation that proves they can be in South Africa or that they are citizens. Although the Constitution states that everyone, despite their nationality, creed, political or legal status, is entitled to equal and fair treatment and the right to access their basic human rights, this implicit obligation can be circumvented by focusing these obligations on citizens. If one is not recognised as a citizen, that person is not entitled to the rights afforded to a citizen, and therefore the way they are approached and treated can vary quite significantly. This creates a loophole for the illegal detainment and confiscation of possessions that takes place during raids on homeless groups. Further harm is created through the fact that these methods echo the protocols set out by the Apartheid government for homelessness, which consisted of removing people by any means necessary.

The impact of structural violence and structural vulnerability is made obvious in the experiences of poor people. As Farmer (2004: 308) notes, it is the systematic layering of social, political, and historical factors that come together to create the suffering experienced by marginalised people.

The mechanisms of these social and structural inequalities are made most apparent in people's life stories, their stories of becoming homeless and their experiences thereafter as homeless people in the inner city of Johannesburg. In the following chapter, I have selected three case

studies of people who have become homeless through the violence of a complex layering of structural and social factors. Although different in some respects in circumstance and experience, Sam's, David's, and Foster's stories share underlying structural similarities. These are stories of suffering, violence, vulnerability, determination, and unintended consequences.

Chapter Three

The Sewer Rats

'Sewer Rats' is a derogatory term used by locals to refer to homeless people who make use of spaces under the city. The term allows anti-homeless citizens to evoke the negative connotations associated with rats – invasive and unclean vermin – a potentially polluting force that needs to be removed from society, or at least hidden. The use of the term and the general approach towards homeless people by the city (society and government institutions) ignores the lived realities of homelessness.

The city ignores that homelessness means sleeping in old blankets in dry storm water drains, going without food for days, and having to keep personal documents hidden in case of theft but always in reach in case the police institute a search. Further, the city ignores that homelessness means having to use hidden spaces on the streets to go to the toilet, having to rummage through dustbins for food, and beg on the streets with responses of disgust and distaste. Attempts to dismiss homeless people ignore that it means having one set of dirty clothing that does not fit properly, not having fresh water to drink or bathe with, and having to watch the police recurrently confiscate the few possessions they own.

Neither does the city acknowledge that it means living with the constant threat of being arrested and deported or having to live with mundane issues of poor health because homeless people cannot afford medication and are discriminated against in health care facilities. Society and the state ignore that homeless people are the same people that work in their gardens, look after their children, and build their homes.

Homelessness is depicted as separate from society but the city's persistence in unsettling homeless people ties them into constantly changing networks of relationships. In other words, the city's negative focus on homelessness makes it as much a part of the city as it is separate from it (Weaver and Mendenhall, 2014: 92-100).

Through the shared causes and outcomes of Sam's, David's and Foster's individual narratives, in the following case studies I elucidate the individual, social and political factors, that through a complex syndemic relationship, serve to exacerbate homeless people's exposure and susceptibility to mundane respiratory infections and minor injuries (Weaver and Mendenhall, 2014: 92-95).

In the following section, Sam's story tells of his experiences; in doing so, he offers an account of the history of Lesotho and its relation to South Africa. His story of systematic poverty and his route into South Africa echoes the stories of many Basotho migrants. The accumulated effects on structural vulnerability and violence predispose Sam, like many other black people, to limited opportunities, which interact with his homeless state and his encounters of the Subunit, leading to his poor experience of mundane health problems.

Sam's Story

Sam came to South Africa when he was 23. He came from an improvised family of subsistence farmers in the Lesotho Highlands. They had lost their land in the 1990s when the villagers were relocated in preparation for the Lesotho Highlands Water Project, which would feed water into South Africa for its growing industries. Sam's family was forced to work overgrazed and under watered land. Sam attended primary school in a small under-resourced rural school until grade 8, where he received the very basics of education in Southern Sesotho. "School was expensive, and the education was not good. This is why my English is not good," Sam recalled, as he set up his makeshift tent of plastic and wood. The tent has a wooden structure held together by odd pieces of rope and plastic, covered in large pieces of clear and black plastic. It has a small door, a small window, and is just big enough to fit a small mattress, Sam's shoes and a small backpack. In one swift motion he shows me how the tent can be collapsed on itself when not in use. "Then my father died." With a smirk, he continues: "Do you know how you know if you are from Lesotho? You have HIV!" He burst into laughter.

Sam's father was a migrant worker in a gold mine in South Africa, a common choice of work for most adult Basotho men migrating to South Africa. During the Apartheid era, Lesotho served as a cheap labour reserve for many of South Africa's industries, particularly mining (Block and McGrath, 2019). Mine foremen would be sent on monthly trips into Lesotho to recruit hundreds of men into the mines. "The government at that time was fighting and there were no jobs and no food for our families. So, the men went to work in the mines and the women looked after the land and the cattle," he told me as he grabbed a plastic bag from his tent and began to pick up the rubbish that had collected around his tent. "I want it to look nice by me. If it is a mess, I cannot stop the police from taking it when they come. They will say I must go from here because I make it dirty."

Sam highlights the intersections of cleanliness and homelessness. The city's approach towards public areas inhabited by homeless individuals is always through a need to 'clean up' the space,

to produce a clean and healthy city, to produce a world class African city (Rose, 2017:10-16; City of Johannesburg Official Website, 2018). In the ambiguous nature of public space, in relation to homeless people, space becomes an extension of self and thus creates homeless people as a 'rhetorical embodiment of disorder' and uncleanliness (Rose, 2017: 16). They become associated with the dirt around them and are dehumanised through people's attitudes to them. It is the 'displacing of people through the displacement of their possessions' (Rose, 2017: 16).

Sam continued:

> My father would send money home from Joburg, but then it became little and then no money was coming. It was very tough for my family. The father for my friend, he was also working on the mines. He came back to Lesotho and told us that my father had died.

With two younger sisters to look after, Sam left school to help his mom tend to the land and two head of cattle that had not yet died from starvation, and to find a job. At the young age of 15, he was now the man of the house. Sam began to help his neighbours and anyone who was willing to pay him for odd jobs – sweeping yards, herding cattle, and carrying vegetables to markets. However, this was not enough to keep his family from facing hunger on a regular if not daily basis.

Sam continued:

> It was very tough and then I was helping someone take mokorotlo and morena [traditional Basotho hat and blankets] to Maseru [the capital of Lesotho] when I was able to get a better job. When I was 18 my uncle [non-kin] helped me to get my ID [identification document] and I got a job driving on the dirt road taking people from the village to the main road [as he had no licence] and selling in the market [the hats and blankets].

Sam did this for two years and was able to send a little more money to his mother back in his village. “The economy was getting better, but it was still not good and then they didn’t need me to drive the people. But I found a job by the China firm for making clothes, I worked there for two years.” Sam explained this as we left the bridge and walked up the street to meet Jabu. Jabu pays Sam now and again to help her push her trolley of goods from where she stores them, in the storeroom at the back of a service station, to the corner of a busy Johannesburg inner city street where she sells them.

Sam continued:

> I had no job and I was struggling to find one, since many places were cutting jobs. I took money and got a passport and came to the Free State. When you come to South Africa you can go to where there are other Basotho people first.

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The Free State is a province of South Africa that borders Lesotho. The Free State was originally part of the Basotho kingdom (SA History Online, 2019). A series of wars broke out between the Basotho and the Boers, who settled in the area in the 1800s, when he lost the wars, King Moshoeshoe of the Basotho appealed to Queen Victoria to proclaim Lesotho a protectorate. In 1869 the borders of Lesotho were demarcated (SA History Online, 2019: 1), but with this demarcation many Basotho were left outside of Lesotho, to be incorporated by the Boers into the then Republic of the Free State (SA History Online, 2019: 1).

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Sam landed himself a job washing taxis at a busy taxi rank in inner city Bloemfontein. Although the amount he earned fluctuated, he was able to send some money home and rent a spare room in a nearby informal settlement. This was not near enough to prevent his family from hunger.

Still looking for better work, he began hanging out with some men, who he later learnt, were known criminals in the area: “It was late one night, I got back from where I was drinking with the other guys. I went to sleep. The door opened and it was the police and they said I was stealing from somewhere that night and then they hit me and hit me. They said I was here illegally, I said no and told them I have papers, but they hit me.” Sam regained consciousness on the floor to discover, his room ransacked, and his legal documents and money gone. He called for help and reluctantly his landlord appeared and helped him to a nearby clinic, where he received poor care: “I told the nurses that the police beat me up and took my papers. They said that I must stop lying for being illegal and a criminal; only people who are stealing get beaten like this.”

He was given some bandages and sent on his way. His head, nose, chin and lip were split open, his eye swollen shut, his ribs were fractured, and his shoulders, chest and stomach were bruised: “Those guys they were too much jealous for me, that I was making some money. The Basotho for the Free State are like the South Africans, too much jealous,” Sam said, motioning to some young men standing at the opposite traffic lights. Sam learnt, from his incident, that going to people with whom you can identify, did not ensure safety.

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Basotho of the Free State are South African citizens. Yet rumours about Basotho people – illegal migrants, taking jobs from South Africans, and always involved in crimes – circulated widely among other black South Africans. This led Free State Basotho to disassociate from the Basotho from Lesotho; Basotho from the Free State are quick to mention they are not from Lesotho. However, their disassociation and their citizenship, makes little to no difference to their experiences in cities like Johannesburg. They remain outsiders in their own country.

These encounters illustrate the link between stigmatisation and blame. For self-preservation, people look for an explanation for their misfortunes of poverty and precarity. In this case, it "is an explanation of misfortune that blames an outsider," someone of a different cultural background or nationality (Douglas, 2003:6). Blame is enacted through the stigmatisation of Basotho people. The stigma of alleged illegal residence, criminal behaviour, and the competition with South Africans for work – is reflected in failure to provide Basotho with adequate care. In addition, blame illustrates how through fear of association, South African Basotho both disassociate themselves from Lesotho Basotho and act on and reproduce stigmatising behaviour. Blame is a symbolic barrier that aligns South African Basotho with other South Africans and sets them apart from Lesotho Basotho, privileging nationality over cultural identity and language. However, other South African citizens attempt to exclude South African Basotho, depriving them of their social and political rights as South African citizens.

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Sam was severely injured and could not work; he subsequently lost his job washing taxis. His landlord took pity on him and provided him with a meal a day for the last week of the month for which Sam had paid rent. Sam was then without a job and without a place to stay; homelessness became a reality: "I had nothing, and I didn't know anybody. I moved around Bloemfontein looking for work and I would sleep in bus shelters or by the side of the building and go before the people came to work. I did not eat for many days." He moved around the city of Bloemfontein in the Free State for days, before coming across another set of homeless men who had set up a shelter on an open piece of property along a busy road. They were waste reclaimers. Sam joined them in reclaiming materials for resale to recycling depots.

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The Free State is a largely poor and underdeveloped province, slowly affected by South Africa's poor economic status. During the 2008 global economic crisis and its subsequent effects, jobs were being cut more often than they were created in the two largest economic sectors, mining, and agriculture (SA History Online, 2019). The Free State was (and still is) largely Afrikaans speaking, with entrenched apartheid notions and a history of confining black people to low paying unskilled work. A year after Sam joined the reclaimers in the suburb of Buitesig in Bloemfontein (he cannot recall the exact year), he found a job with a construction company, and this took him to Johannesburg. He earned R120 a day and camped at the construction site: "We did many jobs all over the city – Hartbeespoort, Germiston, Bryanston, Honeydew, Sandton; I have been all over Joburg. We stayed where we worked to not spend money on travelling because it is too expensive."

A year later, Sam was able to contact home again: "They told me that they did not have money for food and for travelling to the city, to take my young sister to the doctor."

***

Lesotho's hospitals and clinics are primarily located in its larger towns like Maseru. Understaffed and under resourced, many hospitals and clinics are unable to deal with the amount of people in need of care and are unable to effectively treat even the most basic of medical conditions (Block and McGrath, 2019). Over 25 percent of Lesotho's population are infected with HIV, and comorbid diseases- such as TB, affecting their health and straining kin networks (Block and McGrath, 2019). Poverty complicates their ability to maintain their health. Lesotho's population is mostly rural, and those in rural areas have difficulty accessing even the most rudimentary health care. To assist Lesotho's health care system, many charity

organisations and multilateral agencies like UNICEF have stepped in to help provide medical care to remote rural areas (Lesotho Government Official Website, 2018). Every few months, temporary clinics are set up in villages to assist rural dwellers with their medical needs. But this was too late for Sam's youngest sister, who would succumb to her illness a week before Sam's small sum of money and the mobile clinic reached her village.

Lesotho's government, like many other governments, is filled with instability and corruption (Block and McGrath, 2019). Short of funds, Lesotho appealed for foreign aid, which reached neither the poor nor the failing health sector, leaving large charity organisations to temporarily or sporadically assist the health system to provide for Lesotho's population (Block and McGrath, 2019). Over time these structures began to layer and perpetuate the social suffering of poor Basotho, leading to premature undiagnosed deaths, like that of Sam's sister and countless others.

Sam spent four years working for the construction company before it began to feel the effects of South Africa's poor economy and started to lay off workers.

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Leaving Jabu at her stand, we headed further up the road to a nearby construction site where Sam, joining some others, stood and waited to see if he could get a casual labouring job with a construction company: " I like construction, I began to learn how to read the plans- plastering, brick laying, painting, plumbing, I can do all of it. I don't have an education, but I have hands."

Sam has been living on the inner city streets for the last four years, under the same bridge, and has developed a routine to find work: "I like to wait outside this site and one other one, on a Monday, Wednesday and Friday. On Tuesdays and Thursdays, I do the recycling. On Saturday I sometimes have part time work for the garden and on Sunday, I like to wash my stuff."

Sam had been living on the inner city streets a few months, before his first encounter with the Subunit: “They just came here [under the bridge along the busy intersection] and told us that they would help us get off the street. They said there was a shelter and that they would help us get registered for a work permit.” Seeing an opportunity of potentially finding a better job, he joined the shelter. Taken to the assessment centre, he was interviewed and placed in the skills development and job readiness initiatives. Declared an economically active homeless individual, he was placed in the overnight shelter on Kotze Street. However, with no form of identification, the Subunit took Sam to Home Affairs and had him go through an identification process; he was later registered on the system and issued a work permit: “They say they have to know who you are to be given a work permit and also for when you go to the shelter.” Sam accessed the shelter every night until he found a part time labouring job. Sam was mugged and beaten by the other labourers, and once again his papers were stolen.

Sam made his way back to the shelter where he asked for assistance again to get a work permit: “They said that a work permit was not something you can keeping getting. They also told me that I must report it to the police.” This was not an option for Sam: “After the Free State I was scared of the police, and now they tell me I must go report it and I have no work permit, hhayi no!” He had a deep laceration on his chest near his collar bone from the mugging. A Subunit staff member asked him to go to the clinic first before coming into the shelter in case there was contamination as the wound was draining. Sam went to the clinic and after being assigned a file and before being asked his problem, he was told to sit in a line of people for HIV and TB testing: “When I went inside the office where the TB test is done, the lady was asking me for my cell phone number, address, where I am from and I told her that I don’t have anything. She told me it was a waste because if I don’t have these things how was she going to find me for the test [results].” After three hours in the queue to be tested for HIV and TB, Sam was told to join an even longer queue to be seen by a doctor for his laceration. After two hours of waiting,

Sam and others were informed the doctor was not coming in and that they should return the following day. Sam spent the night under the bridge and returned to the hospital the following day. Again, he waited in a long queue to be told that the doctor had not arrived, that his wound was too old, and that there was nothing they could do for him. With no papers or money and an open wound, Sam was back living under the bridge.

Sam's experience resonates with broader social and historical factors that entwine to shape the lives of South Africa's poor. For many sitting in the long queue with Sam, it would be their first and last chance to see a doctor. It would take months of organising transport and assistance to get to the clinic, and months of saving enough money to make one trip from elsewhere in Gauteng to the clinic. Young and old, people are left with the consequences of poor governance and the poor regulation of health care providers in state clinics.

Traveling from elsewhere in Gauteng can cost anywhere from R100 to R500, if not more. The amount depends on the distance of travel and which taxi is caught, since not all taxi routes are standardised, or the amount of money charged by someone using their personal car to give a lift to the nearest government clinic or hospital. Trips to seek health care can also entail arranging accommodation, which is often done my finding someone who is known personally or through a friend and contributing to food or paying for a bed for the night. For people living in the inner city of Johannesburg it puts them in walking distance (a 10-minute walk or over an hour's walk) or a short taxi ride away (costing anywhere from R5-R17) from government clinics and hospitals.

Over the next couple years, Sam would interact with the Subunit when he felt it necessary to do so on very cold or rainy nights, when he was able to access the free meals provided by the Subunit, separate from the shelter, through a charity group called Meals on Wheels. Today Sam is still without a work permit and only really accesses the shelter when the Subunit, JMPD and

SAPS raid the bridge: “If I stay under the bridge it is for free, so why should I pay to be in the shelter. I go to the shelter when they come raid the bridge or if it’s too cold, so I don’t be taken by the police. If I don’t have money I can go there by the vans and get a meal [Meals on Wheels].” I left Sam sitting outside of the construction site waiting for someone to hopefully hire him for a day. That night I met Sam back at the shelter.

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It had been six days since Sam, David and Foster had been brought into the Subunit from the Tuesday night raid. Sam was sitting at one of the metal tables in the hall eating his dinner, his bandaged hand resting on the table. Sam had injured his hand 10 days earlier, when he tripped over the firewood he had collected and knocked a pot of boiling water over his hand. Not wanting to go to the hospital, Sam had borrowed a bandage from one of the other men who stayed under the bridge with him: “The madala (older man) he cut his hand badly and went to the clinic, and he told me that they say you must keep it clean, put this cream on and put the bandage.” Sam joined Mpumi and me in the conference room, and after some convincing he took the bandage off his hand. The burn was on the top of his hand and stretched from the middle of this index finger to the middle of his thumb. Despite his best efforts, the wound had become infected; it was inflamed and oozing pus that had a strong sour, almost damp smell to it, like sour milk but sharper. Sam had created the perfect breeding ground for a bacterial infection, applying the cream and rebandaging it in a dirty bandage, sealed in the dirt and moisture. Between the draft from the door and all the movement of his hand when he was showing it to us, his pain intensified. Sam was now visibly in distress: “Someone told me that if it was paining it was getting better.”

Mpumi called for one of the other staff members and asked them to take Sam to the clinic first thing in the morning. To get him through the evening they gave him a disinfectant liquid, a clean bandage and some pain killers. “He should have just gone to the clinic or come to me or something, it upsets me,” Mpumi remarked as Sam left the room. Sam was taken to the hospital the next morning. He later lost partial feeling in his two fingers from the burn and with subsequent infection, his hand was badly scarred. For two weeks, Sam accessed the shelter on and off; he later returned to live under the bridge.

Little about Sam’s story is unique. It highlights many of the factors limiting not only his options but the options of most black people in South Africa. These afflictions are the consequence of the historical disenfranchisement of black people, the normalisation of poverty and suffering, a biased society and exclusionary city mandates that deprive and marginalise people like Sam (Farmer, 2003: 334-336). The result is that, the most mundane health issue lead to extreme suffering.

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David’s journey too starts like many Basotho people in the gold mines of South Africa. The underlying structural and social similarities of violence, suffering, homelessness and the lived experiences of illness are important, but so too is the impact of their life circumstances and experiences on their ways of being and identity (Weaver and Mendenhall, 2014). Structural inequalities intersect with David’s experiences, like Sam’s, of the Subunit and of living in South Africa in such a way that it compromises his health and wellbeing.

David’s Story

David cannot remember when he came to South Africa, but he knows he has been here a long time. David grew up in a small village just outside Maseru. He attended some school but

dropped out to help support his family. His father was an operator in a gold mine in South Africa and was also the preferred assistant recruiter and translator for the foreman tasked with recruiting men from Lesotho into the mines. On one trip back to Lesotho, David's father convinced the foreman that David would make a good 'boss boy,' assigned to a white mining engineer to take care of his daily needs on the mine.

David, in his early teens, joined his father on the gold mine in Westonaria, Gauteng:

> My job was to look after Sah (Sir). I had to make sure he had his lunch, fetch tea and anything else he needed, I shined shoes and made sure clean overalls were always in the locker room. My job was also to help get him dressed into his regular clothes and help get out the dirty mining overalls. I also had to give orders to the other black men in the mine.

'Boss boys' were generally young black boys around the age of 11-15. "When you were old enough, from 16 maybe, you went to go work underground. If you worked hard, sometimes your sah would help you with things," David recalled. He was sitting on the pavement outside the Subunit shelter, leaning against the trolley he uses to collect recyclable materials from the inner city streets.

David spent a few years working underground, once he reached the cut off age for being a 'boss boy'. When he was old enough, around 19, the white engineer he worked for helped him get his identification documents and licence, and David became a truck driver and mechanic at the mine. His father was 'retired' from the mine due to silicosis, and David became the sole provider for the family. He spent the next 10 years working at the mines as a truck driver. During this time, he was able to send money home, and he married two women and fathered eight children: "I had a wife here in Gauteng and a wife in Lesotho." After the mine retrenched David, he headed to Johannesburg to find other work: "When I came to Joburg, because I had a code 14, I was able to find a job to deliver yeast all over Gauteng." He pulled out an old

wallet and should me an expired drivers' license and barely readable work permit; given its condition, it had probably expired too.

A sought-after commodity, young and well paid, David had multiple girlfriends in all the towns he visited. He would later marry a further two women and father a total of 20 children. David remained with the yeast company for almost 10 years, until an accident changed his life course: "I was doing my normal route to Harrismith, it was very late at night and he [a pedestrian] crossed the highway and I didn't see him and then I hit him with the truck." Treated as a second-class citizen, David found himself charged with culpable homicide and was illegally held in police custody for four months while an inquiry into the accident was conducted. When David was released, the company had replaced him, and he was now out of a job. Over the next few months, still shaken from the accident, he tried to find a job; with no luck, his funds began to dry up.

David continued:

> I couldn't find work, every job I went to for driving didn't want to hire me. It was bad luck. The family of the man that I killed went to a witch doctor (making the gesture of how witch doctors blow over bones then throw them) and they bewitched me so that I would never find work again. It's the work of a witch doctor that I have such bad luck.

David pulled himself to his feet with his unsteady trolley, made of a giant recycling bag supplied to him by the recycling depots, held up with cut off pieces of metal pipe and secured with wire to a plastic crate with small wheels on the bottom. He grabbed the handle of his trolley, made from the legs of an old ironing board, and began to pull it down the road to his first stop on his reclaiming route. "I never drank because I wanted to keep my job and drinking can be very bad for that, but after the accident and my bad luck, I started to drink but still only a little bit, not too much." David stopped to investigate a dustbin at the end of the street. David has now lived on the streets for close to twelve years. He spent almost three years living on the

streets in the northern suburbs of Johannesburg and slowly made his way into the inner city, hoping to find better chances of work. “David has been here too long, maybe eight years I’ve known him,” remarked one of the small shop owners, who, seeing me with David, came to investigate. “I’ve offered him work but he refuses, I think his drinking has made him not want to work. But I give him food sometimes, and sometimes stuff for his cough, and he comes to collect all the stuff to recycle from my shop.”

David collects recyclable material almost every day: “I collect so I can buy beer, sometimes bread and if I get enough maybe some meat or pap [maize meal].” David is drunk almost all the time and sober not near enough of the time, and for that he is well known amongst all the other homeless men. One of the other men who recycles with David explained: “When David is not drinking, he is quiet but when he is drinking (he laughs) he tells you voetsek (go away)!”

Leaving the small shop owner, we headed past an alley, where David told me to stay with the trolley while he disappeared down the alley and into the basement of a building. He reappeared a few moments later with three refuse bags full of tins and plastic bottles: “I have known the cleaner here for a long time, and he keeps all this to one side for me when I come.” We continued our reclaiming journey through the streets, along with two other men. The further we walked; the more David wheezed. Slowly the wheeze was followed by intermittent coughing.

David explains:

> I have had this cough for a long time, I think it’s from the mine. All the dust. Sometimes its fine and sometimes it’s not. At night it gets worse and sometimes I can’t breathe fuck all, but when I drink its good.

Alcohol for many homeless people, like David, masks a multitude of problems. Faced with daily hunger, the threat of violence, illness or pain, cold weather, the hopelessness of homelessness and the daily stress of living on the streets, many people like David turn to alcohol to numb the symptoms.

David is aged beyond his years, close to fifty; the drinking and the elements have added twenty years to his face, and his chronic cough has not helped.

David explains why he still suffers from the cough:

> First when it was bad, I would walk a little and then it was tough to breathe. So, I went to the clinic and before I even told them what was wrong, they told me it was TB and I must wait but I know it wasn't TB, it was from the mine. When they see us [homeless] they just think TB and HIV. I got tested for TB and HIV and it was negative. Then I go see the doctor and he give me small white pills and tells me to come back in two weeks' time. I was taking these pills and my chest was much better, I could do so much. I didn't go back because my chest was fine but then it got very bad again and I went back. They said they can't find my file and I must get tested again, and when I get there by the nurse she tells me she doesn't want to help me because she can smell I have been drinking, and that the pills won't work because I drink. She said I'd waste them and that I must be clean for her to work with me. But I wasn't dirty.

So, David left the clinic without further examination from the doctor and without medication. "But now if it gets bad, I go there by the shop and that guy gives me cough syrup, Panado (paracetamol), and MedLemon (cold and flu effervescent) and its ok for a short time," David explained. Health beliefs depend on the problem and its interpreted origin. For the issues David brings up, in relation to western medicine – paracetamol like Panado, cough syrup, and cold and flu medication like MedLemon are regarded as a cure all. MedLemon is commonly used because it is dissolved in hot water, which is considered to have healing properties of its own.

