

#weareone: blood donation, terrorism and dreams of inclusion in Kenya

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Introduction

The terrorist attack on the Westgate Shopping Mall in Nairobi in 2013 prompted a wave of blood donation across Kenya that was widely remarked upon by national and international media. Politicians and journalists, as well as many donors themselves, ascribed important communicative effects to the donations, concerning the trajectory of the Kenyan state, the unity of its peoples and its membership of the international community. These virtues, it was said, would be maintained in the face of the terrorists' perceived motive of spreading division and chaos, as well as broader doubts cast on the viability of the Kenyan state by the massive civil disturbance that had followed contested presidential elections in late 2007.

Drawing on a review of media and academic material, as well as interviews with blood donation recruiters, this article investigates the content of these messages and the manner in which they spoke to contemporary political crises and echoed historical narratives of development and national security. I hope to show that they depended for their rhetorical purchase on the capacity of blood collection, processing and distribution systems to constitute biopolitical groupings or 'collectives', in this case the nation itself (Copeman 2009: 85–92). Ideal, internationally prescribed modes of donation and transfusion provide the stuff of national dreams of progress and sovereignty. That such utopianism has endured over the half century or more since independence is perhaps unexpected given the diminution of the welfare functions of African states in the long decades of neoliberal adjustment. As Geissler has emphasized, with weakening national health institutions, collective bio-identities are more likely to emerge at local or indeed transnational levels, among the subjects of cross-border clinical trials, for example (2012: 198, 203–4). In this case, Westgate is taken to illustrate an enduring, widespread desire to affirm the national by participating in a Kenya-wide blood procurement system based on solidarity and altruism. This biopolitical longing does not culminate in the bare act of donation. The latter is framed more widely as a contribution to the achievement of national development, overcoming 'tribal' divisions and conforming to international haematological and public health norms (Simpson 2011: 255–8).

The nation thus reappears on the affective horizon of the biopolitical. But it must still be remembered that this is an ideal – a revival, in fact, of early independence dreams that Kenya, like other African states, would participate on equal terms in global science and medicine (Droney 2014: 366). Political leaders and commentators profited from these connotations of hopefulness in glossing the

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wave of blood donation. But my research shows that such associations were susceptible to contest and disruption by critiques of the blood donation and of the political elite who encouraged it. These were based on counter-narratives pointing to the limited reach of the modernist ideal of anonymous, unremunerated donations into a national system dispensing blood and related products to all citizens on the grounds of medical need alone. In practice, diverse sectoral and private initiatives are seen to supplement the official system or bypass it completely. Smaller biopolitical collectivities are therefore constituted around more exclusive subnational categories, including ethnicity and religious affiliation. Class and geographical location also influence participation in these non-state systems of donation and transfusion, as well as access to medical care generally. Inequality and exclusion are the hallmarks of this domain. Rumours circulate of waste, commercialism and outright corruption in hospital blood procurement. The hopefulness associated with biological citizenship is replaced here by wariness and risk aversion, based on disillusionment with the nation and its modernist dreams (Rose and Novas 2004: 439).

Westgate: crisis, donation, rhetoric

At around 12.30 p.m. on Saturday 21 September 2013, members of the Islamist group Al-Shabaab stormed the Westgate shopping mall in Nairobi (see Howden 2013; NYPD 2013; McConnell 2015). Firing automatic weapons and throwing grenades more or less at random, they killed over sixty shoppers and restaurant-goers in the mall, including children.¹ Only those who could prove that they were Muslims were spared. The group claimed that the attack was in response to Kenya's invasion and occupation of southern Somalia in 2011. The action to secure the mall and capture the attackers was not concluded until the following Tuesday evening. The state response has been characterized as 'woefully disorganized' (Howden 2013). Police and soldiers from the Kenya Defence Force, as well as local vigilantes and armed foreign nationals, appear to have operated at cross-purposes, with fatal consequences in a number of cases. Afterwards, it became apparent that state forces had systematically looted the mall, taking cash, valuable goods on sale and alcoholic drinks (Dixon 2013).

News of the attack was almost immediately followed by a rush of would-be blood donors to the main hospitals in Nairobi. Numbers were so great that many were turned away (Were 2013a). The next day temporary blood donation centres were organized at Uhuru Park and Kencom bus station, among other locations in the city. Large numbers of donors also presented at hospitals elsewhere in the country. According to the director of the Kenya National Blood Transfusion Service (NBTS), Dr Margaret Oduor, around 11,000 units had been collected nationwide by the end of the week: that is, nearly five times more than would normally have been collected in that period (Wambugu 2013; Dutta 2012).

The wave of donation was prominently referenced, commended and interpreted in official and media responses to the attack, not least by President Uhuru

¹The total death toll has been set at sixty-seven: forty-eight Kenyan citizens and nineteen foreigners (see Anderson and McKnight 2014: 16).

