Blood-stealing Rumours in Rural Western Kenya: a Local Critique of Medical Research in its Wider Context.

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ABSTRACT

This paper examines responses of people in rural western Kenya, towards recent biomedical research and collection of blood-specimen. The perception of research involves fears of "blood-stealing". Similar rumours have circulated in East Africa since early colonial occupation, and they surface regularly in connection with medical research activities. They seem to express concerns with the unequal distribution of knowledge and power, and the exploitation of bodies. They evaluate research and the wider global political and economic situation. This blood-stealing idiom is not simply employed to "resist" biomedical research, but it is used within various and rapidly changing local conflicts, reflecting gender, age, wealth, religion and personal and historical memory. The political critique is refracted through local social relations and enacted in daily life. It invites reflections about the practices of current biomedical research in Africa.

INTRODUCTION

The origin of this paper is tied to a turn in my research biography. I am a biologist, and I have worked for several years on biological-medical research on child health among the Luo in western Kenya, East Africa.[1] Most of the research was in the field of epidemiology in a broad sense: we examined and treated rural children and followed up results of treatment by further examinations. Most of these studies could have been done anywhere in the world in the sense that the social context was not central to the work or the results. However, during my stay in Kenya I grew interested in this context, and my involvement with the people whose children's health I studied led me to change my academic interests towards social anthropology.

One experience that triggered my interest in the sociality of our 'study subjects' was the confrontation with their responses to me and the research I took part

[1] The research referred to here was conducted as part of the biomedical component of the Kenyan-Danish Health Research Project (KEDAHR), a long-term multidisciplinary research project involving several Kenyan and Danish research institutions, which in its first phase (1994-1996) focused on the health of school age children. The project was headed by the Division of Vector Borne Diseases (DVBD) of the Ministry of Health, the oldest and leading unit for medical field research and disease control in the country. I need to stress that the rumours explored here are not limited to this particular project, but that researchers experienced them at different times in different parts of the country.

in. These responses were very varied. On one side of the spectrum, the research was welcomed for the 'development' that it brought. On the other extreme, we occasionally had to confront angry parents, who accused us of trying to kill their children. Between these extremes, there were rumours, debates, concerns in which our research was evaluated, contested and used by the local people in their local social and political practice. The study subjects were moving.

Here, I want to look at one small aspect of the encounter between researcher and researched, namely the accusations that associated us with blood-stealing killers, locally referred to as *kachinja*. These rumours, and the action motivated by them, were provoked by the scientific collection of blood-specimens, but the ideas behind them are older and have a broader frame of reference. As I will try to show, they provide a sort of critique of research in the post-colonial context, which hopefully can serve as a starting point for further debates. In this paper I present a by-product of my earlier biological fieldwork in Kenya and not (yet) results of extensive ethnographic fieldwork on the topic.

The theme of this paper is the concrete encounter between different people - a team of scientists and members of an African village community - in a specific locality, which results in talk and action. This talk reflects a moment in what the Comaroffs have called the "long conversation" that resulted from the colonial conquest of Africa: an exchange between coloniser and colonised, between missionary and non-Christian knowledge, between biomedicine and local medical practice. A "conversation" in which no side surrendered and, as it were, "converted", but through which both sides have continuously developed and changed. However, the local talk that I look at here is not simply determined by these large historically evolved dichotomies. Like all real life talk, it is full of contingency, contradictions, changes. People engage in talk from their specific position in a localised field of social practice, in a home, a village. I will try to show how people evoke and use the *kachinja* blood-stealing idiom in the construction of the encounter with research, and in unrelated social relations, and eventually abandon it again.

The paper has two parts: first, I will try to capture some traits of the experience of research and blood-collection and people's responses to it, focusing on the *kachinja* idiom. To illustrate how this idiom is used, I will present the case of one family home's responses. Then I will discuss the *kachinja*-idiom more in detail: I will see how *kachinja* relates to wizardry and evil, and to cultural constructions of the relationship between knowledge, power and body; I will examine its possible origin and meanings, its ties to colonial history and why biomedicine and blood-taking are perceived in this way. In the end, I will have a look at people's use of this idiom in their concrete social practice, and by way of conclusion, I will briefly look at how this use reflects upon concepts like domination and resistance in the post-colonial situation. The paper offers no definite conclusions, but would like to invite some reflection about biomedical and other research in East Africa.

