

POLITICIANS AND DOCTORS: BLOODSUCKERS ALL

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In this paper I present some data on attitudes towards illness, curing, and politics in a multiethnic farming community in rural Tanzania. Magugu is a settlement in Northern Tanzania populated by people from over 80 East African ethnic groups. The population of about 7000 cultivate small plots scattered over a 150 mile area near the Western Wall of the Eastern Rift Valley about 90 miles southwest of Arusha. The community was founded in 1944 as a haven for refugees from a sleeping sickness area. These pioneers, for the most part contract laborers on nearby European estates, had come from all over East Africa and formed the nucleus of the community. In the ensuing years they were joined by migrants who came from as far afield as Sudan and Rhodesia.

The brief political history of the community is characterized by tension between the indigenous Mbugwe and the settlers. Before independence in 1961 the newcomers were under the nominal authority of the Mbugwe Paramount Chief. After the end of British colonial rule, power and authority shifted to the leaders of the migrants who had enthusiastically worked for the Tanganyika African National Union (TANU), the independence party, and the subsequent single legitimate political party in Tanzania.

To begin, I discuss the status of *mchinjamchinja* as it is variably perceived by the inhabitants and relate this to another category of capricious supernatural being, the *shetani* (pl. *mashetani*). Finally, I consider how these classes of extraordinary beings relate to public health employees and political statuses in the community.

The term *mchinjamchinja* derives from the Swahili verb *kuchinja* - "to slaughter, cut the throat of, kill - esp. of animals for food" (Johnson, 1967:56). In such a predominantly Moslem community as Magugu *kuchinja* is usually taken to mean the ritual slaughter of an animal by cutting his throat. The noun *mchinja* means butcher, a perfectly

respectable occupation; however, when the noun is reduplicated, the meaning alters. *Mchinjamchinja* means one who slaughters human beings with the purpose of using their body parts as agencies of sorcery or in the manufacture of medicines. An *mchinjamchinja* is able to extract all of the blood of a victim as well as remove the liver, spleen, and other vital organs without breaking the skin. Accounts of sucked-dry corpses found in the bush are current in the community. The medicines manufactured from these organs and effluvia of the *mchinjamchinja's* victim can either be the conventional kinds that alleviate suffering or the nefarious types that cause pain, social alienation, or control of the victim by a malign agency or person. The *mchinjamchinja* is conceived of as a nocturnal creature, like the witch, who roams the countryside. During colonial rule in Tanzania, Europeans, especially European-trained medical personnel, were believed to be *mchinjamchinja*. Scientific medicine's concern with blood, stool, and urine specimens reinforced the populace's fears since these effluvia are considered powerful agencies of sorcery. At the time of my field study (1969-70) and for some time preceding it, there were no European medical personnel at the Magugu 28-bed hospital. Tanzanian dressers, dispensers, and nurses exclusively operated the installation. Nevertheless, the association of scientific medicine and *mchinjamchinja* persisted. The African hospital employees and other public health employees as well as judicial and governmental administrative officials are now considered to be *mchinjamchinja* who practice their evil craft in collusion. Europeans are now politically powerless, but usually they are economically well-off and still considered to be *mchinjamchinja*. I believe that this complex gives us some insight into a folk theory of causality of death and illness as well as a theory of politics and political authority.

Beings like the *mchinjamchinja* are certainly not unique to East Africa. They bear resemblance to the shamanistic complex. In European folklore, the Vampire comes to mind as a counterpart. Eliade has stated that this bloodsucker is really an *alter ego* of the shaman and the Vampire's ability to change himself into a bat or any other animal is a relict of the shaman's similar power (Eliade, 1964:). This is the activation of the Master of Animals role, a persistent theme in shamanic lore (Labarre, 1972:137). A related manifestation of this power in the Magugu area is the capacity of witches to change themselves into animals, most notably hyenas.

It was surprisingly easy to acquire this information. One would surmise that it would be difficult to elicit data from the populace about such a sensitive area. That government employees are in league against the citizens is a serious accusation. Yet this knowledge was volunteered to me by a score of informants, Christian and Moslem, Mbugwe and settler, adult and child. I do not believe it improbable that the *mchinjamchinja* complex is believed in by representatives of the different religious and ethnic groups of Magugu.

