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The ends of cutting in Ghana:

Blood loss, scarcity, and slow harm after NGOs

ABSTRACT

Female genital cutting is waning in northeastern Ghana, even though NGO and state discourses suggest otherwise. Women who no longer perform the practice do not, as anthropologists often posit, resist anticutting advocacy. Rather, they critique what NGO and state interventions leave unaddressed. These women understand the ending of cutting as an index of food scarcity and governance that saps their blood and vitality. Cutting had to stop, they say, because they could no longer afford to lose more blood. Drawing on indigenous and biomedical understandings of health and popular notions of occult economies, they critique the contemporary governance that simultaneously invests in their lives and causes bodily attrition. "Slow harm" reveals how the invisible violence of neoliberal democracy produces ordinary crises and makes bodies vulnerable. [female genital cutting, food scarcity, vulnerability, governance by extraction, neoliberalism, Ghana]

Upper East Region, Ghana, 2004. On a dusty dry-season evening, rural chiefs, women elders, and local politicians have gathered under the thatched gazebos in the courtyard of a small hotel in the Bawku West District. They have finished a long day of lectures and discussions at a workshop organized by Rural Help Integrated (RHI), an NGO focused on reproductive health that contributed to ending female genital cutting in the Bolgatanga and Bongo Districts, and that had now received funding from the United Nations Population Fund to expand its reach.¹ NGO workers are busy setting up a projector to screen public-health films about family planning, female genital cutting, and HIV/AIDS.²

Before screening the public-health films, the workers want to treat their audience to some entertainment and choose a popular film, as they say, "just for a little while, to get their attention." They screen *Billionaires Club*, a Nollywood film about Zed, a man who submits his infant son to ritual murder in exchange for wealth—a moral tale about the conversion of blood and life into wealth by witchcraft. The plot is familiar. Zed wants to join a club of rich men with big cars, big houses, black suits, young and glamorous wives, and fashionable American accents. One evening, on the pretense of taking his sick infant to the hospital, Zed delivers him to club members. The scene is graphic: Zed is anointed by the ritual master as the camera zooms in on a large mortar and pestle wielded by a scar-faced woman who is pounding his son bloody. Zed also allows the club members to murder his wife and is rewarded with cash, influential friends, and a young, cosmopolitan wife. Soon, however, Zed is tormented by his wife's ghost and his dead son's cries; when his own body turns against him and he develops sores all over, death becomes his only avenue to peace.

Like many Nigerian and Ghanaian films of its genre (Garritano 2012; Meyer 2003), *Billionaires Club* dramatizes the "occult economy" (Comaroff and Comaroff 1999) that equates "people and their body parts with commodities, their life-force with ill-gotten wealth and their fertility with immoral consumption" (Moore and Sanders 2003, 15). For Ghanaians, such films caution against illicitly pursuing fast money. They represent blood as a potent and valuable substance that increases wealth at the cost of one's own physical and moral integrity and the well-being of one's family. The occult exchange is invariably condemned, and perpetrators typically die at the end of the film.

It was late by the time *Billionaires Club* concluded on that evening in 2004, and the RHI workers decided not to show their own films. I began to feel the object of my inquiry slipping away. I was in Ghana to study interventions aimed at ending female genital cutting.³ In theory, rural screenings of public-health films were the cornerstone of NGO campaigns, but I was yet to observe any after half a year at my primary ethnographic sites, RHI and another NGO, Ghana Association for Women's Welfare (GAWW).⁴ Rather than observing the negotiation of "moral positions" (Pigg and Adams 2005, 26) about reproductive health, I was observing how, by showing the *Billionaires Club*, NGO workers were forgoing public-health pedagogies for popular culture. This too was a type of moral pedagogy, but its concerns were the crisis of *social* reproduction, inequality, and extraction of vital force, and its medium was the occult semiotics of blood and body parts.

I would soon learn that RHI's entertainment appetizer was integral to its rural outreach and often overshadowed the scheduled programming. I began to think of the playing of films and music clips not as impeding my original ethnographic intentions but as generating the excess of unforeseen data that is the stuff of fieldwork. Further surprise came years later when, in 2009, I had returned from fieldwork, and, while engaged in the most routine of tasks—coding—I realized that the women I worked with now viewed the ending of cutting in their village through the idioms of blood loss and extraction of vital force, which critique Ghana's present. The moral narrative of the Nollywood films was part of the assemblage about blood and crisis that informed how they constructed meanings about why cutting needed to end.

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Organized efforts to end cutting in Ghana began in 1984, with the founding of GAWW. Previously, the state's attempts to regulate cutting were restricted to colonial inquiries, informal admonishments, and presidential decrees. Although concerted campaigns have been led by NGOs, the state has not been written out of these projects but has, rather, been invigorated by them. Ghanaian NGOs are so integrated with the government that they, alongside international organizations and donor agencies, can be said to cogovern.⁵

To understand how anticutting interventions land and reverberate in social and political life, I reversed my ethnographic positioning—rather than taking the campaigns as points of departure, I relocated to a village in the Bongo District and explored NGO projects from within the broader experiences of rural subjects. I learned that, in this village, cutting began to wane in the 1980s and had largely ended by 2000. In 2009, talking again to rural women in Bongo who were the subjects of NGO interventions, I was struck by the intensification of discussions about blood

loss and blood shortages. Poring over my new notes and interview transcripts, I noticed that *all* women I conducted research with now tied the ending of cutting to efforts to safeguard blood in times of scarcity. This is how Abanga, my host's elderly aunt, put it: "You will lose blood through menstruation, you will also lose blood during childbirth, and in addition, when you cut. Yet you won't get enough food to eat. There is no food. But in the olden days, you could get enough food to eat."

Abanga was the first to speak, being the eldest of a group of neighbors and relatives sitting on granite boulders under a shady tree, where, during the farming season, they gathered after a morning in the fields. They kept each other company while working—preparing the bito leaves for the evening meal, threshing and sifting millet, or weaving the hats and baskets that provide a hard-won, meager income. I often joined them when I lived in their village, hosted by Mr. Robert, a civil servant, and his wife, Afua, a budding seamstress. This time, the conversation turned to the waning of cutting, and Abanga emphasized that she was at peace with this change: "Any year that passes by has its own dynamics. It's with time. People no longer put holes in their noses. My own sons don't have tribal marks. It's with time that cutting faded out." Despite her equanimity about the ending of cutting, Abanga was, she said, concerned about underlying blood shortages. So were others. Cutting had to stop now, they said, given the struggles of the contemporary moment in which women are chronically "short of blood" and can no longer afford to lose it.

I had heard concerns about blood shortages from particular women in prior years, but a decade after cutting's demise, a shared narrative emerged: cutting had to end because women's bodies had become chronically short of blood, and blood was no longer expendable. Now women young and old, cut and uncut, included themselves in a shared "we," a collectivity bereft of blood and opposed to cutting.

Public discourses about cutting are often strident, sensationalist, and unwilling to reckon with its endings. Despite indications that cutting practices are falling out of favor in Africa (UNICEF 2013) and very rarely practiced by migrants to the Global North (Johnsdotter 2009), governments, NGOs, and the media construct female genital mutilation (FGM) as a rising threat to the Western body politic. What unites Western and African discourses is the insistence that FGM persists because of "underground resistance." Recent US articles announce "The Shocking Rise of Female Genital Mutilation in the United States," and "America's Underground Female Genital Mutilation Crisis."⁶ In Ghana too, public and governmental discourses rarely give the impression that cutting has declined, as it has (Oduro et al. 2006), albeit unevenly across districts. Instead, the Ghanaian NGO workers and government officials who were my interlocutors posit that rural northern Ghanaians

continue practicing it “underground” and “resist” anti-cutting campaigns and the attendant values of health and self-care, gender equality, modernity, and development. GAWW and many government officials say that cutting is not just “intractable” but increasing, and that northern Ghanaians are “hiding the truth” and “cutting babies.”