The notion of cleanliness once again is significant; the nurse refuses to work with David as she deems him 'dirty'. This has little to do with his physical appearance; rather it reflects his social status as homeless. During the time I spent with the group, they all kept themselves and their

clothing clean, often, differentiating between good clothing and clothing they use to work in, be it recycling, construction or gardening. Further, cleanliness is used as a form of social control over potential health risks, as homelessness is associated with the spread of disease (Campkin, 2017: 46-61). The multiple stigmas homeless people face lead them to form social networks that help them deal with injuries and illnesses, without accessing formal health care facilities. As Vearey and Makandwa (2017) note, these social networks are formed in response to the discrimination experienced in health care facilities.

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I left David and the other men to carry on their journey to the recycling depot, where they would exchange their reclaimed goods for cash. When David was picked up by the Subunit the night of the raid, he agreed to access the shelter every night.

The morning after following David on his reclaiming route, I meant him at the shelter. He explained his interactions with the Subunit:

> When I was first here in Braamfontein [the suburb], I was going to the soup kitchens and sometimes I still do because then I can save my money. The one day other homeless guys were talking. The guys said that there were people who worked for the city [the Subunit and its members] who want to help people like us [homeless people]. The one day they came under the bridge and brought me here to the shelter.

David has interacted on and off with staff of the Subunit for almost as long as the overnight shelter has been around. He elaborated:

> You can't drink here [the shelter]. Sometimes when I didn't want to sleep by the bridge I would come here [the shelter] and I would also come here when I had extra money. There was also a time when I told them my chest was bad and they took me to the clinic and helped me get medication again. I had to go back for a check-up, but I didn't because I was feeling ok. They told me that they can only help me if I come back for the check up and if I don't do that they can't help.

Homeless lives are shaped and restricted by multiple forms of control. For David and Sam, like many others, not accessing the shelter, social services or health care facilities becomes a choice to take some control over their own lives and to limit the stigmatisation and discrimination that they face daily (Makandwa and Vearey, 2017: 75-90).

David accessed the shelter every night for a full week, getting into trouble when he arrived a little drunk some nights, before he returned to his normal routine outside of the shelter:

> If you listen for a little bit, they [the Subunit members] leave you. They can't give us a job and it becomes more difficult because we have to pay to stay at the shelter [referring to the R8 entrance fee charged at the shelter]. I have been taken to the police station for the recycling, so I don't know how they want me to pay if I am arrested for recycling which gives me the money so I can pay to stay here [the shelter]. They keep saying we must get off the streets but if I don't have a job how can I pay the rent somewhere?

He continued:

> Here [accessing the shelter] is one thing but going there [the clinic] for the medication is too much trouble and sometimes they treat me like shit, so I manage the cough with the drinking and getting the stuff by the shopkeeper.

Sam's and David's experiences illustrate, getting off the streets is not possible without a steady and reliable income, and a job is a priority. Prioritising a job contributed to Sam and David's reluctance in enrolling in the Subunits programme, as the programme required them to attend the workshops at the Subunits Overnight Shelter when they could be begging or recycling. Enrolment in the programme was also not a guarantee of finding employment.

There also lies some agency in Sam's remark about staying under the bridge because it is free. Having lived under the bridge for so long, this is no longer just 'a space' but 'his space', a place he can return too, a space over which he can exert some form of 'ownership' and authority. It is de facto a 'home' (Wilhelm-Solomon, 2010: 1-12). Living under the bridge becomes an act of defiance; he lives a life that is very public and scrutinised, in a very public space. Public

spaces become inscribed with power relations; they are spaces of inclusion and exclusion, defiance, and control (Wilhelm-Solomon, 2010: 10).

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Foster's story like Sam's and David's, highlights the subtle and sometimes overt consequences of social, political, and economic conditions that intersect with people's everyday lived realties. Homeless people are especially vulnerable to limited prospects and ill health. Foster's story is also one of turning the invisibility of homelessness into a form of agency and control.

Foster's Story

Foster came to South Africa nine years ago. He comes from Maseru, where he worked as a cleaner at a hotel. Foster had dreams of becoming a soccer star: "My uncle said that he was coming to South Africa to look for work and I thought if I was going to become a soccer star, Johannesburg was the place." Their first stop was Pretoria, where his uncle rented a small room in a township. Foster had joined a small soccer club and was working one day a week at two houses in the suburbs as a gardener. Luck would have it that someone in one of the houses where he did garden work knew someone else who was looking for amateur soccer players: "There was this guy, my one boss knew him and he took me and tested me out as a player, he was happy with my style. I played for him for a year and then we wanted me to join the team. But the problem was I had no papers." The soccer coach told Foster that if he could organise his official documentation, he would make him part of the team. Foster spent the next few weeks searching for someone to help him get official documents to be in South Africa. But when he eventually found someone, they wanted a deposit of 10,000 rand before they would help him.

This is a common scam run in South Africa's larger cities by people who know foreigners are desperate for papers: "They wanted to charge me ten thousand for the papers but I didn't have that money and so I didn't get to play soccer. These South Africans like to scam us, they are too cheeky." With his dreams ruined by his lack of official paperwork, Foster joined his uncle as a casual labourer for a construction company. Foster worked for the construction company for five years before he headed to Johannesburg:

> We were doing a big job in one of the suburbs there by Pretoria and I was going home [to the township] for the weekend and to get there I would walk along a small river to save time walking. Some guy there he took a lady from the street and he raped her there by the river. There were other guys that stay there by the river and they told the police they saw me. When I came to work, they told me that the police were looking for me because I raped that girl. I was scared, I didn't do it and I also had no papers, so I ran and went to Joburg.

Foster has lived on the inner city streets for three years, and has a semi-regular job plastering and painting with a construction company. He also begs on two corners:

> Sometimes I have work two or three times a week and then sometimes no work. So, I also beg at the corner to get extra money, but I also recycle there with the other guys but not so much.

Foster had never spent a night in the shelter, until he was brought in on the night of the raid; neither has he accessed a health care facility. He interacts with the shelter through the Meals on Wheels charity, on days when, in conjunction with other city institutions and charity organisations, they provide homeless people with meals and a chance to get some extra clothing. "They want to know all your information. My name, where I am from and where I am working. Why must I give them this information? What if the police catch me? I don't want to do that," he explained as we sat under the bridge. "Also, if I have a problem like this scratch on my face, when I get some money, I go up here by the Pakistani guys and get some medicine." Foster spent the night of the raid in the shelter and then disappeared for a week before

reappearing at the bridge, this time going by the name Christopher. During the few weeks I interacted with Foster, he changed his name three times.

In all three accounts, the men refer to avoiding Subunit staff. This is associated with and explained by the way the Subunit functions, directly and indirectly, as an extension of the state, requiring homeless people to provide all their personal information and to register with Home Affairs. The Subunit is aligned to the state through its approach to homelessness, and this requires police involvement and the use of incarceration and the threat of deportation, as a means to ensure cooperation. Although some homeless people like Sam have been registered, without an incident causing the police to search for them, the internalised forms of stigmatisation and fear remain powerful, leaving most Basotho to manage the symptoms and negative outcomes of illness and injury, rather than access the Subunit or health care facilities.

The fear of stigmatisation and discrimination within health care facilities further creates a culture of avoidance amongst marginalised people like Sam, David and Foster. As Foster's account indicates, the processes that govern the Subunit's approach creates a paradoxical space where new forms of identity can be created in an act of resistance (Makandwa and Vearey, 2017). Foster changed his name multiple times to reduce his visibility and vulnerability in interactions between himself, the Subunit, and the police.

The creation of alternative networks of care, accessing medication from the 'small shop owner' and the 'Pakistani guys', and borrowing supplies from other homeless people, are forms of resistance and defiance against the discrimination they experience in health care facilities (Makandwa and Vearey, 2017). These networks of care provide an alternative to the Subunit's requirements for assistance. The networks also challenge the state's attempt to use the Subunit to regulate and document homeless people. Paradoxically, although homeless people have the space to exert their agency, this is inevitably dependent on the forces around them. Within this

contentious relationship, self-regulation becomes internalised, although unintentionally; forms of self-surveillance are necessary, even if temporarily, in order to avoid frequent interaction between themselves and the Subunit.

These experiences indicate that homelessness is not only a condition of individual circumstance, but is the combined outcome of social, cultural, political, economic and historical structures. These conditions continue to repress those already impacted by structural violence and vulnerability (Farmer, 2004: 305-325).

The label 'homelessness' is embedded in a set of associations: criminality, illegality, uncleanliness and dirt, contagion and un-healthiness, an invader of space and a disruption to society. Homelessness is thus both symbolic and literal (Wilhelm-Solomon, 2016: 390-392). Those identified as homeless come to be associated with a network of meanings derived from the experiences of stigma associated with homelessness.

David's, Sam's and Foster's negative health risks illustrate what Singer and colleagues (2017: 941-50) describe as a syndemic, the manifestation of disease at the biological level, which interacts and is sustained by 'harmful social conditions.' David, Sam and Foster are black, and their poor health risks and negative outcomes are products of racism, oppression, discrimination and vulnerability, brought on by industrial expansion, political unrest, failing economies, social instability and poverty. These structures continue to maintain them at a disadvantage, as victims of structural violence (Farmer, 2003: 328-349). Their untreated mundane injuries and respiratory infections are a consequence of the interactions of unequal contemporary and historical social and economic structures, that influence their ability to access care, social services and employment (Farmer, 2003: 335; Singer *et al*., 2017: 941-950). Personal choice is constrained and determined by broader structural forces, and broader social structures determine the negative health risks and outcomes for homeless individuals.

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In the next section, I examine how these minor injuries and respiratory infections are further untreated through the notion of 'wasted care'. This is produced in response to homelessness and its stigmas, as a consequence of broader social and structural factors, through the Subunit.

Chapter Four

Wasted Care

During my interactions with Sam, David, Foster and various members of the Subunit, I realised that homeless people occupy an ambiguous position of deservingness within the social and spatial fabric of Johannesburg. While this places homeless people betwixt and between deserving and un-deserving, it places the Subunit likewise as assisting and not assisting homeless people (Delaney with Kaspin, 2011: 37-50). The criteria for the level of deservingness is entangled with the process of disclosure imposed by health care treatment requirements and the Subunit's requirements for entering the shelter and its initiatives. These include disclosure of personal information such as name, social status, official documentation, address, nationality and contact information for next of kin.

When the information provided reveals the lack of official documentation and the nationality of homeless Basotho people, they are, like many other marginalised groups, vulnerable to stereotyping and are singled out for acts of violence (Wilhelm-Solomon, 2010: 380-390). The violence and vulnerability are enacted in the form of poor care, withholding of care, verbal abuse by health care providers, and disregard and uprooting by the general public, as shown in the previous chapters.

Homelessness is a particularly vulnerable positioning in this context; homeless people are subject to further discrimination when their homelessness is revealed. They are considered to be a burden on society and are assumed to lack any close link to kin or a 'home' (a physical structure that also represents kin relations). In South African and more broadly in African, kin affiliations and a claim to space, whether land or a house (in an informal settlement, or in a rural or urban area), or both within the context of migration, is evidence of who a person is, where they are from and where they can return (Peters, 2002; 155-178; Lentz, 2013: 28-87; 266-292). These forms of belonging have added value for homeless people as they become intricately related to gaining access to and receiving health care and social services. Homelessness, lack of kin relations and lack of a 'legitimate' claim to space, are entwined with social debates, political concerns and questions of access and equality, leading to notions of 'wasted care'.

Wasted care implies that people are barred from care, limited to certain types of care, and suggests the provision of poor care and intolerance towards homeless people because of their, alleged lack of kin or place and their burdensomeness on society. The notion invokes the idea that if people do not have family ties or a 'legitimate' place to live, they are unlikely to adhere to treatment or return to receive further care or progress out of homelessness: they have nowhere to return to. Applying care in this manner becomes a means of creating social regulation of homeless people and a social disconnection of society from them. In this case, they are further disadvantaged as foreign nationals. Health care becomes a lived experience, an object of intervention and a technology of governance.

Margaretten (2011: 45-65) finds that the re-creation and social enactments of kin structures, through the naming and claiming of kin amongst homeless youth in Durban South Africa, transforms their social dislocations into sometimes, fragile forms of sociality, solidarity and "cultural forms of domestic cohabitation" (Margaretten, 2011: 50). These kin structures are not

only recognised by homeless youth, through forms of socialisation and relatedness, but also by state officials when homeless youth find themselves in jail and need someone to stand in as kin for court proceedings (Margaretten, 2011: 58-63). Further, these kin structures act, in part, to legitimise their place as homeless youth within the social fabric of inner city Durban. This not the case for homeless migrants in the inner city of Johannesburg, where kin structures are used to re-create forms of social dislocation, discrimination, marginalisation, and non-personhood:

> They [nurses] say for me, why must they help me? Why must they give medication to Lesotho if it is stealing it already. If you are sleeping outside [being homeless and exposed to the elements] and have nobody to help you for transport or the medication, they give trouble to help you or say you must pay R2000 to be helped by them [health care staff] (Sam, Homeless Participant: 2019).

The production of wasted care, within the biomedical sphere, is contingent on flouting notions of ethics and ubuntu (humanity towards others). This allows health care providers to define who is worthy of care, in part through notions of citizenship:

> The nurse by the clinic said I must go back home because I am not South African. Then you tell them you are homeless and then it's worse. They tell you that they don't want to help you because you live outside in the drain. I would tell them I have a brother in Joburg and that I am trying to get the papers. So, they told me I must bring my brother and the papers then they will help me, but they just laugh (Ishmael, Homeless Participant: 2019).

The material and immaterial production of symbolic violence by public opinion, government policy and personal feelings of health care providers, and the devaluing of homeless people's worth as individuals, is reproduced within the Subunit through complex interactions between policy, mandate requirements and the desire of employees to assist homeless people:

> We focus on getting them in programmes and reuniting them with family, because we know that they have no one. But also, it would be better to be with people who could help you get better and back into society, not wasting away here on the street. What is the point of going through all this work, if they waste the opportunity to get better

> [health and off the street] by just doing what they feel like? They don't realise that this is not just about them but about us at the Subunit as well. If they don't want to cooperate then we need to force the issue through the police and move on. We cannot afford to waste our efforts on guys who resist the process and waste a chance at having some dignity again (Mpumi, Subunit Member: 2019).

> If they are not doing anything to better themselves or their situation, then they don't need to do that on the street they can easily do that back home. Most of them haven't provided for their families in years, so they don't want to go back. I think, if they don't want to stick to our programmes or if one of them is sick and they don't want stick to the rules for the medication, then it is a waste of our time and resources. That could be easily given to someone who wants to get better and appreciates what we are trying to do for them (Thuso, Subunit Member: 2019).

Subunit staff members embody governmental and societal pressure, and they incorporate these forms of intolerance in their interactions with and opinions about the homeless people that they are tasked with assisting. Within the Subunit, the production of wasted care stems, in part, from the qualities with which homelessness is imbued, through the disjuncture between societal norms and homeless people. An element of societal and governmental notions remains, in this case, in the approach taken by the Subunit. The invocation of wasted care and its transfer from the biomedical sphere to Subunit members, crowded with personal feelings of resentment and the influence of public opinion, draws attention to the unequal relationship that exists between homeless people and others in society. Wasted care also makes visible the contradictory nature of the Subunit's work, on paper, in practice, and in the embodiment of wasted care by Subunit members. Further, the stereotypical opinions the city has of homeless people, which manifests in this context as a 'waste', becomes part of their health and therefore a part of the rejection and denial of it:

> You go by the Subunit and they want to know everything; where you come from, do you have family in Johannesburg but why must they know this to help me with some small health problem (Foster, Homeless Participant: 2019).

> They think people who live on the street are like animals, so they think they can treat us like animals. If you have any problem you must go by the Subunit, but they don't help nicely. One day they are nice and another time they ok for you to die on the street. If you have a problem with your health, they say go by the clinic. You tell them that the people at the clinic don't want to help you, but they [Subunit members] say you must let them [health care providers] shout at you and after some time maybe they [health care providers] help you. This one guy said to me that I don't give [contribute] to society, I am not trying to look after my family or have a place [afford a home] so why must he help me (Ishmael, Homeless Participant: 2019)

People influence and are influenced by the environments and relationships that create them. Attempting to separate the Subunit from the co-opting nature of society, which places the Subunit at odds with the very people it was established to help, would be to disguise the structural and social factors that influence the Subunit's purpose and the form which it takes in interactions with homeless people. Abstract notions of being 'useful', and requiring kin and a place before medical help, create avoidance by homeless people, because such questions and their answers risk potential negative results, such as incarceration or deportation. But in addition to removing from people the protection of social invisibility, such questions tie homeless people up in relationships of 'deceitful' obligation. To receive help, homeless people are obliged to provide information and, in part, to surrender their independence to Subunit members and health care providers. However, these exchanges can be deceitful in that parting with their personal information or abiding by Subunit initiative rules does not ensure that there is reciprocity in the form of access to health care and social services. Rather, the information is used to further discriminate and marginalise homeless people by assuming the notion of wasted care.

Who Reconciles This?

The macro and micro social and political forces at work bring intolerance and responsibility into a complex dynamic relationship, leaving homeless people struggling in the middle. The tensions of the material and immaterial connections that allow for responsibility or its withdrawal create the effect of wasted care and homelessness as 'otherness'. Homeless people's representation as the 'other', as separate from citizen, and the social status and positioning that accompanies this, exposes a complex relationship between an individual's embodiment of particular historical, political, economic, social and cultural structures (Quesada, 2011: 407-408). Although 'foreignness' in relation to citizenship is not explicitly expressed in these accounts, having no documentation implies their 'foreignness'. A South African citizen can recite an ID number even if they cannot produce one. 'Foreignness' is further implied through interactions between the men and health care providers, outside of having no documentation, xenophobic perceptions of appearance, use of English, command of Zulu and accent to decide access and type of care (Vearey and Makandwa, 2017). The arrangements of these factors create an understanding of what kinds of life are worth "make [ing] live and let [ting] die" (Foucault, 2003 [1976]: 241), or, in this context, what kinds of life should suffer without health care and what kinds of life should receive care.

The burden of these structures falls on the shoulders of homeless people. This has a direct effect on their experiences of their own health and wellbeing, and of the Subunit and health care systems. With the confluence of interactions and experiences of these structures, the Subunit is positioned in opposition to homeless people, directly and indirectly, so creating a contradictory, at times violent relationship. This is perpetuated by broader social and structural factors, which manifests as intolerance of Subunit members towards homeless people. For homeless people, these interactions and experiences manifest in mundane minor injuries and respiratory infections, which are easily dismissed yet can lead to serious health problems.

While most violence is enacted on homeless people, the change in approach by Subunit members is also a consequence of these structures, and a consequence of the state's and society's determination to severe social obligations to homeless people by making them nonpersons. This is done by manipulating city by-laws, and refusal by Subunit members, at times, to acknowledge the people behind the labels of 'homelessness' and 'foreign national'.

If society and the state were to be made liable for homeless people's or undocumented migrant's health and wellbeing, policy would have to be implemented on the xenophobic and exclusionary interactions vulnerable people are already experiencing. If the implications of ongoing marginality and discrimination within the health care system were to force the implementation of policy targeted at homeless people or undocumented migrants, the possibility of this creating further hardship for homeless migrants like Sam, David and Foster is high. Implementing policy, that does not target the root cause, in a fractured and already exclusionary health care environment, targeting a particular social group or particular foreigner has the potential to create further resentment from health care providers. However, it also could potentially provide better access to care by highlighting the flaws in the health care system. However, as we see with the HIV and TB testing campaigns that target vulnerable homeless groups, this could lead to further association with particular diseases or earmarking for particular types of care only.

Conclusion

Broadening the research field to include minor injuries and respiratory infections reveals not only the biological and environmental conditions but also the social conditions which impact and produce the conditions of increased risk of exposure to mundane illnesses and injury. The experiences of Sam, David, and Foster attest to how social and structural factors shape

underlying processes that result in different experiences among homeless migrants but put them all at the same risk of poor health outcomes. The life histories and ethnographic accounts brought to the surface the multiple experiences and interactions of homeless people, which reflected the uneven foundations of post-apartheid South Africa and the social web of inner city Johannesburg: intolerance, marginalisation, discrimination, spatial dislocation, ethnic and class divisions, and economic insecurity (Wilhelm-Solomon, 2016). Treating health disparities among homeless people requires a simultaneous intervention into these social inequalities and into common noncommunicable illnesses, minor injuries, and communicable diseases. As Singer and colleagues note (2017: 946-947), in order to understand the clustering of diseases and their severity among 'socially and economically disadvantaged' populations, the vulnerability of given populations and the social environments in which they find themselves, need to be taken into account. The analysis of biological and environmental risk factors is essential if the suffering of such 'at risk populations' is to be curbed. The life histories and everyday experiences of homeless people reveal the underlying causes for high occurrences or increased severity of health problems, and the complexity that lies behind the reluctance of homeless peoples to seek treatment.

Understanding homeless people's interactions with health care institutions for minor issues can have a large impact in identifying the problems in larger health interventions and campaigns. The experiences of Sam, David and Foster highlight the very real effects of social segregation and discrimination. Another core concern is the interactions between homeless people and the Subunit which is tasked with preventing and intervening in homelessness. The intervention of the Subunit, like other organisations, interacted with and was co-opted by society and the state, producing poor health among homeless people. Hence the stratifications and mistrust between the Subunit staff members and homeless people. Social, political, cultural, and economic contexts contribute to the social exclusion of homeless people, preventing them from accessing

rudimentary health care and contributing negatively to their overall health and wellbeing. Such social exclusion also explains their mistrust of institutions and so the increased risk that minor everyday injuries and respiratory infections become more severe.

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Appendices:

1.Human Research Ethics Committee Approved Methodology and Statement of Ethics

Methodology

I will be gathering my data through participant observation, semi-structured interviews and documentary sources. The research will be conducted in four locations, (i) at the 3 Kotze Street, Homeless Overnight Shelter, (ii) at the Johannesburg 'Subunit for Displaced Persons' headquarters located in the middle of Braamfontein Johannesburg, (iii) at the mobile food and shower units on the corner of Kotze and Joubert Streets and (iv) along the Atholl Oaklands off-ramp. The first two research sites are where the Johannesburg 'Subunit for Displaced Persons' staff work with homeless individuals predominantly. The last two fieldwork sites are frequented by homeless people and are spaces where the Johannesburg 'Subunit for Displaced Persons' runs social improvement or welfare outreach projects. The shelter is run by the Johannesburg 'Subunit for Displaced Persons' and is located on the same property as the Subunit Headquarters.

Participant observation will be conducted with both groups to gain an understanding of and to situate individuals' experiences. In the case of the Johannesburg 'Subunit for Displaced Persons' staff, participant observation will involve, with their permission, (i) accompanying them to meetings, which the researcher will observe, pertaining to the 03 Kotze Street Homeless Overnight Shelter and social improvement or welfare projects with homeless individuals. The aim of this is to understand issues of governance, how this is dealt with by staff members, and how this influences interactions between staff members during meetings

and in relation to tasks and protocols. The researcher will also spend time with staff at the Johannesburg 'Subunit for Displaced Persons' headquarters, to observe interactions with other staff members and how they go about everyday tasks. The researcher will also accompany them on outreach days as they engage directly with homeless individuals. The aim of this is to observe their interactions with homeless individuals, how they deal with health issues, how they implement protocols related to health, illness and injury, and how they relate governance on paper to governance in the field.

Participant observation with homeless individuals will involve, with their permission, accompanying them as (i) they go about daily life: - setting up shelter, accessing food, health care, and interacting with others in informal networks. This will be done to gain a better understanding of the environments they face, and to understand other factors that may contribute to health risks and associated outcomes, to understand the contexts and experiences that inform decisions related to shelter, food and accessing health care and informal networks, and how this translates into health risks and associated health outcomes. The researcher will also observe homeless individuals at the 3 Kotze Street Homeless Overnight Shelter and their interactions with the Johannesburg 'Subunit for Displaced Persons', to understand how interactions within these spaces negatively or positively contribute to health risks and outcomes. The researcher will observe the extent to which people make use of the mobile food and shower units, which are located on the corner of Joubert and Kotze street.

During participant-observation with both groups, the researcher will be observing the interactions or reactions - to people both homeless and part of the Johannesburg 'Subunit for Displaced Persons',- to spaces and places such as the shelter, the Subunit and its outreach projects, protocols will be documented, and procedures related to health care and social

improvement for homeless individuals will be observed. Observation will take place in outreach projects and listening at meetings. Understanding of staff members daily work tasks will elucidate how mandates, policies and protocols translate into good or bad governance through the Subunit, and how this influences individual approaches and Subunit approach to homeless individuals. This will provide insight into what informs homeless individuals' decisions about places to access food, health care, shelter, and their behaviour towards, experiences and understandings of the Subunit and the city space itself.

To ensure a comprehensive understanding of the contexts, experiences and situations that will be observed and experienced during participant observation, the researcher will conduct individual semi-structured interviews with participants. Five homeless people and four individual staff members from the Johannesburg 'Subunit for Displaced Persons' will be interviewed. In the interviews with homeless individuals, I hope to collect information relating to (i) homeless individuals' experiences of their own health, (ii) accessing health care, (iii) experiences of the Johannesburg 'Subunit for Displaced Persons' and the 3 Kotze Street Overnight Homeless Shelter.

In the interviews with the staff of the Johannesburg 'Subunit for Displaced Persons', I hope to collect information on (i) their position in the Subunit, (ii) their individual perceptions, feelings and experiences of the Subunit and (iii) how each staff member deals with homeless individuals' health issues. Careful attention will be paid to designing and asking questions in a manner that is appropriate from the perspective of the interviewee, to avoid offending or making an individual feel vulnerable. Interviews with staff members will be conducted before the workday starts and in an office away from other staff members.

