In 2002 the spiritual head, or guru, of the Beas branch of the Radhasoami movement was given a guided tour of the newly established Rotary blood bank in Delhi. According to the blood bank’s director, Dr. N. K. Bhatia, the guru “was extremely happy, he blessed us all, he had some snacks with us, he even took a Coke.” Later the guru granted a private audience to a member of the blood bank team. At its conclusion, he presented her with prashad, sanctified substance imparted to devotees in token of the guru’s divine favor, often consisting of sweets, flowers, and other “leavings.” In this instance, the prashad consisted of a small packet of sweets and a piece of paper. On the paper was written: “Every month, one camp.” The prashad, in other words, took the form of a promise. The guru would instruct his devotees to organize blood donation events (known as camps, or in Hindi, shibir) throughout the year at their different places of worship. Having toured the blood bank, the guru thus offered up his numerous devotees as a new and vital blood donor constituency.

In India as elsewhere, the transfusion and donation of blood are far from being purely technical processes restricted to medics concerned with practical medical matters. Rather, they are procedures that transcend their official purposes, and that, in so doing, shed light on multiple aspects of social life. This book tells the story of the complex intertwinings that have developed over recent years between reform-minded north Indian devotional orders and campaigns to foster voluntary blood donation among the Indian population. Focusing in particular on the situation in Delhi, it documents and interprets the blood donation operations of several high-profile religious movements that organize gargantuan public blood-giving assemblages (camps) involving vast numbers of people, and other heavily publicized campaigns of record-breaking proportions as conspicuous acts of service (sewa). Blood donation, I shall argue, has become a site not only of frenetic competition between devotional orders
but also of intense spiritual creativity. In addition, I explore the persuasive activities of “donor recruiters.” These are the blood bank staff and public health officials responsible for increasing the number of voluntary blood donors in India, and whose proselytizing attempts to appeal to all sorts of sentiments of altruism, status seeking, and spirituality in ways that either reflect or cut across existing Indian ideas about virtue, service, kinship, and the nation. This study also situates blood donation within the context of classic themes in the anthropology of giving and exchange, exploring in particular the complex relationship between blood donation, known in Hindi as _rakt-dan_, and _Indic dan_ (gift, donation) concepts.

The backdrop to the study is recent legislation initiated by the Indian medical establishment that seeks to stop blood banks from accepting blood on the basis of payment to individual donors and also seeks to end the prevailing ad hoc family-based system of provision. The public policy orthodoxy that informs the legislation asserts that the safety of donated blood is far greater when deriving from voluntary, nonremunerated donors in an anonymous system of procurement. This orthodoxy is supported and maintained by the international arbiters of health policy and funding, the World Health Organization and the International Federation of Red Cross and Red Crescent Societies, both of which subscribe to the findings of influential British policy analyst Richard Titmuss (1970) that voluntary blood donation provides the safest blood for transfusion. Titmuss’s study focused on the United Kingdom and the United States, but Indian studies also show that Transfusion Transmissible Infection (TTI) rates are two to three times higher in nonvoluntarily donated blood (Bray 2001; Nanu et al. 1997). Most, though not all, Western countries practice centralized voluntary systems of provision. Blood donation was introduced to India in 1925 when a transfusion center was founded at the School of Tropical Diseases and Medicine in Calcutta, though it was not until 1942 that India’s first fully functioning blood bank was established under a government order at Calcutta’s All India Institute of Hygiene and Public Health in order to meet the war need (Ray 2003: 32). Since then, the two most common forms of donation have been paid donation and “family replacement” donation—where family members donate to replace the blood withdrawn from the blood bank to treat their ailing relative. India’s Supreme Court banned paid donation from 1 January 1998 and directed the government to begin actively encouraging voluntary, nonremunerated blood donation. The government’s subsequent National Blood Policy (2002) additionally required the phasing out of replacement donation within five years.

The banning of paid donation, and the phasing out of replacement donation, has required innovative strategies on the part of blood banks, supported by a government body, the National AIDS Control Organization (NACO), to radically increase voluntary blood donation. Despite the assortment of campaigns, however, replacement donation still accounts for more than 50 percent of all
donated blood in India. There are striking state-by-state variations: in West Bengal, 90 percent of donations are voluntary. Maharashtra, Gujarat, and Chandigarh also possess healthy voluntary figures. In Delhi, however, less than 19 percent of the total collection comprises voluntary donation.¹

Though the set of campaigns to foster voluntary donation has faltered, there is one important success story: over recent years religious movements, in particular those led by gurus, have become essential providers of voluntarily donated blood throughout India. In the north of the country, religious movements in the sant tradition are most prominent. The Sant Nirankari Mission and the Dera Sacha Sauda devotional orders, the subjects of chapters 4 and 5 respectively, are particularly high-profile contributors. Also in the sant tradition, the Radhasoamis (Beas branch) are prolific collectors in Delhi, as are devotees attached to one of its offshoots, the Sawan Kirpal Ruhani Mission. But religious blood donation activities are also pursued by a wide range of other spiritual organizations: I attended scores of camps organized by Hindu temples, churches, gurdwaras (Sikh places of worship), and devotees of Sathya Sai Baba and the Maharashtrian guru Aniruddha Bapu. The devotees of another Maharashtrian guru, Narendra Maharaj, are reported to give blood in large numbers. Devotees of Kerala guru Mata Amritanandamayi also arrange blood donation events (Warrier 2003a: 269). In Mumbai, the Limbdi Ajramar Jains collect huge quantities, and according to Rajasthani blood banking personnel I met at a Kolkata blood donation conference, Jain seva (service) groups in the state collect more blood than any other social service organization. They are reported, for instance, to have exceeded their target of collecting 2,600 units in 2001, the year of Lord Mahavira’s 2,600th birth anniversary.² I believe that similar activities are to be found in most other parts of India.

Religious organizations are by no means the only contributors to the drive to increase levels of voluntary donation—donation camps are also staged in educational, political, and business settings. The primary focus of this study, however, is on the hitherto unrecognized role of religious organizations in the voluntary donation of blood in India. This is the case for adherents of a very wide range of faiths in India, though is particularly important for movements and devotional networks professing modernist and social reformist aims and values. The study of the enactment of blood donation (rakt-dan) by these movements enables me to explore important and widespread new developments in urban religious life through a focus on the interaction between utility and religious thought and practice, and to investigate the ways in which a “Western” biomedical technique has come to be employed by various gurus and sets of devotees for the pursuit of reformist Hindu and Sikh spiritual projects.³ There is nothing one-sided about the process: blood-giving devotional orders and the project to foster voluntary blood donation evolve together and exchange their properties. Devotees rearticulate blood donation and load it with complex
devotional logics in precisely the same process through which the precepts of medical utility are instilled squarely at the heart of these devotional orders’ emergent theologies.

Following from this, a key aim of this study is to challenge widespread anthropological characterizations of utility as something diametrically opposed to culture, ethics, and qualitative value. This kind of dichotomy is particularly widespread in the medical anthropology literature on corporeal donation. I shall argue that in the contemporary north Indian devotional and social reformist milieu, this opposition does not hold, and that in a variety of contexts including but not limited to blood donation, utility has been elevated to the stature of virtuosity—hence my term “virtuous utility,” discussed in chapter 3, and the concept of “religions of utility,” which I employ to refer to what I identify as the phenomenon of utility valorizing devotional orders and spiritual movements. I do not mean by this that these are religions of valueless instrumentality, but that utility has been instilled by them with varying virtuous, richly ethical properties, which make utility precisely irreducible to mere instrumentality.

The term “interoperability,” usually used to refer to two or more sets of software able to work harmoniously together, is a helpful epithet for describing the interaction between voluntary blood donation and the devotional orders in question. “Interoperability,” states one definition, refers not only to the ability of two or more entities to work in conjunction but also to their ability to contribute usefully to each other’s priorities and aims. The concept is particularly helpful, I think, in focusing attention on the practical nature of the operational processes involved when different systems may come to interlock and work through each other. This study argues that voluntary donation and various religious movements are interoperable with, on the one hand, gurus’ devotees donating their blood in large quantities, thus contributing decisively to the project of voluntary blood donation, and on the other, the experience of blood donation opening up new devotional possibilities for devotees, while lending tangible force and dynamism to certain of the movements’ doctrinal tenets. The collaboration between blood banks and devotional orders is also, of course, marked by numerous tensions and divergent interests, and these are delineated as the study progresses; nonetheless, both entities have come to work through each other in a manner that could be described as “interoperable.”

**The Sant Tradition**

In north India, the three most prominent devotional orders that collaborate with blood banks to organize blood donation camps at their places of worship are the Sant Nirankari Mission (1929), the Radhasoamis (1861), and the Dera Sacha Sauda (1948), each of which, though relatively recent in origin, has arisen
out of and draws deeply on the north Indian sant heritage. The Nirankari Mission first began to collect the blood of its devotees in the 1980s, the other movements more recently since 2000.\footnote{In all of them, though, blood donation is treated now as established convention. Of the three, only the Radhasoami tradition, with its greater number of devotees, has been the object of scholarly study (see Juergensmeyer 1991, 1995; Babb 1986). This movement, though distinct and separate, shares many values and beliefs with the Dera Sacha Sauda and Nirankari Mission. Common to each is guru-bhakti—devotion to a living spiritual master, devotee constituencies made up of both Hindus and Sikhs, an emphasis on the recitation of sacred words, a conception of transcendence as being open to all in this birth regardless of caste or gender, a social reformist agenda, and a set of teachings genealogically derived from a family of nonsectarian sants, or saints, which began to emerge in the medieval period. The point about nonsectarianism is important. The sant tradition is not exclusively Hindu or Sikh but venerates the teachings of sants who have been important and influential in each religion. In the devotional contexts explored in chapters 3–6 of this study, distinctions between Hindus and non-Hindus and indeed distinctions of caste and other internal differentiations of “community” are downplayed in favor of shared devotional attachment to a spiritual master.}

The fourteenth and fifteenth centuries saw an efflorescence of sant poets such as Kabir, Nanak, Ravi Das, and Nam Dev. Most espoused versions of bhakti, defined by Vaudeville (1974: 97) as “a religious attitude which implies a ‘participation’ in the deity and a love relationship between the individual soul, the jiva, and the Supreme Lord, Bhagavan, the ‘adorable one.’” These sants, often seen as Vaishnavite, though also influenced by Shaivite bhakti, gathered followers and formed communities of mainly low-caste laymen (van der Veer 1988: 91). It has been argued that sant associations underwent “gentrification” in the eighteenth century, with an increase of followers from merchant communities (D. Gold 1992: 33). Though this is borne out to some extent in present-day sant movements, with initiates deriving from a very wide stratum of Indian caste and class groups (see Juergensmeyer 1995), the majority of Nirankari and Dera Sacha Sauda devotees, in my experience at least, remain fairly economically disadvantaged. The implications of this deprivation, as it relates to Nirankari blood donation, are a focus of chapter 4.