Kenyatta. In a television address on the first day of the crisis, he asserted that Kenyans, having ‘fought proudly and bravely to secure the freedom to lead our lives as we choose’, must not ‘retreat into a closed, fearful and fractured society’: an ‘open and united country’ would defeat the terrorists (2013a). These words echoed the speeches of US President George W. Bush in the aftermath of the attacks on New York and Washington DC on 11 September 2001 (see Murphy 2003: 611, 616). America, too, had been targeted for its way of life, but had ‘stood down enemies before and [would] do so this time’ as ‘all Americans from every walk of life [would] unite ... for justice and peace’ (Bush 2001).²

These speeches perform what James Murphy has called the genre of ‘crisis rhetoric’ (2003: 609). Both presidents spoke for the nation at a time of emergency, affirming its essential character (‘what we are’) and its resilient identity (‘that we are’).³ Both framed the attacks as a special time that demanded the renewal of deep but neglected principles.⁴ Both offered a series of vignettes intended to replace the fearful scenes on the rolling news, referencing the work of rescuers and the security forces. Both gave prominence to the mass blood donations that had ensued and saw in them an illustration of their nation’s ‘timeless values of ... compassion and solidarity’ (Kenyatta 2013a).⁵ The similarities between the speeches of both presidents were not merely a function of the similar circumstances in which they were made. Rather, I would suggest that Kenyatta was more or less deliberately performing the script of ‘how to respond to a terrorist attack’ established by American, British and other leaders.

The president’s detection of a national motive for donation is supported by the prominence of the hashtags #weareone and #unitedwestand, and by the perceptions of hospital staff and third-sector recruiters shared in interviews conducted in the weeks following the attack (Simon *et al.* 2014).⁶ The work of Jacob Copeman suggests that blood donation in such circumstances involves more than simple adhesion to a pre-existing community and its values (2009: 72). The mechanisms of collecting and redistributing blood could be figured as an in-gathering of citizens, constituting the nation as a biopolitical collective in terms legible to itself and the rest of the world.⁷ It did this by sustaining three key connotations of modern ‘stateness’ (see Eggen 2012), which I discuss in the following sections:

²The then British Prime Minister Tony Blair made a similar appeal to resilience and values in the aftermath of the 7 July 2005 attacks in London. Unlike Bush and Kenyatta, he made no reference to blood donation. See ‘Full text: speech on terror’ <<http://news.bbc.co.uk/1/hi/uk/4689363.stm>>, accessed 29 March 2017.

³Poulakos argues that crisis rhetoric does not simply respond to the emergency; it produces it (2013: 13).

⁴For Bush, with 9/11 ‘we have found our mission and our moment’ (Murphy 2003: 623); for one of Kenyatta’s spokesmen, Westgate ‘brought out the real picture of who we are’ (Munene 2013). The function of ‘crisis’ in revealing hidden truths is discussed in Roitman (2014).

⁵There had also been a large wave of donation across the US at the time of and after the 9/11 attacks (see Starr 2002).

⁶Interview with Laboratory Administrator, Nairobi, 15 October 2013.

⁷The international focus on Westgate and on the state’s response was widely noted in the Kenyan media (see, for example, Muraya 2013). Moss and O’Hare have noted a similar awareness of the external view in relation to the staged debates between candidates in the 2013 presidential election (2014).

(1) the overcoming of tribalism; (2) patriotic sacrifice and productivity; and (3) order and medical enlightenment. Each supported Kenyatta's rhetorical ambition to position Kenya, a long-standing ally of Britain and the US, as a reliable partner in the 'war on terror' and a member of the 'international community' waging that war.⁸

'Now our blood flows through each other': overcoming tribalism

In an idiom familiar from American and British reactions to similar attacks, the terrorists were said to have Kenya's 'multicultural, multi-ethnic and multi-religious society' in their sights (see, for example, Korir 2013). The donations were figured as an assertion of national unity. The hashtag #weareone was widely used on Twitter, where information regarding the attack and responses to it, including blood donation, were shared.⁹ A widely circulated image showed seven arms extended, with sleeves rolled up. On the exposed skin was written 'Now our blood flows through each other' (Okwembah 2013). President Kenyatta also affirmed that the 'overwhelming response' to appeals for donations showed that 'deep inside, where it counts most, we are one indivisible national family' (2013b).

The positive, unified national collective thus evoked was not without its shadow. Rather, it was counterposed to the chaotic division that Kenya allegedly displayed to the world during the civil conflict which followed the disputed presidential election of 2007.¹⁰ Although prosecutors of the International Criminal Court charged political leaders with the direction of ethnic militias in this period, much of Kenya's media was happier to fall back on notions of the inherent tribalism of ordinary citizens as an explanation for the violence (Cheeseman *et al.* 2014: 11). 'Retreating to our tribal cocoons,' said a *Daily Nation* editorial during Westgate, 'has done this country more harm than good ... we must reconcile ourselves to the fact that we are one.'¹¹

The concern with 'tribe' was evident in the president's praise for citizens gifting blood 'without pausing to consider whether [the recipients] were Giriama, Dasanash, Turkana, Kuria, Embu' (Kenyatta 2013b). This listing ironically displays the enumerative logic of colonial government, which hardened ethnic and linguistic identities into fixed and exclusive categories, a framework carried over by independent Kenya where ethnicity was entrenched as a key marker of privilege and preferment (Guha 2003; Atieno-Odhiambo 1987). Blood donation and

⁸US support for anti-terrorism programmes in the East African region included a US\$100 million aid package authorized by the Bush administration in 2003 (Aronson 2013: 30).

⁹Kenya is reckoned to be the second most active African country on Twitter (see Simon *et al.* 2014).

¹⁰As Wanner put it, 'So today Kenyans are Kenyans, all united by the outrage. For perhaps the first time since his controversial election, President Uhuru Kenyatta is President of all' (2013).