Analysis of primary source material such as journal articles related to the abovementioned themes, governmental policies and statistics, and reports on homelessness and health care, to name a few, will also be conducted.

Statement of Ethics

Conducting research in contexts of vulnerability and marginality contains risks and limitations for the participant and the researcher (ESRC, 2019). The researcher has previous experience in conducting research into this specific type area, with the homelessness groups, and with the Johannesburg 'Subunit for Displaced Persons'. Prior to fieldwork careful consideration will be given to any potential negative consequences that could arise for both participant and the researcher. The proposed research process is in accordance with the rules and regulations set out by the University of the Witwatersrand ethical board and Department of Anthropology's internal ethics committee (ESRC, 2019).

In this regard consistent monitoring and review will be maintained by the researcher, Danielle Taylor, and the research supervisors, Professor Lenore Manderson and Doctor Caroline Coary Taylor.

Consent for both participant observation and semi-structured interviews will be sought from participants (ESRC, 2019). Informed consent is particularly important in the case of participants who are in marginalized and vulnerable positions. Participants will be identified through the Johannesburg 'Subunit for Displaced Persons' that operates in inner city Johannesburg with homeless people.

Potential participants on the staff of the Johannesburg 'Subunit for Displaced Persons' will be contacted individually and provided with both verbal and written forms of information regarding the research, information sheets and consent forms.

Consent will only be verbal for homeless individuals. This is because approaching homeless people with paperwork has the real potential to make them wary and anxious, as paperwork is associated with governmental institutions, legal and judiciary systems, and private sector groups that further displace, remove or seek to incarcerate these homeless individuals. Obtaining verbal consent is likely to create less anxiety and burden on homeless individuals. It is also less offensive to their experiences of structural factors and takes account of the fact that the homeless people who will participate in this research, are likely unable to read or write in English or in their home language. The researcher is aware that in general, student researchers need to ensure that participants can write their names and sign on the different consent forms. However, within this social context, as in many others, asking individuals if they can read and write, - can marginalise and make individuals vulnerable, embarrassed and anxious. To mitigate this the researcher will explain verbally, at length, the content of the Information Sheets and Consent Forms. The information will not be formally translated but will be explained in isiZulu or Sesotho by the researcher at a conversational level. The options of the researcher and a witness writing their names and signing on their behalf or recording verbal consent on their behalf will be offered.

Potential participants will be given one week to decide if they want to participate (ESRC, 2019). Consent for the use of their anonymised information for the research will also be requested. The right to decline and withdraw from the research without negative consequences will be highlighted, and procedures for protecting data and ensuring privacy will be

explained. Participants will be made aware that complete anonymity and confidentiality cannot be guaranteed during participant -observation, due to the public nature of this research method. This will be managed, as in previous work with homelessness, by moving with groups of homeless individuals and not separating the participant out until in a 'less public space' such as the shelter, and by seeking consent throughout the research process. Careful attention will be paid to the description of participants during the write up process, in order not to reveal their identity, since the location of this research project will be revealed.

The consent for participant-observation of and interviews with the Johannesburg 'Subunit for Displaced Persons', and for their interactions with the homeless communities, will be requested in the first instance collectively through a meeting where the aims and methods of research will be explained. Thereafter consent and information forms will be handed out and written signed consent will be sought individually (ESRC, 2019). Prior to this, I will request that the head of the Subunit hold a meeting with staff members to ensure they understand she has consented to my research being conducted in the headquarters, the shelter, and during the outreach projects. I will ensure that if people decide to participate in the research, they have her permission to do so, but they are under no obligation to do so.

All data will be anonymised to ensure privacy and confidentiality. Recordings and notes will be stored on an encrypted password protected external hard drive, with data only accessible to the researcher and research supervisor (s).

Given the vulnerable and precarious positionality of homeless communities in South Africa, including Johannesburg, there is a risk that participants may feel coerced into taking part in the research as they may feel it will assist them with obtaining a job. Care will therefore be taken

to manage the expectations of the participants (ESRC, 2019). Participants will not receive incentives. However, it is normal for homeless individuals to request food items in return for their time, as occurred in previous work by the researcher among homeless communities. To address risks to the researcher, a field site location will be provided and regular updates regarding whereabouts and safety will be sent to a third party (supervisor or manager or head of department) (ESRC, 2019).

During the research project, if participants at any stage feel distress or in instances where trauma may emerge in the context of research, the participant will be referred to the following: - The Social Development Counselling unit, contact no 0800 428 428, the Akeso emergency helpline: 0861 HELP US (435787) , the Head of the Johannesburg 'Subunit for Displaced Persons' and trained social worker Kebonye Senna. If participants have any general concerns about the study, they will be able to contact the research supervisors Prof Lenore Manderson and Dr Caroline Coary Taylor, contact phone numbers will be provided.

Permission has been sought from the Johannesburg 'Subunit for Displaced Persons', which also runs the Homeless Overnight shelter. During outreach projects, all other agencies, such as local law enforcement, will be informed by the Subunit of the location and nature of the outreach project.

The significance of this research is that it will provide insight into the lives of homeless individuals living in the inner city of Johannesburg and their experiences of health risks and the associated health outcomes related to respiratory infections and minor injuries. The focus of this research is not on the particularities or presence of respiratory infections and minor injuries but rather on the experienced health risks and associated health outcomes of respiratory

infections and minor injuries. Where a person does wish for assistance, they will be referred to a health care worker at the overnight homeless shelter. This study is not meant to be representative of homeless communities at large but aims to contribute to the growing body of knowledge on homelessness and health, beyond HIV and Tuberculosis.

3. Interview Schedule- Homeless Individuals

Name of Interviewer:

Date of interview:

Interviewee Details

Name:

Mobile number if available:

Age:

Pseudonym:

Personal details of the interviewee are for the researcher's use and will not be used in the final Masters' paper. These documents will be kept in a locked cabinet only accessible by the researcher and research supervisors.

Thank you for speaking with me today. As you know, I am interested in the experience of homeless individuals of the city space and institutions, such as the Johannesburg Subunit for Displaced Persons' and how this relates to health risks and associated health outcomes.

Possible Interview Questions:

How long have you been in Johannesburg?

What made you decide to come to Johannesburg?

How did you end of sleeping in this storm water drain, under this bridge etc?

Do you think it has an impact on your health?

If yes,

Why do you think it does?

What health problems have you experienced while living in Johannesburg?

Have you experienced a chest infection?

Have you experienced any sores, cuts or burns?

What do you do if you fall ill or hurt yourself?

What informs you decision on which place to go to for help?

Do you use any other services offered by the Subunit for Displaced Persons?

What have been your experiences of the Subunit for Displaced Persons?

What have been you experiences of other health care facilities or social service facilities in Johannesburg?

4. Interview Schedule- Johannesburg Subunit for Displaced Persons

Name of Interviewer:

Date of interview:

Interviewee Details

Name:

Mobile number if available:

Age:

Pseudonym:

Personal details of the interviewee are for the researcher's use and will not be used in the final Masters' paper. These documents will be kept in a locked cabinet only accessible by the researcher and research supervisors.

Thank you for speaking with me today. As you know, I am interested in the experiences of staff members of the 'Subunit for Displaced Persons', of the Subunit and of homelessness individuals. I am also interested in the experience of homeless individuals of the city space and institutions, such as the Johannesburg Subunit for Displaced Persons' and how this relates to health risks and associated health outcomes.

Possible Interview Questions:

- How long have you worked for the 'Subunit of Displaced Persons' (hereafter referred to as Subunit)?
- What made you decide to work for the Subunit?
- What is it like to work for the Subunit?
- What is the Subunits mandate for homelessness, overall and in relation to homeless individual's health?
- Can you describe some of your experiences working for the Subunit, in relation to policy challenges, budget challenges, implementing new ideas?
- What are your experiences of engaging directly with homeless individuals?

What outreach programmes is the Subunit currently running?

- Do you attend the outreach programmes?
    - If yes:
        - What are your experiences of them?

- What are the challenges of conducting outreach programmes?
- Do you feel they are necessary for engaging the homeless?
- Have you encountered any problems during outreach programmes?

Does the Subunit have its own clinic, informal or formal?

- If no,
  - What are the protocols for dealing with homeless individuals who are ill?
  - Do you feel these protocols are satisfactory or does it require changing?

Do you encounter homeless individuals with health issues, such as chest infections and wounds?

- In your opinion how frequently does this occur?
- Do you find that these infections or wounds are neglected till the last minute?
- Why do you think this is the case?
- What have you found to be the general approach of homeless individuals if they have chest infections or wounds?

5. Information Sheet – Homeless Individuals

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

INFORMATION SHEET

Homeless Individuals

Project Title: The 'Sewer Rats': Homelessness, Health and the Johannesburg 'Subunit for Displaced Persons'.

My name is Danielle Taylor. I am a Masters' student in Anthropology at the University of Witwatersrand. I am conducting research for my final Masters' dissertation.
Thank you for your interest in my Masters' research project.

The purpose of this study is to understand how homeless and displaced individuals interact with and experience city institutions, namely, the Subunit for Displaced Persons and health care facilities.

This research is depending on approval for ethics by the Social Anthropology Department at the University of the Witwatersrand as well as the Human Research Ethics Committee.

Name of Researcher: Danielle Taylor

Outline of Research: This research proposes to analyse how living below the city, and the social exclusions encountered by homeless individuals, shape health risks and associated health outcomes and informs their interactions with the Johannesburg 'Subunit for Displaced Persons' and health care facilities. This research will look at the experiences of chest infections and minor wounds in relation to these government institutions and not the particularities of the conditions. My research will provide greater insight into the lives of homeless individuals living in the inner city of Johannesburg and their experiences of health risks and the associated health outcomes. This study is not meant to be representative of homeless communities at large but aims to contribute to the growing body of knowledge on homelessness and health, beyond HIV and Tuberculosis.

How the Information Will be Used: The information will only be used as part of the qualitative analysis for my Masters' dissertation paper and assessment at the University of the Witwatersrand

The Role of the Potential Participants in the Research: The participant is required to engage in participant-observation and semi-structured interviews, with a duration of 30min to 1hr, for 30 days over the course of the research, which will take place from the middle of June to the middle September 2019.

Anticipated Risks Which May Result from Participation: Anticipated risks will be mitigated by maintaining confidentiality and anonymity. If at any point in the research project the participant decides to discontinue participation, they may do so without consequence and all information pertaining to them will be destroyed. The researcher will do the utmost to safeguard all participants throughout the research process and particularly during participant-observation where complete confidentiality and anonymity cannot be maintained.

Benefits: There will be no direct benefit to individuals for participation

Terms of Participation: If you are interested in participating in my research, please indicate by consenting to myself, the researcher, and a witness to sign the provided consent forms on your behalf and/or record verbal consent.
If you have any further questions about the research, the research procedures or the researcher herself, please do not hesitate to contact me or my supervisors, Prof Lenore Manderson or Dr Caroline Coary Taylor or the Human Research Ethics Committee on the contact details below.

Contact Details

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Tel: 011 717 3430

Dr Caroline Coary Taylor

Email: caroline.taylor@wits.ac.za

Tel: 011 717 4412

Human Research Ethics Committee

Shaun Schoeman,

Email: Shaun.Schoeman@wits.ac.za

Tel: 0117171408

6. Information Sheet – Subunit Staff Members

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

INFORMATION SHEET

Staff Members of Subunit for Displaced Persons'

Project Title: The 'Sewer Rats': Homelessness, Health and the Johannesburg 'Subunit for Displaced Persons'.

My name is Danielle Taylor. I am a Masters' student in Anthropology at the University of Witwatersrand. I am conducting research for my final Masters' dissertation.

Thank you for your interest in my Masters' research project.

The purpose of this study is to understand how homeless and displaced individuals interact with and experience city institutions, namely, the Subunit for Displaced Persons and health care facilities. This research is also interested in the experiences of those who work for the Subunit for Displaced Persons.
This research is depending on approval for ethics by the Social Anthropology Department at the University of the Witwatersrand as well as the Human Research Ethics Committee.

Name of Researcher: Danielle Taylor

Outline of Research: This research proposes to analyse how individuals from the Johannesburg 'Subunit for Displaced Persons' experience the structural factors influencing homelessness and how this understanding informs their work within the 'Subunit for Displaced Persons' centre and with the homeless individuals with whom they engage. My research will provide greater insight into the functioning of the Johannesburg 'Subunit for Displaced Persons' and into the lives of homeless individuals living in the inner city of Johannesburg and their experiences of health risks and the associated health outcomes. This study is not meant to be representative of homeless communities at large but aims to contribute to the growing body of knowledge on homelessness and health, beyond HIV and Tuberculosis.

How the Information Will be Used: The information will only be used as part of the qualitative analysis for my Masters' dissertation and assessment at the University of the Witwatersrand

The Role of the Potential Participants in the Research: The participant is required to engage in participant-observation and semi-structured interviews, with a duration of 30min to 1hr, for 30 days over the course of the research, which will take place from the middle of June to the middle September 2019.

Anticipated Risks Which May Result from Participation: Anticipated risks will be mitigated by maintaining confidentiality and anonymity. If at any point in the research project the participant decides to discontinue participation, they may do so without consequence and all information pertaining to them will be destroyed. The researcher will do the utmost to safeguard all participants and particularly during participant-observation where complete confidentiality and anonymity cannot be maintained.

Benefits: There will be no direct benefit to individuals for participation

Terms of Participation: If you are interested in participating in my research, please indicate by signing the provided consent forms and providing verbal consent to the researcher.

If you have any further questions about the research, the research procedures or the researcher herself, please do not hesitate to contact me or my supervisors, Prof Lenore Manderson or Dr Caroline Coary Taylor or the Human Research Ethics Committee on the contact details below.

Contact Details

Danielle Taylor

Email: 565562@students.wits.ac.za

Cell: 079 223 8606

Prof Lenore Manderson

Email: Lenore.manderson@wits.ac.za

Tel: 011 717 3430

Dr Caroline Coary Taylor

Email: caroline.taylor@wits.ac.za

Tel: 011 717 4412

Human Research Ethics Committee

Shaun Schoeman,

Email: Shaun.Schoeman@wits.ac.za

Tel: 0117171408

7. Interview Consent Form – Homeless Individuals

CONSENT FORM

Interview- Homeless Individuals

Project Title: The 'Sewer Rats': Homelessness, Health and the Johannesburg 'Subunit for Displaced Persons'.

Thank you for your interest and willingness to participate in my Masters' research project.

Name of Researcher: Danielle Taylor **Participants name:**

I hereby agree to participate in Danielle Taylor's Masters' research project.

By participating in this research project, I understand and agree to the following:

- I understand that my participant is voluntary, and I am free to withdraw from the research at any time, without giving a reason and without cost
- I understand that this research is only for Masters' qualification purposes at Wits University and agree to my information being used, including direct quotations, for the purpose of this Masters' research project
- I understand that my participation and identity will remain anonymous and not be mentioned in the final Masters' dissertation paper. I agree to be referred to by a pseudonym.
- I agree to being interviewed for 30min to 1hr at various stages and at my convenience for the duration of the research project and with my consent the interviews will be audio recorded

By consenting to this research, I have received a verbal explanation and have had the opportunity to ask question on the following:

- The details of the research project, my role as a research participant as well as the risks involved as noted by the researcher in the verbal explanation

I agree to the researcher and a witness signing on my behalf

Witness signature _____Date_____

Researchers signature _____Date _____

8. Audio-Recording Consent Form – Homeless Individuals

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

CONSENT FORM

Audio-recording of Interviews- Homeless Individuals

Project Title: The 'Sewer Rats': Homelessness, Health and the Johannesburg 'Subunit for Displaced Persons'.

Name of Researcher: Danielle Taylor **Participants name:**

I hereby agree to the audio-recording of my interviews in Danielle Taylor's Masters research project.

By agreeing to the audio-recording of my interviews in this research project, I understand and agree to the following:

- I understand that my participant is voluntary, and I am free to withdraw from the research at any time, without giving a reason and without cost
- I understand that my participation and identity will remain anonymous and not be mentioned in the audio-recording or final Masters' dissertation paper. I agree to be referred to by a pseudonym.
- I understand that my audio-recording will be saved on a password protected external hard drive, under my pseudonym and date of interview and will only accessible by Danielle Taylor and the research supervisor's, Prof Lenore Manderson and Dr Caroline Coary Taylor
- I understand that the researcher will inform me when the audio-recording device is turned and when it is turned off. I agree to my information being used for the purpose of this Masters' research project, including direct quotations

By consenting to be audio-recorded, I have received a verbal explanation and have had the opportunity to ask question on my role as a research participant, the research project, the risks involved as noted by the researcher in the verbal explanation, and have provided verbal consent to be interviewed

I agree to the researcher and a witness signing on my behalf

Witness signature _____ Date _____

Researchers signature _____ Date _____

9. Participant Observation Consent Form – Homeless Individuals

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

CONSENT FORM

Participant Observation- Homeless Individuals

Project Title: The 'Sewer Rats': Homelessness, Health and the Johannesburg 'Subunit for Displaced Persons'.

Name of Researcher: Danielle Taylor **Participants name:**

I hereby agree to participate in Danielle Taylor's Masters' research project.

By agreeing to the researcher conducting participant-observation, I understand and agree to the following:

- I understand that my participant is voluntary, and I am free to withdraw from the research at any time, without giving a reason and without cost
- I understand that my participation and identity will remain anonymous and not be mentioned in the final Masters' dissertation paper. I agree to be referred to by a pseudonym.
- I understand that this research is only for Masters' qualification purposes at the Wits University and agree to my information being used, including direct quotations, for the purpose of this Masters' research project and with my consent to being audio recorded during participant observation
- I agree to the researcher accompanying me as I go about my daily life:- setting up shelter, accessing food and health care, interacting with others in my informal networks, engaging with the overnight homeless shelter and Johannesburg 'Subunit for Displaced Persons'

By consenting to this research, I have received a verbal explanation and have had the opportunity to ask question on the details of the research project, participant observation, my role as a research participant, the risks involved and I have provided verbal consent to be interviewed and audio-recorded

I agree to the researcher and a witness signing on my behalf

Witness signature _____ Date _____

Researchers signature _____ Date _____

10. Interview Consent Form – Subunit Staff Members

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

CONSENT FORM

Interview- Staff members from the Subunit for Displaced Persons

Project Title: The 'Sewer Rats': Homelessness, Health and the Johannesburg 'Subunit for Displaced Persons'.

Thank you for your interest and willingness to participate in my Masters' research project.

Name of Researcher: Danielle Taylor **Participants name:**

I hereby agree to participate in Danielle Taylor's Masters' research project.

By participating in this research project, I understand and agree to the following:

- I understand that my participant is voluntary, and I am free to withdraw from the research at any time, without giving a reason and without cost
- I understand that my participation and identity will remain anonymous and not be mentioned in the final Masters' dissertation paper. I agree to be referred to by a pseudonym
- I understand that participating in this research project will not interfere with my personal commitments
- I understand that this research is only for Masters' qualification purposes at Wits University and agree to my information being used, including direct quotations, for the purpose of this Masters' research project
- I agree to being interviewed at various stages, for 30min to 1hr, for the duration of the research project and with my consent the interviews will be audio recorded

By consenting to this research, I have received and familiarised myself, and have had the opportunity to ask question on the following:

- The details of the research project, my role as a research participant as well as the risks involved as noted in the Information Sheet

Participants signature _____ Date _____

Researchers signature _____ Date _____

11. Audio-Recording Consent Form – Subunit Staff Members

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

CONSENT FORM

Audio-recording of Interviews- Staff members from the Subunit for Displaced Persons

Project Title: The 'Sewer Rats': Homelessness, Health and the Johannesburg 'Subunit for Displaced Persons'

Name of Researcher: Danielle Taylor **Participants Name:**

I hereby agree to the audio-recording of my interviews in Danielle Taylor's Masters research project.

By agreeing to the audio-recording of my interviews in this research project, I understand and agree to the following:

- I understand that my participant is voluntary, and I am free to withdraw from the research at any time, without giving a reason and without cost
- I understand that my participation and identity will remain anonymous and not be mentioned in the audio-recording or final Masters' dissertation paper. I agree to be referred to by a pseudonym.
- I understand that my audio-recording will be saved on a password protected external hard drive, under my pseudonym and date of interview, only accessible by Danielle Taylor and the research supervisor's, Prof Lenore Manderson and Dr Caroline Coary Taylor
- I understand that the researcher will inform me when the audio-recording device is turned and when it is turned off. I agree to the use of my information in this Masters' project, including direct quotations

By consenting to be audio-recorded, I have received and familiarised myself, and have had the opportunity to ask question on the details of the research project, my role as a research participant as well as the risks involved as noted in the Information Sheet

By consenting to be audio-recorded, I have provided verbal and written consent to be interviewed

Participants signature _____ Date_____

Researchers signature _____ Date _____

12. Participant Observation Consent Form – Subunit Staff Members

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

CONSENT FORM

Participant Observation- Staff members from the Subunit for Displaced Persons

Project Title: The 'Sewer Rats': Homelessness, Health and the Johannesburg 'Subunit for Displaced Persons'.

Thank you for your interest and willingness to participate in my Masters' research project.

Name of Researcher: Danielle Taylor **Participants name:**

I hereby agree to participate in Danielle Taylor's Masters' research project.

By agreeing to the researcher conducting participant-observation, I understand and agree to the following:

- I understand that my participant is voluntary, and I am free to withdraw from the research at any time, without giving a reason and without cost
- I understand that my participation and identity will remain anonymous and not be mentioned in the final Masters' dissertation paper. I agree to be referred to by a pseudonym.
- I understand that this research is only for Masters' qualification purposes and agree to my information being used, including direct quotations, for the purpose of this Masters' research project and with my consent to being recorded during participant observation
- I agree to the researcher accompanying me as I go about my daily life: - attending meetings pertaining to the overnight homeless shelter and projects with homeless people, attending outreach days with homeless individuals and attending to general office affairs

By consenting to this research, I have received a verbal explanation and have had the opportunity to ask question on the details of participant observation, the research project, my role as a research participant and the risks involved as noted in the Information Sheet. I have also provided verbal and written consent to be interviewed and audio recorded.

Participants signature _____ Date _____

Researchers signature _____ Date _____

13. Turnitin Originality Feedback Report

Turnitin Originality Report
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Rebecca Campbell-Montalvo, Heide Castañeda. "School Employees as Health Care Brokers for Multiply-Marginalized Migrant Families", Medical Anthropology, 2019

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"Routes and Rites to the City", Springer Science and Business Media LLC, 2016

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Simone Sandholz. "Urban Centres in Asia and Latin America", Springer Science and Business Media LLC, 2017

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William D. Lopez, Kerry Martin, Laura Sonday, Alexander M. Stephens et al. "Team-based urgent response: A model for community advocacy in an era of increased immigration law enforcement", Journal of Community Practice, 2020

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Getnet Tadele, Helmut Kloos. "Vulnerabilities, Impacts, and Responses to HIV/AIDS in Sub-Saharan Africa", Springer Science and Business Media LLC, 2013

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Toulson, R. E.. "The meanings of red envelopes: Promises and lies at a Singaporean Chinese funeral", Journal of Material Culture, 2013.

