This chapter examines pedagogical projects that seek to encourage Indians to donate their blood voluntarily. Such projects strive to produce a perceptual shift away from an association between blood donation with “sacrifice,” articulating instead its relationship with “blood science.” The chapter locates what we call the antisacrificial redescription of blood donation as a productively compromised pedagogical project seeking to produce and convey new bodily understandings designed to persuade Indians of the safety of blood donation, so encouraging more people to donate. The campaign has achieved some success, particularly in Bengal. Yet close examination reveals something more complex than a simple linear shift from “sacrifice” to “science.” Rather than being eliminated, sacrifice is sublated, finding new and subtle forms in the understandings and practices meant to replace it. Sacrifice as a mode of bodily practice, we suggest, is not absent but redimensioned in newer, “scientific” pedagogies of blood donation.

Our ethnographic focus is on a campaign featuring the descriptive reconfiguration of blood from being something like an organ (irreplaceable, its giving irreversible) to something that is economically productive and replenishable. The body is thereby reconfigured as something that is able to give, and to give again. As a blood-donor recruitment volunteer put it to us, “We have excess blood. If a person can survive from our excess blood, then this is not a sacrifice. It is just a donation.” This chapter thus gives an account of a form of pedagogy concerned with shifting the public’s proportional imagination of bodily blood quantum (from finite to infinite, from lacking blood to holding a surfeit of it) that simultaneously redimensions the gift of blood: a perceptual downsizing from a gift too
big to the point of being ungiveable, to a gift so small to now barely register as such, but which, in a seeming paradox, still enacts a sacrifice.

We draw on ethnographic research in Kolkata and Delhi, where we followed voluntary blood donor organizations seeking to educate schoolchildren and others about the quantities of blood that can be safely donated. The key point they seek to convey is that the body produces more blood than it needs, and so a portion of this excess blood can be given without the body losing anything. This is an insight at odds with conventional understandings of blood excorporation in the region as involving irrecoverable loss, understandings that inform continuing perceptions of blood donation as a sacrificial gesture. To give blood without risking irrecoverable loss would seem to fundamentally undercut the gesture of blood donation as sacrifice. An imagination of blood as excess and surplus thus involves the antisacrificial redescription of blood donation. Employing Georges Bataille’s notion of “excess” energy in *The Accursed Share* (1988), we seek to show how, for such campaigners, the body comes to be perceived as positively made for giving—that is, the body contains a (completely safe to give) gift-share of blood.

An enigma in the Indian experience of blood donation has been that while most medics are keen to dispel the popular local conception that blood is non-replenishable (i.e., once donated, blood is gone forever), they also understand that they have depended on those very ideas; many who have given have done so because of its sacrificial connotations. It is worth underscoring this key paradox: the idea that it is safe to donate the substance can thus, counterintuitively, be a hindrance to collection. This has meant that donor recruitment agencies have not always spoken with one voice about the safety of blood donation. Some recruiters see its association with sacrifice as a means of increasing voluntary donation—for instance, drawing an equation between the god Shiva’s drinking of poison and donors’ giving of blood.¹ Such recruiters actively employ existing understandings of the perils of blood donation precisely as a means of recruitment, judging that comparing donors to a nobly self-sacrificing god is more likely to be efficacious than emphasizing that it is safe to donate blood. It is not a senseless strategy: sacrifice not only repels but attracts donors. Once again, part of this is religious, for the more the sacrifice the bigger the merit (Mayer 1981, 162). The shift away from sacrifice and toward “science” might thus also be construed as without religious merit, which is dangerous given that so many of the gains the voluntary movement has made come precisely from religious movements’ involvement.

Yet for all the dangerous attraction of sacrifice, if one asks nondonors (in Delhi and Kolkata at least, our principal field sites) why they do not donate, they will
almost always refer to the “obvious” dangers of the practice. For example, students frequently state that their parents have forbidden them—which though a convenient displacement of responsibility, is also likely in many cases to be true. There is thus general agreement among blood banks and medical authorities that the perception that blood donation is an activity of irreversible depletion (that is, of very real personal sacrifice) is the principal factor hindering an increase in voluntary donation. Making voluntary blood donation attractive to would-be donors, then, necessitates the antisacrificial redescription of blood donation—a specifically tailored pedagogy that involves the imaginative reproportioning of the body and its hemo-economic processes.

It is significant that our work here goes against the grain of most existing literature on divergent modes of biological exchange in the subcontinent, which tends to depict bodies as being made abject by giving/donation practices (e.g., L. Cohen 1999 and 2001 on organ donation and selling; and Sunder Rajan 2006 on clinical trials). In developing his work on organ transfers in India, Lawrence Cohen (2001) has highlighted, with characteristic acuity, the several ways in which such transfers intertwine with sacrificial registers. Cohen dwells in particular on prevalent public representations of the selling, or “sacrifice,” of kidneys by family members anxious to raise dowry funds: the gift of an organ (ang-dan) to facilitate the gift of a daughter (kanya-dan) (or the traffic in women, as Cohen puts it). He describes how in the Hindi film Saaheb (1985), the hero sells a kidney in order to finance his sister’s wedding: “The film cuts from wedding to operation and back again, repeatedly linking the sacrificial oblations of the marriage ceremony making husband and wife into a new body with the transfusion of Saaheb’s anesthetized body” (26). Meanwhile, in their study of stem cell research in North India, Bharadwaj and Glasner (2008) argue that the concept of “biosociality” is analytically unsuited to describing the social relations that appear in Indian stem cell clinics if (as they suggest it generally is) it is understood to indicate the informed, consenting, and willed formation of biologically driven identities (D. Banerjee 2011, 489). For instance, in the New Delhi clinical sites of which Bharadwaj and Glasner write, it is frequently economically disadvantaged infertile couples who act as stem cell donors in return for gratis future in vitro fertilization cycles. (This arrangement does not quite accord with conventional informed consent or global protocols of voluntarism.) Thus, for good reasons, the picture of the body presented in this literature (from kidney and stem cell donors and vendors to clinical test subjects) leans toward an object of repressive body politics; donors are depicted as figures of abjection made to give by an asymmetrical ethics in a world divided into those that sacrifice and those that can choose not to sacrifice. This chapter pushes in a different direction in describing
a project in which (Indian) bodies are depicted as precisely not needing to sacrifice. No longer abject sites of extraction in situations of constrained ethics, they are to be reconfigured into subjects of reproducible generosity.

The Association of Voluntary Blood Donors, West Bengal

The Kolkata-based Association of Voluntary Blood Donors, West Bengal (AVBDWB) is a special organization in the history of blood donation in India. Innovative and successful, it is not only a vanguard voluntary movement for the promotion of non-remunerated blood donation in Bengal, but it has spawned imitator organizations in other states such as Kerala and Tamil Nadu. It also regularly stages workshops and conferences to share recruitment techniques it has honed at its Bengal “laboratory” with other state blood banks and donor organizations. To be sure, it is not only a story of success; as an amateur (albeit highly skilled) voluntary organization, it cannot account for inefficiencies and corruption elsewhere in the “vein to vein chain.” But where, for instance, in Uttar Pradesh in 2014–2015 only 62,961 voluntary units were collected out of a total number of 900,142 (6.99 percent), in Bengal 498,224 voluntary units contributed to the overall total of 926,158 (54.8 percent). Only the Andaman and Nicobar Islands, Goa, Himachal Pradesh, Jharkhand, Mizoram, and Mumbai have comparable figures out of thirty-five states in total (DAC, Government of India 2015, cited in AVBDWB 2015). Bengal’s comparatively high percentage is almost completely due to the campaigning and educational efforts of the AVBDWB. We have outlined some of its recruitment techniques elsewhere. Here we will outline the techniques of other organizations as well but retain a focus on the AVBDWB’s pedagogical efforts as emblematic of a process that involves changing the bodily meanings of blood donation, a process that may be thought of as, to paraphrase Spinosa, Flores, and Dreyfus (1997), disclosing new bodily worlds.