Schaller emphasizes the non-Brahmanical tone of much sant poetry. Ravi Das, for example, portrayed Brahmins as proud and hypocritical lovers of empty ritual (Schaller 1995: 106–107). Many sants were themselves from low-status and generally lower-caste backgrounds, and taught that all human births are rare and valuable—not only those of Brahmins (Lorenzen 1995: 18, 24). This kind of social criticism persists in present-day sant movements, which uniformly criticize elaborate ritual, idol worship, and virtuoso displays of asceticism (see chapters 3–5). Devotion, not ritual prowess or caste, so the sants proclaimed, is the
determinant of one’s worth and ability to attain liberation. Though the all-pervading godhead described in sant poetry is meant to be “without attributes” (nirguna), the presiding guru-sants are themselves worshiped. In the case of the Nirankaris, devotees’ simultaneous worship of nirankar (formless god) and the concrete form of the satguru appears to allow the Mission to construct itself as superior to idol worshipers (criticized at worship gatherings) while at the same time continuing to worship a living idol.

The Beas (Punjab) branch of the Radhasoami movement is an important provider of voluntarily donated blood in Delhi. Its literature self-consciously employs modern, scientific language—one leader even describing the movement as a “science of the soul” (Juergensmeyer 1991: 51). Some Radhasoami devotees connect their having moved “beyond” idol worship with their enthusiastic approach to blood donation. Several times at Radhasoami donation camps, I heard devotees contrast their own desire to donate blood with people outside the movement who refused to donate on account of “misguided” fears about the physical consequences of donation. Other Indians were idol worshipers, they said, as if that explained their reluctance to donate blood. Belonging to a “scientific” faith, devotees could, in contrast to “benighted” idol worshipers, demonstrate the fact by donating their blood.

Not all sant movements are based around revered living gurus, but the Radhasoami, Nirankari, and Dera Sacha Sauda are, and this has created tensions between them and mainstream Sikhs, for whom the guru is an abstract, trans-historical entity, meant to reside within and not outside the devotee. The final living Sikh guru, Gobind Singh, proclaimed in 1708 that the spiritual energies of the guru had been transferred into the Sikh sacred book, the Adi Granth, thus effectively proscribing the emergence of future human gurus. Juergensmeyer (1991: 85–86) notes that this issue causes Radhasoami-Sikh relations to become fraught from time to time. As chapter 4 illustrates, violent clashes between Nirankaris and mainstream Sikhs over this and other matters played a significant role in the institutionalization of blood donation as an important feature of Nirankari religious life.

Worship among these movements consists largely of devotional singing (bhajan), regular gatherings (satsang) at which devotees listen to the guru’s discourses, and service of the guru (guru-seva). The notion of guru-seva is particularly important in this study because devotees’ donation of their blood is undertaken as an aspect of this devotional prerequisite. Though gurus say blood donation is manav-seva (service of humanity), devotees view it just as much as guru-seva, since it is their gurus who ask them to do it and who, in effect, their donation activities serve to glorify. Juergensmeyer (1991: 127–146) has demonstrated the central role of seva activities in the Radhasoami movement, and this is equally true of the Dera Sacha Sauda and Nirankari Mission (discussed in chapters 3 and 4). Analogous to the making of offerings and sacrifices in a
Hindu temple, seva is offered as worship and praise and is a critical means of obtaining the guru’s blessings (Juergensmeyer 1991: 142). Warrier (2003a), Mayer (1981), Babb (1986), and McKean (1996: 9, 140) have additionally highlighted the importance of seva activities in more obviously “Hindu” guru-led institutions outside the sant tradition. As this would suggest, these sant movements form part of a much wider landscape of gurus, and it is in relation to them as much as each other that they define themselves.

**Gurus and Organs**

In her study of Hindu guru movements based in Rishikesh, and their links with Hindu nationalism, McKean (1996: 9) compares gurus with corporate managers and employers: all of them, she says, “desire to control subordinates.” Gurus, she argues, are institutional “big men” whose attempts to enchant the material world for the benefit of their affluent consumer-devotees “occult the greed, guile, and violence that secures their status as spiritual leaders” (ibid.: 23). In addressing what she calls the political economy of spirituality, McKean draws attention to a spiritual logistics of power and domination that any study of guru movements must take into account. To be sure, devotees’ often unquestioning love for their gurus can be viewed as placing them in the gurus’ captive power. However, the insistent claim that the “ideology” of spirituality camouflages, occults, or masks what McKean calls “exploitative social relations of production and exchange” ends up, to employ her own term, “camouflaging” any sense of the devotional specifics that constitute the religious experience of devotees.

McKean contrasts her approach with Babb’s supposedly “deferential” attitude toward the three religious movements he explores in *Redemptive Encounters* (1986). She feels that his professed respect for them blinds him to the movements’ political aspects. If McKean had considered Juergensmeyer’s study of the Radhasoami faith, with his admission of holding a sympathetic attitude toward it (1991: xi), the same criticism would in all likelihood have been leveled. McKean’s argument implies that scholars must make a choice between conducting a naïve engagement that pays heed to devotional specifics and experience, as Babb and Juergensmeyer do in their superbly nuanced and detailed accounts, and adopting politically aware (and here she means Marxist) approaches that see the anthropologist’s task as one of political unmasking. But the choice, I think, is an artificial one: the specifics of devotional practice and experience and those of wider systems of authority need not be in some kind of analytical zero-sum relationship. My study, which draws liberally on each of the three aforementioned works, sees no contradiction between exploring and acknowledging the undoubted power wielded by gurus and recognizing that motivations for action are rarely if ever “simply political or politico-economic,” with religion a cover for “thoroughly secular, more or less selfish ambitions”
(Geertz 2000: 178). I thus aim to shed light on both the mechanisms of control through which gurus are able seemingly at whim to establish their devotee bases as blood donor constituencies and the experiential basis on the level of the devotee of being thus mobilized. The point is straightforward: cognizance of the political economy of spiritual systems is imperative—I introduce below the notion of the captive voluntary devotee and conceptualize devotee populations directed by their gurus to donate blood as “donor banks” analogous to the vote banks hailed as mass bodies during Indian election campaigns—but this need not preclude exploration of the values and understandings of those who perform live as the subjects of these systems.^{12}

This book also aims to show that there is far more to the role of gurus in Indian society than “greed, guile and violence” (McKean 1996: 23). Chapters 4 and 6 delineate the important gateway function of gurus in the creation of “Indian moderns.” Control over subordinates is a key factor in this but is not in itself sufficient to explain the complex and nuanced facilitative role of gurus in the production of specifically Indian versions of modernity. I argue below that voluntary blood donation in devotional contexts provides critical examples of gurus’ wider gateway function—that is, their role as decisive points of access for their devotees into inimitable brands of guru-amended modernity which are irreducible to “Westernization.”

The zero-sum analytical treatment of affect and experience on the one hand and political economy on the other is as evident in studies of biological exchange as it is in analyses of devotional movements. The anthropological literature on corporeal transfers had until quite recently been largely characterized by a logic of debunking and exposé that saw such forms of exchange in somewhat eviscerated terms as reducible to coercion, alienation, and/or marketization. There was rarely any sense in these studies of corporeal donations arising from active, reflective choice on the part of donors. According to such studies, one does not have to be poor to make a corporeal gift, but those who do offer such gifts without being explicitly compelled by debt or as a result of illicit extraction during operations are depicted as being mystified by a predatory ideology of extraction masquerading as “gift of life.” Such an emphasis on compulsion and false consciousness in discussions of biological exchange has prevented attentiveness to the emergent forms of ethical life grounded in such modes of exchange, as well as their affective bases. Scholars such as Lock (2002, 2007) and Scheper-Hughes (1996, 2004) have been active in highlighting that “the body yields gifts that are deeply problematic” (Simpson 2004: 842), and indeed have established beyond doubt that in numerous sociocultural contexts the body parts of the exploitable poor follow a trajectory upward to the rich. The problem is that such moral commentaries frequently exceed the specificity of the examples discussed, with all biological exchange consequently being cast into the realm of the piratical.
If analyses take as axiomatic that the “gift of life” is merely a “seductive metaphor” (Lock 2002: 207), or begin from a moral position that sees tissue exchange as always already subject to the demands of a rapacious, “gift-wrapped” (Ohnuki-Tierney 1994), and ever more biologically intrusive ideology of late capitalism, then much that is compelling and distinctive about these economies is elided. What, for instance, of ethical self-fashioning? What of possible “marriage[s] of responsibility and faith” (Derrida 1995: 6)? Laidlaw (2002: 324) claims that “by describing the different technologies of the self, one can tell the story of the different ways in which people have purposefully made themselves into certain kinds of person.” This, as Laidlaw says, would be subject to existing biopolitical possibilities and in accordance with various constraining norms and regulations. This study attempts to recover a space of the “biospiritual” on this contested anthropological terrain, to give due recognition to the subtle “donation theologies” that have arisen around blood donation, and to show that people can make themselves into certain kinds of distinct person through innovative responses to admonitions to give of themselves.\(^3\) Avoiding analytical moral panic, I seek to show that interpellation by what some have portrayed as a mystifying ideology of “gift of life” does not necessarily strangle the possibilities for ethical self-fashioning as well as theological originality in these contexts. I do not argue that attentiveness to emergent forms of ethicoreligious life should replace the existing focus on political economy but rather that it be insinuated into this focus as a bulwark against existing tendencies toward analytical delimitation.

