

**From Thinking to Giving: Understanding Motivations Behind Blood Donation in
the Northeast US**

Senior Honors Thesis

Presented to

The Faculty of the School of Arts and Sciences

Brandeis University

Undergraduate Program in Anthropology

Anita Hannig, Advisor

By
Yangzirui Fu

May 2017

Acknowledgement

I would like to thank several individuals for helping me and supporting me through the production of this work. First and foremost, I would like to thank my parents for being my role models throughout my life, supporting me through countless projects including this anthropology senior thesis, raising me to be the person I have become today. Without you, I never would have had the opportunity to accomplish anything. I would like to thank my participants. Thank you for your inspirations and your agreement to interview. Without you, this project would never have existed. I would like to thank my friends, especially Angela, for being there and supporting me when I was stressed about this project. I would like to thank Mitchell. Our lengthy conversation about blood donation inspired me to carry out this project. I would like to thank my thesis committee, Professor Elizabeth Ferry and Professor James Morris. Thank you for your support, your suggestions and your time to read and evaluate my thesis. Lastly, I would love to thank Professor Anita Hannig immensely. Thank you for being my advisor. Thank you for lifting me up when I was about to give up on this project. Thank you for your enthusiastic comments on my drafts. Thank you for your patience when I was caught up with school work. You are a true role model of mine. You inspire me to be the person I have become.

Introduction

It was a cold and gloomy day in February 2017. Very few students shuffled in and out of Sherman Dining Hall at this odd hour to get a quick snack. On top of the dining hall in the same building, the Waltham Group Blood Drive was holding the biggest blood donation of the spring semester, termed “Love is Love” to promote and advocate for equality in blood donation for the LGBTQ community. Three students were sitting near the waiting area. One was watching “Friends” on TV while the other two chatted quietly. The room felt empty yet organized—to the left by the wall were tables and food set up for blood donors after their donations. Several canteen volunteers including myself sat with the donors and made sure they drank enough fluids and ate enough foods after their donations before they left to go to their classes. To the near right of the entrance, dozens of chairs were set up in front of a small TV for the donors so that they could wait to be called to the nurse stalls. Further to the right, there were five nurse stalls set up. In the middle of the room, five padded beds were arranged in the shape of a giant rectangle. Nurses stood within the rectangle to draw blood from donors who lay flat on top of the padded beds.

Everyone knew exactly what to do. At the time when I was helping out at the canteen tables, two nurse stalls were in use. The stalls were used to pre-screen possible blood donors. If eligible, the donor would proceed to the donating area and lie on a padded bed, waiting for another nurse to come around and take the blood. Then a bigger-than-normal-sized needle was pushed into the donor’s veins to draw blood into the machine. The machine kept beeping as it was working. The donor squeezed a stress ball in one hand to keep the blood flowing well. After the donation was done, the

donor was escorted to the canteen area where volunteers asked if the donor needed any food or drinks. Normally, pizza, brownies, cookies, and fruit juices were offered. After fifteen minutes in the canteen area, the donor was free to leave with a pamphlet in hand explaining the importance of hydration and rest after a blood donation.

Because of my frequent travels to China, I am never eligible to donate blood in the United States. In order to make up for this unfortunate fact, I have always volunteered at the blood drive on campus. At the most recent Waltham Group Blood Drive “Love is Love,” I was sitting against the back of a chair in the canteen area, watching donors donate at the back of the room on the padded beds. Potential donors waited in the designated waiting area to be questioned at the nurse stall where the “fate” of a donor was determined. A nurse could reject a potential donor based on a single assessment. A sample of blood was drawn in the stall to test the donor’s iron level. If the iron level was low, you could not donate. In addition, the donor’s heartbeat and blood pressure were taken by the nurse. If either of these was above or below the regular range, you could not donate. Questions as specific as one’s weight were asked along with intimate ones about one’s sexual history. If you were underweight for your height, you could not donate. For a female donor, if you had sex with a man who has had sex with another man within the past year, you could not donate. For a male donor, if you had sex with another man in the past year, you could not donate. There are many more restrictions to blood donation, such as travel history, medications, tattoos and piercings, and many more.

As I was chatting with my fellow volunteer, a student named Stephanie walked toward us from the nurse’s stall. “Congrats on donating! Have some food before you go

please,” I said to her while handing her a plate with a brownie. “Oh, I did not get to donate today because my heartbeat was two beats higher than normal,” Stephanie said, then sighed. She went on to explain that she usually gets rejected by nurses because her iron level is too low. But this time, her iron level was finally normal but her heartbeat was two beats too fast. She looked upset for a bit but then started to eat the brownie I had handed her. She mumbled about how at least she got to eat snacks even though she could not donate. I was curious about why she seemed upset.

Emotional attachments to blood donation, like Stephanie’s reaction after being rejected by the nurse, reveal a donor’s motivation behind her donation. Her sadness came from being barred from helping others in need of blood. Why did Stephanie want to donate in the first place, especially given how frequently she has been rejected? What encouraged her to come to Sherman Function Hall on a gloomy day like this? Why was she interested in donating blood? One of my MSM participants even lied to the nurse in order to donate blood. MSM stands for men who have sex with men. They are forbidden to donate blood until twelve months after they had sexual activities with other men under the current FDA deferral clause. Why would he lie about his status? What is the motivation that trumps the fear of potential penalties if such lies were detected?

Questions like these led me to the anthropological exploration of blood donation. In this thesis, I argue that the gap between potential blood donors’ motivations and the final act of “doing good” is bridged by a balanced judgment between understandings of blood, knowledge of blood donation and comprehensions of gift-giving. A true altruistic act does not exist despite what most people believe. A gift without reciprocation cuts off

the bond and commonality between the donor and the receiver. Although no monetary compensation is given in the cases of blood donation on campus, blood donors render themselves of higher moral standards compared to others who either do not donate or donate for reasons other than an imagined altruistic motive. In addition, the values of specific cultures and societies direct what feeds into a donor's imagination. In other words, cultural values are what permeate the understanding of blood and blood donation. A scientific comprehension of blood as a biological material that saves lives is a culturally embedded understanding. It should not be inferior or superior than other interpretations of blood offered by other cultures and societies.

To explore and analyze the motivations behind donors' actions, I interviewed eighteen participants for data collection, before the end of February 2017, either face-to-face, via phone, or via skype. All interviewees were affiliated with Brandeis University. Most of them have donated blood before, either in college or high school. Some of them worked for the Waltham Group Blood Drive. At first, I recruited interviewees through the Waltham Group Blood Drive listserv and through voluntary participation requests on social media. Some of my personal friends heard about my thesis through other friends or online, and contacted me immediately to be interviewed. During one of my anthropology classes in 2016, with the permission of the professor, I asked my classmates for an interview. I also directly approached Brandeis students and asked them to interview with me. With the help of the Waltham Group Blood Drive coordinators, I introduced myself and asked for interviews during a mandatory blood drive. I was also able to recruit participants like Stephanie during the Waltham Group "Love is Love" Blood Drive in February 2017.

Typically, the Waltham Group Blood Drive happens once in the fall semester and twice in the spring semester. The “Love is Love” Blood Drive in February 2017 is the first one in the spring semester of 2017. Their next mobile blood drive is scheduled in April 2017. Only one participant who worked as a coordinator for the Waltham Group Blood Drive has ever donated. Among the others who could not donate, four coordinators could not donate because of travel restrictions. One could not donate because of medical reasons. One self-identifies as MSM, men who have sex with men. MSM blood donation is under strict control by the FDA. Currently, the MSM one-year deferral clause states that any man who has had sex with another man within the past twelve months cannot donate blood in the United States. I was fortunate enough to have multiple MSM participants. Some of them worked for the Waltham Group Blood Drive as both volunteers and coordinator. Issues surrounding MSM blood donation, its relation to HIV/AIDS, and the social perceptions and response to the deferral clause will be discussed in chapter 4.