Simply put, while the AVBDWB’s techniques overlap with those employed elsewhere in the country and beyond, it is this organization that is the most systematic and rigorous in applying them. It mobilizes the “new” knowledge of what it calls “blood science”—first, as a disabler of the notion of donation as involving irrecoverable depletion (i.e., as a sacrificial act), and second, in the academic institutionalization of blood donor motivation: schoolchildren and teachers are encouraged to study for and take exams in blood science and record the qualification on their CVs. Specifically with respect to its school programs, one of the organization’s founders told us, “Our aim is to make them blood donors when they reach 18.” Given their age, the emphasis is more on blood science than on
blood donation, with the latter approached only allegorically. For instance, in telling the story of how in 1912 a large boat ignored the Titanic’s SOS calls, resulting in the avoidable death of hundreds, the audience comes to understand through the allegory that if they are healthy but do not donate their blood, they will be indirectly responsible for avoidable death and suffering. The AVBDWB’s mission is as much a moral one as it is about science communication.

**Blood Science**

We encountered in chapter 3 the view that Indians lack civic-mindedness and “don’t give,” or if they do give, it is only in order to help their “own” (family, caste, co-religionists, etc.). When we met AVBDWB activist Ranjit at a blood donation camp in Kolkata, he explained his organization’s very different approach: “We ask, why don’t people donate? (1) Is it because they are selfish? (2) Is it because they don’t know blood science? Number 1 can be ruled out because when we explain to them, many come forward. People are not genuinely selfish. They are just ignorant of the science of blood.” This point of view is important because it is so markedly different from the defeatism and vicious circularity that characterizes the attitudes of many professional recruiters. For many recruiters, low voluntary blood donor numbers substantiate their view that their fellow Indians are not philanthropically or civic minded and hence their own efforts are often unreciprocated, and donation numbers remain low. Such a view is common among societies partly shaped by Orientalist discourses, where many have internalized a bifurcation of “civic” and “religious” sociality (Hirschkind 2001). In postcolonial India, a chief political aspiration for many political organizations (including the Hindu right) has been to innovatively braid the two together as part of a new vision of an Indian nationalism that is strengthened by the overlapping of civic and religious vocabularies (Hansen 1999). The AVBDWB approaches the same problem, albeit with a contrasting aspiration for secular pan-Indian community.

Let us describe the central obstacle that promoters of blood science face in their aspirational quest. One of the very first blood donation camps we attended was at a Lord Ayyappa temple in Delhi, which largely catered to migrants from the south of the country. There we met a man in his late thirties, a bus driver originally from Kerala. Busy diving into the donor refreshments, despite not having himself donated blood, he was the subject of some comment. He told us that if he were to give his blood to the doctor, then the doctor would have to give it back to him (i.e., he would need a transfusion), so it was better to not donate and so avoid what would be a pointless transaction. Another—legitimate—partaker of the refreshments interjected: “It’s [the feeling of] taking something away from
the body. They [nondonors] think they’ll run out of it.” The bus driver responded, “I have less blood (khuun ki kami). I actually need to take blood.” “You see?” said the other. Proponents of blood science, then, must seek to counter, first, the notion that there is only a finite store of blood in the body (making blood donation akin to, say, the donation of a kidney), and second, the sense that many people have—especially those who are lower middle class and below—of themselves requiring more blood, never mind donating their own. They must go further still and explain that not only do such persons not have a deficit, but they have a surplus that is safely donatable. The pedagogy of blood science thus seeks to inculcate the perceptual reproportioning of blood quantum and generation.

On not requiring a transfusion: At a Catholic girls’ school in Kolkata, an AVB-DWB member speaks (mainly in English) on blood science: “We need a scientific perspective. We all have a heart, whether it is in the right place or not. It pumps blood day in and day out. Our blood travels 12,000 miles in twenty-four hours, and 8,000 gallons gets pumped. People say, ‘I should receive blood!’ But if you were given an extra unit of blood, the 8,000 gallons that gets pumped would become 9,000 gallons per twenty-four hours, and if you got two more units, your heart would then fail.” On another occasion, before a group of local schoolteachers (in a mixture of Bengali and English), a different recruiter from the same organization developed the theme: “Men have 76ml of blood per kilogram of body weight, and women 66ml. If you multiply your weight by 66ml, you can work out how much blood you’ve got. Everybody’s blood is proportionate to his or her height. If you put a bucket of water under a tap for eternity, once it’s full, you won’t get more in it. You don’t need more blood. Just as if you put a bucket under a tap and keep the tap on for all eternity and it won’t ever fill two buckets, similarly blood cannot ever be more than 76ml per kilogram of body weight.” In other words, do not ask for a transfusion unless you’ve suffered blood loss. We suspect that the recruiter himself would acknowledge that this is a simplification—it confuses quality and quantity, for an anemic girl from Himachal Pradesh might have a normal quantum of blood but still require a transfusion to raise her hemoglobin level—but this is nevertheless the method of explanation. Note the comparison with water. In chapter 3 we encountered the view that politicians should concern themselves less with blood and more with water as a substance of the civic. Here water and blood are in a different relationship. The comparison is not to show degeneracy; rather, it is pedagogical.

On the recuperative power of blood: Water imagery is also used in order to explain how blood, after donation, re-forms and returns. A recruitment professional at a government blood bank in Delhi shared with us the following poetic lines she had composed: “What difference does it make / If from the well one pot goes away? / You only benefit from this. / You lose the old and obtain the new. / The
process brings benefit to the body / And happiness to the heart.” Echoing Paul Ricoeur’s (1966, 418) remarks on how life functions “in me without me”—“It is a wisdom of movement: the circulation of my blood and the beating of my heart do not depend on me”—AVBDWB’s publicity materials state, “[Blood] is like a spring. What you use from within comes back automatically. You don’t have to do anything.” A member of the same organization expressed his frustration to us that “people don’t give blood because they don’t know that it is replaced automatically. They do not know that it is similar to the well and water. If I take water from the well, nobody puts water in the well. God puts it back. It is a system of the universe; earth-connecting channels put water [back] into the well. If water is not at a particular level, it gets balanced. They are not able to understand this.” Blood donation is thus figured as an intervention in an already ongoing process of re-formation. Removing a portion stimulates new growth, like fresh water in a spring. Antisacrificial redescriptions of blood donation as a process for expelling the old and gaining the new can seem to portray it as a branch of therapeutics, almost akin to bloodletting, with donation a kind of blood-cleansing mechanism with connotations of _dan_ in the classic Indic mode in which a giver gives partly as a means of self-purification. We will return to this question below.