PART 1: THE ENCOUNTER OF RESEARCHER AND RESEARCHED

The remote rural area of western Kenya where we worked, is inhabited by Luo people, the second largest ethnic group in Kenya. The Luo are a patrilineal people, who mainly live from subsistence agriculture and fishing. Economically the area is at the Kenyan periphery. Economic links to the rest of the country are extractive. Local products are bought by non-local traders, and labour- migration is the main source of cash income. As a result of its marginalisation, some areas of rural Luo land are relatively poor, and people there commonly associate their every-day sufferings - e.g. malnutrition, illness, child-death - with their marginal, disadvantaged position in Kenya and the wider world.

The events described here occurred in 1994 when I participated as a student in a biomedical 'intervention study' on the interactions between infections, nutrition and child development, which aimed at identifying ways to improve the health of school-age children. As part of this work, schoolchildren were examined for various infections and treated, and blood and stool specimens were regularly collected from them. How did the study subjects experience this research?

From the study subjects' perspective, important aspects of the research encounter were intrusion, order, discipline and hierarchy. Children and teachers were interrupted in their school-activities by the research-team arriving from the city, more than one hour's drive away. The children were enlisted in lists of study subjects and numbered with individual study numbers, which determined their position in the various physical examinations, and served as identifiers for the two-year study period. The children were thus turned into 'study subjects'. In the schools, a ritual order of sorts was created: the examination teams were placed under trees in the school courtyard, the children were lined up in numeric order, and then they proceeded hastily through the different examinations, repeatedly having checked their names and numbers. The children quickly learned to perform according to the rules of research. They formed lines on their own, corrected each other, and seemed quite to enjoy to 'perform well'. Their discipline showed in particular during blood-collection: hardly any child tried to escape, although all of them feared the pain and the sight of their own blood.

The research created a new, extended power-structure, which incorporated the existing school hierarchy. In school, where corporal punishment is common, the production of knowledge is linked to authority over the body. The research-experience extended this school-hierarchy by subordinating it temporarily to the requirements of the researchers, and it intensified the nexus between knowledge and bodily discipline through painfully extracting blood from the bottom, the children, to generate scientific knowledge for the top, the researchers.

After the examinations, the team checked the lists and identified children who were absent. Siblings or neighbours of the missing children were found, and the homes of the children, which also had been mapped and numbered, identified. Then the specimen collection was extended into the village. The homes were sometimes remote and could only be reached on foot. In the homes, the parents were briefly greeted, and the brevity of the visit was in

itself a problematic experience both for parents and the research team, as it is very culturally inappropriate to enter and leave a private home in a hurry. When the child was found in or around the home, the missing blood sample or measurement was taken. Then the team quickly disappeared, returned to the laboratory, and came only back if the child needed some medical treatment.

By this work in the village, the hierarchy of power mentioned above incorporated also the children's families. From the distant 'top centre', as it were, the researchers descend with their cars, make their way into the family homestead, and penetrate into the mud hut of a mother, who in this situation is likely to feel poor and powerless. Venous blood-collection is of course in itself an 'intrusive' experience, but used in this field-research setting it can be described as but the pointed end of a long intrusive movement. This movement originates, from the community's perspective, from remote sites of power in the city and beyond, and aims at the essence of community life, children's' blood. This blood then reveals through examination in a distant laboratory a previously hidden knowledge, which, returning to the village, turns the children into diseased bodies requiring western medicine, which again comes from far away into the child's body. We have thus a long movement back and forth between the enigmatic realm beyond the reach of villagers, and the heart of the family. And further, this knowledge, derived from blood is in an incomprehensible way of value to the researchers. And the eagerness with which they (not least some PhD students) pursue their data, i.e. somebody's children, might indeed be alarming for parents.

