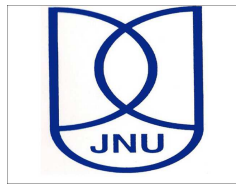


**READING VOLUNTARY BLOOD
DONATION AS AN INTERSECTION
OF POLITICAL CULTURE AND
SPIRITUAL REVISIONISM**



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This dissertation is submitted for the degree of
MASTER OF PHILOSOPHY



DECLARATION

Date: 20/07/2018

This is to certify that the dissertation titled "READING VOLUNTARY BLOOD DONATION AS POLITICAL CULTURE AND SPIRITUAL REVISIONISM" submitted by me under the guidance of Dr. Sunita Reddy in partial fulfilment for the award of the degree of MASTER OF PHILOSOPHY is my original work and has not been previously submitted for any other degree of this University or any other University.

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Acknowledgements

Knowledge, by its very virtue, is a collective endeavor. The present piece of research is no different. It is an outcome of cooperation and encouragement from many different quarters. I would like to express my deepest appreciation to all those who have kindly extended their help in the preparation of this dissertation.

First, I would like to convey my utmost gratitude to my supervisor Dr. Sunita Reddy. Without her constant guidance, this work would not have seen the light of day. In spite of her busy schedule, she always had time for me. I have benefitted a great deal from her erudite suggestions, constructive criticism and continuous support.

I would also like to express my heartfelt gratitude to the faculty at the Centre, not only for their help with my dissertation but also for nurturing a vibrant culture in the Centre that encourages debate and dissent. The office staffs too have been extremely indulgent with my difficult demands. My sincerest thanks to them as well.

Shilpi, Aamod and "Ekushey" -Not all of them helped with my research. Well, Rajib Da and Shubhomoy did. But one could say our daily chai pe charchas had little to do with my research and everything to do with life and anguishes in JNU. However, without a doubt, all of them, every single one of them, through times difficult and amazing, were there for me- the times when I didn't want them around, but also the times when I needed them the most but couldn't say out loud. They somehow always knew, and that deserves the biggest and warmest of hugs.

This acknowledge of course would not be complete without my expression of gratitude to the two for whom no amount of words can ever be enough-my parents.

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Chapter 1

INTRODUCTION

*"Make thick my blood;
Stop up the access and passage to remorse."
[-Lady Macbeth; Macbeth Act I scene V]*

1.1 BLOOD AS IMAGERY:

Blood stands out as a concept which intrigues imagination beyond the boundaries of anatomy. It runs beyond veins. It runs as an idea of inheritance. The pedigree carries the identity attributed by blood to contour the lineage of material and experiential culture. Culture is distinguishable from one another by its manifestations and creates identities of its own. Thus blood runs as an idea of difference. The differential identities rearrange themselves in a hierarchical order to structure power. Blood runs as an idea of power. Power again maps its way to inheritance. This vicious cycle fuelled by the concept of blood is constructed out of the philosophical sense of the substance. The red liquid substance running in the veins and arteries of a living body is experienced as a philosophical ideation of bodily substance which does not remain confined in the body of an individual anymore rather marks the association of a mass of people into one single unit. The liquid substance is a social metaphor, underpinning the basic rules of association, division, heredity, hierarchy and oppression. There are anthropological variations to the concept.

Following the wide spectrum of complex and contradictory meanings the figure of Blood has been instrumental in establishing the contours of human faith, mystic understandings, religious belief and popularized folklore. Harnessing upon its creative and destructive properties Blood can be perceived as a major social unifier that binds human beings across varied spaces and temporal frames.(Hayes. 2005[43])

Blood therefore can be studied as a part of religious and political history; it can be traced in the social history of medicine or “as a metaphor in ancient mythology, modern literature or popular culture.” (Hayes. 2005[43]). But more interestingly blood can be studied as a very personal memoir. Personal memoir is an immensely powerful tool to recover the biased and subjective history. History here would contribute to semantics in departing from the original material substance and its medical definition into even the deep theology of ancient times.

What is a concern is that the social science of health institutions in India is the knowledge of health and medicine they impart coagulates in structured courses uninformed by philosophy of critical thinking. From “Hippocrates’ humoral theory of blood, William Harvey’s discovery of the blood’s circulation and Jay Levy’s co-discovery of HIV to history of bloodletting in medical practice, which resulted in the death of George Washington, to Queen Victoria’s spread of haemophilia into the genetic pool of nineteenth-century European royalty, to a criminal trial of a California phlebotomist accused of deliberately reusing needles and infecting patients” (Hayes. 2005[43]) is one continuum tracing the emergence of the medical intelligentsia engaging with the red fluid to the implications of that fluid in world history, criminal psychology and even art. If we refer to Mary Shelley’s *Frankenstein* or Bram Stoker’s *Dracula* or Alfred Hitchcock’s film *Psycho* and the comic book character Spider-Man it will be quite apparently evidential to acknowledge the impact and influence that the metaphorical figure of Blood has made into the world literature and popular culture. The sociological imagination takes a leap of faith when it connects Harvey’s discovery of blood circulation and Peter Parker’s encounter with a spider resulting into transforming him into Spider Man in one continuum. Bill Hayes’ book *Five Quarts: A Personal and Natural History of Blood* adopts perspective very similar to what a social scientist might advocate. His “hybrid” work actually vacillates among medical innovations, medical interventions in blood related diseases interspersing his personal memoir of the impact of blood on his own daily life, “from growing up in a household with five sisters to coming out as a gay man in the early days of the AIDS epidemic in San Francisco to living with his HIV-positive long-time partner.” (Mullner; 2005[10])

The Derridean concept of Deconstruction is a philosophical approach to reading that is sustained upon the principle that there is no one, single or stable meaning of a particular given text. The assumption based on which this theory has been founded is that every textual piece can have several and varied meanings implicitly present within or may be brought about by the intervention of a reader. A deconstructive reading holds the possibility of referring to or digging out several other claims that the one which is purposefully addressed by the given text for which it has been (Guney and Guney, 2008 [8]). Therefore the multiplicity of meaning creates a space for interpretative approach in meaning construction wherein the

importance of the author (in this case medical discovery and meaning assigned to blood) is fragile. Therefore after the “scripter” has assigned a name to the red fluid flowing in our body it is on the “destination”-every single experiential reality to assign an individual meaning to it. [Barthes; 1967 [12]]. The discipline of medicine must be informed of the supra-medical meaning of the substance and engage with it. The issue of trans-medical meaning actually underpins the vivid understanding of diseases and the behavioural patterns and level of belief that it generates from an individual. In case of blood, the issue of donation is an intricate field to critically study the juxtaposition of meanings and interjections of actions emanating from them.

This dialogue from Shakespeare’s *Macbeth* beautifully portrays the imagery that is to be unfolded in this chapter. It is when Lady Macbeth instigates her husband to execute the murderous deed of killing their guest, the King. She wants her blood to coagulate and thicken so that it does not circulate in the common pace of a woman’s blood rather turn into a beastly rhythm and unmake the woman that she is. From literature to mythology there have been novel connotations to blood. There are fascinating mythologies that reflect the sacrificial rituals which engage a lot of blood. For instance the Aztecs of Mexico performed the Four Sun rite dedicated to the Sun God, Tonatiuh. At dawn, a sacrifice (the bravest, handsomest, youngest, and noblest man selected from all the prisoners of war), dressed in the garment of Tonatiuh, would climb a pyramid. Atop the pyramid was a temple in front of which a calendar stone was installed. In front of the stone, priests would lay the sacrifice on a sacrificial stone. While four of them held down his limbs, one of them would cut open his chest with a stone blade, take out the heart while he was still alive, and offer it to the sun. The crowd would gather at the plaza and watch the proceedings, with their breath held. Thereafter a chaotic festival continued until noon. They danced madly, bleeding, as they mutilated their ears and bodies. In the afternoon, jaguar warriors and eagle warriors performed a dance that symbolized the sun’s rejuvenation. At the festival climax, the warriors would kill the captive tied to the calendar stone atop the pyramid, mimicking warfare. The blood rite of sacrifice was at the sacred core of the Aztec worldview. No other time in world history saw blood rites executed more frequently and more constantly than in those times (Taro, Tomii, Tamaki ;1971 [70]).

The fluid is the glory of a man, the essence of himself, which gushes out of the veins, conveys meanings which are not bounded in any discipline. The mutilation, the grotesque even what is beautiful like birth of a child recognizes the imagery. War zones are particularly interesting spaces to study blood and its varied meanings. These meanings can also lead us to how the transfusion and banking of blood became necessary.

1.2 WAR ZONES AND THE NEED OF BLOOD TRANSFUSION AND BLOOD BANKING:

During the first world war one of the major medical advancements happen to be the discovery of Blood transfusion. It has been often cited by many scholars stating how it was made possible due to the innovations which were introduced shortly before the United States joined the war. Throughout history Blood transfusion has been attempted for several times but most of the attempts have witnessed failure due to a range of factors among which the proclivity of blood to clot was the chief responsible one. There was a major impediment related to the process of blood storage as a result of which Blood which could not be stored under adequate environmental conditions were consequentially required to be administered with thorough immediateness. By 1900, initial methods of blood transfusion typically involved the process of connecting blood vessels of the donor and the respective recipients with the use of India rubber tubing. In 1902 Dr. Alexis Carrel devised a new method to suture blood vessels together which was later on modified by George Crile in 1905. These were direct transfusion methods which necessitated cutting through the skin in order to expose blood vessels. Proper execution of the process required great surgical dexterity and it could take approximately two to three hours. The physical proximity being a major concern it demanded that the patient and the donor lie quietly side-by-side ensuring that the connections is not disrupted. It was almost impossible to gauge the amount of blood passed from donor to the respective patient and the problem of clotting still remained to be a major concern. In most of the cases the incompatibility of blood groups sometimes would result in severe and fatal reactions occasionally. The ABO blood grouping was discovered by Karl Landsteiner in 1900 but unfortunately it would be several years from then that the significance of this method in transfusion had come to be appreciated by most physicians. Considering the difficulties and the range of unexplained reactions, trust and interest in transfusion had noticeably waned by the turn of the century, especially among the physicians. However, the general consensus in transfusion remained much higher in the American society, and one can very well be aware of several key advances in the years preceding the war. By the first half of the twentieth century, a handful of physicians like W.L. Moss in Baltimore and Ludvig Hektoen in Chicago together had begun to call for blood group matching of transfusion recipients and donors. In New York, Albert Epstein and Reuben Ottenberg had collaboratively promoted a test which combined blood from the patient and the donor – a “cross-match.” Unfortunately, such tests were believed to be unnecessary by most physicians. In 1913, J.H. Brown and A.R. Kimpton from Boston did an experiment where they collected the blood of a donor within a glass cylinder and it had initially been coated by a film of paraffin. If the process

is properly conducted, the smooth surface of the paraffin resulted in delay of the clotting. Another popularizing method was the multiple syringe method which was devised on that same year by Dr. Edward Lindemann of New York. A highly-orchestrated team was in charge to keep syringes in constant motion that connects the donor with the recipient. In conducting this procedure, sharp-pointed metal needles were used as they were inserted directly into the veins through the skin. This had subsequently eliminated the need to expose the blood vessels through incision. As the syringes were replaced by tubing and stopcock devices this step towards modification had arguably simplified the process for physicians by facilitating the scope, availability and affordability for them to perform the process of transfusion singlehandedly. In the year 1914 Dr. Albert Justin (Belgium) Dr. Luis Agote (Argentina) and Richard Lewisohn (New York) had introduced the use of sodium citrate anticoagulant in their respective countries. The use of anticoagulant allowed the blood to be stored and made to use for a few days and ended the necessity for a donor and recipient to be present in the same room. Another discovery by Peyton Rous and J.R. Turner Jr. from the Rockefeller Institute in New York, had come to this conclusion that adding a definitive amount of dextrose (sugar) to the citrate would extend the life of this storage to four weeks. As the war suddenly broke into different corners of the European continent, the few transfusions given by British and French doctors used the older direct methods like that of Carrel's anastomosis. Although these methods were found suitable to be implemented at hospitals, but were naturally found to be slightly delicate for military operations. And the difficulty would arise when there was a requirement to arrange a sufficient number of donors as well as surgeons in a condition of dire need as multiple patients would simultaneously require transfusion. One of the biggest hazards of blood loss can be attributed to the occurrence of shock. Initially some British doctors preferred to treat the problem of shock with infusions of saline which is also called "Bayliss' gummy solution". Physiologist William Bayliss had suggested this process where a colloid preparation made out of gum arabic (i.e. the sap of the Acacia tree) is used. When the Canadian physicians gradually involved themselves in the war while allying with the British Empire, they also brought with them the syringe along with paraffin tube methods of blood transfusion. Dr. L. Bruce Robertson from Toronto were some of the notable physicians of the time who had recently collaborated with Dr. Lindemann from New York. He was also known for publishing his experiences of wartime transfusion in the British Medical Journal in the year 1916-17, where he highlighted some of the crucial benefits of infusing blood which had played an influential role in piquing the contemporary British interest. America played an important role in building a large scale social familiarity of transfusion among physicians as a result of being involved in the war. Oswald Hope Robertson and Roger Lee were among them with the Base Hospital No. 5 of Boston, which had witnessed the participation of some

of the most leading proponents of transfusion of that period. Prior to the beginning of the war, one of the pioneering advocates of blood grouping named Lee had sent Rous to work with Robertson at the Rockefeller Institute (Pierce, 2014)¹.