Related to the *mchinjamchinja* is a category of evil spirits which are usually considered to be part of Islamic ideology. These are the *mashetani* (sing. *shetani*). According to the dictionary, these are evil spirits, but locally they are believed to be capricious, sometimes evil, sometimes beneficent. Among their malign characteristics is the power to possess or control an individual by entering his body. Possession brings on a wide range of physical and mental illness and can cause antisocial behavior such as fighting or drunkenness. When an individual is possessed, he must go or be taken to a specialist to have the *shetani* exorcised. The *shetani* belong to various tribes such as Arabs, Masai, Europeans, Indians or Mbugwe. When the victim is possessed, he begins to speak in the tongue of the "tribe" of the *shetani* without any foreknowledge of the language. The victim is also prone to behave like a member of the ethnic groups of the *shetani*. For example, if he is possessed by a Masai *shetani*, he will seize a spear and begin to jump up and down in the Masai dance movements.

A folk tale, collected from a young Christian man, indicates how a person can get control over the *shetani* and become an *mganga wa mashetani*. A man walking along the beach near Tanga at high noon was captured by a *shetani* who came out of the water and carried him off to the bottom of the sea. There he stayed for seven days. He was well treated, indeed he was lavishly entertained and instructed in the "medicine" of the *shetani*. After he was expert in this art, he was returned to the beach from where he was abducted. His relatives and friends rejoiced to see him again. From that day to the present, this person has been a formidable *mganga wa mashetani*.

Magugu is far from the ocean. The local *shetani* live in fig trees, sacred places in traditional lore as well as among the local Moslems. Information secured from children of the community hints at a syncretism of the *shetani* with the *mchinjamchinja* category. They see the *shetani* living in

trees and coming out at night to wander the deepest bush. If man should enter their territory, the *shetani* would jump upon him and make him go to sleep. Then they would put a spell upon him so that he would go to the bar and get drunk. The man would be able to kill people while he was drunk and under the influence of the *shetani* and alcohol. The *shetani* would bring the victim back to life and he would become a more evil man than the murderer. He would become an *mchinjamchinja* who would make nightly forages for his meal of blood. If the trees that the *shetani* inhabit were to be cut down, death would come to their occupants as well as their *mchinjamchinja* vassals.

The *shetani* exorcism ceremony can go on for days. An informant who had attended several of these ceremonies as well as an *mganga wa shetani* gave me descriptions which I have synthesized as follows. The ceremony begins at 6 pm and is usually attended by a crowd of neighbors and friends. The patient is covered with a white cloth while he sits on the ground. The *mganga* puts a burning stick of incense under the cloth. Then the victim begins to tremble and the *mganga* tells him that the *shetani* has entered his head. The *mganga* then begins to beat a drum and an empty kerosene tin. The possessed jumps up and spins around, still with the cloth covering his head. All others in attendance stand up and jump and sing, and clap their hands. This clapping and singing goes on until midnight or later. Apparently, when exhaustion overtakes all, they cease their activities and sleep on the dancing ground. The next morning the *mganga* seizes the patient by the ear and tells him to go away for a month. If he does not get relief, he should return after that time for further exorcism. It is possible that when the possessed starts to rise and spin around that the others present will be seized by *shetani*, either the exorcised *shetani* or its comrades in the neighborhood. At this time the friends and neighbors of the newly-possessed victim must negotiate with the *mganga* for the fee for driving out this newly ensconced spirit.

There is a morbid fascination with these events. People know that they are vulnerable to seizure by a *shetani* and yet there is always an audience. I participated in a shorter version of the ceremony, one that was carried on in two shifts in the morning and afternoon. There were always ten or fifteen people looking on as well as taking part in the drumming. Gray has described and analyzed this complex among the Segeju on the northern Tanzanian coast. His account differs from my own observations in several minor points, but there is notable divergence in that in Magugu there is no cult formed of women

who have undergone exorcism as far as I could determine. But among the Segeju as in Magugu, the *shetani* has a prominent place in the "native medical system and in the magico-religious life of the society" (Gray, 1969:171-187).

The *waganga wa shetani* are feared and respected in the community as are the other medicine men. There is a variety of these specialists. Some concentrate on alleviating antisocial situations which are usually regarded as manifestations of witchcraft. There are also rainmakers, diviners, people who compound magical medicines which protect crops from pests and thieves, *mganga* who insure the fertility and abundance of crops and those who do not admit to, but are widely suspected of, being black magicians or sorcerers. In Mbugwe contexts, these latter are believed to associate with each other at night and roam the bush astride hyenas.