The obscurity of these activities in the view of the villagers is not easily changed by the researchers' explanations about the 'common benefit' that research achieves. The experience that research rarely attains any direct improvements of local conditions makes people sceptical. The universal morality motivating biomedicine differs from the contextual morality of the community, and the argument that research as such is 'good' is therefore difficult to convey. It provokes the question: good for whom? And even if the research was beneficial - why would complete strangers wish to come to an African village and do good? These questions, which are much more than problems of information, give rise to suspicions, which in our case focused on the blood-taking exercise.

As I mentioned above, a few parents choose to prevent our team access to their children by blocking the way. These parents, I heard later, suspected us to be "blood-thieves" (among the Luo usually called *kachinja*), who they feared would take all or a lot of their children's blood and leave them weakened, infertile or dead. These *kachinja* were believed to move in cars and catch people to drain their blood with syringes. *Kachinja* were known by everybody and considered by many, including educated people a real threat. When the project cars loaded with red jerry cans were seen moving everywhere in the area, criss-crossing the bush until well after sunset, accompanied by a zealous young stranger, these parents thus took action to defend their children.[2]

[2] Teachers, parents and children had been informed about the study's aims and methods. The parents of all participating children had signed

However, these direct confrontations were very few, and most responses to the research were expressed in more well-ordered public discussions after these events. Here, *kachinja* rumours were evoked indirectly, referring to other people's ideas or to "rumours" that one had heard about. In this indirect, displaced form they were present in every discussion. Hardly anybody stood up and challenged the suspected blood-thieves face to face, but the atmosphere in these meetings was tense and sometimes hostile.

Direct critique was expressed in these meetings in a more mundane idiom, questioning the inequality of power and exchanges in research and suspecting the self-interested use of the blood that we collected and the knowledge generated from it. People's suspicions against the researchers, who came from the capital city and from overseas, expressed ethnic tensions between Luo and other groups, widespread mistrust against the Kenyan state, colonial memories of bloodshed and oppression and perceptions of global economic exploitation, in which Europe and the US were identified as superior sources of power, with all the ambivalence that power yields in the eyes of the powerless. This critical discourse linked distance and difference to power and power to value and exploitation. Research was definitely not seen as a neutral endeavour for the general good, but as a road to status and wealth for researchers, be they European or Kenyan - a selfish, extractive practice. To my embarrassment, the term PhD surfaced in more than one of these debates, carrying, to my surprise, negative connotations.

Interestingly, women often voiced a more concrete concern, namely that their children had too little blood anyway, and that they ought not loose more of it. This was based on their thorough personal experience with anaemia and resulting illnesses, which they had acquired as women and as mothers. I cannot elaborate on this theme here, but the women's comments and complaints underlined the fact that blood is not only the essence of the body in metaphorical speech, but as well central to the experience of the body and its well-being. I will come back to this theme of blood as experience and symbolism below.

The political-economic and nutritional arguments and the *kachinja*-idiom were evoked interchangingly. They seemed to form a continuum of evaluative idioms to give meaning to research and blood-collection within the given social and political context. In short, this explanatory complex expressed fears about the extraction of value from bodies and unequal global exchange relations, being drained by an uncontrollable outside power possessing superior knowledge.

Teachers came with some particularly explicit commentaries to the research and its wider political context. They traced the origin of the *kachinja*-problem, as they saw it, back to the 1st WW. Contemporary

a consent form agreeing with the collection of blood specimens from their children. In fact, this written consent form was a probably a cause of concern for some of the parents. It was interpreted as a contract of sorts, in which the parents signed away the children's vital fluid. In an oral culture, where death certificates and land titles are the only signed documents exchanged between people, a written document about the rights in one child's blood is likely to provoke concerns (the appropriateness of written consent as demanded by ethical guidelines for research could be discussed in the light of this experience, which is probably not unique).

blood-stealing was linked to the 'fact' that certain "big people" fed on blood as part of "devil-worship", which was a common media topic during 1994. Another version had it that blood-stealing had become good 'business' since health care had been privatised due the structural adjustment programme and the resulting decay of the health care system. A very widespread suspicion was that multinational companies traded in African blood and organs on behalf of rich American recipients, which were supported by media reports on the illegal trade in organs between Latin America and the USA. Moreover, they linked these exploitative practices to other common rumours about the destructive intervention of outside forces into Luo society: for example the supposed spread of AIDS in Kenya by Americans and the suspected attempts to decimate the Luo by various means ranging from large crocodiles to medicated school milk. Many of these criticisms and rumours were expressed in general terms or as kind jokes, but as a whole, these comments displayed a heightened critical awareness of the economic world system, and of the position of research within this global context and within Kenyan centre-periphery relations.