As soon as he arrived in France, Robertson was immediately sent to the British third Army Casualty Clearing Station in order to act as consultants regarding the execution of transfusion. There he utilized his tenure of experience in designing plans for what may arguably be considered as the world's first blood bank. Initially, "Robertson would often use citrated blood drawn into several one liter glass bottles, and then he would convert the ammunition boxes into shipping containers, with a bit of sawdust and ice packed around the bottles. He would select only group-O blood donors who are compatible with all other blood types because this would not require further testing. The citrated blood is of such a nature that it could only be stored for a short time yet it availed the opportunity for the blood to be collected in advance of respective needs. Robertson would soon incorporate Rous and Turner's dextrose into the bottles. Dextrose and citrate were sterilized separately, then these were mixed in a two litre bottle (the larger bottle necessitated by the volume of dextrose needed). Robertson's method earned enormous success as a result of which he was made to conduct a training school for blood transfusion as soon as the war ended which intended to train various teams across other medical units. Although syringe methods and paraffin tube with a wide range of adaptations were widely used but the citrated blood (without the dextrose) had become the most popular method of choice for most of the Allied medical forces. The allied medical forces were typically issued standardized transfusion kits so that they could be carried into the field in order for the blood to be given before transferring the injured to the casualty clearing stations. Not all transfused blood was identified by the group O. When and if time and facilities allowed, the donor blood was typed and had been "cross-matched" prior to the process of transfusion. Organized lists of camp personnel and blood groups were maintained so that donors could be summoned when needed. Convalescing troops were often found to have volunteered as donors while treating more seriously wounded comrades." (Pierce, 2014))².

Using the preserved blood had allowed it to be safely stockpiled and ready for use whenever in need. An officer, coupled with one assistant, could quickly arrange a live transfusion at the patient's bedside, without having to move the recipient and the donor together within an operating room and this would also result in freeing up of some space within these respective rooms. Along with the attribute of treating shock, blood transfusion

¹ <http://www.kumc.edu/wwi/essays-on-first-world-war-medicine/index-of-essays/medicine/blood-transfusion.html>

² <http://www.kumc.edu/wwi/essays-on-first-world-war-medicine/index-of-essays/medicine/blood-transfusion.html>

was used widely as well as successfully in doing surgical procedures and finally in treating some other closely related like septicaemia, carbon monoxide poisoning and chronic wound infections. The First World War had undoubtedly introduced the application of transfusion methods to a large section of the doctors and following a much more standardized procedure was also responsible for convincing them of its variant benefits. Therefore it is evidential now how War zone always played almost a decisive role behind the gradual enhancement of medical science. It had begetted an impending need to treat soldiers so as to bring them back to the war field caused about by the urgency to innovate. Medical research, at least in the case of blood transfusion, was not considered to be an innovation for the diseased civilians rather it was considered to be an indirect and disguised weapon to be won in and through the Wars. The World Wars have been successful in associating medical researchers from America, Germany, Japan, Britain and Canada and have directed them towards the innovation of the same. As the wars took a global character all the powerful countries were found to be spending on military, weapon and medical innovations and technology. After the World wars it may be found that these technologies were very much open to the civilians but it was not founded upon a collective ethos which regarded their welfare at the centre. Therefore it was undoubtedly politically driven innovations which were used as just another set of political capital.

In 1917, in the midst of a political disquiet due to the enraged war in Europe, Oswald Hope Robertson had studied the workings of blood at Massachusetts General Hospital. His graduate work looked at pernicious anaemia i.e. the lack of red blood cells, and he was also found to have studied the new science of clotting, a process that used to affect the gateways of how blood could safely be transferred from one patient to another.

Blood transfusion at the time had hit a wall. Most transfusions retained the method which were usually performed during 1818, as the first successful transfusion is found to have occurred. Blood was directly given from one patient to another, because there was a possibility that the blood might clot if it is left outside the body for too long. Sometimes a surgeon could be found directly suture the blood vessel of a recipient to that of a donor with the help of silk or human hair.

As we memorize the month of April 1917, we remember that the United States had entered World War I on this period of history, and Robertson was immediately called into service as a worthy member of the Army Medical Corps.

In order to refine their existing knowledge about transfusion method and techniques both British and French scientists collaborated with each other in search for a valid conclusive statement. But as we may be able to imagine that the conditions in the battlefield were not as delicate and therefore direct procedures could not be implemented as generally hospitals do.

Robertson was requested to look for effective and affordable alternatives. He stated a simple idea that the medical corps would have to look for volunteers— who happen to generally soldiers with light wound—with type O blood, which could then safely be given to almost most of the soldiers irrespective of their blood type. Each person was expected to donate around two cups of blood, which would be later on put inside a bottle and treated with the solution of sodium citrate, which has recently been shown to be an effective anticoagulant. The bottles would then be stockpiled near the fighting in ammunition boxes, and safety packed with the sawdust and ice, which finally could be preserved for a few weeks.

All of these activities resulted in the first "blood depot" in 1917 — which is understood to be the precursor of the modern blood bank that we have now in our society. The system was gradually put to the test in the Battle of Cambrai on the Western Front. According to the reports not all the soldiers who were made to receive the transfusions from the blood depot could survive. But by the month of March of the following year, the hospitals of the American Expeditionary Forces were partially convinced of the depots' usefulness and the method was thereafter officially named as Robertson's method. Soon transfusion kits were taken into the field, which allowed medics to offer blood quickly to the soldiers in shock. Throughout the rest of the war, Robertson was found to be gathering data regarding which patients had benefited the most, adding to the wartime research on the method of blood transfusion that had facilitated the widespread adoption by the end of the war. The blood depots would soon become the blood banks of the civilian medicine. According to the American Red Cross, each day patients in this country are found to be using 7,000 units of blood. This has made Robertson's technology one of the greatest and the finest peacetime dividends to develop out of a fatalistic global conflict.

The first blood bank was established in the year 1937 by a Hungarian Jewish-American physician named Bernard Fantus at the Cook County Hospital, Chicago who acted as the then director of the pharmacology and therapeutics department. Fantus was greatly aware of the lack of blood accessibility which induced within him the need to create an emergency stock which will be able to serve the immediately generated purposes in challenging conditions. Blood transfusion was conducted in the presence of the concerned participant members where blood is made to flow directly to the body of a patient from the donor and as a result of which storage was not a major concern at that point of time. However, acutely worried with the growing inaccessibility of blood during emergency health conditions pushed him towards framing the blue prints of what we today identify as blood banks. The storage of blood during the Spanish Revolution had inspired Fantus in making him realize that setting up something like this if equally necessary and possible in the United States. It is believed that the term "blood bank" was first coined by Fantus' daughter which he readily accepted

and for the next few years of its operation he kept on experimenting with various methods of transfusion.

1.3 HISTORY OF BLOOD BANKING:

In 1917, as war raged in Europe, Oswald Hope Robertson studied the workings of blood at Massachusetts General Hospital. His graduate work looked at pernicious anaemia, a lack of red blood cells, and he had also studied the new science of clotting, especially as it affected how blood could safely be transferred from one patient to another. Blood transfusion at the time had hit a wall. Most transfusions were performed much as they had been in 1818, when the first successful transfusion occurred. Blood from one patient was directly given to another, because blood would clot if left outside the body for too long. Sometimes a surgeon would directly suture the blood vessel of a donor to that of a recipient with silk or human hair.

In April 1917, the United States entered World War I, and Robertson was called into service as a member of the Army Medical Corps. Blood loss on the battlefield was a leading cause of death, and French and British doctors had been experimenting with new transfusion techniques. But battlefield conditions didn't allow for the delicate, direct procedures that hospitals used. Robertson was asked to find alternatives. His idea was simple. The medical corps would look for volunteers—usually lightly wounded soldiers—with type O blood, which could safely be given to most soldiers regardless of their blood type. Each would donate about two cups of blood, which would be put in a bottle and treated with sodium citrate, recently shown to be an effective anticoagulant. The bottles would be stockpiled near the fighting in ammunition boxes, and packed with sawdust and ice, which helped them to keep for a few weeks.

The result was the first “blood depot”—the precursor of the modern blood bank—in 1917. The system was put to the test in the Battle of Cambrai on the Western Front. Not all soldiers who received the transfusions from the blood depot survived. But by March of the following year, hospitals of the American Expeditionary Forces were convinced of the depots' usefulness and officially adopted Robertson's method. Transfusion kits were soon taken into the field, allowing medics to give blood quickly to soldiers in shock. Throughout the rest of the war, Robertson gathered data about which patients benefited the most, adding to wartime research on blood transfusion that facilitated its widespread adoption when the war ended. The blood depots became the blood banks of civilian medicine. Each day, according to the American Red Cross, patients in this country use 7,000 units of blood—making Robertson's technology one of the greatest peacetime dividends to come out of a global conflict.

The term “blood bank” was coined by Bernard Fantus (September 1, 1874 - April 14, 1940) who was a Hungarian Jewish-American physician. He established the first hospital blood bank in the United States in 1937 at Cook County Hospital, Chicago while he served there as director of the pharmacology and therapeutics department. Throughout his career, Fantus became acutely aware of the importance of having access to blood for transfusions and the lack of accessibility that existed at the time. Transfusions were typically only done directly from donor to patient and were typically not used for emergency traumas. “Fantus was introduced to the idea of blood being stored as the Spanish Revolution was underway and he immediately realized the multitude of possibilities and the abundance of lives that could be saved, especially in times of war, that storing blood for transfusion presented. From information he obtained from Russian publications, Fantus learned that storing blood was a rather simple process and that establishing some sort of laboratory for it in the United States would not be very complicated. From that point on, Fantus made it his mission to establish a laboratory where blood could be stored. His daughter Ruth is credited with coming up with the term "blood bank", a phrase which Fantus readily accepted because everyone in society knows how a bank works, and the process of storing blood was essentially analogous. World War II spurred Fantus on as he wanted to use the blood from people state side to save the lives of U.S. soldiers overseas. He thus spent years in the laboratory perfecting methods of transfusion. Fantus secured permission, spread the word of the establishment, obtained a suitable room at Cook County Hospital, the blood bank officially opened on March 15, 1937. (WIKI, 2018 ³)”

Table 1.1 Impact of war on Blood donation services

YEAR	MAIN PROGRESS IN THE FIELD OF BLOOD TRANSFUSION AND DONATION
1922	Blood Donor Services established in London
1930	Establishment of a network to collect and store blood for transfusion at hospitals by the Soviets
1935	Similar establishment of blood facilities in hospital is started in Mayo Clinic in Rochester in U.S.A
1936	Establishment of Barcelona Blood Transfusion Services; collects blood, test blood types pools according to category and refrigerates in portable refrigerators attached with vehicles which delivered the blood to front line hospitals during Spanish Civil War.
1937	The term “BLOOD BANK” is coined by Dr. Bernard Fantus in Chicago, U.S.A
1939-40	The Rh blood group is discovered by Lansteiner and Weiner and USA ships stored tested and processed blood plasma to Britain for World War II casualty.
1941	Red Cross Society organizes civilian donors to donate blood plasma for the War effort
1947	Establishment of American Association of Blood Banks
1948	Invention of plastic bags which proved revolutionary for storage of blood by Walter and Murphy Jr.

³https://en.wikipedia.org/wiki/Bernard_Fantus

1.4 VOLUNTARY BLOOD DONATION IN INDIA:

The first records of the voluntary blood donation initiative in India can be traced back to 1942, during the time of World War II when the first blood bank was established in Kolkata, West Bengal. The blood bank was set up at that time to fulfil the blood needs of those injured in the battle field. Government employees and those of British owned industrial houses volunteered to donate blood for this humanitarian cause. Once the war ended, the enthusiasm waned and blood bank collections were largely from professional or the paid blood donors. A decade passed by till Mrs. Leela Moolgaokar initiated voluntary blood donation drives in Bombay (now Mumbai) from 1954 onwards. She was inspired by the blood need of her injured son. The 1960s showed expanding efforts — Kolkata (Jadavpur University), Ahmedabad and Delhi (Red Cross Societies) and Chandigarh (Blood Bank, PGI along with a group of voluntary social workers, Blood Bank Society). In 1971, Prof. J.G. Jolly the founder President of the Indian Society of Blood Transfusion and Immuno-haematology took the movement to further heights and the Society under his stewardship declared October 1 as National Voluntary Blood Donation Day which was later accepted by the government too. Since then many blood donor organizations came up in different regions of the country in support of the noble cause of voluntary blood donation.