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Claire Penn, Jennifer Watermeyer. "Communicating Across Cultures and Languages in the Health Care Setting", Springer Science and Business Media LLC, 2018

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Yasmine Shamsie. "Export processing zones: The purported glimmer in Haiti's development murk", Review of International Political Economy, 10/2009

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Student name: Danielle Taylor Student no: 565562 Department: Anthropology Masters Report by Course Work and Research Report Supervisors: - Professor Lenore Manderson - Doctor Caroline Coary Taylor HREC Protocol no: H19/06/39 The ‘Sewer Rats’: Homelessness, Health and the Johannesburg Subunit for Displaced Persons’ Formal Masters Written Report Submission Date: 16/03/2020 Acknowledgments 99**I wish to express my** deepest **and sincere** appreciation **to my supervisor, Professor** Lenore Manderson, **for** her expert knowledge, invaluable guidance, patience and encouragement. Professor Manderson, thank you for giving me this opportunity to grow as a medical anthropologist and for pushing me to improve my academic writing and analysis. It was a privilege to conduct this research under your guidance. I wish to show my gratitude to my co-supervisor, Dr Caroline Coary Taylor. Dr Coary

Taylor, I am gratefully indebted to you for your valuable comments and 131**guidance**

during the initial stages of this report. **I** wish to show my gratitude to the Anthropology department administrator, Andrea Johnson. Andrea, thank you for your support and encouragement throughout this process. Thank you for being you. Additionally, this research would not be possible without the participants who shared their time and experiences generously. Thank You. ii Abstract Black migrant labourers, cross border and from within 10**South Africa,** living **in the city of Johannesburg,** reflect **the** experiences of populations everywhere subject to structural violence and vulnerability. Their homelessness or displacement in the inner city renders them vulnerable and excludes them directly and indirectly 77**from accessing basic services such as health care and** affordable accommodation. Drawing on narratives of daily life and past experiences, I highlight the variabilities and similarities of homeless people, in particular Lesotho nationals, and their ways of 'being' that are framed by institutional, interpersonal and social subjectivities of homeless people who negotiate the city streets. Their accounts of their experiences reveal the barriers to accessing health care. I highlight how the government-run Johannesburg Subunit for Displaced Persons, a unit established to intervene in homelessness, plays a contradictory role that both helps and hinders homeless people. Members of the Subunit are co-opted into society's stereotypical thinking, which places homeless people as outside of society and underserving of care. However, they still work to move homeless people off the streets and into an overnight shelter, and into self-improvement and reintegration initiatives. I highlight how notions of kin are used to refuse and withhold care by health care providers and Subunit members. This master's thesis examines homeless people's experiences of exclusion, the social and structural factors that shape them, and their interactions with society, health care providers and the Johannesburg Subunit for Displaced Persons'. These experiences, shape the health risks and negative health outcomes of homeless people, including mundane health problems such as respiratory infections and minor wounds. iii A Note from the Author Due to the style and presentation of this research report, the methodology and statement of ethics sections have been represented in two parts. The formal methodology and statement of ethics structured in accordance with the 69**University of the Witwatersrand Human Research Ethics Committee'** s

(HREC) requirements **have** been inserted as an appendix. iv TABLE OF CONTENTS

 Chapter One Introduction South Africa is the largest regional economic power in Southern Africa, and migration a prominent feature in South Africa's labour market (Mazars et al., 2013: 6-8). At the end of Apartheid, South Africa opened its borders, and migration from politically, socially and economically unstable neighbouring countries significantly increased across its borders (Mazars et al., 2013: 6-8). Even so, the migration to South Africa of people from Lesotho, as well as from countries such as Zimbabwe, has been contentious socially, politically and economically, pre- and post-apartheid. Migration and its regulation and anxieties, as reflected by xenophobic attacks, have increased with time in the post-apartheid era. Despite policies that protect migrants' rights, 142**access to health care and** other public **services** has been neglected **in** the implementation of policy in the City of Johannesburg, leaving many people vulnerable to unsafe and poor conditions (cf. Quesada et al., 2011: 339-341; Quesada, 2011: 387-388). 114**At the same time,** the **increased enforcement of** city by **-laws** and social ideas around what is or who is deemed acceptable in society has exacerbated migrants' personal insecurity and limited

their access to city spaces and employment. These by-laws continue to maintain Basotho1 immigrants in the lowest rungs of society, with many people homeless and living on the streets (Vasey et al., 2016: 173-195). Migrants are regarded with contempt; they are continuously subjected to profiling based on civil status, context, race and language, resulting in discrimination and exclusion (Vasey et al., 2016: 173-195; Wilhelm-Solomon, 2016: 380-384). This systematic political and social othering has severe implications for migrants' health, creating immense suffering for Basotho, as for other poor immigrants worldwide (Quesada et 1 For clarification- Lesotho is the country from which the Basotho nation originate. Basotho people are Sesotho speakers. al., 2011: 339-341; Quesada, 2011: 387-388; Holmes, 2013: 25-264; Castaneda, 2019: 1-284; also see Kline, 2019: 396-410). Black migrant labourers, cross border and from within 10**South Africa,** living **in the city of Johannesburg,** reflect **the** experiences of populations everywhere subject to structural violence and vulnerability (Vearey et al., 2016: 14-15; Castaneda, 2019: 30-59; Kline, 2019: 396-399). In other words, their homelessness or displacement in the inner city excludes them directly and indirectly 77**from accessing basic services such as health care and** affordable accommodation (Cross et al., 2010: 2-7; Naidoo, 2010: 130). By directly, I refer to the "self-reported experiences of discrimination and baring from spaces because of their race, ethnicity, class and affordability" (Krieger, 2010: 231-232). By indirectly, I follow Krieger (2010: 231-232) to refer to the underlying layering and intertwining of social and structural factors that compound the effects of the experiences of direct discrimination (see also Manderson and Levine, 2018: 1-4). These combine to create health disparities and negative health outcomes for homeless migrants and other marginalised groups. While both men and women are subject to these forces, for the purposes of this research the focus was on homeless Basotho men. There are multiple push and pull factors that contribute to the manifestation of homelessness. These factors intersect both historically and contemporarily (Crankshaw and Hart, 1990; Krieger, 2010: 229). However, government institutions, such as the Johannesburg Subunit for Displaced Persons, which functions to provide access to shelter and supportive services for homeless and displaced persons, considers homelessness to be self-inflicted; a product of people's poor judgement and bad choices. This is also reflected in public opinion of homelessness. The result of this view of homelessness, is to reproduce structural inequalities and dismiss local contexts and particularities (Adams et al., 2014; 181) because they 'impede' social, market and political forces (Manderson and Levine, 2018: 1-2). I describe this further in chapter two and three. 2 Not surprisingly then, the emphasis among anthropologists is on the need to understand these factors and contexts from broader social experiences and positionings (Manderson and Levine, 2018: 1-3). Medical anthropologists, writing on marginalised groups within South Africa and globally, have considered the social and

structural experiences of diseases such as HIV and TB; mental (ill)health and distress; infestations and foot disease; sexuality and sexual (ill)health; and pregnancy, amongst others (cf. Farmer, 2006: 528-544; Wilhelm-Solomon, 2010: 1-32; To et al., 2016; Kline, 2017: 396-410; see also Makandwa and Vearey, 2017: 75- 90; and Mkhwanazi and Bhana, 2017). In expanding on this and applying concepts of structural vulnerability (Quesada, Hart and Bourgois, 2011: 339-362; see also Castaneda, 2016: 269-273; and Kline, 2017: 396-406), structural violence (Farmer, 2004: 305-325), and space and ontology (Wilhelm-Solomon, 2010: 1-34), in this thesis I draw attention to the experiences of the biological embodiment of inequality, and social and structural experiences of homeless individuals, living above and below the inner city of Johannesburg (Krieger, 2010: 225-249). This includes sleeping in the open along busy roads, in doorways, under bridges and in blocked storm water drains. The research on which I draw is concerned with how the experiences that derive from these social and structural factors of exclusion shape the health risks and negative health outcomes of homeless individuals, particularly in relation to mundane respiratory infections and minor injuries, which can be easily dismissed yet can lead to serious health problems. This research was inspired by an article published by Independent Online News on 25 January 2017, blaming severe Johannesburg flooding on the practices of homeless individuals occupying the city (Cox, 2017:1). Following the Johannesburg Road Agency through the city, journalists highlighted how homeless people living above and below particular locations, such as city bridges and storm water drains, compromised the city's infrastructure by blocking storm water drains with mattresses, blankets and other materials, contributing to if not 3 causing flooding (Cox, 2017:1). Two days later the Johannesburg Subunit for Displaced Persons, the Department of City Parks and Zoos and the Johannesburg Metro Police Department launched a campaign to directly tackle issues of "homelessness, crime and squalor" through measures that would be "effective, humane and sustainable" (Cox, 2017:1). Paradoxically, however, over the next few months, city-wide, homeless individuals found themselves being uprooted, further displaced and harassed in the name of their 'own good'. To date, the approach to homelessness in the city remains the same. This article informed my interest in asking questions relating to: i) how city authorities contribute to the already unstable and precarious environments homeless people have to negotiate; ii) what the image of homelessness as crime and squalor does for people's position in society and societies' opinion of those who carry the identity of 'homeless'; and iii) how this contributes to health risks and concomitant negative outcomes. The study of homelessness and its effects, including on health, are important to research for several reasons. Apart from TB and HIV, illnesses experienced by homeless individuals are minimised. There is limited literature on these other health issues, including bacterial and common viral infections despite that their neglect makes people vulnerable to complications and susceptible to contracting more serious

conditions, including HIV, TB and to premature death. I wish 22**to contribute to** growing **the understanding of the social** and structural factors that often leave people who are homeless outside of the reach of basic health care. I find medical anthropological contributions are important to progressive policy design and its implementation for homeless people, that is, to develop more inclusive policies and initiatives, not only to address social and structural factors and accommodation issues, but also understand and address the lived realities of those experiencing homelessness. Thus, the core question I 4 aimed to answer with this research and in this thesis is: How does the context of living below the city, and the social exclusions encountered by those who do so, shape health risks and associated health outcomes, particularly as related to respiratory infections and minor injuries? Methodology To answer the core research question, I conducted an ethnographic study in Braamfontein, a suburb in the inner city of 108**Johannesburg, South Africa. Data were collected through participant observation, and** semi-structured interviews with five homeless people and four employees of the Johannesburg Subunit for Displaced Persons. The homeless people selected for this study had made use of the services provided by the Johannesburg Subunit for Displaced Persons (referred to hereafter as Subunit), which included the overnight homeless shelter run by the Subunit and the Subunit's outreach projects. Individual members from the Subunit selected for this study took part in outreach projects and engaged with homeless people daily. The objectives for the study with homeless people in Johannesburg were i) to understand the structural and social factors (politics, economics, history, social positioning, citizen/noncitizen status, marginalisation and stigmatisation) which shape everyday self-care, health risks and outcomes pertaining to respiratory infections and minor injuries, and ii) to understand the experiences of homeless individuals, and how their residence and everyday life, influences access to health care and their engagement with the Subunit and its overnight homeless shelter. I focus on individuals from the Subunit for reasons associated with the Subunit's position as a government institution specifically for homeless and displaced persons. I attend to how the Subunit represents directly and indirectly the social and structural factors the Subunit is supposed to mitigate. I also examine how individual Subunit members understand the structural factors influencing homelessness and how this informs their work within the Subunit. 5 Intense fieldwork took place between August and September 2019, over a period of six weeks. This fieldwork provided specificity to my lengthy and continuing engagements with 151**homeless people living** along rivers **in** the **inner city** and suburban Johannesburg over the last six years. As a result of the limited time afforded to me in the field, I

made use of participant observation and semi-structured interviews from the 'ethnographic tool kit' (Emerson et al., 2011: 2-230). These methodological approaches are particularly useful as they provide a platform to engage participants in an in-depth manner. These methods provided me a way to understand the impact of social and structural factors, and health risks, through first hand experience with how my participants negotiate these factors, the city space and government institutions (Emerson et al., 2011). In other words, because this research allowed only a snapshot of homelessness in a particular context, these methods enabled me to capture these experiences and stories, however fragmented, and piece them together. Through this process, I built an understanding of the multiple structures, spaces and networks of homeless people and their suffering in multiple forms (Emerson et al., 2011). Although qualitative data cannot be 'reproduced' in the same way as quantitative data, the approach accounts for what is beyond variables such as race, age, class and gender to establish underlying factors of meaning-making, agency, sociality, vulnerability, symbolic violence and socio-cultural and structural influence. As Krieger (2011: 228) argues, using a qualitative approach to quantitative research can "document the impact of social structural inequalities, like racial injustice, on people's lives, including their health." Participant observation was conducted through everyday engagement often from early morning until well into the night, with service users and providers to gain an understanding of and to situate individuals' experiences. Employing participant observation provided me with an in- depth contextual understanding of how participants understood and interacted with the complexities of the city, their health and the Subunit. Participant observation allowed me to 6 immerse myself in the lives of homeless people in inner city Johannesburg, and to experience how they accessed health care, other basic services such as accommodation and employment. Further, it allowed me to experience how individual members from the Subunit go about implementing policy through outreach projects and how they experienced and dealt with homeless people and their health concerns and problems. It also allowed me to situate what was said in interviews. Conducting research with marginalised groups and undertaking such research in unsafe places can be emotionally and physically straining; it can be a 'culture shock' and it can be challenging to manage in a limited fieldwork period. Conducting this research and dealing with the lived realities of homeless people, would not have been possible if I had not had prior experience in this area of study. The research would also not have been possible without the established relationships I have with homeless people in the city and with the members of the Subunit. Before conducting participant observation with my homeless participants, I reminded myself that these people live very public lives. Everything the men did or did not do could be scrutinised by the public. My presence could

make this worse by attracting more unwanted attention on the men. This also meant I had to be mentally prepared to be questioned by 'concerned' citizens. For example, on the way back to my car after a day in the city with homeless participants, I was stopped by a woman who had seen me earlier in the day. She was concerned I was a "confused American who was trying to help the poor 'little' black people," who are "just so repulsive" (Personal Communications, 2019). Participant observation meant learning to handle these often racist and offensive comments in a manner that avoided confrontation. Without my prior experience, encounters such as this one would have been far more challenging to manage. Participant observation with homeless participants started early in the morning on recycling days, or later if the people with whom I worked planned to beg or wait outside of a construction 7 site in the hope of paid work. I would meet them under the bridge, where many lived, and often I would arrive as they were getting dressed and putting out the fire used to boil water so they could bathe and make breakfast if they had food. On recycling days, the men would start out as a group and as they moved through the city, they would separate from the group and go on their individual recycling routes. Recycling routes may be shared between some men, but there is an unspoken rule about collecting on other people's routes. I would accompany my participants on their recycling routes and help them rummage through dustbins when there was more than one dustbin that needed to be sorted through. The recycling often consumed the entire day. Once my participants and I returned to the bridge, I would help sort the material into piles, ready for transport to the recycling depots. I would also join them while they waited outside of construction sites looking for work. On other fieldwork days, I would accompany them on their daily activities: collecting water for cooking and washing; collecting wood for the fire; buying supplies from local vendors and other shops; accessing the shelter; attending the shelter's initiatives and accessing the showers and hot meals provided by the charity Meals on Wheels outside the shelter. I describe this further in chapter three. Participant observation with the members of the Subunit entailed attending community forum meetings and internal Subunit meetings, and accompanying participants as they go about their daily activities: responding to emails; preparing presentations for feedback sessions community meetings or educational sessions; preparing materials for the various Subunit initiatives; and conducting outreach projects. Subunit outreach projects entailed selecting areas in the inner city in which homeless people lived or frequented often, then arranging with 90**the Johannesburg Metro Police Department (JMPD) and the South African Police Service (SAPS) to** join them at **the** location. The JMPD and SAPS are requested for outreach projects as a safety measure. Once at the location, members of the Subunit who were also social workers and community safety officers interacted with homeless people, getting to know a little about them and where 8 they are from. The members then provided homeless people with extra blankets and a meal if the Meals on Wheels van was

present, and educated them about the shelter and what it offers. I assisted in handing out blankets and meals. When the Subunit members were sure that they had spoken to every homeless person, they would pack up and move onto the next group of homeless people, or return to the shelter to continue the outreach project the next day. The Subunit interacts with homeless people over a few days or weeks before taking them to the shelter. However, on days that the Subunit is called in to assist the JMPD and SAPS with raids on homeless groups, they are required to assist in the removal of homeless people from the area immediately. I describe this further in chapter two. Working with the Subunit was a cautious dance between my friendship with them and their suspicion that I might write against them. While this research was being conducted the members were under heavy scrutiny 'for not doing enough' by their superiors and by the public. I do not doubt that their suspicion of me remained for the duration of the fieldwork, but many began to see me as a vector to tell their stories. For some I became a sounding board, for others I was an "objective opinion," someone not entirely aligned with the Subunit or the public. For others I was in the way. However, even those who found my work irrelevant nevertheless, wanted to tell their stories or express their views. Semi-structured interviews were utilised 115**to gain further insight into the** contexts and **experiences in** which participants found themselves. Interviews allowed me to understand the underlying factors behind people's experiences and allowed participants to share their stories in their own way. Although the interviews were semi-structured to extract information and use time constructively, I allowed a level of fluidity during interviews to give participants space to express themselves fully. This approach was influenced by Manderson and colleagues (2006: 1319), who argued the need for researchers to be aware that interviews are embodied experiences that are influenced by the researcher's presence and the interviewee's experiences. 9 I attempted to mitigate my own imposition by framing the interview as a conversational space rather than a formal interview, and I channelled participants to answer questions in a manner that did not truncate their explanations beyond the confines of the questions being asked. The interviews were guided by an interview schedule prepared beforehand. 124**Interviews were conducted with participants** from the Subunit **and with** homeless **participants** individually, in the overnight homeless shelter but away from other people to maintain as much anonymity as possible. Informal conversations took place during participant observation where clarity on situations was needed. I was very aware of the idea that interviews are embodied experiences particularly when interviewing homeless participants. Asking someone to tell a 'stranger' their life story is no easy task, and as a

researcher and interviewer, there is only so much preparation one can do to be prepared for what may come out during an interview. The pain of getting people to talk and witnessing their pain when talking about leaving their families; starving and scavenging; living in dirty clothes; sleeping outside in the elements; living in constant fear of being attacked and robbed by others; living in constant fear of being arrested; not having food and knowing how much they are disliked in the city, was at times distressing. I managed this by listening attentively, showing that I understood the depth of their experiences and by offering my quiet sympathy. It was also at times painful to deny them their requests for large sums of money to send home to their families or so they could return home and see their families, especially when I was the reason for them having to think about their families. I am fluent in both isiZulu and Sesotho, and this helped me significantly during the research process. These are the usual languages spoken among black migrant workers. During participant observation and interviews, I used conversational level language because I needed 10 to take into consideration the literacy level of some of my interlocuters, unable to read or write in English or in their home language. In other words, the conversational style of interviewing was not for lack of ability to communicate or translate on my part but rather, was adopted to explain my research interests and put across my questions in a way that was easily understandable and relatable. This approach was extended to the Information Sheets and Consent Forms provided for homeless participants, to take into consideration their experiences of structural violence, vulnerability and positionality within society and the city. Interviews with each participant lasted between 30min and an hour, in English, Sesotho or isiZulu according to the interviewee's preference. I conducted and translated all interviews into English for analysis myself. It was my job as a researcher to maintain constant awareness of the limitations of these selected methods and to mitigate the effects of these limitations, where possible and to the best of my ability, to ensure the overall wellbeing of all my participants. Some of the limitations included the public nature of participant observation which reduced my ability to ensure the complete anonymity and confidentiality of participants, and the influence of my presence. For example, during participant observation I accompanied homeless participants as they moved through the city streets to find work or collect recyclable materials. A white woman walking around the city of Johannesburg with a group of black men is not a common occurrence in the city, and this attracted people who knew the men or who were 'concerned' citizens to come and investigate the situation. Reflexivity Reflexivity is important not only during field research but also in formulating and analysing one's research. While conducting this study, I was mindful of my status as a white, educated, middle-class woman studying black marginalised men, particularly within the South African context where my identity echoes Apartheid and white privilege. Having the ability to speak isiZulu and Sesotho and having interacted with homeless people, and conducted research on homelessness before, helped me significantly. Over the last six years, I have participated in numerous projects to assist homeless

people 123**in the inner city of Johannesburg and** its surroundings, **in** conjunction with the Subunit and with separate non-profit organisations: Meals on Wheels, The Salvation Army, Holy Trinity Catholic Church Soup Kitchen, and needle and syringe programmes (City of Johannesburg Official Website, 2018). These interactions extended into my honours research project on notions of waste and the subsequent interactions between homeless people and the middle-class communities they live near (Taylor, 2017). This prior experience meant that I was familiar with working and conducting research with homeless people and people from the Subunit. Even so, my experience with homeless people and on inner city streets did not reduce the unpredictability of field work. The field, therefore, required me to be able to adapt and reposition myself according to the context in which I found myself (cf. Emerson et al., 2011). Moreover, I could not remain a complete 'outsider', despite what ethical protocols assumed and recommended for researcher comportment and positioning. Considering this, 120**I** **was** cognisant **of the fact that I was** 'betwixt and between' insider and outsider because I had worked with both participant groups (Delaney with Kaspin, 2011). Therefore, I repositioned myself as a 'renewed outsider' to allow myself the opportunity to reexperience the nuanced nature of the experiences of participants (see also Delaney with Kaspin, 2011). In some cases, having prior knowledge about a place or people can blind you to the new meanings being created and experienced, or to subtle changes in the social, political and economic environments. Repositioning myself as a renewed outsider allowed me to not take the people and their experiences for granted. 12 The streets and other areas which homeless people utilise within inner city Johannesburg are both contested and fragile, so that being in them at times is unsafe for people surviving in them and for people like me working in them. To ensure the safety of my participants and myself, local law enforcement, such as the Metro police, was alerted to our whereabouts and regular location updates were sent to a third party (family members). It was also necessary for me to 'own' the space I was in, that is, I needed to look like I was meant to be there – having as much right to walk the streets as anyone else living on or utilising the streets. At least outwardly, I needed to appear unaffected by the presence of potentially 'harmful' people. Put like this, safety seems rather straight forward: You tell people where you are and make sure you do not look like an easy target for criminals. But ideas around safety and how each researcher understands them vary. Thus, different researchers will follow different procedures depending on orientation towards the people which whom they are conducting research, their consciousness of surroundings, and their capacity to read them and ability to protect themselves in a highly contested and often volatile physical setting. To complicate this process, I undertook the fieldwork during a period of ongoing xenophobic attacks on foreign nationals, including foreign shop owners, in inner city Johannesburg. The riots occurred from 1-5 September 2019,

during which large groups of people filled the streets during the day and often into the night, moving from street to street assaulting foreign nationals and raiding shops “to get rid of the criminals raping our women and taking our jobs” (Personal Communications, Johannesburg, 2019). If something untoward happened during the week of riots or on the days I would be in the field till late at night, my brother would wait at a nearby petrol station in case I needed help, felt unsafe, or feared that my participants were at risk, as they were all foreign nationals. Witnessing people’s experiences of structural violence and at times physical violence and vulnerability can be overwhelming. When necessary, to manage the personal experience, I used family members as a sounding board to work through my own feelings about the lived realities of homeless individuals in the City of Johannesburg. I also ensured that my participants were made aware of counsellors and social workers, if they required them. Participants were provided with contact details and physical addresses of counsellors and socials workers in the Subunit itself, at the assessment centre located near the Subunit headquarters and at a separate non-profit organisation that also works with 17**homeless people in the inner city.** The counsellors and **social** workers I selected required no appointments and all three institutions are located within walking distance from each other and from the locations where my homeless participants lived. Statement of Ethics Ethics protocols and processes are an understandably necessary structure which students and all researchers need to address, to ensure they are mindful of the risks to themselves and others who are involved in conducting research, and mindful of the purpose of the research. However, the rigid process and requirements for ethical clearance employed 69**by the University of the Witwatersrand’** s **Human Research Ethics Committee** led me to feel like I was dragging an elephant, as I clung to my determination to conduct research with homeless individuals, who are not only considered a vulnerable group, but in terms of ethics, were also living in a medium to high risk study area. In reading between the lines for students at my level of study, this meant ‘avoid, avoid, avoid’. As a result, the ethics protocols became an embodied experience, which, if only momentarily, made me question my ability as an anthropologist and my moral compass. It seemed to me that permission depended no longer on my work with and possible outcomes for homelessness, but rather on ensuring the university’s position in relation to my safety. In other words, permission was granted not on my ability to conduct research and interact with homeless people or about the importance of conducting research with marginalised groups. Rather, permission was granted on my ability to ensure that the university was not liable if something went wrong during fieldwork. The ethics committee’s representation of groups like homeless individuals was problematic in and of itself, as it stripped them of agency and reduced them to people unable to

function as persons within society or in relation to people like researchers. The responses to me in relation to my proposed research drew on the very stereotypes I was trying to demolish. I found that for many students, the formalities of ethics clearance created a disconnect between students and their research, between students and the people with whom they had been interacting for many years, and for some, between themselves as students and their own families. For example, some master's and undergraduate students live in informal settlements deemed too risky to visit by students as researchers. This is not a criticism of the presence of an ethics committee or its protocols. Rather, it is a critique of how the ethics committee defines vulnerability, which assumes a gap between researchers and vulnerable others, and draws on the very stereotypes that students need to avoid when conducting research. The impracticality of certain protocols in the field can inadvertently create the unethical and immoral ruptures that the protocols are put in place to mitigate. Literature Review In the following section I engage with the literature that informed this research. In order to understand how particular contexts create conditions of inequality, discrimination and vulnerability, and result in noncitizen and citizen migrant labourers' exposure to certain health risks and concomitant negative health outcomes, in this section I link my research to the existing literature on structural violence (Farmer, 2004: 305-325), structural vulnerability (Quesada, Hart and Bourgois, 2011: 339-362; see also Castaneda, 2016: 269-273; and Kline, 2017: 396-406), and space and ontology (Wilhelm-Solomon, 2010: 1-34). Homelessness and other forms of marginalisation are embedded in relations that are constructed by and construct social and spatial contexts; these cannot be detached from broader historical, political and economic networks (Staeheli, 2011: 394-396). Marginalised contexts take on different meanings and forms for different people in different settings and thus are experienced and defined in multiple ways. It is therefore necessary to consider homelessness and other marginalised contexts as a social status and as a set of relations (Vasey et al., 2016: 173-195). Personhood and the rights of persons to the city and society, are constructed through multiple boundaries that derive from the social status of and the relations that derive from homelessness (Vearey et al., 2016). These boundaries create meaning by blurring notions of insider and outsider, private and public, and tolerance and intolerance (Staeheli, 2011: 396- 397; Bhopal, 2007: 238; DeWind and Kinley, 2019: 1-5). Further, the boundaries are both physical and metaphorical and intertwine creating a web of discrimination and 'othering' that prevent people from marginalised groups from accessing rights, often through discourses of fear and intimidation (Staeheli, 2011: 395; Castaneda, 2016: 269-273; also see Wilhelm- Solomon, 2016: 378-395; and Kline, 2017: 396-397). Kline (2017: 396-410), for instance, has demonstrated how the policing of relentless and severe immigration policies against Latinx immigrants led to them to embodying the fear of deportation. This directly affected their health by limiting their access to regular health care systems. People living in such circumstances make various decisions in response to these networks of limitation and socially constructed hierarchies of power (Kline, 2017: 396-410; also see Alunni, 2015: 139-149). These contexts influence when and how such

people seek care, what kind of care they seek, the feasibility of maintaining care, and the social implications of doing so (Makandwa and Vearey, 2015: 75-90). Farmer and colleagues (2006: 376-392) argue that to understand the biological manifestations and implications of people's health, we need to pay careful attention to the unequal processes of racially permeated social determinants. These play out most overtly in the biomedical and social service sectors, where care becomes an ideal rather than a right (Singer et al., 2017: 941-950). In other words, the reproduction of particular social and institutional conditionings within biomedical and social service spaces create pathways for contemporary forms of inequality. This builds too on the legacies of historical inequalities, causing health disparities in seemingly 'neutral' spaces (Braun, 2006: 253). For instance, Farmer (2004: 305-325), through ideas of structural violence, argues that understanding the persistence of epidemics, such as AIDS and tuberculosis, requires an awareness that illness is not only a reflection of the social environment but is intrinsically linked to the history and the political economy of a country. Farmer (2004: 305-325) traces how social factors intersect with historical and political structures in a systematic way that oppress, erase and exploit, directly and indirectly, a whole class of marginalised people – those who are impoverished. The harshness of structural violence, defined as the systematic layering of structures that may be social, biological, symbolic or material, creates conditions for oppression, desocialisation and discrimination (Farmer, 2004: 307-308). This is both visible and tangible in the realities of poverty, experiences of sickness and precarious access to health care. As Farmer (2004: 320) suggests, illness and its outcomes are subject to the reproducing, reshaping and embodiment of historical, political and social structures in the daily lives of marginalised groups. Using structural violence to frame these experiences exposes the forces 17 and underlying connections that promote and produce suffering (Farmer, 2003: 337). While the context and setting may differ, the meaning that these experiences convey are embedded in a foundation of structural similarities. As 104**Farmer (2003)** insists, **the** theory **of structural violence** is not **to** portray or **explain the** multiple versions **of** experiences, but rather to suggest that there are similar underlying structures at work beneath the varying expressions and experiences of suffering and (ill)health (also see Farmer et al., 2006: 376-392; Farmer, 2008: 393-544, 2008: 559). How people live with the chronic conditions and social determinants of structural violence, including racism, poverty, poor access to health care, and personal vulnerability, depends heavily on the social and cultural environments in which marginalised people find themselves, within the contemporary global space (Singer et al., 2017: 941-950). Quesada, Hart and Bourgois (2011:339-362) examine how health care services, immigration policies and political exclusion render Latinx 150**immigrants in the United States** structurally

vulnerable to ill 87health. Structural vulnerability is defined as the "positionality that imposes physical and emotional suffering in systematic ways on specific population groups" (Quesada et al., 2011: 340).

