Vicious vets and lazy locals:
Experimentation, politics and CBPP in north-west Namibia, 1925 – 1980

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Abstract
The colonial encounter in the northern Kunene Region (or Kaoko) in north-west Namibia was epitomized in the events associated with the coming of Contagious Bovine Pleuropneumonia (CBPP) to the region. This contribution is mainly based on archival sources. It probes into the genealogy of a disease that made animals ‘putrefy from the inside out’ and argues that the colonial perception of the region as a remote borderland, the ardent zeal of a relatively new profession within the South West African Administration to prove its legitimacy, and the nature of the disease led the colonial administration to engage in a series of experiments that were at once biological, social and political. These experiments involved the implementation of a new technology – large-scale vaccination campaigns: they and their often unexpected outcomes throw into sharp relief the various ambiguities and outright contradictions that were quintessential to colonial rule in the region.

Introduction
In 1853 a bull was unloaded from a ship in Mossel Bay, South Africa. Coming from Friesland, it introduced Contagious Bovine Pleuropneumonia (CBPP) to the African continent.1 This disease — also known as lungsickness (longsiekte, in Afrikaans) or, in north-west Namibia, epunga (in Otjiherero) — rapidly spread along the ox-wagon trails and trade routes that connected the South African shores to the interior. Together with that other dreaded disease, Rinderpest, CBPP became an objective ally of white settler intrusion in southern Africa: CBPP mainly affected animals without prior exposure to the

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disease, and then especially those livestock populations already exhausted by ecological and political circumstances such as drought or, in South Africa, the mfecane and its aftermath. CBPP (and, a few years later, Rinderpest) ‘helped’ to clear the landscape of animals, hence of people. Moreover, throughout the nineteenth and twentieth century, CBPP in particular legitimated the strict segregation of African and European animals in Namibia. Cattle breeds thus became a metonym for their owners’ ‘race’, in every sense. CBPP also justified keeping African livestock owners away from the European-controlled commercial trade in cattle. CBPP thus helped to eliminate African competition for pasture, water and cash, and pushed the settler frontier further inland.2

Focus and scope

This article sketches the genealogy of CBPP in the northern Kunene Region, north-west Namibia. The narrative starts in 1925, when the then Commissioner of Native Affairs, Carl Hahn, reported on two Afrikaner settlers rumoured to have imported the disease into northern Namibia. It ends in 1980. By that date, in the “year of dessication” (ombura yourumbu, 1978–80), the combination of a prolonged drought and armed conflict had eliminated an estimated 90 per cent of local livestock assets, thus putting a temporary end to the CBPP threat. In Kaoko, the more colloquial name for the northern Kunene region, the disease flared up again only in 1995–97. It still is high on the agenda of the veterinary office in Opuwo and Windhoek.

By offering this historical sketch the article seeks to provide an anthropology of colonialism that explores the different subjectivities (summarised in the vernacular terms used to refer to the disease, lungsickness and epunga) associated with the coming of CBPP to Kaoko.3 For veterinarians and the South West African (SWA) administration, CBPP was a biological threat that had to be combatted with technology and government intervention. For the inhabitants of Kaoko, the disease was a political issue.

The clash between these conflicting subjectivities is, however, but one layer of the social and political history of CBPP in north-west Namibia. This history reads as a meandering narrative of hope and despair, possibility and incapacity, promise and betrayal as local actors – herders and veterinarians, headmen and administrators, commoners and office


holders – attempted to negotiate the particulars of the disease, the environment, the available technology, and their own position in the political landscape. This was not the history as depicted in the colonial master narrative. Rather, it was a history characterized by uncertainty and ambiguity regarding other actors’ strategies, motives, expectations and intentions, by *subjunctivity*. The sections below argue that these uncertainties and ambiguities were not accidental but were constitutive of the colonial encounter: they were the main feeding ground for the various biological, but also social and political experiments engaged in by the different protagonists.

What added to this context of uncertainty was the fact in colonial imaginary, discourse and praxis Kaoko was a ‘far’ and ‘remote’ borderland. This idea was reflected in the image of the road that connected Opuwo to Windhoek. Going south it represented development and modernity, the way forward. Travelling in the opposite direction was depicted as going back in time. This borderland character was testified to by the fact that the colonial administration in Kaoko only had limited means and manpower at its disposal until well into the 1960s, when the armed struggle also reached Kaoko and Opuwo was transformed from an administrative outpost into a military centre.

This uncertainty was further increased by the zeal of a newly established profession — that of veterinarians — to prove its legitimacy and carve out a niche within the SWA administration, and the rivalry and distrust that developed over time between the Departments of Agriculture and of Native, later Bantu, Affairs. These tensions surfaced for instance in the efforts by the then Bantu Affairs Commissioner in Opuwo to turn the existing distrust towards the veterinary department to his political advantage. Obviously, these frictions could (and were) also exploited by the inhabitants of Kaoko.

The narrative on CBPP in Kaoko hence also illustrates that the SWA administration was neither ubiquitous nor all-powerful, even if it pretended or represented itself to be. So even if the colonial administration’s pretence was ‘capillary’, in reality it was rather ‘arterial,’ meaning that its reach was relatively restricted. Like the main road between

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6 Space limitations prevent me from elaborating this rivalry in detail here. See, instead, Steven Van Wolputte, “‘The natives are clever enough’: Contagious bovine pleuropneumonia and the politics of ambivalence in north-west Namibia”, forthcoming.