Two major triggers for blood safety in India which revamped the blood transfusion services and placed thrust on voluntary blood donation were the HIV pandemic and the Public Interest Litigation (PIL) — Common Cause versus Union of India (1992). In response to the HIV pandemic, blood safety became an important component of National AIDS Control programme and the key objectives for Blood transfusion services were the modernization of blood banks, promotion of voluntary blood donation, human resource development and quality systems in blood transfusion services. (Marhawa; 2015)⁴.

The landmark judgement of the PIL directed the Central government establish national and state blood transfusion councils, make licensing mandatory for all blood banks and ban professional blood donors from 1998. The National Blood Policy (2002) and an Action Plan for Blood Safety (2003) were adopted by the Government of India (Ministry of Health and Family Welfare. India: Government of India; 2007). The fourth objective of the Action Plan directs the of launch intensive "awareness programmes for donor information, education, motivation, recruitment and retention in order to ensure adequate availability of safe blood." (NACO, 2007). National Blood Transfusion Council (NBTC) was constituted within National AIDS Control Organisation (NACO) and similarly State Blood Transfusion Council (SBTCs) was established within State AIDS Control Societies (SACS). Each SBTC was directed to

⁴ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4455102/>

undertake a communication needs assessment and develop an IEC (Information, Education and Communication) strategy within its jurisdiction. The NBTC was entrusted with planning a national campaign. Nationwide IEC campaigns were conducted for donor motivation, recruitment, selection and retention. Electronic and print media were extensively utilized; television shows, advertisements, radio talks, newspapers, posters, pamphlets, hoardings, stickers, in addition donor greeting cards, calendars, new year diaries and small token gifts displaying messages of voluntary blood donation were distributed widely. Motivational talks were given in high schools and colleges. Voluntary blood donors were honoured on National Voluntary Blood Donation Day (October 1) and World Blood Donor day (June 14) by Central/State governments as well as by blood banks/departments of transfusion medicine within hospitals and medical institutions.

There has been a progressive increase in voluntary blood donation (VBD) in the country (Department of AIDS Control, Ministry of Health and Family Welfare, Government of India[58])

Table 1.2 Percentage of voluntary blood donation per year

YEAR	% of donated blood is voluntary donation
2006-07	54.4 %
2007-08	59.1%
2008-09	61.7%
2009-10	74.1%
2010-11	79.4%
2011-12	83.1%

Source:www.nacoonline.org

Organizations have come up in numbers to support the cause-educational institutions, religious organizations, government departments, corporate houses, defence services, many non-governmental organizations and charitable societies. Some voluntary organizations have also taken the initiative to facilitate blood availability in case of rare blood groups.

The current scenario is definitely hopeful however challenges continue to exist. The target for the country is to achieve more than 90% VBD. (Satti et. all, 2017) There are marked regional variations, some states collect voluntary blood units more than the national average, others are far below in meeting targets. The VBD in almost 13 states of the country is less than 50%. The voluntary blood donation is less during extremes of weather conditions like harsh summer or winter months. It is also affected by examination periods of students and vacations of educational institutions. India has a huge burden of patients with thalassaemia major who not only require life sustaining regular transfusion support but are also challenged by

alloimmunization to minor blood group antigens (Marwaha et al. 2014). This complication places further constraints on the Blood Transfusion Services to issue compatible blood. Establishment of Rare Donor Registries is a much needed step in this direction. So far the focus of VBD has been on whole blood collection, but little attention has been given to apheresis donors who are currently brought to the blood bank by the patients' attendants. Apheresis platelets presently are prepared from patient's relatives and/or friends. Voluntary platelet-pheresis donations have been initiated in some centres, but the movement needs to gain strength. The government has plans to set up a national plasma fractionation centre and also to support existing ones to supply plasma derived medicinal products. The only help for haemophiliac patients now is fresh frozen plasma or cryoprecipitate, the availability of factor concentrates is restricted. Plasmapheresis donors may also need to be enrolled in times to come.

Thus in conclusion it can be stated with confidence that our VBD programme is gaining strength, but the progress in different regions of the country is variable. We also need to look beyond whole blood VBD and expand our horizons to apheresis donors and rare blood group donors.

1.5 PROBLEMATIZATION AND RESEARCH QUESTIONS:

In the backdrop of legislation initiated by the Indian medical establishments seeking to stop blood banks accepting blood on the basis of payment to individual donors and also seeking to end the prevailing ad hoc family based system of provision where family members donate to replace the blood with blood drawn from the blood bank to treat their ailing relative. The public policy orthodoxy informing the legislation asserts that the safety of donated blood is far greater when deriving from voluntary, non-remunerated donors in an anonymous system of procurement (Titmuss 1970 [71]). The banning of paid donation, and the phasing out of replacement donation, has required innovative strategies on the part of blood banks, supported by the government body the National AIDS Control Organization (NACO), to increase voluntary blood donation radically since they calculated an alarming need of blood, where there is a need of 1.2 Crore bags of blood there are only a Crore available nationally [NACO;2015⁵]. The organisational strategies which would ensure a proper functioning of public blood banks and engage in the problem of blood need and deficiency rates could actually emerge from the understanding the behavioural pattern of donors or the ones who refuse to donate blood. These behavioural nuances again are etched out by what blood means to that one individual prospective donor. The political, spiritual and cultural influences which

⁵<http://naco.gov.in/national-blood-transfusion-council-nbtc-0>

promotes donation as a service to humanity, nation or guru problematizes the understanding of the concept of blood further since it adds the notion of anonymity to it. But what is intriguing here is the donation driven by political culture and spiritual influences. The act of voluntary blood donation is a process of mitigation of a public health need. With the advent of policies which demand more than 90% voluntary donation of blood the crisis of blood can only be mitigated through donation from anonymous public for anonymous receivers? In this context when the catalyst like political ideologies and spiritual instigation comes into play the entire scenario becomes a more socio-political fabric. Tracing the history of blood donation it can be seen how political needs motivated scientific innovations and therefore creation of new technologies, innovation of blood banks and establishment of the entire medical process once for the well-being of the army and later on for the civilians of most of the advanced and powerful countries of that time. In the contemporary context when we are still facing a crisis of blood worldwide and specifically in India, is the motivation any different from what we had seen during the World Wars? The problematization of this research lies exactly here. The dearth of blood, the numbers published, the act of blood donation are all part of the public health phenomenon Blood Banking. If banking and preservation of blood is a phenomenon then there are factors which either make it conducive or hamper the process in between. In this dissertation project the research questions are:

- Can main stream politics be identified as a factor affecting the phenomenon of blood banking at different times in history of blood banking in India?
- Is there an inseparable relation between local political and/or spiritual activities and blood donation in India and Why?
- What is the role of youth in the proposition of 100% voluntary donation of blood in the country and why the role amplifies into more than just an anonymous donor?
- Why has a political and spiritual culture built around blood donation and how conducive it makes the scenario to achieve the larger goal of 100% voluntary blood donation taking into account the conditions of blood banks and the market of remunerated donation or familiarity donation.

The title of this dissertation specifically suggests some words which are at the centre of this research. The reading of voluntary blood donation as intersection of "political culture" and "spiritual revisionism", means that this study would read the act of voluntary blood donation from two particular perspectives. One, the ethos of the political entity of donors, wherein the act of donation is motivated by political ideologies and has been imbibed in

the political rituals, thereby making it a part of a culture which is highly political in nature. Two, the ethos of the spiritual entity of donors, wherein the act of donation is driven by the force of a better spiritual identity and the achievement of spiritual goals either through religious tenets or spiritual practices or Guru based exercises, thereby making it a part of a spiritual vision. But the word used in the title is "revisionism", which means that there has been a paradigmatic shift in the ways that the spiritual vision once perceived blood or cadaver donation. This change can be traced in the following chapter where the generic spiritual vision about "daan" or gift is seen to be different from blood and cadaver donation for anonymous people. Therefore this study focuses on reading voluntary blood donation as a intersection of the two very strong drives of donation now.

Chapter 2

RESEARCH FRAMEWORK AND METHODOLOGY

2.1 CONCEPTUAL FRAMEWORK:

Starting from classical Athens where a large free immigrant population of ‘metics’ was assimilated and disenfranchised on the basis of blood, generation after the other to the present day imperialism Blood stands to be a political object which has a certain instrumentality in the history of civilization. In this pool of politics of blood the objective is to trace the act of blood donation and the politics behind it. The history of blood transfusion and preservation marked a new dawn in medical knowledge but the socio political aspects spurring such medical revolutions were predominantly Wars. Therefore collection and distribution of the material blood marked the reinforcement and nourishment of the military. Therefore it is storage of fodder in the present to satiate a vision of power in the future. Marking the year (1930) when Dr. Karl Landsteiner was awarded the Nobel Prize it can be imagined how the discovery of blood groups had changed the face of medical treatment, but the question lies for whom? Who benefitted from this discovery at that point of time? Apart from Dr.Landsteiner, there was Dr. Hustin, Dr.Alexander Weiner, Dr. Andre Bagdasarov who were stalwart researchers of blood in the early twentieth century; their contribution had lead to the complete knowledge of blood breaking and preservation of its elements and later transferring it to save another human life. But it is interesting to note from where these researches were mostly coming from, or who constituted the Red Cross society, the society was run by the federal government with funding and workers from the private sector and the researchers were mostly from Germany, Austria and Russia and America. Therefore medical science

was instrumental in achieving a political goal which initially revolved around the two World Wars and then European Civil Wars.

In case of India tracing this trajectory of the act of donation of blood is the objective, which is the political and social scenario before and after the establishment of the first blood bank in the country in 1942. Though before that India was metaphorically enlightened and motivated by the repeated plea of Shubhash Chandra Bose – tum mujhe khhon do main tumhe azaadi doonga. Such use of the metaphorical sense of blood was rampant during the freedom struggle in India which still holds a proverbial position in a daily Indian life. Or even after the Independence what underpinned the coagulation of blood banks and blood donation spree mostly to West Bengal, Kerala and Assam? The political ideologies that came into play in Bengal did support a social responsibility and a moral impediment due to which this assimilation happened. Communism brought about a secular thought and a new force with which these responsibilities were taken up but with time even religious bodies involved in setting up voluntary blood donation campaigns. The involvement of religion in the politics of Blood is omnipresent, even in case of transfusion there were many a times when the Pope got involved in either supporting a kind of research or prohibiting another kind. When religious bodies or Guru based spiritual organizations come into play the secular property of the act gets hampered but nonetheless both the structures coexist in today. Then the question lies how does the ideological difference matter in such cases? Does the ideological difference accommodate itself in the bigger vision of welfare of the mass or does the accommodation too have a latent political nature of its own? Moreover this politics gets all the more complicated as the practice of donation intersects with different blood transmitted disease treatment programmes especially after the advent of HIV/AIDS. The governmental stand on same sex relations and racial or caste differences too may have affected the practise and further brought about disjoints in the process.

The present study will try to understand the why blood donation is a popular feature in commemoration of political rituals, and what is its significance, in India. The study would place these political rituals in the backdrop of the campaign to replace remunerated donation with voluntary donation. It will also conceptualise the probability of accumulation of capital of ethical nature by the organisers of such blood collection feasts which are ultimately aimed towards achieving political goals. And in case of spiritual zeal, how the rituals and their invocative meanings have taken a different turn towards a modern bio-medical rationality which enabled the anonymous donation process which otherwise orthodox mainstream Hinduism (being the most dominant religion in India) would have difficulty in allowing. The spiritual turn away from orthodoxy may serve a severe propagandist end which can have latent ends of its own. Apart from the spiritual and political connotations and refiguring of

blood donation it is of foremost importance to locate what exactly the crisis in India today in the field of blood procurement and storage and distribution and how are these connotations linked to this public health phenomenon.

2.2 THEORETICAL FRAMEWORK:

A theoretical framework serves as the backbone of a study. It shapes the lenses through which facts are to be seen and analysed. It also gives us the tools to do so. The present study is primarily a secondary literature review with only an objective specific primary data. Therefore this study is the compilation of different studies which are based on hardcore theoretical grounds or with well defined primary sources. This is a compilation of knowledge which was otherwise scattered and analysis of the same from the researcher's perspective. This perspective is shaped through a theory again. Therefore in secondary literature review there are two layers of theoretical grounding, one of the different authors whose work has been reviewed and the other one being that of the researcher's. The rigorous literature which is reviewed in this study will ultimately provide a critical assortment of different works with a weaving of the theoretical grundrisse enabling a map for further questions to be asked and answers to seek.

The various authors- anthropologists, sociologists, philosophers and other social science researchers whose work has been reviewed in this study have all their own theoretical orientation. Their work also have more than one theoretical grounding at one go. Therefore it is complicated to explicate their theoretical framework, though through the chapters, which are thematically divided according to the review and its analysis there are mentions of theoretical inclinations of their works wherever it has been intriguing to point down.