For 146Quesada and colleagues (2011: 341-342), structural vulnerability is based in the cultural and social ordering of people, which perpetuates negative stereotypes, unfair treatment based on social stigma, and "devalues and subordinates non-white racial populations" (Williams and Mohammed, 2013:1156). For instance, Crush and Tawodzera (2013: 655-670) demonstrate how the health care provided to migrant Zimbabweans within South African health facilities is shaped by local perceptions of these migrants, leading them to avoid care seeking and so to neglect their own health. Despite their right to access health care facilities, Zimbabwean migrants are routinely verbally assaulted, given inferior care, and in some cases are barred from facilities by health care professionals. Crush and Tawodzera (2013: 656) suggest that this is a direct consequence of their undocumented migrant status, which creates 18 ambiguity about their rights to care, but reflects also perceptions, based on their nationality, that they are burdening the economy, 'swamping' South African health services, and stealing jobs. Understanding the suffering experienced by marginalised groups is important for understanding when and why 'difference becomes disparity' (Pollock, 2012: 181-183). Hand in hand with discourses of structural violence and vulnerability are discourses of space and ontology that reinforce structural factors, such as poverty, persistent unemployment, political instability, citizen/noncitizen status, lack of adequate housing, discrimination and poor implementation of social policy, and the boundaries created by them. If the experiences of these structural factors are ubiquitous, then the sites in which they are experienced and enacted are similarly ubiquitous: the sites mediate a set of relations and interactions that establish the type of othering experienced and exercised (Staeheli, 2011: 393-400; Brown, 2006: 1-125). These physical spaces, among other things, blur notions of public and private, governmental agendas and public opinion, and the stigmatisation of disease and (un)cleanliness (Margaretten, 2011: 45-65; Staeheli, 2011: 393-400; also see Rose, 2017: 1-124). Paradoxically, as well as mediating forms of othering, they allow for the re-formation of identity and alternative forms 'of being' and allow the creation of new social networks. These networks enable marginalised people to manoeuvre around and through the barriers established to maintain them as outsiders (Margaretten, 2011: 45-65; Wilhelm-Solomon, 2016: 378-395). For instance, Rose (2017: 1-124) suggests that notions of (un)cleanliness and (un)healthiness move beyond the 'material impositions of people' and facilitate the removal of 'social waste' (homeless people) from society, by re-zoning public spaces that homeless people live on. The re-zoning of these space gives government and

private sector the prerogative to remove homeless people by citing public health violations and prohibited land use violations. In his study of the provision of antiretrovirals in displacement camps, Wilhelm-Solomon (2010: 3-6, 10-18) also identifies space as the defining feature of the lived experiences of marginalisation, 19 the stigmatisation of HIV, and the potential for healing. Wilhelm-Solomon (2010: 1-32) suggests that the spatiality of the camps visibly shapes the identities and health outcomes of people who are marginalised and displaced, and whose diagnosis of HIV sets them apart from others in the camps. This became re-imagined in relation to their healing, as treatment access was made visible through the layout of the camp and the delivery and provision of separate rations. These experiences are not isolated or unusual. Rather, the stigmatisation enacted upon marginalised people by other marginalised people and non-marginalised people, Wilhelm- Solomon (2010) suggests, is intrinsically linked to the social and historical contexts shaping these interactions. In his later work with people who unlawfully occupy buildings in inner city Johannesburg, Wilhelm-Solomon suggests that, through the "unstable social and physical forms of the city, marginalised and displaced people create a space of 'ruinous vitalism' where they can maintain personhoods through multiple orientations towards city institutions and society" (2017:175,179-181). In other words, space is at once political, material and symbolic. As Delaney with Kaspin (2011: 37) has remarked, 96**"space is neither empty nor neutral, it is filled with things and with** meanings." In the context of this report, spatial questions are also health related questions, in so far as they come into existence in the context of the inner city, as people are exposed to unstable infrastructure, social relations of vulnerability and inequality, governmental and private sector interference of space, and informal and formal spaces of health care that they attempt to access (Farmer, 2004: 305-325; also see Delaney with Kaspin, 2011: 37-78; Quesada, Hart and Bourgois, 2011: 339-362; Leite, 2013: 165-189; Wilhelm-Solomon, 2010: 1-34, 2017: 174-191). The research literature demonstrates that homelessness and other experiences and attributions that result in marginalisation are linked to broader political and historical structures. They are also linked to social and cultural perceptions. While the internalisation of such perceptions and experiences become embodied as negative health risks and concomitant outcomes, they also produce multiple forms of sociality which can enable marginalised people to exert some form of agency. However, these forms of sociality can be manipulated by a complex set of interactions that reproduce marginalisation rather than undoing it. For instance, Willse (2010:155-184) demonstrates how neo-liberal governance through biopolitical housing policies and initiatives enables the 112**reproduction of the neo-liberal conditions that** reproduce chronic homelessness **and** housing insecurity. **The** reproduction of neo-liberal conditions allows

neo-liberal economies to proliferate, without incurring the costs of providing for marginalised groups like homeless people. In a similar vein, Brown (2006: 1-268) argues that tolerance, while it is represented as a willingness to engage and accept the presence of marginalised people, functions in an underlying way to marginalise those who do not conform to societal norms or who are considered not to 'fit' into society. Tolerance finds its power through the dissemination of its discourses into government institutions, public opinion and social services. Tolerance functions as a selection process for 'accepted' ways of being, and so is a mechanism for denying marginalised people a place within cities and societies (Brown, 2006: 1-268). These processes and approaches are often supported by national and local governments. As Staeheli (2011: 7) has argued, it is necessary to examine the ways in which the institutions tasked with implementing these approaches of engagement with marginalised groups are 'constructed and sustained' by national government, public and personal opinion. Understanding marginalisation and the institutions tasked with dealing with marginalisation reveal the consequences for marginalised people's health. The poor health and wellbeing of homeless and other marginalised people is the outcome of the clustering of these experiences of stigmatisation and discrimination. While ethnographers recognise the overall (ill)health of marginalised groups, the focus of many ethnographic texts 21 in the African context is on the sociality of 130**communicable diseases such as HIV,** TB, hepatitis **and** malaria, **and their** coincidence with and exacerbation of existing social problems such as inequality, poor socioeconomic status, poor health services and access, violence and discrimination (Seager and Tamasane, 2010: 63-83; Wilhelm-Solomon, 2010: 1-32; World Health Organization, 2016; also see Wangdi et al., 2015: 79-107) . Ethnographic accounts such as (Farmer, 2003: 328-349; 2004:305-325; 2006: 528-543; Bourgois and Schonberg, 2009; also see Quesada, Hart and Bourgois, 2011: 339-362) have revealed how social settings and relations are instrumental in sustaining communicable diseases and non-communicable illness in different countries and communities. However, little work has been undertaken on illnesses that are seen to present limited risk to public health, such as mild infections and injuries. Outside of Africa there have been calls for more adequate investigation and intervention of such conditions. For example, To and colleagues (2016), writing on homeless people in North America, illustrate how poor hygiene, inadequate footwear and excessive walking 121**contribute to the high prevalence of** foot problems. Although **this** problem **is** commonly reported, foot health is often overlooked by health care providers as it is not considered a primary health concern. Badiaga and colleagues (2005: 382-386) highlight the high prevalence of aggravated superficial bacterial and parasitic skin infections in homeless populations in France. They concluded that this was the result of poor hygiene and

proximity to other infected people in homeless shelters, but they did not examine the social implications or contributing factors to lack of treatment seeking and the aggravated nature of the infection. Despite the high prevalence of mundane and easily treatable health issues in homeless people and other marginalised groups, these problems are often left to become more severe. The concern with such infections and minor injuries is their potential to weaken the immune system for opportunistic diseases such as HIV, TB or hepatitis, and to deteriorate and so result in more 22 serious infections. The decision to overlook sores, cuts, burns, wounds, coughs and colds often reflects health worker concerns to lessen the burden on health care systems, despite that subsequent complications and more serious infections require more intensive treatment, increasing demands on health care systems and resources. In general, though, homeless people and other marginalised people are often left to deal with persistent yet easily treatable health issues. In the following section I introduce the Subunit for Displaced Persons. I highlight how Subunit staff members become co-opted, although unwillingly, into the removal and dehumanising of homeless people through societal and governmental pressure to rid the city of its homeless problem. The Johannesburg Subunit for Displaced Persons It is just after 7pm on a cold August evening and Kotze Street (see appendices for map) is surprisingly quiet, except for the noise emanating from the entrance of the Johannesburg Subunit for Displaced Persons' Overnight Shelter. A queue of homeless men and women, worldly possessions in hand, snakes down the road as people line up to pay their R8.00 entrance fee. This gives them access to a bed, locker, and shower, and a hot meal for the evening. The shelter was established in 2011 by the Subunit to provide temporary shelter to economically active homeless people (City of Johannesburg Official Website, 2018: 1). The shelter can accommodate around 200 people, and outside of other interventions conducted by the Subunit, the shelter can only be used from 7pm to 7am. The building itself resembles a parking garage - a rectangular mass of concrete with multiple levels split into male and female rooms and showers. Its concrete finish is offset by metal fold up tables, plastic chairs, white wooden bed bunks, and three couches in the waiting room near the entrance. 23 Cramming through the entrance, the hall - which doubles as the canteen - is busy with people, as they hurry up the flights of stairs to secure themselves a bed and a locker for their belongings, before racing back down to join the already long line of people waiting to get a meal. The air is offensively stuffy. "DT!DT! You made it, hello sweetie." Before I could process a response, Mpumi had me by the hand and I was being dragged through the crowd, out the back door and down to her office. DT was a nickname Mpumi, who was one of the head social workers, had given me. As I stood waiting while she fumbled with her keys in the poor light, I remembered the first time I met her. It was early February 2017, just after the article attributing the Johannesburg flooding to homeless people was published, and I had gone to the Subunit and to her office. Mpumi's office is small; an L-shaped computer desk fills the left corner and a six-seater black wooden table monopolises the right side of the room. Squashed in between, an overcrowded book shell threatens to give way at any moment. She sat me at her

desk, and I began to probe her about the uprooting of homeless people as a result of the article. She began: You know DT, when that article was published it made lots of trouble for the homeless in the city. We were called in to assist with removing the homeless off the streets, having them assessed and then getting them placed in shelters and registered for work permits. You know, it frustrated me so much that they blamed them for these issues, that I even took those same reporters and the road agency back to these spaces, to show them what was blocking these pipes. We pulled out trees, rubbish, car parts, everything. Still the homeless are getting the blame for what the city isn't sorting out. They are people in a bad situation; it does not mean they are damaging the city. Homeless people are 'matter out of place' (Douglas, 2003), they do not fit into socially accepted categories and so, not only do they need to be categorised in a way that can give society a form of 'control' over them, and the circumstances of their lives, but also they need to be categorised in a way that keep them apart from other components of society (Campkin, 24 2013: 47-55). If homelessness is framed as the problem of an individual and not their social circumstances, then the person can be seen as a burden on society, a social waste, for which society is not responsible (Rose, 2017). But this categorisation is not enough to justify moving or getting rid of the visible problem of homelessness. Categorising people as social waste only highlights the reluctance of others in society to include them socially and physically, but this does not give them the prerogative to physically move homeless people. In order to do so, society has taken the notion of waste one step further. When the local city government reclaimed the city and began to promote Johannesburg as cleaner and safer world class 'African city', homeless people became akin to waste (Rose, 2017; City of Johannesburg Official Website, 2018: 1). Mpumi's attempt to separate homeless people from other waste – wrappers, empty cans, plastic bags and other trash blocking the pipes – reflected her aim to humanize homelessness and disassociate homeless people from dirt and pollution (Campkin, 2013: 49- 51). Establishing the Subunit The Subunit was established in 2007 by the Department of Social Development to assist with child homelessness. In 2009, the Subunit extended assistance also to the growing number of adults who were living on the streets in inner city of Johannesburg (City of Johannesburg Official Website, 2018). The Subunit identified areas inhabited by homeless groups and assisted the JMPD and SAPS to reclaim these spaces by providing alternative accommodation in shelters, and by profiling individuals and placing them into initiatives (such as for job readiness, education bridging courses, hygiene and health, skills development, wellbeing, and HIV and TB programmes), or by reuniting them with their families by finding kin in Johannesburg (City of Johannesburg Official Website, 2018). The term 'displaced' is used by the Subunit staff members

in relation to the Subunit's initiatives to reunite people with their families. "Homelessness implies that people do not have a place to return to but displaced means they are just not in the right place but have a proper place to return to" (Personal Communications, 2019). The Subunit was also established to mediate between different government and non- governmental partners intervening in homelessness. Social workers and community development officers enter areas inhabited by homeless people, develop personal relationships with them, and once a relationship is established, they seek permission to intervene in their lives by linking them into initiatives offered by the Subunit (Personal Communications, 2019). The police are then called in to remove homeless people from their usual areas of residence and take them to the Subunit Assessment Centre. Mpumi explained it this way: "Our job is not to do the actual displacing, that's for the police, but to deal with the homeless people by providing them access to what the Subunit offers." The Subunit exists in a paradoxical space, where it does not deal with physical displacement but lays the foundations through 'personal relationships' for the displacement to occur. Mpumi elaborates further: You must remember, although they are not allowed to legally occupy these spaces, our constitution gives them the right to refuse help and forcing them would be problematic because they probably wouldn't cooperate further in the process. This is why it is important to build relationships with them, to understand them and where they are from. It is often difficult to explain this to the city. The Subunit's focus is on humanising homelessness; they get to know each homeless person individually. This approach is not only a part of the Subunit's mandate but a form of resistance to the interference of the public in the Subunit's approach to homelessness. However, 109**I illustrate in the next chapter, the** pressure and influence **of the** public and government, have begun to show in the frustration of Subunit members towards societal and governmental demands. Cracks in the Foundations Two years later not much had changed in the interior of Mpumi's office, as I find myself sitting this time at the oversized black wooden table that was still dominating the right side of the room. Mpumi had just come back from a community forum meeting in a surrounding middleclass neighbourhood, whose bridges along the river join them to the inner city. These bridges, or rather, the spaces under the bridges, were now home to a growing number of homeless men. Mpumi, dressed in all black, leaning back against the table, arms folded and with a look of annoyance, explains: I am called in often to address community forums like this one. The middleclass communities in these suburbs are looking for answers to why they are seeing more homeless people in areas and what we are doing about it because they link them to criminal activity in the area and they say it makes the city untidy. They want to see them moved but it is not our job as the Subunit to move them. The best we can do as a Subunit is encourage people to stop giving them money to get them off the street and to get as many homeless people into shelters and into programmes. Joy, another member of the Subunit, who looks equally as annoyed, takes her cue from Mpumi, and,

joins in: We have very few shelters in the city and they are either underfunded or already full. The city wants us to move these people but resists the building of shelters or alternative forms like sleep zones in the spaces they [homeless people] are already occupying or cheaper housing. There is constant interference [going over our heads to the director and directly to police] from communities as they see our approach as not making a significant enough difference. Or constant threatening- get these people out of our space or there will be repercussions for you not doing your job. I realise that my status as an anthropologist in this space, and my wish to understand the Subunit, has attracted people and their opinions. Carrying a tray of tea and muffins, Sipho, a tall burly man, appeared in the doorway and piped in: Homelessness is about so much more than criminality and the city chooses not to see this. It's about housing, family breakdown, depression, drug abuse and bad choices. The pressure that we're experiencing now is a lot. The City wants results but the City [the 152**department of Social Development,** Johannesburg municipality **and the** middle class] doesn't want to spend money on burden groups. Mpumi interrupted Sipho: You know, we are out there every day interacting with these guys [homeless] getting to know them, to understand their stories so we can get them off the street and into the shelter and our initiatives, which are doing a lot for a lot of them. As many as we get off the street, as many are added to the street. We try fix from both ends through the initiatives, what causes it and what to do to get them off the street. But there are so many problems and we are constrained by funds, limited staff and people's ideas of what should be done and not what we think should be done when we are out there seeing the problems. Homelessness is viewed in multiple ways. It results in disjointed views that become entangled in a clash of ideas and a power struggle for the authority to act and employ a particular set of interventions. Societal and governmental pressures, and the ambivalence and contradictory views of homelessness, and how it should be dealt with, translate into a re-politicisation of space and a re-politicisation of the 'visibility' of homelessness. The interactions between the middle class and the staff of the Subunit are embedded in complex social and cultural 'matrices of meaning' in which they create and re-create themselves in relation to a growing problem of homelessness (Delaney with Kaspin, 2011: 216). Alternative forms of 'being', like homelessness, make explicit the fragility of these matrices of meaning. This is evident in the assumed physical disruption to space which homelessness creates, particularly for those who have extended their notion of personal space to include suburbs, parks, bridges and inner city streets - in fact, the whole cityscape. Homelessness becomes a 'constraint' on the agency of other people, creating a subliminal need for a conspiring force of interventions (Farmer, 2003: 334-335). This space is further created as contentious by the dynamics and distribution of blame on everyone and no one, and the lack of a standard approach to intervening in homelessness. The lack of a standard way of intervening in homelessness, the pressures experienced by those

working in the Subunit, and the stigma associated with homelessness, articulate a 'politics of intolerance' among staff members of the Subunit in relation to the city's inability or perhaps unwillingness to provide permanent shelter for the growing homeless population (Brown, 2006). A large part of the Subunit's work involves outreach projects. These projects are designed to locate areas which are inhabited or frequented by homeless people and then to intervene in 'their' homelessness or displacement. This process can unfold over a few days or even weeks, as Subunit staff establish relationships of trust with homeless people before getting them to agree to be moved off the street and into shelters. Although the population of homeless people was relatively stable during my research, the Subunits outreach projects can be complicated by fluctuations in the numbers of homeless people in each location over time. However, with society wanting to see the Subunit proactive in removing homeless people off the street and away from middle class suburbs, the outreach turns into raids. Raids give the JMPD and SAPS, in cooperation with the Subunit, the right to remove homeless people and their belongings from their transitory residences. The Subunit and Raids on Homelessness Later in the week, I was helping sort papers in the Subunit office when Joy informed me that there was to be a meeting between the Subunit, the JMPD and SAPS, and that it had something to do with the community forum meeting that the Subunit had attended earlier in the week. *** Before continuing, I wish to take a closer look at why both police forces needed to be present. In other systems of civic control around the world, an infringement of jurisdiction of one police force by another render any decisions in relation to an incident or person null and void. In South Africa, very loosely these same rules apply. However, the JMPD is an assistant force to SAPS, and oversees the enforcement of municipal by-laws, traffic control, prevention of small crime and the proactive policing of areas with high occurrence of criminal activity or by-law infringement (Duval, 2016). The JMPD is not allowed to detain persons or investigate crimes, but it's officers can remove material items. SAPS is the primary national force for crime prevention, and its members can detain or arrest individuals and carry out criminal investigations; they cannot remove material items (Duval, 2016). In the end, the involvement of both JMPD and SAPS is about who can remove persons and who can remove their personal possessions. *** Eight officers, five from JMPD and three from SAPS, were already sitting around the conference table enjoying tea with Mpumi, Joy, Sipho and a few other members of the Subunit who participate in the outreach projects. The air-conditioning was turned on high, but the result was that the conference room had turned into a sauna. I found myself a place on one of the extra seats they had placed in the room away from the table, and I listened to the friendly conversation among those at the table about how the only reason they came to the meeting was 30 for the nice tea and biscuits. Once all those whose attendance was essential had arrived, the meeting began. Mpumi went over the proceedings of the community forum meeting for those who had not attended it. Slurping the last of his tea, one of the more senior JMPD officers began: The community of Greenleaf (pseudonym) has been contacting us constantly about the homeless people in the river [under

the bridge]. They want us to remove them and they are not taking no for an answer when we explain we are too busy with other matters. They want instant results and the only way we can do that is by conducting a raid in the river, so they can stop harassing us with calls. One of the SAPS members, with a mouthful of biscuit, added: We are getting the same thing. Every day someone is contacting us about these homeless there by the river and it is getting too much now. We will conduct the raid early tomorrow morning when we can catch them there. We will be taking two vans and four with JMPD, to make sure we have enough officers because we don't know many they are. The private security for the area will also come. We have also decided to conduct raids on other groups over the next few days now, so it is done because it is already winter, and we haven't done them. The meeting lasted another half an hour as attendees decided on times for raids and a meeting place from where to begin. Once the officers had left, I had the opportunity to ask about the raids. Sipho told me that raids were the preferred method to show the force of middle-class communities and police by unsettling and removing homeless people from where they are living. Sipho went on to tell me that raids were conducted at least once every six months, during which middle class residents, JMPD, SAPS and private security officers in each area conducted raids on all known homeless groups in the inner city of Johannesburg and surrounding suburbs. He continued: We as a unit do not do the raid but are there to provide them with the option to access the Subunit. If you are coming with tomorrow, you will see. The six month raids have to do with the law, and what must we do? We don't have a choice. We make sure we are there to help them [the homeless]. *** It was 6 am the next morning, and all relevant people were gathered in vehicles along the road just up from the river, where they had planned to gather before conducting the raid. The cars split into two convoys and moved towards the river that bordered Greenleaf suburb and the inner city. Before the group of homeless men knew what had hit them, the police and private security employees had surrounded the section under the bridge where they had set up shelter. Their shelter ranged from cardboard boxes, to plastic self-made awnings secured against the retaining wall of the bridge; some had nothing for shelter from the elements except their tattered blankets. The group was mostly awake, sitting on plastic crates around the fire that was coughing out large plumes of smoke as it came to life; some were still under cover of their blankets. There were about 10 men, aged from what appeared to be 25-50. Bloodshot, weathered by the elements and sleep deprived, they all almost simultaneously rose to their feet as the 15 strong group of police officers, private security officers and Subunit members joined them. The Subunit members to which Mpumi, Joy and Sipho belonged greeted the men, as a JMPD officer poured a canister of water over the fire and doused it. The officer then destroyed any chance of another fire being lit as he poured more water over the extra firewood the men had collected. "Why haven't you been back to the shelter? You know you cannot stay here. They don't want you here," Mpumi probed, having recognised some of the men. She received numerous responses, and mumbling under the breath, from many of the men. While Subunit members engaged with the men about the

shelter, JMPD officers moved around, confiscating the men's belongings, including blankets, mattresses, pots, buckets and the crates on which they had been sitting. The goods were loaded into one of the JMPD vans, to be 32 impounded at the JMPD headquarters. Another JMPD officer came out from the back of the tunnel with a bag of maize meal in hand, invoking a response from one of the older homeless men, who through heavy coughing, asked him to give it back. The officer responded: "That's fine, you can have it back, but you must go with the Subunit [officers] and leave here." Visibly upset and refusing to go with the Subunit members, the older man found himself and his maize meal detained in the back of one of the SAPS police vans. Using the incident as an example, Mpumi added: "Please, you guys need to come with us to the shelter or the police are going to take you to jail. We want to help you and if you come with us now, you'll be able to get some food and to wash nicely." Six men refused to be taken to the shelter by the Subunit staff; and they joined the older man in the back of the SAPS van. They would be taken to the relevant police station where they would be fined for loitering and detained for 24 hours before being released on a warning. Four men agreed to Mpumi's offer and came back to the Subunit headquarters; there they were taken to the assessment centre to be placed into shelters and initiatives. The following day the six men detained by the police and two newcomers were back under the bridge, leading to further complaints by the community forum. Over the next few days, raids like this one were conducted throughout the inner city, with more homeless men refusing the Subunit than agreeing to their terms and efforts to prevent them from being arrested, creating higher and higher tensions between the Subunit members. Four raids were conducted over a period of ten days, and out of roughly 28 men, only 12 had agreed to be helped by the Subunit. By the end of business on a Monday, a little over a week since the raids had begun, all those who had not opted for the Subunit were back on the streets. A Change in Approach It was midmorning Tuesday and after waiting three hours for Mpumi to arrive, Sipho and I joined her in her office for a meeting. Mpumi started: The head is not happy with the results of the last few days. I'm beginning to worry about our spaces here [jobs] and I am also tired of doing this work and getting no response from these guys [the homeless]. From now on, if any of them refuse our help they WILL be arrested, and it will not just be for one day. For those who have joined our initiatives whether it be job readiness or HIV programmes and have not bothered to come back, and we find them out there, they will be arrested too. That night, around 8pm, the Subunit members, SAPS and JMPD conducted a raid on one of the larger groups who live along the street, under a bridge and in narrow storm water runoff drains along a busy highway interchange near the University of the Witwatersrand, about a ten minute drive from the shelter. The group seemed to be well known by the Subunit; a lot of them were greeted by name. The air was cold and filled with the smell of burnt maize meal, stale urine and marijuana. The concrete covers to the stormwater drains were slightly lifted where the men had hidden their blankets and other possessions. The roof of the bridge was stained black from fires and just off the side of the bridge, where water collects in a concrete tunnel before running into the stormwater drains, a pile

