This chapter concerns the re-production of donated blood in the blood bank through a technological procedure called blood component therapy and explores connections that have developed between this technology and some Indians’ ideas about the reproduction of families and the calculability of spiritual credit. It demonstrates that familial narratives are not restricted to the intense dramas of replacement donation but, perhaps paradoxically, are also highly significant in the voluntary context, that is, in situations where donors are not donating for immediate family purposes.

In demonstrating how kinship reckoning, spiritual merit, and technology come together in powerful and unexpected ways in the process of soliciting and organizing blood donation, this chapter joins works by scholars such as Bharadwaj (2003, 2007, 2008) and Cohen (1999, 2001, 2004) in documenting the configuration of new biosocialities in the subcontinent. It reflects further on the interlocking set of widening movements I described in chapter 1, arguing that the condition of the resurfacing of “the family” in voluntary donation is its reconceptualization according to a broader template—this being in line with and in part a consequence of the “centrifuge” of directional intentionalities required by the institutional transition to an anonymous voluntary blood donation system in which blood is donated for m/any.

The Procedure

Blood component therapy is a technology designed to enhance the efficiency of distribution and accuracy of prescription of donated blood. A centrifuge machine spins whole donated blood, thereby separating it according to the relative gravity of its constituent components. These are principally red cells, platelets, and plasma. The divisions of blood component therapy are held by
doctors and donors alike to multiply the substance because this permits the treatment of at least three people from one donated unit of blood. In the medical view, component separation produces both quantitative and qualitative benefits: more patients can be treated from a single donated unit; and not only that, blood division also allows patients to be treated for the specific ailment from which they are suffering. For medic-proponents of component therapy, therefore, the transfusion of a whole unit of blood, now reperceived as three components as opposed to a single unit, would not only represent the quantitative waste of two units but it would also provide patients with components that are qualitatively unnecessary for their specific condition. The re-production of blood therefore introduces a new particularism into transfusion therapy.

The counterpart to this qualitative particularism, however, is a new imprecision in regard to the numerical relationship between blood providers and transfusion recipients. This imprecision, I explain below, provides donors with new imaginative possibilities in conceptualizing the pathways of their gifts. The scenario recalls Konrad’s study of ova donation in Britain, which documents the efforts of fertility experts to “re-source” ova through multiplication techniques in the laboratory as a countervailing action to what the profession views as their progressive “loss” by women. Noting that the gift “does not travel in just one direction,” Konrad explains that exteriorized ova are divided into dispersive sets of three which are then sent along “alternative ova pathways” (Konrad 2005: 183, 175). These pathways are “contingent” because the quantity of extractable ova cannot be predetermined, and hence, “the would-be donor can never be set as a pre-fixed or stable formula in relation to the would-be recipient” (ibid.: 176).

The statement is equally valid in regard to the Indian blood donation situation. I consider below certain spiritual and familial effects of the relational destabilization consequent upon the advent of component therapy.

In their important work *Tissue Economies*, Waldby and Mitchell rightly note that whereas some tissues such as solid organs are not amenable to “complex technical ordering,” and thus tend to be transplanted in their “native” states, other sorts of tissue such as blood are “open to the micro-technical manipulation of productivity.” Indeed, a large portion of medical biotechnology is “devoted to this amplification or modification of the biological capacities of tissue fragments” (Waldby and Mitchell 2006: 32). Blood component separation is, of course, a prime example of a technology of augmentation designed to make cells more prolific. What Waldby and Mitchell emphasize is that “surplus in vitro vitality may eventually be transformed into surplus commercial profits, as well as in vivo therapies. In this way, the productivity of tissues intersects with the productivity of markets” (ibid.: 33). The point is compelling but in the present case too narrow; as we shall see, the productivity of tissues may intersect with, and indeed augment, not only the productivity of markets but the productivity of other phenomena too such as spiritual merit and genealogies.
Developed in the United States in the 1950s (Copeman 2005: 471), the technology of component therapy had become widespread in developed countries by the late 1960s. The technology requires a linked set of three blood bags (called triple bags) for the components to subsequently be separated into. Indian blood banks, however, only began to move beyond crude glass bottles and introduce PVC collection bags in the early 1980s. It has been estimated that 25 percent of donated blood in the country is now separated into components. In Delhi the percentage is much higher. Blood banks that do not possess this technology invariably plan to acquire it as soon as sufficient funds become available to them. Blood separation technology may be said to be a “default descriptor” (Corsín Jiménez 2005: 167) of modernity and sophistication in Indian blood banking circles, its availability advertising “the hypermodernity of a clinic” (Cohen 2004: 170). According to medico-marketing campaigns, those who persist in prescribing whole blood are blinkered and benighted. I once heard a proselytizer of “componentization” refer to a colleague who prescribes whole blood as a “thief” (chor in Hindi). The prescription of whole blood “steals” use-value. Advertisements which inform the public that “One blood donation of yours can save three lives, not just one” point to the inadequacy of the singular. Saving only one life is insufficient, derisory.