Cut women differently formulate their understandings of the ending of cutting and the crisis of the present. They say that cutting needed to end in this era. Rather than resisting NGO advocacy wholesale, they critique what it leaves unaddressed, refusing the institutionalization of governmental meanings. In this way, they take a critical stance toward a form of power that, as Achille Mbembe put it, “attempts to institutionalize its world of meanings as a socio-historical world and to make that world fully real, turning it into a part of people’s common sense” (1992, 3). The people who inhabit social worlds structured by governmental rationalities think, feel, speak, and act in reference to NGO and state power without being overdetermined thereby (Biehl 2013). Thus, while NGOs and the state mobilize localizing discourses and isolate cutting in an ostensibly hermetically sealed world of change-resistant rural northern Ghanaians, the subjects of their interventions link ending cutting to national and transregional concerns and idioms of critique. “Yes, we did practice cutting, and yes, we stopped doing it, but that’s not what really matters”: their actual concern resides elsewhere, in the underlying condition of their bodies and the material economies of scarcity and extraction that render them vulnerable to harm.

The “blood narrative,” as we might call it, is central to rural women’s accounts of the ending of cutting. It pivots around a particular kind of reasoning about blood as a foundation of health, tying its erosion to food scarcity, unemployment, and extractive governance by the predatory, “carnivorous” (Mbembe 2001, 201) state. Abanga’s words hint at one of the narrative’s complex logics: cutting is now unworthy of blood loss and its ending is symptomatic of larger troubles. Women’s responses to anticutting campaigns and the ending of cutting have been both creative and critical. By turning away from cutting and toward the conditions that produce bodily attrition, the blood narrative implicates macroeconomic and governmental structures that make women unable to withstand the effects of cutting by insisting that blood loss would be tolerable if women’s bodies were healthy enough. This narrative has gained traction alongside, and in response to, national anxieties about blood shortages and the rising popularity of the occult economy as a critical framework for contesting extraction, exploitation, and illegitimate accumulation.

To understand how cut women make sense of the end of cutting, we need to reconsider debates about cutting, NGOs, blood, and the crisis caused by the violence of neoliberal governance. Anthropology has had much more to say about why cutting is practiced and what it means

than about how it ends and what this ending means. The ending of cutting is an important and complex social transformation brought about by the interplay of larger historical forces and anticutting interventions, and anthropology is uniquely positioned to account for it. In Ghana’s Upper East Region, cutting began to wane because of increased access to education and NGO interventions. To explain how women who are the subjects of NGO campaigns make sense of the end of cutting, I examine what makes NGO interventions socially productive. Anthropologists have stressed the salience of African NGOs in anticutting campaigns (Abusharaf 2006; Gruenbaum 2005; Hernlund and Shell-Duncan 2007; Shell-Duncan et al. 2013), but they typically analyze NGOs through the framework of negative unintended consequences (Gosselin 2000; Hernlund 2000) and therefore cannot adequately address the important role that NGO interventions play in people’s lifeworlds or how NGO and other public discourses intersect.

Women like Abanga explain the end of cutting by referring to complex understandings of blood and blood depletion. While anthropologists commonly theorize blood as an indigenous idiom central to understandings of health, gender, and reproduction in West Africa (Bledsoe 2002; Fairhead, Leach, and Small 2006; Masquelier 2011), it is insufficient to conceptualize cut women’s blood narrative as only indigenous. I therefore look within and beyond the village: to popular culture, media representations of blood shortages, and public critiques of the state, showing that the notion of blood mobilized by cut women cross-pollinates indigenous and biomedical understandings of blood shortages, as well as the semiotic and material values of blood. This notion of blood constitutes an assemblage of various discourses and, just as importantly, provides a critical take on them.

By positing bodily attrition as causing the end of cutting, cut women define the present moment as a time of acute, systemic crisis, and in doing so, they contest the structural violence of neoliberal governance. Ghanaian public culture is saturated with the notion of a *deadly* crisis: NGOs and the media discuss bleeding to death, and films and popular culture represent death by occult forces. How do we theoretically account for a crisis that is both ordinary and deadly? Ghanaians do not die from starvation and hunger, but scarcity still leads to bodily attrition. The government no longer kills people as it did during Jerry Rawlings’s military and authoritarian government (1979–2001), but neither does it secure their livelihoods. The contemporary state cannot be described as literally necropolitical—as my Accra host once told me, “The Rawlings regime committed human rights abuses, but the current regime kills on paper.” What does it mean to kill on paper? While the Rawlings regime committed extrajudicial killings and deployed paralegal forces to mete out violence, the democratic and neoliberal Ghanaian state professes

an interest in saving lives and bringing prosperity to the people, as do NGOs that sponsor anticutting interventions. But the economic benefits that followed Ghana's success as "neoliberal poster child" (Piot 2010, 175) are not distributed evenly; women in the Upper East feel scarcity acutely. So while contemporary governance is marked by the politics of life rather than of death, rural women insist that their bodies are depleted of blood and weaker than ever, and they hold those who govern them responsible for this condition.

Anthropology rightly criticizes the political deployment of crisis discourses but leaves us without conceptual tools for understanding the character of pervasive ordinary crisis. We can find a remedy to this problem in Lauren Berlant's (2011) theorization of "slow death," which begins to account for the experiences of vulnerability caused by neoliberal governance. Berlant describes the present as the time of "slow death," meaning "the physical wearing out of a population in a way that points to its deterioration as a *defining condition* of its experience and historical existence" (2011, 95; emphasis mine). Yet this formulation does not do justice to people's endurance. Rather than slow death, we are now witnessing *slow harm*, the effect of long-standing practices that produce and materialize bodies as vulnerable. Slow harm results from scarcity and governance that both invests in life and extracts vital force, thus imperiling social reproduction. Rural women's bodily attrition is caused by a *weakening* of health and the dissipation—not disappearance—of vital force over years of reproduction and labor. There is thus a conceptual distinction between slow harm and slow death: when women are afflicted with slow harm, they experience bodily attrition, and although slow harm can bring death, death does not define their lives.

Bleeding to death: The governmental discourse about blood loss and crisis

NGO workshops were not Bongo villagers' first encounter with anticutting campaigns. Everyone had heard that cutting was harmful from the *walesi*—radio programs broadcast in English and seven regional languages that included talk shows featuring nurses, jingles composed by NGOs, and dramas sponsored by the Navrongo Health Research Center. Villagers also learned of the arrests of circumcisers, including a man from the neighboring district in 1997, and knew that the government was willing to use legal coercion to stop cutting. In Bongo, the interventions were dispersed: NGO volunteers visited some women in their homes, nurses talked to others in pre- and postnatal clinics, and everyone was enjoined to discuss cutting at public events. Indeed, advocacy was so deterritorialized that when I asked people where they were told to end cutting, many replied "at any meeting," including those

convened by women's associations, NGOs, political parties, youth groups, and church groups.

Women in this region were also told that cutting is an "outmoded practice" that prevented them from catching up with Ghana's more prosperous and modern South. In popular and governmental discourses, the Upper East Region and the North are Ghana's constitutive Other; they are figured as hot, violent, unruly, and un-Christian—sites of premodern disorder (cf. Holsey 2008). This conceptualization undergirds the state and NGO politics that construct the region and its people as isolated rather than as integrated into national and global economic and political orders. Economic policies and development blueprints represent northern Ghana as a "stagnated agricultural peasant economy" (Ferguson 1994, 58), obscuring the century-long governance that constructed the region as a labor reserve for southern Ghanaian mines, farms, and informal economies.

Anticutting campaigns deploy and reinforce the image of the traditional, undeveloped North, characterizing cutting as a "harmful traditional practice," a counterpoint to southern civilization and modernity. The nation-state, invested in projecting "a commitment to gender issues and gender equity" (Manuh 2007, 130), rejects cutting. The campaigners' cause is helped by the fact that cutting is largely northern and rural—though some southern groups have practiced it (Knudsen 1994)—and is wrongly thought of as foreign and Muslim. Thus, the ending of cutting largely maps onto the coordinates of class and education. Middle-class women from groups that historically practiced cutting began to reject it in the 1940s and 1950s. In rural areas such as Bongo, where adult women with some education are an exception, cutting began to wane in the 1980s, and it plummeted in the aftermath of NGO and state interventions that embedded anticutting campaigns in public-health outreach, legal reforms, and reproductive-health services that entrenched the medicalization of reproduction.