In addition to conducting interviews, I also had the privilege to sit in on and observe Waltham Group Blood Drive’s meetings. Typically, the coordinators have two weekly meetings. Due to scheduling conflicts, only four out of the eight coordinators meet up once during mid-week. Then all coordinators meet on Thursday evenings. The reason why the Waltham Group Blood Drive had eight coordinators during 2016-2017 is that two of the original coordinators are graduating seniors, who needed the entire school year of 2016-2017 to train the new coordinators. The sheer amount of training time speaks to the massive amount of work the coordinators must do in order to make blood drives happen. Each new coordinator has his/her own job. Once they finish up

their own jobs, they meet up with the other two senior coordinators and plan ahead. I only sat in on the Thursday meetings where everybody met up together. During those meetings, I took notes, observed interactions among the committee members, and jotted down some topics of the meetings in my notebook.

The reason for me to observe the planning meetings was to explore what happens behind the Blood Drive and compare that to what the participants had to say about blood donation. Surprisingly, the Waltham Group Blood Drive coordinators spent a significant amount of time talking about incentives and how to use incentives to draw potential donors to donate blood. The reason why I say “surprisingly” is the *discrepancy* between how my participants describe their motivations behind donating blood and how blood coordinators imagine potential donors donating blood.

According to Richard Titmuss, there are eight different types of blood donors (Titmuss 1997: 140). The type we see the most on campus is “Type H: the voluntary community donor” (Ibid). These donors, like Stephanie, do not look for compensation. They are willing to donate because of their own interest in doing good by donating blood. Their blood in donation is the closest approximation to what is called a “free human gift” (Ibid). As a response to Titmuss, French social scientist Marcel Mauss would argue that there is no such thing as a “free human gift.” Every gift expects an obligatory reciprocation (Mauss 2002: 1). In chapter two, I further explore both Mauss and Titmuss’ arguments. Then in chapter four, I will present and explain my argument by providing examples from my data collection. The process of being motivated to donate blood is a complicated matter to dissect because of its intricate relationship with concepts of gift-giving.

Because we never know ourselves where the donated blood goes, it is helpful to think about what the blood could do to others. In this case, most participants think of their blood as something biologically helpful to those in need without knowing where and how the blood will be used. In some cases, MSM imagine blood as a helpful free human gift to others which they are willing to give. However, this free human gift is always rejected by the FDA because of the widespread fear of HIV/AIDS infection. The abstractness of blood entails the imagination of blood. It entails everything other than the elemental existing of blood in and out of our bodies. My participants, both MSM and non-MSM, imagined blood to be a helpful substance that saves lives. Other societies, such as in Northern Sudan and South Africa, imagine blood to carry multiple meanings that could be both good and bad for humans. It is important to note that both scientific interpretations of blood and other non-scientific understandings of blood are equal elements in the abstractness of blood.

It is essential to understand the scale of my research and avoid applying what I have found during this research outside of its scope. All participants were affiliated with Brandeis. They are from different parts of the world and of higher education. The limitations of the research come from the shared financial, socio-political, and educational backgrounds of the participants. Working for Brandeis or attending Brandeis, as well as all other aspects of their social life, shaped my participants' opinions collectively and individually. Having attended the same university does not guarantee that all opinions are the same but it certainly validates certain similarities in my participants' opinions on blood donation. With that in mind, I want to stress the importance of participant observation in this research. Initially, I only wanted to do face-

to-face interviews with participants one at a time. However, exploring the significance of the differences between words and actions maximizes the credibility of the research. Said differences almost always inspire answers to major research questions. I decided to add participant observation to my research methods with both donors and coordinators. By doing so, I gained significant insight into how incentives play a dynamic role in planning a blood drive. I was also able to understand motivations from both donors and planners. That explains how the blood drive planners' understandings of the motivations behind the blood donors' willingness to come donate could be so different from what the donors themselves told me during interviews. The discrepancy between what blood drive organizers did and what blood donors said turned out to be a major component of my argument.

A fundamental understanding of how blood is perceived in different societies in the world, both now and historically, is needed before understanding the argument. By doing so, the limitation of the perception of blood we are accustomed to becomes clear. During the research, I asked all my participants about their understandings of blood in the specific context of blood donation. Therefore, it was hard for them to include any other perceptions of blood, such as that of menstruation blood or blood from trauma. Other perceptions of blood matter because they subconsciously contribute to donors' understandings of blood in the context of blood donation. These perceptions also help paint a fuller picture of the meanings of blood. They situate the meaning of blood in blood donation amid the vast pool of interpretations of blood.

The first chapter will introduce different social perceptions of blood from different places in the world, with the help of some theoretical texts and data collected. Not only

will I introduce various perceptions of donated blood, I will also illustrate social perceptions and imaginations of other forms of blood. The second chapter will establish a fundamental understanding of gift-giving relations as well as altruism. Altruism is a key player in gift giving and many of my participants consider giving blood an altruistic action. The third chapter will launch a full exploration of the argument of the thesis and showcase evidence from data I collected during participant observation and interviews. The last chapter will strictly focus on MSM, men who have sex with men, and their relationships with blood donation because of the FDA deferral clause.

What I hope to achieve in this thesis is to shed light on the social perceptions and imaginations of blood and blood donation in 21st century North America. I want to add another layer of understanding to what has already been studied by social science scholars such as Richard Titmuss, Marcel Mauss, Brad Weiss, and many more. Imagining blood and blood donation has changed significantly from when Titmuss wrote *The Gift Relationship: From Human Blood to Social Policy* (1997) because of various technological advancements today, including the ability to detect HIV/AIDS antibodies, and a fuller socio-medical understanding of HIV/AIDS compared to that of the 1990s.

Chapter 1

Understanding Blood

The purpose of chapter one and chapter two is to provide fundamental understandings needed to examine blood donation in relation to gift relationships in later chapters from an anthropological point of view because “any explanations of gift-relationships make little sense unless they are set within the totality of values in a society” (Titmuss 1997:258). What I hope to achieve in chapter one is to introduce different understandings of blood as a substance from different societies, cultures, and my participants. In later chapters, I will refer to what I introduce in chapter one to analyze how my participants understand blood and blood donation as well as their motivations.

Imagine that you are a male blood donor. One day you wake up and you can no longer donate blood because you had your first sexual experience with another male last night. What will you do? Most of my participants who identify as MSM — men who have sex with men — would probably shrug and simply stop donating blood. However, if you asked the same question of Jonathan when he was a first-year in college, you could expect a completely different answer.

I met up with Jonathan on a rainy day in the Shapiro Campus Center. I started the interview as usual by asking the question, “Have you ever donated blood before?” He nodded. I was pleasantly surprised because Jonathan came out as a gay man in high school. I thought to myself, “maybe he donated before he had his first sexual experience.” I continued with my questions as if nothing surprised me, “Have you ever been rejected by blood drives because of FDA restrictions?” I expected a yes from him,

but instead he said reluctantly, “I should have been.” He then chuckled and continued, “Yeah I just lied, said [that] I’ve never had sex with a guy. Yeah *no*, like it is really none of your business [because] I think it is silly.” I was shocked. I had never encountered a participant who either lied to the blood drive or was this open to such a question. I had to reconfirm with him, so I rephrased and asked the question again. “Mhmm,” Jonathan nodded again, with a slight smirk on his face.