The acquaintance with the family of Mr Okoth provided some insight into the social functioning of the *kachinja*-idiom. The Okoth family's home was not initially involved in the blood collection, so our visits were of a more social nature. Mr Okoth was a welcoming and generous host, maybe also because he practised as "injectionist" and was generally regarded as a man of modernity. He was a retired subordinate from the local dispensary, had worked with medical research projects and received a pension. The researchers' visits to his "office" at the centre of the homestead confirmed his reputation in the village. However, his four wives were aware of the *kachinja* rumours and suspicious about the research. They were good hosts, but they asked the research assistant hostile questions. Repeated visits to the second of Mr Okoth's wives established a closer relationship with her. She voiced her concerns and fears and was eventually satisfied by our explanations of what we were doing, or at least convinced that we were harmless. This emerging friendship, however, provoked the animosity of her younger co-wives. They now raised *kachinja* accusations against the second wife and us, which reflected long-standing tensions about child health and survival, and accusations, e.g. of "evil eye" attacks, between the women.

Giving equal attention to all four wives, we restored our relationships, and soon all four women welcomed us to their houses. These friendly interactions with the women, though, seemed to provoke the hostility of Mr Okoth. The reason for his changed attitude could be found in his relationship to his village neighbours. His association with the outside visitors had caused some of his village neighbours to turn against him. Under the lead of a neighbour, some older men accused Mr Okoth himself of being a *kachinja*, collaborating with us to steal the village children's blood. This neighbour, Mr Odhiambo, was an orthodox member of an independent church. He dressed in a loincloth and opposed 'western' influence including biomedicine. As a neighbour, he had old land conflicts with Mr Okoth's family, which fed into this *kachinja* debate.

Envy about the prestigious visitors might have played in, too. The thrust of Mr Odhiambo's argument was however, that Mr Okoth was associated with biomedicine - he had even worked with blood collection in earlier disease control campaigns and with the state, from which he received a pension. These traits made him the ideal middle-man, the *kachinja* working on behalf of remote power-holders, who occasionally came to visit and get their share. Issues of wealth, status and education, state and religion and antagonistic knowledge about the body merged here in the *kachinja*-idiom. It was activated by our appearance in the village, but it was used in a long-standing quarrel between two neighbours about land, ideology and lifestyle.

What the example of our encounter with Mr Okoth's home shows is that the *kachinja* idiom can be used outside the immediate relation to research and the conflicts about blood taking. Here it is employed in ongoing conflicts involving various overlapping fields of interest. In shifting constellations - researchers vs. homestead, second wife and researcher vs. younger wives, wives and researcher vs. husband, homestead and researcher vs. village - the researchers' position shifts from being outside the family and a threat to it, to being a part of it vis-à-vis the rest of the village. On each level, the *kachinja*-accusation is linked with different social dichotomies: inside-outside, male-female, rich-poor, state-community, tradition-modernity.

At no point had the suspicions lead to a breakdown of contact or violence. The difference established by the idiom was perceived as situational, tied to changing social relations. And after some time, the *kachinja*-idiom fell in disuse again. Blood collection was no longer disputed and people even brought children for examinations. The idiom had lost its use-value in the given situations. The creative space that it had opened up, had collapsed and given room for everyday interaction. It will re-appear, once a change of the local situation renders it useful for social practice, as our appearance in the village had done.

PART 2: THE *KACHINJA*-IDIOM, ORIGINS, MEANINGS AND USE

In this second part of my presentation I would like to look at the *kachinja* idiom more closely. Is it 'traditional' or modern? Whence does it derive? What does it mean (is this an appropriate question)? How is it used?