Opuwo and Windhoek it had, obviously, an important bearing on daily life, but was not able to penetrate everywhere.8

Against this background the argument concentrates on the introduction of a new technology – large-scale vaccination campaigns – in Kaoko. From the onset, this technology was embedded in the power relations and structures that characterized indirect rule and, later, apartheid. In Kaoko it functioned as part of a self-fulfilling prophecy as the solutions devised to counter the disease actually introduced it to the region. To an important extent, this explains the resentment the inhabitants of Kaoko felt towards the officials who organised the campaigns and administered the vaccine. This resentment and the herders’ efforts to evade or resist vaccination are, however, often misunderstood. As the narrative shows, local distrust had little to do with the technology itself (herders were not opposed to vaccination as such), or with Kaokolanders’ alleged ‘traditionalism.’ In fact, it is remarkable how ‘modern’ the argumentation of the elders in the Tribal Council was. For instance, in 1975 – during the last outbreak before the “year of dessication” – people in Kaoko refused to comply with the new set of measures the administration had come up with. Arguing that “all these measures are just there to take our land” the members of the Tribal Council insisted on a written guarantee that they would be compensated for animals that died after (or because of) vaccination in return for their cooperation.9 This request was rejected by the Chief Bantu Affairs Commissioner in Windhoek. He pointed out that, admittedly, in 1938 many animals had died because of a bad vaccine, but that now it was much safer because science had progressed and the vaccine had been tested in other parts of the Territory. The Council replied that these new technologies only made it easier to give such a guarantee.10

When they were introduced in 1938, large-scale vaccinations constituted a new technology that, in turn, necessitated other technical innovations (such as roads or refrigerators). These innovations could not simply be designed and put into practice: their implementation required negotiation. Apart from this, the administration’s ambition to curb the disease resulted in a number of biological experiments with unforeseen consequences. At the same time, these experiments also implied a number of social and political experiments designed to deal with these unexpected consequences and their fall-out. The ‘far’ and ‘remote’ borderland of Kaoko was thus turned into a giant laboratory for most of the period between 1925 and 1980. The analysis therefore emphasizes the ‘unfinished’ character of colonial rule. It scrutinizes the web of tensions, expectations, positions and counter-positions surrounding CBPP in an effort to avoid

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9 “Hierdie reëling is slegs om ons land te ontneem”, National Archives of Namibia (hereafter NAN), Bantu Affairs Opuwo (hereafter BOP), 5 1/15/4, Bantusakekommissaris Opuwo, Kaokoland (B.J. Van Zyl), Notule van vergadering gehou te Opuwo gedurende die periode 10 tot 13 februarie 1975, undated, p. 1.

10 “Juis nou is dit makliker om papier te gee”, NAN BOP 5 1/15/4, Bantusakekommissaris Opuwo, Kaokoland (B.J. Van Zyl), Notule van vergadering gehou te Opuwo op 5/3/1975, undated, p. 5.
reducing practice to discourse, state effect to state, or agency to resistance.\textsuperscript{11} In so doing, the analysis also cautions against ill-conceived development intervention which is often portrayed as objective and non-political and which assumes a rigid dichotomy between traditional and modern.\textsuperscript{12}

**Contagious Bovine Pleuropneumonia**

CBPP is not dangerous to the human species — at least, not physically. Nevertheless it poses an enormous economic and social risk to everyone who depends on livestock, especially to those already at the fringes of global market politics.\textsuperscript{13} It is a highly infectious disease that is hard to detect as it comes in many forms, ranging from subacute to hyperacute. In its chronic form, the bacterium (*Mycoplasma mycoides subspecies mycoides small colony*) may survive for many years in animals with relative immunity (commonly known as ‘lungers’) and suddenly erupt in a virulent way. The average mortality rate is about fifty per cent, but in some cases in Kaoko entire herds were wiped out after an incubation period of just a few days. Ecological, social and political factors (everything that results in a higher mobility, increased exposure, and reduced immunity, such as drought, dispossession or violence) contribute to the spread of the disease. In this regard, also global warming is cited as a possible factor in exacerbating what is already considered the biggest threat to livestock in Africa, and one of the three Transboundary Animal Diseases (TADs) of strategic importance by the FAO.\textsuperscript{14}

Apart from this social and economic impact, CBPP also is a terrifying disease, as the bacterium causes lesions and oedema of the lungs and other organs. Dr Watt, one of the veterinarians operating in Kaoko, who later became the Director of the Agricultural Services within the SWAA, described his post mortem of a lung-sick animal as follows:


On the occasion of a subsequent visit 04/05/39, a young inoculated heifer was pointed out as being sick. This animal was [...] in an extremely weak and emaciated condition, so much so that when caught for examination the animal died. Post mortem examination revealed extensive and acute peritonitis. The right lung was free from consolidation but showed diffuse pleurisy. The left lung was completely involved and showed old standing consolidation. The rest of the thoracic cavity was one mess of old standing lesions. There was much fluid and organised exudate and pericarditis was so extensive that the pericardium was adherent to the heart in its entirety.\(^{15}\)

More telling perhaps is Jeffrey Peires’ dramatically morbid description of CBPP and its traumatizing effect on mid-nineteenth century Xhosa society. Following Peires, it was the emotional trauma of having watched one’s animals “putrefy from the inside out” that in nineteenth-century South Africa sparked off a local logic of defilement, witchcraft, and ancestral wrath, culminating in the infamous Xhosa cattle killings of 1856–57:

Starting off as little more than a dry, husky cough, lungsickness slowly tightened its grip on the hapless beasts it destroyed, bringing to them a lingering and uniquely horrible death. The cough gradually increased in severity, forcing the animals to stretch forward with their front legs wide apart, their heads extended and their tongues protruding, gasping for air. Yellowish fluid crept over their lunges which stuck to their ribs, and as the disease spread, the cattle putrefied from the inside out, becoming first constipated and then diarrhoeic. In their final agony, the beasts were unable to move or lie down at all. Their nostrils dilated for lack of air, their muzzles frothed with saliva until, unable to eat, they wasted away and died mere skeletons.\(^{16}\)

Veterinarians such as JS Watt were, undoubtedly, also abhorred by the stench of rotting entrails. For these actors, the threat of lungsickness legitimised the continued isolation of north-west Namibia and the harsh measures (such as poisoning wells, the culling of both healthy and sick animals, or the destruction of cattle trespassing on the cattle-free zones) they judged were necessary to protect the white-owned farms in the centre and south of Namibia.\(^{17}\) In the course of years the successive outbreaks of lungsickness also became a token of African ‘ignorance’ and ‘traditionalism’ in the colonising imaginary: people chased away veterinarians, hid their animals from sight, continued to smuggle livestock on a large scale, and refused to have their animals vaccinated against CBPP. In

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\(^{15}\) NAN South West African Administration (hereafter SWAA), 2173 A 470/27, Senior Veterinary Surgeon (J.S. Watt), Report on a visit to the Kaokoveld, 26/04/39 to 26/05/1939, June 3 1939, p. 2.


colonial discourse, this alleged traditionalism explained the massive livestock losses people experienced with every bout of drought or disease.

In contrast, local accounts of epunga by local herders in Kaoko are more in line with Peires’ description, even if the successive outbreaks of CBPP in north-west Namibia (in 1925, 1931, 1938, 1963, 1968, 1975 and 1995) did not lead to a tragedy as experienced by the Xhosa. Still, the disease evolved into a metaphor of the alienation and violence experienced under colonial rule. Contemporary accounts stress the smell of decay and putrefaction that characterize epunga, and informants quickly add that cattle, like humans and sheep and unlike other animals, are not supposed to smell. For my interviewees, epunga was the result of colonial intrusion and dispossession. They blamed South African livestock policy and measures such as the trade embargo, vaccination or fencing as the main if not only cause of their livestock losses. Also nowadays they regard the disease as a political rather than as a biological issue. For these herders, state veterinarians and stock inspectors were the personification of indirect rule and apartheid, more than policemen and the military.

Fig. 1. A contemporary crush bin (manga) near Ombutisauri, northern Kunene Region, 1998.

Photo by the author, May 1998, No 98.01.01.16.

18 Recorded interviews, Opuwo, November 2006 and in October 2008.
Of lazy locals…

During the period between 1925 and 1980 South African livestock policy – a loose amalgam of measures directly or indirectly affecting livestock such as veterinary services, water services, cattle taxes, settlement policy, or border control, taken by various actors within the South West Africa administration – evolved from an almost exclusive focus on isolating the region and controlling the movements of people and herds, to one on development and progress. Development, however, must here be understood as James Ferguson meant it, as a political instrument to extend the influence and reach of the state. According to the SWA administration, administrative development (bestuurielke ontwikkeling) was a prerequisite for material development (fisieke ontwikkeling). It was also segregated development, as the road to progress was hemmed in by barbed wire and guarded by Casspirs, especially after the armed conflict for the liberation of Namibia broke out. Stalled by local efforts to resist the development of an apartheid state apparatus in the region, material development gained new impetus with the rapid militarisation of the region from the early 1970s onwards. Geared towards keeping the trust of the inhabitants, these renewed efforts resulted in a further professionalization and technicalisation of development in Kaoko (see below). No doubt aided by the uncertain military and political situation, this also resulted in the fragmentation of resistance against segregated development.

In general, colonial discourse described the inhabitants of Kaoko as leading “a particularly lazy and carefree life” and as a “difficult lot”. Headmen were unable or unwilling to collect taxes, speak justice or control their followers; hence they were designated as “weak”. The boundaries of the Native Reserves (established in the 1920s) were not respected and finally abandoned in the 1940s (as many were living outside their boundaries anyway). Fences and cattle-free zones did have a serious impact on daily