From Jonathan’s point of view, he understood blood as a biological substance that saves lives, distributes oxygen and nutrition to tissues and an essential liquid that allows life to run on. Not being able to help others by donating blood based on a sexual preference is a form of discrimination to him, but it did not stop him from donating. He mentioned specifically that since all blood donations are tested for diseases such as HIV/AIDS, everyone should be allowed to donate. This scientific understanding of blood as a life-saving biological substance came up in all the interviews with my participants. For example, Nancy responded, “for me, it is only a biological substance” when I asked what blood was to her. Michael answered, “I don’t have specific strong feelings about blood. I think it is just that everybody needs [it] to exist” to the same questions. “Blood doesn’t have much meaning to me. It has no significance [spiritually to me]. It keeps you alive” replied Charles. And Helen, an interview participant from India, responded, “someone in need will need it and [blood] might give them life.” These are just a few participants of all eighteen participants who expressed their understanding of blood as “a biological substance that saves lives.”

Scientifically, is blood one of the most crucial substance that keeps people alive by providing oxygen and nutrition to all organs and tissues? Yes, at least from the

perspectives of my participants, who have experienced higher education in North America. Without blood, humans will not survive. But is this view shared universally? How do others understand blood? How do different understandings of blood change understandings of blood donation?

Having one strong understanding of blood does not exclude possessing other perceptions of blood. Blood is important because of its biological functions in human bodies. But its scientific significance and the meanings it carries in other cultures are not mutually exclusive. In fact, comprehending different understandings of blood will help form a more in-depth understanding of donors' motivations. Comprehending different understandings of blood will help construct the basis for the relationship between blood donation and donors' motivations because motivations are strongly tied to understandings of blood in different cultures. How blood is understood in other societies will also provide different lenses through which I examine the meanings of blood and blood donation in North America. Furthermore, it helps situate my research within all the anthropological research that has been done to understand blood and blood donation.

Blood in Judaism

It is most certainly impossible to illustrate all the different meanings and interpretations of blood in Judaism, or any other religion, in this thesis because of the complex historical context and the sheer varieties of how blood can be understood in any religious context. Mitchell B. Hart describes the complexity of Jewish blood in an introduction to *Jewish blood: Reality and metaphor in history, religion, and culture*: "The history of Jewish blood is also the history of continuous interaction of the Jewish and Christian, Jewish and scientific, Jewish and European imaginations" (Hart 2009:4). In

addition, it is also outside of the scope of my research to reproduce and summarize in its entirety how blood is understood within Judaism.

There are, however, some aspects of how blood is interpreted in Judaism that are relevant and inspirational to my research. I want to show the relevance between Jewish blood and my research, and subsequently provide different methods on how to understand the meaning of blood in the context of blood donation through the lens of Jewish blood.

According to Hart, “Jewish blood must be rather a social or cultural construction, an idea whose ‘reality’ and power lie precisely both in blood’s concreteness and its abstractness” (Hart 2009:3). Blood is both a real substance and a metaphor, in both Judaism and in blood donation. The concreteness of blood is in its elemental existence, and its abstractness is the meaning of blood within a culture. The power carried by the concreteness of blood is that it is an essential element of human existence, an idea that is shared between different cultures, including in Northern Sudan and urban Bantu. The abstractness of blood empowers contemplation of what blood means to a specific culture.

The concreteness and abstractness of blood are a common characteristic of blood, a thing and word carried out in the form of blood. In other words, “there is no absolute distinction or boundary between the reality of blood as a thing and as a word, and hence its transformation into metaphor or symbol” (Ibid: 4). In the Hebrew Bible, blood is both a material and a metaphor, thing and word. However, whatever meaning it signifies beyond its mere existence as an elemental substance must be articulated (Ibid:7). Understanding that the scientific understanding of blood is as much constructed

as other interpretations helps correctly place the former on the same level of significance as the latter; the scientific meaning of blood is not superior to other cultural understandings of blood. The importance of other interpretations of blood subsequently needs no further explanation if one understands that the scientific importance of blood is nothing but an articulated and constructed idea. This notion, that the scientific understanding of blood is nothing but a cultural construction, will be emphasized and explained in detail later in Chapter three.

In addition to understanding blood from its concreteness and abstractness, blood can also serve as one more thing that distinguishes between Jews and Christians. As told by Hart, "blood, then, is one more 'thing' that allows us to comprehend more fully the differences between Jews and Christians at certain times and places in the past" (Hart 2009: 9). Blood is seen as a barrier that separates Jews from Christians and vice versa. Similarly, blood allows differentiation between MSM blood and non-MSM blood. To put it bluntly, theoretically, blood in American blood banks is non-MSM blood only because of the deferral clause by the FDA that restricts MSM blood donation. Therefore, donated blood and MSM blood in theory are mutually exclusive. However, examples such as the story of Jonathan have shown that blood's role as a method of differentiation can be blurred by MSM lying to blood drives and successfully donating blood.

Blood in Northern Sudan

In Northern Sudan, Hofriyati women's blood is perceived as a symbol of fertility: "her blood is the source of a woman's fecundity, great care is taken to prevent its loss, contamination, or misappropriation" (Boddy 1989:62). According to Boddy, because of

the link to fertility as expressed by "red symbolism attached to 'brides,'" a woman's blood should be protected (Boddy 1989:62). In addition, a woman's fertility is monitored by "the quantity and quality of blood she carries within her" (Boddy 1989:63). If the blood flows from the genital area, be it in the form of menstrual blood or childbirth blood, the individual's vulnerability to spirit attack increases drastically. In return, said individual's fertility might be lost because of blood loss. In this case, blood is said to symbolize ambivalence given its embodiment of both fertility and a loss of fertility (Ibid: 249).

The understanding of blood from the perspectives of Northern Sudanese does not only provide a different lens through which a different manifestation of blood is revealed, it also provides an alternative approach to analyze how blood, in the context of blood donation, could be understood from the perspective of blood donation regulators in North America, namely the Food and Drug Administration.

Blood, within the realm of blood donation, could embody ambivalence, suggested by North Sudanese. Blood is both a helpful biological substance that saves lives and a potentially disease-polluted material that kills lives. The blood donation regulators go through multiple screening processes to ensure the safety of blood receivers. In North America, aside from health questionnaires answered by blood donors, all donated blood is tested for all major blood-borne diseases including HIV/AIDS. These tests screen out the "good" blood from the "bad" blood. However, they disregard the potential usage of MSM blood by rejecting its entirety because of a statistically higher chance of HIV/AIDS. The blood donation regulators side with the negative property of MSM blood rather than potentially using "good" blood from MSM.

Blood in Urban Bantu Durban, South Africa

Richard Titmuss summarized blood donor motivations of Urban Batu in Durban, according to research done by The Institute of Social Research of the University of Natal in Chapter 14 (Titmuss 1997: 252). Batu people have little knowledge about blood donation. Titmuss noted that the participants were the poor and the semi-literate (Ibid: 252). However, what he forgot to emphasize was that literacy is far more emphasized as a measurement of development in the West than in other societies. Literacy should not be considered the ultimate universal measurement of development. Therefore, being semi-literate and poor does not mark Titmuss's participant population any less intelligent or developed.

Two findings are the most relevant to my research. The first one is that Batu people closely associate blood with health. The second finding is that Batu people divide blood into good blood and bad blood. Dividing blood into different categories is not unusual. North Sudanese people regard blood as ambivalent that can be both good and bad (Boddy 1989:253). In Judaism, blood is considered a divider between what is Jewish and what is not (Hart 2009:9). To urban Batu people, good blood is a source of health. It is rich blood. Good blood serves as a connection to ancestors. Therefore, it is the ancestors' property and the Batu people cannot give it away in the form of blood donation. Bad blood is associated with illness and disease. Blood is seen as a carrier of bewitchment, so Batu people resist receiving blood in fear of bewitchment. In addition,

blood cannot be replenished. Losing it means a decrease in the total volume of blood one has. So again, Batu people dislike blood donation (Titmuss 1997: 253).