Excessive blood loss is but one of many health problems that NGOs and public-health workers associate with cutting, but it is the one that resonates most strongly in Ghana, even though it means something different to the various parties involved. In Ghana and globally, campaigners represent blood loss as an uncontrollable spillage that occurs during or immediately after cutting. They equate blood loss with hemorrhage: a singular event, an extraordinary, life-threatening emergency. Campaigners portray bleeding induced by cutting as profuse, instantaneous, and unstoppable. Indeed, "bleeding to death" is often invoked as a metaphor for the harmfulness of the practice; Mrs. Mahama, GAWW president, stressed in her lectures that "most of them"—women who undergo cutting—die.

In the visual representations of blood loss in photographs, documentaries, and filmed public-health dramas, campaigners mobilize blood as a potent sensory

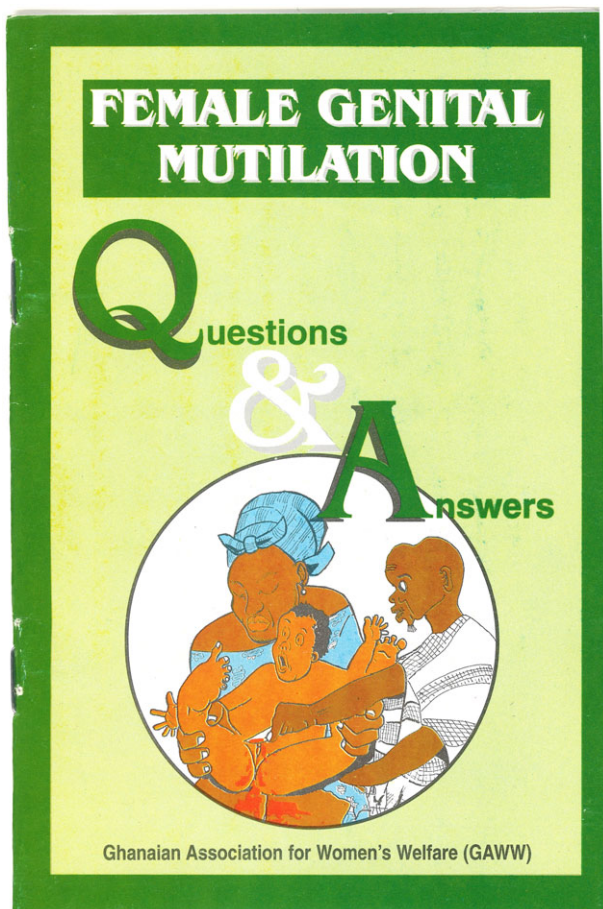


Figure 1. The cover of a brochure on female genital cutting published in 2003 by the Ghana Association for Women's Welfare. It represents the blood lost during cutting as a hemorrhage.

substance, aiming to push the public to affectively recognize harm. The film produced by RHI is a cautionary tale, a locally produced drama that depicts a girl who bleeds to death; GAWW usually shows two documentaries produced elsewhere on the continent that graphically depict the cutting of an infant. Both evoke the desired responses—I observed rural men, women, nurses, and teachers gasping and crying out when the films showed circumcisers' bloodied hands. GAWW mobilized the communicative potency of blood in posters, brochures, and T-shirts, featuring a drawing of a bleeding child (see Figure 1). The conceptualization of blood loss as a potentially catastrophic emergency also circulates widely in public-health cultures. Nurses, civil servants, and health volunteers use hemorrhage as a metonym for the near-deadly crisis induced by cutting. In local radio programs, nurses often discuss deadly hemorrhage; a Hausa-speaking nurse identified the main effect of cutting as “bleed[ing] to death, because they [the parents] may not like to send her to the hospital for treatment, for the fear of being surrendered to authorities.”

“We don’t have enough blood”: Blood loss and the ends of cutting

Cut women in Bongo share these concerns about blood loss, but they conceptualize it differently. While moved by sensory impressions of hemorrhage, cut women understand blood loss not as a sudden bodily crisis but as a gradual bodily attrition, a weakening of strength, health, and life force. The blood narrative does not refer to singular events of uncontrolled, exceptional blood loss that imperil individual women’s lives. Rather, it articulates a collective condition: amid scarcity, all their bodies have been depleted of blood over years of reproduction and labor. Unlike the crisis of hemorrhage, this slow harm does not kill them but gradually reduces their vitality.

Agnes, an enterprising brewer of *pito* (millet beer) and a well-respected, outspoken person, was one of the people from whom I first heard about the relationship between blood shortages and the ending of cutting. When I first met her in 2004, at a rally for the National Democratic Congress party, she was on fire. Invited to speak on behalf of the women, she seized the microphone and, striding into the gathering crowd, railed forcefully against politicians who descend on the village to ask for votes, only to then “forget” their promises and obligations. “They eat women like rice,” she thundered. When I later interviewed her, in the cool darkness of her room, she was self-reflective. Cutting had to end, she told me, because of recurrent blood loss. “When you menstruate, you lose blood, and if you cut, you lose blood,” she said. My interview transcript shows that I was confused—if blood was lost every month, why did cutting stand out? “So you lose more blood if you were cut?” I asked. “The blood that comes during the cutting is more than what one loses at the end of each month,” she told me. My question about the quantity of blood was misplaced, I learned over time—at stake was not the precise amount but its value and the larger understanding of blood as a substance of health.

Agnes’s comments reflected understandings of blood that are central to how people conceptualize health across West Africa. “Whereas the path to good health in contemporary America (and Europe) is often construed as a build-up of immunity,” write James Fairhead, Melissa Leach, and Mary Small, “in West Africa it is a build-up of blood” (2006, 1117). Blood is viewed as the main foundation for health, bodily resilience, and well-being. Adeline Masquelier writes that it structures “local experiences of health, illness, and reproduction” in Hausaphone Mawri communities in Niger (2011, 161), where it is said that blood must flow but must also be conserved (2011, 162; see also Boddy 2007, 109–27).

Ghanaian women want blood to build up and to avoid losing it, which would predispose them to ill health. Blood loss is associated “not simply with depleted strength and reproductive resilience, but also with susceptibility to other

dangerous conditions" (Fairhead, Leach, and Small 2006, 1113). In the Upper East, rural and urban women share this view. Josephine, the director of a leading gender-focused NGO in Bolga, told me that she often hears the following: "Well, what modern medicine has been telling us is that [cutting] is not good. It is not a good practice. First of all, it makes us bleed a lot, and so we can get sick. And so on." Blood loss has such powerful connotations that the NGOs' long list of consequences of cutting means little when set against a lifelong susceptibility to ill health. Other effects of cutting are simply "and so on"—not worth mentioning. This understanding of blood was made explicit when a regional politician suggested that I visit his uncle, a village elder, who told me that cutting was outlawed because of blood loss. "They are concerned about losing blood?" I asked. "Yes, but he is talking about entire health consequences," the politician clarified.

"Normally short of blood": Gender, scarcity, and ordinary crises of anemia

Ghanaians and others in West Africa have long seen women as particularly vulnerable to blood loss because of reproductive experiences—menstruation, pregnancies, and deliveries that deplete strength and health (Bledsoe 2002; Masquelier 2011). Women experience intensified and recurrent blood loss because of reproductive experiences coupled with hard work and inadequate diet (Bledsoe, Banja, and Hill 1998, 37). Women I worked with consider sufficient and protein-rich food, such as eggs, guinea fowl, and groundnuts, as necessary for regaining blood. That Ghanaians understand women as more susceptible to blood loss is manifested in the noticeably gendered character of blood donations in the Upper East, where donors are almost exclusively men.

The preexisting gendered disposition to blood loss has intensified amid concerns about the inability to replenish blood and strength due to diminished sustenance. To explain their bodily condition, women cite scarcity, deprivation, and their long-term effects on health, situating these issues historically. They note that the struggle for food has become more acute in their lifetimes because of erratic rains, infertile land, decreased crop yields, and the lack of wage jobs. The decline in livelihood does not have a single cause but is due to a complex of forces, including climate change, austerity-based structural-adjustment programs, and the rising inequality that followed Ghana's economic liberalization.