The bus driver at the Lord Ayyappa temple camp who declined to donate did so in the belief that were he to do so, he would require a transfusion. In the AVBDWB way of thinking, the donor in fact does receive a kind of transfusion, but _from within_. The donor is infused with his or her own fresh blood consequent on the originating activity of giving itself. If blood, in such depictions, is like water in returning to find the right balance, one thing it is not like is money. As one AVBDWB member told an audience of students, “Money leaves us and is forever gone. Blood is not like this; there is re-formation very quickly.” We can build here on Strathern’s insights on “vernacular comparison” (2009). The AVBDWB compares different sorts of substance along an axis of their ability to return once parted with as a form of rhetoric. The dexterous recruiter deploys associations and separations in order “to move the social situation from one state to another” (Carriters 2005, 581).

Supplementing the strategy of vernacular comparison, the tactic of demonstration has also formed a key force of rhetoric in the AVBDWB’s attempts to persuade and convince nondonors to donate their blood. In the early days, AVBDWB members would appear before students in Jadavpur University lecture theaters to inform them about blood science, but not only to speak; blood science was demonstrated, with another AVBDWB member (accompanied by a medic) donating his or her blood on the stage beside the speaker. The very survival of the donor, witnessed by the audience, implied a proof of the blood science enunciated
by the speaker. Donating itself was a force of rhetoric. In a less dramatic mode, many AVBDWB members have themselves donated blood scores of times, some a hundred times or more, and this fact itself possesses demonstrative rhetorical value when invoked in blood science talks, for how could the speaker, having donated many times, be present before the audience if it were not for the recuperative power of blood? Further, if the very purpose of blood donation is the saving of life, why would its advocates seek to promote it (ask its advocates) if in fact it endangered the giver’s life? A Delhi government blood bank recruiter addressed the matter in a self-penned Hindi poem used in promotional Video CDs shown in schools and colleges:

We have to give life to the other.
This does not mean we want to lose life.
I don’t want to wipe the vermilion off one woman
To make life for the other (dusra).

Married Hindu women wear auspicious red vermilion in the parting of their hair. If they are widowed, the mark is removed. In stark terms, then, the message of the poem is We are not trying to kill you. The poem seeks to explain that blood donor and recipient lifetimes are not in a zero-sum relationship and to distinguish blood donation and blood banks from narratives that seem to posit a universal practice of extracting the vitality of underprivileged donors to extend the lives of privileged recipients. Similarly seeking to deterterrorize blood donation, the umbrella website for state-run blood banks in Delhi contains an aphorism said to have been spoken by the Buddha: “Thousands of candles can be lighted from a single candle, and the life of the candle will not be shortened.”

The foregoing attempts at rhetorical persuasion are usually accompanied by a set of facts and figures. At a Youth Congress camp on Sonia Gandhi’s birthday came a loudspeaker announcement: “It is believed by many that if you give blood then your own blood gets less—it’s not so; this is a wrong conception. In forty-eight hours, scientists say, new blood gets formed. So there should be no worry or fear in giving blood.” The figures vary a little; some medics say that the volume of the donation is replaced within seventy-two hours. Some donors we spoke with found this confusing: “If it comes back in seventy-two hours, then why do they want us to donate next time in three months?” In response, the AVBDWB attempts to make clear in its leaflets and lectures that when a person donates, half a gram of hemoglobin leaves the body, and it takes six to eight weeks to replenish this. In other words, quantity is restored within seventy-two hours, quality in six to eight weeks. But still, six to eight weeks is not three months—the required interval between donations. When asked about this discrepancy, medics and recruiters often made two points: First, Indians tend to have a lower body weight
compared with Westerners and therefore have less of both blood and hemoglobin, so extra caution concerning recovery time is required. Second, since voluntary blood donors are a “minority community”—less than 1 percent of the Indian population—their interests must be protected in the form of extra precautionary measures. The use of language most frequently heard in reference to the rights of cultural and ethnic minorities and their access to redistributive justice to describe the status of voluntary blood donors shows the reach and plasticity of rights language and claims in India. It also shows the way in which—perhaps partly due to the insistent slogans that exhort the fostering of a *culture* of voluntary blood donation—blood donors may be bracketed off in familiar terms of cultural difference as a distinct community.

On the body’s surplus of blood: If the recuperative power of the body complicates narratives of a blood donation that is sacrificial, the idea that the body holds a surplus of the substance might seem to kill off such narratives entirely. For according to the AVBDWB and other recruiters, it is not even a loss that is recuperated, but merely a portion of the excess all human bodies hold. “Excess” is thus redistributed from the excessive loss of sacrifice to excessive blood quantum, enabling a conception of blood donation as involving absolutely no loss at all. Recall the words of the AVBDWB officer quoted earlier: “We have excess blood. If a person can survive from our excess blood, then this is not a sacrifice.”

A lecturer in engineering from Jadavpur University, also a member of the AVBDWB, described to us how most forms of bloodshed, particularly in West Bengal with its popular traditions of bloodthirsty Kali worship, carry connotations of sacrifice and how this is a double-edged sword. Such connotations can serve to ennoble the act, but they also underscore perceptions of it as harmful. Overall the extractive resemblance between them has proven to be extremely unhelpful, in the lecturer’s view, for they are fundamentally different activities: “In blood donation you cause no harm to yourself. In sacrifice you harm yourself. We impress upon [people] that [blood donation] is nothing like a sacrifice, that in blood donation you are giving only part of a surplus.” So how is this surplus figured to nondonors or future donors such as schoolchildren? And if blood donation is not a sacrifice, then what is it?

“My God, we have no extra blood to give!” People used to think I was mad when I asked them to donate some of their extra blood, and it is still hard to explain this to them,” a Delhi-based recruiter told us. At a blood science education event at a municipal building in Kolkata, an AVBDWB leader sought to explain to a slightly surprised public (for they had turned up believing that the event concerned science education more broadly): “For each kilogram of body weight, a male has 76ml of blood; while for females it is 66ml per kilogram of body weight. So if we multiply our weight by 66/76, that is our blood volume. But we only need
50ml of blood per kilogram of body weight. There is thus a surplus. In engineering terms, it is the factor of safety. If we slowly part with 8ml of blood per kilogram of body weight of this surplus, there is no harm.” One middle-aged woman stood up to respond, “I currently have the correct amount of blood in my body,” the implication being that she could not herself give for this reason. The speaker responded, “Blood cells have a life span of 120 days. Even if you do not donate blood, \( \frac{1}{120} \) of your blood is dying per day. On the 120th day we would have nothing left if we didn’t have replenishment. Donating blood does no harm to us, and through blood donation we can save a precious life.”