In addition, most Bantu participants expressed anxiety and fear of blood donation because they had little understanding of why they were donating blood. Titmuss categorized the motivations of Bantu blood donors as “captive donors” instead of “community voluntary donors” because most donors donated blood out of fear of losing jobs if they did not listen to their supervisors’ orders to donate (Titmuss 1997: 254).

Titmuss concluded that “underlying concepts of blood and attitudes to blood donation found among the Bantu are not dissimilar from those prevailing among more sophisticated societies in the West” (Titmuss 1997: 256). Much of the anxiety, fear and frustration shown among Bantu people toward blood donation is also seen in French and American studies (Ibid: 256). However, *only* one of my participants, Michael, was afraid of blood donation because of his fear of big needles. The similarities between the perception of blood among the Bantu and that of North America show that the decision of donating blood is a mixed judgement between the knowledge of blood and blood donation.

Having a fuller understanding of what blood is in different cultures complicates the perception of blood as a biological substance. It gives blood more power and meaning in addition to being a biological substance that pumps oxygen and nutrition into one’s body. Acknowledging and comprehending the existence of other meanings of blood paints a fuller picture of how to situate the scientific meaning of blood in the vast pool of different interpretations of blood in different cultures. In addition, it situates the position of blood in the context of blood donation.

Now that we have a broader conception of what blood means in different cultures, we are ready to move on to explore the topic of gift-relationships before we launch into full discussion of how the two topics -- namely, meanings of blood and gift-relationships -- come together.

Chapter 2

Gift-relationships

This chapter explores how we understand the meaning of donated blood in relation to gift-giving. It is necessary to note that all meanings of blood, other than its elemental existence, are articulated and constructed, be it scientific or not. To this end, I will introduce two major texts in the field of anthropology, *The Gift (2002)* by French social scientist Marcel Mauss and *The Gift Relationships (1997)* by British social researcher Richard Titmuss. In addition, I will also bring in examples, from my participant observation and interviews, that are relevant to arguments made by these two authors. Later in chapter four, I will attempt to put the two pioneering works in discussion with my argument.

This chapter will be divided into two sections, individually dedicated to summarize the phenomenal findings of Mauss and Titmuss. In short, Marcel Mauss argues that although exchanges of presents might seem voluntary in theory, “they are given and reciprocated obligatorily” (Mauss 2002:3). Furthermore, “to accept something from somebody is to accept some part of his spiritual essence, of his soul” (Ibid:16). Thus, it is not moral to keep the gift without reciprocation. On the contrary, Titmuss claims that blood donations made by the voluntary community donors are “the closest

approximation in social reality to the abstract concept of a ‘free human gift’ (Titmuss 1997:140). By introducing these two texts, I will be able to address questions including: Is blood simply a free human gift to others? Could blood take the form of a commodity? What are the consequences if blood is considered as a trading commodity? What are the advantages and disadvantages of having a blood-selling system instead of or in addition to blood donation?

The cycling gift system

Marcel Mauss asserts that the exchanges of presents come with an obligatory reciprocation (Mauss 2002:3). Nothing given as a gift is totally free to the recipient of the gift. The recipient is expected to return another *taonga* (object) to the original gift-giver after receiving the gift. If a reciprocation is not made, the social bond between the gift-giver and the recipient is severed. Mauss states and repeats many times throughout his pioneering book *The Gift*, “the so to speak voluntary character of these total services [is] apparently free and disinterested but nevertheless constrained and self-interested” (Ibid:4). The “total service” mentioned is a service that takes the form of a somewhat voluntary gift exchange (Ibid). Mauss used this term to describe such services found in Africa, Polynesia, Malaysia, South America and North America excluding tribes of the American Northwest. Specifically, Mauss differentiated “total service” from “potlatch” to reserve the latter term. Potlatch is a popular expression among White and American Indians to describe “total services of an agonistic type” that is mostly found in tribes of the American Northwest, Melanesia and Papua (Ibid:8).

Mauss reasoned that in these archaic societies, “we shall see the market as it existed before the institution of traders and before their main invention - money proper”

(Mauss 2002:4). By investigating the gift-relationships in these cultures, it is possible to formalize the “power [that] resides in the object given” that causes its recipient to pay it back (Ibid). This power appeared again when Mauss stated, “the gifts that are strongly linked to the person, the clan... contain within them that force, in cases where the law, particularly the obligation to reciprocate, may fail to be observed” (Ibid: 13).

Applying the lens of Mauss’ findings in these archaic societies, to a certain extent, one can visualize the role of morality in blood donations. In the case of my research, the object given or the gift is donated blood. The power within the donated blood or the force carried out by blood could be recognized as a self-perceived higher moral standard that the donor comes to acquire. This force, the perceived higher moral standard of said donor, comes from the self-constructed dichotomy of “me vs. others.” From my participant observations with blood drive organizers to interviews with campus blood donors, the blood donors seemed to not expect *taonga* in return. However, they perceived themselves apart from other individuals who do not donate or who donate for reasons other than “purely doing good”. The sense of “me vs. others” signifies a perceived higher moral standard that I have, but others do not. Because people who do it out of peer pressure, and those who ask for compensation or incentives — collectively, those that do not donate out of the necessary greatness of soul — are deemed “conducting it like a gimwali,” a term coined to denote “a mere economical exchange of useful goods” (Mauss 2002: 28). Here, I chose to present one example among many, Stephanie, to illustrate and explain the morality behind the dichotomy of “me vs. others”. In chapter four, this notion of “me vs. others” and the question of morality will be described in additional detail.

If you remember, the story of Stephanie was first introduced in the beginning of the introduction section of this thesis. She was unable to donate blood that day because of her heartbeat that was “two-beat-too-high.” Pointing at the sticker on her shirt, Stephanie said with a big smile to me and the other canteen volunteer at the canteen table, “look, at least I get to keep this.” The sticker read: DONOR. Although she was not physically able to donate blood, she was very proud to have a sticker that recognized her as a donor. More accurately, the sticker recognized her motivation to donate. It separated her from the crowd, people who did not donate and those who donated for other reasons. The sticker gave her this power, this bragging material that put herself on a higher moral ground.

Stephanie herself might not realize this power embedded in blood and blood donation, but her expression at the canteen table certainly made me wonder if she received something other than an object, more than an *taonga*, in return of her motivation to donate blood. This power, demonstrated by Stephanie’s story, will be brought back and explained further in chapter four as a major component. It is crucial to understand this power within gifts because it indirectly explains why my participants might not be giving away the so-to-speak “free human gifts” by donating blood.

Next, Mauss moved on to introduce the obligation to give and to receive. For individuals in post-industrial societies, it might be easy to understand the obligation to give before comprehending the obligation to receive. Simply, the concept of giving is more familiar than the obligation to receive. In the context of blood donation, although there is no formal law, rules or morality that force individuals to donate (other than captive donors), multiple participants mentioned the term “peer pressure.” In particular,

Helen, one of the blood drive coordinators, jokingly claimed that five coordinators were peer-pressuring the other coordinator, who happened to be the only eligible donor at the time of our interview, to donate blood in place of all coordinators. In this case, the pressured coordinator had the obligation to give. In addition, once a gift is received, the recipient has the obligation to give back because “to refuse to give [back]... is tantamount to declaring war; it is to reject the bond of alliance and commonality” (Mauss 2002: 17). Everything is to be passed on in order for the society to function. Exchanges of gifts, of everything, are the fluidity that keeps the society running.

On the obligation to receive, Mauss mentioned the case of the Dayaks. They have even developed a system to enforce the obligation to receive. In addition, “for a clan, a household, a group of people, a guest has no option but to ask for hospitality” (Ibid). In addition, no one has the right to reject a gift that is offered. There is a rivalry between individuals to give more than others (Ibid: 25). To move this concept of obligation to receive into the context of blood donation, I propose to apply Mauss’ findings of obligation to give, to receive and to reciprocate to examine MSM blood. By doing so, the rejection felt by MSM individuals becomes clearer and easier to understand.