of papers and cardboard were strewn on the ground. *** Most homeless people in Johannesburg make a 'living' from collecting recyclable materials and selling them to recycle depots for a small sum of money (Samson, 2010). The amount of money they receive depends on the weight of the material; materials are paid per kilogram at recycling depots. To better the amount of money they get, the reclaimers, as Samson (2010) terms them, soak the paper and cardboard in water to make them heavier. The material is then separated into individual piles and then collected into bags of paper, cardboard, plastic, tin cans 34 and glass; they then pull the material on a makeshift trolley to the nearest recycling depot. Refuge from households and businesses is only collected once a week by the municipality, and consequently reclaimers only have access to dustbins from which they collect once a week. This makes providing for themselves difficult. To increase their chances of food at least a few days a week, many homeless people combine their materials and split the money equally if the amount is high enough. Alternatively, they give the money to one person to buy food for the entire group. Reclaimers walk many kilometres collecting hundreds of kilograms of recyclable material to earn as little as twenty rand or as much as five hundred rand, if not more, in a day. Twenty rand can buy, for example, a 750ml bottle of beer, or half a loaf of bread and a small jar of hot pickle, a box of cheap cigarettes or a 5g bag of marijuana. A few hundred rand can buy a case of beer, meat, airtime, maize meal, toothpaste, cigarettes, soap, milk, a cold drink or an entry level cell phone. *** Many of the men were sitting around the fire and seemed to be mellowed by alcohol and marijuana, some more so than others. A very short older man, wrapped in his blanket, approached us, and Joy piped up: "David (pseudonym), are you drunk again?" In a very slurred mixture of IsiZulu, Sesotho, Afrikaans and English, he explained that he was not drunk at all: "Hhayi, no, I am not drinking, I only had a little bit." He then burst into laughter, which then led to uncontrolled coughing. We were now joined by Sam: "We are drinking a little bit for the cold. So, we drink." Sam seemed much younger, his face was deeply scarred, and his left hand was wrapped in a dirty bandage. From the opposite side of the bridge Mpumi yells in a loud and angry voice: "You must be kidding me, that is disgusting! What is wrong with you, get the fuck up! Now!" Very rarely 35 did I hear her swear, if at all. Foster was lying on the ground, urinating all over himself and anyone within his reach. Once they had him on his feet and 'unarmed', I could see that the left side of his face had a substantial cut and was swollen. The Subunit members, along with the various JMPD and SAPS officers, with considerable effort started to round up the 15 men, to get them into the vans and to the shelter. Meanwhile, other officers began confiscating their belongings, which led to complete non-compliance as many men attempted to stop the officers from taking their belongings. "That's it, anyone giving trouble, arrest them!" Mpumi shouted across the group. Ten men, excluding David, Sam and Foster, were thrown into the back of SAPS vans and taken off to the local police station to be charged with public drinking and loitering. The City and the Timing of Raids The City, through the Subunit, JMPD and SAPS, works in very unassuming ways if one does not pay attention to their timing of events, for example, ensuring that raids are conducted every six

months and that homeless people are detained for a minimum of 24 hours. On the surface, these raids are in response to community complaints about the visibility, encroachment and 'criminality' of homelessness. However, the City (society and the state) places the Subunit in an unusual legal space, within the by-laws and Constitutional Law of South Africa. The law states that if someone occupies a space, which can be a building or any other structure or discrete place, for longer than six months continuously, then it is de facto a home. The City is then legally obliged to follow the correct procedures for eviction, provide alternative accommodation, and ensure all dignities associated with human rights to whoever is being evicted. In order to avoid this legal obligation, the person or people occupying the space must be removed for 24 hours. This re-sets the six-month cycle. 36 The City is not able to meet its mandate 137**to provide affordable housing for at risk,** poor **and** previously disadvantaged populations, and this had led to the manipulation of existing by-laws to avoid the legal obligation to do so. The Subunit's existence in this legal paradox, to reiterate, means that staff do not undertake physical displacement, but its staff create the legal and social relationships that make way for the displacing to occur. The Subunit thus becomes caught in and is a part of the intentional re-creation of homelessness, so that the City and the private sector circumvent a legal obligation to provide for homeless people. Associated with this, there is the clearly unethical detainment of homeless people and the confiscation of their belongings. A sad reality for almost all homeless people living within the inner city, is the fact that they do not have the legal documentation that proves they can be in South Africa or that they are citizens. Although the Constitution states that everyone, despite their nationality, creed, political or legal status, is entitled to equal and fair treatment and the right to access their basic human rights, this implicit obligation can be circumvented by focusing these obligations on citizens. If one is not recognised as a citizen, that person is not entitled to the rights afforded to a citizen, and therefore the way they are approached and treated can vary quite significantly. This creates a loophole for the illegal detainment and confiscation of possessions that takes place during raids on homeless groups. Further harm is created through the fact that these methods echo the protocols set out by the Apartheid government for homelessness, which consisted of removing people by any means necessary. The impact of structural violence and structural vulnerability is made obvious in the experiences of poor people. As Farmer (2004: 308) notes, it is the systematic layering of 125**social, political and** historical **factors that** come **together to** create **the** suffering experienced by marginalised people. 37 The mechanisms of these social and structural inequalities are made most apparent in people's life stories, their stories of

becoming homeless and their experiences thereafter as homeless people in the inner city of Johannesburg. In the following chapter, I have selected three case studies of people who have become homeless through the violence of a complex layering of structural and social factors. Although different in some respects in circumstance and experience, Sam's, David's and Foster's stories share underlying structural similarities. These are stories of suffering, violence, vulnerability, determination and unintended consequences. The Sewer Rats 'Sewer Rats' is a derogatory term used by locals to refer to homeless people who make use of spaces under the city. The term allows anti-homeless citizens to evoke the negative connotations associated with rats – invasive and unclean vermin – a potentially polluting force that needs to be removed from society, or at least hidden. The use of the term and the general approach towards homeless people by the city (society and government institutions) ignores the lived realities of homelessness. The city ignores that homelessness means sleeping in old blankets in dry storm water drains, going without food for days, and having to keep personal documents hidden in case of theft but always in reach in case the police institute a search. Further, the city ignores that homelessness means having to use hidden spaces on the streets to go to the toilet, having to rummage through dustbins for food, and beg on the streets with responses of disgust and distaste. Attempts to dismiss homeless people ignore that it means having one set of dirty clothing that does not fit properly, not having fresh water to drink or bathe with, and having to watch the police recurrently confiscate the few possessions they own. Neither does the city acknowledge that it means living with the constant threat of being arrested and deported or having to live with mundane issues of poor health because homeless people cannot afford medication and are discriminated against in health care facilities. Society and the state ignore that homeless people are the same people that work in their gardens, look after their children, and build their homes. Homelessness is depicted as separate from society but the city's persistence in unsettling homeless people ties them into constantly changing networks of relationships. In other words, the city's negative focus on homelessness makes it as much a part of the city as it is separate from it (Weaver and Mendenhall, 2014: 92-100). Through the shared causes and outcomes of Sam's, David's and Foster's individual narratives, in the following case studies I elucidate the individual, social and political factors, that through a complex syndemic relationship, serve to exacerbate homeless people's exposure and susceptibility to mundane respiratory infections and minor injuries (Weaver and Mendenhall, 2014: 92-95). In the following section, Sam's story tells of his experiences; in doing so, he offers an account of the history of Lesotho and its relation to South Africa. His story of systematic poverty and his route into South Africa echoes the stories of many Basotho migrants. The accumulated effects on structural vulnerability and violence predispose Sam, like many other black people, to limited opportunities,

which interact with his homeless state and his encounters of the Subunit, leading to his poor experience of mundane health problems. Sam's Story Sam came to South Africa when he was 23. He came from an improvised family of subsistence farmers in the Lesotho Highlands. They had lost their land in the 1990s when the villagers were 39 relocated in preparation for the 126**Lesotho Highlands Water Project,** which would **feed water** into **South Africa** for its growing industries. Sam's family was forced to work overgrazed and under watered land. Sam attended primary school in a small under-resourced rural school until grade 8, where he received the very basics of education in Southern Sesotho. "School was expensive, and the education was not good. This is why my English is not good," Sam recalled, as he set up his makeshift tent of plastic and wood. The tent has a wooden structure held together by odd pieces of rope and plastic, covered in large pieces of clear and black plastic. It has a small door, a small window, and is just big enough to fit a small mattress, Sam's shoes and a small backpack. In one swift motion he shows me how the tent can be collapsed on itself when not in use. "Then my father died." With a smirk, he continues: "Do you know how you know if you are from Lesotho? You have HIV!" He burst into laughter. Sam's father was a migrant worker in a gold mine in South Africa, a common choice of work for most adult Basotho men migrating to South Africa. During the Apartheid era, Lesotho served as a cheap labour reserve for many of South Africa's industries, particularly mining (Block and McGrath, 2019). Mine foremen would be sent on monthly trips into Lesotho to recruit hundreds of men into the mines. "The government at that time was fighting and there were no jobs and no food for our families. So, the men 135**went to work** in **the mines and the** women looked after **the** land and the cattle," he told me as he grabbed a plastic bag from his tent and began to pick up the rubbish that had collected around his tent. "I want it to look nice by me. If it is a mess, I cannot stop the police from taking it when they come. They will say I must go from here because I make it dirty." Sam highlights the intersections of cleanliness and homelessness. The city's approach towards public areas inhabited by homeless individuals is always through a need to 'clean up' the space, to produce a clean and healthy city, to produce a world class African city (Rose, 2017:10-16; City of Johannesburg Official Website, 2018). In the ambiguous nature of public space, in 40 relation to homeless people, space becomes an extension of self and thus creates homeless people as a 'rhetorical embodiment of disorder' and uncleanliness (Rose, 2017: 16). They become associated with the dirt around them and are dehumanised through people's attitudes to them. It is the 'displacing of people through the displacement of their possessions' (Rose, 2017: 16). Sam continued: My father would send money home from Joburg, but then it became little and then no money was coming. It was very tough for my family. The father for my friend, he was also working on the mines. He came back to Lesotho and told us that my father had died. With two

younger sisters to look after, Sam left school to help his mom tend to the land and two head of cattle that had not yet died from starvation, and to find a job. At the young age of 15, he was now the man of the house. Sam began to help his neighbours and anyone who was willing to pay him for odd jobs – sweeping yards, herding cattle and carrying vegetables to markets. However, this was not enough to keep his family from facing hunger on a regular if not daily basis. Sam continued: It was very tough and then I was helping someone take mokorotlo and morena [traditional Basotho hat and blankets] to Maseru [the capital of Lesotho] when 81**I was** able **to get a better job.** When **I was** 18 my uncle [non-kin] helped me to get my ID [identification document] and I got a job driving on the dirt road taking people from the village to the main road [as he had no licence] and selling in the market [the hats and blankets]. Sam did this for two years and was able to send a little more money to his mother back in his village. “The economy was getting better, but it was still not good and then they didn’t need me to drive the people. But I found a job by the China firm for making clothes, I worked there for two years.” Sam explained this as we left the bridge and walked up the street to meet Jabu. Jabu pays Sam now and again to help her push her trolley of goods from where she stores them, in the storeroom at the back of a service station, to the corner of a busy Johannesburg inner city street where she sells them. Sam continued: I had no job and I was struggling to find one, since many places were cutting jobs. I took money and got a passport and came to the Free State. When you come to South Africa you can go to where there are other Basotho people first. *** The Free State is a province of South Africa that borders Lesotho. The Free State was originally part of the Basotho kingdom (SA History Online, 2019). A series of wars broke out between the Basotho and the Boers, who settled in the area in the 1800s, when he lost the wars, King Moshoeshoe of the Basotho appealed to Queen Victoria to proclaim Lesotho a protectorate. In 1869 the borders of Lesotho were demarcated (SA History Online, 2019: 1), but with this demarcation many Basotho were left outside of Lesotho, to be incorporated by the Boers into the then Republic of the Free State (SA History Online, 2019: 1). *** Sam landed himself a job washing taxis at a busy taxi rank in inner city Bloemfontein. Although the amount he earned fluctuated, he was able to send some money home and rent a spare room in a nearby informal settlement. This was not near enough to prevent his family from hunger. Still looking for better work, he began hanging out with some men, who he later learnt, were known criminals in the area: “It was late one night, I got back from where I was drinking with the other guys. I went to sleep. The door opened and it was the police and they said I was stealing from somewhere that night and then they hit me and hit me. They said I was here illegally, I said no and told them I have papers, but they hit me.” Sam regained consciousness on the floor to discover, his room ransacked, and his legal documents and money gone. He called for help and reluctantly his landlord appeared and helped him to a nearby clinic, where he received poor care: “I told the nurses that the police beat me up and took my papers.

They said that I must stop lying for being illegal and a criminal; only people who are stealing get beaten like this." He was given some bandages and sent on his way. His head, nose, chin and lip were split open, his eye swollen shut, his ribs were fractured, and his shoulders, chest and stomach were bruised: "Those guys they were too much jealous for me, that I was making some money. The Basotho for the Free State are like the South Africans, too much jealous," Sam said, motioning to some young men standing at the opposite traffic lights. Sam learnt, from his incident, that going to people with whom you can identify, did not ensure safety. *** Basotho of the Free State are South African citizens. Yet rumours about Basotho people – illegal migrants, taking jobs from South Africans, and always involved in crimes – circulated widely among other black South Africans. This led Free State Basotho to disassociate from the Basotho from Lesotho; Basotho from the Free State are quick to mention they are not from Lesotho. However, their disassociation and their citizenship, makes little to no difference to their experiences in cities like Johannesburg. They remain outsiders in their own country. These encounters illustrate the link between stigmatisation and blame. For self-preservation, people look for an explanation for their misfortunes of poverty and precarity. In this case, it "is an explanation of misfortune that blames an outsider," someone of a different cultural background or nationality (Douglas, 2003:6). Blame is enacted through the stigmatisation of Basotho people. The stigma of alleged illegal residence, criminal behaviour and the 43 competition with South Africans for work – is reflected in failure to provide Basotho with adequate care. In addition, blame illustrates how through fear of association, South African Basotho both disassociate themselves from Lesotho Basotho and act on and reproduce stigmatising behaviour. Blame is a symbolic barrier that aligns South African Basotho with other South Africans and sets them apart from Lesotho Basotho, privileging nationality over cultural identity and language. However, other South African citizens attempt to exclude South African Basotho, depriving them of their social and political rights as South African citizens. *** Sam was badly injured and could not work; he subsequently lost his job washing taxis. His landlord took pity on him and provided him with a meal a day for the last week of the month for which Sam had paid rent. Sam was then without a job and without a place to stay; homelessness became a reality: "I had nothing, and I didn't know anybody. I moved around Bloemfontein looking for work and I would sleep in bus shelters or by the side of the building and go before the people came to work. I did not eat for many days." He moved around the city of Bloemfontein in the Free State for days, before coming across another set of homeless men who had set up a shelter on an open piece of property along a busy road. They were waste reclaimers. Sam joined them in reclaiming materials for resale to recycling depots. *** The Free State is a largely poor and underdeveloped province, slowly affected by South Africa's poor economic status. During the 2008 global economic crisis and its subsequent effects, jobs were being cut more often than they were created in the two largest economic sectors, mining and agriculture (SA History Online, 2019). The Free State was (and still is) largely Afrikaans speaking, with entrenched apartheid notions and a history of confining black people to low paying

unskilled work. A year after Sam joined the reclaimers in the suburb of 44 Buitesig in Bloemfontein (he cannot recall the exact year), he found a job with a construction company, and this took him to Johannesburg. He earned R120 a day and camped at the construction site: “We did many jobs all over the city – Hartbeespoort, Germiston, Bryanston, Honeydew, Sandton; I have been all over Joburg. We stayed where we worked to not spend money on travelling because it is too expensive.” A year later, Sam was able to contact home again: “They told me that they did not have money for food and for travelling to the city, to take my young sister to the doctor.” *** Lesotho’s hospitals and clinics are primarily located in its larger towns like Maseru. Understaffed and under resourced, many hospitals and clinics are unable to deal with the amount of people in need of care and are unable to effectively treat even the most basic of medical conditions (Block and McGrath, 2019). Over 25 percent of Lesotho’s population are infected with HIV, and comorbid diseases- such as TB, affecting their health and straining kin networks (Block and McGrath, 2019). Poverty complicates their ability to maintain their health. Lesotho’s population is mostly rural, and those in rural areas have difficulty accessing even the most rudimentary health care. To assist Lesotho’s health care system, many charity organisations and multilateral agencies like UNICEF have stepped in to help provide medical care to remote rural areas (Lesotho Government Official Website, 2018). Every few months, temporary clinics are set up in villages to assist rural dwellers with their medical needs. But this was too late for Sam’s youngest sister, who would succumb to her illness a week before Sam’s small sum of money and the mobile clinic reached her village. Lesotho’s government, like many other governments, is racked with instability and corruption (Block and McGrath, 2019). Short of funds, Lesotho appealed for foreign aid, which reached 45 neither the poor nor the failing health sector, leaving large charity organisations to temporarily or sporadically assist the health system to provide for Lesotho’s population (Block and McGrath, 2019). Over time these structures began to layer and perpetuate the social suffering of poor Basotho, leading to premature undiagnosed deaths, like that of Sam’s sister and countless others. Sam spent four years working for the construction company before it began to feel the effects of South Africa’s poor economy and started to lay off workers. *** Leaving Jabu at her stand, we headed further up the road to a nearby construction site where Sam, joining some others, stood and waited to see if he could get a casual labouring job with a construction company: “ I like construction, I began to learn how to read the plans- plastering, brick laying, painting, plumbing, I can do all of it. I don’t have an education, but I have hands.” Sam has been living on the inner city streets for the last four years, under the same bridge, and has developed a routine to find work: “I like to wait outside this site and one other one, on a Monday, Wednesday and Friday. On Tuesdays and Thursdays, I do the recycling. On Saturday I sometimes have part time work for the garden and on Sunday, I like to wash my stuff.” Sam had been living on the inner city streets a few

months, before his first encounter with the Subunit: “They just came here [under the bridge along the busy intersection] and told us that they would help us get off the street. They said there was a shelter and that they would help us get registered for a work permit.” Seeing an opportunity of potentially finding a better job, he joined the shelter. Taken to the assessment centre, he was interviewed and placed in the skills development and job readiness initiatives. Declared an economically active homeless individual, he was placed in the overnight shelter on Kotze Street. However, with no form of identification, the Subunit took Sam to Home Affairs and had him go through an identification 46 process; he was later registered on the system and issued a work permit: “They say they have to know who you are to be given a work permit and also for when you go to the shelter.” Sam accessed the shelter every night until he found a part time labouring job. Sam was mugged and beaten by the other labourers, and once again his papers were stolen. Sam made his way back to the shelter where he asked for assistance again to get a work permit: “They said that a work permit was not something you can keeping getting. They also told me that I must report it to the police.” This was not an option for Sam: “After the Free State I was scared of the police, and now they tell me I must go report it and I have no work permit, hhayi no!” He had a deep laceration on his chest near his collar bone from the mugging. A Subunit staff member asked him to go to the clinic first before coming into the shelter, in case there was contamination as the wound was draining. Sam went to the clinic and after being assigned a file and before being asked his problem, he was told to sit in a line of people for HIV and TB testing: “When I went inside the office where the TB test is done, the lady was asking me for my cell phone number, address, 143**where I am** from **and I** told **her** that **I** don’t have anything. She 111**told me it was** a waste **because** if **I don’t have** these things how was she going to find me for the test [results].” After three hours in the queue to be tested for HIV and TB, Sam was told to join an even longer queue to be seen by a doctor for his laceration. After two hours of waiting, Sam and others were informed the doctor was not coming in and that they should return the following day. Sam spent the night under the bridge and returned to the hospital the following day. Again, he waited in a long queue to be told that the doctor had not arrived, that his wound was too old, and that there was nothing they could do for him. With no papers or money and an open wound, Sam was back living under the bridge. Sam’s experience resonates with broader social and historical factors that entwine to shape the lives of South Africa’s poor. For many sitting in the long queue with Sam, it would be their first and last chance to see a doctor. It would take months of organising transport and assistance 47 to get to the clinic, months of saving enough money to make one trip from elsewhere Gauteng to the clinic. Young and old, people are left with the consequences of poor governance and the poor regulation of health care providers in state clinics. Over the next couple years, Sam would interact with the Subunit when he felt it necessary to do so on very cold or rainy nights, when he was able to access the free meals

provided by the Subunit, separate from the shelter, through a charity group called Meals on Wheels. Today Sam is still without a work permit and only really accesses the shelter when the Subunit, JMPD and SAPS raid the bridge: “If I stay under the bridge it is for free, so why should I pay to be in the shelter. I go to the shelter when they come raid the bridge or if it’s too cold, so I don’t be taken by the police. If 107**I don’t have money I** can **go** **there** by **the** vans **and** get a meal [Meals on Wheels].” I left Sam sitting outside of the construction site waiting for someone to hopefully hire him for a day. That night I met Sam back at the shelter. *** It had been six days since Sam, David and Foster had been brought into the Subunit from the Tuesday night raid. Sam was sitting at one of the metal tables in the hall eating his dinner, his bandaged hand resting on the table. Sam had injured his hand 10 days earlier, when he tripped over the firewood he had collected and knocked a pot of boiling water over his hand. Not wanting to go to the hospital, Sam had borrowed a bandage from one of the other men who stayed under the bridge with him: “The madala (older man) he cut his hand badly and went to the clinic, and he told me that they say you must keep it clean, put this cream on and put the bandage.” Sam joined Mpumi and me in the conference room, and after some convincing he took the bandage off his hand. The burn was on the top of his hand and stretched from the middle of this index finger to the middle of his thumb. Despite his best efforts, the wound had become infected; it was inflamed and oozing pus that had a strong sour, almost damp smell to 48 it, like sour milk but sharper. Sam had created the perfect breeding ground for a bacterial infection, applying the cream and rebandaging it in a dirty bandage, sealed in the dirt and moisture. Between the draft from the door and all the movement of his hand when he was showing it to us, his pain intensified. Sam was now visibly in distress: “Someone told me that if it was paining it was getting better.” Mpumi called for one of the other staff members and asked them to take Sam to the clinic first thing in the morning. To get him through the evening they gave him a disinfectant liquid, a clean bandage and some pain killers. “He should have just gone to the clinic or come to me or something, it upsets me,” Mpumi remarked as Sam left the room. Sam was taken to the hospital the next morning. He later lost partial feeling in his two fingers from the burn and with subsequent infection, his hand was badly scarred. For two weeks, Sam accessed the shelter on and off; he later returned to live under the bridge. Little about Sam’s story is unique. It highlights many of the factors limiting not only his options but the options of most black people in South Africa. These afflictions are the consequence of the historical disenfranchisement of black people, the normalisation of poverty and suffering, a biased society and exclusionary city mandates that deprive and marginalise people like Sam (Farmer, 2003: 334-336). The result is that, the most mundane health issue lead to extreme suffering. *** David’s journey too starts like many Basotho people 139**in the gold mines of South Africa. The** underlying structural

and social similarities of violence, suffering, homelessness and the lived experiences of illness are important, but so too is the impact of their life circumstances and experiences on their ways of being and identity (Weaver and Mendenhall, 2014). Structural inequalities intersect with David's experiences, like Sam's, of the Subunit and of living in South Africa in such a way that it compromises his health and wellbeing. David's Story David cannot remember when he came to South Africa, but he knows he has been here a long time. David grew up in a small village just outside Maseru. He attended some school but dropped out to help support his family. His father was an operator in a gold mine in South Africa and was also the preferred assistant recruiter and translator for the foreman tasked with recruiting men from Lesotho into the mines. On one trip back to Lesotho, David's father convinced the foreman that David would make a good 'boss boy,' assigned to a white mining engineer to take care of his daily needs on the mine. David, in his early teens, joined his father on the gold mine in Westonaria, Gauteng: My job was to look after Sah (Sir). I had to make sure he had his lunch, fetch tea and anything else he needed, I shined shoes and made sure clean overalls were always in the locker room. My job was also to help get him dressed into his regular clothes and help get out the dirty mining overalls. I also had to give orders to the other black men in the mine. 'Boss boys' were generally young black boys around the age of 11-15. "When you were old enough, from 16 maybe, you went to go work underground. If you worked hard, sometimes your sah would help you with things," David recalled as he tried to cure his hang over with a loaf of bread and achaar (hot pickle). He was sitting on the pavement outside the Subunit shelter, leaning against the trolley he uses to collect recyclable materials from the inner city streets. David spent a few years working underground, once he reached the cut off age for being a 'boss boy'. When he was old enough, around 19, the white engineer he worked for helped him get his identification documents and licence, and David became a truck driver and mechanic at the mine. His father was 'retired' from the mine due to silicosis, and David became the sole provider for the family. He spent the next 10 years working at the mines as a truck driver. During this time, he was able to send money home, and he married two women and fathered eight children: "I had a wife here in Gauteng and a wife in Lesotho." After the mine retrenched David, he headed to Johannesburg to find other work: "When I came to Joburg, because I had a code 14, I was able to find a job to deliver yeast all over Gauteng." He pulled out an old wallet and should me an expired drivers' license and barely readable work permit; given its condition, it had probably expired too. A sought-after commodity, young and well paid, David had multiple girlfriends in all the towns he visited. He would later marry a further two women and father a total of 20 children. David remained with the yeast company for almost 10 years, until an accident changed his life course: "I was doing my normal route to Harrismith, it was very late at night and he [a pedestrian] crossed the highway and I didn't see him and then I hit him with the truck." Treated as a second-class citizen, David found himself charged with culpable homicide and was illegally held in police custody for four months while an inquiry into the accident was conducted. When David was released, the company had

