

Commodifying Bodies

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Bodies for Sale – Whole or in Parts

NANCY SCHEPER-HUGHES

While in the academy (as in this journal) 'the body' is generally treated as a text or a trope or as a metaphor that is 'good to think' with, in the larger society and in the global economy 'the body' is generally viewed and treated as an object, albeit a highly fetishized one, and as a 'commodity' that can be bartered, sold or stolen in divisible and alienable parts (see Berlinger, 1999; Sharp, 2000). The professions – but especially reproductive medicine, transplant surgery, bioethics and biotechnology – have been complicit in the process of commodifying bodies contributing to what Lawrence Cohen (1999) has called a new 'ethics of parts' in which the divisible body (and its owners) respond rationally (it is presumed) to the demands of the market and to what I would call a politics of the belly, both contributing to new forms of late modern cannibalism (see Awaya, 1999; Scheper-Hughes, 1998a, 1998b).

Allow me to illustrate. In a Madras slum in South India several women explained to Cohen (1999) why they had taken the drastic step to sell a kidney. Forced to the brink by crippling debts or by the incapacity of a husband and primary wage earner, the women had sold a kidney to *feed* the family, the most common explanation given by kidney sellers world-wide. In Cape Town, South Africa, Dr Johan Brink, a transplant surgeon trained by Christian Barnard, explained to me why, under the old (apartheid) regime, human tissues and organs were harvested from black and mixed race bodies in the ICU (intensive care unit) without the family's knowledge or consent and transplanted into the bodies of more affluent white patients: 'The doctors were from conservative [i.e. Dutch reform] backgrounds and they followed a Christian family ethic. To them the idea of "wasting" a good organ was sinful, like wasting a good piece of bread.' Last spring (2001), a middle-class couple from Orange County, California approached

my organization, Organs Watch, for help – they wanted to sell one of their kidneys to avoid losing their threatened family business, an outdoor flower stand. Coming from one of the most affluent counties in the United States, they tried to post the following ad on our Berkeley ‘Organs Watch’ web site: ‘Desperately need dentures! Will sell one good kidney – left or right, your choice.’ In these troubling new contexts the commodified organ becomes an object of desire for one population and a commodity of last resort for ‘the other’ and socially disadvantaged population (Scheper-Hughes, this issue).

So, while the body is a text it is always a great deal more than that and the articles collected for this special issue attempt to return sociological and anthropological thinking and practice to a consideration of the body as tangible, palpable and undeniably ‘real’ material object. We are aware, however, that the desire to locate *some* essential truth, some *basic* ontological certitude of a Wittgensteinian nature (‘If we do know that here is one hand, we’ll grant you all the rest’) in the irreducible reality of the body is always a dangerous move. Given the constant exchange of meanings between commodities as plain, matter-of-fact things-in-themselves and commodities as spirits and fetishes of human desire, *all* commodities possess what Lucas (see Taussig, 1980) called a *phantom* objectivity. So we are compelled to consider the commodified bodies discussed in these articles as *both* objects and as semi-magical and symbolic representations. Above all, commodities are everywhere heavy with social meanings and significations (see Appadurai, 1986).

Meanwhile, *commodification*, the unifying theme of this issue, remains a problematic concept. What range of widely disparate body practices can be said to participate in the processes of commodification? The sympathetic magic of the primitive animist and his/her tool kit of purchased or stolen charismatic body parts (see Comaroff and Comaroff, 1999; Scheper-Hughes, 1998b)? The economically and psychologically costly open-casket funeral that demands a body, and preferably the correct one (Brandes, this issue)? Holy Communion? Eye, tissue and sperm *banks* (Tober, this issue)? The ‘body counts’ of the forensic specialists charged with the aftermath of a human and social-political tragedy (see Klinenberg, this issue)? We have opted here for a broad concept of commodification, encompassing all capitalized economic relations between humans in which human bodies are the token of economic exchanges that are often masked as something else – love, altruism, pleasure, kindness. All of the articles in this collection attempt to grapple with the commodity form as applied to the body under late capitalism and in the new global economy.

Why are markets in human bodies, body parts, sexual favors, reproductive material or blood sports (like boxing) so disturbing, so hard to take – as, for

example, when an Indian kidney seller says that the only thing she regrets is that she does not have a third kidney, with *two* to sell. Or when an inner-city boxer (Wacquant, this issue) puts a price on a six-round fight in which he admittedly plays the role of ‘fucked over’ whore to their pimp-managers? The neo-classical economists of the global economy, and a new class of bioethicists following their lead, now argue that free markets, including body markets, are liberating in their valuing of individual choice, autonomy and the impersonality of the economic exchanges. Body parts are, and should remain, private parts, free of outside meddling, let alone state or governmental regulation. Social theorists, we are told, can all too easily fall prey to an uncritical moralizing rhetoric, a knee-jerk reaction against body commodification to which still attaches fairly ‘primitive’ sentiments of bodily integrity and sacredness which demand that the body be treated as an exception.