Cohen (2007) too has noted the panicked language of ardor and elision that pervades many commentaries on biological exchange, a language which seems to suggest that “there is a universal practice of taking organs from the poor.” Cohen’s (2004: 169) own concept of “bioavailability,” a contingency “organized variously around the loving or charitable gift, the commoditized sale, or the authoritarian or piratical forced extraction or seizure,” is an important refinement.\(^4\) Though the term seems principally designed for application to populations rendered bioavailable by way of their socioeconomic status—this reflecting Cohen’s own ethnographic focus on the recruitment into the organs trade of women in a south Indian “kidney slum” (1999, 2001)—the concept is flexible enough to cover instances of both self-authorized bioavailability and complexly ethicized engagements with medical science concerning tissue supply. For instance, chapter 4 demonstrates that the bioavailability of Sant Nirankari blood donors is on the one hand a kind of “vote bank bioavailability,” with recruitment a product of conditioned reflexes to the exhortation of the guru, while at the same time showing that the biospiritual lies at the heart of devotees’ bioavailability, with devotee-donors loading their acts of donation with a range of nuanced ideas concerning memorialization, asceticism, and spiritual transformation.
Other exceptions to the reductionism described earlier include Simpson’s (2004) sensitive description of different forms of biological exchange in Sri Lanka and sophisticated works by Anagnost (2006) and Shao (2006) on the intricacies and perils of the Chinese blood economy. Also significant is Reddy’s (2007) rich study of blood giving for research purposes among Indians in Houston, which portrays the blood sample as a complex form of technoscientific gift, mediated by saints, beloved politicians and other “broker” figures. The mediatory role of the guru is considered at length in the present study: devotee-donors’ gifts of blood, I argue below, travel both “to” and “through” the mediating figure of the guru to “humanity.” Konrad’s (1998, 2005) account of ova donation in Britain is particularly important among these works on biological exchange in providing a powerful critique of anthropological characterizations of anonymity. These, she argues, have tended to discount the imaginative possibilities of “not-knowing.” If conventional anthropological treatments have portrayed anonymity as connotative of alienation, passivity, ahistoricity, and asociality, Konrad instead forcefully demonstrates that anonymity in the context of ova donation in Britain can produce “exciting connections between action and relatedness that cannot be reduced to the level of simple misrecognition or oblivious non-identity” (1998: 659).

Anonymity has been recognized as a key aspect of dan categories of Indian gift (A. Gold 1988: 9; Laidlaw 2000: 623; Parry 1994: 75, 80). The most virtuous kind of gift is that made anonymously to strangers. As I noted above, the voluntary gift of blood travels to unknown recipients. Thus, in contrast to the replacement model, the voluntary system is composed of anonymous gift transactions—the blood bank mediating between donors and recipients—and this makes it resemble dan as portrayed in some accounts of the “classical” Indic gift. I return below to the implications of this convergence between classical features of dan and rakt-dan. The point to emphasize here is that, like Konrad’s study, this work provides evidence that anonymity need not be synonymous with alienation and passivity but may rather provide a kind of imaginative canvas for novel ideational maneuvers. In particular, this study demonstrates that anonymity is subject to numerous usages and deployments that possess striking spiritual, nationalist, and familial implications. What is particularly important is the way anonymity makes it possible for blood donation to almost mechanically transgress caste and community boundaries, and then for those involved in the donation to construct any number of possible meanings linked to this transgression. Chapter 4 on devotional blood giving examines the importance for the Sant Nirankaris of this mechanical transgression, while chapter 7 explores its nationalist implications.

The anonymity of voluntary blood donation has been criticized in the Chinese case as an alienating contravention of a key tenet of Chinese cultural life, namely, that “gift giving produces reciprocal obligation in the context of
building social relationships” (Erwin 2006: 150). Since anonymity between donors and recipients works effectively to block reciprocity (Konrad 2005; xii), it is considered by Erwin (2006: 150) to “contradict . . . the obligations of reciprocity embedded in Chinese kin and guanxi relations.” This study suggests something rather different; namely, that anonymity can open up new spaces of ideation and relational reckoning—what Konrad (2005: 6) calls “the creativity of non-linkage.” I do not mean to suggest that the Indian experience of blood donation is free from disjunction and contrariety. Far from it. But what this study underscores are the ways in which Indian donor recruiters seek to extend existing cultural forms into new territories of signification in order that they may be made to accord with the project of fostering voluntary blood donation. Indeed, a key concern of this study is to explore the specifics of donor recruiters’ complex methodology in engaging and operating existing Indian social structures in order to make them supportive of voluntary donation. Often, as I show below in chapter 3, this entails “parasiting” existing giving mechanisms to produce new outcomes that accord with medical utility. Donor recruiters, indeed, are at the vanguard of social change in the subcontinent.

Broken Processes

Returning home after attending a blood donation camp in Noida, south of Delhi, we were stuck in a traffic jam, the car windows wide open due to the torrid heat. A desperate-looking woman approached, holding up what looked like a bloodied rag. She pleaded: Meri beti ke bacha hone wala hai, isliye ap meri madad karo—beti ka khun baha ja raha hai (“My daughter is about to give birth to a child, therefore please help me—my daughter’s blood is flowing incessantly”). The woman was requesting money in order to be able to pay for the blood required to save her daughter’s life.

In most Western countries, such a situation would make no sense. When a transfusion is required, doctors arrange for blood, stored either locally in the hospital, or farther afield in regional storage centers, to be provided for the patient. Doctors thereby draw on the stocks managed by the Red Cross or the country’s national blood service which collect blood, usually without payment, from roughly five or six people in every 1,000. Most of these donors give their blood every three months—the officially prescribed time meant to elapse between donations—and are thus “regular, repeat voluntary donors.” Worried relatives of the patient are not called on to contribute in any way, and may even be unaware that a transfusion has been called for. In India, on the other hand, where only 2 or 3 people in every 1,000 regularly donate their blood, the families of patients in need of transfusions are required by hospitals to donate their own blood in order to preemptively replace the blood withdrawn from blood banks for their relatives. (Doctors and donor recruiters commonly refer to a
WHO statistic which reports that, though 82 percent of the world’s population resides in South Asia, only 13 percent of the world’s donated blood is collected there.) In most cases a “processing charge,” which ranges from Rs 500 to Rs 1,500 per unit, must also be paid. Government hospitals may waive this fee for the poorest patients, while still demanding replacement donations. Transfusions typically comprise several units of donated blood; six are often required for major surgery. The families of patients must therefore almost always organize donations from not one but several persons. Friends often help out, but the primary obligation of provision lies with the family.

The National AIDS Control Organization (NACO) and National and State Blood Transfusion Councils were established in the 1990s to promote voluntary donation and govern the operations of blood banks, of which there are three main types: government, NGO, and commercial. Government and commercial blood banks tend to be attached to hospitals, whereas NGO blood banks—the two that operated in Delhi at the time of my fieldwork, run respectively by the Indian Red Cross Society and the Rotary Club, have recently been joined by a third, run by the Lions Club—tend to be “stand-alone.” Theoretically, one can donate voluntarily at any of these blood banks, though only government and NGO blood banks are allowed to take donor beds to donors, that is, to conduct voluntary blood donation camps at different locations. In Delhi, the Red Cross, Rotary, and Lions blood banks, along with a smattering of government institutions, conduct camps in collaboration with corporate, educational, religious, and political organizations, often at venues convenient to donors (for example, in their places of work or worship). At the time of my fieldwork, only the vanguard Rotary institution collected solely voluntarily donated blood, and did not demand replacement donations from the families of patients; the new Lions blood bank reportedly operates according to similar principles.

“At the city level,” write Bray and Prabhakar (2002: 477), “there often appears intense rivalry between and within charitable and independent commercial blood banks and success is usually measured in terms of the number of units donated and hence the number of units transfused—the emphasis is on quantity but not quality.” This rivalry extends to the organizing of camps. The Rotary and Red Cross institutions “steal” one another’s camps by promising a particular firm, college, or spiritual organization a higher standard of service than the other is able to deliver. One of the reasons that the level of voluntary donation in Delhi has remained static over recent years is the tendency of blood banks to compete to collect from existing locations instead of directing their attention to finding new sources of collection. The proliferation of blood banks in the city—there were forty-one at the time of my fieldwork—has not resulted in more blood donations.19

The blood bank, “by mediating between donor and recipient . . . preserve[s] the distance that keeps the different parties separate and separable” (Konrad
It works, says Healy (2006), “to elicit blood donations from donors, to elaborate the meaning of the donation, and to specify the nature of the gift and the obligations that flow from it. This work involves both logistical and cultural effort. The result is a practical system of procurement and distribution, but also a moral order of exchange.” The position of the blood banks that solicit voluntary donations, as with intermediaries in other settings (Vidal 2000: 138), is morally ambiguous. This stems from an apparent variance between the aforementioned logistical and cultural imperatives. Having been tasked by the Government of India with fostering disinterested (nishkam) voluntary blood donation in place of paid and deal-like replacement donation, blood banks charge recipients varying sums of money for what they receive “for free” from donors. This arouses suspicions among both donors and recipients that find their clearest anthropological expression in Sahlins’s (1972: 160) adage that “one man’s gift should not be another man’s capital.” As principal elaborator of the meaning of donation, the blood bank seeks to convert the replacement “deal” into a “selfless” (niswarth) offering. The problem, however, is that the very agent of gift purification in respect of donors appears to “degift” (Callon 1998: 36) the gift in respect of recipients; that is, blood banks fail to ensure that what is freely given to them is then made freely available (Reddy 2007: 435).

Further contributing to the blood bank’s moral ambiguity is controversy surrounding the Voluntary Blood Donor Card. These are given to voluntary donors, post-donation, and are meant to guarantee free blood, equivalent to the sum of that donated, for the donor and his or her immediate family for the duration of a year. In Mumbai, several blood banks have formed a federation guaranteeing to recognize and honor one another’s cards. In Delhi, however, there is no such coordination. Thus, if an individual donates to a particular Delhi blood bank and is later admitted to a hospital affiliated to a different blood bank, they may find that the hospital will refuse to recognize their entitlement to receive the blood they need, even though they have a valid donor card. Therefore, while the cards are meant to be uniform, they are not necessarily treated as such. Such treatment at the hands of blood banks and hospitals understandably creates the feeling among donors that their efforts are not appreciated, and is almost certainly detrimental to efforts to increase voluntary donation.