The term *kachinja* is not original *Dholuo*, i.e. Nilotic, but derived from the Bantu/Kiswahili root 'chinja' (to slaughter), which occasionally is used in Luo (*chinjo*). It relates to Kiswahili 'Kuchinja' (butcher), but it seems as if only in the Luo version of the word, associations to blood-sucking human murderers are made. In Kiswahili speaking populations in Nairobi and Mombasa, blood-stealing people working for powerful, often white employers are also feared, but they are not called ku- or *kachinja*, but most commonly 'mumiani', a term which has been documented in all the bigger colonial cities. In Mwanza town, and among the Haya people of the Tanzanian shores of Lake Victoria, there seem to be rumours about 'chinjachinja' blood-stealers, showing the same root term as *kachinja*.

The non-Nilotic origin of the term *kachinja* indicates that it is a 'new' phenomenon, and the similarity of terminology and the rumours themselves

across East Africa, Zimbabwe (banyama), Congo (mutumbula), and with variations throughout the African and Asian colonial world - all this indicates that we are dealing with a recent phenomenon which has possibly been spread by diffusion across eastern and central Africa and that is tied to the experiences of the colonial period. This is underlined by the fact that I could not find any evidence of blood-stealing fears during the first years of British occupation in the historical literature or in archival sources. Earliest reports date from the time between the wars, when the occupiers extractive policies reached a first peak, and, as Ogot put it, Africans "got restless".

What is the relation of the *kachinja* idiom to pre-colonial, 'traditional' Luo ideas of evil? The Luo know many wizards who kill people and often harm children. Some of these do so by reducing the victim's blood, e.g. by attacking one's shadow. Their deeds are motivated by hatred or envy, but Luo wizards do not seem to appropriate other people's blood for their own immediate benefit, i.e. to get rich or to gain strength (in contrast to some of their West African counterparts). Wizardry has the primary aim to harm the victim, and its techniques - e.g. blood-sucking - are secondary means of the evil purpose. Blood-stealing, in contrast, harms the victim as a consequence of exploiting the victim's body. The profitable *use* of blood is here the primary purpose and the detrimental effect on the victim secondary. One is essential *evil*, the other morally detached *use*. *Kachinja* is the act of an outsider, disinterested in the victim. Wizardry is in contrast motivated by social relatedness. *Kachinja* should therefore not be treated as 'a kind of' wizardry, but as an explanatory idiom of its own kind.

At the same time there are similarities: both destroy bodies through material techniques; and these techniques spring from a specific knowledge; and this knowledge is exclusive and stems from an inaccessible outside power. *Kachinja* and wizardry are both idioms addressing the detrimental effects of *secret knowledge* upon *human bodies*. Distribution of knowledge and exploitation of bodies are central to the practice and experience of colonial domination, in which power and knowledge were applied to bodies in new and often traumatic ways.

The *Kachinja* idiom expresses concerns with relations of power, bodies and knowledge, emphasising respectively colonial violence and biomedicine, which I shall look at in turn.

Colonial war. We have seen that the teachers associated the *kachinja* themes of intrusion and extraction with themes from the colonial occupation. Their explanations draw on social, political and bodily notions of difference and 'inside' and 'outside'. They involve transgressions of boundaries and power differentials on different levels (body, house, home, village, ethnicity, nation, race). They address the profitable use of these power differences, and the extraction of vital fluid from the innermost 'inside' (the child's interior) to the farthest 'outside' ('overseas'). The First WW was a traumatic experience for African peoples and for many of them it was in fact the first close experience with colonial occupation. The Luo were heavily affected by forced recruitment to the British Carrier Corps during the war. Assisted by local chiefs, men were recruited from almost every home and more than half of the young men

were forced to serve. Roughly one third of them died in the campaign. When recruitment in northern Luo land commenced, only ten years had passed since the first thorough exploration of this area and contact with the occupier had been extremely scanty up to then. Suddenly and with extreme force, the brutality of occupation came over the Luo and left deep traces in people's collective memory. When I talked to old Luo people with first or second-hand memories of the war, these recalled bloodshed and brutality; rigid bodily discipline; and not least biomedical research, treatment, vaccinations and blood transfusions. The war provided an extreme experience of colonial power over African bodies. A less brutal, but no less physical and indeed close experience with colonial power was the encounter with western or biomedicine.