There are, of course, many genealogies and continuities to explore – from the animated sale, collection and veneration of medieval relics of the bodies of Catholic saints to the grave-robbings of the 16th and 17th centuries by barbers and surgeons in search of corpses for dissection and for teaching gross anatomy (Lock, this issue; Richardson, 1996, 2001) to the sale of hair and teeth in the 19th century to the late 20th-century markets in kidneys, ova, semen, stem cells, genetic material and codes. Meanwhile, the commodification of sex spans the history of the species, with marriage contracts constituting only the most common and legalized of such transactions, if we are to take the early radical feminist critique to heart.

At one level, then, the commodification of the body is a new discourse, linked to the incredible expansion of possibilities through recent advances in biomedicine, transplant surgery, experimental genetic medicine, biotechnology and the science of genomics *in tandem with* the spread of global capitalism and the consequent speed at which patients, technologies, capital, bodies and organs can now move across the globe. But on another level the commodification of bodies is continuous with earlier discourses on the desire, need and scarcity of human bodies and body parts for religious edification, healing, dissection, recreation and sports, and for medical experimentation and practice.

In this regard the social historian Ruth Richardson notes the ‘fearful symmetry’ between the medical production of bodies for dissection and bodies for organ harvesting for transplant. In each case ‘once the need was recognized, a supply was obtained; and once a supply was obtained, it always fell short of demand’ (2001: 412). This dynamic, set in place in the late medieval period, continues to this day. The expansion of new patient populations and the invented needs and artificial scarcities that result in their wake is a case in point. At their annual

meetings in Leiden, the Netherlands, in September 2000, representatives of Euro-transplant reviewed experimental programs to expand organ transplant waiting lists to include the medical margins – patients over 70 years, patients with hepatitis C and HIV seropositivity, and those immunologically prone to organ rejection. Scarcely any recognition was given to the fact that these dubious experiments would serve to inflate the demand for scarce organs and lead to other desperate measures, including commerce in organs. The experiments were defended as a democratic service to those clients and transplant consumers demanding medical inclusion.

Continuous throughout these transactions across time and space is the division of society into two populations, one socially and medically included and the other excluded, one with and one utterly lacking the ability to draw on the beauty, strength, reproductive, sexual, or anatomical power of the other. When, for example, the Hippocratics established the foundations of medical science they recognized two classes of patients – freemen and slaves. Freemen, treated by their private physicians, were given access to their diagnosis and prognosis as well as information about the choices of therapeutic intervention. Slaves were treated by slave physicians, hastily dispatched and with little communication between doctor and patient. Similarly, I argue (Scheper-Hughes, this issue) that commercialized transplant medicine has allowed global society to be divided into two decidedly unequal populations – organ givers and organ receivers. The former are an invisible and discredited collection of anonymous suppliers of spare parts; the later are cherished patients, treated as moral subjects and as suffering individuals. *Their* names and their biographies and medical histories are known, and their proprietary rights over the bodies and body parts of the poor, living and dead, are virtually unquestioned.

The two opening articles by Cohen and Scheper-Hughes explore one of the more graphic instances of late modern, runaway commodification, the market in kidneys. Cohen analyses the commodification of immunopolitics. He notes that the most salient feature of the new tissue-typing procedures necessary in advance of organ transplant is an understanding/recognition of what needs to be *suppressed* – the codes regulating organ rejection. This led to the development of powerful antirejection drugs that greatly expanded the population of potential organ donors and of quiet and ‘invisible’ sales that corrupt cadaver-based waiting lists, even in the United States, and the more blatant auto-cannibalism and kidney sales by subaltern and generally stigmatized populations who are rendered chemically ‘safe’ enough and ‘same enough’ through the expensive miracle drug, cyclosporine. In the second half of his provocative article, Cohen examines popular and film media images and representations of the perceived social impact

of transgressive blood transfusions and organ transplants that entail transfers from the wrong kinds of bodies according to ‘traditional’ Indian conceptions of class, caste and racial difference. ‘Where, under the microscope, does caste reveal itself *in the blood*?’ asks a progressive Indian in the film *Sujata*. Cohen’s article brings to mind a school children’s anti-racist exercise devised years ago by UNICEF. English-speaking children the world over were challenged to spin the globe while singing:

Close your eyes and put your finger
on the map and let it linger
Any place you point your finger to
There’s someone with the same blood type as you!

But in the present context, the jingle takes on ominous undertones.

At the heart of Scheper-Hughes’s mutli-sited project on the global traffic in organs, tissues and body parts is an anthropological analysis of postmodern forms of human sacrifice. Global capitalism, advanced medical and biotechnologies, have incited new tastes and desires for the skin, bone, blood, organs, tissue and reproductive and genetic material of the other. Her article discusses the darker side of organs harvesting and transplant, focusing on the emergence of the fetishized kidney for both organs sellers and organs buyers for whom this commodity has become an organ of opportunity and an organ of last resort. What is different today is that the sacrifice is disguised as a ‘donation’, rendered invisible by its anonymity and hidden under the medical rhetoric of life saving and gifting. In all, the ultimate fetish is the idea of life itself as an object of endless manipulation. Her examples are drawn from ethnographic research in several countries, but especially Israel, which has emerged as both a powerful player in and critic of the unregulated black market in human organs.