According to one renowned Indian transfusion specialist, the blood transfusion services “in most of the developing countries in South Asia resemble their highways—chaotic, crowded and swarming with obstacles” (Bharucha 2000: 12). Doctors frequently complain that “the fragmentation grows, grows relentlessly” (Nanu 2004). A recent episode in Delhi, related to me by Dr. Bharat Singh, director of the Delhi State Blood Transfusion Council, epitomizes the problem. Dr. Singh had hoped in 2003 to create a computer system that would network the different blood banks in the city so that the families of patients could log on to the council Web site (http://www.bloodbanksdelhi.com) to view
stock levels for particular blood groups at different blood banks. The purpose was to prevent relatives journeying fruitlessly from blood bank to blood bank trying to locate the correct match for a hospitalized family member. The council, however, does not have the power to enforce compliance, and only a handful of government blood banks chose to participate in the scheme. The Red Cross refused to make its stock figures public, since it anticipated the arrival at its blood bank of a deluge of family members eager to obtain blood for their relatives. The Rotary already had its own computer system and declined to coordinate it with the new network.

During my first few weeks in Delhi I thought of the different types of donation and blood bank I saw as resembling something like a structure with “fixed parameters but multiple states or systemic qualities” (Rosin n.d.). However, with several governing authorities, each of them unable to enforce the policies they promote, and competition rather than cooperation characterizing efforts to foster the transition to voluntary donation, in addition to the massive variability in people’s experience of donation, the system’s parameters are evidently more fluid than fixed, open to manipulation, and frankly difficult to comprehend at any given time. One visiting expert from the American Red Cross described what she saw as a set of “broken processes.” This, of course, is not an ideal position from which to initiate coordinated messages designed to persuade a reluctant population to rally to the cause of voluntary donation.

**Collaborative Communities**

Indian blood donation activity does not offer up an obviously bounded or discrete community. I realized I would have to spend time following and tracking (Marcus 2002: 196) those whose views I sought and whose activities I wished to observe. But that is not to say I did not work with identifiable communities. Of the 1,832 blood banks in India (Ray 2003: 176), 41 were situated in Delhi at the time of my fieldwork. I visited roughly half of them. Though dispersed throughout the city, blood bank professionals meet and exchange recruitment ideas and technical expertise at common forums such as training workshops, conferences on donor motivation, and seminars on quality standards. As a collection of individuals who share a common professional environment, and who also acquire a degree of their identity from that environment, blood bank personnel—medics, technicians, and donor recruiters—may be considered a “community of practice” (Wenger 1998).

The organizational feat of procuring voluntarily donated blood is managed through collaboration between this medical community of practice and other communities of practice such as businesses and educational and religious institutions that conduct blood donation camps. When persons affiliated with different communities of practice coordinate in order to attempt to tackle or
resolve a matter of mutual interest, a “community of interest” is formed (Arias and Fischer 2000). The different communities of practice I worked with come together to stage camps at which blood is donated, blood donation being their common concern. I thus studied multiple communities of practice, which, together, form a community of interest concerned with organizing and administering the giving of blood.

The multiplicity and diversity of the actors involved has led to a striking plurality of understandings arising around blood donation. As the concept and activity around which different communities of practice coordinate, blood donation is a “boundary object,” an entity that “sits in the middle” of a group of actors with divergent viewpoints (Star 1989: 46). A boundary object “holds different meanings in different social worlds, yet is imbued with enough shared meaning to facilitate its translation across those worlds” (McSherry 2001: 69). Blood donation sits in the middle of various different communities of practice, all of whom imbue the activity with their own contrasting practical, moral, and theological significances: while a doctor may see blood donation as an act of beneficent helpfulness with medical use-value, a Nirankari donor may see it as a means to effect religious conversion (see chapter 4). For a mourner, blood donation may be a way to pay tribute to the soul of the departed, while for a Sikh man with a psychologically disturbed wife it may be a means to remove the inauspiciousness afflicting his family (see chapter 3). The important point for donor recruiters aiming to foster voluntary blood donation is that interpretive alignments between blood donation and disparate other projects and sentiments must be nurtured in order that new donor constituencies emerge: mourner-donors, devotee-donors, and so on. The project to foster voluntary blood donation is necessarily expansive; new constituencies of donors must be sought and enrolled. This is resulting in the rapid proliferation of new relationships and understandings of what it means to donate blood. As I explain below in this chapter and in more detail in chapter 4, all this means that rakt-dan—a dan very much in formation—could never be described as being one dan. Rakt-dan is as heterogeneous as the diverse sets of communities of practice that give and receive it.

The “donor recruiter,” states NACO’s National Guidebook on Blood Donor Motivation (Ray 2003: 50), is a person whose purpose is “to motivate, recruit and retain voluntary blood donors.” Most recruiters are employed by individual blood banks to design publicity materials extolling blood donation, organize blood donation camps, educational visits to schools, and events on occasions such as All India Voluntary Blood Donation Day (1 October), or to felicitate regular donors. Their most important task, however, is to pursue strategies that will ultimately result in an increase in voluntary donation. Not all recruiters are in the employment of blood banks: the most impressively innovative and committed donor recruiters in India belong to a voluntary organization based in
Kolkata called the Association of Voluntary Blood Donors, West Bengal (AVBD), of which more in a moment.21

Blood donation has become a boundary object through the efforts of the religious, business, educational, and political communities of practice with which blood banks collaborate, but perhaps more important, through the active processes of interpretive entrepreneurship engaged in by donor recruiters. Recruiters are aware that they have to allow blood donation to mean different things to different organizations—that it must of necessity become interwoven with others' narratives and projects in order for collection to be increased.

The proliferation of conceptual alignments and alliances with different communities of practice, however, possesses the danger of the production of “bad meanings”—meanings, that is, that diverge from those deemed acceptable by the medical establishment and policy makers. The AVBD, mentioned above, consequently endeavors to be both a proliferator and a guardian of donation’s signification. Founded in 1980 by teachers and ex-students of Calcutta’s Jadavpur University, famed for its nationalist origins, its members are professionals and intellectuals who each give a few hours every week to help organize camps, write publicity materials, and engage in other recruitment activities. The AVBD’s striking inventiveness and visceral commitment to the cause of voluntary donation has given it a national profile and importance: it organizes national and international seminars and conferences on recruitment techniques, conducts highly effective school visits to promote voluntary donation, and runs diploma courses on donor recruitment and social work; its founder Debabrata Ray is the author of NACO’s National Guidebook on Blood Donor Motivation (2003). It is no accident that West Bengal is the national leader in voluntary donation, its figure of 95 percent contrasting markedly with Delhi’s 20 percent.

I single out the AVBD as an important agent of alignment and alliance in part because of its influence beyond West Bengal, but also because of a specific “signification tool” developed by Ray: the donation calendar. Noting that “different organizations . . . love to organize their blood collection [camps] on a significant day” and that “donor motivators have to be on the lookout for such days and make them popular for blood collection drives,” Ray (2003: 263) has prepared a calendar filled with multifarious “days of joys and sorrows, anniversaries [and] historical events” that “may be the days of blood donations.”

The calendar presses the boundary object into more and more territories of signification. To take a couple of examples: January 23, the birthday of the “freedom fighter” Netaji Subhas Chandra Bose, is marked as a potential day for camps. Indeed, members of the AVBD told me that followers and admirers of Chandra Bose make an explicit connection between blood donation and the famous request which he made to his countrymen: “Give me your blood and I will give you freedom.” March 23 is the day on which in 1931 another “freedom fighter” and nationalist icon, Bhagat Singh, was executed by the British. The
Rashtriya Swayamsevak Sangh (RSS), coordinating body of the Hindu right, stages camps on this day, connecting the blood shed by Indian “martyrs” and that shed by donors. But alignments between blood donation and specific events or social phenomena do not all depend on analogic synergy between blood sacrifice and blood donation (though this is indeed an important analogical relationship that recurs and is analyzed throughout the study); blood donation is often enacted by different constituencies as a mark of their commitment to the values condensed in and by the day in question. The calendar suggests that Gandhian organizations should be encouraged to donate on Quit India Day (August 8), associations of the deaf on World Deaf Day (September 23), the Indian armed forces on Army Day (November 18), Goans on Goa Liberation Day (December 18), Christians on Christmas Day, and so on.

Ray (2003: 266) urges recruiters in different states to prepare calendars based on this model but with local relevance. Armed with the signification tool of a donation calendar—or simply with locally relevant knowledge of notable days—recruiters customize blood donation with “personalized and personalizable referents” (Strathern 1993: 97) to facilitate its appropriation by particular interest groups. In Sirsa, for example, a town in Haryana, an enterprising blood bank asked a gurdwara association if it would consider staging a camp on August 27, the day on which the Guru Granth Sahib was installed in the Golden Temple at Amritsar. It was, and camps are now staged in the gurdwara annually on this date. In Kolkata, the AVBD approached the Muslim community to donate its blood on the birthday of the prophet Muhammad, with similar results.

The problem faced by agents of alignment such as the AVBD and other recruiters is that priming others to make alignments means that recruiters must of necessity loosen their own grip on donation’s signification. For an organization that not only wants people to give blood but to give it in the way it wants, this is extremely problematic. At a camp I attended on Rajiv Gandhi’s birth anniversary (August 20) in Kolkata, jointly organized by the AVBD and the Congress, large clocks were given to each donor. At the time, local political rivalries were being expressed through the medium of competitive blood donation camps, with different activist groups attempting to out-donate each other. Blood donation had become aligned with political rivalry. The Congress’s rewarding of donors with clocks in order to attract more donors, so far as the AVBD was concerned, saddled blood donation with an unacceptable signification. The AVBD campaigns forcefully against the offering of enticements to blood donors and has itself conducted a study that it says “revealed that costly gifts attracted more first time donors, who had a higher prevalence of viral blood transmissible infections” (Ray 2003: 45). The AVBD has accordingly made representations to local political groups and highlighted the issue in Calcutta’s newspapers. The AVBD thus attempts, like recruiters in general, to balance the two roles of stabilizer and proliferator of donation’s signification.
The Camp as Social Form

Though the heterogeneity of Delhi’s urban fabric may be endlessly reiterated by scholars who work on the city (Vidal et al. 2000: 16), there is no escaping the fact that an extremely large proportion of its inhabitants are first- or second-generation migrants from other regions of India. This provides for a wide and exciting array of camp settings: migrants from Kerala stage camps in temples dedicated to Lord Ayyappa; Syrian Christians stage them in their churches; Bengali Hindus donate blood during Durga Puja (the annual Bengali festival in honor of the fierce goddess Durga), and so on.