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20 Ferguson, The Anti-Politics Machine.
21 Van Wolputte, “Cattle works.”
22 “Dit sluit aan by vorige korrespondensie van my dat die ontwikkeling van boorgate en die instandhouding van water inrigtings van die allergrootste belang is as die vertroue van die inwoners behou wil word”, NAN BOP 5 N1/15/4/3, Bantusakekommissaris Opuwo (B.J. Van Zyl), Notule van vergadering gehou te Opuwo op 13 november 1978, ud: 9.
24 NAN Native Affairs Ondangwa (hereafter NAO) 28 24/1/1, Administrator of South West Africa Windhoek, to Native Commissioner Ondongua, 1 November 1932.
25 See, for instance, NAN BOP 4 N1/15/4, Bantoesakekommissaris Ohopoho (Van Niekerk, J.B.), Samesprekings met hoofmanne. Versuim om stamvergadering by te woon en vermante aangeleenthede, 31 December 1969; NAN BOP 8 N1/15/6/1, Bantusakekommissaris Ohopoho, Jaarverslag 1958; Administratiewe beampte Ohopoho (Marais, B.J.); Plan vir Bantoe-overhede: Kaokoveld, 23 May 1962.
26 NAN NAO 28 24/1/1, Native Commissioner Ondanga to the Secretary for South West Africa, 26 February 1932; NAN NAO 29 24/2, Officer-in-Charge of Native Affairs, Ohopoho, Annual report of Native Affairs 1942, undated.
life, but they could not prevent the lively yet ‘illegal’ trade with north-central Namibia, Angola and the Police Zone. To get round cattle inspections, herds were moved to keep them out of sight of veterinarians and cattle inspectors; officials were chased away, brands were counterfeited, and so on.

Despite this unfavourable attitude and despite the resistance they encountered, veterinarians in general were quite ambivalent in their attitude towards local herders. While sometimes praising them for their ‘natural’ herding abilities, they also depicted them as “very bad stockmen, they definitely cannot manage or control their own cattle. […] [T]he natives are not used to work with their stock.” In the words of the former Director of MeatCo, written many years later: “[The Herero] are cattle keepers, not breeders.”

For these officials, the problem was that they almost entirely depended on local informants to signal outbreaks. Zschokke and Van der Merwe, for instance, wrote that

One has to chiefly depend on the anamnesis and information given by the owner, who is constantly in contact with his animal and knows every individual animal. Such animals as he may point out can then be properly examined, by means of auscultation and percussion; otherwise these aids to diagnosis are impracticable, especially where large numbers of wild animals are concerned.

The fact that herders shunned colonial control (as they perceived livestock policy as an instrument of segregation and control) led one veterinarian to ask “why a method which has proven so successful in other parts of Africa should be ineffective in the Kaokoveld.” Yet, it is important to note that individual actors suffered differently under colonial livestock measures. The latter’s impact depended, among others, on the visibility of herds and their owners. But this visibility was a visibility from the road.

This road was explicitly intended as an instrument to facilitate colonial surveillance and to discipline and settle the semi-nomadic groups in Kaoko. Besides a basic transport technology, Kaoko’s main road also was an artery of colonial control that paradoxically perhaps was also intended to restrict the mobility of people and herds: homesteads were forcibly relocated next to it, and pumps and crush pens were constructed in its immediate vicinity in an attempt to further tie people and animals to a particular place and sedentarise them (see figures 1 and 2). In the course of years, this road became

27 Bollig, “Colonial encapsulation”; Van Wolputte, “Subject disobedience”.
28 NAN Agricultural Department (hereafter AGR) 128 7/3, Government Veterinary Officer, Grootfontein, to senior veterinary surgeon, Windhoek, Lungsickness Inoculation: Kaokoveld, 05 October 1939.
31 NAN AGR 128 7/3, Senior Veterinary Surgeon, Windhoek (Williams, J.O.) to Officer-in-charge Native Affairs, Ohopoho, Lungsickness: Kaokoveld, 10 July 1940.
of increasing importance for veterinarians, also because technological advances — new vaccines flown in from Kenya or Nova Lisboa — increasingly required motorized transport (of large quantities of bottled fluids), refrigeration, and so on.

Fig 2. The road to Opuwo (1), depicted as a straightforward artery of colonial supervision, discipline and mastership.

...and vicious vets

After its introduction in 1925, the disease broke out violently in 1931 (even though there are reasons to believe that Carl Hahn exaggerated the size and impact of the outbreak for political reasons, namely to get more manpower and means), and again in 1938. Until then, the principal if not only means the SWA administration had at its disposal were forced quarantine and the destruction of livestock. Both in 1931 and 1938 Carl Hahn, locally known as Tjongola, resorted to draconian measures, such as machine-gunning allegedly infected animals and even entire herds that crossed the Kunene or otherwise broke through the cordon. Owners of animals trespassing in the cattle-free zones were fined and punished, and their animals destroyed. Many years
later, people remarked “that Tjongola was angry when we refused to inoculate, so he introduced the disease to kill our animals.”

From 1938 onwards, however, large-scale vaccination started to replace destruction as a way of dealing with the disease. After the first outbreaks in May of that year, the Agriculture department convinced the civil authorities of the necessity of adopting this (relatively) new technology that had already proven its efficacy in other parts of southern Africa. In Kaoko, the veterinary department initially opted for the “field virus” method. This method consisted of infecting a calf with CBPP. After a few days, the animal was killed, the lymph collected from the chest, diluted with a saline solution and injected into the tails of the other animals to immunize the rest of the herd. Typically, this field virus method caused severe reactions in animals, often resulting in animals losing their tails or in open sores on the back. These sores could be treated with a heated iron rod, but this searing could not prevent the extremely high mortality rates among the herds injected with field virus.

In May 1938, however, the problem was that “no lungsick animals had been traced” in Kaoko to harvest the bacterium and make a field virus. Therefore the vaccine or field virus had to be imported from Kavango and Ovamboland. This experiment proved to be detrimental to livestock holdings in Kaoko: more animals died because of measures taken to combat the disease (including the indiscriminate shooting of both sick and healthy animals, or the brutal reinforcement of the cordon along the Kunene) than of the disease itself.