¹¹See 'Reactions to Westgate tragedy commendable', *The Star*, 28 September 2013 <http://www.the-star.co.ke/news/2013/09/28/reactions-to-westgate-tragedy-commendable_c836366>, accessed 19 July 2017. A joint press conference held by President Kenyatta and his defeated rivals in the elections of 2013 was seen as a coming together not just of party leaders but of ethnic figureheads, not least by the leaders themselves (see Kutuny 2013).

transfusion offer an almost unique mode of producing unity out of this multiplicity, combining centripetal with centrifugal motion: blood is gathered in, then mixed or processed, then distributed ‘out’ again. As Copeman notes, the organizers of Indian blood donation camps, like the Kenyan sources discussed here, trade precisely on the effectiveness of this dual motion in presenting their work as capable of dissolving subnational bonds, such as religion, caste and tribe, and of realizing thereby a national collective (2009: 90–2). Dreams of unity are cast vividly in terms of physical consubstantiality. The rhetorical and the real converge.

The biopolitical capacity of blood to overcome boundaries depends fundamentally on the mutual anonymity of donor and donee, a feature prized during Westgate when it was said that ‘all turned up to save the lives of those injured’ in the attack, ‘blind to race, tribe [and] economic status’ (Muraya 2013). Such ‘blindness’ was first identified as a prerequisite of ethical donation by Richard Titmuss in his germinal 1971 text *The Gift Relationship: from human blood to social policy* (1997: 127) and is now a standard feature of most official donation systems.¹² It is stressed by Kenyan recruiters in their mobilization work:

you’re told that your blood will support a Kenyan out there who is not necessarily your tribe, not necessarily your sex, not necessarily your religion. Blood is the only thing that we can share if your blood groups are the same ... Blood is the only uniting factor.¹³

In short, the donations allowed the disunity and near collapse of the Kenyan state in 2007–08 to be figured as a temporary eruption, an atavistic detour on the nation’s journey to modernity.

‘No limit to your sacrifice’: waste and productivity

Donation was also represented as the replenishment of depleted stock and, relatedly, as labour in the national interest (Kenyatta 2013b). ‘Blood,’ said one commentator, ‘flowed endlessly at Westgate and individuals from all walks of life heeded calls ... to donate their own for the injured’ (Muraya 2013). Replenishment often has a specific focus in times of war and national crisis, aimed at matching the sacrifices of the armed forces and making good the loss of their blood (Simpson 2009: 115–16). The figuration of blood as a means of restoring the unity and vitality of the nation dates back to the early independence period. In mid-1960s Kenya, donor recruitment had been expressly linked in this way to Kenya Defence Forces fighting the ‘Shifta’ insurgency among the Somali minority, but also to the deprivations suffered by leaders of the independence movement in the previous decade (Hornsby 2013: 96).¹⁴ A week of blood donation

¹²However, donation system managers are generally able to trace the identity of the donor to allow investigation of transfusion-related diseases (Starr 1998: 313ff.).

¹³Interview with National Blood Safety Coordinator, Nairobi, 2 December 2013.

¹⁴For a sample of contemporaneous newspaper reports, see Moore (1966); ‘New call for more blood donors’, *East African Standard*, 18 October 1967; ‘Day of re-dedication’, *Daily Nation*, 20 October 1969; ‘Time to remember’, *Daily Nation*, 16 October 1971. The ‘Shifta’ conflict is discussed in Anderson and McKnight (2014) and Carrier and Lochery (2013).

drives was held in the run-up to Kenyatta Day, an annual holiday to mark the date in 1952 when British authorities arrested six prominent activists, including the first president, Jomo Kenyatta (Schneider 2013: 71). Ongoing citizen donation was needed to satisfy the blood debt owed to the founding generation and secure the nation as a biopolitical community.¹⁵ The debt continues to be invoked, for example by the current president at a rally some weeks after Westgate to mark the same holiday, now renamed Mashujaa (Heroes) Day. The national flag, he said, was ‘reverently emblazoned ... with the red of their sacred blood’ (Kenyatta 2013c).

The blood economy, thus evoked, is not merely symbolic. Rather, it is figured as a practical matter of husbanding the nation’s resources, the avoidance of waste being a central task of postcolonial, developmental states (see Neocleous 2011). A sense of this imperative was conveyed by donors during Westgate who ‘all turned up to contribute a pint of blood as a way to feel we were doing something, to feel less useless after the senseless [and therefore wasteful] violence of Westgate’ (Wanner 2013). There is no simple equivalence between loss and donation, however. On the one hand, donors are asked to ‘rededicate themselves to the service of the free nation’ by sacrificing a pint of blood in memory of soldiers or freedom fighters who made ‘the supreme sacrifice’ of their lives.¹⁶ On the other hand, the benefits of a single donation are multiplied well beyond the original contribution, ‘saving lives all over Kenya’, according to current NBTS recruitment posters.¹⁷ This effect is possible because of the productivity of each donation. ‘Blood economy’ means that, once drawn, a single unit can be broken up into platelets, plasma, red cells and so on (through the process of fractionation) which are recombined for transfusion to many recipients, meeting a wide variety of medical needs (Starr 1998: 211–12). In the words of the president, there would be ‘no limit’ to the ‘patriotic sacrifice’ of donors (Kenyatta 2013b). The latter would, moreover, suffer no loss beyond ‘a little of their time’,¹⁸ since blood is reproduced in the body within two or three days, a phenomenon known as haematopoiesis.