Public Health and Secret Sorcery

The founding of Magugu was a public health strategy - to exterminate tsetse flies, clear brush to halt their further expansion from the south, and house refugees from a sleeping sickness outbreak area. We would surmise that members of such a community would be exceptionally receptive to scientific medicine. Yet when we examine the *mchinjam-chinja* complex, a sympathy for scientific medicine does not become apparent. Rather, what emerges is a fixing of scientific medicine and its practitioners into traditional native categories. Certainly, there is receptivity on the part of many people at certain times to the medicine practiced at the local hospital. However, often these same people are apprehensive that those who can cure can also kill.

Following are some data on the interdigitation of government and medicine. Actually the two areas, politics and health, overlap, since Tanzania is a socialist state and both traditional and scientific medicine is under the control of the national government.

(1) The Idara Ya Ndorobo or Tsetse Extermination department installed a camp at Magugu in 1967 to control both sleeping sickness and malaria. About a score of the employees of this bureau with their families reside in a camp about a half mile from the village of Kibaoni, the administrative and population center of the Magugu area. They are occupied with spraying the surrounding countryside

with especially virulent pesticides to eradicate tsetse flies and mosquitoes. Occasionally, cattle have died after grazing pasture which had been recently sprayed. The pesticide is closely guarded and, supposedly, none outside of the department are allowed to handle it.

(2) Another public health installation at Magugu is a station of the Tropical Pesticides Research Institute (TPRI). This comprises a laboratory and six experimental huts of different material where various insecticides are tested. The station was constructed in 1962 and is an institution of the East African Community. The six experimental huts are sprayed with different types and solutions of pesticides. The habits of mosquitoes and effectiveness of the sprays are tested. Observers note what hours mosquitoes enter and leave and in what part of the hut they alight. It is necessary for the huts to be baited with humans since apparently the mosquitoes will not enter empty huts in sufficient number for experimental purposes. Consequently, people are always sleeping in the huts. They sleep for a period of five days and are paid a shilling a night. People line up for the opportunity to get this easy money. A wage for sleeping is attractive in most parts of the world.

The permanent employees of the Idara Ya Ndorobo and the TPRI are believed by many to be *mchinjamchinja*. Under special suspicion is the assistant director of the TPRI, a pugnacious, argumentative maverick who makes waves with other bureaucrats as well as the local people. He and his colleagues are believed to traipse the bush at night, killing people, sucking their blood, and removing their brains and innards. These organs are then turned over to the hospital personnel who convert them into medicine. When I asked an informant why people continued to go to the hospital to be dosed with tainted medicine, he answered that one just had to take his chances. Besides, there is no other place to go! Sometimes you can be cured and sometimes you can be killed. Such a phenomenon exists all over Kenya and Tanzania, wherever he had travelled. This resident believed that a man would be helpless when seized by an *mchinjamchinja* who would inject the victim with a needle to keep him from crying out. Then he would be killed and his organs removed.

The employees of the above-mentioned departments are, of course, relative strangers in the community. This alone does not explain their repugnancy. Magugu is a community of strangers. The average period of residence from a sample of

100 males was only 12 and a half years. Not only the TPRI and Idara Ya Ndorobo are suspect, but those who associate with them as well, even though they be outwardly respectable churchgoers or attendants at the mosque.

(3) An anthrax epidemic wiped out large portions of the local livestock in 1968. This occurred soon after the government forcibly transferred the Mbugwe from their traditional homes near Lake Manyara shore to a place several miles away. The anthrax was believed to be caused by the government intervention in the living patterns of the people. The Mbugwe reasoned that if they had been left alone in their homeland and not forced to move to an area where grazing and water were poor, their cattle would have survived. This removal was ostensibly another public strategy which would improve the lives of the Mbugwe by placing them in a habitat with less mosquitoes.

(4) In 1969, governmental medical personnel treated people for *bilharzia* which was endemic in the area. Those who did not take part in the treatment were put in jail, according to several informants. Reactions to the drug used in the treatment were often characterized by loss of appetite, weakness, dysentery, and deranged behavior in a few cases. This forced dosage to relieve a debilitating illness was not appreciated by all of the citizens, especially the Mbugwe who already bore rancor against the government for their removal.