Medicine: Until after the 2nd WW, the study area had very little direct contact with biomedicine, as the nearest dispensary was a day's journey away. Men encountered medicine earlier than women through medical examinations in the military and as labourers with the railways and farms. The first local medical experience was through administrative measures in sleeping sickness control. In the 1940s, mass examinations including blood sampling and confinement and treatment of infected individuals were conducted in Yimbo. Subsequently, people were removed from their ancestral land in the tsetse infested areas. This introduction to western medical practices through sleeping sickness research and control seems to be a typical African experience, and it generated similar fears of blood-stealing and cannibalism in Rhodesia and the Congo.

The wars are long ago and sleeping sickness campaigns have achieved the eradication of human sleeping sickness; medicine has of course a more complex face today than half a century ago. If this idiom is used by people in today's Kenya, what does it address? *Kachinja* stories focus on the use of syringes and needles to take blood-specimens. These seem to be the immediate cause of fear, and the rumours could thus be read as anxiety generated by 'ignorance'. However, the case of Mr Okoth's family provides us with a paradox: he and his wives were concerned about blood-sampling, but he is an active "injectionist" using syringes to inject western pharmaceuticals. They initially protected their children from the researcher's intrusion, and yet valued injections higher than all other treatments. This contradictory attitude is typical for relations to medicine in Yimbo and other parts of East Africa. How do we account for this ambivalence?

I would suggest that blood-collection is rejected, not as a dangerous medical technology in the material sense, but as an aspect of broader structures of external control over bodies, well-being, and knowledge. For people in Yimbo, biomedicine consists of two domains: firstly, a body of knowledge ('medicine'), embodied by experts and institutions, which is linked to a specific epistemology and power-relations; secondly, *materia medica* and material technologies ('medicines'), which more easily escape the formation of knowledge and relations of power that generated them.

The first domain 'medicine' is controlled by trained medical professionals and

institutions, who diagnose diseases, decide about treatments and convey little of their knowledge to the patient. Expert knowledge is made to work upon and control individual bodies and the body social. Biomedical research is the 'cutting edge' of this "technology of knowledge" in Foucault's sense, which continuously advances its exclusive knowledge-base. Sleeping sickness control is the case in point.

The second domain, 'medicines', in contrast, are traded and accepted all over Africa, and especially injections are popular. In Yimbo most household-heads possess syringes and inject their family members, and biomedical pharmaceuticals are incorporated into a broadly shared folk-practice and stored in every home. These 'medicines' are in fact preferably used within the family rather than in suspect, alien medical institutions. Through these domestic practices, the ambivalent powers of 'medicine' which is perceived as a threat, is kept at bay, while the power of 'medicines' is used.

People in Yimbo say they feel uneasy about medical doctors and institutions, because doctors don't share their knowledge freely, they often come from outside the community, and they make money, often considerable wealth, from their work. These traits appear in even sharper relief in medical research. (1) Researchers' knowledge is highly specialised and increases through research; (2) their social position is high and connected to overseas power-sources; (3) their rituals are more elaborate than hospital routines and employ less familiar technologies; and (4) their wealth and the resources employed in data collection are conspicuous and provoke questions about the value research generates.

Research has additional peculiar qualities: (1) it is proactive - researchers follow their subjects actively; (2) it extracts and alienates parts of their bodies; (3) it denies reciprocity of knowledge and material gain.[3] These traits are perceived by communities exposed to research in various parts of the world. In consequence, research has since colonial occupation been the most contested appearance of biomedicine.

Before I turn back to our case of Mr Okoth and the use of the *kachinja*-idiom, I want to have a quick look at the substance that is central to *kachinja*: blood. We have seen that the violent, physical articulation of the 'colonial situation' in war and in medical research - provided material for idioms like *kachinja*. But why were these issues addressed with reference to blood? Blood has of course deep social meanings. To 'share' blood is central to kinship, representing both continuity of descent and affinal exchange relations. Kinship is in turn the basis of agricultural production, subsistence and life. Therefore it makes sense to link the alienation of blood in idioms about colonial land-alienation and break-up of families due to labour migration. The symbolic link between blood, kinship, land and life explains the use of the blood-stealing idiom in relation to sleeping sickness policies, which bring together extraction of body fluids, splitting

[3] This is usually an explicit ethical demand in medical field research: subjects should not be paid for their specimen and not enjoy individual remunerations, in order to avoid 'buying' specimens. Co-operation with research, in other words, should be voluntary and free of personal interests.

up families and eviction from land in one historical event.