Blood circulates, then, as a form of capital in a process of magically expanding value (Waldby and Mitchell 2007). To persist in a Marxian idiom, the donor’s attendance and permission for blood to be drawn can be understood as labour, measured in time, necessary to the accumulation of biocapital. No mere economic datum, this process is inscribed within political aspirations to a specifically capitalist development that have been articulated by Kenyan state leaders since independence in 1963 (Government of Kenya 1965). That model obviously sought to harmonize building the nation with the pursuit of private profit. But it did not rule out altruism. On the contrary, the nationalist motto of *Uhuru na Kazi* (freedom and work) was also realized through *harambee* schemes mobilizing local communities for development projects.¹⁹ Postcolonial citizenship was

¹⁵See, for example, ‘New call for more blood donors’, *East African Standard*, 18 October 1967.

¹⁶See ‘Time to remember’, *Daily Nation*, 16 October 1971.

¹⁷NBTS poster (copy on file with author).

¹⁸*Ibid.*

¹⁹‘*Harambee*’ was explicitly used as a motivating slogan in blood donation posters in the 1970s; see the example reproduced in Schneider (2013: 117).

therefore tied to the gift of voluntary labour (Prince 2015: 100). As I have noted above, the nation state may have weakened as a frame for biopolitical inclusion; however, the Westgate donations, understood as work contributing to a type of capitalist development, show the persistence of this ideal of volunteering in the national interest.

The link between blood and national development was given a contemporary inflection in the president's comment that, rather like the anti-insurgent forces in the 1960s, the murdered shoppers had made 'the ultimate sacrifice' (Kenyatta 2013a). This curious locution may be explained with reference to the emblematic role of Westgate in the latest iteration of Kenya's capitalist development, one that has seen a shift in emphasis from production to consumption. Opened in 2007, the mall and others like it across the city were proof that an African middle class had at last emerged, confirming the hopes and predictions of development economists, not least at the World Bank (see, respectively, Omondi 2014; McConnell 2015; World Bank Group 2016). It was also a sign that Nairobi could cater for the thousands of well-paid diplomats and aid workers based in the city. 'Not just a Kenyan, but an international space' (Gathara 2013), it constituted an idealized zone of abundance and orderly consumption, prefiguring the future imagined for Kenya in the government's strategic Vision 2030 (Government of Kenya 2012). Visitors to Westgate could be cast accordingly – not merely as private shoppers but as pioneers on behalf of the nation. Its architectural layout excluded those unable to consume (i.e. the poor), allowing the mall to function as a utopian enclave for the nation. This ideal had been shattered into a scene first of violence and chaos by the terrorists and then of riotous and illegitimate consumption by looting soldiers.²⁰ In a tragic irony, it was the very closed-off nature of Westgate that enabled both the terrorists and the looters. As will be seen in the next section, the sober, collective 'work' of blood donors included repairing this image.

'What we want is control': order and enlightenment

The spectacle of mass blood donation could also be taken to instantiate an ideal of public order associated with democratic practice, modern governance and civic enlightenment. The scene in Uhuru Park was depicted as one of civility and unity.

Everyone was polite to each other and the Red Cross volunteers were doing their work diligently. Among the volunteers was celebrity musician Juliani picking trash with a black bag. Few who were there then could have doubted the Twitter hashtag #WeareOne. (Wanner 2013)

Drawing on the work of Achille Mbembe, Eggen argues that even seemingly humdrum administrative routines like this have a politically effective aesthetic dimension. As such, they are performative, connoting the justice of a state and its participation in a modernity sanctioned by international powers (Eggen

²⁰On the significance of the 'enclave' in contemporary Kenya, see Geissler (2013: 242). The centrality of legitimate consumption under neoliberalism was noted by Bauman with reference to the July 2011 riots in London (Bauman 2011).

2012; Mbembe 2001). This was true of the blood donation queues that bodied forth an ideal of fairness in time and space, mixing people of different backgrounds all gathered for a patriotic end (Opalo 2013).²¹ Their combination of randomness and ordering (taking turns) also allowed them to function as a basis for more wide-ranging moral judgement. Wanner recalled that:

Around three, some politicians came through and went straight to get their blood pressure checked and to donate. At this moment when we were supposed to be one, the politicians had decided they were too important to stand in line like ... the rest of the Kenyans who waited patiently ... and braved the heat. (Wanner 2013)

The blood drive also furnished a site for conspicuous diplomatic action. Ambassadors arrived to donate, framing this in terms of their own specific strategic concerns: Israel's ambassador emphasizing that terrorism was a worldwide problem; Britain's affirming that his country was Kenya's oldest friend (see, respectively, Were 2013b; Turner 2013). The turnout of ordinary citizens and the organizational efforts of the Red Cross and the NBTS allowed the Kenyan state to be an effective addressee for these messages of solidarity, confirming its membership of the international community.

An ideal of order is immanent not only in the donor queue, but also in the comprehensive and integrated national blood supply system prescribed in detail by the World Health Organization (WHO 2016). Kenyan recruiters wanting to comply with these imperatives seek dedicated legislation to regulate the sector and secure the primacy of the NBTS. As one put it, 'Basically, what we want is control.'²² This association of legality and a modern blood system was invoked for purposes of political criticism in a song recorded in the weeks after Westgate by the group Sarabi and socially engaged rapper Juliani, mentioned above. '*Fuata Sheria*' (Follow the Law) has a dual address: to the political class for its failures and graft, but also to Kenyan citizens for their tolerance of and participation in corruption.²³ Moving between Kiswahili and English, the rap opposes the popular response to Westgate to the disproportionate concern for elite politicians charged with crimes after the 2007–08 post-election violence:

Machizi ya perpetrator inaweza dilute damu ya victim ilimwagika
 [The tears of the perpetrator can dilute the shed blood of the victim]
 After all is said and done, all will be said nothing will be done.
 You are not my tribe, but you are my blood type
Lakini [but] it doesn't have to take tragedy to know that²⁴

The imagery here trades on a contrast between what we might call 'old blood', marking 'tribal' affiliation and shed at the instigation of ethnicist leaders, and 'new blood', readable only through the categories of medical science and

²¹On the normative dimensions of queueing, see Moran (2005).