MSM blood is publically rejected by the FDA because the regulatory organization is afraid of the higher rate of HIV/AIDS infection within the MSM population. I argue that, to fail to invite MSM to donate blood, and to refuse to accept MSM blood donation, the FDA actively denies the bond of alliance and commonality. By implementing the 12 month deferral clause, the FDA dismisses the bond of alliance between blood receivers

and MSM blood. It also refuses the commonality between MSM blood and non-MSM blood.

A gift carries within itself “some part of his spiritual essence, of his soul,” to reject the gift — in this case, MSM blood — is to reject a part of MSM, the essence of MSM (Mauss 2002: 16). The rejection severs the bond and commonality between MSM and the rest of the donor society. The dismissal cuts off the bond between MSM and blood donation recipients. If everyone is obligated to receive the present that is offered, by rejecting MSM blood donation, the FDA rejects the “foster[ed] friendly feelings” within the donation of blood (Ibid:50). By FDA rules, MSM automatically fails in the competition to “give the greatest number of objects of the greatest value” (Ibid).

To conclude, according to Mauss, there is no gift that is made free. All gift comes with an obligatory reciprocation. To fail to give, to receive or to reciprocate is to sever the bond and commonality between the giver and the receiver. It is unfortunate that Mauss wrote *The Gift* in 1925 before Titmuss’ pioneer work *The Gift Relationship*. However, fortunately, Titmuss was able to address Mauss and his idea of gift in 1975.

The Free Human Gift

In response to Mauss, Titmuss claimed that the concept of obligatory reciprocation became invalid because the gift relationships evolved quickly in post-industrialized societies. According to Titmuss, blood donations made by voluntary community blood donors are the closest approximation to a free human gift (Titmuss 1997: 140). Mauss was unable to apply the concepts of obligation he had found in archaic societies to modern societies. Titmuss wrote that “Mauss makes an attempt, though sketchily, to apply some of these notions to complex, Western societies”

(Titmuss 1997:126). The social life of these archaic societies was the totality of a constant give-and-take and exchanges of nonmonetary economy (Ibid). Instead, relationships within blood donation, between donors and receivers, were determined by the values of the society within which the exchange of gifts happened. He proposed that “these relationships are strongly determined by the values and cultural orientations permeating the donor system and society in general” (Ibid).

One of the most significant differences between blood donation and all other forms of gift-relationships is anonymity, that “the recipient is in almost all cases not personally known to the donor” (Ibid:127). Because of anonymity, there is no space for the receiver to reciprocate. In other words, the obligation to reciprocate ceases to exist because the bond and the commonality between the blood donor and the blood receiver become blurred. The relationship between the donor and the receiver even becomes impersonal because of this unique characteristic of blood in the context of blood donation (Ibid:124).

Mauss would counter argue that anonymity is not so unique that it renders the gift-relationships within blood donation special. To Mauss, the bond between the donor and the receiver is too strong. They become too closely linked with one another: “The recipient puts himself in a position of dependence vis-à-vis the donor” (Mauss 2002:76). For this matter, the concept of anonymity could be understood and debunked.

In addition to anonymity, Titmuss proposed more differences in the concept of gift-giving between the archaic societies in which Mauss constructed his theory of gift-giving and the post-industrialized Western societies my participants live in. First of all, blood donation takes place in impersonal situations. Instead of giving the gift of blood in

person to the receiver, donated blood has to go through multiple processes in order for the recipient to receive. Second, there is a matter of eligibility in the context of blood donation. The FDA, in the US, regulates who has the right to give based on scientific findings. Third, the action of blood donation relies on truthfulness and honesty of the blood donor. Fourth, there is no gift in return because most donors would not wish to have a blood transfusion. Fifth, blood is perishable whereas other gifts are not. Sixth, there are no formal penalties of not giving blood in the West. Last but not the least, as a regenerative material, taking a certain amount of blood from the healthy donor does not harm the donor. However, the gift of blood is life to the receiver (Titmuss 1997:127). Based on all the differences mentioned above, Titmuss argued that the gift-giving relationship within blood donation is much different from that of an archaic society. Therefore, blood donated by community voluntary donors is a form of free gift with no expectation of reciprocation. Furthermore, he argued that the danger of treating blood as a commodity would “disable and kill more people” (Ibid:224).

Because of the lack of Federal control, in the 1960s, blood donation in the US was not strictly regulated. As a result, “some states declared that blood transfusion is a service, while others a saleable good” (Ibid:223). If blood is considered as a trading commodity, “altruism in the form of voluntary blood donation had to be made subservient to the values of the marketplace” (Ibid:224). In other words, the values of the marketplace, the need of blood in the marketplace predominates altruism. In that case, a blood donation is, in fact, rather a blood trading mediated by doctors and medical professionals. Titmuss argued that

a private market in blood or clinical laboratory services or hospital treatment.... require to be supported and controlled by the same laws of restraint

and warranty as those that obtain in the buying and selling of consumption goods. (Titmuss 1997: 230).

The consequences of making blood a commodity, at large, is “enforcing business practice over medical opinions” although it might increase blood supply (Ibid).

To compromise between the lower supply level of blood in blood donation and exclusively treating blood as a commodity, should blood donors be paid to increase blood supply? Many of my interviewees would answer no. Compensations will not affect their decisions of donating blood. However, many of them noted that “others might need incentives to donate blood.” Again, it brings back the dichotomy of “me vs. others.” For people who donate out of true altruistic motives, they are of a higher moral standard than others. However, what my participants failed to notice is that such a notion of moral superiority *becomes* the reciprocation of their donated blood. Thus, I argue that the motivation to donate blood is not an act of free will, or what we commonly understand as an altruistic motive that expects no reciprocation. In fact, the motivation to donate blood is a mixed judgement of understandings of blood, knowledge of blood donation, and perceptions of gift-giving. In some cases, when one component of the motivation outweighs the others, the potential donor may stop wanting to donate. In other cases, the potential donor may still be willing to donate with certain reciprocation. In the case of blood donation instead of blood-selling, such reciprocation mostly likely takes the form of non-monetary stimulus.

Chapter 3

Sex is a Punishment

From the very beginning of this thesis, I emphasized that my initial interest in blood and blood donation came from my experience in the LGBTQ community. Because a good number of my friends are currently affected by the FDA deferral clause that targets men who have sex with men (MSM), I wanted to dig deeper into the deferral clause and make sense of it. I remember that, at the very end of the interview, Jonathan looked me into the eyes, shrugged and said, “it holds them (MSM) as second class citizens.” To Jonathan, what the FDA deferral clause prohibits is not only the possibility to donate blood, but also MSM’s equal rights as others. In addition, the deferral clause also renders sex a punishment because to Jonathan, “sex is a punishment or something that is shameful, that something you shouldn’t do. [O]therwise you are not fit to help out everybody else.” Therefore, the deferral clause becomes a disruption to human rights and personal privacy beyond simply being a prohibition.

Before I go any further, it is crucial to understand the scope of my research in the context of the complicated relationship between MSM blood and blood donation. As an anthropology project, this research focuses on the participants’ reactions toward the deferral clause, MSM participants’ understandings of donating blood, and subsequently the motivation behind MSM participants’ *desire* to donate blood (or not). This research is *not* primarily concerned with health policy, laws regarding general LGBTQ population, or scientific blood-testing technologies. What I am capable to offer are the responses I collected via participant observations in Waltham Group Blood Drive meetings and interviews with eighteen 21st century private college students in Northeast US.

This chapter will show an analysis of the current relationship between MSM population and blood donation, in addition to a collection of how my participants respond to the deferral clause. In other words, this chapter serves as a prelude to a deeper investigation, offered in chapter four, of how to make sense of MSM blood and the deferral clause.