The present study has a very subtle inclination towards two theoretical discourses. One that of post structural Derridean[32] concept of interpretation and meaning making process and the other of Niklas Luhmann's[55] constructivist sociology. Post structuralist ideas of deconstruction helped in debunking constructs of the societal norms about religion and politics and its interpellated concepts of gift and voluntariness. The conception that comes up from such post structuralist theories is that there can never be a giver who is satisfied just by the act of giving, nor there a recipient of the gift absolutely grateful to the giver. Therefore there cannot be entirely given or taken, it entails a trajectory of reciprocation which goes on in a cycle. Therefore according to Derridean notions only the displacement of the gift can be traced. The economical and political movement of the gift manifests it. This creates a paradox but this paradox does not have an end because of the social relations and worldly intensions, this will create a continuum of unsuccessful but relentless transactions. This

resonates with the Kierkegaardian concept of repetition. For committed blood donors will repeat their acts in time "by a creative act of sustaining a commitment from day to day. The 're-' of Kierkegaardian repetition means to keep coming back in the future to the self which one sets out to be ... It is an ethico-religious act of faithfulness, of constituting and creating a moral self"(Caputo 1987: 58). This also enmeshes the concept of autopoiesis in constructivist sociology. This theory proposes that interaction of elements between a space brings up element of the same kind. Therefore communication can only yield more communication and so on, stressing on the cyclical nature of interactions and structures.

Apart from this, there are Marxist theory of political economy and theories of Sociobiology used to analyse certain sections of this study.

2.3 RESEARCH OBJECTIVES:

The objectives of this research are:

- To trace the impact of history of Wars on technologies of blood transfusion, blood procurement, blood storage.
- To study the relation between blood donation and theological shifts after banning of remuneration donation.
- To analyse the popularity of blood donation in political ritual in general and local political culture of Kolkata in specific.
- To locate the crisis in the blood availability in India and understand the role of politics and spirituality in a public health phenomenon like this.

2.4 METHODOLOGY:

This thesis is conducted as a secondary review of existing literature regarding the act of blood donation and blood banking and organizations related to both. And then establish an analytic narrative of the conjectures of discourses in history and politics and religion on blood donation, banking and transfusion. Therefore the historical events that occurred regarding this issue is my point of reference and the understanding of the events as 'medical', 'social' and 'political' and that is my own contribution in the dissertation. The analysis of history and thereby re-visiting it with a sociological gaze would be the objective. For the field specific chapter participant observation methods is used for tracing the relation between

political culture of donation in Kolkata through the observation of the space and time and the other references and narratives they offer. I will follow the technological evolution in terms of consequent changes in the general procedure of blood collection and preservation and how that impacts the popular perception in regard to blood transfusion. I have visited three blood donation assemblages organised by three different institutions in Kolkata and have chose to do participant observation and tried to analyse how locally generated sentiments of politics is achieved through the camps influences the perception of altruism among the political stakeholders of Kolkata and eventually shape ideas and practices of a public health phenomenon like blood banking. The chapter on spiritual orientation on blood donation is purely a secondary review of literature. The analysis done based on more than one theory. This chapter looks into the shift of ascetic theology and guru based cults from classical Hinduism and tries to analyse the process as a modernisation of theology which sets up new moral ethics for its devotees and members who in turn are donors for the society at large.

Therefore for the most of the chapters secondary literature review has been used as a method where there were certain inclusion and exclusion categories in order to select a kind of literature. The category was writing on blood donation which was work of social scientists and involved a social perspective to the act of donating. Preferably works from the year 2000 upto 2017 publications unless they are classic works like which form the foundation of any research in this field. The keywords which I searched for was- anthropological , historical accounts of blood donation, history of blood banking in India an Nationalism and blood donation and spiritual connotations of blood donation. I have visited the library in Institute of Public Health and Hygiene Kolkata, the National Library in Kolkata and the Red Cross society library in Delhi. Most of the reviewed literature has been procured from the internet, there are few books which were not available online and had to collected from the libraries.

The chapter dedicated to the scenario in Kolkata has been developed using participant observation method in 3 blood camps arranged by a local TMC body on the occasion of Sahid diwas on 21st July another by the students Union of a university in Kolkata on Independence day 2017 and the third by Ambuja Realty on the occasion of their CSR Day of the year. Apart from visiting the camps I have taken one key informant interview of Ashoke Mukherjee a founder member of Association of Voluntary Blood Donor's, West Bengal.

Chapter 3

SPIRITUAL ORIENTATION TOWARDS THE VOLUNTARY BLOOD DONATION

"My great religion is a belief in the blood, the flesh, as being wiser than the intellect.

We can go wrong in our minds.

But what our blood feels and believes and says, is always true.

The intellect is only a bit and a bridle."

[-D.H.Lawrence]

3.1 INTERPRETATION OF CLASSICAL HINDUISM AND DIFFERENT FORMS OF SPIRITUALITY ACCORD- ING TO MEDICAL RATIONALITY:

One of the most significant donors of blood in Delhi is the members Radhasoami movement from Punjab. The Radhasoami movement has a set of their literature which speaks in the modern language of science; the leaders propose the movement as "science of the soul" (Juergensmeyer 1991: page-51[48]). The movement motivate their members to move beyond the worshipping of Idols and the members enthusiastically connect this with their urge to donate blood. They believe that the ones who are not involved in the movement are reluctant towards blood donation because they are misled by fears of affecting their physical health because of donation. This difference is largely drawn on the basis of Idol worshippers and the ones who do not worship Idols. Their urge to donate blood is their symbolic way to proclaim

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themselves as a scientific faith. But the point here is that the devotees' donation is not directly focussed towards a public welfare rather it is routed through the Guru, who gradually becomes the receiver and the factor of benefit for the humankind. The service or "seva" of the devotees towards the Guru is not an impediment towards voluntary blood donation for any anonymous person; rather it enables a new way to achieve it. The relationship of the donor and the receiver is not a conventional one here. This anonymous donation is not focussed towards an altruistic morality, rather it is the service of a devotee towards his Guru. If the Guru chooses to render this service as a utility for the general mass, only then can this donation be useful otherwise not. This act of donation is therefore not an impersonal endeavour, it engages the self-motives of the devotees, the service may ultimately assume an impersonal nature but it originally was not.

Therefore, the point which this interesting case of Radhasaomi movement in Punjab brings about is that the denial of idols within the bracket of Hinduism is thought to have a more scientific turn in the religion. The Radhasaomis do not claim to be outside or beyond Hinduism, but they are a cult which is trying to mobilize people to deny the conventional Idol worshipping and look beyond it as if it is more scientific and modern. The question here arises then if this turn towards modern and scientific a change in rationality itself? For many may say, that the religious sentiments are just blatantly exploited. Why should Hindus offer cadaver or blood to other ethno-religious communities who themselves may be reluctant in donating in return. The benefactor may be a non-Hindu and for that matter it may not concern Hindus as a religious community at all. Hinduism has its own scriptures which suggest the social and moral complexities of the act of "daan" in general and any bodily substance in specific. These concerns are very similar to that of the contemporary concept of "bio-piracy. This overt anxiety of Hinduism is severed from the renditions of the theology we see in these donation friendly Guru based cults.

The answer, if it is a change in rationality in itself or not, may be sought through different literature which has dealt with this change in interpretation of classical Hinduism. The reading of Hinduism and its implications on donation of either cadaver or blood is central to most of Jacob Copeman's work. In his work he is referring to these interpretations as a novel theology(Copeman:2006[24]). Where the interpretation is giving birth to a set of rituals or tenets which were earlier not practised in classical Hinduism. The denial of the Idol by the Radhasaomis may be termed as an interpretation of this order. For instance Copeman talks about Dadhichi Deh Daan Samiti, who motivates the members to look beyond cremation and imagine a utility perspective of their body which may be used by trainee doctors to study anatomy or for organ transplantation. This Samiti has also deviated from the classical Hindu ritual of "daha" or cremation of the body calling it a more society friendly scientific approach

towards death. Hinduism, which has always propagated death as the ‘mukti’ or release of the soul from the body and the pious ritual of burning the body actually enabling this release is absolutely missing in this definition of death by the Samiti. This rendition of the theology is not only novel but also enables donation moving beyond the anxieties that were discussed. This is more of a donation theology than anything else. But why is that the novel theological turns in these Hindu Guru based groups take the support of donation to make their scientific and modern turn evident? From literature we may summarize some of the very salient and broad reasons as to why donation plays the central role in the modernization of Hindu classical theology in these Guru based groups. Firstly it may be noticed that the donors here are all devotees either of some Guru or God. The voluntary action of these devotees is not absolutely devoid of any motive. The very basic motive here lies in obedience. The pious devotee will fear God and would try not to break religious norms, if the religion directs its devotees to donate money, blood, cadaver or anything else the devotee has to comply with that otherwise it would be a breach of obedience. Likewise a follower of a particular Guru, who teaches to donate blood and achieve a greater sanctity in life, would hardly have any devotee unwilling to do so, because obedience is the basis of the devotee’s faith in the Guru. The donors here are therefore obliged to abide. Secondly, the authorization of the entire process of motivation and donation and then distribution of the collected blood remains in the hand of the Guru or the head of the organisation. This process is entirely an access to power to accumulate and conduct a collective activity. The power, throughout, lies in the hand of the Leader or the Guru. The members participate in obedience to him, thinking it to be a service for him, and therefore the accumulation is possible. Thirdly, donation has an appeal of its own, it is a kind of goodness whose inaccessibility is in itself a command for the donor. The picture of suffering can be very clearly drawn for the donor by just making them imagine as if they were the receiver of the blood. Putting oneself in the shoes of the one who needs the blood and then thinking about donating makes the motivational process easier. Therefore the inaccessibility of blood during a crisis in our personal life will immediately trigger us to donate blood for the ones who are in crisis now. Though this process en-routes the Guru or the Religious tenets that one is following in such cases. Lastly, religion and other ethno-religious or spiritual cults have always had a function in the society as a healing system on its own. The deceased, the victim, the deviant, the sufferer has always been invited by religion to take its resort. The functionality of religion and its history would say the same. These groups too must offer healing of some kind to its members. It maybe the healing of mental stress, agony, anxiety, the purgery of the soul through ritualistic practices, or through some indigenous process. Therefore, in order to take a more scientific and modern turn in the more urbane setup the fastest route is to accept or accommodate

modern bio-medical rationality in the theology. If we believe that gaining population in the cult or movement is one of the very fundamental motives of any group, then accommodating bio-medicine in the theology may turn out to be very helpful. Accommodation may not only mean using bio-medical practices in their processes of healing but also re-interpreting the classical theology in terms of medicine. For instance, Copeman recalls how the Dadhichi Deh Daan Samiti re-interpreted the anecdote of the sage Dadhichi as the Sankritik forerunner of body donors. Dadhichi was a saintly human, who was renowned for his austerities and penance, as a great ascetic he had transformed his body into the pure supreme and glorious. Lord Indra the king of all Gods could not find a better weapon other than that which was to be made out of Dadhichi's bones to kill the demon king Vritrasur, Indra placed the wish before him and he did not refuse because his penance was not for any personal end, it was for the good of all. Moreover an ascetic cannot have a bigger pleasure than if each and every part of his body is put to use for the destruction of demons which would bring about happiness for humankind. Therefore Dadhichi sat in a meditative posture and took "Samadhi" and thereafter Vishwakarma, god of labor, created a weapon from his bones called a vajra, which Indra used to slay the demon king.(Copeman: 2006[24])

This entire story has a highly Bramhanical connotation wherein the body is turned into a weapon to kill the non-aryans who were the potential threat to the happiness of humankind. Moreover the body of the pure, supreme and glorious can only be put to further use after death. Therefore the Samiti not only accommodates medical rationality in its scriptures but also accommodates its Bramhinal propaganda in medical rationality, thereby validating donation of blood through a kind of re-visionism of Hinduism and its spirituality.