²²Interview with Regional Blood Donor Recruiter, Nairobi, 28 October 2013.

²³'*Fuata Sheria*' by Sarabi Band featuring Juliani (2013). Available at <https://www.youtube.com/watch?v=8QGx_6lMjGI>, accessed 16 October 2019.

²⁴*Ibid.*

circulating from donors to recipients. The contrast is linked thematically to the song's title and to the aspiration it expresses for Kenya's future, precisely through the virtues of legality and order. A modern blood system, based on law, is necessary for the circulation of 'new blood' and thus for the achievement of an inclusive biopolitical community. Moreover, as the last line quoted suggests, the work of sustaining democratic citizenship is routine and ongoing, like blood donation itself, not just one-off responses to 'tragedies' or states of emergency.

The order exhibited by a functioning national blood system isn't only a matter of following global norms. It is also a consequence of educating citizens about the science of transfusion. Doctors and health administrators have pursued this kind of medical enlightenment among the general population since the late colonial period, in anti-syphilis campaigns and policies aimed at suppressing or disciplining traditional medicine (Vaughan 1991: 181ff.; Ombongi 2011). Kenyan blood recruiters in the early years of independence also worried that 'traditional prejudices' among Africans, as opposed to those imputed to European settlers or the Asian minority, would be an obstacle to increased donation (see Ng'weno 1964). Such 'fears and superstition' included, it was claimed, notions that donated blood would not be replaced in the body or that people of different ethnic backgrounds or genders could not donate to each other.²⁵ This problematization of beliefs persists, although it is now oriented to differences of education and origin (rural or urban) rather than race.²⁶ The task of the recruiter in this regard remains:

to help [potential donors] understand that blood is not based on culture, it's based on group ... [and] that all those other cultural beliefs are fine but when it comes to blood it's a totally different concept.²⁷

Such appropriate education would encourage regular donation, itself an indicator of a modern temporal consciousness on the part of citizens. An ideal space of order and enlightenment, the blood system is thus capable of producing a community of citizen donors – productive, patriotic, diligent and dutiful.²⁸ It can function as a 'barometer of civilization', an index of the state of the nation considered with reference to its international peers (Simpson 2009: 105). As an object of national dreaming, it is, however, vulnerable to confrontation with the real. In the next section, I explore the counter-utopian features of actually existing donation and transfusion in Kenya, the persistent fractures and disruptions obscured by official crisis rhetoric during Westgate. These sustain a trenchant critique not only of the healthcare system, but of current political arrangements and social inequalities.

²⁵Dr M. Rogoff, officer in charge of Kenya Blood Transfusion Service, quoted in 'Bid for Blood Donors', *Daily Nation*, 25 October 1963.

²⁶Interviews with Regional Blood Donor Recruiter, Nairobi, 4 December 2013; Blood Safety Programme Recruiters, Nairobi, 21 November 2013.

²⁷Interview with Blood Safety Programme Recruiters, Nairobi, 21 November 2013.

²⁸This is drawn from Reubi's (2010) historical study of the Singapore blood system.

‘Giving blood and hashtags aren’t enough’: disrupting the dream

State forces inside the Westgate Mall were, as I have noted above, divided and in conflict.²⁹ Lines of command were unclear and information about the progress of the operation to free trapped civilians was premature, imprecise and exaggerated. Although terrorist action had ceased by the late afternoon of the first day, the siege continued for another three days. The roof of the mall was brought down, probably by an army-fired rocket, although officials initially claimed that the smoke was from mattresses which the militants had set on fire. Vital forensic evidence was destroyed in the conflagration. The truth has not emerged in the intervening years. There has been no public inquiry and a parliamentary commission tasked with investigating what happened did not address the key issue of operational failure (Williams 2014: 907). In its place, rumour has circulated concerning, for example, the role of foreign agents during the siege and divisions between the president, ministers and senior security officials (McConnell 2015).

These rumours also extended to the fate of blood donated during the crisis. The active role of the Red Cross in maximizing blood donation was explained not only as a humanitarian intervention but also as an ‘empire-building’ move. In any case, the type of gunshot wounds suffered at Westgate were unlikely to create a significant demand for transfusion. Questions were raised over whether donated blood had gone to waste, given the lack of storage capacity nationally, although this was strongly denied by administrators.³⁰ Grace Musila argues that, in such contexts, rumour gains its legitimacy from ‘the suspect nature of truths produced through modern institutions and processes’ and the vulnerability of the latter ‘to manipulation by interested parties’ (Musila 2015: 112–14). Rumour challenges the legacy of colonial modernity, whose benefits, in law, medicine and science, were and are distributed in partial and discriminatory fashion.