Part of what is being communicated here is that our blood in any case leaves the body, so why not put that process to use for the benefit of those who are in need of it? Other recruiters are more explicit about what is only suggested here in terms of avoiding waste. A medic at an NGO-run blood bank in Delhi put it like this: “Whether you donate or not, red cells have a life of 120 days, and after this they expire, break down; there is a burden and lots of work required to excrete these old cells. After three months you can donate for others—so you give, and 90 days after your red cells will be mature. Let it be useful for someone, let’s not waste it.” Or in the words of a poem read at a poetry competition on the subject of blood donor motivation at the government All India Institute of Medical Sciences (AIIMS) hospital in Delhi: “We don’t even know that after some time / Our blood cells swell up and are destroyed by themselves. / They are extra (zyada), and if that excess (bahut zyada khun) is given away in donation, / It can save somebody’s life.” Apoptosis—programed cell death—thus enables blood donation. “Death and the regeneration of life” is here writ both small and large—on a cellular level, the “swelling up” and “destruction” that stimulate new growth, and in a hospital bed, the regenerative transfusion that piggybacks on a process of cellular death and rebirth.

**Surplus, Waste, and the Gift-Share**

The revaluation, or reclamation, of biological waste as a new source of therapeutic and commercial value has formed a focus of works on biological exchange (Konrad 2005; Waldby and Mitchell 2006; Hodges 2013). For instance, ova donors in the United Kingdom are told that they have “spare embryos” (Konrad 2005, 51). The treatment process is “predicated on the value of excess and the desirability of cultivating a surplus of eggs through superovulation” (58); women state that “if [they] didn’t donate them they would go down the pan” (198). Konrad thus speaks of “remaindered form” and an “aesthetics of excess” (201). Influenced by Waldby and Mitchell’s argument about the “commercial and episte-
mological value” of designating bodily tissues “waste,” scholars have shown how such designations are often the first step in establishing their exchange value (2006, 115). Waste products, as “abjects,” do not carry the donor’s personality and so are alienable; their designation as “waste” justifies the creation of biovalue from them (Kent 2008, 1751).

It might appear as though we have been describing in this chapter a process akin to this: an attempt to redesignate understandings of blood donation away from intimate self-sacrifice to simple excretion of a waste product—a move from intimacy to alienability. Dixon-Woods et al. (2008, 61) have questioned such narratives for fostering an understanding of the sources of biological materials “as ‘disempowered’ and ‘often-unwitting’ individuals, disengaged from the scientific and commercial potential of tissue by its designation as ‘waste’ on removal from their bodies.” Our view is that the focus on waste and biovalue can be both useful and misleading—misleading because it is useful: its easy generalizability may make us overlook the specific features of particular networks of biological exchange. The nuanced approach we seek is found in Klaus Hoeyer’s (2009) work on bone donation in which he recognizes the importance of the designation “waste” in creating exchange value but holds that “waste” does not exhaust the meanings of the donated substance as such. Instead, “donors and doctors use the categorization to establish a shared understanding of the implications of a donation: the donor does not stand to lose anything by letting go of the bone” (244).

In concert with Hoeyer’s approach, what we find in our case is the mobilization of a conception of excess blood—the very opposite of khaun ki kami—as a means of promoting the understanding among would-be blood donors that they do not stand to lose anything by letting go of some of their blood. We have already seen why this, alongside an emphasis on hematapoietic recurrence, is important for countering the perception that blood donation involves irrecuperable loss. What focusing on the body’s surplus of blood also allows recruiters to do is to conceive and communicate the notion of a body and substance that is designed for giving—the excess is neither “mere” waste nor abjectly alienable. Rather, it forms a gift-share. To be sure, if that share remains ungiven, it is a loss and to be lamented; it would be a “waste” even. But it still must be given—shared.

Another oft-heard Indian recruitment slogan is that blood donation is like a mother’s love moving from the healthy to the ailing—that is, the donor is like a nurturing mother. In more tangible terms, whereas a mother gives milk that has, so to speak, been made in order to be given, the donor’s blood comes to possess similar connotations. This gendered motherly metaphor takes us well away from alienability and abjection, serving an indicative purpose in allowing us to consider what work the designations “extra” and “surplus” are doing in our specific case.
It is not only the rescaling (aggrandizement) of kin relationships, then, that is at stake here, with donor-mothers figured as substantial nurturers of recipient-children. Rather, just as a human mother’s milk is made to image altruism and is a substance made to be given away, so the designation “surplus” performs a similar naturalizing function with respect to bodies “made to give.” Significantly, many AVBDWB members understand this as a kind of countermetaphor to that of Richard Dawkins’s *The Selfish Gene* (1976), a book with which numerous members are familiar. Dawkins himself regrets the title of his book and the misleading impression it gives of a biogenetic justification for egoistic behavior. In his introduction to the thirtieth anniversary edition of the book, Dawkins (2006, vii–ix) lamented such reductive readings. Nevertheless, such understandings dominate popular conceptions of the work. Again and again the text was mentioned with disapproval by AVBDWB members at lectures, seminars, and in interviews with us, who see its philosophy—at least, the one implied in its title—as antithetical to their mission of fostering the voluntary blood donation movement. For instance, at a public lecture given by one AVBDWB member (in Bengali), *The Selfish Gene* was invoked as a text communicating the idea that “we are slaves of our genes, but human beings have the power to rebel against the so-called selfish design of the gene. Human beings can be unselfish. . . . Blood donation is unselfishness. We know the surplus is there. It should be called ‘the unselfish gene!’ ”

Bataille dealt with issues of excess and surplus in a very different and yet related way in *The Accursed Share* (1988). For Bataille, the “accursed share” refers to the “excess energy” an economy must disburse through wasteful consumption (e.g., expenditure on luxury goods). Such surplus energy is that which “cannot be deployed for a system’s growth but which nevertheless has to be used up, rather like the heat that has to be used up thermodynamically in so-called dissipative structures” (Urry 2010, 207). We borrow Bataille’s turn of phrase in suggesting the notion of the gift-share to describe the AVBDWB’s countermetaphor to that of the selfish gene. It allows us to demonstrate the work that the designation “surplus” does in addition to allowing donors and medics to reach the shared understanding that blood donors do not stand to lose anything by letting go of some of their blood. The body’s surplus, replenished after each donation, shows its purpose in being made to share. It is not selfishness that is predetermined, but sharing as revealed by the availability of the gift-share. As in Bataille’s conception, there is a portion of excess, though here the excess is routed differently to a therapeutic end (in Bataille’s terms, the “restrictive” and “general” economies are mixed together). For Bataille, such excess energy “must be spent, willingly or not, gloriously or catastrophically” (1988, 21)—or, we might say, redistributively.
Many understandably view natural symbols and metaphors with skepticism—especially those in which blood figure (e.g., Haraway 1995). Natural symbols, suggests Douglas (1970), in conveying associations deriving from their organic roots can naturalize particular social processes; for instance, Weston (2013a) demonstrates how a pronounced discourse of blood in discussion of financial markets (e.g., the use of phrases such as “flow,” “circulation,” “liquidity,” “the economy’s lifeblood,” and even “cash transfusion”) is a factor in foreclosing debate about how things might be otherwise. The notion of blood’s natural surplus, which we gloss here as its gift-share, partakes of these problematic logics, to be sure, though in the form of countermetaphor (or counteressentialism) as a rebuttal of conceptions of humans’ innate selfishness. The “extra” blood designation is not (only) productive in terms of deactivating views of blood donation as physically harmful and for facilitating the alienability of blood and therefore its disentanglement from donor bodies, but also in promoting a view of bodies as designed or made to be unselfish. As a contestatory metaphor, it forms a part of the AVBDWB’s own political hematology.