3.2 THE PERSONAL END AND THE WELFARE OF HUMANKIND:

The kind of revisionism of spirituality that could be traced in the studies that Copeman (2009[26]) and Jurgensmeyer (1995[48]) and Simpson (2004[67]) has done validates donorship through theology and gives birth to an alternative format of altruism in society. The end of such theology may not be directed towards altruism all together but it does give rise to a kind of altruism as an epiphenomenon. This altruism is alternate because neither is the acts altruistic nor is it aimed to achieve altruism. Meaning, the acts have very central personal ends and is aimed towards achieving them but as a by-product of the process what is achieved is a good percentage of voluntary blood donation which adds to the national availability of blood. So this spiritual revisionism cannot be called to be altruistic in nature. The revisionism had

its own motives to achieve as discussed earlier, not that this study is claiming that this kind of revisionism is generic and is happening everywhere in every cult or religious movement or Guru based organisations. But at least for the literature that are being reviewed here in this study this revisionism can be traced in most of the cases. This turn towards medical rationality has its own agendas and therefore the act of donation being provoked by such theology has also its personal ends (service towards the Guru, obedience and piety and the over arching desire to achieve sanctity in life and relief from the birth-rebirth cycle, maybe some of them). Therefore these movements are centripetal movements (Copeman; 2006[24]) with personal ends in the centre and even the Guru and the devotees oriented towards their own centre of ends. Altruistic movements generally have the opposite inertia, wherein the force is from the centre towards the periphery or centrifugal in nature. The acts are motivated to look beyond the personal end and works towards the need of the society as a whole. In the donation theology, if we may call it so, the renunciation, the penance and the austerity of the Guru is complete by the service of his devotees towards the society. But the devotees are not on the path of achieving asceticism; their deeds would only gratify the Gurus status on the path to achieve asceticism. Therefore it is the Gurus personal needs which call for a welfare work on societal level, in which the devotees are instrumental. The utilization of the devotee or the member of a religious movement by the leader is nothing but tropes of renunciation in pursuit of staunch personal ends. (Prakash;1999[61])

For instance, the controversial Dera Saccha Sauda of Haryana, collected blood equivalent to 67 bathtubs in 2005 which went to the Army Hospitals for the treatment of the Army officials. It was later included in “Medical Marvels” of the Guinness Book of World Records. The innovative spiritual gurus who organise such assemblage called camps are eager to develop an act of high-minded citizens (Copeman;2006[24]). But these acts cannot be studied in isolation from their contextual frames and their agentive functionalities. These incidents need to be analysed, for instance the acts of Dera Sacha Sauda devotees’ gifting of blood may have been aimed at two parallel direction at the same-one at the guru, and the other at welfare of humanity (or, as in this specific case for the Indian soldiers). These incidents, as Copeman would call have a directional functionality (Copeman;2006a[23]). If the directional functionality is further analysed then what exactly happens in this case is refiguring the elements of the body (blood) of the devotees in order to serve the nation. The Vedic invocation, or wearing saffron clothes signifying Hindutva (read Seva; according to Radhasaomis) make the directional functionality all the more evident.

According to Anthony Giddens, money is ‘means of time-space distanciation’ (1990: page-22-6[41]), the consequence of this is that the individuals as well as organised groups can be a bit removed from the act but still act. The blood banks function in the procedure of

blood donation is to work as the mediator to conceal identities and takes care of anonymity thus by keeping the donors at a distance. Copeman uses this concept to explain how the spiritual groups, who are generally oppose violence, get involved in violence but from a distance, from a remote space and time. The anonymity that characterizes the voluntary act enables this distanciation mechanism to work. The practice of concealing the identity of the donor and the recipient from each other is referred to as anonymity here, it is done to stop from complicating the relationship between the two with emotions of gratitude and indebtedness. “Anonymity is seen to preserve the form of the true gift. It avoids all traces of coercion” (Konrad; 2005 page-138[50]). The functions of the blood bank, to maintain the confidentiality and keeping the donors and recipients away is as important as its role as a connective link between the two. In case of familiarity blood donation the inward flow of blood into the family through the ailing relative further complicates the issue. The centripetal travel of blood in case of replacement methods and centrifugal travel of blood in the voluntary blood donation where anonymity is maintained, the blood travels outward and away from to unknown recipients, reflects a interlocking of identity of the donor with the bifocal attitude of donating and the identification of Blood as a carrier of the donors ‘identity’ itself. The concept of ‘specific’ and ‘abstract’ used by Copeman (2008[25]) also traces the directional intentionality of blood donation and the cultural gravity of the matter is no less than the inward or outward flow of blood during affinal matches. The Blood Bank plays a sociological role in case of donation. It is the space where the centrifugal donation is made successful through handling anonymity as a pivotal concern. This helps in achieving altruism in the true sense. Again the donors identity is borne in the blood which is stored in the bank until it gushes into someone else’s veins to conjoin and form another identity. The concept of blood bank may have posed questions and criticisms, it was not specific inward flow of blood, it was for the outwards abstract flow of blood that these establishments were required. Here the identity of the donor is reduced only to his blood group. Though the element of the body carries everything essential of the identity of the donor as perceived by Fuller, but the plastic bags (once glass bottles) only have blood groups clubbed together. The narrative of caste in India is also shaped by this mechanism of time-space distanciation. The concept of maintenance of anonymity implies different meanings which are political, spiritual and familial in nature. The important factor is that during transfusion of the blood the donor is present as well as absent. Almost like money, which, “owing to the abstractness of its form ... can exercise its effects upon the most remote areas” (Simmel 1907 page-504[66]), the donor too remains at a distance but his presence cannot be ignored. The distanciation issue also shapes the caste quotient. Blood donation and grouping can be perceived as a way to unite all caste communities. Caste is thought to have been borne in blood(Fuller; 1992[38]).

But has there been sufficient disenchantment with the essence of quality inherent in blood. The bodily substance absorbs a spiritual and qualitative fluidity which reaffirms the casteism in Indian society. Blood donation may permit a latent empathy in between various groups and meanings of caste, which might prompt a blood giver to disprove caste relations or even staunchly believe in it.

As discussed earlier the directional functionality, of the groups who went through the revisionism of spirituality, was to propagate a Bramhminical structure of donation where the donor would gradually achieve the pure, the supreme and the glorious. The donation was voluntary anonymous donation but the outward abstract force came with a lot of conditions. The belief was not in outward and abstract donation rather on achieving an inward and specific goal which would enable a high-caste membership. But the donated blood does not remain under the authorization of the Guru or his tenets, neither the receivers of the blood is necessarily his devotees, therefore the blood travels its outward and abstract route as an epiphenomenon. The scientific and modern turn in the theology has also enabled the denial of caste barriers. Caste in case of the receivers of the blood does not matter according to the theology, since it is modern , scientific and rational. But the images used to motivate such donation, the benefits of such donation for the devotees is highly upper caste in nature.

3.3 THE OPPORTUNITY COST AND UTILITY OF DONATION:

Gandhi famously defined 'trusteeship' as the proper relation that individuals have toward their property and earnings: wealth should be held in trust for 'society' (see Gandhi 1949, page-221; 1998[39]). Devotees of the Sant Nirankaris, a movement in north Indian by a sect of Sikhs who believed to have moved beyond any figurative God, believe that they are trustees of their bodies and possessions, which in fact belong to formless God (nirankar). In fire offering yajnas, a common saying that accompanies the grain (offering) is that the grain is for Indra which was never "mine" (or the offerer's). Donors' 'renunciation' of ownership is a simultaneous bestowal; they donate their blood for claims that is not immediately made, imagining the blood owned by hypothetical multiple persons. This is a corporeal extension of Gadhian in which ownership is given up singularly but re-imagined multiply.

Wastage can be understood as a form of opportunity cost. According to Gell's (1992, page-219[40]) schema, opportunity costs are very often of a "confirmed magnitude." In the present context, this is particularly so. Gell asserts that "activities which have high opportunity costs are ones which have highly advantageous, highly feasible alternatives in

terms of the map of the field of possible worlds imposed by a given culturally standardized construction of reality" (ibid.: 217). The stipulated usefulness of not donated blood, for harvesting another life or maximum of four lives at once, is obviously what accusations of wastage rest upon. The magnitude of this corporeal opportunity cost is calculable according to the number of patients that could have benefited from a pint of not donated blood. For Gell, the concept is an effective means to bridge the 'fatefulness' of subjective time and the objective qualities of time as a dimension (because opportunity cost is both subjective, and, to a certain extent, computable). The bridging function of the concept holds for the present case since donors' imaginary renderings of their blood and its parts being used by others—a facet of what Copeman call the 'utilitarian imaginary'—involve remarkable projective calculations of their hoped for post-donation usefulness for others.

The calculation of opportunity cost may be called commodification of body elements, Simpson states that body commoditization debates are largely cast as a struggle "between intrinsic value and utility." (2004, page-841[40]) the Samiti donors posit utility as an intrinsic value and therefore it appears that for those with a commitment to 'total usage', it would be almost preferable to live as healthy as possible for being able to donate blood as long as possible, rather than waste it. There is a paradox in this renunciation process, one should provide extra care for what is yours but may no longer remain yours. Trusteeship proposes a disposition toward the body (that of a relation of care) that must be just as consistent as that of the person who allows him- or herself to be bled every three months. The donors engage in a kind of donation fantasy- they calculate to save many from one and imagine a maximally efficient donation. This kind of formula is captured in common blood donation campaign slogans "Ap ke rakt ka ek ansh bacha sakta hai kissi ka vansh" (that is, "A part of your blood can save somebody's generation"). The slogan almost states that donated blood acts like a progenitor. This gives a further heightening to the donation fantasy. It talks about saving a person from donated blood who is in turn the protector of many others who are dependent on him/her and is therefore indirectly also saved. This is the maximum efficiency the donation could reach, it renders a striking numeric character to Copeman's utility imaginery. This quantification is also a stress on karma. The more one donates blood and saves more lives the more good karma he gains in return. Therefore the Radhasaomis believe more in donating blood than cadaver since donating blood is a repeatable action but cadaver donation happens only once (). The emphasis in the utilitarian imaginary on quantification suggests the possibility of donated blood serving the bio-spiritual purpose of many repeated and multiplying benefits to donors. The goal is to attain the 'centripetal' purpose of self-perfection and subsequent freedom from rebirth. But we are dealing here with a revisionist asceticism that accentuates the 'radiating' or 'centrifugal' effects of ascetic

practice. It is an ethico-religious act of faithfulness, of creating a moral self (this morality may be shaped after the theology that motivates to donate). Donation of blood is the area of collaboration between spiritually revisioned Hinduism and its model of karma and medical rationality, both in their most calculative and utility maximising aspects.

SUMMARY:

The backdrop being the mandate of the court to ban all paid donation and also familiarity donation, where the relatives of patients donate to the blood bank in order to withdraw blood for the patient. The donation driven by spiritual Gurus or asceticism and religious tenets serves the institutional transition from 'specific' replacement to 'abstract' voluntary donation and also the spiritual philanthropy of 'daan' or gift.

But as observed there is a shift from classical Hinduism in the groups like Radhasaomi movement, Dadhichi Deh Daan Samiti, Dera Saccha Sauda and Nirankari followers. This shift towards a novel theology or re-interpretation of classical Hinduism has rendered a more modern and scientific version (as is claimed by the groups themselves). This modern move in theology accommodates medical rationality enabling donation. Medical rationality was targeted to prove the scientific nature of the theologies since it made the members and devotees obliged to be able to abide, the authorization of the entire process remains in the hands of the Guru or leader or the proponent of the religious tenet. Donation can be defined in Derridian terms as a goodness, whose inaccessibility becomes the command for the donor. The word 'daan' symbolise the public philanthropy specifically as public Hindu philanthropy because the spiritual Gurus that are mostly mentioned in the literature are Hindu gurus who spiritualise the entire experience of donation as an ethical satisfaction of 'daan'. The social scientists like Copeman and Janet Carsten who have worked on North Indian Culture of blood donation have clearly stated how Hinduistic and Bramhinal the philosophy of daan is on which the entire attitude of public philanthropy is based. This theology which is revisionist and re-interpretive from the classical Hindu scriptures, is argued in this chapter, can almost be called donation theology where donation becomes a major signifier of the scientific and modern turn that is taken. There is an accommodation of medical rationality through new theology and vice-versa. There are arguments posed to judge if the donation is directed towards welfare of humankind or to satiate personal ends on different level. Thereby invoking the concept of directional functionality of Copeman. The Implications of blood banking and therefore commodification of blood is discussed through the different concepts of trusteeship of the body and how it implies a donation fantasy to give away something which was always meant for many and not one. From a spiritual call to generating new sets of morality and

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asset relations with the body is what is discussed in this chapter. The revisionist asceticism which contributes a significant amount of blood to the national percentage also generates a notion-wide propaganda in return. This is the propaganda for a new set of moral values which are expected by the devotees or the members to follow in full piety and respect.

Chapter 4

POLITICAL CULTURE AND ITS IMPLICATIONS ON BLOOD DONATION

"A blood donor has no equal"

[*A slogan on the voluntary blood donation campaign by Red Cross Society, Delhi ¹*]

Is there anything in blood donation that is purely political or does the performance of blood donation rely on established rituals in order to achieve political efficiency? This study may highlight the act of blood donation in facilitating some political efficacy or political functionality facilitating donation of blood building a morality of virtual kinship and altruism in a community. In this chapter it will be discussed that voluntarily donated blood in its material sense can go anywhere to anyone but simultaneously in the emotional sense the blood is aimed towards a particular end (towards a person whose death or birth anniversary is being celebrated or towards an agenda like record breaking collection feats or some ideological propaganda) but these ends may not be as personal as the devotees may have while donating blood under the motivation of the Guru or religious tenets. The desired 'centrifugal' trajectory of blood donation is compromised by the centripetal focus of these motives. The gift of voluntary blood to many ultimately will depend on the alterations in directional perspectives from multiple to singular and again to multiple because a specific objective is considered while donating the abstract gift. Then again, the specific objective may be relevant till the donor is donating blood but after the blood is donated it travels its

¹<http://www.indianredcross.org/archive.htm>

own journey towards the outward, abstract anywhere. There remains a certain abstraction within specificity.