Lock presents a historical survey of the alienation of body parts along with an astute anthropological critique of gift relations as applied to organs and body parts. This is followed by an overview of the dilemmas and controversies surrounding the Human Genome Diversity Project, which was originally designed to map genetic diversity among the world’s populations, focusing on the ‘rights of indigenous people’. One of the objectives of the World Trade Organization was to ensure that intellectual property rights and access to resources are handled uniformly. However, in practice, biotechnology companies freely help themselves to genetic material from the South and less developed countries, isolate useful genes, patent the genes, and then sell the products based on these gene lines *back to the people and countries* from which the genes were extracted. The lack of informed consent is an egregious problem posed by these new global transactions and negotiations. In these scenarios, indigenous people are reduced

to biotechnology resources and commodities by hyper-aggressive pharmaceutical firms. Not surprisingly, as Lock recounts here, cultural resistance has proven to be a formidable obstacle. One exception to this rule, however, and not treated by Lock is the exceptional case of the Icelandic genome uniformity project (see Pálsson and Rabinow, 2001).

The Icelandic people are in many ways analogous to many indigenous groups because of the historical isolation of their gene pool, but differ with respect to their centralized and democratic political institutions. Iceland was the first country to authorize (following a vote in the Icelandic Parliament) the sale of the rights to its entire population's genetic code to a local company, deCODE Genetics, allowing the biotech firm to hold a 12-year monopoly on data marketing rights. A pharmaceutical firm, Roche, jumped in soon after signing a \$200 million, five-year deal to develop new drugs and tests from the data. At first glance it seems that these agreements have been negotiated between two equal partners (the view that Pálsson and Rabinow espouse) where one benefits from *harvesting itself as its own resource*, putting a new spin on the concept of auto-cannibalism.

Tober's article on donor insemination explores the linkages between the sperm banking industry, semen donors and women who purchase donor sperm, in an effort to illustrate how perceptions of genetic heritability affect the market value of semen. However, despite the express *commodity* value of semen, it is typically redefined at the point of collection and sale (i.e. sperm banks) as a gift of those who sell it and to the women who purchase it. Paradoxically, perhaps, the cherished idea of donor 'altruism' is maintained in the face of a complex system of banks, and finely calibrated prices affixed to specific 'varieties' of sperm. Tober's article further extends the understanding of body commodification by exploring parallels between reproductive work and sex work as two forms of labor in which the sexual body and its products are both fetishized and commodified.

Brandes's little gem of anthropological inquiry narrates in a precise, economical and poignant fashion how the accidental cremation of the body of a Guatemalan foreign worker in San Francisco creates a crisis of meaning for the Central American Indian village and family members. Nonetheless, they accept legal assistance – and the skills of a practicing cultural anthropologist – to get financial compensation for the spiritual and personal damage they have suffered.

Eric Klinenberg's article is drawn from his brilliant, long-term fieldwork on the great Chicago Inferno, the heat wave of the summer of 1995 during which some 600 people perished in a few days. His detailed study of the various scenes and behind-the-scenes settings, actors, and vested political and professional interests that gathered around the official response to the tragedy reveals an absurdist public drama in which the cause of the deaths – the everyday structured and

political violence of the urban inner-city as a zone of abandonment and untimely death – is obscured and obfuscated by an aggressive and unseemly forensic and media attention focused on the 'dead bodies' themselves as if they were the uncontested objective evidence of a horrific 'natural' disaster. The dead bodies assume a commercial value as the headline subjects for tabloid journalism and for tabloid-quality local politics. His argument shows that bodies are not self-evident entities that carry or speak social truths.

Meira Weiss's contribution represents the work of a tough-minded public intellectual working in the extremely fraught context of nation-building and the difficult assimilation of minority bodies in modern-day Israel. Her article deals with a national scandal that erupted many years after the fact known as the 'Yemenite Children Affair'. Weiss assiduously followed strange rumors of infant kidnapping and medical experimentation circulated by elderly Yemenite immigrants to Israel who arrived *en masse* in 1949–50 at the dawning of the new Israeli state. The new immigrants were held hostage for many months in huge, overcrowded, under-staffed and unhygienic transit camps while their citizenship was processed. Dozens of women gave birth in the camps and infant and child mortality was high. Many women believed, however, that their infants and sick children did not die in the medical clinics of the transit camps, as they had been told, but that they were kidnapped and sent to infertile Jewish couples in the USA. In addition to gathering the narratives of the original immigrants and their adult children, Weiss conducted observations at government hearings and at the National Forensic Institute in Tel Aviv where exhumed skeletal remains of the immigrants' infants and young children were brought for DNA purification and testing. In this scenario commodification takes many forms from the aggrieved women's demands for an expensive and ill-advised program of exhumation and testing to the medicalization of national identities.

María Epele examines the dual moral economies of sexual slavery and female liberation in San Francisco's Mission District, where sex workers struggle to defend and maintain a sense of ownership of their body despite a tension between conflicting desires and needs, their own and those of their clients. Epele analyses the particularities of a hyper-modern social context, in which women's addiction to drugs intersects with sex work, which in turn draws its value and power from a male addiction to paid-for sex. But in the end, 'the johns' emerge as the winners in a system that manages to preserve and reproduce the androcentric moral economy of gendered street culture.