I worked principally with the Red Cross and Rotary blood banks, Delhi’s two most energetic organizers of camps and solicitors of voluntary donors. The Red Cross blood bank is located in the symbolic heart of New Delhi opposite the Indian parliament (Lok Sabha). The Rotary blood bank lies in an industrial area to the south of the city. The Red Cross conducts camps almost daily, the Rotary sometimes holds two per day in different locations. As NACO’s National Guidebook on Blood Donor Motivation (Ray 2003: 107) puts it, blood donation camps are premised on the idea that blood banks should take donor couches “as close as possible to the donors on their convenient date and time rather than expecting the donors to come to the blood bank. The closer the bed to the potential donor, the stronger is the likelihood of success.” The blood donor sessions held at United States university campuses and corporate offices are equivalents of the Indian “camp.” While one can walk in to donate at blood banks and hospitals in the United States and in India, it is largely true that “All over the world, most blood from voluntary blood donors is collected from outdoor camps in rural and urban areas” (ibid).

Despite the forcible sterilization camps conducted during Indira Gandhi’s Emergency (see Tarlo 2003), “camps” in India are seen mainly positively, especially by the less well off, as opportunities for free medical treatment, which can include basic surgical operations such as the removal of cataracts. The Rotary and Lions Clubs are particularly prolific providers of treatment, as are the devotional and guru-led movements introduced above. The staging of free treatment camps is also a populist political instrument, especially during election times or on the death or birth anniversaries of past and present political leaders. Residents’ associations in wealthy Delhi suburbs stage more commercially oriented camps in the form of “health melas” (festivals) where basic treatments are provided at subsidized rates, various new medical products and treatments are advertised, and famous doctors, familiar to residents from daytime television chat shows, lecture on healthy lifestyles. It appears likely that the recent striking expansion of religious and corporate charity, which frequently takes the form of services and treatments provided at camps, has partly been in response to the government’s liberalization policies of the 1990s, with the state, having
abandoned its commitment to socialist principles, no longer able to represent itself as the benefactor of the masses (McKean 1996: 11). This is an important point to which I return later.

What is distinctive about blood donation camps is that those who attend become donor-providers as opposed to recipient-patients. The widespread expectation that camps are a medium for giving out to a needy population can lead to confusion at blood donation camps which seemingly turn such a dynamic of give-and-take on its head. Although many blood donation camps are staged in private spaces such as office, worship, and college buildings, they are also frequently conducted outdoors on the roadside or in car parks under colorful marriage tents. Such tents are markers of camps in general and are not specific to the blood donation camp. Hence, when a blood donation camp is staged in a less well-off area it is not uncommon for passersby to cross its threshold in the full expectation of fulfilling the role of recipient (of free medicines, health checkups, etc.) only to be asked to register as a donor. Because of widespread fears about the physical consequences of giving blood, a quick exit usually follows. (These fears are considered below.) The confusion caused by a camp form that reverses the usual source of beneficence is exacerbated in the style of donation camp which is advertised as a health checkup camp in a ploy to ensure a ready supply of persons for blood donation—again, such camps are most common in poorer locales and usually organized by the smaller blood banks. Having gratefully received the checkup (which is in fact nothing other than the blood donor screening process), the “recipient” is asked to turn voluntary donor and give his or her blood as a means of repaying a debt which has to all intents and purposes been imposed upon them.

Blood donation camps are unamenable to categorization according to the classic delineation of state—the legal and formal apparatuses of governance through which interests are negotiated—versus civil society—the more chaotic space of interaction between state and population as mediated by political parties and other more informal networks. As collaborative endeavors between state or NGO medical institutions and a mixed assortment of associations and samitis (societies) of primarily religious, corporate, educational, and political provenance, some of which enlist the camp as a medium for their agonistic relations with one another, what on one level are state ventures of medical provision are at the same time wholly entangled with the divergent priorities and imperatives of an array of informal networks and competitive-minded groupings.

How does a blood donation camp function? Before being declared eligible to donate, prospective donors undergo “donor screening.” They first answer a donor questionnaire on their medical histories, before being weighed and having their blood pressure and hemoglobin levels measured. If qualified to donate, donors take a blood bag to a table on which they are bled; 350 ml of blood is usually extracted, taking about ten minutes, and as many as ten or fifteen donors
will donate at one time on adjoining tables. After donating, donors are provided with a frooti soft drink, a banana, a voluntary donor card, and often a cup of tea. Some blood banks also offer donors tokens of appreciation such as a wallet or a coffee mug.  

The camp structure enabled me to move fluidly between doctors, recruiters, donors, and representatives of the institutions with which the blood bank had collaborated to organize the camp. This latter participant often provides a photographer so that its virtuous deeds can go recorded, perhaps in the next day’s newspaper or on its Web site. Garlanded politicians inaugurated a large number of the camps I attended; some even donated their blood in highly visible acts of seva for their constituents (see Mayer 1981 on politicians and seva, and chapter 3 on involvement with blood donation as a political virtue). Photographic inscription is vital for both the politician and the camp organizer. At one camp, the local MLA (member of the Legislative Assembly) arrived hours late to “open” the camp just as it was drawing to a close. There were no donors left, so the politician stood next to a blood bank technician feigning donation in order to secure the necessary photographic inscription.  

The blood donation camp is an extremely variable social form. Those conducted in corporate offices can be dull and routine, with quiet, orderly employees queuing to donate. One of the most striking features of voluntary donation in India, however, is the gargantuan scale of the camps staged by certain devotional orders. These can resemble large devotional convocations like the great melas at which sadhus and pilgrims congregate. But in this case it is a “modern” biomedical treatment procedure that is the occasion for gathering, with “this-worldly” service activity sanctified by the electrifying presence of gurus or other holy figures. As chapter 5 shows, these devotional orders compete to attain the Guinness world record for most donations made in a single day. Indeed, record-breaking blood donation camps have become a key indicator in what I call the national league of virtuous beneficence. These kinds of camp are great spectacles of devotional fervor and donor excess. Chapter 5 explores the various religious implications of this “obsessional theater” (Barthes 1959: 163) of spectacular camps, while chapter 7 focuses on a further key aspect of Indian blood donation camps: the ways in which they have come to be seen as situational enactments of the Nehruvian post-Independence ideology of “national integration.”  

The gender composition of camps is quite even, except when they are staged at professional/corporate and political locations, when gender disparities among donors reflect those of the surrounding environment. As I note below in chapter 7, however, for reformist campaigners the value of blood donation camps in Allahabad lies precisely in their not reflecting the gender inequalities of the wider locale in which they are situated. The camps of one blood donor association in the city are said to have “acquired the status of a social movement where boys and girls mingled freely.”
However, pertains at Radhasoami and Dera Sacha Sauda camps, where men and woman tend to queue to donate in separate lines (I did not witness such a separation at Sant Nirankari camps).

That a fairly equal number of men and women attempt to give blood does not result in an equal level of accepted donations, since a large number of females are disqualified due to inadequate hemoglobin levels. Many aver that this is the result of a north Indian situation in which women tend to eat only the leftovers of the food consumed by the male members of the household, their poor diet being reflected in the low hemoglobin levels that disqualify them (see chapter 4 on diet and blood donation). Menstruation also acts as a bar to donation, in India as elsewhere. Moreover, though women contribute a far lower quantity of blood than men, it is reported that 60 percent of donated blood is transfused into females (Ray 2003: 105). This can result in highly moralized narratives such as the following which, far from focusing attention on the reasons for their disqualification, instead rebukes women for their parasitical reliance on men: “in [the] case of blood transfusion, [the] women of our country are dependent on their men-folk . . . women should not forget that they require quite a large quantity of blood in treatment of various surgical cases and particularly at childbirth. So they have an obligation to donate back” (Ray 2003: 106). The narrative focus here on dependency and moral debt obviates the critical issue of physical disqualification, an issue which devolves from far wider questions concerning gender asymmetries. It seems likely, after all, that the reasons many women are ineligible to donate are connected to the reasons why they require more transfusions than men; that is, just as anemia necessitates transfusion so does it thwart donation.

So the multiple camp contexts discussed in this study tend not to be marked by gender disparities in terms of attempts made to give, and the views and sensibilities of women of many different ages and backgrounds are as central to the following arguments as those of men. This study also considers gendered ideologies of blood donor recruitment, a focus of chapter 2 being depictions of the generic “mother,” who is viewed somewhat ambivalently as both an obstacle to voluntary blood donation and as the ideal model for blood donors to follow as providers of pristine care. In addition, chapter 2 explores the gendered imaginings of donors who see their donated blood as a force of familial continuity which, in “saving” a male transfusion recipient with a dependent family, is considered to “save” the family as well—not only in the present but reproductively speaking also in enabling a generational continuity that, were it not for donated blood, would be precluded.

Blood/Substance

Weiner (1995: 5) reports the response of an Australian aboriginal artist who, when asked about the significance of his bark paintings, declared: “There are
too many meanings. Later on, when you know more, you’ll know which ones to choose and which ones to discard.” Blood has myriad meanings and connotations in India. I focus here only on “meanings” that I take to have specific situational relevance to practices of blood donation in India.

Blood (in Sanskrit: rakt; in Hindi: khun) is seen by many South Asians as a repository of strength; its loss understood as weakening (Starr 1998: 186). Equivalence between semen and blood is a prominent theme in South Asia generally (Alter 1994, 1999; Parry 1994: 214; Juergensmeyer 1991: 132). Fear of impotence, linked to issues of strength, has been depicted as a critical reason for people’s unwillingness to donate blood in India (Vicziany 2001). Parry’s (1994: 202) Banaras informants held that a man should ideally drink milk after sexual intercourse “to replace what he has just discharged.” I was told several times by doctors in Delhi that some donors in north India similarly seek to replenish their extracted blood by drinking milk. This, added to Parry’s data, again points to an important association between blood and semen loss that would appear to negatively affect men’s willingness to give blood.

Blood has additionally been described by anthropologists as a particularly defiling substance in South Asia. “Throughout India,” notes S. Bayly (1989: 127), “bodily secretions, especially blood, semen, saliva and human wastes, are thought of as being charged with a form of power and energy which may be both menacing and protective.” If the belief that, along with food (Appadurai 1981; Dumont 1966) and cloth (C. Bayly 1986), “detached parts of the body . . . can be conduits of spiritual and personal qualities” were to coincide with deeply held investments in certain differentiations, as it does for example in the ideology of the caste system, then practices of blood donation and transfusion might imply “moral entanglement” of the highest degree (Laidlaw 2000: 629). Vicziany, however, argues forcefully in reference to colonial medicine in India that these ideas “vanished in the twentieth-century quest for longevity,” that revulsion toward these substances has been overcome, indeed, that “there are no cultural obstacles to the development of world class blood banks in contemporary India” (2001: 393). Vicziany is largely correct that “purity and pollution” issues are not significant barriers to blood collection. At the same time, however, traditional beliefs in the transforming power of blood (S. Bayly 1989: 264) in India should not so easily be dismissed.