The 2003 National Blood Policy mandated a large scale awareness campaign to enthrone non-remunerated donation thereby aiming towards the de-commodification of blood. The widespread fear of loss of strength from donating blood, though modern medicine has stressed on the fact of blood's self replenishing nature and also the tendency to accept blood donation as something worth the pain and time only when a particular objective strikes the mind (like the ill health of a family member). Therefore the campaigns aimed to enthrone and encourage donation on voluntary basis actually underline the onus on donation and attitudinal barrier of the potential donors. Since the landmark judgement of the Supreme Court of India on January 1996 of banning paid donation the onus has fallen on voluntary donation and specific familiarity donation. Since then the campaigns are getting bigger. It is through the regular campaigns, on different media and the advertisements that the state telecasts in order to campaign, that a certain discourse of public nature has been built that forms blood donation as an medium for the articulation of highly ethical and enthusiastically patriotic citizenship.

In spite of the fact that majority of the population in India have reluctance to donate blood, the competitive political parties try to grab the opportunity to encash the available ethical capital through organising huge blood collecting 'camps'. On one hand this ethical capital is created for encouraging voluntary acts by appealing for donation devoid of any self interest which creates a discourse of voluntary donation being the way of achieving a broader societal morality, on the other hand it flows into a more evident political domain where the voluntary donation becomes an act of ritual marketing for the parties to fulfil their vested interests. In other words, there is an extraction of blood and a capital (of ethical nature) in this domain.

The behavioural reluctance towards donation is a well researched aspect of donation but what is more important here is the greater psychological basis of any voluntary charitable gift. The basis is that of a moral instigation, that forces one to donate selflessly for the rest of the members of the community. Therefore the concepts of altruism and paternalism is important to understand in a context where caring for the rest of the community matters.

4.1 PATERNALISM AND ALTRUISM:

There are philosophical contestations about the notion that members of a large community can care about each other. The opinion is heavily weighted against this notion because this care may be heightened and therefore demonstrable only in cases of major emergencies such as War or natural disaster. This philosophical claim rests on the fact that human beings

are born with a limited capacity of caring which is mostly consumed in caring for the very close knit groups such as biological or affinal family, therefore caring for other members of the larger community is just a psychological contingency for human beings.(Jenkins; 1995 [47]).

If we review the philosophical work of Karl Marx on alienation the most underlined statement would be that he believes in an un-alienated society.(Marx;2005 [56]). He believes that a society where members take interest in the interest of their fellow members without any instrumental motive is possible. In an un-alienated society the relationships between the members may have the characteristics of a personal relation like that of a friendship because of the degree of selflessness that is attached to it. This heightens the quest for a factor which might bring about a change in the relationship between members of a community which can build a human motivation for caring or taking interest in the interest of the other members of the community.

The most extensive work of philosophy of the conditions of friendship is nothing other than Aristotle's *Nicomachean Ethics*.(Rowe;2002 [64]).The discussion on conditions of friendship and the goodwill it holds in Aristotle's work can be used as a tool here to judge if the same can be found or otherwise externally imbibed in the existing society to form a Marxian un-alienated society. Can the conditions of goodwill that Aristotle talks about be stretched or relaxed in a communist society to function the way a friendship works? It may be argued that in Marxian communist society there may be a huge difference from the Aristotelian friendship in the growth of bonding and goodwill, and also if the community is large there might be no fulfilling of the conditions of true friendship but a certain amount of constant goodwill. Aristotle perceives the perception of excellence as the originator of goodwill and Marx argues that human beings are essentially creative then there might be a possibility of growing goodwill in a community, which can extend till the members of the community apart from personal relations, where the production relations are arranged in such order that every human being gets to exercise his/her creative intellect. Marx has already noted that a communist society will only be able to operate if the principle "from each according to his ability to each according to his needs" is followed because that would bring changes in the psychology of members of a community and, on a broader sense, relations of production. But is it not that goodwill and caring would only generate if there is a merit good in society which is in abundance? Therefore relating it to the good with a lot of medical and ethical merit blood can only be donated when there is either a society where the goodwill is extended psychologically through the relations of production to the members of a community as a whole outside personal relationships or where there is abundance of available blood.

This abundance could have been a better model if there was no question of selfless motive. In a society where there is abundance of a merit good may have better accessibility of the good, though not every time, since there are stakeholders of every merit good who may scrutinize the accessibility and condition it after their own vested interest. Since after the big judgement of the Supreme Court of India in 1996 the blood donated for remuneration has been banned there is no meaning to discuss selfish donation of blood anymore. Though, it is highly possible that this crisis of blood availability would not have arrived if remunerated donation was not banned. That is because we have a huge 'bioavailable' population, and our society today is certainly not Marxian un-alienated society rather it is in late capitalism with neo-liberal economic order underpinning every emotion of its members.

"Bioavailability" is a concept developed by Cohen (2004, page-169 [20]). It is a contingency "organized variously around the loving or charitable gift, the commoditized sale, or the authoritarian or piratical forced extraction or seizure" (Cohen 2004, page-169 [20]). It is a term which is applied to the niche of population that is generally rendered as biologically available by their socio-economic status. The archetypal bio-available population is the poor, who are exploitable, as in whose donated organs or blood flow upwards to the wealthy. This concept does not mean that only the poverty stricken can make a gift of charity, but those who are interested in gifting without any compulsion of clearing debt or as a victim of illegitimate actions of extraction during medical procedures are to be understood, under the light of this concept, as being baffled by a ideology of extraction camouflaged under the wrap of 'gift of life'. This concept of biologically intrusive late capitalism does not have much scope for anything voluntary within the bio-available group. Even if there is an act of voluntary giving outside this group, according to Cohen, it might be the outlier who has fallen prey to the 'hyper-reality' (Baudrillard; 1994 [14]) of fashioning oneself as ethical. For years anthropologists working in this field have stressed that "the body yields gifts that are deeply problematic" (Simpson 2004, page-842 [66]), Cohen's concept is a very good example of this.

However, there must be some space saved for agenda based bioavailability, as Laidlaw writes that "by describing the different technologies of the self, one can tell the story of different ways in which people have purposefully made themselves into certain kinds of person" (Laidlaw;2002, page-324 [52]). This, as Laidlaw says, would be subject to the conditions of the existing bio-political possibilities in the society and in accordance to existing constraints of norms and regulations. For example, the case of bio-spirituals (the devotees and members of revisionist ascetic movements), they are agentic bioavailable population, they have chosen to fashion themselves in a certain kind of distinctness through innovative responses to spiritual calls.

According to the draft of National Blood Transfusion Services Act being generated by Union Ministry of Health in 2007² there was a suggestion of putting the paid donors behind the bars. Before this draft there was a ban of paid donorship but no such penalty was mentioned by the court but according to this draft there was supposed be a blatant criminalization of paid donors, three months of jail and three thousand rupees penalty. The suggestion of criminalization complicates the discussion on the bioavailable group. The colonial hangover of the political parties and the ministers becomes very clear with this suggestion. The paid donors were the ones who served the purpose of donation for decades till the ban mandate was imposed on them and suddenly their very existence will be denied, let alone acknowledged. The criminalisation of this act will only prove how the state perceives the problem of the paid donors. They are simply extracted out from the society and marked as deviant without any judgement of their compulsion and social liabilities. This suggestion corresponds to another suggestion, by the American Society of Blood Banks in the year 1959, to categorize the blood supply and storage and separate them on the basis of race. This immediately became a topic of great regress inside the American intellectuals who blamed it to be an oppressive suggestion aimed at genetic pooling and segregation of the African American from the rest of the country. The American Society of blood banks argued that separate blood pooling according to ace will help with certain antigens which are present and absent in certain races and this fact was statically proven. Moreover this kind of blood pooling could have reduced the cost of testing. The activists (seperatists) who believed in eugenic pooling took up this opportunity to uphold their interests in distanciation of different races through this bio-medical tool and to propagate their notion of dangers of interbreeding. The paternalistic altruism that is invoked (where health care becomes the biggest consumable good in the market and focuses a largest portion of attention there) by depending so much on voluntary actions surfaces the underpinning of the want to establish a regulation on transaction and desire to formulate altruistic transactions only in case of blood donation. The states establishment of obligation as the main reason for altruistic action presumes that this would make the merit good accessible to all, the obligatory giver would donate to the ones in impending need and the obligatory taker will take from the ones who are desirably giving. But there might be ones whose community feelings are constituted of different moralities but the state does not recognise that they are more interested in putting forth a typical action which will be followed in every transaction exactly in the same way.

²<http://naco.gov.in/blood-transfusion-services-publications>

4.2 POLITICAL COMMEMORATION AND BLOOD DONATION:

The political ritual and its sense of inclusion during blood donation camps is amazing to observe. The otherwise divided and exclusive ideological discourses too become surprisingly inclusive when it comes to blood donation, this may be because the ultimate authorization of the party will remain till the blood is with them, once it is out in the banks there can be no scrutiny of who is getting it. The political performances that are done in commemorative donation camps yield a greater amount of ethical capital for the organizers. The public life of the political cadres gain inertia when they encash on inclusion. These may turn into sites of conversion as well. These rituals depict a well structured manipulative meanings and its combination with corporeal mnemonics. The motive of these assemblages is to ritualistically remember the past (the dead political persona) and also secure the latent intention of the assemblage, the future of the organization.

The marketing strategy that is set up in using blood donation capitalizes on the theory of admiration on the basis of ethical sentiments. They gain merit which will give them the inertia as a political entity in society. The merit gained when a politician kisses a destitute child in public gatherings is similar to that of the symbolic capital that is gained through donation camps. The kiss or such huge blood collection feats may not be needed for the society to run but these are important rituals for the party to run in the society. These are sites created for political marketing and social extraction.

The purpose is to understand the significance of such camps in the process of accumulation of ethical capital. A key point in this regard is the designating rhetoric employed by exponents of the campaign which makes much of the 'singularity' of donors: one is concurrently selfless (because one donates for others) and singular (people can make themselves unique this way and acquire distinguishing ethical capital) One could say that the more 'selfless' someone is the more they attain the status of exemplary individual. Blood donation becomes an aspect of the development of India, of nation building. The ex-corporation of blood is thus the simultaneous and demonstrable in-corporation of certain key values such as the primacy of selfless service and sacrifice for the nation, designed for an audience of political consumers whose support is required for future political success.

Figures like Rajiv Gandhi and Indira Gandhi who were assassinated for political conflicts are the best example of how the invocation of the bloodshed of the past becomes a fertile space for securing political futures. Political figures like them are almost treated like little deities in India. Most little deities in India have a non divine origin, unlike the great deities such as Shiva and Vishnu who have always been divine. Prominent types of little deity are

those who have died gloriously in battle. These are often known as *viras*. The political conflict therefore is treated like a battle. The existence of little deities exemplifies the absence of a clear distinction between the human and the divine in popular Hinduism and they are, Fuller says, widely worshiped as powerful beings all over India. Rajiv and Indira Gandhi are both people who are seen (by Congress members especially) to have heroically sacrificed themselves for the nation. The 'little deities' that Fuller describes are most usually worshiped with blood offerings in animal sacrifice, it is possible that blood donations in commemorative ceremonies are gifts (sacrifices) to these deified, 'martyr' politicians gifts that augment and enlarge the perceived 'vision' of the remembered person. The deities in turn are still bestowed with agentive capacities to accumulate and instigate a huge number of people in the ideology in the party.

4.3 LOCAL POLITICAL CULTURE OF BLOOD DONATION CAMPS:

Kolkata as a city has always been witness to revolutionary changes. The first blood bank of India was established in Kolkata in 1942 for serving the purposes of the Second World War which was later on opened for public use in 1945. The Association of Voluntary Blood Donors, West Bengal first protested against remunerated donation of blood in 1985 which gradually had spread to different parts of the country and finally the court was moved by a non-profit organisation, Common Cause, who won the case and paid donors were banned in 1996. The Association of Voluntary Blood Donors West Bengal which was the first organisation to arrange Donor's Awareness programme and Donor's Motivation programme.

The youth of this city has always been a part of this movement. The first blood donation camp in Kolkata was organised by the students of Jadavpur University 1965, they collected blood from 300 donors in a day. Not only Jadavpur University, Students Health Home of Kolkata started the culture of regular donation camps in Kolkata, they continuously did it from 1962 to 1979. Father Bakers, a teacher of Saint Xavier's College Kolkata also participated in such camps and encouraged his students to do so. The involvement of youth with such activities has serves many purposes, one that young people are enthusiastic organisers and participants for a movement of good cause, second they are young minds which can be moulded and manoeuvred and therefore political parties target the young population to participate and donate blood and also get involved in their political ritual and eventually in ideology. Thirdly, the concept of young blood adds a special meaning in commemorative

political gatherings, they convey the message of a young and fit and bold political army who has the strength reserved in his blood and thus acquire power .