In a discussion of different forms of counting and their relation to concepts of ownership, Strathern (2005b: 161) writes of contrasting types of multiplicity: the “multiple origins” of Euro-American commercial creations are multiple by virtue of “the way persons are added to one another’s enterprises.” For Melanesians, conversely, “multiplicity comes from the way persons divide themselves from one another.” Both of these types of multiplicity surface in the blood-banking scenario: transfusion is effectively an aggregate term—rather than the transfer of a single unit, a transfusion should be multiply composed through addition. Donations, on the other hand, are made multiple through division—the additions of transfusion being made up of divided donations. The “singular” transfusion derives from multiple origins; the “singular” donation is propelled toward multiple destinations.

This chapter explores the intersection of several forms of multiplication. The reproductive powers of donated blood in terms of familial “life-saving” are examined in relation to the divisional reproduction of the substance itself by blood banks via the use of centrifuge technology. Blood component therapy is a technique that re-produces blood outside of bodies in order that it may be inserted into more than one body—and, further, these will be bodies for which it will now be qualitatively appropriate. Many Indian donors I encountered hold donated blood itself to be reproductive in the standard “kinship” sense of producing offspring. This view derives from the objective fact that donated blood is capable of facilitating the familial reproduction of “saved” persons. I thus define “primary recipients” as those into whom donated blood is transfused, and
“secondary recipients” as the primary recipient’s dependents and/or descendents. The sum of these two arguments is that blood both is re-produced and reproduces; and that it is because blood is itself re-produced technologically that it can reproduce more in a familial sense.

Following from this, slogans of solicitation—and quite a few donors as well—seek to give donors and the blood they donate “credit” for the future reproductive activity of those who are “saved.” Discussing song transactions in Melanesia, Strathern (n.d.) explains that those who obtain a song become its source just as much as those who previously held the song (that is, it has multiple origins). Thus, she writes, “other people’s generative power can be appropriated for oneself”; potency is an appropriatable phenomenon. One could similarly say that attaining “fruits” or any other kind of credit for the primary recipient’s ability to produce future descendents both enables and appropriates those persons’ generative power.

There is also an Indian precedent for this kind of taking on of responsibility for the actions of others. Members of the modernizing order of Shvetambar Terapanth Jains teach that if a person were to intervene to save the life of a rat being chased by a cat, that person would take on all the sins the “saved” rat goes on to commit (Laidlaw 1995: 164). Though I never heard the suggestion that a blood donor takes on the sins of those that he or she “saves,” some donors and recruiters suggest that those who give their blood can take on the credit for recipients’ future reproductive activity. Clearly, transfusions can be life-saving; in those situations in which they cannot be mustered for want of donations, patients can die—sometimes without having produced offspring. Those persons who would not have been born were it not for a transfusion received by their pre-reproductive parents are a good example of what I call the secondary recipients of blood donation. As in the Terapanth case, there is much more to blood donation than saving one life—what can result are exponential spiritual effects. This chapter shows that donors are being encouraged to imagine a kind of open-ended continual numerical growth in regard to the recipients of their donations, and that this connects with Indian ideas about units of time, space, and spirituality.

**The Multiplication of Blessings**

Blood bag manufacturer Terumo Penpol has produced a poster that asks, “How many patients can benefit? Since your blood is going to be separated into components, you can save more lives every time you donate blood.” Like an investment or share that yields great fruits despite being divorced from the actions of the investor in the present, or a supermarket that advertises its prices as enabling customers to make more of their money, the value of donation is stressed to donors as consumers of a technology that enhances not only blood
banks’ but also donors’ effectiveness in life saving. This effectiveness, quantifiable in terms of the number of destinations, can possess, I hope to demonstrate, a correlative spiritual feedback, quantifiable in terms of the number of obtainable blessings (ashirvad) or fruits (phal).