A short introduction to MSM deferral clause must be offered before I launch into data analysis. Starting from the 1970s, the FDA implemented an indefinite deferral clause that forbid MSM from donating blood in America. This indefinite deferral clause was put into effect because of the widespread fear of contracting HIV/AIDS from MSM population. Namely, “blood services introduced policies of ‘lifetime deferral’ in the 1980s, soon after the start of the AIDS pandemic” (Hurley 2009). The indefinite deferral clause was decades-old before a major change implementation in 2015.

In December 2015, the FDA publically announce that the indefinite blood donation deferral change for the MSM population would be shortened to a 12 month deferral change. This change clause denotes that MSM can donate blood as long as they have not had MSM sexual activities in the 12-month period before he donates blood in America (“Revised Recommendations For Reducing The Risk Of Human Immunodeficiency Virus Transmission By Blood And Blood Products - Questions And Answers” 2017). The FDA claimed that this change was made based on scientific research conducted in November 2014 by the HHS Advisory Committee for Blood and Tissue Safety and Availability. However, no direct link to such scientific research is seen on the current FDA blood donation regulation website.

The pre-2015 indefinite deferral clause was not well-received by the LGBTQ community. From my personal experience in the LGBTQ community, the indefinite deferral clause was interpreted as a discriminatory clause toward the disadvantaged LGBTQ community. The indefinite deferral clause completely excluded a demographic from an activity in which all other demographics can partake. The change in December 2015 did not receive a positive feedback from the LGBTQ community. As Jonathan pointed out in our interview, “I see progress in that... that is not enough and I think that [it] pisses me off more.” The majority of my participants, both MSM and non-MSM expressed similar opinions to Jonathan’s. Most of them acknowledged that it is a change in a good direction, but more progressive changes are needed immediately.

One important aspect that remains the same between the 12-month deferral clause and the pre-2015 indefinite deferral clause is the targeted population. It might seem obvious that the targeted population did not change because the concern of HIV/AIDS continues to be the fundamental reason behind the clause. However, the less obvious yet crucial feature that one tends to ignore is wording. The description FDA has of the targeted population remains the same. In both the indefinite deferral clause and the 12-month deferral clause, the targeted population is coined the term MSM, men who have sex with men. This term is different from gay men or bisexual men. The term MSM is based on the sex of the person a man engages in sexual activity with. On the one hand, a man can be gay or bisexual without being MSM. On the other hand, MSM can identify as non-homosexual or non-queer. However, many of my participants used as MSM and gay men interchangeably during interviews without expressing the significance and the power of word choice. Therefore, it could be concluded that

although the term MSM is used exclusively in the FDA deferral clause, socially the term MSM and gay men are used interchangeably. Using gay men and MSM interchangeably causes confusions for the public. Subsequently the incorrect interchangeable usage confuses and broadens the connotations behind both terms. In other words, the socially perceived meanings of “gay men” is carried into the term MSM and vice versa. The consequence of such confusion seems destructive. Yet it is out of the scope of this research to further explore and explain the negative consequences.

There are four different types of feelings among my six MSM participants to the FDA’s rejection of their blood donation. Tom pointed out that because by regulation he was not allowed to donate, he had no desire to donate. Another participant, Jonathan, lied to blood drives in order to donate blood despite the deferral regulation. Two participants, Thomas and Jack decided to join voluntary work related to blood donation on campus in order to compensate for the fact that they could not donate. The last two participants, Mike and Caleo verbally expressed to me their desire to donate blood if the FDA changes the deferral clause in the near future.

After Tom expressed his lack of desire to donate, I asked him why he wished not to donate blood. He shrugged and did not respond. One thing to notice is that his perception of blood was a scientific one. Blood to him was a biological substance that is constantly needed for survival. In Jonathan’s case, his action of lying can be interpreted as a resistance to authority. In his case, the authority is the FDA and the form of resistance he took was to lie to blood drives in order to donate. However, he wished not to spread this form of resistance because he “would never ask or tell others to lie.” In addition, his alternative morality trumped his understanding of the logic of deferral

clause. In other words, Jonathan's understanding of the deferral clause did not outweigh how important blood donation is to him. His act of doing good by donating blood weighed more than what was presented in the logic and justification of the deferral clause. Therefore, Jonathan ended up donating blood, based on his mixed judgement of his understanding of blood and his comprehension of the deferral clause. Furthermore, his idea of altruism supersedes blood donation. Nevertheless, in chapter two, I argued that socially perceived altruistic acts are never void of self-interest.

Thomas and Jack sought other alternatives to do good and give back to the public. Both of them worked for blood drives. Their jobs were to recruit more blood donors. They compensated based on the idea that an altruistic act required nothing more than a good heart. However, illustrated by Mauss, there is no such gift-giving that does not require an obligatory reciprocation. Because they were not allowed to donate blood, they recruited more donors to donate more blood in place of themselves. Thomas, different from Jack, expressed directly to me that he pursued the job as a blood drive volunteer to compensate for the fact that he could not donate. Jack, on the other hand, claimed to "never think of [his] sexual orientation when he volunteers in blood drive coordination."

Mike and Caleo chose to not partake in voluntary work or other alternatives. They still desired to donate blood if allowed. Both of them expressed that they somewhat understood the scientific justification behind the deferral clause but wished that it would change sooner or later.

Next, I move to show the responses to the deferral clause by both MSM and non-MSM participants. The majority of my participants regard the deferral clause as a

discriminatory clause targeting a disadvantageous demographic. However, Aaron, who identifies as non-MSM, stressed the principle of doing good when I asked the question, “how do you feel about the deferral clause?” One interesting note is that before our conversation, Aaron had little knowledge regarding the current 12-month deferral clause and the change in December 2015 by the FDA. Specifically, he responded, “I am sure the system is not perfect. They have to make certain adjustments, but it doesn’t mean I’m gonna stop giving blood. The most important thing is to save a life.” Unfortunately, I was unable to obtain more information from him on the subject of MSM blood and the deferral clause. From this, I can only conclude that Aaron is someone who thinks differently from others on the subject of MSM blood and the deferral clause. However, most participants did think that the 12-month deferral clause was a discriminatory clause.

What’s more, some of my participants, both MSM and non MSM participants, pointed at other demographics when I inquired why they perceive the 12-month deferral clause as an unfair clause to MSM. Tom responded in addition to his lack of desire to donate, “how about lesbians? Why are they not included in the deferral clause?” Michael, Thomas, Jack, Nancy and 7 more participants pointed out that “straight people who have multiple sex partners might have an even higher chance of getting HIV/AIDS than MSM in monogamous relationships.” Critically, this is an example of misusing the term MSM when the term “gay man” should be used. The term MSM is only concerned with one-time sexual activity in the context of blood donation. “Gay man” is the term used to describe one’s sexual orientation, which is socially related to the phrase “monogamous relationships.” Interestingly, Jonathan was the only participant that

expressed concerns on this topic toward both lesbian demographics and straight couples.

The title of this chapter is a quote from my interview with Jonathan. He said that sex is a punishment to MSM because if they have sex (in the past 12 months), their right to help others by donating blood is taken by the FDA. To him, and many MSM participants and non MSM participants, the deferral clause is a discrimination toward the MSM demographics. It is a violation to their sexual history and personal space. The scientific justification behind the clause is flawed because the “window period” of HIV/AIDS virus is only six months. In other words, no tests can screen out HIV/AIDS in the immediate six months of someone contracting HIV/AIDS. After the “window period”, the most popular and economic screening method can provide accurate results. One MSM participant, Jack, happened to be a researcher in the field of HIV/AIDS. During our interview, he told me that there are technological advancements in 2017 that can detect the HIV/AIDS virus after 10-14 days of an infection. In other words, if said technology is used in the process of screening in blood donation, blood of a whole demographic could be saved.