While the body’s extra blood is foregrounded across the Indian blood-donor recruitment world, preoccupation with The Selfish Gene seems to be AVBDWB-specific. But one can certainly find echoes of it in other places. At the above-mentioned poetry competition in Delhi, for instance, these lines were spoken: “The extra blood says ‘Use me / Give life to the other / And remove this land’s pain.’” The biological-conceptual complex of surplus and recurrence is suggestive of a certain intentionality. The blood itself speaks—it wants to be used.

As we noted earlier, antisacrificial redescriptions of blood donation as a process for expelling the old and stimulating fresh growth might seem to make it into a branch of donor-oriented therapeutics. But in the case of the AVBDWB at least, we can see that, though a conception of donation as purgation apparently is hinted at through designations of surplus blood, this neither exhausts the meanings of the action nor de-gifts it as such. The AVBDWB message—which dominates understandings in Bengal—defines the surplus in terms of care for the other: one is not giving one’s waste; rather, it is a waste not to give, since the portion of excess will in any case be lost. Moreover, it is not that donating blood is purifying for donors, but that they do not imperil themselves in giving it (because there is a portion that is safe to give). Indeed, as we have seen, for the AVBDWB the presence in the donor’s body of an excess that can be safely removed, far from canceling the gift, proves that the body is made for giving.

We can compare this with Emilia Sanabria’s (2009) work, which explores linkages between blood donation, class, menstruation, bloodletting, and ideas of well-being in Bahia, Brazil. Medics see the ascetic form of uncompensated blood
donation, which they advocate, as continually under threat from conceptions of donation as generating some kind of benefit—in this case, the health benefit of purified blood. Sanabria reveals an acute gendering of blood donation in the region, which centers on the fact that, although menstruation acts as a bar to female participation (men donate almost twice as much blood as women), those women who are not menstruating may seek to donate their blood as a kind of substitute for that which they forego. Since menstruation is held to alleviate a physical and emotional condition caused by a build-up of blood, some nonmenstruating women see blood donation as a special means of achieving a similar effect. As is the case in India, so too in Bahia: blood donation comes to look like a mode of socialized bloodletting.

Particularly important to Sanabria’s analysis is the practice of hormonal menstrual suppression, a medical intervention that is utilized by many Bahian women but that is also thought to cause a problematic build-up of blood in the body. While this latter understanding is not limited to Brazil, the association in Bahia between menstruation and blood purification heightens the concern about accumulation consequent on menstrual suppression. In this situation, as one of Sanabria’s informants puts it, “giving blood gives relief.” But the logic is not simply one of somatic introversion, the donor “cutting” the “transfusion relation” (L. Cohen 2001, 27) into a transaction with and within oneself (i.e., “giving” thick blood and “getting back” clean blood). For while evacuative perceptions of blood donation undoubtedly possess conceptual affinities with seemingly nonrelational bloodletting, giving blood in order to secure “relief” is also considered by Sanabria’s informants to give “the otherwise useless menstrual blood a positive and altruistic function.” Indeed, the availability of blood donation as a means to expel accumulated blood has made blood shed through menstruation appear wasteful to some. Once more, it is not that one is giving one’s waste, but rather that not giving is wasteful. Similarly, so far as purgation and donor-oriented therapeutics are hinted at in both India and Bahia, it is not that blood donation has been made nonrelational in being rendered a form of bloodletting, but rather that bloodletting has been made relational in being turned into a form of blood donation.

**Spillover Hematology, or a Return to Sacrifice?**

Alberto Corsín Jiménez (2013, 130) explains how, according to economists, public goods “have a tendency to flow over their market circumscriptions, delivering their ‘goodness’ beyond their original catchment area.” An example of such a spillover might be the skilled musician whose nightly practice of his or her instru-
ment provides enjoyment to a music-loving neighbor (130). Such spillovers are “uncompensated benefits that one person’s activity provides to another” (Lemley and Frischmann 2006, 2). Taking inspiration from this literature, Corsín Jiménez proposes a “spillover sociology,” the better for taking account of the non-contained nature of social life. From such a perspective, the body’s productive activity in creating “more blood than it itself needs,” so allowing that excess to form a benefit for others, might be framed in terms of a spillover hematology: the AVBDWB characterizes the body’s “extra” blood as a kind of public good, capable through donation of flowing over its originating biological province and helping others as well.

But now we must ask: Can the blood the body produces really safely spill over to form an infinitely extensible benefit for others? Consider the slogan that can be found on stickers attached to the rear windows of cars in Scotland: “Please drive carefully—I’ve already donated blood.” The way of thinking embodied in the catchphrase is precisely contrary to AVBDWB’s pivotal message—namely, that blood donation is a perfectly safe activity. The catchphrase implies that blood donation makes donors more vulnerable in temporarily removing a portion of their buffer stock: should they suffer a hemorrhage, they will more quickly bleed to death. The slogan constitutes a small act of donor care on the part of the Scottish blood service; it says to drivers, “Be extra careful—this person’s surplus is depleted; their vulnerability to further bleeding is heightened.” So can buffer stock qualify as surplus if that share is protective? The body’s surplus of blood comes into view as both fact and fiction. If it is a fiction, it is perhaps a necessary one. The surplus might be described as a species of hyperbole in Quintilian’s sense of it as lies told without mendacity (Johnson 2010, 346). To reiterate: it is easy to see why the AVBDWB would wish to eschew such a message as contained in the car sticker as being incongruent with its antisacrificial redescription of blood donation. This is because it seems to smuggle sacrifice back in, in the way it refers, however obliquely, to loss.

We want to suggest now that if the AVBDWB seeks to undercut the association between blood donation and blood sacrifice, its attempts to do so are themselves undercut by messages emanating from elsewhere in the Indian blood donation and transfusion field. In this way, sacrifice comes to retain a dangerous presence in the imagining of blood donation—but a rescaled, transfigured presence. This brings us back to questions concerning dan. As we shall see, blood banks’ characterization of blood donation as a mode of dan (that is, as rakt-dan) is useful to them, but it reintroduces sacrificial connotations. So we see competing messages run together—one antisacrificial, the other insinuating sacrifice—that seemingly undercut one another. We want to suggest, however, that the different messages resolve one another.
Indic dan is very frequently characterized as 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. For many voluntary donors and blood bank staff, 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 emphasis in India on the promotion of voluntary blood donation, necessitated by a 1998 legal ruling that forbade payment, has made the use of the term “rakt-dan” seem less reprehensible to these donors and staff. This is because in the emergent voluntary system, donors should receive no payment and should be unaware of the recipients of their donations. Voluntary donation thus promises to provide both the asymmetry and anonymity held to characterize many classical notions of dan. Indeed, the anonymity and asymmetry of voluntary blood donation, on a conceptual level at least, present striking points of convergence between rakt-dan and key features of classical modes of dan.