To understand concerns about climate change, we need to leap beyond the confines of ethnographic time and scale, given the transnational character of climate-change measurements. Drought in Ghana has persisted since the 1970s (Fauset et al. 2012) and has been interspersed with periods of flooding, such as the floods in 2007 that

destroyed thousands of farms and houses in the North and killed 56 people (Glazebrook 2011, 763). Both farmers and scientists who discuss drought in the Upper East recount stories of extreme weather, especially insufficient and unpredictable rain, which results in agricultural decline, reduced livestock, and disappearing vegetation (Dietz et al. 2004). Rural women also say that grass needed for weaving baskets has disappeared; they used to gather it around their fields but now must purchase it or travel south to pick it. Their most bitter complaint is that their harvests do not yield enough grain and legumes to last them the whole year and that they have no money to purchase food made prohibitively expensive by staggering inflation—from 2005 to 2011, food-price inflation in Ghana nearly halved household purchasing power (Osei-Asare and Eghan 2013, 27).

As Agnes put it, she could not rebuild her blood and strength from multiple pregnancies because she lacked food:

When I was young, I was very strong. But you know when one gives birth to two, three children, she can't be so strong. I've given birth seven times; two are no more. So I'm not as strong as I used to be. Now I am weak. After giving birth the way I did, I should be able to eat what I want, to grow strong. But it's hard to get food. We can't eat well. This is our main problem, how to get food and eat.

Bodies chronically depleted of blood now cannot replenish it. Although Agnes had a steady income, food was scarce for her too, and its absence was seen as contributing to blood shortages. This is how a woman who returned from working in southern Ghana put it:

Our problem is that our husbands don't have white man's jobs to do, so we only engage in farming, and when we are through with farming, we weave hats. If you are not able to weave hats, it becomes difficult for you. We are always poor, and when we are sick, you can't buy medicine for yourself because you don't have money.

Scarcity has been a mutable but persistent feature of life in the Upper East for over a century, but anthropologists with long-standing regional interests agree that deepening poverty is a feature of post-austerity, neoliberal politics (Whitehead 2006; see also Pellow 2011). Structural-adjustment policies took force in 1983, leading to currency devaluation and inflation. Ghanaians dub this period the "Rawlings chain" years, for the collarbones made visible by starvation. Much has changed since the mid-1980s, and my research coincided with the economic boom that followed Ghana's transition to democracy and enactment of market-liberalization policies. From 2001 to 2011, governmental and NGO budgets increased exponentially, bringing an

unprecedented influx of money into the hands of the ruling class. Ghana ascended to middle-income status and was considered a donor darling until 2011, when the national debt increased so significantly that the IMF declared the government incapable of managing its budget.

In the meantime, neoliberal policies have exacerbated inequalities among Ghana's regions (Grant and Nijman 2004). Even during the country's economic boom, the poorest districts acutely felt the effects of austerity measures, suffering from price inflation and declining food production. Once the government subsidies stopped and import tariffs were reduced, regional rice production was virtually destroyed; local rice is now more expensive than imported rice, and half a million farmers have been driven out of business (Harsch 2008, 4). As a result, labor migration has intensified and is no longer gendered male: young women also migrate to southern Ghana, often out of sheer desperation. In the process, they become aware of regional inequalities: they see the discrepancies between their struggles for survival and the burgeoning urban infrastructures of southern Ghana, including glass-ensconced skyscrapers, lavish homes, and conspicuous consumption.

NGOs working in the North are aware of malnutrition and food shortages, but they either see themselves as unable to remedy them or refuse accountability by declaring that people are responsible for their fate. Already in the 1980s, GAWW leaders told the anthropologist Takyiwaa Manuh that they received feedback from northern Ghanaians that the NGO should work on "alleviating the terrible material and socio-economic conditions under which they [cut women] live" (1989, 131). GAWW never did. Instead, GAWW popularized the notion that cultural causes such as food taboos are a leading cause of hunger, malnutrition, and ill health. Similarly, official discourses attribute poverty to overpopulation and blame rural populations for climate change: their land is infertile, it is said, because they burn the bush and decimate the forests.

For rural women, scarcity-induced anemia is the new normal. As Napoka, a trader and farmer, put it: "Even as we are there, when some small sickness attacks you, you are normally short of blood. If we do that [cutting] in addition, what are we doing to ourselves?" It is difficult *not* to be alarmed or feel a sense of crisis when confronted with the widespread malnutrition and anemia in the region. Nearly half the women are anemic; chronic malnutrition and exposure to disease are so prevalent among children that 36 percent are stunted (too short for their age) and nearly 90 percent are anemic (ICF Macro 2010). (These numbers are not "hard evidence" but paint a general picture of scarcity in the region.)

Women who attend pre- and postnatal clinics are told that they are "short of blood" and that their blood is not "good enough." Public-health outreach and frequent blood tests have also made anemia more visible. UNICEF

intensified child-survival interventions in the Upper East in 2004, offering all pregnant women attending prenatal clinics vitamin A, iron and folic acid, deworming medication, and antimalarial prophylactics (UNICEF 2004). Pregnant women are supposed to receive these medications for free, but access has been inconsistent and restricted to pregnant women—unlike HIV/AIDS patients, anemic women do not have lasting access to resources by way of "therapeutic citizenship" (Nguyen 2010).

Child-survival interventions have begun to reduce infant and maternal mortality and have legitimized biomedicine as a source of authority about pregnancy and child survival, but the dispensation of treatment has also heightened preexisting concerns about insufficient blood, making women sharply aware of their "blood shortages." It is against this backdrop that cutting has turned into unaffordable blood loss. As Akolpoka, a young woman who falls sick every pregnancy and has lost three of her four children, put it: "In the olden days cutting was a good thing, but today I think—remember what I told you, that each time I am pregnant I have to be given drips. If you are cut, you lose blood. This is in addition to the monthly menstruation. This is why I think that cutting is not good." Akolpoka was so anemic that doctors deemed regular supplements insufficient, and she had to be given intravenous fluid replacements. At a time when women have to be "given drips," and the already-vulnerable body has been pushed to the threshold of survival and viable reproduction, people deem cutting untenable.

Reproduction and the shifting value of cutting

Women in the Upper East assess blood loss in accordance with its value. They tolerate the loss associated with reproduction and fertility—a source of wealth in their own right—but see the blood lost during cutting as "wasted." This issue has been at the heart of NGO interventions. For blood loss to be conceptualized as wasteful, cutting had to be evacuated of value by being severed from reproduction. My interlocutors used to understand cutting as beneficial to social and bodily reproduction in that it produced an appropriately disciplined child. They considered children of cut mothers as having the requisite social skills while applying the term *zankabere bia* (clitoris child) to stubborn, disobedient children of uncut mothers.⁷ Whereas in Sudan, infibulation ensured what Janice Boddy calls "moral motherhood" (2007, 111), here it ensured *moral childhood* by transferring the mother's bodily discipline to her children (see also Thomas 2003, 33).

These positive associations have been severed, and people no longer characterize cutting as beneficial. My interlocutors explained this shift in value as resulting from new knowledge. "In the olden days, people didn't know that the clitoris doesn't prevent childbirth," Abanga told me,

and another woman added, "Things have changed for the better. Back then, in our time, we didn't know, but now we know that it has no use. Whether you cut or not, you will be able to give birth." These understandings are outcomes of encounters with uncut women in southern Ghana, anti-cutting campaigns, biomedical reproductive-health outreach, and the "forgetting," as some put it, of the reproductive power of ancestral spirits.

Since cutting is decoupled from reproduction, the associated blood loss is no longer justified. Asibi, a widow, had a particularly difficult experience with cutting, and she now sees her blood loss as wasted: "I went through bitter times and was in bed for a whole month. I wasted a lot of blood. It made me feel weak." Note Asibi's wording: she says that blood lost at cutting is wasted, not that cutting is harmful or deadly or that it obstructs childbirth. Others say that the clitoris "doesn't prevent" childbirth, and that cutting has "no use." These turns of phrase reveal a devaluation of cutting coupled with a subtle adjustment of public-health framings. Rather than seeing cutting as *destroying* women's reproductive capacities, cut women describe it as *not improving* them. In contrast to the biomedical conceptualization of cutting as *deadly*, they deem it useless.