Ironically, this failure necessitated another campaign, that of 1939. JS Watt started his report on the latter as follows: “The present inoculation campaign was undertaken in an attempt to rectify the serious state of affairs which had arisen in the Kaokofeld in consequence of the use of field virus during the 1938 campaign.” Elsewhere, his superior noted that:

[N]ot only the experience gained in this territory but also the findings in other countries go to show that the field virus method of inoculation against lungsickness is uncertain and may even result in the disease becoming more widespread. The danger of starting a conflagration of lungsickness is even greater if one bears in mind the poor grazing and the uncontrolled and indiscriminate stock movements that may take place in consequence thereof.

33 “Tjongola was kwaad toe ons geweier het om te spuit en hy bring toe die siekte om ons bees vrek te maak”, NAN BOP 5 1/15/4, Bantusakekommissaris Öhopoho (B. van Zyl), Notule van vergadering gehou te Öhopoho op 05/03/1975, undated, p. 6.
36 NAN AGR 128 7/3, Government Veterinary Officer (J.S. Watt) to senior veterinary officer, Report on the 1939 Contagious Pleuropneumonia inoculation campaign, 4 November 1939, p. 1.
37 NAN SWAA 2174 A 470/27, vol. 3, Senior Veterinary Surgeon, Windhoek, to Officer-in-charge Native Affairs, Öhopoho, Lungsickness: Kaokoveld, 10 July 1940.
In the final report on the 1938 campaign, all references to local resistance and to social and political tensions in Kaoko were deleted: administrative and veterinary discourse attributed the problems experienced during the campaign almost exclusively to the quality of the vaccine. As a result, in 1939 the Agriculture Department experimented with different strands of vaccine imported from Ovambo and Okavango in Namibia, and from Nairobi, Kenya. But this campaign also fell short of expectations and was carried out at great financial cost. By then, however, large-scale vaccination had become part of the fixed repertoire of measures to combat lungsickness in Kaoko. So when the disease struck again in 1955, the Department of Agriculture decided to combine the vaccination campaign with a large-scale branding campaign. According to the veterinary services branding was a necessary step to distinguish between vaccinated and unvaccinated animals. This time, however, the brands provoked resistance. The XH brand used in Kaoko reminded the inhabitants of the X found on government vehicles and equipment. They feared that branding would designate their animals as government property, and that the government would confiscate them. When the SWA administration gave in and decided to drop the X, the campaign had already stalled, and had to be repeated the year after.

The campaigns of 1955 and 1956 made use of a new, promising vaccine made in the laboratories of Nova Lisboa and donated by the Portuguese government. Still these campaigns remained below par. Local herders had grown deeply distrustful towards government-led vaccination initiatives. Various sources, however, suggest they were not opposed to vaccination as such. In 1938, for instance, Van der Merwe had reported that the year before a local herd owner had contained a CBPP outbreak near Etanga by vaccinating his own animals. Indeed, while the first large-scale campaign was on its way, local herders had devised their own vaccination methods. These consisted of placing a piece of infested lung in the mouth of a healthy animal (“with meat”), or of dripping some “water [from] around the heart” of an animal suffering from epungu into a wound administered above the tail. Later colonial accounts illustrate that people did not oppose vaccination against diseases such as Foot-and-Mouth Disease, anthrax or anaplasmosis. Other than often assumed, herders did not oppose vaccination as such. It


was more a case of them rejecting the idea that vaccinations had to be carried out by government representatives. Not surprisingly, the SWA administration held the opposite view: vaccination implied "government".41

Twenty-five years after the traumatizing events of 1938, in January 1963, CBPP was again reported in Kaoko. Unlike the other outbreaks, which remained confined to the northeast corner of the region, this time the disease was said “to have entered via the offices” in Opuwo.42 With hindsight, this perception seemed to be symptomatic of the grimmer political climate in the early 1960s.

Even before the 1963 campaign had begun, cattle inspectors and veterinarians were confronted with a general boycott. They were chased away from the herds or otherwise prevented from carrying out their work (or as the Bantu Affairs Commissioner would note in his annual report for 1964: “the Herero have turned to a general boycott of everything, even if the development is to their advantage”).43 At meetings held early in 1963, members of the Tribal Council held the government’s trade embargo responsible for overstocking and the ensuing lack of grass and water. They urged the Commissioner to lift the embargo and to “take away these cattle inspectors and let us stay as we did in the past […]. [W]e will go and steal in Angola […]. Time and cattle inspections have proven there is no disease”.44

In the course of the 1960s, development in the northern Kunene Region gradually became more professionalised and specialised. This resulted in various government departments becoming active in Opuwo, and in an escalation of the competition for influence and power between them. More than once, the Director of Agriculture complained that his department was excluded from negotiations with the local population, and that the Bantu Affairs Commissioner did nothing to counter the bad reputation of state veterinarians. In a letter he reacted to the Bantu Affairs Commissioner’s report on the Tribal Council of 15–18 May 1963, asking the rhetorical question why the Veterinary Department were not given the chance to respond to false accusations, and complaining that the Bantu Affairs Commissioner in Opuwo tried to