Blood bank staff actively seek to translate this conceptual convergence into a practical one. Voluntary blood donation, they say, must conform precisely to the highest ideal of disinterested dan, since it is seen to ensure the safety of donated blood. This is because of the medical policy axiom that offering donors incentives increases the likelihood that they will conceal risk factors which, if revealed, would disqualify them from donating. The characterization of blood donation as a dan thus becomes an imperative for reasons of the safety of the transfusion. We thus already see a point of difference between the strategies of the AVBDWB and other agencies: the AVBDWB’s antisacrificial redescription of blood donation emphasizes the safety of the act of donation for donors; emphasis on dan, on the other hand, is a means of trying to enhance the safety of recipients.13 What are seemingly pitted against each other are the competing imperatives of getting people to donate in the right way (the emphasis on dan) versus getting people to donate at all (the antisacrificial strategy).

Placing emphasis on blood donation as a mode of dan not only serves as a template for the ascetic form of uncompensated giving that medics desire, but it also becomes a point of vulnerability where the suppressed element (sacrifice) can creep back in. “New” forms of flesh-and-blood dan have accumulated rapidly in recent years. This, of course, reflects the increase in forms of donatable corporeal material now utilisable by biomedicine: in addition to rakt-dan, there exist netr-dan (eye donation), ang-dan (organ donation), deh-dan (body donation), bhrun-dan (embryo donation), and other categories. While these new variants attest to the extensibility of dan, existing precedents for these sorts of gifts in theory and in practice suggest that, in addition to defining a “new” terrain of dan, they reconnect with or revivify foundational corporeal features of dan that might have
been downplayed (or at least metaphorized) in more recent times. Deh-dan, which in its present-day usage refers to postmortem gifts of the body for extraction of organs and/or dissection by trainee medics, is a particularly elaborated category of giving in literature such as the Dharmashastras. There are, in addition, literal offerings of body parts, as in the cases of Karna in the Mahabharata, the sage Dadhichi, and the king Jagdev Singh Panwar, who gave “even his own head in dan” (Raheja 1989, 97). There are also metaphorical gifts of the body, where in complex ceremonies the ritual patron divests himself of his impure self through the giving of “gifts (daksina) which represent parts of the body” (Heesterman 1985, 27).

If, as numerous theories suggest, dan—as an unreciprocated gift—is “officially” a surrogate for both sacrifice and asceticism in the age of Kali, then the unreciprocated giving of corporeal substance, when it is defined and understood as dan, simultaneously refutes and implies the asceticism and sacrifice it replaces. Indeed, theories of dan lay emphasis on the substitutive function of the gift, for, in the words of Heesterman, “the men of our era are no longer deemed strong enough to cope with the heady excitement and terror of sacrifice. In the dvapara era, sacrifice was the foremost meritorious work, but in our age it has been replaced by the gift” (86). But blood donation as rakt-dan can appear to collapse into complex simultaneities the developmental sequence, whereby dan is said to stand in for asceticism, which in turn, stands in for sacrifice. Or in Corsin Jiménez’s (2013, 20) terms, the developmental sequence is “reversible.” In contexts of Hindu ritual, as noted by van der Veer (1989, 72), fire sacrifice and gift-giving are equal insofar as the Brahmin-as-receiver-of-gifts is considered to be one of Brahma’s mouths, the other being Agni (the sacrificial fire). Further, Agni is present in Brahmans as the digestive fire through which they “process” the gifts they receive. If it is in the domain of Brahmin-directed gifts that sacrifice has retained more than a latent presence, the rakt-dan conceptualization similarly places sacrifice back within the orbit of the blood gift’s signification.

We may recall here the enigma of the relationship between blood donation and sacrifice referred to at the beginning of this chapter—namely, that the dangerous appeal of sacrifice means that, for some, antisacrificial redescription can act as a hindrance to blood donation. At the same time, the AVBDWB is perfectly aware that the connotation of blood donation as an irreversible loss is deleterious to collection. Our argument is that if the AVBDWB’s message were to be fully successful, it would no longer be successful; its success must remain only partial. Were the antisacrificial definition of blood donation to be fully accepted, the result would be an overwhelming “loss of the loss” (Mazzarella 2010, 2), which would itself be damaging to collection figures. The danger of downsizing blood donation from being a gift too big to the point of being ungiveable, to a gift inconsequentially small, can be seen in the counterproductive effect of a recruiter’s lecture at a
Mumbai school. In an effort to encourage donation, this recruiter argued, “Every human being has five to six liters of blood, and there is a buffer stock, and donating 350ml makes no difference to you.” He then displayed a poster depicting a young woman happily reading a book while donating blood. The accompanying Marathi text read, “It is very easy to donate blood—all you need to do is lie flat! And this blood is regenerated by itself.” Later, after the lecture, he explained to us that “the poster has an impact because of the novelty—Oh, I have an excess! I don’t lose anything. I give from the buffer stock and it’s only a small fraction of the excess stock!” However, when we spoke with the audience, they seemed less impressed. “If we lose nothing,” said one seventeen-year-old student, “then can the transfusion really help someone?” “I thought I was sacrificing for the other, but now I see it [blood donation] is nothing,” said another student. In the light of such comments from donors and would-be donors, we argue that sacrifice, smuggled back into the frame through dan, and the countermessage of antisacrificial redescription, do not simply cancel each other out but rather modify one another in a kind of productive mutual undercutting. If the antisacrificial redescription of blood donation makes it possible to give, the reactivation of sacrifice through dan makes it attractive to give.

To return to the Scottish car sticker mentioned earlier: what it teaches us is that it is perfectly possible for loss and safety to run together. But sacrifice must be understood in an adjusted sense—as loss, to be sure, but only from an already existing excess, and only temporary; the dangerous appeal of sacrifice is redimensioned but not eliminated entirely. After all, Indic sacrifice is certainly a scalable phenomenon: animals may stand in for humans (Samanta 1994), and vegetables for animals (F. Osella and C. Osella 2003); in the kuthiyottam sacrifice of southern Kerala, performed in honor of the goddess Bhadrakali, the portion of human blood that is spilled metonymically stands in for the whole of a person’s lifeblood that was spilled in pre-reform times (110). Meanwhile, in the same ritual, the blood of two young low-caste boys substitutes for the blood of the sons of the sponsor, which were it to have been shed, would also have been substitutions—for that of the sacrifier (119). Blood sacrifice is always being redimensioned.

Michael Lambek (2008, 150) suggests that blood sacrifice is a measure of absolute, as opposed to negotiable, value. In India, its value might well remain unqualified (for those who conduct it; cf. Babb 2004), though the conditions of its enactment seem more negotiable. Blood sacrifice gains such value, Lambek argues, because it is “something that, once conducted, is not retractable.” He is not referring, of course, to blood donation, but even so, and to the extent that it is associated with blood sacrifice, we have perhaps found a retractable variant: one suffers a loss until one no longer does so, and then, ideally, one suffers it again. If one gives one’s life, then that is that. But if one sacrifices that which recurs, one
can perpetually sacrifice. Lambek (2008, 150) further notes that “in the post-
Puritan world it is assumed that value is something to be gained at no cost to the
self—as interest, dividends, or other forms of exchange value.” If the antisacrificial
strategy of the AVBDWB conveys the “new” truth that blood donation is
something to be performed at no cost to the donor, then the language of dan,
and its history of substitutions, modifies that truth even as that truth rescales and
redraws the nature of the sacrifice.