Donors do on occasion construct themselves as agents of purification. In chapter 4, I document Nirankari devotees’ view that the blood they donate, imbued with their spiritually purifying love (pyar), will remove the faults of recipients, instilling them with grace. For many devotees, therefore, the blood they donate is indeed charged with power and energy. Moreover, I show just below that there is also an emphasis in recruitment lectures and materials on blood donation as a means to “take care of thyself” (Rabinow 1994: xxv)—one should donate to purify one’s body, to expel one’s aged “senile cells,” in the
words of one doctor. For some, blood donation is a chance to purify their bodies, for others it is an opportunity to purify or positively affect others in a manner that transcends the gift’s official purpose. All this signals that purity concerns are distinctly present in the Indian blood donation scenario, but not in ways that necessarily hinder collection. This study is therefore supportive of Alter’s (2004: 176) claim that although Marriott and others may have performed a useful service in deemphasizing the dichotomy of purity and pollution as the determining principle of South Asian life, “purity as such has tremendous power and persuasive force as a cultural ideal in modern India.”

Rather than concerns relating to purity and pollution, it is the perception that blood donation is a dramatically unhealthy, even life-threatening activity that discourages many from donating. The “prick” of donation is particularly terrifying. As one donor told me: “When I got vaccinated and my skin was pierced I felt it was bursting my body and everything inside would spill out. It will never stop. Syringes, needles—pain, such a pain.” Many donors find the vision of their blood leaving their bodies and coursing into bags highly disturbing. Doctors in one government blood bank cover blood bags, while they fill, with a green cloth: “otherwise they shout, ‘This amount of blood you have taken doctor!’” It is well known that relatives play a prominent role in the treatment of their sick family members in various Indian medical contexts (see Minocha 1996: 41; Halliburton 2002: 1127). Several doctors informed me that when there are too many family members crowding a particular ward, they say: “Okay, we need [you to donate] two units.” This technique is apparently extremely effective in quickly dispersing inconvenient crowds.

Apart from impotence and infertility (“I can’t donate. I’m getting married next month!”), I heard a litany of other grounds for declining to donate, which ranged from fear of resulting blindness to unamenable weather conditions—some hold that the summer heat dries up their blood. The most important reason, however, is the widespread understanding of blood loss as leading to permanent volumetric deficit. This is frequently expressed in the formulation: “If I donate blood I will need a transfusion, so why should I give?” The Hindi phrase khun ki kami (less blood) is also often employed. In an effort to counter this “misconception,” donor recruiters compare blood donation to having one’s hair or nails cut: blood, they say, like these other detachable substances, reforms and returns. The biomedical term for the recuperative power of blood is hematopoiesis. As I note below in chapter 4, Nirankari devotees, having donated, give their guru credit for the replenishment of their blood. This shows that they do not necessarily take seriously recruiters’ claims about the recuperation of donated blood; rather, they see their devotional relationship with their guru as ensuring a replenishment that would not otherwise transpire.

The socioeconomic basis of some of these apprehensions is clear. At a camp in a busy commercial district in the center of Delhi, I joined a blood bank team
in attempting to recruit passersby. Manual laborers often expressed their reluctance by connecting their profession with what they saw as their deficient blood quantum: “I’m a laborer, I have no blood.” Similarly in a study of a Delhi slum, respondents said that “they already felt weak and that they did not have ‘even a drop of blood in their bodies’” (Singh et al. 2002). While the poor do see themselves as having proportionately less blood, khun ki kami was a refrain I heard in a multitude of settings, by no means all of which were populated by the poor.  

The central point is that it is not anxieties about pollution but anxieties about strength depletion which deter large numbers of prospective donors. Some recruiters attempt to overcome this objection through their promotion of a definition of blood donation as a practice of purgative self-purification. In devising a strategy to counter the pervasive view of donation as weakening through the employment of purity concepts which, as I show below, bear a striking resemblance to those delineated by Marriott (1989), recruiters attempt to resignify blood donation from being a practice that induces weakness to one that promotes strength.

Recruiters throughout India have attempted to counteract the perception that blood donation is an activity that leads to permanent volumetric deficit through an emphasis on blood’s capacity to regenerate, producing slogans such as: “Saving the life of a needy person without causing slightest harm to donor is the beauty of blood donation,” and the following, drawn from sayings attributed to the Buddha: “Thousands of candles can be lighted [sic] from a single candle, and the life of the candle will not be shortened.” Similarly, in Kolkata lines from Tagore’s Gitanjali are employed to explain to donors the “endless” quality of their blood:

THOU hast made me endless, such is thy pleasure.
This frail vessel thou emptiest again and again,
and fillest it ever with fresh life. (1)

This approach, however, which focuses on the unharmful or health-neutral effects of donating blood, is increasingly being supplemented by a set of claims and slogans that go a step further in calling attention to the health-enhancing properties of blood donation. This strategy is reflected in slogans such as the one that advertises blood donation as “The only transaction where the giver is the gainer!”

The attempt to connect blood donation positively with prospective donors’ concern with their own physical good health is pursued in a very particular manner that constructs an affinity between blood giving and established ayurvedic and yogic principles of purgation. Recruiters suggest that blood donation purifies donors’ blood through the removal of their aging blood cells. This principle of purification appears to correspond with Marriott’s (1989: 30) conception of purity as a three-dimensional concept for South Asians, involving
“movement towards unmixing, matching and unmarking of coded substances” (Rosin 2000: 383). This can be illustrated with a citation from a Delhi-based doctor who was speaking at an event called Rakta Kranti (Blood Revolution), staged before a set of Delhi schoolchildren to try and raise their enthusiasm about donation:

I started donating blood in 1972. All my blood is young. The red cells are younger in me and with better functioning. If you have a younger red cell mass in your body you have much better hemoglobin, because the senile cells go out. With the new cells, the red cell function (one’s oxygen carrying capacities) increases. A regular donor, after five years, gets 30 percent more oxygen capacity. This is at the experimental stage but it is just common sense. ... Regular donors don’t get hypertension or heart attacks, so if all our population starts donating blood, heart attacks can even be removed from India! It is a gift of nature that you can give and you don’t lose anything—your blood will be fresher like water in a well.

What is notable here is the emphasis on the removal of “senile cells” leading to the formation of “younger” red cells. He continued: “You give old blood and what you get back is fresh blood. When RBCs [red blood cells] are given you receive much younger age cells and better capacity to function.” Through this “somatically introverted logic” (Alter 2004: 182), blood donation is shorn of the sense it carries of being a transaction with another (the transfusion recipient), becoming instead a transaction with and within oneself: the donor will “get back” fresh blood, “receive” younger cells in a hematopoietic exchange, with blood donation coming to appear more like bloodletting than an act of beneficent helpfulness. It would seem that the doctor’s purgative logic is related to certain ayurvedic principles, which, as Langford (2002: 265) notes, often center on “evacuative therapies” such as purgation, emetics, and bloodletting for the removal of excess dosa. I suggest that this doctor’s enlistment of an indigenous purgative idiom in order to encourage Indians to become voluntary blood donors demonstrates at the same time the enlistment of blood donation into the Indian armamentarium of purification.

Marriott’s conception of the different trajectories involved in Hindu processes of purification is echoed in recruiters’ depiction of blood donation as a movement toward unmixing and matching. Following the purging of the donor’s “senile cells”—what in fact would be a mixed crop of cells of different ages—the bone marrow is stimulated to produce new cells at a quicker than usual rate so that what results is indeed a higher concentration of matched (i.e., self-similar), less mixed-up cells. With the mean age of cells thus reduced, their effectiveness as oxygen carrying agents increases. As Dr. Alok Singh from a government blood bank informed me: “Now you are twenty-five. Another person is fifty years old. Suppose both of you are asked to do the same physical
work. Who can do more work? The answer is the younger person, because the younger one is more energetic. Similarly, the new red cells have more oxygen-carrying capacity. After donation you will feel stronger because old cells are replaced by new cells.” The pervasive view of blood donation as weakening is thus turned on its head in a manner which can be compared with *soma*, the elixir of immortality, which, in foundational ayurvedic texts such as the *Sushruta Samhita* (circa 200 B.C.E.), is understood to “produce immortality by ‘killing off’ the body prone to aging, disease and death and replacing it with a flawless reproduction” (Alter 2004: 192). Recruiters’ marketing of blood donation is structurally similar, with the blood donor expunging his dead, dying, or “senile” cells, thereby stimulating the bone marrow to reproduce a fresh concentration of vigorous, youthful cells in replacement of those removed. “A pure body,” states Alter (2004: 176–177), “is, in a very literal sense, a powerful and supremely strong body.” As Dr. Alok Singh said, the “purified” concentration of younger cells is more energetic and powerful. The inner logic of the recruitment strategy is therefore one of profound (Hindu-filtered) revaluation: from weakness, via purification, to strength.

The idea of donation as a technique of purification is remarkably widespread among donors and was spoken of enthusiastically by many of my donor informants in Delhi. A security guard giving blood at a camp staged in a Delhi hotel said: “Blood donation purifies the body—we do the camp here twice a year so that we [the hotel staff] can purify our bodies twice a year. To be healthy you have to eat well, do exercise and give blood. *Rakt-dan, jivan-dan* [Give blood, give life] is the [Red Cross] slogan. But it should be *Rakt-dan, shuddhikaran karo* [Give blood, get purified]. All the old cells are extinguished.” I met Akash, a student, at a camp held at a Delhi University college: “I have donated many times. It is for my own good, nothing else. All the impurities go. I read somewhere that if you don’t donate cells die and take a long time to leave the circulation—so I do it for myself.”