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41 See for instance NAN AGR 904 150/1, Author unknown, A few problems encountered in the northern territories and the steps taken to solve them, 11 February 1971. The SWA administration was also opposed to local herders buying syringes and vaccines, as it feared that government control would be made impossible by allowing local herders to vaccinate.
43 “Daar is deur die herero oorgegaan tot 'n algehele boikot van alles, al is die ontwikkel in hulle voordeel”, NAN BOP 7 N1/15/6, Toesighoudende Beampte Ohopoho, Kaokoveld (B. Van Zyl), Jaarverslag vir 1964, Bantoe administrasie en ontwikkeling, Kaokoveld Bantoe reservaat en Zessfontein inboorling reservaat, undated, p. 2.
show himself in a favourable light by presenting himself as the defender of local interests against the Veterinary Department.\textsuperscript{45} Another illustration of this rivalry was the water issue in Kaoko. The civil authorities (the Bantu Affairs Commissioner) were in favour of constructing more water points to gain the trust of the population, especially in view of the build up of military personnel and operations. The Veterinary Department and the Nature Conservation Department were opposed, as they feared overstocking.

In general, however, development initiatives met with little enthusiasm from the population, one reason being the explicit policy link between material (\textit{fisieke}), administrative (\textit{bestuurlike}), and segregated (\textit{afsonderlike}) development:

> Everything with only a remote smell of Odendaal, Homeland, segregated development and the like is immediately rejected and condemned. It is frankly admitted that in this regard not much progress has been made: one has to act with so much caution and prudence so that the Bantu Affairs Commissioner does not shock the trust of the inhabitants because if this happens, all chances of success are lost […]. The inhabitants usually talk about the government’s roads, water holes, houses, schools, hospitals […]. Therefore, the inhabitants are not loyal towards development works and will undertake nothing to prevent its deterioration.\textsuperscript{46}

This strategy of opposing “fisieke ontwikkeling” to resist segregation and political control was quite effective, in that the administrative development (the Odendaal plan, the blueprint to divide the region into different so-called Homelands) of Kaoko was stalled and never implemented.\textsuperscript{47} Another factor which may also have played a role in the lack of success of the road towards progress is illustrated by a veterinarian’s remark during a meeting of the lungsickness committee. When discussing the huge costs and minimal profits of smallstock buying expeditions along Kaoko’s main road, he pointed out that these were organised to please the UN Tribunal, not to facilitate inspections.\textsuperscript{48}

Whereas before the promise of lifting the embargo on cattle from Kaoko was repeated (though never kept) with every outbreak of CBPP, from the second half of the 1960s onwards selective measures were taken for those ‘obedient’ subjects who allowed

\textsuperscript{45} NAN AGR 897 138 2/2, Direkteur van Landbou to the Secretary for South-West Africa, Veesiektebeheermaatreëls: longsiekte, Kaokoveld, 12 July 1963.

\textsuperscript{46} “Enige aspek wat effens ruik na Odendaalverslag, Tuisland, Afsonderlike ontwikkeling en diesmeer, word summier verwerp en verdoem. Ruiterlik word erken dat bitter min welslae in hierdie rigting behaal is want daar moet so versigtig en omsigig opgetree word dat die Bantoesakekommissaris nie die vertroue van die inwoners skok nie, want as dit gebeur is alle kanse op sukses daarmee heen […]. Die inwoners praat deur die bank van die Goewernement se paaiie, se boorgate, huise, hospitale, enjins, kragkpe ens. […]. Daarom is die inwoners nie lojaal teenoor hierdie ontwikkelingswerke en sal niks doen om aantakeling te verhoed nie”, NAN BOP 7 N1/15/6, Bantusakekommissaris Opwo (B.J. van Zyl), Memorandum, Feite Posisie van die Kaokoveld, undated, p. 10.

\textsuperscript{47} Elsewhere I discuss how local resistance to colonialism took the form of action against so-called development initiatives, rather than taking the form of explicit political protest, see Van Wolputte, “Cattle works”; see also: Ferguson, \textit{The Anti-Politics Machine}.

\textsuperscript{48} NAN AGR 908 150/1/5/2, Notule van Longsiekte-komitee vergadering gehou op 14 julie 1965 in kantoor van Hoofbantusakekommissaris, Windhoek, undated.
inspection and vaccination of their herds. This way, the Bantu Affairs Commissioner was able to convince a small group within the Tribal Council to comply with government livestock policy, and to fragment resistance, even if the expectations of this group of “dissidents” were repeatedly frustrated. The reasons for this fission were internal rivalries and competition for power combined with the meagre power base of most Headmen within the Tribal Council. The context was that of more concerted efforts by the civil authorities and the Veterinary Department to control the spread of CBPP and other livestock diseases and of the increasing militarization of the region after the armed struggle for the liberation of Namibia had also reached Kaoko. As John Friedman indicates, these efforts to mitigate and exploit the ambiguities of colonial rule escalated into an open conflict between the competing factions in the Tribal Council in the first half of the 1970s. The final bouts of CBPP in Kaoko before the 1980s drought were characterised, therefore, by an ever more pervasive veterinary apparatus. At the same time, the context they operated in became more and more violent as the armed struggle escalated.

To summarise: between 1925 and 1980, several campaigns were set up to contain the lung sickness threat and to combat the spread of the disease before it reached the commercial farms in the Police Zone. The first outbreaks were countered by forced quarantine and the destruction of allegedly infected or trespassing stock. The only campaigns which were not triggered by reports of an outbreak were those in 1939 and 1956: both were intended to counter the shortcomings and negative effects of the campaign that took place the year before. Given however the many interests, and given the many latent and manifest objectives of these campaigns, it is difficult to assess their success or failure unequivocally. Even if the Veterinary Department could claim successes in terms of animals vaccinated (despite the fact that their figures were questionable), their efforts came at a huge political toll and financial cost; and when veterinarians admitted that a vaccination campaign had spread rather than contained the disease, this only necessitated their further presence.