But blood is more than a metaphor of fertility, lineage, land and production. It is a part of the body and thus directly experienced and employed to explain bodily states and processes. Luo associate food-intake to the quality of the blood, which determines health, strength and fertility. Women in particular are conscious of the state of their blood and attribute ill-health to "little blood", caused by insufficient food or illness. The foetus in the womb is thought to be 'made from' blood and thus the woman is expected to eat well during pregnancy, so that she can produce more blood. Women know about the importance of blood for child-health from own experience of anaemia in pregnancy and children's anaemia. Rather than 'representing' health by the blood-metaphor, they *experience* their own and their children's well-being through blood. Based on these experiences, blood becomes a measure for the effect of changes in food production and social relations on individual health and communal well-being.

Blood is thus the essence of bodily well-being, both as symbol and as a physical experience. Moreover, blood represents the principle of equality of needs that underlies human life. Every body needs an approximately equal amount of blood to live. Loosing blood endangers one's life and well-being, and the alienation or accumulation of blood is an abomination (similar to, but worse than the alienation of food, land or labour). Blood lends itself therefore to idioms about colonial and post-colonial exploitation and abuse. Media reports about the international trade in blood products (and illegal organ trade, forced sterilisation) that are common in Kenya lend it additional credibility. *Kachinja* is thus rooted in bodily experience and pre-colonial meanings of blood, shaped by local, historical experiences of colonial occupation, and integrated into discourses about local-global, south-north relations. It gains its power to mobilise actions from this multiple frame of reference, which can be adapted to many social situations.

Kachinja analyses the unequal distribution of (medical) knowledge within the post-colonial situation and its effects on the life of Luo people. It is a response to the loss of control over knowledge. This response emerges from a culture, in which most knowledge is communally shared and secret knowledge is regarded as potentially dangerous. It is shaped by a society in which bodily and social well-being depend on reciprocity, which is challenged by the colonial unequal exchanges of knowledge, labour and goods. Biomedicine brings together these concerns with knowledge and bodies in an exemplary way, and research, as the spearhead of the biomedical endeavour is the logical target of this critique of the embodied aspects of inequality.

The wide distribution and repeated occurrence of *kachinja* and similar rumours shows that it is a latent idiom, an image that is generally available to people. It is only voiced to address strained social relations if something unforeseen happens, that triggers its use, like our arrival in the villages. Then, it is used if the details of the idiom fit a particular social situation (like we saw in Okoth's home: the overlap of evil eye accusations and blood-sucking in relation to child-death, Okoth's medical profession and links with the state, and

ours). It is also important that significant other persons agree with its use. None of these conditions nor the social tensions themselves are stable. This is clear in the case of Mr Okoth's home, where the ascription of *kachinja* and the positions of accuser and accused repeatedly change, moving further and further away from the immediate interface of researcher and study subjects, and involving more and more local context and history.

This case shows how the idiom is *used*: it is created, changed and disposed of in social practice. *Kachinja* is a speculative, evaluating idiom, one explanation among many in people's continuous struggle against multiple threats to child health and life, which range from neighbours and co-wives to bodies of global finance. It is a way of trying out a possible truth and does not state facts. It proposes a hypothesis to link and explain empirical facts, memories, and experiences within a specific social matrix, and to act upon these. Thus *kachinja* is not a permanent social category identifying a person or group as evil blood-thieves, but expresses a temporary relation, which changes as part of social processes. As all good hypotheses, it is contested and gives way for better ones, as social life and its evaluation progress.