Evidence from Delhi suggests that biomedical blood donation may be in the throws of being added to the Indian armamentarium of purification techniques as found in branches of yoga and ayurveda. The mobilization of purity concepts in the swadeshi campaigns of the early twentieth century (see Tarlo 1996: 91), which involved redefinition of purity (C. Bayly 1986: 312), Mahatma Gandhi’s concern to purge the body of its “toxins, waste, and unnatural substances” (Alter 2004: 267), his follower Raojibhai Manibhai Patel’s adoption of auto-urine therapy, and now depictions of a purgative blood donation reveal the interesting and enterprising ways in which Hindu Indians continually contrive to amend and expand their armamentarium of purification. My examination here of an innovative strategy to counter a pervasive view of blood donation as weakening has thus highlighted the growing importance of purity concepts in the solicitation of donation, exploring how blood donation has been maneuvered into conceptual alignment with indigenous purgative praxis.
What I have been describing also underscores the complex and paradoxical nature of blood donation’s relationship with dan (gift, donation) concepts. Dan is paradigmatically asymmetrical and disinterested. According to both ancient Hindu law (Parry 1986: 461) and virtually every person with whom I discussed the matter during fieldwork, dan is a gift for which no return can be countenanced. Since blood donation was first practiced in north India, however, rakt-dan has been the euphemistic administrative label for all the varieties of blood donation: paid, replacement, and voluntary alike. For many voluntary donors and donor recruiters, the use of dan to denote paid and replacement donation was and is a disgraceful misapplication of a revered term and concept. However, the recent focus on the promotion of voluntary blood donation, necessitated by the 1998 legal ruling that forbade payment, has made the use of the term rakt-dan seem less reprehensible to doctors and recruiters. This is because in the new voluntary system, donors are meant to receive no payment and also to remain unaware of the recipients of their donations. Voluntary donation thus promises to provide the asymmetry and anonymity held to characterize many classical notions of dan. For doctors, the conceptual convergence between disinterested dan and voluntary donation is of practical importance: voluntary blood donation must conform precisely to the highest ideal of disinterested dan since disinterested giving is seen to ensure the safety of donated blood.

And yet, as I have demonstrated, some recruiters portray rakt-dan as a gift that purifies its giver, and as such it resonates with accounts of dan that have depicted its expiatory and cleansing qualities (Parry 1986; Raheja 1988). Ann Gold’s (1988: 292) remarks on giving in rural Rajasthan as a process of emptying and refining are particularly pertinent here. The recruitment strategy I have been describing therefore appears to diverge from the disinterest meant to characterize idealized conceptions of dan, for it reflects a view among recruiters, to paraphrase Adam Smith (1976: 27), that it is not from the benevolence of prospective donors that they can expect to receive their blood but rather from this population’s regard to its own interest in self-purification: donors should donate to receive the “return” of purified blood. This, of course, underlines the fact that dan is not one thing. Just as rakt-dan appeared to many donors and doctors to be becoming asymmetrical, and thus like the revered nonreciprocal version of dan, recruiters have begun to employ other understandings of dan as a means to “take care of thyself.”

In fact, rakt-dan takes us straight to the paradox at the heart of classical forms of Indian gift; namely, that such gifts are conceptualized as being at once pure and purifying. As Parry (1989: 75) has noted, a gift capable of purifying its giver appears “to subvert its own ethic of disinterested generosity.” Similarly, the purifying gift of blood through which “senile cells” are removed makes it a
gift with a built-in return (purer blood). Thus the “classical” sense in which dan constitutes “its own counter-prestation” (Parry 1980: 105) is also a key structuring element of this “biomedical dan.” Not only does recruiters’ message about donation subvert doctors’ orthodox depiction, it does so in a manner directly comparable to the way in which the ethic of disinterested generosity is breached in the Banaras case, that is, through purification of the donor. Once again, the ideology of the gift’s purity is compromised by virtue of the fact that it is also purificatory.

Rakt-dan should be thought of as a dan in formation. Different parties imbue it with various differing conceptions associated with assorted forms of dan and in so doing reveal that all conceptual definitions and activity attached to dan are internally differentiated and dynamic, not static—that is, “in formation.” In other words, the diversity that inheres within rakt-dan enables us to see the diversity of dan in general. This recognition informs the discussions of chapters 3 and 4, which return to the complex relationship between blood donation and dan concepts.

**From Replacement to Voluntary Donation**

As I mentioned above, family replacement donation is now being phased out in favor of an anonymous voluntary system. Although the practice of replacement donation is not unique to India, its practice is marked by particular features in the subcontinent, one of which is that its family basis can make it appear “natural” to some Indian doctors and donors, thereby weakening their resolve to promote the voluntary mode. Such persons often disapprove of what they see as the “parasitical” features of a voluntary system in which the role of the family in a relative’s illness decreases. According to some doctors and donors this is a reprehensible abdication—they protest that this removes provision from its properly moral (familial) domain. Cohen (2001: 18) has recently pointed to Indian assumptions about the need to reestablish “the familial order of giving eroded by selfish, western modernity.” In a seeming paradox, some doctors I worked with equate voluntary blood donation with selfishness because it will ultimately result in relatives being able to acquire blood without themselves donating. “Selfless” (niswarth) voluntary donation, in enabling relatives to acquire blood merely by paying a processing charge, thus removes blood donation from the domain of intrafamilial ethics, and thus breeds a “selfish” (swarth purn) dependency on others’ altruism. Healy (2006) sums up the paradox well: “Altruism is parasitic on self-interest . . . because altruists need at least one self-interested person to be altruistic towards.”

This institutional transition which is underway from “specific” replacement to “abstract” voluntary donation would thus appear to eliminate the familial and personal elements associated with replacement blood donation. However, much
of this study concerns the processes through which those factors characteristic of
the replacement mode that are apparently repressed in its successor form resur-
faced in transfigured ways in the voluntary system. That is, much of this study is
concerned with intricate and paradoxical processes of the reinstallation of the
personal and the familial in a donation environment apparently hostile to them.

This study thus focuses on the complex interrelations between the formal
conceptual logic underpinning functioning systems, and the more subjective
experiential logic that donors bring to the activity of blood donation. What I
particularly have in mind here is something for which I use the term “direc-
tional intentionality,” by which I mean the ideas that donors have of the routes
traveled by the blood they give. This requires emphasis: the whole business of
soliciting and organizing blood donation, both in the West and in India, is
ordered around large-scale processes of publicizing and solicitation addressed
to potential donors. Within India, organizations like the Red Cross and its many
Indian counterparts, which have come to include large proselytizing Hindu and
other devotional networks as well as political parties and ostensibly secular
medical charities, all have one thing in common. They seek to engage the imag-
ination of potential donors, encouraging them not just to envisage their blood
as being productive but also as undergoing a productive kind of physical move-
ment through time and space from virtuous donors to particular kinds of recip-
ient-beneficiaries. And the crux here is that whereas in the still predominant
replacement system several donors are asked to give to a specific person (usu-
ally a relative), donors in the nascent voluntary system are required to give as an
act of high-minded citizenship rather than familial obligation, their recipient
being an anonymous “any” rather than a specified known individual.

I regard this issue of donors’ imagined conception of the journey taken by
their blood and the direction in which this travel takes place as crucial to the
understanding of this form of gift exchange. When people embrace so-called
voluntary donation, what they are being asked to do as donors is to imagine
their blood traveling in the way that the technology of blood processing oper-
ates on the blood they donate. Much donated blood is centrifuged; this is a lab-
atory process that separates component elements of blood by rotating it at
high speed, thereby creating centrifugal forces that move the substances being
treated in an outward direction. Anonymously donated blood is also to be imag-
ined as traveling in an external or outward direction: away from the donor to
unnamed recipients whose identities cannot be specified or known. The direc-
tion of travel is precisely the reverse in the replacement system, in which a
circle of donors, usually family members, all focus their donation inwardly, that
is, centripetally, on the needs of a specified, known individual recipient (see
figure 1.1). I thus refer to the underlying principle of donation in the replace-
ment system as “centripetal” in direction, and to that of the voluntary system,
now being promoted, as “centrifugal.”
The variant of donation in reference to which I am using the term centrifugal and which is characterized by so-called voluntary giving to unknown and unnamed recipients has another important aspect: its multiplicity. This is manifested in several ways. First, the committed donor repeats his or her donation every three months, and therefore gives for multiple recipients. And second, the anonymity of voluntary donation creates a kind of blank page that in a sense primes donors to engage in imaginative acts of enumeration in regard to possible future beneficiaries. I use the term “m/any” as shorthand to describe those aspects of the voluntary system in which donors think of themselves as giving both to an unnamed “any” and at the same time to a pluralized or multiple “many.”

Though the principal stated reason for the promotion of voluntary donation is the requirement to improve the safety of donated blood, its anonymity connects it to the kind of giving that is widely favored in a host of other contexts both within and beyond India in which philanthropic action is considered to be both modern and moral only when directed untraceably to anyone in need. This kind of philanthropy promotes “idealized solidarity reigning in abstract humankind” and fosters bonds between “abstract subjects” (Godelier 1999: 5). The switch from a replacement to a voluntary mode of donation appears to instill blood donation activity with the anonymity and generality characteristic of this modernist philanthropic principle. However, just as Oxfam and other international aid organizations personalize their exhortatory posters with pictures of needy-looking children, the present study focuses on particular processes of repersonalization in Indian blood donation settings, even as efforts are redoubled to foster depersonalized voluntary donation. The specifically Indian implications of this point can be elucidated in reference to a set of arguments put forward by Ramanujan.
The presence of organized campaigns to promote voluntary donation—an abstract and decontextualized mode of giving in comparison with the family-based specificity of the replacement mode—appears to reflect Ramanujan’s observation that modernization in India can be seen as a movement from the context-sensitive toward the context-free. Ramanujan makes the further important point, however, that in India the context-free is liable to become just another context (1989: 55, 57). This is vitally relevant to the Indian experience of voluntary blood donation: the desired centrifugal trajectory of blood donation (from being given to someone in replacement, to anyone in voluntary donation) is very often actively facilitated by centripetal foci. Donation camps are frequently organized in honor of specific persons. For example, a camp I attended at a Delhi insurance company was arranged by the father of a thalassemic child. A severe form of anemia, thalassemia requires a transfusion every three or four weeks in order to bolster hemoglobin levels. I soon learned that the donors at the camp, moved by the plight of their colleague’s child, were, emotionally speaking, giving for the child—despite the fact that their blood would actually be transfused to “anyone.” Camps are similarly staged on gurus’ and politicians’ birth or death anniversaries. The honored figure, whether live or dead, thereby becomes the emotional focus of the camp; a specific object is relied upon to facilitate the abstracted gift. The movement to the context-free is thus installed within and structured by an array of highly specific memorial and celebratory contexts.