Uncertainty and dependency

The outbreaks between 1925 and 1980 were, to a considerable extent, the result of the increased mobility of people and herds in times of political insecurity aggravated by drought (as bouts of the disease always coincided with a period without rainfall). But colonial livestock policy also contributed to its spread. Early experiments with field virus had disastrous effects on local livestock holdings and led to herders hiding their herds and trying to evade inspection and inoculation, fearing the violence (the threat of losing their herds) that accompanied these campaigns. The embargo on local livestock trade also resulted in more, not less, livestock as the established ways of getting rid of surplus

49 Bollig, “Colonial encapsulation”; Friedman, Imagining the Post-Apartheid State.
animals (long-distance trade) were prohibited or at least seriously hampered by fences and border patrols. Moreover, methods of colonial control (such as concentrating people and herds around fixed waterholes, or forcing them to move next to the road) intensified the effect the disease had on local livestock. Yet, the SWA administration was unable to restrict the mobility of people and (especially) herds as it did in other parts of southern Africa, which perhaps explains why things in Kaoko did not work out as they did elsewhere in ‘the Territory’ (see above).

Fig 3. The road to Opuwo (2).

Until 2006, this T-junction was the only tarred road in Kaokoland, overlooked by the house of the Bantu Affairs Commissioner (right, under the palm trees). Paradoxically, tourists and other visitors to Kaoko often experience it as a journey back in time. Photo by the author, July 2002, No 02.01.02.05a.

More challenging, however, would be the idea that veterinarians, civil authorities and local headmen were locked in a web of mutual distrust, but also of mutual dependency. From the colonising point of view, this is perhaps not that surprising. Veterinarians needed the civil authorities to try to convince the Tribal Council of the necessity of vaccination; they needed policemen to patrol borders and round up smugglers, and manpower to construct crush pens, and so on. The civil authorities needed technicians (such as veterinarians) to prove their legitimacy and to execute government livestock policy, not only among the inhabitants of Kaoko, but also among the settler population. Local headmen, in their turn, had been appointed by the administration. As their power

51 Bollig, “Colonial encapsulation”.

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base was rather weak, they were dependent upon the administration to keep them in position. At the same time, however, they could prove their legitimacy vis-à-vis their followers by opposing apartheid and segregated development, especially when it came to livestock. The position of Kaoko as a buffer between Central Africa (Angola) and the commercial farms in Central Namibia, and as an administrative outpost in the margins of the colonial state, also gave the local officeholders a (limited) form of power as the first objective of the SWA administration was to protect the interests of the vulnerable, white-held, heavily subsidised, commercial farms in the Police Zone, but lacked the manpower and means to achieve this objective as it did in the rest of Namibia and South Africa. So, paradoxically, the fact that epunga havocked their herds also, to some limited extent at least, enhanced local livestock owners’ negotiating power. The coming of thousands of soldiers and policemen in the wake of the outbreak of the armed struggle in 1966, and the eruption of the international conflict in Angola after 1975, overthrew this uncertain stalemate.

Negotiating the margins: social and political experimentation

Over the years, Kaoko became a laboratory to experiment with different strands of vaccine, but also with different delivery methods (quantities of vaccine, vaccination intervals etc.), and with other technologies such as crush pens or brands. This metaphor — experimentation — can also be applied to the social and political realm. Boundary crossings were, for instance, sometimes encouraged, and sometimes forbidden, sometimes permitted and sometimes condoned. In general, the Veterinary Department was opposed to every form of illegal livestock trade. The successive Bantu Affairs Commissioners were more lenient in this regard, for political (their position vis-à-vis their ‘subjects,’ but also in the power struggle vis-à-vis their colleagues in other departments) and pragmatic reasons (the lack of manpower to control every drift along the Kunene, for instance). An even more ambiguous position was taken by the Native Constables charged with patrolling the border. The efforts to fragment local opposition to colonial rule can also be looked upon from this vantage point. The civil authorities tried different incentives (such as opening a store, organising auctions, and the like) “with the objective of interesting the natives in better clothing, luxuries and jewellery formerly practically unknown to them and enticing them to work in order to earn money with which to buy”. To establish a cash economy various taxes (such as a cattle excess fee) and a few administrative structures were experimented with or tried — most of them to no avail. But local herders, too, experimented with different

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52 For instance, as various reports attested, the standardised crush pens (mangas) used in the rest of southern Africa proved too narrow for the many wide-horned oxen in Kaoko (see figure 1).
53 Friedman, *Imagining the Post-Apartheid State*.
54 BOP 19 N2/13/2/18, Hoofnaturellekommissaris, Windhoek (M.J. Allen) to Naturellekommissaris Ondangua, Ovamboland, Handel in die Kaokoveld, 30 March 1955.
ways of shunning colonial control, and with ways to turn the colonial presence to their advantage. First of all, they experimented with biological ways to dam up the disease (see above), by inoculating with field virus or, later, by buying vaccines and syringes. They tried to move their herds across the border, break through the fences around Kaoko, but also to negotiate with the SWA administration to lift the livestock embargo. All these efforts can be regarded as efforts to deal with, and anticipate, the vicissitudes of state. And like the experiments by colonising agents, these efforts came at a huge political and economic cost.