The blood narrative rejects both the demonization of cutting and NGO definitions of it as a bodily and cultural pathology. At the same time, it articulates a heightened bodily vulnerability: cutting has become a liability in particular conditions of slow harm. The point is not that cutting should have been preserved but that bodies should be healthy enough to withstand it, recuperate from it, and emerge stronger.

Short of blood, short of food: Times have changed

The temporality of blood loss and bodily attrition is a crucial feature of the blood narrative. "Now blood is scarce," I was repeatedly told. Faith, a young woman recently returned from southern Ghana, told me that her husband persuaded her not to get cut because "in this era, it's not good if people cut." Cutting was not always bad for their bodies, the women say. It is only "now," "these days," "in this era" that cutting is no longer useful.

As we have seen earlier, the past is marked as the time when women did not know that cutting "has no use." In the group conversation I mentioned above, Abanga and others detailed the historical differences in blood, health, and bodily constitution. Azuma said,

The world has changed. In the olden days, if you were grown up to that age, blood will be too much in your body, so if you don't cut, the blood would not reduce to be all right for you. Times have changed, and now we don't get good food to eat, so if you cut and bleed, if you are not lucky, you may not survive and you might die. That is why we have now forgotten about the cutting.

The women I spoke with were constructing an account of change and a critique of the present for one another as much as for me, and Azuma's depiction was applauded. "Azuma has said it all. Is there something else?" one person asked. Another affirmed Azuma:

What I have to say is that what Azuma has said is true. When we did cut, there was no problem. It used to be fine for us, to the extent that if you lost weight [after cutting], you would grow fat [later on]. Because when you cut, they pamper you and give you good food to eat so that you can regain the blood you lost. But now things are not like they used to be. We don't have enough blood. So if somebody cuts, even if they give her good food, she won't be healthy. She will be malnourished. That is why they have stopped cutting.

This reasoning situates the ending of cutting in relation to rural women's main concerns about the present. "Now," "these days," "in this era," they say, their bodies are constitutionally weak; privation has rendered them vulnerable and anemic, and they "do not get peace." Rather than simply asserting that chronic blood loss has weakened them, many women ask *why* this is so, analyzing worsening economic and environmental conditions that structure how they live and labor. They map social problems not onto culture but onto scarcity caused by poor crop yields, climate change, unemployment, the region's status as a labor reserve for southern Ghana, and politicians who get fat and rich off national resources at the women's expense.

Meanwhile, NGOs, the media, the state, and donor organizations deploy discourses that attribute economic decline and imperiled livelihoods to cultural pathologies, shifting the responsibility away from the state and its neoliberal policies. Such discourses constitute what feminist philosophers call a "hermeneutical injustice" (Fricker 2007) that we need to remedy. Hermeneutical injustice occurs when there is no ready discourse or conceptual apparatus that would render intelligible the experiences of subjects who are contesting their disenfranchisement. Rural women's accounts of deteriorating material conditions and the attrition of their bodies provide the grounds for demanding justice by advancing a critical understanding of political causes of gendered bodily attrition and decline in livelihoods.

The national shortage of blood: Health, technology, and the body politic

Nitu, my housemate in Bolgatanga, came home distressed and puzzled from her job at an NGO called Widows and Orphans Ministry. A widow supported by the NGO was hospitalized and needed a blood transfusion, but the hospital did not have blood available; the doctors, following common practice, asked for family donations. When the

NGO workers went to the village to look for her family, they were rebuked and told, “You give her blood!” Nitu expected that the widow’s extended family—more specifically, the patrilineal and patrilocal family she married into—would refuse to care for her because widows had become some of the most vulnerable women in the region. Her family demanded that the NGO workers donate blood, since they appeared wealthier, healthier, and plugged into development money. And one thing was certain: by refusing, the family members acted on the common understanding that donating blood would compromise their own health.

Rural women’s concerns about the lack of blood are informed by a recent *national* focus on blood shortages. The lack has been made visible both in people’s bodies, in the form of anemia, and in the country’s blood banks and hospitals, in the meager reserves of donated blood. Blood shortage is now understood as a national public-health crisis and a crisis of biopolitical governance. The increased public attention to anemia has been accompanied by media reports about inadequate national blood supplies, with headlines like “Koforidua Hospital Runs Short of Blood,” “Patients in Danger as Korle-Bu Blood Bank Dries Up,” and “National Blood Bank Empty.”⁸ Radio stations and newspapers report that hospitals cannot provide blood transfusions to all patients, sometimes noting that mothers and infants are dying because their anemic, malnourished, and malaria-ridden bodies are depleted of blood and bereft of care. New exercises in civic engagement and private-public partnerships try to ameliorate the national blood shortages. Radio stations, including those popular in Bongo, organize blood drives for the Ghana blood bank, sometimes teaming up with herbal clinics that provide blood tonics to donors.

Public debates about the national shortage of blood serve as popular critiques of the state. When the government was flush with cash, blood shortages brought into stark relief the state’s neglect of the social body and citizen welfare. Ghana attempted to address these concerns by mandating coverage of blood products in the public National Health Insurance Scheme (NHIS); insurance posters prominently featured blood and blood products as covered benefits. This did not alleviate social anxieties, nor did it help those who could not afford the premiums and for whom both health and health care were out of reach. Noting that the NHIS is facing insolvency, government critics continue to emphasize the state’s biopolitical and regulatory failures: the absence of lifesaving treatment and institutions that would secure it. Women who have stopped cutting take these critiques of the body politic even further.

The bleeding economy: Governance by extraction

The film *Billionaires Club*, which RHI showed instead of its anticutting program, is one of many that circulate in

Ghanaian public culture, telling stories of ritual murders and the occult economy. Since the turn of the millennium, representations of the spiritual and symbolic power of blood and vital force have proliferated, and blood has come to mediate competing desires for wealth, health, power, and virtue. Widely watched films as well as theater performances rework long-standing notions of ritual murders, turning them into popular commodities (Garritano 2012; Gilbert 2006; Gocking 2000, 200; Meyer 2003). References to ritual murders largely function at the level of fiction, but the news media also regularly publicize stories about killings for ritual purposes, with headlines such as “Woman Killed: Private Parts Removed.”⁹

Similar discourses are widespread in West Africa and across the continent (Smith 2008). Anthropologists understand them not as testaments to beliefs about occult forces but as moral and critical frameworks or “diagnostics” (Moore and Sanders 2003, 4) that contest the “disparities of power and wealth” (Ferguson 2006, 74). They account for the production of inexplicable wealth by distilling “complex material and social processes into comprehensible human motives” (Comaroff and Comaroff 1999, 286).

In Ghana, references to occult economies are often deployed metaphorically and are used to critique contemporary governance and inequality. Ghanaians do not necessarily believe that politicians and others who exploit them literally steal their blood, but they talk as if they do. Here, the idioms of blood and its illegitimate extraction have joined existing bodily metaphors for the critique of the state that scholars of Africa refer to as “politics of the belly” (Bayart 1993). Ghanaian media and popular songs (Shipley 2012) rely on idioms of bleeding, eating, and being eaten to critique corruption, exploitation, and neglect of citizens. As Jennifer Hasty writes, “Government offices and businesses riven with corruption are said to be ‘hemorrhaging’ while those responsible may be portrayed as vampires” (2005, 278).¹⁰

In Bongo these accusations are leveled at politicians who are seen as sucking blood and “chopping” (eating) state resources that rightfully belong to citizens. At the campaign event mentioned earlier, Agnes had inveighed against politicians who eat women like *mui* (rice). She later explained her sentiments:

They play us and eat, but when they win, after the voting, they forget of us. When it’s time for another election, they come to organize us and we vote. When they win, they forget of us again. I also said that as we are about to fast, if they’re not able to tell us what they’ll do for women if they win, we women should not vote. We are suffering to take care of our children, this schooling, and so on. So I said if they win, while they’re enjoying themselves, they should think back, we’re human beings.

By mobilizing bodily metaphors about predatory consumption and extractive governance, Agnes highlighted the inverse relationship between the fattening of the country's leaders through "bingeing on state resources" (Hasty 2005, 275) and the thinning bodies of its impoverished citizens. She recast and dramatized this critique of the state in gendered terms, stating that politicians were eating, that is, misappropriating and abusing not only state resources but also women and their vitality.