The frankest purveyor of this kind of association was a donor I met at a Sathya Sai Baba donation camp in Chennai. The devotee in question, who had played an organizational role in the camp, explained to me that the choice of blood bank had been influenced by its use of component therapy. He painted a picture to me of blood donation as a supremely efficient means of both helping numerous others and acquiring blessings: “Four persons will be treated from my one unit. The name of the blood bank is Jeevan—this means life. Four persons will get life and I will get blessings from four persons.” I asked what these blessings would mean for him, and he replied: “Maybe I will live longer, be successful, maybe my son gets a good job.” Several others I spoke with made the same connection. “There is no time to earn punya [spiritual merit] anymore,” said a government employee at a camp in the center of Delhi, “but they bring the camp here [that is, conveniently close to his place of work], and they say the blood will be divided (taksim kara jayega) so three people will be helped (isliye tin logõ ki madad karega), so the gift’s benefit is more for me also.” This recalls the statement reported to have been made by the notorious Poona-based guru Bhagwan Rajneesh to a magazine correspondent: “My followers have no time. So I give them instant salvation” (Fuller 1992: 180). The division of donated blood does not offer donors instant salvation, but its appeal may lie partly in its condensation of virtuousness. Or put another way, it is not difficult to see why a concentrated form of merit acquisition might appear attractive to those with busy professional lives, who are concerned that there does not seem enough time in modern, “globalizing” India to perform adequate amounts of meritorious actions. In a more secular idiom, the condensation of merit afforded by blood donation is exactly what makes it attractive to university students participating in the National Service Scheme (NSS). With a Gandhian heritage and the motto “Not Me, But You,” the program stipulates that student volunteers complete 120 hours of community work over the course of each of two years. The certificate awarded upon successful completion is known to be looked upon favorably by some employers and universities for graduate admissions. In some institutions, such as the Indian Institute of Technology (IIT) in Delhi, a single blood donation counts for as much as ten hours, making blood donation a highly speedy and efficient means of reaching the requirement of 120 hours. So in secular contexts, too, blood donation possesses efficacy as a concentrated form of merit acquisition.

The division of the gift thus creates the efficient donation not only for blood banks but also for donors who attain three or four blessings, fruits, or merits from singular donations. Punya (merit) in India paradigmatically results
from the giving of generous gifts (Laidlaw 1995: 27). The technology of component separation makes a generous gift more generous, the technological multiplication of substance viewed by some donors at least as multiplying their attainment of punya.

There are obvious precedents in India for this multiplication of meritorious feedback—oftentimes, the same act, performed in different spatio-temporal circumstances, produces different magnitudes of spiritually advantageous effects. At certain times or in certain spaces there occurs a special economy of worship, or as Michaels (2004: 288) puts it, “identifications can be dilated or compressed. Thus, in Benares there is the Pancakrosi Temple with 108 reliefs, which represent the [108] shrines of the procession [that circles the city]; there, walking around Kashi—an ancient name of Benares—can be performed in one place: with a walk around the temple, which brings as much religious merit as the five-day procession [around the city].” If there is agency evinced here by pilgrims, it is that of performing alignment—one aligns oneself with compressed identifications in order to attain a compressed set of credits. The point is that one does not necessarily have to “do” more to “get” more. Hinduism’s “calculative repertoire” extends to the giving of dan (gifts, donation).9 A male schoolteacher told me that, “especially in kaliyug [the present dissolute age], dan gives great blessings (dan, maha kalyan).” Or as Michaels puts it, “identifications can be dilated or compressed. Thus, in Benares there is the Pancakrosi Temple with 108 reliefs, which represent the [108] shrines of the procession [that circles the city]; there, walking around Kashi—an ancient name of Benares—can be performed in one place: with a walk around the temple, which brings as much religious merit as the five-day procession [around the city].” If there is agency evinced here by pilgrims, it is that of performing alignment—one aligns oneself with compressed identifications in order to attain a compressed set of credits. The point is that one does not necessarily have to “do” more to “get” more. Hinduism’s “calculative repertoire” extends to the giving of dan (gifts, donation).9 A male schoolteacher told me that, “especially in kaliyug [the present dissolute age], dan gives great blessings (dan, maha kalyan).”