Some older literature on blood-stealing rumours in colonial Congo suggests that it is a "myth of the oppressed". This certainly holds a general truth. However, the image of a neat "line of resistance" between coloniser and "oppressed" seems insufficient to describe the uses of *kachinja*-rumours described here. More recent studies of blood-stealing in colonial history give a more detailed picture, analysing these idioms as articulations of specific colonial experiences (mission, medicine, labour). Adding further complexity, it has been shown by other historians, how such idioms change in the historical process, and how their uses vary between different colonial societies in Asia and Africa, and how different political fractions within colonised societies employ the rumours in their conflicts. Each of these studies draws a more differentiated picture of the colonial encounter, of hegemony and resistance as reflected in blood-stealing rumours. They show how lines of social conflict criss-cross the lines drawn by colonial antagonisms, and how rumours link colonial confrontations to social processes within the colonial societies.

The material presented here shows on a contemporary level material from one specific locality, how colonial and post-colonial antagonisms are further refracted, reflected and transformed on the micro-level of social interaction. It shows that the "line" is too simple an image of colonial tensions, which in reality are perceived and articulated in overlapping, and often interdependent social fields. Sources of power, that partly inhere to these fields (as domestic relations, gender), and partly originate outside it (as the 'donor community', post-colonial state, medical science), work on people and influence their social praxis. Global antagonisms are realised within these different fields in a local practice which is shaped by conflicts that are (to some extent at least) independent from the post-colonial condition: gender, generations, land ownership, religion and lifestyle. These other fields of conflict are temporarily 'charged' and 'polarised' by wider structural tensions. Through idioms like *kachinja*, global structures of inequality are

enacted by local agents, and at the same time global agents (as the researchers) get entangled in local structures. In their mutual interaction, biomedical research and technology are evaluated, criticised and used. Through *kachinja*, people neither 'resist' nor 'adapt' to external power. Rather, the idiom voices critique and creates a space within which this power is kept at a distance and can be evaluated.

CONCLUSION: RESEARCH AS ENCOUNTER

Luo villagers' responses to biomedical research show how historical and personal memories, bodily experiences and concerns, and social relations interact in the encounter of researcher and researched in an African village. Together, they mobilise an evaluative idiom and feed into actions. These encounters are local events, created in people's social practice. At the same time they are generated within, and refer to, global political and economic structures. The blood-stealing idiom incorporates elements of both and mediates between global structures and local agency and global agents in local structures.

The *kachinja*-idiom refers to unequal exchanges of knowledge and wealth in the post-colonial context. But oppression and exploitation do not simply polarise society. Instead, they work on social relations within it and create mutative antagonisms that cannot be captured by simple concepts like 'resistance' or 'adaptation'. International biomedical research in contemporary Africa is positioned within the exploitative and oppressive structures of global economic and political structures, and it is perceived as such by those under study. However, the ways in which these structures motivate action depend on the specific situation. And it depends not least on the interaction between the involved persons, the agents of local and global range. Thus it is a field of activity, in which changes can take place, and which can be worked on by those involved.

The *kachinja* idiom poses thus a challenge to *'us'*, researchers - no matter whether we come from in- or outside the local society, and, in fact, irrespective of if we are social scientists or medical researchers. *Kachinja* addresses otherness and reveals conflicting interests, where biomedical thought poses universal truth and absolute morality. It draws attention to difference and to the importance of context and situation for medical knowledge and for research as well as to any other social practice. These reflections of ourselves in the gaze of others, of which *kachinja* is only one example among many, could maybe encourage a more self-critical approach to biomedical (and any other) research. A reflective research, which would not only add new details to our preconceived biomedical world-view, but also, gradually, change biomedical epistemology and practice. Research, also scientific research, ought to be seen as an 'encounter': an open practice towards one another, which acknowledges difference and uncertainty, and situates biomedicine in a material context, as a local practice within global structures.

An encounter begins with mutual questions, curiosity about one another, and doubts about one's own identity. It is an open-ended social process in time, in which both sides should change. In my understanding, *kachinja* is not so much a rejection of or resistance towards medical

or other research, but a fairly differentiated critique of our current research practices, which do not allow for sufficient time or space for a true encounter to take place. If we do not wish to be regarded as blood-suckers or cannibals by the people with whom we want to collaborate towards improved knowledge and improved health, we ought to listen to this critique.

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