Popular culture and scholarship also criticize NGOs for illegitimate accumulation (Mohan 2002), but rural women do not hold NGOs responsible for their neglect and bodily vulnerability. Instead, they direct their critique at regional politicians and the abstract entity for which they use the English term "the government." As a result of decentralization and locally intensified political campaigning, women have come to understand politicians, that is, individuals known to them, as representatives of state institutions that can act on their behalf but choose not to and instead get rich at their expense. During the 2004 and 2008 election years, rural women viewed the lack of promised electricity as a poignant symbol of exploitation by the carnivorous state that possesses resources but keeps them out of their reach, thus cheating them out of the benefits of citizenship. Government contractors had delivered poles for suspending electric wires but never connected them—during my last visit, the poles were still piled by the side of the road. The village youth agitated to withhold their votes, and the desire for protest caught on. "If they deny us [electricity], we will not vote," Afua told me. These women lack institutional traction and may or may not become a counterpublic that brings about political change, but they endure and do not allow their lives to be fully defined by governmental practices and discourses.

The public work of the blood narrative

Cut women explain the ending of cutting by deploying the blood narrative that redefines public meanings of bodily vulnerability. What makes the blood narrative desirable for cut women, and what work does it do for them? The narrative about why cutting needed to end is intertwined with NGO and governmental discourses, but it is not defined by them. Although governmental discourses about cutting, health, and illness have inserted themselves into the logics of everyday life, the subjects of NGO interventions articulate far-reaching critiques of how they are governed and what actually makes them ill.

They see the body as being made and remade through everyday practices that feminist scholars refer to as "materialization" (Butler 1993; Taylor 2005). As Janelle Taylor argues, "Not simply the inert objects on which mind and culture perform their meaning making, bodies take shape and take place through practices of all sorts" (2005, 745).

Cut women agree, and assume an understanding of blood depletion as materializing their bodies. While their bodies have taken shape through practices of cutting, eating (or the lack thereof), working, migrating, childbearing, legislating, diagnosing, and healing, they raise concerns about absent materializing practices such as the fair distribution of resources and investment in regional economies that would guarantee employment and sustenance. Absent also are biopolitical reproductive-health programs that would not limit their assistance to surviving childbirth and that would not abandon women after pregnancy. In the context of increasing scarcity in which they live, their bodies are weakening, and although they are no longer cut, they are no less vulnerable.

The blood narrative renegotiates cut women's place in the Ghanaian polity by shifting the content, scale, and tenor of concerns about cutting. The very form of the blood narrative is an assemblage of indigenous and biomedical understandings of blood loss, and it is informed by shared understandings of the value of blood for purposes of generating wealth and power. In contrast to public discourses that distance cutting from the polity and relegate it to the unruly and ungovernable North, the blood narrative locates the ending of cutting within the national body politic, alongside shared concerns about blood shortages, governance by extraction, and the ruling class's illegitimate accumulation of resources and its refusals to distribute them. It enables cut women to delegitimize cutting on their own terms and to make sense of its ending. It allows them to preserve dignity and "save face" in response to public shaming, as the governmental and public discourse about cutting as a pathology stands in stark contrast to their lived experiences of cutting as a former point of pride. But this narrative does more: it responds to prevailing discourses about the cultural inferiority of groups that NGOs and the state see as resistant to being incorporated into national modernity and hence at fault for their own suffering. Rather than viewing their ancestors as having inadequate knowledge of bodies and reproduction, the subjects of anticutting campaigns claim that cutting does not belong in the present time because of the specific conditions of vulnerability and duress that mark it.

Cut women's formulations of bodily attrition as an intensified but ordinary crisis are politically consequential, providing grounds for collective assertion and self-cultivation. Their lives are threatened by neither hemorrhage nor the cultural pathologies of tradition, but by the gradual loss of blood born out of scarcity and extraction. They agree with other Ghanaians that blood is precious and scant, but here too they adopt a more critical perspective on the distribution of responsibility. Prevailing concerns about blood shortages ultimately criticize *biopolitics*, such as the state's failures to secure supplies of blood, and the resulting inability to save lives in moments of crisis. In contrast,

rural women want more than having their lives saved. They do not focus their critique on health policies, but on the underlying terms of exchange with the political class that feeds on their bodies and saps them of blood. They point to the historical production of scarcity and governance that extracts their labor, votes, and participation, but then abandons them or, as they see it, eats them alive.

Yet how do we understand the focus on the government as the main party responsible for slow harm? The state is not the only agent of governance by extraction, and *carnivorous governmental politics* includes NGOs as active agents. The answer seems to be that the mechanisms and effects of NGOs' extractive governance are less visible to rural women. This invisibility comes at a price and corresponds to the NGOs' inability to fully project power. In contrast to the government, NGOs have yet to achieve rural women's recognition as an entity with sovereignty over life. As Danilyn Rutherford (2012) notes, sovereignty depends on the eyes of the other: in the absence of witnesses, proclaiming sovereignty would have little meaning or legitimacy. The postcolonial African state is often depicted as failing to establish legitimacy or even relevance among the citizenry (Englebert 2000; Herbst 2000), but rural women's political imaginaries suggest otherwise. Even though the Ghanaian government never lived up to its promise as a provider, merely performing its territorial control in the form of "vertical encompassment" (Ferguson and Gupta 2002, 982), rural women believe the government is obliged to ensure citizen welfare and fault it for failing to do so, insisting that they are also "government people" (i.e., citizens). They have no such expectations of NGOs, even though they acknowledge NGOs as potential patrons that distribute individual and collective goods. We should therefore not read the cut women's critiques of the state solely as a form of refusal and distancing, though they are also that. Rather, their critique entails a double recognition: an avowal of the state's governmental authority and an understanding of themselves as citizens who have some purchase on it and can refuse to vote and thus challenge extractive democracy.

Conclusion: Slow harm

The value of ethnography takes shape not as a contribution to theory but as an interruption of theoretical master narratives (Biehl 2013). Ethnography refuses to neatly order the world and issue final judgments, testifying to the unfinished and ever-evolving character of the social worlds we study. The notion of death that appears across a range of popular and scholarly conceptualizations that critique contemporary governance—from necropolitics (Mbembe 1992) to camp (Agamben 1998) to slow death (Berlant 2011)—is too final to be useful for explaining the forms of duress that Ghanaian women experience. They

are told that cutting kills them and makes them bleed to death, but they are more concerned about bodily attrition caused by scarcity. The notion of slow harm captures the often-invisible and subtle violence of ordinary crisis that makes bodies vulnerable.

Slow harm draws our attention to how marginalized people inhabit neoliberal democracy and critique the violence of liberal governance. The democratic state does not kill spectacularly—together with NGOs, it works to foster lives. Yet Ghanaian references to occult economies and to being eaten by the ruling class are not mere metaphors. Neoliberal democracy can be described as carnivorous because it extracts life force while at the same time investing in survival. Slow harm also accounts for forms of endurance amid crisis and lifeworlds that are not fully defined by governance. Systemic forces cause bodily attrition and vulnerability, but marginalized people's creativity and critique persist despite duress.

Slow harm helps us see how people respond to NGO interventions in the context of governance that distributes limited lifesaving measures but not wealth and material resources. Ghanaian NGOs and the state, as well as the transnational development industry, shore up their projects' legitimacy by referring to Ghanaians like the women in the Bongo District. The state does not abandon these women by leaving them alone—on the contrary, it subjects them to intense governmental attention born out of liberal and modernist concern and funded by Ghana's erstwhile success as a donor darling. Furthermore, slow harm is central to women's experiences of abandonment. Abandonment means that NGOs and the state incorporate poor women under a neoliberal form of management (Brown et al. 2006) that attends to their imperiled lives while excluding them from economic benefits and normative notions of citizenship and modernity.

When poor women claim that they are being "eaten" by those who govern them, they are objecting to these exploitative terms of incorporation into governance and reframing them as exchange. They see themselves as having given something up (namely votes, labor, and participation in NGO projects and political campaigns) without having received anything in return. Employing idioms of democratic citizenship to protest the political instrumentalization of their lives, they mobilize popular discourses of blood and the politics of the belly to reframe their place in Ghanaian society and to draw attention to the ordinary crises that structure their experiences.