Apart from North Indian GURU based donation camps the major states who contribute in voluntary blood donation is Tamil Nadu, Tripura, Maharashtra and West Bengal. A recent news paper report says during extreme demand for platelets due to the increasing crisis of blood in the wake of dengue cases, blood donation camps were deferred to the date of August 14-15 to coincide with the Independence Day. Doctor Ashok Ganguly (from Ashok Blood Bank in Kolkata) also explained how blood supplies are expected to normalize by that day. Blood donation camps organized by small clubs and neighbourhood localities in Kolkata bears an implicit connection with modern forms of modern nationalist sentiment that revolve around the ethico-emotional spectrum of the everyday Bengali life-world. In addressing the insurmountable crisis of blood (donors) organizers tend to target the Independence day as an ideal time for conducting the event which offers immense scope to attract large number of donors in achieving greater heights of quantitative accomplishment through the collection of blood on a single day. The presence of organized campaigns to promote 'abstract' voluntary donation appears to reflect Ramanujan's observation that modernization in India can be seen as a movement from the context-sensitive towards the context-free (Ramanujan, 1989: 55).

Adjacent to the nationalist point of view, the importance of youth appears to be a crucial aspect of this enquiry in understanding the nexus between blood banking and modern Indian Nationalism. The category of 'youth' emerges to be the catalytic agents of accomplishing successful blood donation camps in India. In analyzing the role of youth in creating large stocks of voluntary blood donors in Kolkata it could be seen how people with a specific social profile was under the direct target of these organizing bodies and how cultural metaphors are strategically used to create a nationally motivated mass of blood donors. This profile largely can be identified as young political activists who were involved in local politics and were students or young employee. The majority were men. This brings us to the gender aspect to the scene as well, they are very few women, even young women, who donate blood. The camps that were visited only had 10-15% female donors. This is because these local communities involved more young men in their organisational works and target a similar kind of group from where cadres can be further recruited or enlightened in their ideology. In case of the CSR activity the female officials had a attitudinal barrier to donate blood but they visited the camp at least but in the other two camps there were hardly any female visitor. The time and space of the camp matters for the women to join. The CSR activity was a space where working women were present and therefore at least participation was observed the other camps were organised on days and by groups which were highly political and the space was local political party office grounds which did not suite the housewives to break through

the patriarchal boundaries to come and join, but there were women cadres who donated blood and were also part of the organising body. The donors were offered little refreshments like eggs and juice after donating blood in all the camps that were visited. The narratives which came up during the observant participation in these camps was interesting. One of the organizers in the camp set by Trinamool Congress (a particular section, name of the place withheld), the present councillor of that constituency came for a little visit and speech on the occasion. The speech began with greetings to all on the occasion of 'shahid divas' or the day of the martyrs. This is an excellent example of commemoration of the deceased and invocation of the past to fulfil the needs of the present. The councillor, then congratulated the local party body for successfully organising the camp and being able to mobilise people to come and donate blood. He then said "aage ora korto ekhon amra kori, ora ja koreche ba jotota pereche amra taar theke onek beshi shofol" (they had done it before, but now we do it, the amount they wanted to do or could do that was meagre, we are much more successful than them). This is referred to the Communist Party of India (Marxist), who had ruled West Bengal for the last thirty four years before Trinamool Congress drastically overpowered them. The local councillor compared the kind of blood donation camps that used to be organised during their rule and how it is now. Then he went on to say "amader jei bhai bonder ora ekdin khun koreche, aaj tader smritite rokto daan kore amra somaaj ke barta debo, amra roktopaat kori na, rokto daan kori" (in the memory of our brothers and sisters who have been killed by them we will donate blood today and spread the message to the society that we do not believe in bloodshed but we only believe in blood donation). This statement resonates the literature that has been discussed till now, it serves as the well defined articulation of the duality of bloodshedding and blood donation. By donating blood this local political body not only is trying to avenge the murder of their martyrs but also to spread the 'Trinamooli' blood (the blood of the committed Trinamool cadres and supporters) in the society, again reiterating the myth of ethics and identity being borne in blood.

This is what makes political sentiments intrinsic and inseparable from the process of conducting blood donation camps at neighbourhood localities.

The visual and sonic references within the celebrated complex of the 'Independence Day' emotionally motivated individuals in becoming active participants of voluntary blood donation camp. The Independence day special blood donation camp was set up by the student's union of a famous university (name withheld) of Kolkata. This space was as politically blatant as the camp set up by Trinamool Congress. The camp was set up by the students union who were affiliated to a leftist mainstream political party but the participation was from common students who were affiliated to many other different political parties or ideologies. The setup was layered, it was a leftist organisation who arranged the camp

for students to donate blood on Independence Day which played patriotic songs in the background. The songs reflected the ideology of freedom movement from the perspective of Indian National Congress, because a song which played in the backdrop only had names of the INC freedom fighters. This did not bother the union office bearers, when asked one of them replied "ar ki kora jabe? IPTA r gaan chalale to ar jonogon bujhbeo na ashbeo na"(what can be done? If we play the songs composed by IPTA, Indian People's Theatre Association, the mass will not be able to understand it and therefore will not turn up for the camp). There was a sense of sacrifice in the tone of the student union member, she said it in a way as if in order to accumulate people (read ethical capital) there are some populist culture that even the Leftists have to take resort of. Through this the sacrifice was democratized and yielded more of brotherhood and inclusion which possibly is a higher ethical merit than violence and exclusion. The other interesting observation from this very camp was that the donation process was going on, and five young men were donating blood meanwhile when the large sound box boomed the set up with the national anthem, as soon as Jana Gana Mana started playing one of the donors tried to get from his bed, the blood bank staff immediately stopped him from doing so otherwise his donation process would have been hampered. The rest of the students and people who accumulated from the neighbourhood stood up during the song. One of the members of the student union ran towards the donor who tried to get up and told him "desher jonyo je rokto diccho, ei onek, uthe daralei acche din ashen na"(the blood that you are donating is a big tribute to your nation itself, you do not need to get up, during the anthem , only paying reverence to the anthem does not vouch for acche din or good days for the country). This statement spoke a lot about the layers of the set up that was discussed above. The member tried to convey to the donor that, referring to the ongoing campaign of Bharatiya Janta Party which has the tag line acche din, not all political parties are in service for the nation they are only hoaxing by making the national anthem mandatory in cinema halls and standing in reverence for it. the comparison was subtle but was enough effective to convey his message to the people present their at the campus ground that this particular camp is organised by a specific party. Therefore these camps are sites of publicity of either political ideology or corporate scheme. The donation is the epiphenomenon extraction the phenomenal extraction being political merit and social marketing.

The state and its functioning affect the donation process. It either satiates the needs through such donation feats or runs the banks dry when the political parties and local political culture refrains from it. therefore it problematizes the relationship of the public health phenomenon with political agenda and how the formulated 'ethical campaigns' of voluntary blood donation has afforded to preach and propagate but still could not breach the gap between units of blood needed and units of blood available. Recently a report on a popular

news channel showed that the blood banks in Kolkata were running dry due to the Panchayat election. The Indian Express reported that the rate of camps (which are organised 60% by local political parties and 40% by local clubs) had come down by 80%. During the election the political party and local bodies are busy in electoral campaigns and therefore no such camps were held. The reportage had interview of a Trinamool MLA who denied that there was any crisis of blood and called it a conspiracy of the opposition. There were times when the ruling parties would offer token gifts in exchange of blood, like an umbrella or steel utensils, but the State Blood Transfusion Council keeps a strict vigil on that now. This was equated with paid donorship. The next reportage on the same media on the same issue said that the West Bengal police arranged a summer time donation camp where more than 16000 policemen donated blood. on this note the Chief Minister herself declared that after the police even the Trinamool cadres and state government employees will donate blood to overcome the crisis. Therefore the statehood of the affair was reinstated by this declaration. Like Indian soldiers who died in the 1999 India-Pakistan Kargil conflict are now remembered annually through blood donation camps staged in their honour, the same goes for the policemen who were killed defending the Indian Parliament building (Lok Sabha) when it was attacked by mili tants in 2002, the state always allows the mnemonic of blood to play its own magic, by blood donation it re-arranges its position as the paternalistic saviour who will shed blood in order to keep the nationhood intact.

SUMMARY:

The objective which was set on the very onset of writing this Dissertation was to analyse the existing literature and trace out if there is any relationship between the act of donation and its encouragement and the spirit of political culture. There is no scope of moral judgement weather the spread of an ideology through blood donation is good or bad but it's the use of a public health issue as an instrument towards achieving a political goal is something which is intriguing since it involves direct political moves and manipulations. This move gets all the more complicated when it begins to associate with structures and actions which are directly enthused by public engagements. There is a direct and not subtle infusion of certain ideology and its propagation through the altruistic act of donation. The utmost utilisation of the humane instinct of altruism in the name of donation is done through the not so evident but regimented format of propagandist politics. This is the spectrum through which the already existing literature was studied in this chapter. The primary narratives collected during the visit to three blood donation camps in Kolkata and the telephonic interview collected has been interpreted and analysed in this chapter. The argument which comes out as the best

summarization of this chapter is that the local political culture , apart from broad and remote political decisions which have already affected blood procurement and management in India, affects the process and creates meanings through symbolic rituals which are foundations of a set of ideological morality that is to be infused in society. The directionality of local political culture is to create and reuse these rituals in order to generate political merit for them in the society. The stake of the state is no different from the daily political culture, it to manifests the langue (the paternalistic authority who validates the infusion of true altruism in case of blood donation) and wants to exercise the parole (to create an archetypical action which will repeat itself in every transaction of blood as a normative construct).

Chapter 5

THE INTERSECTION OF POLITICS, PUBLIC HEALTH AND SPIRITUALITY

"You don't have to be somebody's family member to donate blood"
[-Anonymous blood donation campaigner]

The intersection of politics and revisionist spirituality and the public health phenomenon of blood donation will be traced in this chapter. The role of these factors in the field of blood donation has to be invoked here. This chapter will discuss the current crisis in availability of blood in this country and how the political and religious culture of this country affects such a scenario. The intersection is well traced in the political nature of spiritual movements and the religious rituals of political gatherings where in both case blood donation features as a significant entity.

5.1 THE CRISIS- PROCUREMENT OR PRESERVATION AND DISTRIBUTION:

In 2016-17 there was a crisis of 1.9 million units of blood equivalent to almost sixty tanks which could have helped in completing more than three lakh twenty two thousand heart surgeries and and forty nine thousand organ transplants in India. This rate of blood deficiency has been reported to have increased from a shortage of 1.1 million units in 2015-16.

(Indiaspend ; September 2016¹). In 2016-17 almost 15% of the target to collect 13 million units of blood , as a target set by WHO, could not be met. A worldwide figure of 112 million is collected every year on World Blood Donor Day, according to the ballpark estimate (1% of a country's population) this target is set by WHO. On this present day India has only 2, 903 blood banks spread across the country, of which 1403 are public and the rest are private. The concentration of the blood banks is also very skewed, with Maharashtra topping the list of highest blood banks (328) and states like Assam, Arunachal Pradesh and Telengana with 10 each. Apart from that there are almost seventeen states who do not have a blood bank at all. The regional variations of spread of blood bank is not all, there are regional variations of collection of blood too. Chandigarh has the highest blood collection rate but has only four blood banks to store it. On the contrary Uttar Pradesh has the second highest number of blood banks but has failed to procure more than 60% of its blood requirements. Bihar too has failed to procure its targets but Delhi and Dadra and Nagar Haveli has procured 193% and 142% more than its targets (Annual reports 2007 to 2016; Ministry of Health and Family Welfare [57]).

These regional variations complicate the dearth of blood in the country all the more. There is no parity in procurement and storage facilities across the states. Moreover there is different priority level of handling the crisis of blood donation in different states in India. Though the Union Government has launched big campaigns to eradicate the problem but this being an issue on the State list cannot be pursued that emphatically across the states. The Government had long committed blood banks in sixty eight remote districts but has failed to achieve it so far.

Apart from overall crisis in blood, and not being able to fulfill targets according to ballpark estimates of WHO, there are more challenges that the country faces in this issue. There are seasonal variations to blood donation too. Mostly the stretched summer in India does not prove to be a good season to organize blood donation camps and also the summers keep the young generation of the country busy with examinations followed by vacations. Therefore there is a summer-time shortage of blood in India. Topping this list of challenges is the most shameful fate of the blood collected, it is discarded as waste since it cannot be put to use during its shelf life. In the Lok Sabha , winter session it was declared that almost 1.18 million units of the procured blood was discarded in the financial year 2016-17. The blood expired, the collected blood reacted to infective diseases like HIV, Hepatitis B & C, malaria, etc. there are platelets which only have a longevity of five days outside the body which could not be allocated to patients, contamination of bacteria resulted in bad quality

¹<http://www.indiaspend.com/cover-story/india-60-tankers-short-of-blood-in-2016-17-as-shortage-increases-53935>

blood after procurement, these are the reasons which were given for such an unfortunate destiny of the donors blood. The Union Ministry cannot control the blood with a centralised approach since there is no Blood Transfusion Service on national level in India. But this issue of public health being on the State list at least the State Blood Transfusion Services should be able to accumulate, process and distribute blood according to requirements.