What I have shown in this chapter is a collection of data and analysis from my interviews with different participants. It is crucial to understand the data collected before I launch into further analysis of the data in chapter four in comparison to different *possible* perceptions and interpretations of MSM blood provided by the literature. There is a lack of literature that directly debunks the elucidation of MSM blood in relation to blood donation. Therefore, I stress that the perceptions and interpretations of MSM blood offered by literatures are only several possible understandings of MSM blood.

Titmuss' *The Gift Relationship* did not highlight the relationship between MSM blood and blood donation because the lack of knowledge of HIV/AIDS rendered MSM blood irrelevant in the context of blood donation in the 1970s. I have yet to find any anthropological literature that directly deals with the relationship between MSM blood and blood donation. In other words, there is no direct explanation of what MSM blood means in the context of blood donation. Therefore, I was only left with literatures that deal with non-MSM blood both in and out of the context of blood donation.

In chapter four, I will illustrate how MSM blood could be understood in relation to blood donation. Specifically, I will offer insights to the possible interpretation of MSM blood by blood donation regulators such as the FDA; the probable explanation to the rejection felt by MSM when they desire to donate blood; the viable elucidation of the relationship between MSM blood and the unique characteristics of blood such as its fluidity and ambiguity; and lastly, the association between MSM blood and anonymity, a distinctive feature of blood donation.

Chapter 4

The Makings of Human Gift

In this chapter, I will attempt to explain the gap between potential blood donors' motivations to donate blood and the action of blood donation. Arriving at the decision to donate blood is not a simple task of having an altruistic motive because altruism is understood by most people without giving it much attention and scrutiny. This gap between motivation and action, I argue, is mostly mediated by the potential donor's imagination of blood and his/her perception of gift-giving. In order to move forward, I have to illustrate the limit of the donor population on campus. In *The Gift Relationship*, Titmuss summarized eight blood donor groups judged by donor motivation (Titmuss 1997:129-140). These eight categories of blood donors can be applied universally to any blood donation. They are: the paid donor; the professional donor; the paid-induced voluntary donor; the responsibility fee donor; the family credit donor; the captive voluntary donor; the fringe benefit voluntary donor; the voluntary community donor.

Before moving forward, it is important to note whose motivation is under examination. Specifically, whose motivation is included in my research? It is important, again, to see the scope and restriction of this research. In fact, I am only concerned with on campus blood donors, not medical professionals or blood receivers.

In chapter 1, I introduce the understanding of blood, blood donation, and donor motivations in Bantu. Titmuss concluded that Bantu blood donors were captive voluntary donors because they were afraid of losing their jobs if they failed to donate. They were under the control of their superiors and forced to donate, in most cases (Titmuss 1997: 252-270). None of my participants were forced to donate under any

circumstances. In fact, all my participants might be categorized into the last group of donors suggested by Titmuss: “Type H: voluntary community donor” (Ibid: 140). In order to be included as a voluntary community donor, there are several characteristics one has to meet: “no immediate tangible rewards of any kind; no penalties if the donor decides not to donate; the understanding of anonymity that the donation is made to anyone without discrimination” (Ibid).

My participants fit all descriptions above. However, according to Titmuss, one of the most important characteristics of being a community voluntary donor is that the acts “are acts of free will; of the exercise of choice; of conscious without shame” (Ibid). Mauss would counter argue and yell “nonsense.” if Mauss and Titmuss were to discuss gift relationships in the context of blood donation. Mauss argued, as I have introduced in previous chapters, that no gift is made without reciprocation. The recipient of a gift is obligated to return with something that is equal to or higher than the value of the original gift (Mauss 2002: 1-22). Therefore, how can blood donors’ motivations be explained? What does it make of the motivations of my participants?

To this end, I argue that acts of blood donation are not acts of free will, based on my data collection via participant observation and interviews. Blood donation is the result of a mixed judgement between potential donor’s understanding of blood, knowledge of blood donation and perception of gift-giving relationships. All three components weigh equally in donor’s judgement. If one component outweighs the others, the donor might change his/her decision. In the next few pages, a few examples will be used to illustrate my argument.

Discrepancy

I was fortunate to have known two Waltham Group Blood Drive coordinators before I started this research. I contacted them after I started this project and asked if I could observe their weekly meetings. To them, it seemed weird that an anthropology major was interested in blood drive coordination. Nonetheless, both agreed to let me observe. To me, participant observation is an important component of the research not only because most anthropologists observe in their fieldwork, but also because it is a key to see the discrepancy between what people say and what people do. This discrepancy ended up becoming a major component of my argument.

On Thursday evenings, all blood drive coordinators met together in the Waltham Group Office crowded by coordinators for other groups. Four of them sat on the long couch. Two senior coordinators had their individual couches. I sat on a chair across from the long couch. All of us formed a square at one end of the Waltham Group Office. I was able to observe two meetings. I sat silently observing both meetings and occasionally writing down on my notebook. When I went back to my room and read my notes, all I had was types of food and ideas to draw in more donors. More than eighty percent of what the coordinators talked about was incentives. When I asked Helen, one of my interview participants who was a coordinator, why the meeting only focused on incentives, she responded, "because we wanted more people to donate...and some of them might need more incentives to come." During my one-on-one interviews, no one explicitly mentioned the need of incentives to donate blood. In fact, many of my

participants mentioned that others might need incentives such as food. But most importantly, they do not need anything to commit to donating blood.

Initially, the discrepancy between what the coordinators discussed in the coordination meetings and what my participants said in the context of incentives confused me: why do coordinators think that everyone needs incentives to donate blood? If nobody needs incentives, in the case of on campus blood donation, why do we need food to draw people in?

The discovery of such discrepancy started these questions. But the commonality behind the reasoning of both coordinators and my participants answered the question. Both coordinators and my participants indirectly articulated the dichotomy between “me” and “others”. In the case of blood donation, the coordinators focused on including incentives to draw in the “others” who might need an “edge” to be invited to donate. In other words, a vertical edge separates “me” and “others”. It puts “me” on a higher level than “others” because “I” do not need any incentives but “others” do. This edge provides donors the feeling of a higher moral standard. Specifically, the donors of a perceived higher moral standard are those who believe that their blood donations are from a true altruistic motivation with no expected reciprocation.

Based on the discrepancy found between blood drive organizers and my interview participants, I argue that it is not a free will but a carefully weighted and well-balanced judgement amongst understandings of blood as a substance, perceptions of blood donation as a service, and individual interpretations of blood donation in terms of gift-giving relationships. The judgement comes with an expectation of feeling morally superior to those who do not donate or donate for reasons other than what is commonly

perceived as an “altruistic” motive. Although blood donors do not expect anything concrete as a compensation, they expect to possess a feeling of a higher moral standards and in return, create this edge that differentiates them from others.

Imagining blood

In chapter 1, the concept of imagining blood was said to look at blood’s elemental existence and articulated abstractness separately (Boddy 1879). It is important to note that by elemental existence, I meant the pure existence of blood in and out of our bodies. It is not, by contrast, the *scientific* understanding of the existence of blood. The pure existence of blood is easily confused with the scientific understanding because in the West, science is coined to be the embodiment of truthfulness. Thus, it becomes hard to separate the notion of a pure existence from a scientific understanding. In fact, the term scientific interpretation might be more appropriate to use than “scientific understanding” because it makes science a vehicle via which a phenomenon is interpreted. Therefore, imaging blood, or the imagination of blood, is everything other than the pure existence of blood. Imagining blood includes all interpretations of blood, and in the context of blood donation, knowledge of blood donation.