Finally, Loïc Wacquant's short but exquisite article on the body praxis of inner-city boxers in Chicago returns social science to the painful subject of vulnerable people's collaborations in their own exploitation. Why do people – the poor and

racially excluded in particular – so often turn themselves into their own executioners, consenting, as it were, to their reduction to the status of ‘a most miserable commodity’? Wacquant enumerates the many sources of misrecognition which are occasionally breached by all too clear self-revelations of the real condition of their lives. Nonetheless, boxers struggle to maintain – as do Turkish kidney sellers, drug addicted sex workers, and sperm bank users – a sense of their own moral and physical worth, along with a sense of dignity, courage, beauty and/or strength. Perhaps, they think, they will manage to beat the system in the end. Stranger things have happened. But, in fact, the only *real* sense of power and control in their lives derives from a certain kind of command and ownership of their bodies – the very grounds of their own existence – which they express, paradoxically, by selling it off in parts or in its entirety, a modern-day tragedy of decidedly heroic proportions.

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The Other Kidney: Biopolitics beyond Recognition

LAWRENCE COHEN

This article examines the Indian variant of the global enframing and recruitment of the bodily tissues of the poor and vulnerable. It locates this recruitment as a relation between two moments of technique: *recognition* and *suppression*. Work by Nancy Scheper-Hughes has extensively tracked new and ongoing organ commodification, and theorized its sacrificial economy; my argument here presumes this intervention and links it to questions of both technical and imaginary form. I combine elements of an ethnography of renal transplantation – including extensive clinic visits and talks with nephrologists, urologists, state regulators, kidney buyers, kidney sellers and brokers of organs, information and ethics – with an extended discussion of tissue transfer in Indian popular film. Narratives of both transfusion and transplantation are staples of film narrative in India, constituting forms of ethical publicity that posit the limits to human connectedness as a surgical problem.

The technique: at mid-century, a new biology of increased scale became able to recognize a specificity of human tissue of far greater complexity than blood-typing and with as profound clinical application. With the resulting tissue-typing procedures organ transplantation escaped its bleak infancy and became the heroic technology sociologists Renee Fox and Judith Swazey could celebrate in *The Courage to Fail* (1974).¹ Monozygotic twins were no longer necessary for a good transplant prognosis: with tissue-typing materializing new sites of sameness and difference, one could screen a large number of potential donors to discover bodies suddenly compatible, far from the family tree.

It has become a commonplace that the new recognition and its molecular

specificity contributed to shifting the ground of self–other discrimination away from the individual body, dissolving the apparent solidity of both the citizen-patient of bourgeois revolution and his or her corporeal extension, the family. Dispersed inward to cell membranes and outward to the population to be screened, the site of recognition no longer privileged bodily boundaries – skin or kin – as envelopes or guarantors of life. This move helped constitute late 20th-century immunology, in Donna Haraway’s framing, as one of the signal post-humanist sciences of the body (1991).

The language, practice and materiality of recognition, long of interest to philosophers, theologians, psychoanalysts and critics, took on new importance for human and social scientists engaged in conversations with biomedicine. Such attention was ratcheted up to a state of emergency in the wake of early AIDS; prominent among many examinations of immune recognition and the forms and politics of life it engendered were Haraway’s 1991 essay and Emily Martin’s 1994 book *Flexible Bodies*. The arguments of both scholars tracked a movement of disease control from protection (keeping the other out through good defenses) to recognition (identifying the other permeating oneself by anticipating its difference) and speculated on its relevance for biopolitical engagement.

Professional assemblies of transplant clinicians and researchers understandably have taken the emergent understanding of immune recognition as a charter moment in the growth of their practice. Yet transplantation raised different articulations of recognition, self and other than did AIDS, and was not central to the new immuno-theorization. Its biopolitics seemed to lie elsewhere, in explosive narratives of organ stealing and media exposés of organ selling, in debate (or the lack of debate)² about brain death and harvesting, and in new tasks for professional bioethicists as both transplant medicine and its mediated public came to speak of a ‘shortage’ in human organs. These politics, as Scheper-Hughes has noted, raised both old and new concerns about the body as a commodity, as a whole and in parts, about indebtedness and the suddenly mobile pound of flesh, and about organized violence, the persistence of rumor and the ontological insecurity of the poor (2000). Jean and John Comaroff cite transplants as a metonymic feature of the everyday and occult economies of ‘millennial capitalism’ (1999, 2000). Most critical attention to the transplant has utilized its emergent ethnography to think about such futures of value (Sharp, 2000). Considerable new scholarship has also attended closely to technologies of harvesting and brain death, and to what kinds of subject-death and object-life are being reconstituted (Agamben, 1998; Hogle, 1999; Lock, 1996a). And considerable critical work has questioned the trajectories of organs, desires and prohibitions in troubling assumptions about the ground of the gift, of the commodity,

and of their juridical and ethical separation (Daar and Marshall, 1998; Das, 2000; Marshall et al., 1996; Radcliffe-Richards et al., 1998; Scheper-Hughes, 2000).