The constant requirement of blood in India is mainly for patients with anaemia, leukaemia, thalassemia and haemophilia, but there are contingent requirements like accidents, miscarriage, childbirth, drug reaction, etc. According to WHO if 12 million Indians donate then there should be an optimal position of blood availability in the country, but the country falls short of almost 3 million donors. There is a great stress on this fact that India lacks donors. But the other challenges that India faces in this issue is not because of the lack of donors in the country. The quality of blood that was earlier procured through remunerated and familiarity donation was tested to be bad. With paid donors coming from the most 'bioavailable' group they brought in blood contaminated with various infections which ultimately contaminated the entire pool. Therefore the 1996 mandate clearly banned paid donors and voluntary blood donation had to cover the entire target. The entire market suddenly fell on the hands of the population who already are burdened with communicable diseases and chronic malnutrition and anaemia. Without addressing these problems, only focussing on donor motivational campaigns would be looking into the issue in isolation from its history. Such a fragmented approach will not procure good results. But surprisingly from 1996 to 2018 India has achieved almost 85% of its target that too mostly through voluntary donation. Therefore the main problem does not lie in donor motivation, it is not the donors attitude that is hampering the process most significantly. Having a centralised National Blood Transfusion Service would have been the highest autonomous body to regulate quality of blood donation, its numbers and also its allocation through setting up blood banks and services which can enhance the distribution of the blood collected. After a lot of struggle a non-governmental organisation and its activists could move the court and get the National Blood Transfusion Council established. The stakeholders of blood procurement and management of the country is mostly non-profitable groups like Rotary Blood Bank, Indian Red Cross Society, Khoon Organisation and Sankalp India Foundation, making it a more urban phenomenon. The blood is collected in cities and donated to banks which function mostly only in cities and therefore is accessible for the urban population only. There is a lack of monitoring of equipments and process of blood procurement which results in contamination of blood in these banks. A centralised transfusion service and its surveillance could have helped the situation. Moreover there is a big debate on how the banning of paid donors has affected the market of blood. there are campaigners and activists who think that after the ban the paid donors did not show

up for a while but regardless of the situation they have eventually found their spot in private health care centres and nursing homes, they often act to be a relative of a patient and donate blood for money. There are corrupted doctors and staff who take illicit money for arranging blood or for connecting the patient's family to the blood bank. The ban was mandated due to low quality of blood and contaminating diseases spreading because of it, but Mr. Ashok Mukherjee, secretary of Association of Voluntary Blood Donors, West Bengal particularly mentioned during a telephonic interview with him that the HIV is prevalent in higher rates among the public, this could be quantified if normal voluntary donors are screened before donating, the paid donors are more conscious since they might be screened for diseases anytime. Moreover even if they are not donating blood in the prime city based banks then they might have moved to more shady rural banks where screening and testing practices are not stringent. He added that for many decades the country has been using the blood of paid donors and now suddenly they are almost criminalised and unacknowledged for their contribution. The Secretary concluded that if there is no advancement of technology in order to generate cheaper ways of regulating and managing blood processes in storage and administrative enthusiasm in monitoring the entire trajectory, only expanding the reservoir of volunteers will not ensure a better future of blood transfusion.

5.2 THE ROLE OF POLITICS AND RELIGION IN THE CRISIS SCENARIO:

The intersection between public health political culture and spiritual revisionism is the main focus of this chapter. Through the discussions the previous chapters the social aspects of the public health need of blood donation has been established. This section is dedicated to the main argument of the study and the motive behind conducting this research. The rationale of the study was to see if the motivation of the donors is purely altruistic or is there a relation of transaction as well. The argument is that the social science research oriented around blood donation is mainly regarding the attitudinal reluctance or behavioural apathy towards donation because of the lack of motivation to subscribe to a higher cause, but the research should also deal with the motives of the donors who are already contributing to the blood pool. Is the motive purely altruistic and self less? Or is there a latent but strong underlying selfish intension which orients these donors towards voluntary donation. In order to seek the answer this study chose two very significant blood donation camp organiser, the political groups and spiritual groups. The literature review revealed that these groups do not propagate altruism or the kind of high-end ethically desirable transaction that the state wants to achieve.

They may be instrumental in contributing voluntarily towards the targets of blood units needed in the country but this action is not done through selfless motives and pure altruistic philosophy. The discussions above mention that there are ulterior self-interests of both the organising groups. The spiritual group directs the devotees towards a specific motivation regarding the fulfilment of spiritual goals which are extremely personal in nature. Therefore the donation is not for abstract and outward movement of the blood the donation is for the inward and specific travel of the merit that is gained through donation. The motivation which the state has set out to achieve is falsified by such donations. The ultimate end result is blood donating which is fulfilled but the morality is not subscribed to.

Similarly in the political organisations who arrange blood donation camps they look for the accumulation of ethical capital and political merit through such social marketing. The motive of the organisers is to commemorate the past in order to secure a more socially viable and powerful future, donation is used as an instrument to achieve it therefore the donors are mostly the cadres of the same political group and the ones who are not are seen as potential consumers and propagators of the ideology. There is not much difference between paid donation and voluntary donation of such nature. The transaction may not be monetary but is neither purely selfless. the dissolution of the higher philosophical basis of voluntary donation only renders a immature foundation of motive. This foundation may one day topple and the entire motivation may vanish. With changes in political culture and innovative ritual marketing donation may not remain a favourite feature of these commemorative feats. Then the entire pool of donors may not be interested in donation anymore. Therefore the basis of the motive should be as strong as a psychological bent, altruism and true selfless donation should be imbibed in order to retain the pool of donors.

The public health phenomenon is structured by such political and spiritual invocations which affects the donor size and blood units collected. But if the philosophical binding is not strong then this public health issue like any other public health issue would suffer from whole in the walls. The leakage would cost lives.

SUMMARY:

The public health phenomenon when juxtaposed with political and spiritual motives it creates a complicated fabric of what is essentially social. The determinant of the fate of the blood which travels from the donor to the recipient is entirely on the factors which cut across its path. Political culture and Spiritual revisionism is two such factors according to this study. The study of the conjecture where these three meet is the understanding of this dissertation. Through previous discussions it can be said that the act of blood donation is not only a

public health matter, rather it incorporates economics, politics, religious orientations, state functionality , geographical settings psychological realm of the donor, medical needs of the recipient and many more. This chapter first discusses about the present day crisis of the voluntary blood donation scenario. The factors which are hampering the way of fulfilling the targets set by WHO for our country. After the banning of the paid donor service in India there has been a lot of emphasis on voluntary donation and with it came in a lot of problems of its own, though our country is not far behind the target still it has failed to achieve it with the rate of difference between the target and the numbers achieved is alarmingly increasing. The crisis is not donation or donor reluctance but there are factors like lack of blood banks and blood storage process, regional disparity of donation and the black market of blood which still is eating out the quality of the blood that is supposed to replenish lives. The second section of the chapter discusses the intersection of public health, political culture and spiritual revisionism. It argues that political culture and spiritual orientation plays a big role in shaping notions of donation in the minds of the potential donors, not only that it fairly influences the ideology which ultimately translates into the blood donation policy of India. The main donation having come from camps organised by political parties and spiritual cults , gradually these groups with their unique ideologies and agentive motives are gradually becoming stakeholders of this public health need.

Chapter 6

Conclusion

This study has been aimed towards the political and spiritual orientation of the public health act of blood donation. The incorporation of voluntary action in the case of donation of blood after the landmark judgement of the Supreme Court of India in 1996 of banning remunerated donation has brought along a change in morality of the act itself. The familiarity donation which was prevalent before and even after the judgement has also been fairly cut down through the campaigns of 100% voluntary blood donation by the government. The target is set high with the notion of a desired transaction of blood which will be highly altruistic in nature. Therefore the States orientation has a moral bent towards a typical psychological enhancement of the donor. The quality of blood that was being procured before the judgement was low with high rate of contamination of communicable diseases which rendered the act futile, therefore through voluntary donation the state thought would yield better quality of blood which can be put to better use. But in case of India for the last four years at least there have been cases where even procured blood from voluntary donations could not be well distributed or allocate to patients who were in dire need of it and therefore has gone into waste. The by and large picture therefore stands that after the judgement the onus fell on voluntary donations and motivation of donors, but even when donors were motivated to donate and the blood required was procured it could not be made available for the people who needed it the most. Therefore this study has observed the structural flaws in blood management and the different hampering factors in the trajectory of donor motivation to transfusion of the blood in the recipient's body.

The first chapter predominantly deals with the history of blood transfusion and blood banking. The review of history analytically puts Wars as a significant factor to surface the need of blood transfusion in bigger numbers for wounded soldiers and therefore the political future was continuously being secured through the research and technological advancement of blood transfusion and storage processes. The impact of war spurred the range of discoveries

and innovations which ultimately gave us the modern day services. But this inception has a story of violent political desire and conflict. The advancement of medical processes were not initially for the common civilians but only for a particular population which served as the instrument in achieving larger political goals.

In this backdrop the objective to study the relation between blood donation and theological shifts after banning of remuneration donation has etched theological interpretations as a very significant factor which has influenced this trajectory significantly. The spiritual re-orientation which contributed a high percentage of blood to the pool. The main argument which has come up through this study is that it is the spiritual call of the ascetic revisionism and Guru based cults or movements have accumulated a large number of people who donate blood voluntarily. The donation is voluntary but not highly altruistic in nature. The devotees who respond to such calls have service to the leader or guru or religious piety in mind, they aim for a moral emancipation through gift of life or 'daan'. The call therefore is not to care for the members of the community just for the sake of caring, but to achieve some spiritual levels through caring. The movement of blood therefore is not outward, away from the donor's body and personal ends and centrifugal, rather it is a centripetal donation where the blood as an epiphenomenon moves outwards away from the donor but with personal ends tied along as the basic motive. This actually would not affect the blood contribution that these groups make to the voluntarily donated blood pool in the country but the more subtle philosophy which underlined the target of 100% voluntary donation- high end altruism is absolutely disapproved. Therefore the basis of this voluntary contribution is not oriented towards community sentiments rather more towards selfish functionality. Therefore the rate of contribution may change with the changing interests of the group.

The second most significant factor which influences the trajectory of blood donated from one body and transfused into the other is the local political culture and the broader political motive. By venturing across the ideological foundation of the different organisations who arrange such assemblages for blood donors in Kolkata it was understood how various perceptions of inclusion, exclusion and acceptance determine the greater politics of blood donation camps. The research objective to analyse the popularity of blood donation in political ritual in general and local political culture of Kolkata in specific. The observation was that the organizations have blatant political merit gaining motive to arrange such camps. They too contribute a huge amount to the pool of blood but the outward movement of the blood is underpinned with a motive to accumulate ethical capital and social consumer. The donors are not simply donors but potential buyers of the ideology for the organisers. It was not different from the CSR day assemblage of a corporate company, the CSR unit was more enthusiastic to publicise the new schemes among the donors as if they are consumers. The

identity of the donors in the camp is not acquired simply by donating blood rather they are better identifies as consumers first and donors later. This chapter also deals with the debate of altruism in a communist society, this debate was important to study the pattern of altruism that the current government wants to propagate. The Marxist approach towards altruism is achieved through altered production relations but a late capitalist society like ours wants it through archetypical actions which will serve as codified norms and anything outside that as criminal deviance.

The last chapter discusses the intersection of the aforementioned factors with a public health issue. The chapter discusses the crisis in the scenario of blood donation and its voluntariness in the country. Apart from the requirement of fulfilling the lack of almost 2 million blood units per year the country is faced with structural challenges in blood management. the major factors resulting into the crisis is discussed and analysed and then related to present day incidents which underline the main flaws in the trajectory. The discussion on crisis is then followed by the discussion on the intersection of public health and spiritual and political orientation of blood donation. The connection had been established in the chapters before but the discussion was about the central argument, which is also the main motive of this study, that the research regarding blood donation is mainly focussed on the behavioural apathy and attitudinal reluctance of potential donors to donate because of traditional myths, religious beliefs, lack of motivation for but this study on the motives of the large groups of donors who already donate to the blood pool reveal that it is not some selfless motivation or behavioural sympathy or attitudinal enthusiasm that drive them towards donating rather it is their self-interest which push them. This is not very different from paid donation; the only difference is that the transaction here is of more sophisticated and subtle nature than monetary dealings. The pool of voluntary donors may have a high prevalence of communicable disease as well like the prevalence of diseases in the blood of paid donors , rather the screening of paid donors was easier than the screening of millions of voluntary blood donors. therefore the research should also be oriented around the bigger but latent change of morality and introduction of new set of motives through political and spiritual institutions.

These factors are in ways conducive for the making of the public health phenomenon work but still could not push the boundaries of a reluctant public attitude towards donating blood or a dismal condition of blood banks and the unfortunate travel of the donated blood from the enthusiastic donor to the racquet of overenthusiastic blood sellers. This research had set out to achieve a sociological perspective on voluntary blood donation through the lenses of politics, history and religion. The research questions seek an independent understanding

of how these sociological factors may influence or at least have a role to play in a public health setting like blood donation.

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