I understand the emergence of these discourses as one of NGOs' socially productive effects. The prevailing anthropological analysis of unintended negative consequences cannot explain how NGOs find a foothold in people's lifeworlds without defining their experiences and perspectives. NGOs and their subjects inhabit shared social and governmental worlds shaped by popular culture and

public debates about the state's biopolitical failures, occult economies, and extractive governance. It is precisely these lived encounters between NGO and popular understandings that enable subjects of NGO interventions to refute institutionalized meanings of deadly harm.

Notes

Acknowledgments. I would like to thank the many friends and colleagues with whom I have discussed the ideas in this article, as well as the journal editor and anonymous reviewers for their careful reading and close engagement with my work.

1. Personal names in this article are pseudonyms; the names of NGOs are not.

2. I use the term *female genital cutting* interchangeably with *cutting*. Ghanaian campaigners use *female genital mutilation*, or FGM, whereas in Gurene, *yabega nma* means "cutting of the initiates" and is commonly referred to as *nma la* (cutting). The term *circumciser* is commonly used by campaigners and scholars.

3. Ghana was my main vantage point for a transnational and historical analysis of anticutting efforts that took place at the interstices of domestic NGOs' feminist activism, gender advocacy, and public-health interventions. From 2002 to 2009, I spent one year in the Upper East Region, primarily in the Bolgatanga and Bongo Districts, and six months in Accra. Conversant in Frafra/Gurune, I had help from research assistants for all longer, formal interviews not conducted in English.

4. GAWW is based in Accra and has shifted from national advocacy to rural outreach; RHI was based in Bolgatanga and focused on community-based public-health outreach from the early 1990s until 2007, when its director retired and the NGO closed. Both organizations closely collaborated with the government and received funding from bilateral and international donors.

5. The term *NGO* does not denote a kind of nonstate actor that operates outside state institutions but rather a new kind of governmental actor (Sharma 2008). Conceptual vocabularies trying to account for recent NGO-state arrangements include "para-states" (Geissler 2015) and "para-infrastructures" (Biehl and McKay 2012, 1210). I use conventional terminology, referring to "NGOs" and the "government" not to deny these new arrangements but to emphasize these actors' own understandings.

6. Beenish Ahmed, "The Shocking Rise of Female Genital Mutilation in the United States," *Think Progress*, March 18, 2015, accessed April 20, 2015, <http://thinkprogress.org/world/2015/03/18/3635252/fgm-america/>; Nina Storchlic, "America's Underground Female Genital Mutilation Crisis," *Daily Beast*, June 11, 2014, accessed April 20, 2015, <http://www.thedailybeast.com/articles/2014/06/11/america-s-underground-female-genital-mutilation-crisis.html>.

7. The regional meanings of cutting are complex and have shifted over time in response to larger social transformations as well as anticutting campaigns.

8. *Ghana Business News*, "Koforidua Regional Hospital Runs Short of Blood," December 11, 2013, accessed January 30, 2014, <http://www.ghanabusinessnews.com/2013/12/11/koforidua-regional-hospital-runs-short-of-blood/>; *Joy Online*, "Patients in Danger as Korle Bu Blood Bank Dries Up," December 19, 2012, accessed December 28, 2012, <http://edition.myjoyonline.com/pages/news/201212/98941.php>; *Modern Ghana*, "National Blood Bank Empty," December 16, 2011, accessed January 10, 2012, <http://www.modernghana.com/news/367338/1/national-blood-bank-empty.html>.

9. *Ghana Web*, "Woman Killed: Private Parts Removed," December 7, 2009, accessed January 2, 2010, <http://www.ghanaweb.com/GhanaHomePage/NewsArchive/artikel.php?ID=173065#>.

10. Public understandings of medical research also deploy discourses of the occult, indexing suspicion toward blood drawing. "You don't need an ethics approval for your project. You are not drawing anyone's blood," a Ghana Health Service official in Accra told me. Indeed, researchers have noted Ghanaians' reluctance to participate in medical studies involving blood drawing and parents' fear that babies' blood is "collected for sale abroad for transfusion into the aged" (Newton et al. 2009). These refusals reveal critical awareness of potential exploitation in national and transnational research transactions whereby the idiom of blood stealing expresses public dissent about the extraction of vital force and exploitative terms of exchange.

References

- Abusharaf, Rogaia Mustafa, ed. 2006. *Female Circumcision: Multicultural Perspectives*. Philadelphia: University of Pennsylvania Press.
- Agamben, Giorgio. 1998. *Homo Sacer: Sovereign Power and Bare Life*. Translated by Daniel Heller-Roazen. Stanford, CA: Stanford University Press. First published 1995.
- Bayart, Jean-François. 1993. *The State in Africa: The Politics of the Belly*. Translated by Mary Harper. London: Longman. First published 1989.
- Berlant, Lauren. 2011. *Cruel Optimism*. Durham, NC: Duke University Press.
- Biehl, João. 2013. "Ethnography in the Way of Theory." *Cultural Anthropology* 28 (4): 573–97.
- Biehl, João, and Ramah McKay. 2012. "Ethnography as Political Critique." *Anthropological Quarterly* 85 (4): 1209–27.
- Bledsoe, Caroline H. 2002. *Contingent Lives: Fertility, Time, and Aging in West Africa*. Chicago: University of Chicago Press.
- Bledsoe, Caroline, Fatoumatta Banja, and Allan G. Hill. 1998. "Reproductive Mishaps and Western Contraception: An African Challenge to Fertility Theory." *Population and Development Review* 24 (1): 15–57.
- Boddy, Janice. 2007. *Civilizing Women: British Crusades in Colonial Sudan*. Princeton, NJ: Princeton University Press.
- Brown, Wendy, Christina Colegate, John Dalton, Timothy Rayner, and Cate Thill. 2006. "Learning to Love Again: An Interview with Wendy Brown." *Contretemps*, no. 6 (January): 25–42.
- Butler, Judith. 1993. *Bodies That Matter: On the Discursive Limits of Sex*. New York: Routledge.
- Comaroff, Jean, and John L. Comaroff. 1999. "Occult Economies and the Violence of Abstraction: Notes from the South African Postcolony." *American Ethnologist* 26 (2): 279–303.
- Dietz, Ton, David Millar, Saa Dittoh, Francis Obeng, and Edward Ofori-Sarpong. 2004. "Climate and Livelihood Change in North East Ghana." In *Impact of Climate Change on Drylands*, edited by A. J. Dietz, R. Ruben, and J. Verhagen, 149–72. Norwell, MA: Kluwer.
- Englebert, Pierre. 2000. *State Legitimacy and Development in Africa*. Boulder, CO: Lynne Rienner.
- Fairhead, James, Melissa Leach, and Mary Small. 2006. "Where Techno-science Meets Poverty: Medical Research and the Economy of Blood in the Gambia, West Africa." *Social Science and Medicine* 63 (4): 1109–20.
- Fauset, Sophie, Timothy R. Baker, Simon L. Lewis, Ted R. Feldpausch, Kofi Affum-Baffoe, Ernest G. Foli, Keith C. Hamer, and Michael D. Swaine. 2012. "Drought-Induced Shifts in the