In this article, I want to return to the problem of immunopolitics. Despite some notable subsequent conversation, like many fronts of critical AIDS activism, the concept has drifted and atrophied somewhat since Haraway’s and Martin’s aforementioned work.³ I return by way of an observation. Despite the promise of immune recognition and tissue-typing for the rise of an effective transplant medicine, it was not the recognition of molecular sameness and difference but the *suppression* of the entire system of code that ultimately materialized the population – rather, specific populations – as viable donors. Suppression, not recognition, turned transplantation into a major industry.

A source of seemingly miraculous cures, of new understandings, imaginaries and ideologies, and of high profits for a changing assemblage of health care, transplantation rapidly went global with the development, production and marketing of the immunosuppressant drug cyclosporine by the Swiss pharmaceutical corporation Sandoz (which merged with Ciba-Geigy in 1997 to become the global giant Novartis AG). Unlike tissue-typing, cyclosporine and the combination therapies that emerged with it made possible transplants from a far larger group of potential organ donors than before. One no longer had to screen large populations: since many more persons could serve as donors; in place of extensive screening one could recruit flexible and specific donor subpopulations. Industrial, state and patients’ association responses to the defined shortage could shift from an unwieldy biopolitics of recognition, mobilizing large populations and searching for identifiable tissue matches within it, to a more pragmatic biopolitics of suppression, disabling the recognition apparatus so that operability and not sameness/difference becomes the criterion of the match.⁴

There is, more precisely, a shift to *multiple* biopolitics of suppression. As transplant technology and cyclosporine and other drugs migrate, the ‘organ shortages’ they materialize emerge in national and regional markets with particular sources and structures of tissue recruitment.⁵ There have been the quiet sales of cadaveric organs built into the American system and wrapped in layers of prestational and Christian rhetoric that both Scheper-Hughes and I are studying.⁶ There is the Indian state’s involvement at various levels in simultaneously outlawing and brokering the sale of organs with the effect of limiting foreign consumption of the poor’s organs while increasing wealthy domestic and diasporic consumption. There is the emergence of China’s new post-socialist military as transplant entrepreneur, its growth abetted by India’s withdrawal from the South-East Asian kidney market, scheduling operations on festivals around public executions under the sign of socialist communitarianism and efficiency.⁷ Cyclosporine *globalizes*,

creating myriad biopolitical fields where donor populations are differentially and flexibly materialized. Difference is selectively suppressed, allowing specific subpopulations to become 'same enough' for their members to be surgically disaggregated and their parts reincorporated.

Though the transplant shifts from the heroic age of immune recognition to the assembly-line surgeries of the immunosuppression era, its formally enacted history seldom registers a break. At the international transplantation conference in Montreal in 1998, Nobel Laureate Sir Peter Medawar was remembered with a keynote address by his widow, celebrating the *Ur*-moment of recognition. Medawar was one of the fathers of the first moment of the transplant era through developing the conceptual and technical assemblage of recognition to make tissue-typing possible. Again, tissue-typing extended the logic of blood-typing: graft survival improved the more closely matched were the 'HLA antigens' of donor and recipient. But young nephrologists I interviewed throughout India and elsewhere were abandoning rigorous HLA-matching as better combination immunosuppressant therapy was making it unnecessary. Basic cross-matching (making sure the would-be recipient lacks circulating antibodies directed against the donor's HLA antigens) and blood-typing remained the standard of care: the cyclosporine era has not done away with recognition altogether. But with the abandonment of HLA-matching, clinics no longer were dependent upon general population-based recruitment and screening: one no longer, in most cases, needed to test large numbers of potential donors to find a match.

Early in the cyclosporine era the implications of these changes for the economic organization of clinics were becoming clear, and by 1988 standard textbooks could note that:

Many centers appear to have adopted the position that the greater degree of immunosuppression associated with cyclosporine overrides the effect of matching for HLA antigens. This position allows a center to transplant cadaver kidneys with very short ischemia times and to curtail expensive organ-sharing programs required to increase the recipient pool size so that well-matched transplants are possible. *This position also reduces the ability of centers that do not harvest their own kidneys to perform transplants.* (Toledo-Pereyra, 1988, my emphasis)

With the necessity of large donor registries diminished, local harvesting became critical to the productivity of clinics: differently positioned centers developed different strategies of procurement. Transplantation programs rapidly spread globally: each required a procurement plan. In many if not most cases globally, as Scheper-Hughes and I are continually learning, these plans involved procurement beyond the supply generated by mobilizing local practices and rhetorics of the gift. In India, with long-standing commercial blood donation and the ubiquity of brokerage as a social and economic form, physicians and other clinic management

turned to the recruitment and brokerage structures that sustained the blood supply. Brokers quickly became adept at meeting the new requirements for recognition and procurement, and understanding their limits, and cultivated neighborhoods, caste communities, local industries and entire villages: specific populations. A broker in a proverbial back alley in Chennai (the former Madras), himself a former seller as well as the domestic servant of a vascular surgeon involved in renal transplantation, outlined for me with impressive precision the different kinds of matching, to explain why only cross-matching matters. Aggressive immunosuppression opened up a large population of indigent sellers as living organ 'donors'. For most, the money went to pay off debts and was quickly exhausted; several, like this man, turned to recruitment of others. A number of Chennai slum-dwellers could discuss the basics of immune recognition and suppression (Cohen, 1999).⁸