The AVBDWB project depicts bodies as precisely not needing to sacrifice. Rather
than abject sites of extraction, donor bodies are reconfigured into sub-
jects of reproducible generosity. The problem here was that the AVBDWB’s anti-
sacrificial approach, in spite of its continued employment of gift rhetoric, over-
flowed, going further in seeming to de-gifting blood donation entirely: blood
donors lose nothing but the time it takes to donate; the gift simply vanishes.
Under the sign of sacrifice, it reappears. At the same time, however, the AVBDWB
approach ensures that the sacrifice is no longer an abject one.

Variations and Fault Lines

Based on the statewide collection figures that we quoted, we note that the AVB-
DWB’s attempts to educate Bengali schoolchildren and others about blood sci-
ence have been quite successful. We explained how the AVBDWB’s antisacrificial
redescription of blood donation has focused on conveying three linked tenets of
blood science: that bodies which have not suffered blood loss do not require
transfusions; that bodies hold a reserve of blood from which a portion may be
safely donated; and that once removed that portion is replenished. Of particular
importance, for association members is explaining the recuperation of blood. In
so doing, they undercut sacrificial understandings and so facilitate donations. Im-
portantly, however, while they emphasize the fact of recuperation, they leave
open to speculation the how of recuperation—the mechanism through which
blood is replenished. In this section, we consider speculation about the origin of
the replenished blood, speculation that diverges from officially sanctioned bio-
logical narratives, and also examine the nature of the AVBDWB’s investment in
the human origins of the substance.

1. Return

We have previously written about replenishment being attributed to divine lar-
gesse in specifically devotional North Indian contexts. Part of the interest there
lay in devotees’ understanding that the blood returned because of their devotional
relationship with a guru. Without that devotion, the donated portion would not necessarily be replenished. What we find in the recruitment contexts we have been discussing in this chapter is related but different. That replenishment happens is presented as a scientific fact, regardless of the donor’s religious devotion. At the same time, replenishment is sometimes attributed to God. As a donor recruiter from Delhi put it to us, “Technically speaking there is always a reserve. Donation is my resolve. I donate, and the Almighty again provides me with the reserve.”

So far as the AVBDWB is concerned, such understandings are uncontroversial. Though the organization is not affiliated with any religious tradition, it is open to receiving help from religious leaders for motivation purposes and holds no explicit secular(izing) agenda. It is a practical organization whose main concern is simply boosting voluntary blood donations. If donors’ or recruiters’ understanding is that God replenishes blood, then so be it. The main thing is that they comprehend that it comes back, whatever the cause.

In more explicitly (bio)medical contexts, however, such understandings may be challenged and cause “epistemological embarrassment.” For instance, speaking before an audience at a pan-Indian blood banking conference in Chennai, a medic from Kashmir declared, “We should say [to those reluctant to donate blood] that we have a bone marrow factory. Outside factories have power cuts, but our factory runs with the life force God has given us. When there is loss of blood [through donation], angels bring it back. Blood is the universal life force produced by God’s factory.” Discomfited, the chair and fellow panelists interrupted and tried to speak over him. But this only caused the medic to raise his voice, awakening audience members from their slumbers to applaud approvingly the Kashmiri medic, thereby provoking the liveliest moment of the day. Similarly, a recruiter in a Delhi government blood bank, speaking to us about replenishment, declared, “I tell them this and I know it is true: blood is continuously destroyed and formed, and it is OK. The fact we are alive proves it comes back. When you tell people that they are formed in the image of God, and this tremendous ocean is there—that you give it and then he gives it back, this force from God—it has a powerful effect on them.”

2. Classification

At the same conference in Chennai came a further epistemological embarrassment. Extracted human blood, officially speaking, is defined as a drug, its usage governed and regulated by the Drugs and Cosmetics Act (1940). So, for instance, according to the act, “‘blood component’ means a drug manufactured or obtained from pooled plasma or blood by fractionation, drawn from donors.” At the con-
ference, the deputy drug controller of India gave a keynote emphasizing that it is not only components but whole human blood, too, which falls under the definition of a drug. Another presentation addressed the question “Is blood transfusion safe, or is blood one of the most dangerous drugs in the physician’s therapeutic armamentarium?” Toward the end of the talk, a doctor from Karnataka could contain herself no longer. Rising to her feet, she said:

This Drug Act—it is not a drug! It is not manufactured artificially. It is life force from God. It is not a drug, it is not food, it is not a cosmetic. There should be a life-force authority of India controlling the blood life force. When you put on the tilak, there is heaviness there, and this is the area where the gate of God’s life force is. So life force and blood donation are totally dependent [on each other]. There are 70 million vaults of energy in one life only. One gram of flesh can light a city for seven days because of the electromagnetic force which is in blood—how can you say it is a drug?

Similarly to the case discussed above, the chair tried to cut her off. Official meanings were under attack in an embarrassingly public forum, in the presence of the deputy drug controller himself, and it was not even a recruiter who had spoken—for being nonmedics, recruiters can be granted some definitional license—but a well-known doctor.

What was in question here, of course, was the supposedly “modern” view of blood as a decultured “biochemical ensemble” (Simpson 2009, 104) that—given its postextraction mixture with anticoagulants and other treatments (e.g., fractionation to separate out plasma)—is considered both bureaucratically and according to medical orthodoxy as simply a drug to be administered. While the above conference interjection disputed the designation of (donated) blood as a “drug” because it eclipses what for the doctor is a more correct understanding of blood as a God-given substance-force, the interruption at the same time constituted a call to remember the human origin of the substance. Her emphasis was as much on the human fleshiness of donated blood as its ultimate divine source—both of which are mocked by the designation “drug,” which of course obviates its multiplex human-divine origin.18

3. Origin
We turn now to a further calling into question of the human origin of the substance—an origin beyond both the human and divine. We begin with an excerpt from the inaugural address of the 2005 Parliament of Motivators conference,
organized by the AVBDWB and held in Kolkata, which brought recruiters together from across India and the world:

Human blood possesses no caste, creed, religion, or pedigree. No national or state boundaries can keep blood isolated in any domain. It is a symbol of unity and service of others. We all know about the revolutions of the last five hundred years: the Industrial Revolution, the French Revolution, and so on. A revolution is a fast change in social circumstances, with or without blood shed. We read about these revolutions but didn’t participate in them. But with blood donation we are a part of it. It is the greatest nonpolitical movement that has taken place on our soil. All castes took part. No identity or religion was excluded.