Critique of this nature surfaced among commentators as the impunity of state forces and their leaders became clear. Fidel Wangai disrupted the prevalent image of unity, productiveness and order:

We are not one. Do not be fooled. That was a mere con game to get you to use the little that you have on those who have more than you do. Look at Westgate. As you trooped to centres to donate your blood (which later went to waste) and transferred your little money for the rich, Kenya Defence Forces was stealing. (Wangai 2013)

Against the representation of a harmonious, ordered biopolitical community formed out of altruistic donors unknown to each other, we are offered an image of blood appropriated on false pretences and transferred from ordinary Kenyans to the veins of local and expatriate rich, or simply thrown away. There is an echo here of blood-stealing rumours that have long functioned as a vehicle for the articulation of parallel truths and subaltern resistance in Kenya (Geissler 2005). Noting that the explosion of an unprotected pipeline with 100

²⁹This discussion is based on McConnell (2015) and Howden (2013).

³⁰Interviews with Regional Blood Donor Recruiter, Nairobi, 4 December 2013; Blood Safety Programme Recruiters, Nairobi, 21 November 2013.

fatalities in a Nairobi slum in 2011 had not called forth equivalent generosity or memorialization on a similar scale,³¹ Wangai sardonically advised readers that:

- a) During the [election] campaign periods we are 42 ['tribes'].
- b) When the rich are hit below the belt we are one.
- c) All these other times we are two; the filthy rich and the miserable poor. (Wangai 2013)

The dialectical irony of shared blood was that in a single movement it both promised to transcend ethnic division and reinforced economic inequality and political powerlessness. As a hospital blood technician put it, 'Giving blood and hashtags aren't enough.'³²

While Kenya has been more successful than most other African states in complying with WHO recommendations, the creation of a truly inclusive and national system, based on voluntary donation, remains a work in progress for administrators and policymakers. As discussed above, collectivist messages have been used to mobilize donors since the 1960s, but the current NBTS was created only in 2000 (Schneider 2013: 104). Like the Westgate donations, the impetus for the latter came from the terrorist bombing of the US embassy in Nairobi in 1998 in which 241 Kenyan citizens were killed.³³ American influence on the NBTS has been profound since its inception: 90 per cent of funding is provided by the United States Agency for International Development (USAID), while the Centers for Disease Control and Prevention (CDC) provide extensive training and operational guidance.³⁴ Although formally under the jurisdiction of the Ministry of Health, it is as much a transnational as a national enterprise (de Sousa Santos 2006).³⁵

Currently, the NBTS obtains about 135,000 units of blood annually through drives conducted by itself and by partner organizations such as the Kenya Red Cross, the Bloodlink Foundation, which organizes workplace donations, and Hope Worldwide Kenya, which targets faith groups (Dutta *et al.* 2012; Anonymous 2009). This is a great improvement on the 22,000 units collected in the first year of the service, but still far less than the 410,700 recommended for Kenya by the WHO (Kangwele 2014). Some 65 per cent of donations are 'voluntary' – i.e. given anonymously to the NBTS – a threefold increase since 2001 (Kimani *et al.* 2011). The remainder is still made up of blood supplied by patients' relatives direct to hospitals. Such 'family replacement donations' were by far the predominant mode of collecting blood in East Africa until the 1990s (Schneider 2013: 67). However, they present a significantly increased risk of

³¹While extra blood was collected after the fire, this was much less than during the Westgate crisis.

³²Interview with Laboratory Administrator, Nairobi, 15 October 2013.

³³As with Westgate, the popular response to the embassy attack, including a similar wave of voluntary blood donation, was taken as a token of deeper and better political values, challenging Kenyans' view of themselves as cynical, disengaged and disunited. See 'After the bomb', *The Economist*, 20 August 1998 <<http://www.economist.com/node/161951>>, accessed 16 April 2017.

³⁴See 'About us', Kenya NBTS <<http://www.nbtskenya.or.ke/about-us/>>, accessed 17 April 2017.

³⁵On the 'transnationalization' of states in the global South, see de Sousa Santos (2006).

transfusion-transmissible infection.³⁶ They also limit the model of a common national blood bank in favour of multiple micro-communities of debt and replenishment. Around 60 per cent of voluntary donors are secondary students targeted in drives conducted at their schools (Dutta 2012; Oudia 2013). While this is a reliable and comparatively safe source of blood, recruiters recognize the ethical concerns raised by this practice, in particular as regards the voluntariness of consent.³⁷

‘We are part of you’: strategy and inclusion

The ideal of a unified national blood system is subject to significant limitations. In addition to family replacement donations, group initiatives take some residents of Kenya out of the pool of donors and recipients. For example, the German Foreign Ministry has run ‘walking blood bank’ schemes through its embassies in Africa, including Kenya, for the last thirty years.³⁸ Staff at the embassy, the Goethe Institute and the Nairobi German School, as well as German nationals more generally, are encouraged to enrol in a list of potential donors and recipients, with their contact details and blood group. The list mimics the gated communities in which many expatriates live, and indeed the malls in which they shop. A biosocial enclave, it is motivated by concerns about the risk of transfusion-transmissible infections and, perhaps more superficially, on the basis that prevalent blood groups in Africa are less prominent among Europeans. Such communities are constituted negatively under the sign of pragmatism, setting themselves against the desire for a worldwide system of reliable blood transfusion that ultimately animates the endeavours of the WHO in this area.