Obviously, the moment of suppression is linked, causally and formally, to the moment of recognition that precedes it. But working the distinction between the two may be useful. My effort engages some of the politics of the kidney transplant in the cosmopolitan medical centers of Chennai, Mumbai (formerly Bombay), Delhi and Bangalore and in the dispersed regions of debt – urban slums and rural hinterlands – that have become organ supply centers for a powerful local industry with enormous social and symbolic significance.

Recognition and the shift from organism to code, in the AIDS-informed work of Haraway and Martin, mark the biopolitics of late capital and the network society. But the slippage from recognition to suppression I identify in the globalization of the transplant implies a prior moment of recognition and code, one in the case of India tied to the high systems-era of Nehruvian polity and planned development. Haraway recognizes this earlier figuration of code in the Cold War deployment of cybernetics, but, in noting the closed and self-referential 'techno-organicism' of the moment, distinguishes it from the open coding systems of immunology and optimization that follow. The postwar deployment of closed systems, however, coding nature and society within the postcolonial project of development, generated hybrid and ambivalent forms (Gupta, 1998; Prakash, 1999). Recognition and the problem of code were mobilized as critical and anxious features of scientific nation-building at an earlier moment than that offered by Haraway or Martin's Euro-American historicization. The subsequent globalization of the 'postmodern' biopolitics these authors describe suggests less the intensification of an already emergent biopolitics of code than its encompassment by a flexible biopolitics of suppression.

To locate the moment of immunosuppression in relation to the postcolonial workings of recognition I begin with transfusion medicine and blood-typing, a

widely disseminated and public practice ubiquitous in popular media like film from the early years of Indian independence. The biopolitical effects of transplantation can then be located in their radical dissimilarity to this earlier figuring of transfusion and the recognition of a national body. I focus on popular film both as it offers an archive of a widely disseminated public imaginary and as my earlier work on transplantation has centered on the ethical as a function of publicity (Cohen, 1999). I start with a classic 1959 Hindi film.

From Transfusion to Transplantation

The film is *Sujata*.⁹ A high-caste couple take in the title character, an 'untouchable' orphan girl, and raise her in fosterage along with their own daughter. Their relatives object to Sujata's presence on the grounds of blood, a marked substance indelibly coding her and the family as different. The couple itself is divided about the implications of what they have done. The wife, who must bear the gendered burden of defending caste norms, is anxious about the girl's presence and her persistent inability to recognize her own difference. Her progressive husband challenges their family critics by demanding that they show him *under a microscope* what caste is and where in the blood it is to be found. Blood, he presumes as a modern, carries no code.

When the girls grow older, a suitable marriage is arranged for the couple's biological daughter. An untouchable groom, portrayed as a bumpkin, is found for Sujata. Love intervenes as the daughter falls for another man and Sujata and the high-caste groom discover each other. When the mother finds that her careful arrangements are coming apart, she collapses and falls down a flight of stairs. Hospitalized and in a coma, she needs a blood transfusion to survive. Neither the blood of her husband and daughter nor of any other appropriate donor matches with hers. Then Sujata volunteers. The foster daughter's is the only blood that matches.

As in anthropologist McKim Marriott's now classic discussion of the construction of body and person in India – in which people are 'dividual' assemblages of flows that circulate as both substance and code – here blood, despite the progressive challenge of microscopy, *persists* as indelibly coded substance (Marriott, 1976). But as transfusion replaces alliance as the critical modality of exchange, the logic of coding shifts from caste to blood group. Sujata and the mother are united through the physician's needle, and the demonstrable ability of the transfusion relation to sustain life extends its power to the legitimization of intercaste marriage and descent. Under the 'microscope' of immunological tissue-typing, everyone is not the same. Modernity is less a matter of decoding than *recoding*.

In *Sujata*'s Nehruvian vision, modern medicine recodes what Marriott termed the biomoral logic of local transactions across caste, gender and generation into a national logic of distinction amenable to scientific planning and demonstrably supportive of life.

The nationalist recoding through the transfusion persists as a routinized element of film narrative for some decades. In the 1977 *Amar Akbar Anthony*, three brothers separated at birth and brought up as Hindu, Muslim and Christian respectively reconnect when the blood of each is found to be the same as that of a dying Hindu woman who turns out to be their mother. In the transfusion scene, three intravenous lines connect the men to the woman, Bharati, whose name ['Indian'] and body figure the nation. The camera pans showing the three young transfusers in turn with a temple, mosque or church respectively as backdrop. As in *Sujata*, blood-typing incorporates the outcast body (here, Muslim and Christian) into the dominant body (here, Hindu) through their medically recoded identity.¹⁰

This vision of recoding, in cinema as elsewhere, now seems passé. Popular film in the 1990s resuscitated and relocated what Madhav Prasad (1997) termed the 'feudal family romance' of the classic 1950s cinema. The differences that matter in the new variant are those of bourgeois and diasporic dislocation: girl (or boy) is acculturated abroad but meets hometown boy (or girl). Hi-jinks ensue. The overt technological mediation of exchange is hyperspatial: cell phones and airplanes. The hospital itself no longer signifies the imagined nation but serves to specify a translocal elite. In the world of contemporary Bombay film, there are two moments to this translocation.