While an anthropologist schooled in the many exclusionary layers of blood talk may encounter many ironies here (see, e.g., Haraway 1995; Williams 1995), it is not only for the AVBDWB but more widely still in the recruitment world (and beyond) that blood is figured as a substance of humanism, a kind of cosmic substance of connection. For Drew Leder (1990, 157–73) in his classic phenomenological treatment of the body, for instance, we form one body with the universe through blood, and all of nature is consanguineous. Confining ourselves to the world of blood donation and transfusion, consider a slogan used by WHO and the International Red Cross in 2004 that posits blood, as a donatable substance, as that which goes beyond cultural differences: “Many cultures, many nations—one river of life: blood!” The slogan reflects Viveiros de Castro’s (1998) well-known argument concerning how multiculturalism and mononaturalism are run together in dominant contemporary Euro-American understandings, with the former—the “many cultures” of the slogan—overlying a common biological substrate (according to the slogan, blood). To paraphrase Strathern (1995), the nice thing about blood is that everyone has it: it is multicultural, with its uncontainable diverse symbolic associations (Carsten 2011), but also mononatural in that everyone has it, as exemplified in the way blood groups crosscut caste distinctions otherwise said to be located in the blood. Indeed, for the AVBDWB, that everyone has it is precisely the fortuitous thing about blood. It is this that makes the donation of blood an action that goes beyond itself—beyond even the invisible stitches holding society together as in Titmuss’s (1970) famous account. It opens up onto the universal—it is humanity at its highest pitch—and as the inaugural address makes clear, in the Indian context it may well be figured as that which exceeds “caste, creed, religion [and] pedigree.” This can allow the blood donation and transfusion field to be charged with nationalist significance—for instance, when the AVBDWB organizes blood donation camps deliberately composed of members of different castes and religious communities—and also
with internationalist significance, such as in the annual camps it organizes in honor of West Indian cricketer Frank Worrell, who donated blood for the captain of the Indian cricket team, Nari Contractor, when he required a transfusion during a tour of the West Indies in 1962.21

As will be clear, then, the AVBDWB harbors an ideology of blood donation that feeds it into a political aesthetic of integration—blood donation as a congregative tool. It is little wonder then that some of its members greet the prospect of artificial blood with extreme negativity. Scholars have observed the ways in which the development of bloodless surgery and use of blood substitutes such as Hemopure and Biopure bring into question the model of non-remunerated, altruistic blood donation as advocated by WHO (Lallemand-Stempak 2016, 33) and, famously, Richard Titmuss (1970), who was quite explicit that one of the virtues of the non-remunerated model is the “sense of community” it arises from and fosters (314). For anthropologist Kath Weston (2013b) as well, “the quest for synthetic blood participates in a broader capitalization of nature that promises to domesticate kinship,” where we understand “kinship” to stand for a variety of symbolic and substantial ties not limited to the strictly familial (247). AVBDWB members are well aware that research work in this area is progressing, that currently employed blood substitutes have their place, and that development of universally transfusable lab-created nonhuman blood forms might well reduce human suffering. But this is also an organization for which, as we have seen, human blood is exalted as possessing “no caste, creed, religion or pedigree” and is “a symbol of unity and service of others.”

Here lies an important conflict between the AVBDWB as a recruitment organization and blood bank medics. While the two constituencies are close allies in the promotion of blood science education and voluntary blood donation more generally, for doctors, unlike AVBDWB members, there exists an intense “professional longing” (Sharp 2006, 211) for the expedited development of viable artificial blood. Such longing is informed not only by a possible solution to safety concerns but also by the difficulties in combating the general reluctance of people to donate their blood voluntarily. For some medics, the promise of this technology is explicitly substitutive not only in terms of the human blood it will replace, but also in terms of deficits in reason; as one Indian medic puts it, “Indians will never donate their blood [in sufficient quantities]. Our only hope is that sometime, maybe in the next five to seven years, we will not need any blood donors.” Thus, if for the AVBDWB blood donation promises political congregation beyond the more practical consequence of aiding medical therapeutics, for the medics the latter is both a more urgent and a more sufficient concern.

We thus encounter competing modes of promise—the promise of a hematological humanism of substantial flows versus a promise of bypassing the necessity for
such flows at all. The case may be compared with the introduction of formula milk in the region. If breast milk transmits the suckling mother’s love and other feelings to her child and for that reason is highly valued (Van Hollen 2011, 507–8), it can easily be understood why formula milk may be considered a negative (if in some cases medically necessary) presence. Artificial blood, even in its current more and less spectral forms, similarly contains the potential to disrupt the AVBDWB commitment to blood donation as a consummately human practice.

At the aforementioned Parliament of Motivators conference in Kolkata there was a session on developments in synthetic biology (i.e., blood substitutes) in which doctors from blood substitute research teams gave updates on their research. An AVBDWB member in the audience bemoaned the effect that even the prospect of viable artificial blood as a kind of fantasy substance was beginning to have on blood donor motivation: “College students say to us, ‘Artificial blood is now available. Why should I donate?’” Another AVBDWB member stood up: “The cost of these substitutes will be so high that in our country they will not be feasible. Even if a substitute is found, blood doesn’t cost anything from our bodies.” Recalling Weston’s argument about blood substitutes constituting yet another front in the capitalization of nature, the audience member’s remarks are also suggestive of broader unease concerning how the use of blood substitutes is likely to heighten even further our reliance on pharmaceutical companies (Lallemand-Stempak 2016, 33). Still another member of the audience got to his feet: “There should be no artificial blood!” he shouted. Loud clapping followed. Such statements do not represent the official AVBDWB view, but they do tell us something about the hematological humanism of its members. Artificial blood, indeed, would be the end of the revolution.

Surpluses Out of Place

As will be clear, a central concern of this book is how that which is given is never enough, or alternately, far too much. In moving between the different interlocking proportionalities of blood giving, we explored in this chapter how the “not giving enough” of Indian donors is countered by educational campaigns that project images of a body that in fact has “too much,” or at the very least, “more than enough” blood—in fact, virtually an infinite amount. Excess, we suggest, is important because it organizes ways of thinking and acting in blood donation and transfusion contexts in ways that crosscut one another. On the one hand, blood services worldwide are both subject to and must also manage excess—seasonal variations, excessive giving after disasters—as well as the simple need to synchronize incomings and outgoings. On the other, the “more” and the “less”
of Indian blood banking consists of, to paraphrase Mary Douglas, surpluses out of place: political overgiving (or posed, corrupt giving as a species of political excess—see chapter 3), blood surpluses in the body that remain ungiven, excessive prescription of blood by medics in situations where there is already a severe deficit, and so on. It may at first glance appear paradoxical, even contradictory, to speak of a cultural politics of excess in a situation so obviously characterized by shortages. Nevertheless, this chapter shows the structural imbrication of excess and shortage; for the distribution of blood within the social body to be viable, bodily surpluses must be discursively imagined into being.

Ungiven surpluses in the body, then, are surpluses out of place. As we described, the AVBDWB’s aim to produce a perceptual shift from hematologically finite to infinite bodies runs the risk of becoming too successful. In creating the conditions for the making of subjects of reproducible generosity, they seem to simultaneously unmake them—that is, infinite reproducibility undermines the generosity of the act: the gift risks erasure. In this chapter, we have described the imaginative resolution of this conundrum. The use of dan by medics and other (non-AVBDWB) recruiters, while principally intended as a culturally sensitive template for encouraging blood donation, has the “side effect” of aiding to retain the sacrificial atmospherics of blood donation. This simultaneous enactment of surplus and sacrifice, excess and loss, has significant implications for how we understand an “Indian” biopolitics. Blood donors do not neatly disaggregate into those who sacrifice and those who can choose not to sacrifice. What emerges instead is a productive enigma, what might be termed not sacrifice, not not-sacrifice.23 The abject-excess binary collapses in the double-negative field of not sacrifice, not not-sacrifice. Donor figures simultaneously share a portion of their hemic excess and sacrifice that portion. To be sure, the dynamic entanglement of antisacrificial redescription and sacrificial reactivation will be fitful and uneven. Yet it is possible to see how two seemingly competing messages about the nature of blood giving work with, rather than against, one another.