- Floristic and Functional Composition of Tropical Forests in Ghana." *Ecology Letters* 15 (10): 1120–29.
- Ferguson, James. 1994. *The Anti-politics Machine: "Development," Depoliticization, and Bureaucratic Power in Lesotho*. Minneapolis: University of Minnesota Press.
- . 2006. *Global Shadows: Africa in the Neoliberal World Order*. Durham, NC: Duke University Press.
- Ferguson, James, and Akhil Gupta. 2002. "Spatializing States: Toward an Ethnography of Neoliberal Governmentality." *American Ethnologist* 29 (4): 981–1002.
- Fricker, Miranda. 2007. *Epistemic Injustice: Power and the Ethics of Knowing*. Oxford: Oxford University Press.
- Garritano, Carmela. 2012. "Blood Money, Big Men and Zombies: Understanding Africa's Occult Narratives in the Context of Neoliberal Capitalism." *Manycinemas*, no. 3, 50–65. Accessed August 12, 2016. <http://www.manycinemas.org/Carmela.Garritano.html>.
- Geissler, P. Wenzel, ed. 2015. *Para-states and Medical Science: Making African Global Health*. Durham, NC: Duke University Press.
- Gilbert, Michelle. 2006. "Things Ugly: Ghanaian Popular Painting." In *Beautiful Ugly: African and Diaspora Aesthetics*, edited by Sarah Nuttall, 340–71. Durham, NC: Duke University Press.
- Glazebrook, Trish. 2011. "Women and Climate Change: A Case-Study from Northeast Ghana." *Hypatia* 26 (4): 762–82.
- Gocking, Roger. 2000. "A Chieftaincy Dispute and Ritual Murder in Elmina, Ghana, 1945–6." *Journal of African History* 41 (2): 197–219.
- Gosselin, Claudie. 2000. "Handing Over the Knife: Numu Women and the Campaign against Excision in Mali." In *Female "Circumcision" in Africa: Culture, Controversy, and Change*, edited by Shell-Duncan Bettina and Hernlund Ylva, 193–214. Boulder, CO: Lynne Rienner.
- Grant, Richard, and J. A. N. Nijman. 2004. "The Re-scaling of Uneven Development in Ghana and India." *Tijdschrift voor Economische en Sociale Geografie* 95 (5): 467–81.
- Gruenbaum, Ellen. 2005. "Feminist Activism for the Abolition of FGC in Sudan." *Journal of Middle East Women's Studies* 1 (2): 89–111.
- Harsch, Ernest. 2008. "Closing Ghana's National Poverty Gap." *Africa Renewal Online*, October. Accessed January 7, 2014. <http://www.un.org/africarenewal/magazine/october-2008/closing-ghana%E2%80%99s-national-poverty-gap>.
- Hasty, Jennifer. 2005. "The Pleasures of Corruption: Desire and Discipline in Ghanaian Political Culture." *Cultural Anthropology* 20 (2): 271–301.
- Herbst, Jeffrey. 2000. *States and Power in Africa: Comparative Lessons in Authority and Control*. Princeton, NJ: Princeton University Press.
- Hernlund, Ylva. 2000. "Cutting without Ritual and Ritual without Cutting: Female 'Circumcision' and the Re-ritualization of Initiation in the Gambia." In *Female "Circumcision" in Africa: Culture, Controversy, and Change*, edited by Bettina Shell-Duncan and Hernlund Ylva, 235–52. Boulder, CO: Lynne Rienner.
- Hernlund, Ylva, and Bettina Shell-Duncan, eds. 2007. *Trans-cultural Bodies: Female Genital Cutting in Global Context*. New Brunswick, NJ: Rutgers University Press.
- Holsey, Bayo. 2008. *Routes of Remembrance: Refashioning the Slave Trade in Ghana*. Chicago: University of Chicago Press.
- ICF Macro. 2010. *Nutrition of Children and Women in Ghana: A New Look at Data from the 2008 Ghana Demographic and Health Survey*. Calverton, MD: ICF Macro.
- Johnsdotter, Sara. 2009. *Discrimination of Certain Ethnic Groups? Ethical Aspects of Implementing FGM Legislation in Sweden*. Malmö, Sweden: Faculty of Health and Society, Malmö University.
- Knudsen, Christiana Oware. 1994. *The Falling Dawadawa Tree: Female Circumcision in Developing Ghana*. Højbjerg, Denmark: Intervention.
- Manuh, Takyiwa. 1989. "A Study of Selected Voluntary Development Organizations in Ghana." In *Women as Agents and Beneficiaries of Development Assistance*, edited by Patricia McFadden and Ndèye Sow, 119–51. Dakar, Senegal: Association of African Women for Research and Development.
- . 2007. "Doing Gender Work in Ghana." In *Africa after Gender?*, edited by Catherine M. Cole, Takyiwa Manuh, and Stephan Miescher, 125–49. Bloomington: Indiana University Press.
- Masquelier, Adeline. 2011. "The Bloodstain: Spirit Possession, Menstruation, and Transgression in Niger." *Ethnos* 76 (2): 157–82.
- Mbembe, Achille. 1992. "Provisional Notes on the Postcolony." *Africa* 62 (1): 3–37.
- . 2001. *On the Postcolony*. Berkeley: University of California Press.
- Meyer, Birgit. 2003. "Visions of Blood, Sex, and Money: Fantasy Spaces in Popular Ghanaian Cinema." *Visual Anthropology* 16 (1): 15–41.
- Mohan, Giles. 2002. "The Disappointments of Civil Society: The Politics of NGO Intervention in Northern Ghana." *Political Geography* 21 (1): 125–54.
- Moore, Henrietta L., and Todd Sanders. 2003. *Magical Interpretations, Material Realities: Modernity, Witchcraft and the Occult in Postcolonial Africa*. New York: Routledge.
- Newton, Sam, Victor Doku, Wenzel Geissler, Kwaku Poku Asante, and Simon Cousens. 2009. "Drawing Blood from Young Children: Lessons Learned from a Trial in Ghana." *Transactions of the Royal Society of Tropical Medicine and Hygiene* 103 (5): 497–99.
- Nguyen, Vinh-Kim. 2010. *The Republic of Therapy: Triage and Sovereignty in West Africa's Time of AIDS*. Durham, NC: Duke University Press.
- Oduro, A. R., P. Ansah, A. Hodgson, T. M. Afful, F. Baiden, P. Adongo, and K. A. Koram. 2006. "Trends in the Prevalence of Female Genital Mutilation and Its Effect on Delivery Outcomes in the Kassena-Nankana District of Northern Ghana." *Ghana Medical Journal* 40 (3): 87–92.
- Osei-Asare, Yaw Bonsu, and Mark Eghan. 2013. "Food Price Inflation and Consumer Welfare in Ghana." *International Journal of Food and Agricultural Economics* 1 (1): 27–39.
- Pellow, Deborah. 2011. "Internal Transmigrants: A Dagomba Diaspora." *American Ethnologist* 38 (1): 132–47.
- Pigg, Stacy Leigh, and Vincanne Adams. 2005. "Introduction: The Moral Object of Sex." In *Sex in Development*, edited by Vincanne Adams and Stacy Leigh Pigg, 1–38. Durham, NC: Duke University Press.
- Piot, Charles. 2010. *Nostalgia for the Future: West Africa after the Cold War*. Chicago: University of Chicago Press.
- Rutherford, Danilyn. 2012. *Laughing at Leviathan: Sovereignty and Audience in West Papua*. Chicago: University of Chicago Press.
- Sharma, Aradhana. 2008. *Logics of Empowerment: Development, Gender, and Governance in Neoliberal India*. Minneapolis: University of Minnesota Press.
- Shell-Duncan, Bettina, Katherine Wander, Ylva Hernlund, and Amadou Moreau. 2013. "Legislating Change? Responses to Criminalizing Female Genital Cutting in Senegal." *Law and Society Review* 47 (4): 803–35.

- Shipley, Jesse Weaver. 2012. *Living the Hiplife: Celebrity and Entrepreneurship in Ghanaian Popular Music*. Durham, NC: Duke University Press.
- Smith, Daniel Jordan. 2008. *A Culture of Corruption: Everyday Deception and Popular Discontent in Nigeria*. Princeton, NJ: Princeton University Press.
- Taylor, Janelle. 2005. "Surfacing the Body Interior." *Annual Review of Anthropology* 34:741–56.
- Thomas, Lynn. 2003. *Politics of the Womb: Women, Reproduction, and the State in Kenya*. Berkeley: University of California Press.
- UNICEF. 2004. *Report of the Review of the Accelerated Child Survival and Development Programme in the Upper East Region of Ghana*. November. Accessed January 2, 2010. http://www.unicef.org/wcaro/WCARO_Ghana_2004-10-ACSDAssessmentReport.pdf.
- . 2013. *Female Genital Mutilation/Cutting: A Statistical Overview and Exploration of the Dynamics of Change*. New York: UNICEF. Accessed August 1, 2013. http://www.unicef.org/publications/index_69875.html.
- Whitehead, Ann. 2006. "Persistent Poverty in North East Ghana." *Journal of Development Studies* 42 (2): 278–300.
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