replaced him, and he was now out of a job. Over the next few months, still shaken from the accident, he tried to find a job; with no luck, his funds began to dry up. David continued: I couldn't find work, every job I went to for driving didn't want to hire me. It was bad luck. The family of the man that I killed went to a witch doctor (making the gesture of how witch doctors blow over bones then throw them) and they bewitched me so that I would never find work again. It's the work of a witch doctor that I have such bad luck. David pulled himself to his feet with his unsteady trolley, made of a giant recycling bag supplied to him by the recycling depots, held up with cut off pieces of metal pipe and secured with wire to a plastic crate with small wheels on the bottom. He grabbed the handle of his trolley, made from the legs of an old ironing board, and began to pull it down the road to his first stop on his reclaiming route. "I never drank because I wanted to keep my job and drinking can be very bad for that, but after the accident and my bad luck, I started to drink but still only a little bit, not too much." David stopped to investigate a dustbin at the end of the street. David has now lived on the streets for close to twelve years. He spent almost three years living on the streets in the northern suburbs of Johannesburg and slowly made his way into the inner city, hoping to find better chances of work. "David has been here too long, maybe eight years I've known him," remarked one of the small shop owners, who, seeing me with David, came to investigate. "I've offered him work but he refuses, I think his drinking has made him not want to work. But I give him food sometimes, and sometimes stuff for his cough, and he comes to collect all the stuff to recycle from my shop." David collects recyclable material almost every day: "I collect so I can buy beer, sometimes bread and if I get enough maybe some meat or pap [maize meal]." David is drunk almost all the time and sober not near enough of the time, and for that he is well known amongst all the other homeless men. One of the other men who recycles with David explained: "When David is not drinking, he is quiet but when he is drinking (he laughs) he tells you voetsek!" Leaving the small shop owner, we headed past an alley, where David told me to stay with the trolley while he disappeared down the alley and into the basement of a building. He reappeared a few moments later with three refuse bags full of tins and plastic bottles: "I have known the cleaner here for a long time, and he keeps all this to one side for me when I come." We continued our reclaiming journey through the streets, along with two other men. The further 52 we walked; the more David wheezed. Slowly the wheeze was followed by intermittent coughing. David explains: I have had this cough for a long time, I think it's from the mine. All the dust. Sometimes its fine and sometimes it's not. At night it gets worse and sometimes I can't breathe fuck all, but when I drink its good. Alcohol for many homeless people, like David, masks a multitude of problems. Faced with daily hunger, the threat of violence, illness or pain, cold weather, the hopelessness of homelessness and the daily stress of living on the streets, many people like David turn to alcohol to numb the symptoms. David is aged beyond his years, close to fifty; the drinking and the elements have added twenty years to his face, and his chronic cough has not helped. David explains why he still suffers from the cough: First when it

was bad, I would walk a little and then it was tough to breathe. So, I went to the clinic and before I even told them what was wrong, they told me it was TB and I must wait but I know it wasn't TB, it was from the mine. When they see us [homeless] they just think TB and HIV. I got tested for TB and HIV and it was negative. Then I go see the doctor and he give me small white pills and tells me to come back in two weeks' time. I was taking these pills and my chest was much better, I could do so much. I didn't go back because my chest was fine but then it got very bad again and I went back. They said they can't find my file and I must get tested again, and when I get there by the nurse she tells me she doesn't want to help me because she can smell I have been drinking, and that the pills won't work because I drink. She said I'd waste them and that I must be clean for her to work with me. But I wasn't dirty. So, David left the clinic without further examination from the doctor and without medication. "But now if it gets bad, I go there by the shop and that guy gives me cough syrup and its ok for a short time," David explained. The notion of cleanliness once again is significant; the nurse refuses to work with David as she deems him 'dirty'. This has little to do with his physical appearance; rather it reflects his social status as homeless. During the time I spent with the group, they all kept themselves and their clothing clean, often, differentiating between good clothing and clothing they use to work in, be it recycling, construction or gardening. Further, cleanliness is used as a form of social control over potential health risks, as homelessness is associated with the spread of disease (Campkin, 2017: 46-61). The multiple stigmas homeless people face lead them to form social networks that help them deal with injuries and illnesses, without accessing formal health care facilities. As Vearey and Makandwa (2017) note, these social networks are formed in response to the discrimination experienced in health care facilities. *** I left David and the other men to carry on their journey to the recycling depot, where they would exchange their reclaimed goods for cash. When David was picked up by the Subunit the night of the raid, he agreed to access the shelter every night. The morning after following David on his reclaiming route, I meant him at the shelter. He explained his interactions with the Subunit: When I was first here in Braamfontein [the suburb], I was going to the soup kitchens and sometimes I still do because then I can save my money. The one day other homeless guys were talking. The guys said that there were people who worked for the city [the Subunit and its members] who want to help people like us [homeless people]. The one day they came under the bridge and brought me here to the shelter. David has interacted on and off with staff of the Subunit for almost as long as the overnight shelter has been around. He elaborated: You can't drink here [the shelter]. Sometimes when I didn't want to sleep by the bridge I would come here [the shelter] and I would also come here when I had extra money. There was also a time when I told them my chest was bad and they took me to the clinic and helped me get medication again. I had to go back for a

check-up, but I didn't because I was feeling ok. They told me that they can only help me if I come back for the check up and if I don't do that they can't help. Homeless lives are shaped and restricted by multiple forms of control. For David and Sam, like many others, not accessing the shelter, social services or health care facilities becomes a choice to take some control over their own lives and to limit the stigmatisation and discrimination that they face daily (Makandwa and Vearey, 2017: 75-90). David accessed the shelter every night for a full week, getting into trouble when he arrived a little drunk some nights, before he returned to his normal routine outside of the shelter: If you listen for a little bit, they [the Subunit members] leave you. They can't give us a job and it becomes more difficult because we have to pay to stay at the shelter. I have been taken to the police station for the recycling, 85**so I don't know** how they **want** me **to** pay if I am arrested for recycling which gives me the money so I can pay to stay here [the shelter]. They keep saying we must get off the streets but if 116**I don't have a job** how can **I** pay **the** rent somewhere? He continued: Here [accessing the shelter] is one thing but going there [the clinic] for the medication is too much trouble and sometimes they treat me like shit, so I manage the cough with the drinking and getting the stuff by the shopkeeper. Sam's and David's experiences illustrate, getting off the streets is not possible without a steady and reliable income, and a job is a priority. There also lies some agency in Sam's remark about staying under the bridge because it is free. Having lived under the bridge for so long, this is no longer just 'a space' but 'his space', a place he can return too, a space over which he can exert some form of 'ownership' and authority. It is de facto a 'home' (Wilhelm-Solomon, 2010: 1-12). Living under the bridge becomes an act of defiance; he lives a life that is very public and scrutinised, in a very public space. Public spaces become inscribed with power relations; they are spaces of inclusion and exclusion, defiance and control (Wilhelm-Solomon, 2010: 10). *** Foster's story like Sam's and David's, highlights the subtle and sometimes overt consequences of social, political and economic conditions that intersect with people's everyday lived realties. Homeless people are especially vulnerable to limited prospects and ill health. Foster's story is also one of turning the invisibility of homelessness into a form of agency and control. Foster's Story Foster came to South Africa nine years ago. He comes from Maseru, where he worked as a cleaner at a hotel. Foster had dreams of becoming a soccer star: "My uncle said that he was coming to South Africa to look for work and I thought if I was going to become a soccer star, Johannesburg was the place." Their first stop was Pretoria, where his uncle rented a small room in a township. Foster had joined a small soccer club and was working one day a week at two houses in the suburbs as a gardener. Luck would have it that someone in one of the houses where he did garden work knew someone else who was looking for amateur soccer players: "There was this guy, my one boss knew him and he took me and tested me out as a player, he was happy with my style. I played for him for a year and then we wanted me to join the team. But the problem was I had no

papers." The soccer coach told Foster that if he could organise his official documentation, he would make him part of the team. Foster spent the next few weeks searching for someone to help him get official documents to be in South Africa. But when he eventually found someone, they wanted a deposit of 10,000 rand before they would help him. 56 This is a common scam run in South Africa's larger cities by people who know foreigners are desperate for papers: "They wanted to charge me ten thousand for the papers but 103**I didn't have** that **money** and **so I didn't** get **to play** soccer. These South Africans like to scam us, they are too cheeky." With his dreams ruined by his lack of official paperwork, Foster joined his uncle as a casual labourer for a construction company. Foster worked for the construction company for five years before he headed to Johannesburg: We were doing a big job in one of the suburbs there by Pretoria and I was going home [to the township] for the weekend and to get there I would walk along a small river to save time walking. Some guy there he took a lady from the street and he raped her there by the river. There were other guys that stay there by the river and they told the police they saw me. When I came to work, they told me that the police were looking for me because I raped that girl. 147**I was** scared, **I didn't do** it and I also had no papers, so I ran and went to Joburg. Foster has lived on the inner city streets for three years, and has a semi-regular job plastering and painting with a construction company. He also begs on two corners: Sometimes I have work two or three times a week and then sometimes no work. So, I also beg at the corner to get extra money, but I also recycle there with the other guys but not so much. Foster had never spent a night in the shelter, until he was brought in on the night of the raid; neither has he accessed a health care facility. He interacts with the shelter through the Meals on Wheels charity, on days when, in conjunction with other city institutions and charity organisations, they provide homeless people with meals and a chance to get some extra clothing. "They want to know all your information. My name, where I am from and where I am working. Why must I give them this information? What if the police catch me? 144**I don't** want **to do that,"** he explained **as** we sat under the bridge. "Also, if I have a problem like this scratch on my face, when I get some money, I go up here by the Pakistani guys and get some medicine." Foster spent the night of the raid in the shelter and then disappeared for a week before reappearing at the bridge, this time going by the name Christopher. During the few weeks I interacted with Foster, he changed his name three times. In all three accounts, the men refer to avoiding Subunit staff. This is associated with and explained by the way the Subunit functions, directly and indirectly, as an extension of the state, requiring homeless people to provide all their personal information and to register with Home Affairs. The Subunit is aligned to

the state through its approach to homelessness, and this requires police involvement and the use of incarceration and the threat of deportation, as a means to ensure cooperation. Although some homeless people like Sam have been registered, without an incident causing the police to search for them, the internalised forms of stigmatisation and fear remain powerful, leaving most Basotho to manage the symptoms and negative outcomes of illness and injury, rather than access the Subunit or health care facilities. The fear of stigmatisation and discrimination within health care facilities further creates a culture of avoidance amongst marginalised people like Sam, David and Foster. As Foster's account indicates, the processes that govern the Subunit's approach creates a paradoxical space where new forms of identity can be created in an act of resistance (Makandwa and Vearey, 2017). Foster changed his name multiple times to reduce his visibility and vulnerability in interactions between himself, the Subunit and the police. The creation of alternative networks of care, accessing medication from the 'small shop owner' and the 'Pakistani guys', and borrowing supplies from other homeless people, are forms of resistance and defiance against the discrimination they experience in health care facilities (Makandwa and Vearey, 2017). These networks of care provide an alternative to the Subunit's requirements for assistance. The networks also challenge the state's attempt to use the Subunit to regulate and document homeless people. Paradoxically, although homeless people have the space to exert their agency, this is inevitably dependent on the forces around them. Within this 58 contentious relationship, self-regulation becomes internalised, although unintentionally; forms of self-surveillance are necessary, even if temporarily, in order to avoid frequent interaction between themselves and the Subunit. These experiences indicate that homelessness is not only a condition of individual circumstance, but 118**is the** combined **outcome of social, cultural,** political, economic **and historical** structures. These conditions continue to repress those already impacted by structural violence and vulnerability (Farmer, 2004: 305-325). The label 'homelessness' is embedded in a set of associations: criminality, illegality, uncleanliness and dirt, contagion and un-healthiness, an invader of space and a disruption to society. Homelessness is thus both symbolic and literal (Wilhelm-Solomon, 2016: 390-392). Those identified as homeless come to be associated with a network of meanings derived from the experiences of stigma associated with homelessness. David's, Sam's and Foster's negative health risks illustrate what Singer and colleagues (2017: 941-50) describe as a syndemic, the manifestation of disease at the biological level, which interacts and is sustained by 'harmful social conditions.' David, Sam and Foster are black, and their poor health risks and negative outcomes are products of racism, oppression, discrimination and vulnerability, brought on by industrial expansion, political unrest, failing economies, social instability and poverty. These structures continue to maintain them at a disadvantage, as victims of structural violence (Farmer, 2003: 328-349). Their untreated mundane injuries and respiratory infections are a consequence of the interactions of unequal

contemporary and historical social and economic structures, that influence 10**their ability to access care,** social **services** and employment (Farmer, 2003: 335; Singer et al., 2017: 941-950). Personal choice is constrained and determined by broader structural forces, and broader social structures determine the negative health risks and outcomes for homeless individuals. 59 *** In the next section, I examine how these minor injuries and respiratory infections are further untreated through the notion of 'wasted care'. This is produced in response to homelessness and its stigmas, as a consequence of broader social and structural factors, through the Subunit. Wasted Care During my interactions with Sam, David, Foster and various members of the Subunit, I realised that homeless people occupy an ambiguous position of deservingness within the social and spatial fabric of Johannesburg. While this places homeless people betwixt and between deserving and un-deserving, it places the Subunit likewise as assisting and not assisting homeless people (Delaney with Kaspin, 2011: 37-50). The criteria for the level of deservingness is entangled with the process of disclosure imposed by health care treatment requirements and the Subunit's requirements for entering the shelter and its initiatives. These include disclosure of personal information such as name, social status, official documentation, address, nationality and contact information for next of kin. When the information provided reveals the lack of official documentation and the nationality of homeless Basotho people, they are, like many other marginalised groups, vulnerable to stereotyping and are singled out for acts of violence (Wilhelm-Solomon, 2010: 380-390). The violence and vulnerability are enacted in the form of poor care, withholding of care, verbal abuse by health care providers, and disregard and uprooting by the general public, as shown in the previous chapters. Homelessness is a particularly vulnerable positioning in this context; homeless people are subject to further discrimination when their homelessness is revealed. They are considered to be a burden on society and are assumed to lack any close link to kin or a 'home' (a physical structure that also represents kin relations). In South African and more broadly in African, kin affiliations and a claim to space, whether land or a house (in an informal settlement, or in a rural or urban area), or both within the context of migration, is evidence of who a person is, where they are from and where they can return (Peters, 2002; 155-178; Lentz, 2013: 28-87; 266-292). These forms of belonging have added value for homeless people as they become intricately related to gaining 140**access to and** receiving **health care and** social **services.** Homelessness, lack of kin relations and lack of a 'legitimate' claim to space, are entwined with social debates, political concerns and questions of access and equality, leading to notions of 'wasted care'. Wasted care implies that people are barred from care, limited to certain types of care, and suggests the provision of poor care and intolerance towards homeless people because of their, alleged lack of kin or place and their burdensomeness on society. The notion invokes the idea

that if people do not have family ties or a 'legitimate' place to live, they are unlikely to adhere to treatment or return to receive further care or progress out of homelessness: they have nowhere to return to. Applying care in this manner becomes a means of creating social regulation of homeless people and a social disconnection of society from them. In this case, they are further disadvantaged as foreign nationals. Health care becomes a lived experience, an object of intervention and a technology of governance. Margaretten (2011: 45-65) finds that the re-creation and social enactments of kin structures, through the naming and claiming of kin amongst homeless youth in Durban South Africa, transforms 97**their social dislocations into** sometimes, fragile **forms of** sociality, solidarity and 97**"cultural forms of domestic cohabitation" (Margaretten, 2011:** 50). These kin structures are not only recognised by homeless youth, through forms of socialisation and relatedness, but also by state officials when homeless youth find themselves in jail and need someone to stand in as kin for court proceedings (Margaretten, 2011: 58-63). Further, these kin structures act, in part, to 61 legitimise their place as homeless youth within the social fabric of inner city Durban. 17**This is not the case for homeless** migrants **in the inner city** of Johannesburg, where kin structures are used to re-create forms of social dislocation, discrimination, marginalisation and non- personhood: They [nurses] say for me, why must they help me? Why must they give medication to Lesotho, if it is stealing it already. If you are sleeping outside [being homeless and exposed to the elements] and have nobody to help you for transport or the medication, they give trouble to help you or say you must pay R2000 to be helped by them [health care staff] (Sam, Homeless Participant: 2019). The production of wasted care, within the biomedical sphere, is contingent on flouting notions of ethics and ubuntu. This allows health care providers to define who is worthy of care, in part through notions of citizenship: The nurse by the clinic 81**said I must go back** home **because I am** not South African. Then you tell them you are homeless and then it's worse. They tell you that they don't want to help you because you live outside in the drain. I would tell them I have a brother in Joburg and that I am trying to get the papers. So, they told me I must bring my brother and the papers then they will help me, but they just laugh (Ishmael, Homeless Participant: 2019). The material and immaterial production of symbolic violence by public opinion, government policy and personal feelings of health care providers, and the devaluing of homeless people's worth as individuals, is reproduced within the

Subunit through complex interactions between policy, mandate requirements and the desire of employees to assist homeless people: We focus on getting them in programmes and reuniting them with family, because we know that they have no one. But also, it would be better to be with people who could help you get better and back into society, not wasting away here on the street. What is the point of going through all this work, if they waste the opportunity to get better [health and off the street] by just doing what they feel like? They don't realise that this is not just about them but about us at the Subunit as well. If they don't want to cooperate then we need to force the issue through the police and move on. We cannot afford to waste our efforts on guys who resist the process and waste a chance at having some dignity again (Mpumi, Subunit Member: 2019). If they are not doing anything to better themselves or their situation, then they don't need to do that on the street they can easily do that back home. Most of them haven't provided for their families in years, so 106**they don't want to go back.** I think, if **they** don't **want** **to** stick to our programmes or if one of them is sick and they don't want stick to the rules for the medication, then it is a waste of our time and resources. That could be easily given to someone who wants to get better and appreciates what we are trying to do for them (Thuso, Subunit Member: 2019). Subunit staff members embody governmental and societal pressure, and they incorporate these forms of intolerance in their interactions with and opinions about the homeless people that they are tasked with assisting. Within the Subunit, the production of wasted care stems, in part, from the qualities with which homelessness is imbued, through the disjuncture between societal norms and homeless people. An element of societal and governmental notions remains, in this case, in the approach taken by the Subunit. The invocation of wasted care and its transfer from the biomedical sphere to Subunit members, crowded with personal feelings of resentment and the influence of public opinion, draws attention to the unequal relationship that exists between homeless people and others in society. Wasted care also makes visible the contradictory nature of the Subunit's work, on paper, in practice, and in the embodiment of wasted care by Subunit members. Further, the stereotypical opinions the city has of homeless people, which manifests in this context as a 'waste', becomes part of their health and therefore a part of the rejection and denial of it: You go by the Subunit and they want to know everything; where you come from, do you have family in Johannesburg but why must they know this to help me with some small health problem (Foster, Homeless Participant: 2019). They think people who live on the street are like animals, so they think they can treat us like animals. If you have any problem you must go by the Subunit, but they don't help nicely. One day they are nice and another time they ok for you to die on the street. If you have a problem with your health, they say go by the clinic. You tell them that the people at the clinic don't want to help you, but they [Subunit members] say you must let them [health care providers] shout at you and after some time maybe they [health care providers] help you. This one guy said to me that I don't

give [contribute] to society, I am not trying to look after my family or have a place [afford a home] so why must he help me (Ishmael, Homeless Participant: 2019) People influence and are influenced by the environments and relationships that create them. Attempting to separate the Subunit from the co-opting nature of society, which places the Subunit at odds with the very people it was established to help, would be to disguise the structural and social factors that influence the Subunit's purpose and the form which it takes in interactions with homeless people. Abstract notions of being 'useful', and requiring kin and a place before medical help, create avoidance by homeless people, because such questions and their answers risk potential negative results, such as incarceration or deportation. But in addition to removing from people the protection of social invisibility, such questions tie homeless people up in relationships of 'deceitful' obligation. In order to receive help, homeless people are obliged to provide information and, in part, to surrender their independence to Subunit members and health care providers. However, these exchanges can be deceitful in that parting with their personal information or abiding by Subunit initiative rules does not ensure that there is reciprocity in the form of 128**access to health care and social services.** Rather, **the** information is used to further discriminate and marginalise homeless people by assuming the notion of wasted care. Who Reconciles This? The macro and micro social and political forces at work bring intolerance and responsibility into a complex dynamic relationship, leaving homeless people struggling in the middle. The tensions of the material and immaterial connections that allow for responsibility or its withdrawal create the effect of wasted care and homelessness as 'otherness'. Homeless people's representation as the 'other', as separate from citizen, and the social status and positioning that accompanies this, exposes a complex relationship between an individual's embodiment of particularly historical, political, economic, social and cultural structures (Quesada, 2011: 407-408). The arrangements of these factors create an understanding of what kinds of life are 'worth making live and letting die' (Agamben, 1998), or, in this context, what kinds of life should suffer without health care and what kinds of life should receive care. The burden of these structures falls on the shoulders of homeless people. This has direct effect on 122**their experiences of** their own **health and wellbeing, and** of the Subunit **and** health care systems. With the confluence of interactions and experiences of these structures, the Subunit is positioned in opposition to homeless people, directly and indirectly, so creating a contradictory, at times violent relationship. This is perpetuated by broader social and structural factors, which manifests as intolerance of Subunit members towards homeless people. For homeless people, these interactions and experiences manifest in mundane minor injuries and respiratory infections, which are easily dismissed yet can lead to serious health problems. While most violence is enacted on homeless people, the change in approach by Subunit members is also a

consequence of these structures, and a consequence of the state's and society's determination to severe social obligations to homeless people by making them nonpersons. This is done by manipulating city by-laws, and refusal by Subunit members to acknowledge the people behind the labels of 'homelessness' and 'foreign national'. Conclusion Broadening the research field to include minor injuries and respiratory infections reveals not only the biological and environmental conditions but also the social conditions which impact and produce the conditions of increased risk of exposure to mundane illnesses and injury. The experiences of Sam, David, and Foster attest to how social and structural factors shape underlying processes that result in different experiences among homeless migrants, but put them all at the same risk of poor health outcomes. The life histories and ethnographic accounts brought to the surface the multiple experiences and interactions of homeless people, which reflected the uneven foundations of 148**post-apartheid South Africa and** the **social** web of inner city Johannesburg: intolerance, marginalisation, discrimination, spatial dislocation, ethnic and class divisions, and economic insecurity (Wilhelm-Solomon, 2016). Treating health disparities among homeless people requires a simultaneous intervention into these social inequalities and into common noncommunicable illnesses, minor injuries and communicable diseases. As Singer and colleagues note (2017: 946-947), in order to understand the clustering of diseases and their severity among 'socially and economically disadvantaged' populations, the vulnerability of given populations and the social environments in which they find themselves, need to be taken into account. The analysis of biological and environmental risk factors is essential if the suffering of such "at risk populations" is to be curbed. The life histories and everyday experiences of homeless people reveal the underlying causes for high occurrences or increased severity of health problems, and the complexity that lies behind the reluctance of homeless peoples to seek treatment. Understanding homeless people's interactions with health care institutions for minor issues can have a large impact in identifying the problems in larger health interventions and campaigns. The experiences of Sam, David and Foster highlight the very real effects of social segregation and discrimination. Another core concern is the interactions between homeless people and the 66 Subunit which is tasked with preventing and intervening in homelessness. The intervention of the Subunit, like other organisations, interacted with and was co-opted by society and the state, producing poor health among homeless people. Hence the stratifications and mistrust between the Subunit staff members and homeless people. Social, political, cultural and economic contexts contribute to the social exclusion of homeless people, preventing them from accessing rudimentary health care and contributing negatively to their overall health and wellbeing. Such social exclusion also explains their mistrust of institutions and so the increased risk that minor everyday injuries and respiratory infections become more severe. Bibliography