I suggest that the proliferation of advertisements for component separation in the subcontinent has the effect of priming a connection between the novel arithmetic of component separation and Hinduism’s existing calculative repertoire. It is not difficult to see why this might be appealing to (principally Hindu) blood donors. India is not the only country where the advantages of component therapy are depicted in advertisements for donation. In one of several examples I have found from the United States, the Detroit Red Cross, publicizing a forthcoming camp, reminds donors that “A single blood donation can benefit as many as four different patients.”10 It seems likely, however, that the intensity of the Indian focus on these techniques is unique. The examples I have already
given of donors who have made just such a connection suggest that the subtext of such advertisements has either been effective or will be so. A Mumbai doctor told me that his blood bank advertises the technology precisely to prime an association between it and correlative multiplied feedback: “We tell them about component therapy because, it’s like, give a little and get a big result” (again, thoda-dan becomes maha-dan). The Rotary blood bank in Delhi provides every donor with a mug adorned with a picture of four sunflowers symbolizing the four lives they claim are saved. The same picture is reproduced on a poster with the slogan, “Save four lives—not just one.”

On October 1, 2004, All India Voluntary Blood Donation Day, the Delhi State AIDS Control Society placed a notice in several newspapers that read, “Remember, just one unit of your donated blood can save as many as three lives.” One Mumbai donor recruiter delivers lectures to students in the city:

I tell them a story. I tell them your blood will be split into three components. The red cells will go to a thalassemic child, the platelets will go to a cancer patient, and the plasma to a third person. There will be at least three beneficiaries of your one act of lying in a bed. I compare it to a film situation in which the hero is dangling from a rope, battling the bad guys to save the heroine. I say, you can save three heroines by lying flat on a bed!

Dr. Kumar, from the Association of Voluntary Blood Donors, Tamil Nadu, told me how he explains the procedures to donors: “Rasam is a food of liquid tamarind and dal. If you keep it for some time the upper portion is liquid. And this is like plasma which is on the upper side. The down side of the rasam is thicker, like red cells. Then they understand and I tell them this: it is such an advantage—you save so many more lives now with component separation!” The “advantage” is that just as certain times and spaces produce an economy of worship, the gift of blood possesses an analogous efficiency in terms of the attainment of “spiritual” remuneration or feedback. It is just such a connection, I suspect, that is primed by the proliferation of component therapy publicity.

**Existing Calculations**

Konrad (2005: 41) distinguishes between “reproductive gifts” (such as ova, sperm, and embryos) and other corporeal donations that do not engender new life but “help sustain an existing life” (she mentions hearts, kidneys, and corneas). This is, of course, a valid distinction, with donated blood seeming to fall unambiguously into the latter category of sustenance rather than reproduction, but I argue here that blood donation is held by many Indian donors not merely to sustain but to engender new life; for example, in saving the life of someone yet to produce offspring.
It should be emphasized that a concern with the quantification of effects of blood donation was well established even before the advent of component therapy. I therefore do not claim that component therapy has resulted in a set of unprecedented multiplications. Rather, component therapy, as it were, adds a new multiplication to an already existing set of multiplications. This is pertinently illustrated by the recruitment tactics of two donor motivators from Vellore: “We used to say that your one donation will not only save one, but a whole family also. Now we say your donation will save not only one but three, and not only three people, but three families also.” Blood both is re-produced and reproduces—in the sense of facilitating reproduction—and, as I noted above, it is because blood is itself re-produced that it can reproduce more.

Recruiters are keen to attribute to donors an effectiveness that goes beyond helping merely the transfusion recipient—to do this, as the example of the Vellore recruiters indicates, they engage in a rhetorical projective maximization of donation’s effects that emphasizes the present and future kinship implications of donation. In so doing, they formulate new categories of primary and secondary recipients, and construct the family as a kind of infinity of eternal reproduction that is safeguarded and maintained by donated blood.

First, there is the emotive idea of saving kinship relationships. A very prominent recruitment poster depicts a child alongside the text, “My mummy is back home because you donated blood.” Additionally, the idea of saving one upon whom others are dependent—and hence saving them as well—is particularly powerful, and is reflected in the common rhyming slogan, Ap ke rakt ka ek ansh bacha sakta hai kisi ka vansh, that is, “A part (ansh) of your blood can save somebody’s generation/family line (vansh).” “Give blood save vansh,” says another slogan. These are highly gendered expressions, for one’s vansh can be passed on only through the male line. If your blood saves a providing male at a certain point of time, the assumption is, his whole family will be saved, not only in the present but generatively speaking also. According to such slogans, donated blood acts as a kind of progenitor. Far from there being merely one recipient, both dependents and descendents are factored into a substantially enlarged category of “recipient.” The slogan thus emphasizes the familial reproductive power of blood. The familial aspect is stressed in addition by donors. For instance, in a discussion with a student donor I was told, “A drop from me can be a life for someone. A drop from me may be life for a full family. Who knows? The patient who survives may be the earning breadwinner of the family.” Other donors I spoke with alluded to the possibility or the hope that their gift would save a person—male or female—who was yet to produce children. Such imaginings depict donated blood as a profound force of genealogical continuity.