Positioned between such opt-out systems and the drive for inclusion of individual Kenyans regardless of ‘tribe’ are the initiatives of groups that seek to donate to the national pool and to be recognized as group donors for strategic purposes. Within hours of the Westgate attack starting, the Somali ambassador, His Excellency Mohamed Ali Nur, sought to spread the message that Somalis were as much victims of Al-Shabaab as Kenyans, via social media as well as national and international broadcasters (Shepard 2013). He contacted Abbas Gullet, secretary general of the Red Cross, himself a Kenyan Somali, to arrange to make a blood donation with full publicity and called on his fellow Somalis to follow suit, ‘so that Kenyans could see that we are with them’.³⁹ With the ambassador’s encouragement, a group of women from Eastleigh, a predominantly Somali neighbourhood of Nairobi, delivered food to security and rescue services at Westgate on

³⁶For instance, HIV prevalence in voluntary donations is 2.6 per cent, in replacement donations 7.4 per cent (Kimani *et al.* 2011).

³⁷Interviews with National Blood Safety Coordinator, Nairobi, 2 December 2013; Bloodlink Foundation Director, Nairobi, 22 October 2013.

³⁸Botschaft der Bundesrepublik Deutschland Nairobi, Gesundheitsdienst Regionalarztstelle: Der Regionalarzt informiert – Info. Nr. 9: ‘Walking Blood Bank in Afrika (und anderswo)’ (copy on file with author).

³⁹Interview with the Ambassador of the Federal Republic of Somalia, Nairobi, 26 November 2013.

the first day of the siege.⁴⁰ The following day a blood drive was organized by the District Business Association, with men proceeding from the main mosque to the Andalus hospital. It must be noted that the donations were grounded in religious imperatives: to defend the name of Islam and to practise charitable giving or '*sadaqa*'.⁴¹ But they were also explicitly aimed at self-protection. Interviewed in the weeks after Westgate, both the ambassador and the community leaders felt that they had succeeded in this, winning the approval of the president and forestalling a violent backlash.⁴²

This confidence was disappointed in April 2014 when the government launched Operation Usalama Watch in Eastleigh and elsewhere in the city (Anderson and McKnight 2014: 21). Police and paramilitary forces conducted house-to-house searches, detaining around 650 people in a football stadium and engaging in widespread theft, harassment and beatings. Justified by one senior journalist on the basis that 'every little two-bit Somali has a dream to blow us up' (see Mathiu 2014), the operation continued the state practice of marginalizing and abusing the Somali community in Nairobi and the North-Eastern region. The Shifta insurgency, mentioned above, had been crushed using punitive tactics pioneered by the British during Kenya's independence struggle (Whittaker 2014: 89ff.). In the 1980s, state forces massacred hundreds of Kenyan Somali civilians in two notorious incidents.⁴³ At the end of that decade, the Moi government introduced a scheme forcing members of the community to prove their nationality and adopt special identification, leading to further police harassment and deportations (Lochery 2012: 617).

Blood donation and philanthropy more generally have also been of strategic significance for Kenya's Asian minority. Emergency care, support and counselling for many victims of the Westgate attacks and their relatives were provided at facilities associated with the community such as the Oshwal Centre and the Aga Khan and M. P. Shah hospitals in Nairobi (Verini 2013). Long queues of blood donors formed at these clinics on the first day of the attack.⁴⁴ This response built on a well-established tradition of charitable work remarked on, for example, by official blood donation recruiters.⁴⁵ Thus, the Jain community has organized drives since 1978 for the benefit of Kenyatta National Hospital and latterly the NBTS.⁴⁶ The founder of this initiative explains it within a double frame as

⁴⁰'Solidarity: women in Eastleigh erect tents for blood donation in Nairobi', *Daily Post*, 23 September 2013 <<http://www.africanseer.com/news/311316-solidarity-women-in-eastleigh-erect-tents-for-blood-donation-in-nairobi.html>>, accessed 18 July 2017.

⁴¹Interview with Eastleigh Business District Association, Nairobi, 30 November 2013. Blood donation is interpreted by many Islamic scholars, and by recruiters in Muslim countries, as a form of *sadaqa* (see Van den Branden and Broeckaert 2011).

⁴²Interviews with the Ambassador of the Federal Republic of Somalia, Nairobi, 26 November 2013; Eastleigh Business District Association, Nairobi, 30 November 2013.

⁴³These were at Garissa in 1980 and Wagalla in 1984 (estimated 3,000 and 5,000 deaths respectively). For an excellent documentary on this history, see 'Not yet Kenyan', Al Jazeera, 15 December 2013 <<http://www.aljazeera.com/programmes/aljazeera correspondent/2013/10/not-yet-kenyan-2013102885818441218.html#>>, accessed 19 July 2017.

⁴⁴Author, personal observation; interview with Laboratory Administrator, Nairobi, 15 October 2013.

⁴⁵Interview with Regional Blood Donor Recruiter, Nairobi, 28 October 2013.

⁴⁶Interview with Jain Community Organizer, Nairobi, 22 November 2013.

regards meaning and motivation.⁴⁷ On the one hand, the individual donation is inspired by the religious-ethical tradition of *seva* or anonymous charitable giving without expectation of reward or honour (see Copeman 2005). On the other hand, aggregated donations signal to ‘the government [that] we are not only doing things for ourselves but for others’.⁴⁸ In an essay suggestively titled ‘Kenya Damu’ (Kenya Blood), Sunny Bindra notes the impetus for this combination of charity and publicity: the tendency of demagogues, in parliament and outside, to attack Asians for being inward-looking, unpatriotic and exploitative of the majority population, and a resulting history of exclusion from state employment, expropriation and expulsion across East Africa (2005).⁴⁹