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shower units on the corner of Kotze and Joubert Streets and (iv) along the Atholl Oaklands off-ramp. The first two research sites are where the Johannesburg 'Subunit for Displaced Persons' staff work with homeless individuals predominantly. The last two fieldwork sites are frequented by homeless people and are spaces where the Johannesburg 'Subunit for Displaced Persons' runs social improvement or welfare outreach projects. The shelter is run by the Johannesburg 'Subunit for Displaced Persons' and is located on the same property as the Subunit Headquarters. Participant observation will be conducted with both groups to gain an understanding of and to situate individuals' experiences. In the case of the Johannesburg 'Subunit for Displaced Persons' staff, participant observation will involve, with their permission, (i) accompanying them to meetings, which the researcher will observe, pertaining to the 03 Kotze Street Homeless Overnight Shelter and social improvement or welfare projects with homeless 7individuals. The aim of this is to understand issues of governance, how this is dealt with by staff members, and how this influences interactions between staff members during meetings and in relation to tasks and protocols. The researcher will also spend time with staff at the Johannesburg 'Subunit for Displaced Persons' headquarters, to observe interactions with other staff members and how they go about everyday tasks. The researcher will also accompany them on outreach days as they engage directly with homeless individuals. The aim of this is to observe their interactions with homeless individuals, how they deal with health issues, how they implement protocols related to health, illness and injury, and how they relate governance on paper to governance in the field. Participant observation with homeless individuals will involve, with their permission, accompanying them as (i) they go about daily life: - setting up shelter, accessing food, health care, and interacting with others in informal networks. This 113will be done to gain a better understanding of the environments they face, and to understand other factors that may contribute to health risks and associated outcomes, to understand the contexts and experiences that inform decisions related to shelter, food and accessing health care and informal networks, and how this translates into health risks and associated health outcomes. The researcher will also observe homeless individuals at the 3 Kotze Street Homeless Overnight Shelter and their interactions with the Johannesburg 'Subunit for Displaced Persons', to understand how interactions within these spaces negatively or positively contribute to health risks and outcomes. The researcher will observe the extent to which people make use of the mobile food and shower units, which are located on the corner of Joubert and Kotze street. During participant-observation with both groups, the researcher will be observing the interactions or reactions - to people both homeless and part of the Johannesburg 'Subunit for Displaced Persons',- to spaces and places such as the shelter, the Subunit and its outreach projects, protocols will be documented, and procedures related to health care and social improvement for homeless individuals will be observed. Observation will take place in

outreach projects and listening at meetings. Understanding of staff members daily work tasks will elucidate how mandates, policies and protocols translate into good or bad governance through the Subunit, and how this influences individual approaches and Subunit approach to homeless individuals. This will provide insight into what informs homeless individuals' decisions about places to access food, health care, shelter, and their behaviour towards, experiences and understandings of the Subunit and the city space itself. To ensure a comprehensive understanding of the contexts, experiences and situations that will be observed and experienced during participant observation, the researcher will conduct individual semi-structured interviews with participants. Five homeless people and four individual staff members from the Johannesburg 'Subunit for Displaced Persons' will be interviewed. In the interviews with homeless individuals, I hope to collect information relating to (i) homeless individuals' experiences of their own health, (ii) accessing health care, (iii) experiences of the Johannesburg 'Subunit for Displaced Persons' and the 3 Kotze Street Overnight Homeless Shelter. In the interviews with the staff of the Johannesburg 'Subunit for Displaced Persons', I hope to collect information on (i) their position in the Subunit, (ii) their individual perceptions, feelings and experiences of the Subunit and (iii) how each staff member deals with homeless individuals' health issues. Careful attention will be paid to designing and asking questions in a manner that is appropriate from the perspective of the interviewee, to avoid offending or making an individual feel vulnerable. Interviews with staff members will be conducted before the workday starts and in an office away from other staff members. Analysis of primary source material such as journal articles related to the abovementioned themes, governmental policies and statistics, and reports on homelessness and health care, to name a few, will also be conducted. Statement of Ethics Conducting research in contexts of vulnerability and marginality contains risks and limitations for the participant and the researcher (ESRC, 2019). The researcher has previous experience in conducting research into this specific type area, with the homelessness groups, and with the Johannesburg 'Subunit for Displaced Persons'. Prior to fieldwork careful consideration will be given to any potential negative consequences that could arise for both participant and the researcher. The proposed research process is in accordance with the rules and regulations set out by the University of the Witwatersrand ethical board and Department of Anthropology's internal ethics committee (ESRC, 2019). In this regard consistent monitoring and review will be maintained by the researcher, Danielle Taylor, and the research supervisors, Professor Lenore Manderson and Doctor Caroline Coary Taylor. Consent for both participant observation and semi-structured interviews will be sought from participants (ESRC, 2019). Informed consent is particularly important in the case of participants who are in marginalized and vulnerable positions. Participants will be identified

through the Johannesburg ‘Subunit for Displaced Persons’ that operates in inner city Johannesburg with homeless people. Potential participants on the staff of the Johannesburg ‘Subunit for Displaced Persons’ will be contacted individually and provided with both verbal and written forms of information regarding the research, information sheets and consent forms. Consent will only be verbal for homeless individuals. This is because approaching homeless people with paperwork has the real potential to make them wary and anxious, as paperwork is associated with governmental institutions, legal and judiciary systems, and private sector groups that further displace, remove or seek to incarcerate these homeless individuals. Obtaining verbal consent is likely to create less anxiety and burden on homeless individuals. It is also less offensive to their experiences of structural factors and takes account of the fact that the homeless people who will participate in this research, are likely unable to read or write in English or in their home language. The researcher is aware that in general, student researchers need to ensure that participants can write their names and sign on the different consent forms. However, within this social context, as in many others, asking individuals if they can read and write, - can marginalise and make individuals vulnerable, embarrassed and anxious. To mitigate this the researcher will explain verbally, at length, the content of the Information Sheets and Consent Forms. The information will not be formally translated but will be explained in isiZulu or Sesotho by the researcher at a conversational level. The options of the researcher and a witness writing their names and signing on their behalf or recording verbal consent on their behalf will be offered. Potential participants will be given one week to decide if they want to participate (ESRC, 2019). Consent for the use of their anonymised information for the research will also be requested. The right to decline and withdraw from the research without negative consequences will be highlighted, and procedures for protecting data and ensuring privacy will be explained. Participants will be made aware that complete anonymity and confidentiality cannot be guaranteed 22**during participant -observation, due to the** public **nature of** this research method. This will be managed, as in previous work with homelessness, by moving with groups of homeless individuals and not separating the participant out until in a ‘less public space’ such as the shelter, and by seeking consent throughout the research process. Careful attention will be paid to the description of participants during the write up process, in order not to reveal their identity, since the location of this research project will be revealed. The consent for participant-observation of and interviews with the Johannesburg ‘Subunit for Displaced Persons’, and for their interactions with the homeless communities, will be requested in the first instance collectively through a meeting where the aims and methods of research will be explained. Thereafter consent and information forms will be handed out and written signed consent will be sought individually (ESRC, 2019). Prior to this, I will request that the head of the Subunit hold a meeting with staff members to ensure they understand she has consented to my research being conducted in the headquarters, the shelter, and during the outreach projects. I will ensure that if

people decide to participate in the research, they have her permission to do so, but they are under no obligation to do so. All data will be anonymised to ensure privacy and confidentiality. Recordings and notes will be stored on an encrypted password protected external hard drive, with data only accessible to the researcher and research supervisor (s). Given the vulnerable and precarious positionality of homeless communities in South Africa, including Johannesburg, there is a risk that participants may feel coerced into taking part in the research as they may feel it will assist them with obtaining a job. Care will therefore be taken to manage the expectations of the participants (ESRC, 2019). Participants will not receive incentives. However, it is normal for homeless individuals to request food items in return for their time, as occurred in previous work by the researcher among homeless communities. To address risks to the researcher, a field site location will be provided and regular updates regarding whereabouts and safety will be sent to a third party (supervisor or manager or head of department) (ESRC, 2019). During the research project, if participants at any stage feel distress or in instances where trauma may emerge in the context of research, the participant will be referred to the following: - The Social Development Counselling unit, contact no 0800 428 428, the Akeso emergency helpline: 0861 HELP US (435787) , the Head of the Johannesburg 'Subunit for Displaced Persons' and trained social worker Kebonye Senna. If participants have any general concerns about the study, they will be able to contact the research supervisors Prof Lenore Manderson and Dr Caroline Coary Taylor, contact phone numbers will be provided. Permission has been sought from the Johannesburg 'Subunit for Displaced Persons', which also runs the Homeless Overnight shelter. During outreach projects, all other agencies, such as local law enforcement, will be informed by the Subunit of the location and nature of the outreach project. The significance of this research is that it will provide insight into the lives of homeless individuals living in the inner city of Johannesburg and their experiences of health risks and the associated health outcomes related to respiratory infections and minor injuries. The focus of this research is not on the particularities or presence of respiratory infections and minor injuries but rather on the experienced health risks and associated health outcomes of respiratory infections and minor injuries. Where a person does wish for assistance, they will be referred to a health care worker at the overnight homeless shelter. This study is not meant to be representative of homeless

communities at large but aims to 34**contribute to the growing body of** knowledge **on** homelessness and **health,** beyond HIV **and** Tuberculosis. 2. Draft Interview Schedule- Homeless Individuals Name of Interviewer: Date of interview: Interviewee Details Name: Mobile number if available: Age: Pseudonym: Personal details of the interviewee are for the researcher's use and will not be used in the final Masters' paper. These documents 45**will be kept in a locked cabinet only accessible** by **the researcher** and **research** supervisors. Thank you for speaking with me today. As you know, 129**I am interested in the** experience **of** homeless individuals of **the** city space **and** institutions, such as the Johannesburg Subunit for Displaced Persons' and how this relates to health risks and associated health outcomes. Possible Interview Questions: How long have you been in Johannesburg? What made you decide to come to Johannesburg? How did you end of sleeping in this storm water drain, under this bridge etc? Do you think it has an impact on your health? If yes, Why do you think it does? What health problems have you experienced while living in Johannesburg? Have you experienced a chest infection? Have you experienced any sores, cuts or burns? What do you do if you fall ill or hurt yourself? What informs you decision on which place to go to for help? Do you use any other services offered by the Subunit for Displaced Persons? What have been your experiences of the Subunit for Displaced Persons? What have been you experiences of other health care facilities or social service facilities in Johannesburg? 3. Draft Interview Schedule- Johannesburg Subunit for Displaced Persons Name of Interviewer: Date of interview: Interviewee Details Name: Mobile number if available: Age: Pseudonym: Personal details of the interviewee are for the researcher's use and will not be used in the final Masters' paper. These documents 45**will be kept in a locked cabinet only accessible** by **the researcher** and **research** supervisors. Thank you for speaking with me today. As you know, 119**I am interested in the experiences of** staff members of **the** 'Subunit for Displaced Persons', of the Subunit and of homelessness individuals. I am also interested in the experience of homeless individuals of the city space and institutions, such as the Johannesburg Subunit for Displaced Persons' and how

this relates to health risks and associated health outcomes. Possible Interview Questions: ? How long have you worked for the 'Subunit of Displaced Persons' (hereafter referred to as Subunit)? ? What made you decide to work for the Subunit? ? What is it like to work for the Subunit? ? What is the Subunits mandate for homelessness, overall and in relation to homeless individual's health? ? Can you describe some of your experiences working for the Subunit, in relation to policy challenges, budget challenges, implementing new ideas? ? What are your experiences of engaging directly with homeless individuals? What outreach programmes is the Subunit currently running? ? Do you attend the outreach programmes? o If yes: • What are your experiences of them? • What are the challenges of conducting outreach programmes? • Do you feel they are necessary for engaging the homeless? • Have you encountered any problems during outreach programmes? Does the Subunit have its own clinic, informal or formal? o If no, ? ? What are the protocols for dealing with homeless individuals who are ill? Do you feel these protocols are satisfactory or does it require changing? Do you encounter homeless individuals with health issues, such as chest infections and wounds? ? ? In your opinion how frequently does this occur? Do you find that these infections or wounds are neglected till the last minute? ? ? Why do you think this is the case? What have you found to be the general approach of homeless individuals if they have chest infections or wounds? 4. Information Sheet – Homeless Individuals INFORMATION SHEET Homeless Individuals Project Title: The 'Sewer Rats': Homelessness, Health and the Johannesburg 'Subunit for Displaced Persons'. 40**My name is** Danielle Taylor. **I am a** Masters' **student** in Anthropology at **the University of** Witwatersrand. **I am** conducting **research** for my final Masters' dissertation. 2**Thank you for your interest in** my Masters' **research project.**14**The purpose of this study is to understand** how homeless and displaced individuals interact with and experience city institutions, namely, the Subunit for Displaced Persons and health care facilities. This research is depending on approval for ethics 13**by the Social Anthropology Department at the University of the Witwatersrand as well as the Human Research Ethics Committee.** Name of Researcher: Danielle Taylor 1**Outline of Research: This research** proposes to **analyse** how living below the city, and the social exclusions

encountered by homeless individuals, shape health risks and associated health outcomes and informs their interactions with the Johannesburg 'Subunit for Displaced Persons' and health care facilities. This research will look at the experiences of chest infections and minor wounds in relation to these government institutions and not the particularities of the conditions. My research will provide greater insight into the lives of homeless individuals 19**living in the inner city** of **Johannesburg** and their experiences **of** health risks **and** the associated health outcomes. This study is not meant to be representative of homeless communities at large but aims to 34**contribute to the growing body of** knowledge **on** homelessness and **health,** beyond HIV **and** Tuberculosis. 1**How the Information Will be Used: The information will** only **be used as part of the qualitative analysis for my** Masters' dissertation paper and assessment at the University of the Witwatersrand The 1**Role of the** Potential Participants **in the Research: The participant is required to engage in** participant- observation and **semi-structured** interviews, with a duration of 30min to 1hr, for 30 days over the course of the research, which will take place from the middle of June to the middle September 2019. 1**Anticipated Risks Which May Result from Participation:** Anticipated **risks will be** mitigated by maintaining confidentiality and anonymity. If at any point in the research project the participant decides to discontinue participation, they may do so without consequence and all information pertaining to them will be destroyed. The researcher will do the utmost to safeguard all participants throughout the research process and particularly during participant-observation where complete confidentiality and anonymity cannot be maintained. Benefits: 86**There will be no direct benefit to** individuals for **participation**1**Terms of Participation: If you are interested in participating in my research, please indicate by** consenting to

myself, the researcher, and a witness to sign the provided consent forms on your behalf and/or record verbal consent. If you have any further questions about the research, the research procedures or the researcher herself, 15please do not hesitate to contact me or my supervisors, Prof Lenore Manderson or Dr Caroline Coary Taylor or 1the Human Research Ethics Committee on the contact details below. Contact Details Danielle Taylor Email: 565562@students.wits.ac.za Cell: 079 223 8606 Prof 3Lenore Manderson Email: Lenore.manderson@wits.ac.za Tel: 011 717 3430 Dr Caroline Coary Taylor Email: caroline.taylor 3@wits.ac.za Tel: 011 717 4412 Human Research Ethics Committee 54Shaun Schoeman, Email: Shaun.Schoeman@wits.ac.za Tel: 0117171408 5. Information Sheet – Subunit Staff Members INFORMATION SHEET Staff Members of Subunit for Displaced Persons' Project Title: The 'Sewer Rats': Homelessness, Health and the Johannesburg 'Subunit for Displaced Persons'. 40My name is Danielle Taylor. I am a Masters' student in Anthropology at the University of Witwatersrand. I am conducting research for my final Masters' dissertation. 2Thank you for your interest in my Masters' research project. The purpose of this study is to understand how homeless and displaced individuals interact with and experience city institutions, namely, the Subunit for Displaced Persons and health care facilities. This research is also interested in the experiences of those who work for the Subunit for Displaced Persons. This research is depending on approval for ethics 13by the Social Anthropology Department at the University of the Witwatersrand as well as the Human Research Ethics Committee. Name of Researcher: Danielle Taylor 1Outline of Research: This

research proposes to analyse how individuals from the Johannesburg 'Subunit for Displaced Persons' experience the structural factors influencing homelessness and how this understanding informs their work within the 'Subunit for Displaced Persons' centre and with the homeless individuals with whom they engage. My research will provide greater insight into the functioning of the Johannesburg 'Subunit for Displaced Persons' and into the lives of homeless individuals 19living in the inner city of Johannesburg and their experiences of health risks and the associated health outcomes. This study is not meant to be representative of homeless communities at large but aims to 34contribute to the growing body of knowledge on homelessness and health, beyond HIV and Tuberculosis. 1How the Information Will be Used: The information will only be used as part of the qualitative analysis for my Masters' dissertation and assessment at the University of the Witwatersrand 1The Role of the Potential Participants in the Research: The participant is required to engage in participant- observation and semi-structured interviews, with a duration of 30min to 1hr, for 30 days over the course of the research, which will take place from the middle of June to the middle September 2019. 1Anticipated Risks Which May Result from Participation: Anticipated risks will be mitigated by maintaining confidentiality and anonymity. If at any point in the research project the participant decides to discontinue participation, they may do so without consequence and all information pertaining to them will be destroyed. The researcher will do the utmost to safeguard all participants and particularly during participant-observation where complete confidentiality and anonymity cannot be maintained. Benefits: 86There will be no direct benefit to individuals for participation1Terms of Participation: If you

are interested in participating in my research, please indicate by signing the provided consent forms and providing verbal consent to the researcher. If you have any further questions about the research, the research procedures or the researcher herself, please do not hesitate to contact me or my supervisors, Prof Lenore Manderson or Dr Caroline Coary Taylor or the Human Research Ethics Committee on the contact details below. Contact Details Danielle Taylor Email: 565562@students.wits.ac.za Cell: 079 223 8606 Prof Lenore Manderson Email: Lenore.manderson@wits.ac.za Tel: 011 717 3430 Dr Caroline Coary Taylor Email: caroline.taylor@wits.ac.za Tel: 011 717 4412 Human Research Ethics Committee Shaun Schoeman, Email: Shaun.Schoeman@wits.ac.za Tel: 0117171408 6. Interview Consent Form – Homeless Individuals CONSENT FORM Interview-Homeless Individuals Project Title: The 'Sewer Rats': Homelessness, Health and the Johannesburg 'Subunit for Displaced Persons'. Thank you for your interest and willingness to participate in my Masters' research project. Name of Researcher: Danielle Taylor Participants name: I hereby agree to participate in Danielle Taylor's Masters' research project. By participating in this research project, I understand and agree to the following: ? I understand that my participant is voluntary, and I am free to withdraw from the research at any time, without giving a reason and without cost ? I understand that this research is only for Masters' qualification purposes at Wits University and agree to my information being used, including direct

quotations, for the purpose of this Masters' research project ? 134I understand that my participation and identity will remain anonymous and3not be mentioned in the final Masters' dissertation paper. 1I agree to be referred to by a pseudonym. ? I agree to being interviewed for 30min to 1hr at various stages and at my convenience for the duration of the research project and with my consent the interviews will be audio recorded 1By consenting to this research, I have received a verbal explanation and have had the opportunity to ask question on 9the following: ? The details of the research project, my role as a research participant as well as the risks involved as noted by the researcher in the verbal explanation I agree to the researcher and a witness signing on my behalf Witness signature Date_____ Researchers signature Date _____ 7. Audio-Recording Consent Form – Homeless Individuals CONSENT FORM Audio-recording of Interviews- Homeless Individuals Project Title: The 'Sewer Rats': Homelessness, Health and the Johannesburg 'Subunit for Displaced Persons'. Name of Researcher: Danielle Taylor Participants name: I hereby agree to the audio-recording of my interviews in Danielle Taylor's Masters research project. By agreeing to the audio-recording of my interviews 1in this research project, I understand and agree to the following: ? 2I understand that my participant is voluntary, and I am free to withdraw from the research at any time, without giving a reason and without cost ? I understand that my participation and identity will remain anonymous and not be mentioned in the audio- recording or final Masters' dissertation paper. 1I agree to be referred to by a pseudonym. ? I understand that my audio-recording will 1be

saved on a password protected external hard drive, under my pseudonym and date of interview and will only accessible by Danielle Taylor and the research supervisor's, Prof Lenore Manderson and Dr Caroline Coary Taylor ? I understand that the researcher will inform me 4when the audio -recording device is turned and when it is turned off. I agree to my information being used for the purpose of this Masters' research project, including direct quotations By consenting to be audio-recorded, I have received a verbal explanation and have had the opportunity to ask question on 1my role as a research participant, the research project, the risks involved as noted by the researcher in the verbal explanation, and have provided verbal consent to be interviewed I agree to the researcher and a witness signing on my behalf Witness signature _____ Date _____ Researchers signature _____ Date _____

8. 149Participant Observation Consent Form – Homeless Individuals CONSENT FORM Participant Observation- Homeless Individuals Project Title: The 'Sewer Rats': Homelessness, Health and the Johannesburg 'Subunit for Displaced Persons'. Name of Researcher: Danielle Taylor Participants name: I hereby agree to participate in Danielle Taylor's Masters' research project. By agreeing to the researcher conducting participant-observation, I understand and agree to the following: ? 2I understand that my participant is voluntary, and I am free to withdraw from the research at any time, without giving a reason and without cost ? I understand that my participation and identity will remain anonymous and 3not be mentioned in the final Masters' dissertation paper. 1I agree to be referred to by a pseudonym. ? 1I understand that this research is only for Masters' qualification purposes at the Wits University and agree to my information being used, including direct quotations, for the purpose of this Masters' research project and with my consent to being audio recorded during participant observation ? I

agree to the researcher accompanying me as I go about my daily life:- setting up shelter, accessing food and health care, interacting with others in my informal networks, engaging with the overnight homeless shelter and Johannesburg 'Subunit for Displaced Persons' 1By consenting to this research, I have received a verbal explanation and have had the opportunity to ask question on 94the details of the research project, participant observation, my role as a research participant, the risks involved and I have provided verbal consent to be interviewed and audio-recorded I agree to the researcher and a witness signing on my behalf Witness signature _____ Date _____ Researchers signature _____ Date _____ 9. Interview Consent Form – Subunit Staff Members CONSENT FORM Interview-Staff members from the Subunit for Displaced Persons Project Title: The 'Sewer Rats': Homelessness, Health and the Johannesburg 'Subunit for Displaced Persons'. 1Thank you for your interest and willingness to participate in my Masters' research project. Name of Researcher: Danielle Taylor Participants name: 1I hereby agree to participate in Danielle Taylor's Masters' research project. 1By participating in this research project, I understand and agree to the following: ? 2I understand that my participant is voluntary, and I am free to withdraw from the research at any time, without giving a reason and without cost ? I understand that my participation and identity will remain anonymous and 3not be mentioned in the final Masters' dissertation paper. 1I agree to be referred to by a pseudonym ? 1I understand that participating in this

research project will not interfere with my personal commitments ? I understand that this research is only for Masters' qualification purposes at Wits University and agree to my information being used, including direct quotations, for the purpose of this Masters' research project ? I agree to being interviewed at various stages, for 30min to 1hr, for the duration of the research project and with my consent the interviews will be audio recorded 3By consenting to this research, I have received and familiarised myself, and have had the opportunity to ask question on 9the following: ? The details of the research project, my role as a research participant as well as the risks involved as noted in the Information Sheet Participants signature _____ Date _____

Researchers signature _____ Date _____ 10. Audio-Recording Consent Form – Subunit Staff Members CONSENT FORM Audio-recording of Interviews- Staff members from the Subunit for Displaced Persons Project Title: The 'Sewer Rats': Homelessness, Health and the Johannesburg 'Subunit for Displaced Persons' Name of Researcher: Danielle Taylor Participants Name: I hereby agree to the audio-recording of my interviews in Danielle Taylor's Masters research project. By agreeing to the audio-recording of my interviews 1in this research project, I understand and agree to the following: ? 2I understand that my participant is voluntary, and I am free to withdraw from the research at any time, without giving a reason and without cost ? I understand that my participation and identity will remain anonymous and not be mentioned in the audio- recording or final Masters' dissertation paper. 1I agree to be referred to by a pseudonym. ? I understand that my audio-recording will 1be

saved on a password protected external hard drive, under my pseudonym and date of interview, only accessible by Danielle Taylor and the research supervisor's, Prof Lenore Manderson and Dr Caroline Coary Taylor ? I understand that the researcher will inform me 4when the audio -recording device is turned and when it is turned off. I agree to the use of my information in this Masters' project, including direct quotations By consenting to be audio-recorded, 3I have received and familiarised myself, and have had the opportunity to ask question on the 1details of the research project, my role as a research participant as well as the risks involved as noted in the Information Sheet By consenting to be audio-recorded, I have provided verbal and written consent to be interviewed Participants signature _____ Date_____ Researchers signature _____ Date _____

11. Participant Observation Consent Form – Subunit Staff Members CONSENT FORM Participant Observation- Staff members from the Subunit for Displaced Persons Project Title: The 'Sewer Rats': Homelessness, Health and the Johannesburg 'Subunit for Displaced Persons'. 1Thank you for your interest and willingness to participate in my Masters' research project. Name of Researcher: Danielle Taylor Participants name: 1I hereby agree to participate in Danielle Taylor's Masters' research project. By agreeing to the researcher conducting participant-observation, I understand and agree to the following: ? 2I understand that my participant is voluntary, and I am free to withdraw from the research at any time, without giving a reason and without cost ? I understand that my participation and identity will remain anonymous and 3not be mentioned in the final Masters' dissertation paper. 1I agree to be

referred to by a pseudonym. ? 1I understand that this research is only for Masters' qualification purposes and agree to my information being used, including direct quotations, for the purpose of this Masters' research project and with my consent to being recorded during participant observation ? I agree to the researcher accompanying me as I go about my daily life: - attending meetings pertaining to the overnight homeless shelter and projects with homeless people, attending outreach days with homeless individuals and attending to general office affairs 1By consenting to this research, I have received a verbal explanation and have had the opportunity to ask question on the details of participant observation, the research project, 3my role as a research participant and the risks involved as noted in the Information Sheet. I have also provided verbal and written consent to be interviewed and audio recorded. Participants signature _____ Date _____ Researchers signature _____ Date _____ 1 11 13 14 15 16 20 25 26 27 28 29 31 33 38 41 42 49 50 51 53 54 55 57 60 62 63 64 65 67 68 69 71 72 73 74 75 76 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102