In saving family relationships, dependents and descendents in addition to primary recipients, donated blood is defined as a substance imbued with “temporal potentiality” (D. Gold 1987: 48), an indispensable force of conservatism.
Like the ova donated by the British donors studied by Konrad (2005: 124), which she sees circulating as “‘other’ time,” full of generational potential, donated blood is viewed as reproductive in its capacity to produce infinitely ramifying generational effects. Examples of the focus on the gift’s magnitude abound—for instance, a slogan used by a Delhi motivator reads, Thoda sa rakt-dan bachata jivan mahan, that is, “A little donation of blood saves many lives.” A poem read at a motivational gathering of school students by a trainee doctor contains the lines: “Just sit and think for a while. / Your donated blood may save millions of smiles.” A slogan at a government blood bank in Delhi encourages fantasies of enumeration: Ek ikai rakt-dan bacha sakta hai kitnõ ke pran, that is, “One unit of blood can save how many lives?”

The kinship effects of donated blood—the saving of present relationships, of reproductive potential, and of all those whose births would otherwise have been foreclosed—are potentially so great as to defy the specificity of number. One can “count” them in a projective, hypothetical manner, whilst accepting that they are beyond counting—such may be their magnitude. Numbers have been described as acting to establish certainty and to help resolve situations of doubt and mistrust (Poovey 1998), but this can only happen when they are constrained as “stable objects” (Zaloom 2003: 259). Obviously, blood donation has become a gift of adjusted magnitude by virtue of being “newly multiplyable” (Konrad 2005: 15). The numbers associated with it have ceased to be stable objects and this has helped in the formation of this new arithmetic of component therapy.

The enumeration of possible future effects is by definition a practice lacking specificity. Donation’s “uncountable” effects share the quality of numeric abstraction with a spiritualized rhetoric of solicitation which emphasizes that blessings and merit will be “multiplied by a thousand.” Another poem delivered in front of an audience of schoolchildren contained the lines, “Come sisters, come brothers, all come forward. / You will win the credit of hundreds of thousands of merits” (Bahanõ ao, bhayiõ ao, sab age ao / Tum karoge lakhon lakh punya).

At another public presentation in front of prospective donors, one donor recruiter declared, “When you give blood you get the fruits (phal). I will quote from the epics to prove this to you. A devotee was sitting at the feet of god and he said ‘I am hungry for you Oh Lord. Give me such courage (himmat) that I can do work to benefit (bhala) others, since when I benefit others it will benefit me.’ I say concentrate on god, organize a camp, give blood, and earn the greatest good deed (accha karm) multiplied by a thousand (hazar guna).”

The important point is that this propensity toward spiritual inflation and hyperbolic numbers comes to share imaginative terrain and intersect with donors’ and recruiters’ projective inflation of future secondary recipients (that is, dependents and descendents of primary recipients). In a debate before schoolchildren on the merits of blood donation, one lady declared that
“the blood you give goes to the blood bank, and when, to whom, and where this blood goes, you never know. And how many blessings that person and his family have given you, you never know. They will come to you and give you inner strength (atma-shakti). At that time the blessings are unknown to you, you are spending your life peacefully” (my emphasis). The reference to receiving blessings from both primary recipient and from this person’s family members (the gift’s secondary recipients) is significant, suggesting that it is certainly not far-fetched to propose a correlation or “secret sympathy” between projective quantification of humanitarian effects and the quantity of reverberating spiritual effects.

**Familial Ambivalence**

There are further family implications of these strategies of solicitation. In chapter 1 I discussed the centrifugal forces brought to bear on the form of donation (the fostering of outward giving for anyone rather than inward giving to a specified someone), and this chapter has focused on the centrifugal technological operation performed on donated blood. The two centrifugal modes are connected: centrifuge technology facilitates the centrifuge of economic forms, for a gift split into multiple parts can hardly be directed toward a specific person. The family too is part of this interlocking set of widening movements.