The ambition to overcome ‘tribalism’ through blood donation discussed above can be distinguished from the Somali and Asian efforts in response to Westgate and more generally. In the former case, anonymity facilitated a dissolution of the donor’s ethnic identity and their merging into the ‘body’ of the nation. A unified Kenya would be realized from its constitutive ‘tribes’. In the latter, in contrast, the donated blood retains a collective marker, coming as it does not from a member of an ethnic group integral to the nation, but from a group often perceived from the outset as non-national or alien. As Carrier and Lochery have noted of Eastleigh residents, ‘the state is very much missed and longed for’, but from outside, as it were (2013: 335). Blood donation gives tangible expression to this longing for inclusion and the benefits of citizenship under the law. It is, in the words of one Asian recruiter, a means of showing that ‘we are part of you’.⁵⁰ But it therefore functions as an index, not of integral belonging, but of something more like an external biopolitical association.⁵¹

Conclusion

The wave of donation after Westgate confirmed the importance of the blood system as a site for imagining the nation. But it also suggested that these dreams are not one but several. There are many dreamers, their visions sometimes in contradiction. The crisis rhetoric of political leaders and established media sources saw in blood collection and transfusion a means for Kenya to prove itself a unified nation, participating in scientific and administrative regimes sanctioned by international expertise. This suggests a continuity of what we might call ‘elite dreams’ from the early independence period to the present, notwithstanding the rise and fall of state-led development and the imposition of neoliberal adjustment. The present study of media reports and comment suggests that these elite dreams overlap with understandings of the significance of national donation and transfusion systems among the wider population. The real potential for blood to cross ethnic divides was also gestured at in popular opinion, though a more detailed empirical survey would be required to document intentions and

⁴⁷*Ibid.*

⁴⁸*Ibid.*

⁴⁹For an early report, see Theroux (1967).

⁵⁰Interview with Jain Community Organizer, Nairobi, 22 November 2013.

⁵¹Ethiopian Jews in Israel and gay men in the US have campaigned to be allowed to donate blood in just such terms (see, respectively, Seeman 1999; Strong 2009).

attitudes among the hundreds of citizens who responded to Westgate with donations. However, as we saw, various ‘dreamers’ put the donation to quite different uses. Rather than a simple means of affirming elite ambitions and aligning Kenya with the Western military coalition pursuing the ‘war on terror’, some saw in the mode of donation itself a vehicle for moral criticism of the political class and for imagining a Kenya committed to values of formal equality and the rule of law. Optimistic readings were challenged as illusory by more sceptical perspectives, which alleged a shallow commitment to justice given massive substantive inequality and the enduring capacity of elites to stoke ethnic enmity as a means to their own self-preservation. What Musila has called the paradoxes of colonial modernity, promised and limited, claimed and denied in the same movement (Musila 2015: 112), continued to shape the blood system and the wider society. Finally, we observed strategic blood donation among ‘pariah’ groups, positioned beyond the national community and subjected to ‘graduated citizenship’ (Lochery 2012: 617) by the authorities since independence. Even here, however, a clear defensive motive was augmented by the dream of a more inclusive Kenya.

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Abstract

This article examines responses to the terrorist attack on the Westgate Shopping Centre in Nairobi in September 2013 in order to investigate the role played by blood donation, as an expression of national dreams, in the political imaginary of contemporary Kenya. It considers the symbolic effectiveness of calls for blood donation made by political figures in the aftermath of the attacks. Such calls drew on a tradition of donation drives begun in the early years of independence, which emphasized the modernizing imperative of the new state and the importance of unity, hard work and self-sacrifice in building the nation. However, the reaction to Westgate, including calls for blood donation, also needs to be understood with reference to the response of American and other leaders to equivalent terrorist attacks in more recent years. These elite dreams found resonance among ordinary citizens and blood donation recruiters. But they were also subjected to trenchant critiques that sought to expose the reality of the transfusion system, as well as the inequality and injustice that mark the general healthcare system and Kenyan society as a whole. These shortcomings were also highlighted by mobilization drives organized by Kenya's Somali and Asian communities both before and during the Westgate crisis. The latter are presented by their organizers as a means of overcoming historic exclusion and discrimination.

Résumé

Cet article examine des réponses à l'attaque terroriste qui a visé le centre commercial Westgate de Nairobi en septembre 2013 afin d'examiner le rôle joué par le don de sang, en tant qu'expression de rêves nationaux, dans l'imaginaire politique du Kenya contemporain. Il étudie l'efficacité symbolique des appels aux dons de sang lancés par des figures politiques à la suite de l'attaque. Ces appels s'inspiraient d'une tradition de campagnes de don qui ont débuté dans les années qui suivirent l'indépendance, qui mettaient l'accent sur l'impératif de modernisation du nouvel État et sur l'importance de l'unité, de l'effort et de l'abnégation dans la construction de la nation. Cependant, il convient également de comprendre la réaction à l'attaque de Westgate, y compris les appels aux dons de sang, en référence à la réponse des dirigeants américains et autres à des attaques terroristes équivalentes plus récentes. Ces rêves d'élites ont trouvé une résonance chez les citoyens ordinaires et les recruteurs de dons de sang. Mais ils ont aussi fait l'objet de critiques incisives visant à exposer la réalité du système de transfusion, ainsi que l'inégalité et l'injustice qui marquent le système général de santé et la société kényane dans son ensemble. Ces carences ont également été soulignées par des campagnes de mobilisation organisées par les communautés somaliennes et asiatiques du Kenya avant et durant la crise du Westgate. Ces campagnes sont présentées par leurs organisateurs comme un moyen de surmonter l'exclusion et la discrimination historiques.