First: not too long ago it was *foreign* hospitals that were the sites of the miraculous, re-animating bodies and thus rescripting the lives of their heroes and heroines.¹¹ In 1989's *Chandni*, actor Rishi Kapoor played the love-mad hero Rohit who becomes an invalid after a crazy helicopter stunt to impress Chandni, his beloved. Confined to a wheelchair, Rohit grows to resent Chandni and eventually bows to pressure from his rich parents to dump her. She slowly builds a new life and meets a new man. Rohit, meanwhile, goes off to Switzerland, which in the 1980s was replacing Kashmir as the backdrop for the fantasy sequences in Bombay love songs. Here the best international care gives him his legs back. He returns to India and Chandni, and, despite the other guy, romance rekindles.

Second: in the 1990s and beyond, the foreign is increasingly repatriated in the person of the diasporic 'non-resident Indian', or NRI, who becomes ubiquitous within popular cinema. Medical miracles once again occur stateside, with 'foreign-returned' biotechnology, but the problem now is the cost of the operation. Re-animation is encompassed by the greater miracle of repayment.

Transplantation comes to serve the paradox of the moment well. An example of the new cosmopolitan medicine at its most miraculous, the transplant, given the triple cost of operation, organ and cyclosporine, is virtually unaffordable, necessitating a chain of self-commodification which in film may ironically culminate in the counter-transplant, the sale of a kidney to pay for the first operation. In the 1998 Hindi film *Kareeb*, a hero works feverishly to earn enough money for an operation for his beloved's mother, while the beloved herself eventually agrees to marry the doctor in exchange for the operation. And in the 1999 Tamil film *Thullatha Manamum Thullum*, a hero's dying mother wills her eyes to his blind beloved, but to honor his mother's sacrifice and pay for the miraculous transplant her dying gift has made possible the hero must sell his own kidney: a transplant for a transplant. There is always a supplement to the operation: a second body, a second operation, the other kidney.

The translocality of the elite clinic is literally inscribed on to the millennial landscape. Signs from Delhi's Indira Gandhi international airport point the way to the luxurious 'five-star' Indraprastha Apollo hospital, a private franchise built by clearing slums with the (arguably unkept) promise of free quality care for the displaced. These signs were designed to look like government ones, further blurring the boundaries between Apollo and the urban administration. The Apollo group has built, franchised, financed or consulted on the design of hospitals in Hyderabad, Chennai, Mumbai, Calcutta, Bangalore, Lucknow, Ludhiana, Vizag, Nagpur, Pune, Erode and Ahmedabad in India and abroad in Bangladesh, Dubai and Oman, with planning at the time of writing occurring for possible projects or collaborations in Tanzania, Malaysia, Vietnam and Burma ('Apollo Hospitals' New Venture', 1999; 'Apollo Hospitals Ties', 1999; 'India's Apollo', 1999; 'Nursing', 1999; Pillai and Kavlekar, 1999). Many of these Apollo hospitals are designed with an adjoining luxury hotel, and the boundary between hospital and hotel is all but disappearing as Apollo experiments with the profitability of working the distinction between patient and guest.¹²

Apollo is not only a hospital that looks like a five-star hotel, it is a five-star hotel that looks like a hospital. 'It's cheaper than some five-stars', someone I didn't know laughed at a Delhi party. 'My friends stay there when they come to town.'¹³ It is not just a joke. Money-laundering politicians and industrialists under investigation for violation of India's still extensive foreign exchange regulations, survivals of the pre-liberalization planned economy, appear to protect themselves from arrest, interrogation and the considerable health risks of local prisons when they are implicated in a 'scam' by checking themselves into Apollo and like institutions for months on end. These maneuvers are well known and discussed. The police are reduced to seeking court orders to transfer such accused

to government hospitals to rule out actual illness.¹⁴ I have written earlier of the importance of 'five-star space' in how medical conferences are staged and a global patient's body imagined against local bodies that are not isomorphic with cutting-edge medicine (Cohen, 1995). What is intriguing is the materialization of this global patient within an expanded five-star space, and the ability this move offers to further distinguish the local from the patient body.