The phasing out of family-based donation in favor of voluntary donation for an unspecified anyone might appear to be a process involving the removal of the family from its central role in the organization of blood donation in India. This would be consistent with the modernist practices of philanthropic activity outlined in chapter 1 which eschew known in favor of unknown recipients. We have seen, however, how kinship ideas are reinstalled within the domain of voluntary donation. And yet, it is not an identical set of familial ideas that has resurfaced. The emergent Indian ideology of voluntary donation conceptualizes the family in centrifugal terms: it is anyone’s family rather than one’s own family which benefits. Donor recruitment activity is, of course, only one instance of what is a larger phenomenon of “family widening,” with social reformers actively attempting to expand “care” beyond the immediate family, not by denying the integrity of family bonds of care but by extending their reach to include many. To take a famous example: Mahatma Gandhi (1949: 222) sought a centrifugation of the Indian family comparable to that of donor recruiters in declaring to his brother that he would no longer provide his family with his future earnings, which would instead be directed toward community projects. When his brother criticized him for neglecting his duty toward his family, Gandhi retorted that “the meaning of ‘family’ had but to be slightly widened and the wisdom of my step would become clear.” The poet Tagore, too, wrote of “ever-widening thought and action” (1912: no. 35).
What I wish to draw attention to here is how recruiters depict the figure of the “mother” in strikingly ambiguous ways as both impediment and exemplar in their quest to widen the directional intentionalities of blood donors. I was frequently told by blood bank staff and donors that altruistic or disinterested (nishkam) behavior is only ever really evinced by mothers in reference to their children. But disinterested service (nishkam seva) is exactly what recruiters say they require of donors. The relation between voluntary donor and transfusion recipient thus needs to mirror that between mothers and their children. This is reflected in the slogan: “Blood donation is like a mother’s love moving from the healthy to the ailing.” Blood donor Satish Gupta offered a typical example of the many idealized projections of motherhood I heard: “A mother serves and nourishes her son, and the son doesn’t pay her anything. The voluntary blood donor should be like the mother.”

Another striking example is found on the Indian blood donation Web site http://www.bloodgivers.com. In a section designed to illustrate the “joy of giving,” an arresting short story is available with the title “Mother—The Selfless Giver.” It relates the birth of a baby born without ears: “Time proved that the baby’s hearing was perfect. It was only his appearance that was marred.” Bullied at school, a solution is found: “You are going to the hospital, son. Mother and I have someone who will donate the ears you need. But it’s a secret’ said father.” The operation was a “brilliant success.” Later in the boy’s life, the identity of the mysterious donor is revealed: “He stood with his father over his mother’s casket. Slowly, tenderly, the father stretched forth a hand and raised the thick, reddish-brown hair to reveal . . . that his mother had no outer ears.” The father comments to his son, “Real giving lies not in what is given and known, but in what is given but not known.” Again, attention is drawn to the selfless giving of the mother as exemplar and archetype for the voluntary blood donor whose gift will never be acknowledged by recipients.

The generic Indian mother, however, is a figure of profound ambivalence: she is both archetype and obstacle in the pursuit of voluntary blood donation. She evinces pristine altruism, but it is centripetal altruism. Directed only at her (principally male) children, her altruism actually restricts the giving actions of her children because her fears for her children’s health cause her actively to prevent their giving for others. As a recruiter from Chandigargh told me, “we target the mothers because it is the mothers who put the fear of giving blood into the child—the misconceptions must be removed from the mothers first of all.” In my discussions with students at college donation camps, I frequently heard those unwilling to donate say it was their mothers who had forbidden them to give blood. In 2003, one Delhi blood bank team wrote and performed a play designed to encourage donation. Shown on state television on All India Voluntary Blood Donation Day (1 October), it dramatized the plight of a woman with a stomach tumor. For the necessary operation, four units of blood were required. Brought
by her son Kushi Ram from their ancestral village in Bihar to Delhi for treatment, Kushi initially refuses to donate to replace the blood she requires. It is significant that the patient in need is a mother: the figure seen by recruiters to inhibit their children’s donations becomes precisely the person that would benefit from the donation she prevents. The mother, it seems, is getting her comeuppance.