Centripetal giving for specific persons thus interlocks in vital facilitative ways with abstract (centrifugal) giving, and results in the repersonalizing of the de-personalized gift. In chapters 4–6, I show that gurus are particularly important repersonalizing agents. Whereas figure 1.1 portrays the formal conceptual logic in directional terms of the transition to a voluntary system, figure 1.2 depicts the prevalent subjective structure of this transition, which takes the form of an interlocking of different directional intentionalities, with donors at once donating specifically to the guru and abstractly to anyone. The gift, in other words, travels both to and through the guru to “humanity.” The “to” and “through” model possesses a broad applicability—as was noted above, Oxfam and other international aid organizations also engage in various processes of personalization as a means of securing donations to help “lives uncontextualized and unknowable” (Reddy forthcoming). I show below, however, that the pivotal role in India of devotional cynosures as facilitator-catalysts of philanthropy has its own particular implications.

There are further important differences between the replacement and voluntary systems. Replacement donation is in essence a “forcible deal” (Tarlo 2003), for doctors lead family members to believe that if they do not arrange necessary replacement donations, the treatment required by their relative may be withheld. As one recruiter informed me, this led to a situation in which
replacement donors were frequently treated by blood bank staff as "two-legged cows that you milk." In the less agonistic voluntary system, the tables are turned, with donations—at least in theory—arising from self-will (the equivalent Hindi term, *svechha se*, is commonly employed by recruiters) rather than from force of circumstance; consequently, in the voluntary system blood banks are more dependent on donors than donors on blood banks. Doctors and recruiters are thus acutely aware that far better donor care is required, that voluntary donors must be accorded greater courtesy and respect, and thereby encouraged to return to donate again.

Whereas replacement donation is a one-time, singular event, undertaken in emotionally extreme circumstances, the voluntary campaign "aims at [the] creation of a culture of donation . . . the culture of helping somebody,"38 Voluntary donation requires that lifesaving becomes a lifestyle. In contrast to one-time replacement donation, voluntary blood donation—ideally performed every three months—involves "the continual reinscription of one’s role as [a] donor" (Erwin 2006: 150). Like Kierkagaardian repetition, the committed voluntary blood donor repeats forward "by a creative act of sustaining a commitment from day to day. The ‘re-’ of Kierkagaardian repetition means to keep coming back in the future to the self which one sets out to be . . . . It is an ethicoreligious act of faithfulness, of constituting and creating a moral self" (Caputo 1987: 58).

There also arises the issue of class. The relationship between voluntary blood donation and class is complex. As in the United States, where paid donors were thought of as social “undesirables” who sell their blood for cash to buy drugs and alcohol, so too in India, where the selling of blood is widely thought

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**FIGURE 1.2.** Subjective Structure of Transition (or, a schematic rendering of how the intended reform is brought to fruition in practice, depicting the “to” and “through” model of interlocking directional intentionalities, with guru in role of simultaneous donor and recipient). For illustrative purposes the diagram depicts the triadic donor-guru-recipient relationship, but the model has wider applicability, with other facilitative figures such as politicians substituting for the role of the guru as represented here.
to be a practice of the very poor, and their blood to be a menace to those receiving it. Recruiters stigmatize paid donors as drug-addicted rickshaw drivers who place others at risk. As the Indian Red Cross Web site puts it: “Whenever [paid donors] run short of money for drink, drugs or gambling they sell their blood. They care little for their health and suffer from various ailments and disabilities. They are often carriers of blood borne diseases like malaria, hepatitis, syphilis and AIDS. It matters little to them whether the recipient suffers or dies because of poor quality of blood.”

Class is an equally important feature of the replacement system. The well-off are just as likely as the poor to be asked to donate for ailing family members, but it is common knowledge that those with sufficient means very often employ their servants or professional donors to donate in their stead.

In contrast, and in Delhi at least, recruiters concerned with promoting voluntary donation actively solicit the “cleaner” blood of the comparatively well-off. Indeed the urban middle classes are now widely thought of as ideal blood donors, and recruiters stage donation camps in such places as shopping malls and the premises of multinational corporations. As the honorary director of a Delhi blood bank, a retired policeman, put it me: “We go out in the van to middle-class areas so as to get safe, healthy donors. No slum dweller’s or poor person’s blood is allowed.”

Yet, as was noted above, the devotees of the mass devotional movements which are now so prominent in blood donation activities are mostly people of very modest means: if not the very poor, that is, the so-called slum dwellers whom recruiters so disparage, then definitely not from the upper-level commercial and professional middle-class backgrounds of most metropolitan donor recruiters. So what is happening is more complex than a simple movement from lower-class to middle-class donors. Even as moves are afoot to secure “well-off blood,” a countervailing trend is gathering apace which sees the underprivileged adherents of a range of devotional orders provide an increasing proportion of voluntarily donated blood. The shift from replacement to voluntary donation thus possesses key distinguishing features connected to class as well as to atmosphere, ethics, and the directional orientation of the giver.

As I explained earlier, Delhi collects fewer voluntary donations than the national average. In addition to apprehensions about the physical consequences of blood donation, doctors see particular features of Delhi’s urban culture as an obstruction to increasing voluntary donation. One doctor, now practicing in Mumbai, but who had previously run a blood bank in Delhi, says of the city: “It is a political place and they are all at war. You are related to this minister and only then do you get an appointment. You are related to a politician and they call the blood bank and say, he is my relative, give him the blood.”

Mumbai is less political and more philanthropic.” For one Delhi doctor, the situation provokes shame: “In West Bengal there is 90 percent voluntary
donation, 80 percent in Maharashtra. In Delhi it is less than 20 percent. In the national capital we cannot have this situation.” Another, the director of a large government blood bank, told a seminar for the promotion of voluntary donation: “Blood donation is a special culture. But the culture in Delhi is to manage blood, not to give it.” Yet another exasperated doctor disparaged Delhi as a “callous, easygoing city. It’s like: ‘I need blood [for my relative]. Oh, I know a doctor so I’ll get it arranged. I have a business, I have no time. She’ll arrange it for me.’ That’s the culture of Delhi—you know someone, or you know someone who knows someone, and it will get arranged. I just bought a ticket for a concert next week. . . . I told my friend and she said, ‘You stupid! I would have arranged passes for you.’ It’s the same with blood banks.”

According to these complaints, Delhi’s low voluntary collection figures are a direct reflection of a regional culture which they see as being politicized in pathological ways. Vidal et al. have called attention to the all-too-prevalent “impoverished image” of Delhi as “a hall of mirrors,” always “reflecting the power of the moment.” These authors consider that though such an image “may be colonial in origin . . . it is not without contemporary relevance. For it is this idea that continues to inspire many of Delhi’s bureaucrats and politicians even today” (2000: 17). This is a vital point. The fact that doctors and donor recruiters see Delhi as a city of politics and arrangement, antithetical to notions of neighborliness and philanthropic activity, means they are disposed to treat it as if it were so and thus to help constitute the stereotype as a living reality. More important, their subscribing to this prevalent image of the city absolves them from responsibility for the bleak blood donation situation. As I noted above, the lack of cooperation and coordination between blood banks led one visiting expert to describe what she saw as a set of broken processes. Delhi’s political culture may be at fault, but it surfaces among blood banks at least as much as among the city’s resident prospective donors from whom blood bank personnel rhetorically attempt to separate themselves.

As was seen above, some Delhi recruiters, seemingly in line with such stereotypes, seek to depict blood donation as an almost yogic practice of purgation, and thus as a health-giving activity not merely for recipients but for donors as well. Chapter 2, which explores interrelations between religious merit, technology, and ideas about the family, documents further novel ways in which recruiters portray blood donation as a self-interested activity. Further, while the transition to voluntary donation would appear to remove the familial focus that characterizes replacement donation, chapter 2 demonstrates how ideas about the family have come to be reinstalled within the voluntary system.

Chapter 3 considers the relationship between blood donation and Hindu social and religious reform movements. I emphasize the role of blood donation in the constitution of reformist “religions of utility,” showing how the giving
dynamics that conventionally proceed upon the occasions of mortuary rituals, death anniversaries, and even marriages are rechanneled into “useful” blood donation rather than other “useless” forms of giving (such as food for the deceased). Chapters 4 and 5 deepen the exploration, begun in chapter 3, of the interoperable relationship between projects to foster voluntary blood donation and north Indian devotional orders. Just as chapter 2 documents the “refamilialization” of blood donation, these chapters show how the figure of the guru repersonalizes what at first glance seems like a depersonalized voluntary system. Chapter 4 focuses on the origins of devotional blood donation and considers Nirankari devotees’ emphasis on the transformative qualities of their donated blood for transfusion recipients. It also demonstrates how some devotees treat blood donation as an ascetic ordeal.

Based principally on a case study of the Dera Sacha Sauda, chapter 5 shows how world-record–breaking blood donation camps have in recent years become a means for spiritual organizations to attain prominence in a highly competitive national league of virtuous beneficence. Chapter 5 also explores the constitutive role of these camps in what I identify as an emergent zone of religious spectacles, while additionally highlighting the work they do in the formation of a new order of the miraculous. Another important emergent trend—blood donation as a means of enacting protest—is also investigated.

Chapter 6 examines the rich and multifarious “donation theologies” developed by different gurus and the movements they head. It also elucidates the gateway function of gurus in Indian society, documenting in particular the special ways in which they operate on and transform the array of modernist practices they facilitate. A further issue explored in chapter 6 is that of the complex relationship between blood donation and issues of violence and nonviolence. Evidence is presented demonstrating why blood donation might be viewed as the exemplary practice of nonviolent behavior in modern India. And yet at the same time, I argue, blood donation possesses structural features which directly enable specific forms of violent engagement, but from a distance.

Turning next to nationalist interpretations of blood donation activity, chapter 7 examines how Indians read Nehruvian-style integrative messages into the practical procedures through which blood is donated and distributed. Chapter 8 then delineates and connects together the several forms of ascetic and sacrificial logic that surface in Indian enactments of blood donation, arguing that they can help explain several important features of the wider (international) corporeal donation ecumene. Specifically, I elucidate concepts of “donation asceticism” and “corporeal trusteeship,” both of which I hope to show possess explanatory purchase beyond the Indian scenario.

The eclectic, wide-ranging nature of my many rich conversations with Debabrata Ray, founder of the AVBD and author of the National Guidebook on
Blood Donor Motivation (2003), prompted him to reflect, “The more you think about blood donation, the more you can think of many things.” This book, a study of Indian people’s multiple and diverse experiences of blood donation, will, I hope, show how right he was.

I thus present a study of religious, conceptual, and institutional change through the unique lens of a set of medical practices whose breadth of social implications has so far remained unrecognized.