Ambiguity and Differentiation

In *The Gift Relationship*, Titmuss contemplated the question “is the gift a good one” (Titmuss 1997: 200). He argued that the quality of the donated blood was ultimately tested by the laboratory of the blood receiver (Ibid). In other words, the quality of the blood is not known until the test of putting it through the blood receiver. It is important to note that *The Gift Relationship* was written before much technological

development to screen out blood-borne diseases. Nonetheless, by asking this question, one cannot avoid the concept of ambiguity embodied by donated blood.

Donated blood is an ambiguous fluid because it can be either helpful and life-saving to blood recipients, or devastating and disease-polluted. Its ambiguity is put to an ultimate test at the laboratory of the recipient. Although the motivation of blood donation might be beneficial, the actual substance might turn out to be disastrous. In fact, the meaning of blood in general, is an ambiguity. People are scared to see blood at a trauma scene. At birth, blood can signify either a successful childbirth or a traumatic experience, in the case of a stillbirth.

In addition to the embodiment of ambiguity, blood can also serve as a differentiation. Blood differentiated Christians from Jews in the past (Hart 2013). Blood differentiates kinship from distance. In the case of blood donation, blood differentiates MSM from other populations. In theory, MSM blood cannot be found in blood banks because of the deferral clause implemented by FDA to prevent MSM from donating blood. However, MSM can lie to blood drives and donate, illustrated by the story of Jonathan.

The concept of differentiation embodied by donated blood also explains the rejection felt by MSM. In the case of blood donation, MSM are rejected as a demographic. Blood, in its elemental existence, is an essence and a part of a person. When that part of MSM is denied by the FDA because of the fear of HIV/AIDS, the entirety of the person is dismissed. Therefore, to MSM who desire to donate, such rejection is not purely toward any part of the person, but to the totality of the person.

Furthermore, Titmuss quoted Gunnar Myrdal in *The Gift Relationship*, that “one deep idea behind segregation is that of quarantining what is evil, shameful and feared in society” (Titmuss 1997: 258). Although the concept of racial blood is now believed to be a socially constructed or articulated idea, the quote, originally targeted “Negro blood”. Ironically, it can now be used to describe the act of deferral on MSM blood. To the FDA and the public who believes in the deferral clause, MSM blood is polluted with HIV/AIDS, a disease that is increasingly understood by scientific research. Still, because MSM blood is evil, shameful and feared, it should be separated from the general blood. And donated blood is the embodiment of differentiation that marks the negative qualities of MSM blood.

To conclude, though my participants are categorized to be the voluntary community donor by Titmuss, their motivation to donate is not an altruistic act or an act of free will. In fact, as I illustrated above, many components feed into the decision of donating blood. The gap between motivation to do good and the act of doing good is bridged and filled by imagining blood and the perception of gift-giving. Imagination of blood is further detailed into not only all interpretations of blood by the values permeating a certain society, aside from the elemental existence of blood in and out of a human body, but also, understandings and knowledge of blood donation. It is crucial to comprehend that a scientific understanding of blood as a helpful biological substance is as valid as any other interpretations of blood by other cultures, such as an ambiguity that embodies fertility and loss of fertility in Northern Sudan, and a differentiation in Jewish culture.

Conclusion

"For the life of the flesh is in the blood"

----- [Leviticus 17:11]

From the start of my research to the end of writing, I constantly asked myself: so why should we care? I know, aside from the determination of finishing the project I have started, that I care about this project because of my experience in the LGBTQ community. Many of my MSM friends experienced the discriminatory deferral clause implemented by the FDA to restrict the *possibility* of them donating blood. Being a non-confrontational and non-vocal person, before this project, I did not do anything to express my frustration with the deferral clause and the unfairness, in the context of blood donation, MSM had to go through because of their private sexual preference. My research started as my personal protest. I aimed to advocate for the disadvantaged population who did not have the same right to donate blood as others. The disadvantage, let it be clear, is not the result of a personal or medical condition that forbids them from donating, but a sexual preference that *by itself* is not relevant to blood donation. After some research, I decided to expand the project and take on more than just an expressive outcry for my disadvantaged friends. But why should the general population care about this project? Why is this project important?

Titmuss noted in *Gift Relationships* that "blood as a living tissue may now constitute in Western societies one of the ultimate tests of where the 'social' begins and the 'economic' ends" (Titmuss 1975: 129). As an anthropology major, I emphasize the

“social beginning” of what blood and blood donation entails in 21st century private university students in Northeast United States. *We* think of blood as a biological substance that saves lives, brings life to human existence, carries oxygen and nutrition to tissues and organs and many other *scientific* functions that render blood the essence of life. Precisely, this thought is something I am arguing against. Not that blood is not an organ that carries out all the functions mentioned above, but what *we*, 21st century private university students in Northeast US, think of blood is no less and no more than what other cultures believe blood to be. Science is no less and no more than a cultural understanding of the world. Science is a culturally influenced idea that is prevalent in Northeast US. It is not a universal truth that renders other cultures subservient, but a culture that is equivalent to others. To this end, this project is important because it expresses this belief in different forms.

This project offers a possible different route to understand the existence of blood donation. Blood donation exists because gift-giving and gift-receiving is a compulsory and mandatory discipline that ties people together. For the existence of blood donation, what it requires is not the belief or practice of a “true human gift.” The foundation to blood donation is the mandatory reciprocation of gifts upon receiving. This tie between people is not on an individual basis. This obligated reciprocation happens on a group to group level. However, this reciprocated obligation, in the context of blood donation, is complicated by anonymity. How does the receiver give back to the giver without knowing the identity of the person? This question is within the interest of this project.

Unfortunately, with limited time, my research project did not have the capacity to explore and examine this question in depth.

This project causes us to question the truthfulness, practicality and validity of the apparent motivation people give to an action. In all interviews I asked the question, “why do you donate?” Every participant said something close to, “because blood save lives,” “because it is important to contribute back to the community,” “because it is something I have that someone else might need to survive.” Not once did my participants directly mention, “because I feel good about it.” It is not wrong to address personal feelings of accomplishment after doing good such as donating blood. But why don’t we mention the feelings of accomplishment? Why do we have to hide behind the wall of “free human gift”?

To conclude, this research argued that the motivation to donating blood is a mixed, weighed and careful judgement of the donor’s understanding of blood, knowledge of blood donation and interpretation of gift-giving among 21 century private college students in Northeast US. This project is not only meaningful to understand the motivations of voluntary blood donors to donate blood, it also adds a new dimension to the existing discourse on blood and blood donation.

References

- Boddy, Janice Patricia. 1989. *Wombs And Alien Spirits: Women, Men, And The Zār Cult In Northern Sudan (New Directions In Anthropological Writing)*. 1st ed. University of Wisconsin Press.
- "Gay And Bisexual Men | HIV By Group | HIV/AIDS | CDC". 2017. *Cdc.Gov*.
<https://www.cdc.gov/hiv/group/msm/index.html>.
- Hart, Mitchell Bryan. 2013. *Jewish Blood*. 1st ed. London: Routledge Taylor & Francis Group.
- Hurley, R. 2009. "Bad Blood: Gay Men And Blood Donation". *BMJ* 338 (feb26 1): b779-b779. doi:10.1136/bmj.b779.
- Mauss, Marcel. 2002. *The Gift*. Ebook. 3rd ed. London: Taylor & Francis e-Library.
<https://libcom.org/files/Mauss%20-%20The%20Gift.pdf>.
- "Revised Recommendations For Reducing The Risk Of Human Immunodeficiency Virus Transmission By Blood And Blood Products - Questions And Answers". 2017. *Fda.Gov*.
<https://www.fda.gov/BiologicsBloodVaccines/BloodBloodProducts/QuestionsaboutBlood/ucm108186.htm>.
- Titmuss, Richard Morris. 1997. *The Gift Relationship*. New York: The New Press.