As I have noted, the mother’s narrowly familistic form of altruism is viewed by many recruiters as stifling the expansion of the altruistic impulse beyond the familial domain. At the play’s denouement, when Kushi Ram has finally seen the light and makes his donation, he declares he will return to his village and become a blood donation proselytizer. Thus, while expansion of altruism beyond the sphere of kinship does eventually occur, it has to begin first within its “natural” familial abode. As I explained above, it is the mother who principally bears the weight of this classification. Altruism starts within the family (in replacement), but then it must be brought outside in new circulations of altruism. What recruiters concerned with promoting voluntary donation seek to do is not to deny the naturalness of the family as the consummate site of altruistic feeling and action, but to widen people’s notion of family. What can be called civic duty in India is in effect a function of the extent to which the family can be understood as having been centrifuged. Voluntary donation for anyone’s family members, by virtue of recruiters’ solicitation strategies, is thus less a break from the family replacement basis of donation than that system’s abstraction and generalization.

Mazzarella (2003: 139) notes that Asian “kin-mindedness” has been seen by both colonial and postcolonial commentators as detrimental to the formation of Western-style “bourgeois civic culture.” The interesting point about recruiters’ deployment of familial ideas and narratives as a method of obtaining voluntary donations for anyone is that the family is understood not to be a hindrance to civic duty but its condition and starting point. Indeed, “kin-mindedness” has come to facilitate an example of the kind of social form it had previously been seen to obstruct.

**Conclusion**

Lest this study be seen as another example of the supposedly cliché-ridden scholarly accounts of India’s “essentially familial self” criticized by Cohen (1998: 105), I emphasize that donor recruitment strategies in other countries also make personalizing appeals based on the saving of family relationships (see Copeman 2005: 474). What is unique in the Indian context, I think, is the development of novel conceptual interrelations between kinship reckoning, spiritual merit, and technology. Moreover, it is significant that the centrifuge of the economic form of donation and consequently of donors’ directional intentionalities forms the basis of an interlocking set of widening movements. This chapter
has dealt with family widenings (a theme developed further in chapter 7), while chapter 4 explores a spiritual variant of the phenomenon of widening movements enabled by voluntary blood donation, with Nirankari devotees employing its anonymous structures in order to centrifuge (widen out) their spiritually transformative love to many.

Projective multiplications were already operational before the coming of the new arithmetic of component therapy. The incorporation of the technology into Hinduism’s calculative repertoire, however, underlines the adaptability of Hinduism’s apparatuses of return, pointing once again to the religion’s faculty of “‘translat[ing]’ one group of basic meanings into [an]other” (Wagner 1981: 9). I have tried to show the ways in which the arithmetic of component therapy has begun to be enrolled into an already existing and polyvalent concern with quantification and spiritual efficiency. Recruiters’ energetic publicization of the gift’s division draws attention to the gift’s quantifiable effectiveness; an effectiveness which, I have attempted to demonstrate, is potentially convertible into increased magnitudes of spiritual return. The consistently kin-based and generation-based language employed by donors and recruiters in their representation of the virtues of blood donation is, I have argued, intimately connected to these notions of return. Blood component separation acts as a kind of technological supplement to auspiciousness.

I do not claim that enhanced spiritual return necessarily motivates a majority of donors. I do hope to have demonstrated, however, the possibility of translation between the gift’s multiplicity and its reverberating “credits.” It is of course significant that the division of blood multiplies a saleable product, three or four prices emerging from where there had been only one; but I do not think that this suggests the instrumental usage of a spiritualized rhetoric of solicitation. Publicity centering on component therapy indeed enables the blood bank to attain more divisible blood, and therefore more “prices,” but, as I explained earlier, the therapeutic benefits of the technology are understood by doctors to be as much qualitative as quantitative, so it would be overly cynical to propose naked instrumentalism as primary stimulus behind the publicity. Instead, interests are accommodated in a way which is of mutual profit: the division of the gift, for donors, makes their generosity more generous; for doctors, it makes their profits more profitable. The profane and the sacred nourish each other, demonstrating “the power of the gift to move between the two realms of the ostensibly ‘sacred’ and the ostensibly ‘secular’ ” (Coleman 2004: 432).

This chapter has shown that the technological multiplication of use-values may simultaneously multiply donors’ attainment of blessings or punya—merit and utility can be understood as part of the same calculation. The next chapter deepens this study’s exploration of merit and utility. I turn now to an exploration of the relationship between projects to foster voluntary blood donation and the social and spiritual reformist valorization of social utility.