(5) All *waganga* or native curers have to register with the government, and pay a license tax of 70 shillings since January of 1970. Consequently, the citizens see that the government has virtually monopolized all curing. The distinction between scientific and traditional curers blurs in the eyes of the inhabitants. The term *mganga* is used for both scientific and traditional medicine men. Hospital personnel are observed visiting native curers and vice versa. A common professional association is logically assumed by the populace.

(6) There are repeated allegations that the medical personnel at the hospital sell treatment and medicine which is supposed to be free of charge to all citizens. The local appreciation of this is that if one does not give a gift or payment to the dispenser, one will receive watered-down medicine. This is apparently a nation-wide problem and a long-standing one. Letters appear in the East African

Standard complaining about this in different parts of the country. A letter I came across in the National Archives dated June 23, 1959, dealt with a complaint of bribery at the Arusha hospital. Nevertheless, each morning people queue up at the hospital for treatment. From 150 to 300 people a day are treated, primarily for malaria and bñilharzia. If the dispensers are believed to be *mchinjamchinja*, who are likely to use watered-down medicine when they do give a conventional treatment, why do so many people go there to seek relief? People take their chances on the possibility that they may be given good medicine and be cured or relieved of pain, although some time they may be given poison or medicine which put them in the control of the *mchinjamchinja*. Thus, there is an element of whimsy and caprice in the machinations of the nefarious. Evil is a certainty, but its specific application is an uncertainty. There is a minimal optimism in the face of a dubious and dangerous cure. The citizens do not usually complain to government officials because they understand that these same officials are in collusion with the hospital personnel.

Conclusions

I began this discussion with the derivation of the noun *mchinjamchinja* from the verb *kuchinja* which means to kill or slaughter animals for food. Just as people kill animals for food *mchinjamchinja* kill people so that they might eat them. There is a common metaphorical use of the very "to eat" (*kula*) in Swahili and in other Bantu languages in the area. One can "eat the wealth of the country" or one "eats other people" when one exploits them. So, "to eat" means to derive energy in the physiological sense and also in the sociological sense. For example, all of the bureaucratic personnel of Magugu are relatively overweight. The remainder of the population range from lean to scrawny. Bureacrats get large salaries, have sedentary jobs, and can afford more beer and richer foods than the average African husbandman: factors which lead to paunchiness. This occupational dimorphism is not lost on the inhabitants. One informant pointed to a young administrative officer who had been in the community for a few years, and told me: "Look at how fat he is. When he first arrived here, he was skinny as the rest of us. (The young man had just begun his civil service career.) He got the way he is now by 'eating us'." This same informant was also firmly convinced of the *mchinjamchinja* complex. So as *kuchinja* means to kill for food *kuchinjachinja*, the killing of the *mchinjamchinja* (if there is such a word) could be taken to mean to kill for power.

Witches, *shetani*, *mehinjamchinja*, politicians, traditional curers, and public health employees are all seen as being involved in a secret communications and interaction network. The populace can directly observe the public health and governmental personnel associating with each other and this reinforces their assessment of collusion. However, they associate with each other because they are in the process of forming a social class, a bureaucratic bourgeoisie, which is based on commonality of education, occupation, sophistication, and interaction. Jacobson has studied bureaucrats in Mbale, Uganda and, like those elites, the civil service personnel in Magugu are incorporated "in a non-tribal social network which, in turn, is based on a national economic-occupational system" (Jacobson, 1973:131). Traditional curers are not part of this bureaucratic elite in governmental view, but they are part of the structure in folk conception in that they also are possessors of arcane lore and powers, who do not often associate with the farmers in the community outside of professional, consultative interaction.

Sorcery and politics are equated in that they are conspiratorial and secret arts. When any citizen is queried about who comprise the highest social stratum of the community, the invariable answer is a listing of the above-mentioned statuses. Virchow had in mind the responsibility of government to assure the health of its constituents when he stated that politics is "nothing but medicine on a grand scale" (Lieban, 1973:1031). The people of Magugu reach a similar conclusion in that they see power and authority as being exceptional attributes of humans which must be acquired or reinforced through supernatural and extraordinary associations which cure or kill as does scientific medicine. As medicine men manipulate the supernatural, so do politicians, bureaucrats, and curers manipulate groups and individuals. People who have power over bodies of men have control over a man's body.

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