This friction between the different parties involved in the colonial encounter in Kaoko, and the ambivalences and contradictions (such as the tension between capillary pretence and arterial presence, or between the promise of material development and the reality of segregation) that characterised colonial discourse and practice there, led to a double helixed irony. On the one hand, the more veterinarians pushed for a technical solution to ‘the cattle question’ (which itself was part of the ‘native’ and ‘land’ question), the more their solutions were politicised. On the other hand, the more local herders pushed for a structural – political – solution (the lifting of the embargo, ‘local’ vaccination …) the more veterinarians were convinced that a comprehensive, technical (and drastic) solution was needed.

But colonial rule was characterized by more profound paradoxes and contradictions. First of all, as the history of CBPP in the region illustrates, the SWA administration was unable to exert full control over livestock, people and land in the northern Kunene region. The state did not reach into the mountains, or beyond the places that were carved out in the landscape, were equipped with modern infrastructure such as dispensaries, water places and crush pens, and connected by the road (see figure 2). This road functioned as the main artery of colonial supervision and control; its reach, though, was limited and unlike the small paths and pathways that criss-crossed the landscape, it did not extend to all of Kaoko. A first contradiction, then, would be the discrepancy between a colonial discourse that claimed to be ubiquitous and all-powerful (or capillary), and colonial praxis that clearly was not – as exemplified by the image of the road, the main artery of colonial control.

A second set of contradictions related to the tension between the manifest and latent functions of (material and administrative) development, between progress and segregation. But as government officials operated in a social field characterised by internal division and rivalry, competing views, and contradictory expectations, and as they were forced to negotiate with ‘unwilling’ subjects, also they were affected by the uncertainty of colonial rule – even if this was hard to reconcile with apartheid’s master narrative.

Arguably, paradoxes and contradictions such as these make up the fingerprint of colonial rule and, more generally, the modernist state itself. Probably they were
exacerbated by the fact that the northern Kunene Region was at the frontier of white settler society, a buffer zone between southern and Central Africa, a borderland ("the last wilderness", as tourist brochures mention) at the margins of the SWA administration. The fact that in the colonising imagination Kaoko was perceived as a far and remote borderland certainly contributed to creating a context in which experimentation was allowed, perhaps even encouraged.

But just as Kaoko and its inhabitants were marginal to the SWA administration, so was the colonial administration experienced as being at the margins of Kaoko. As Das and Poole point out, these margins do not refer to an absence: they refer to sites of uncertainty where the contours of the state are being (re-)drawn, where the state is being made and unmade.57 As such they refer to practices (such as veterinary medicine and its reception), to the experience of state (the state effect) rather than to the state as a concept or as a fixed set of institutions.58 In Kaoko, these margins also ran through the bodies of livestock: sometimes metaphorically, for instance when veterinarians were suspected of confiscating cattle by branding them with an X, and sometimes literally, when they caught a cow and conducted a post-mortem on the carcass. Cattle were (and, to an large extent, still are) the main medium through which the state was experienced, and through which the margins of colonial rule were negotiated. These margins are not just about cattle numbers, but about inclusion and exclusion. Furthermore, nowadays, animals are the most prominent body of contact (or of friction) between local herders and representatives of the state. Evidence of this are the political tensions that continue to exist with regard to the Veterinary Cordon Fence (VCF, the so-called Red Line) that to this day separates northern Namibia from the centre, or the fact that today one of the most influential political figures in Kaoko, Hikuminue Kapika, still refuses to have his herds inoculated.59 Members of the Otjikaoko Traditional Authority openly ask the question why they have to pay the price for a disease introduced by settlers from abroad. For them, animals embody the lingering and intersecting pathways of history, creating a much more pervasive, capillary network that overlays the image of the road (see figure 2). In fact, this road itself became a marker of exclusion and inclusion, a boundary that was used to separate healthy from infected animals.60 Thus the confrontation with (the threat of) CBPP heralded the difficulties the inhabitants of Kaoko

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57 I do not distinguish here between state, administration and government, the main reason being that in daily experience and in the imagination of, in this case, colonial rule, these terms were lumped together as ohonemene ("government"). This conflation of these concepts in daily discourse is one example of the “state effect”. See Timothy Mitchell, “Society, economy, and the state effect”, in: Georg Steinmetz, (ed.), State/Culture: State-Formation after the Cultural Turn, New York, Ithaca, 1999: 76-97. For Kaoko, see Friedman, Imagining the Post-Apartheid State. On the margins of the state, see Das and Poole, “State and its margins”: 9f.; Anna Lowenhaupt Tsing, “From the margins”, Cultural Anthropology, 9 (3), 1994: 279-297.

58 Mitchell, “Society”.

59 See Miescher, Red Line.

60 Recorded interviews with members of the Otjikaoko Traditional Authority, Opuwo, November 2006, October 2008; with Chief Veterinarian, Opuwo, November 2006.
experienced in their confrontation with a regime of violent exploitation (referred to in the
above with the Herero term epunga, also referred to as the ‘Doctor’s disease’). At the
same time, lungsickness signified the crisis and laid bare the contradictions of this
regime in its confrontation with a different subjectivity, one not framed in terms of ‘race’
or evolutionary stage.

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