Like other private hospitals in major Indian cities, Indraprastha Apollo has been justifiably proud of its transplant program. During my first visit to the renal transplant ward in 1998, one of the surgeons used his fax machine to recopy a newspaper clipping for me detailing his receipt of an award for excellence. Such well-deserved awards abound; transplant surgery is a major enterprise in India as in many nations where access to capital, training, equipment and drugs has created a high-profit and high-quality sector of practice. The surgeon was eager for me to meet the recipients. But when I asked him if I could also meet donors I became a risk, yet another foreign critic in search of the ethical capital easily extractable from Third World medicine. The surgeon suddenly had to leave and ushered me out; I was unable to arrange a second meeting. A few months later, a major scandal broke in Delhi in which several of his colleagues were implicated. Across the Yamuna River in the suburb of Noida, a group of persons who had had their kidneys removed accused clinicians in a smaller private clinic of tricking them into giving up their organs. The doctors denied all charges, but the police discovered fairly extensive evidence of the illegal buying and selling of kidneys and some perhaps more questionable evidence leading them to pursue the charge of kidney stealing aggressively.

The 1980s saw corneal, renal and skin transplantation clinics emerge in great numbers in southern and western India, followed in the 1990s by a migration northwards and the far more limited emergence of cardiac, liver, lung, pancreas and other cadaver-based transplant surgeries. The more common surgeries were not only often technically more straightforward but, in the case of kidneys, did not have to rely on fresh cadavers and the emergence of an institutional and popular culture supporting a concept of brain death. Patterns of commercial recruitment, brokerage and harvesting from poor live donors that characterized the maintenance of local blood supplies quickly extended to the procurement of kidneys. People began in everyday conversation to contemplate selling a kidney; conversely, kidney panics in which strangers and government officials were suspected of operating within a network of 'child-lifting' kidnappers and where people were beaten or in rare cases killed became periodic occurrences. In response both to the widespread rumors of state and private involvement in such networks and to local and international reports of 'kidney bazaars' in Madras and Bombay (now Mumbai)

where poor Indians were forced to sell their organs, the national legislature passed the Transplantation of Human Organs Act (THOA) in 1994. The Act made it illegal to buy or sell solid organs and limited related kidney donation to one's parent, child, sibling or spouse, with exceptions to be vetted by an Authorization Committee to be set up in each state that passed some version of THOA.

Like transfusion before it, transplantation swiftly migrated into popular cinema as a critical figure of exchange. But, unlike transfusion, transplantation has not been put to work to recode the body's substance in recognition of new vectors of dividuality. Nor, despite the ubiquity of stories of kidneys coerced or plundered – themselves an inextricable hybrid of real and phantasmatic violence – is the dominant cinematic figure of tissue exchange a vampiric one. Denouements like that by the bedside in *Sujata* are displaced by a different set of narratives: in these films, transplantation accedes to pre-existing social differences between families but revives the faltering bonds within them. The intervention for which the operation serves as allegory and ground is no longer the nationalist recoding of caste and community but the re-establishment of the familial order of giving eroded by selfish, Western modernity. The transplant organ becomes the ultimate gift linking brother and sister or parent and child, reaffirming and not re-routing the flow of coded substance.

Thus, in the 1985 Hindi film *Saahab* the eponymous hero supports his ailing and no longer wealthy father who cannot afford the money needed to marry off his remaining daughter. Saaheb, played by Anil Kapoor, is the youngest son in a joint family.¹⁵ Saaheb keeps failing his college exams and is castigated by his older brothers for not pulling his weight. Yet these brothers refuse to offer their father any significant help to get their sister married: their hope is that their father will have to sell the family home, allowing them to liquefy this shared family substance and to proceed independently. Saaheb, having nothing else to offer, secretly sells his own kidney to a wealthy industrialist (for that man's son) in order to raise money for his sister's wedding.¹⁶ The structure of alliance, under siege in a world where the joint family can no longer be (even imaginatively) counted on to pool resources under the sign of the father enabling him to circulate daughters, is sustained and shored up by the gift of the kidney. The material recipient of the kidney is never shown and remains fairly peripheral to the story; Saaheb's significant gift is not the actual organ but the sacrifice that the operation allows. Both sister and father, in different ways, are the recipients. The locus of substance no longer resides in the materiality of the flesh but of the wound, its absence. Despite the efforts of the 'westernized' brothers to liquefy joint family substance and dissolve their ties, Saaheb's sacrifice of an organ re-animates the traffic in women and sustains the family as an organic unit.

In other films, it is the same conservatism from the opposite side: family members make and remake their relationships through transfers of human tissues from extra-familial and unspecified (that is, indigent) sources. In a popular remake of the Hollywood film *Mrs Doubtfire* (called *Chachi 420* in Hindi), a doting grandfather played by Amrish Puri over-reacts when his granddaughter suffers a minor burn from an accident with fireworks. He orders an assistant: 'Quick, get a skin transplant!' Skin, like kidneys, is something easily available and on the market. Loving grandfathers can give it to grandchildren, and the gift apparently bears no trace of the other body from which it was cut and peeled. That Amrish Puri usually plays a master villain adds a touch of malevolence to the request here.

Far from being recoded within a new immunosocial order, familial sameness and interfamilial difference are here shored up, but in different ways on either side of the sale.¹⁷ Two examples of the conservatism of the recipient side follow. The first is the case of a New York-based professional from south India diagnosed with chronic renal failure. Though two of his four adult children were revealed by tissue-typing to have compatible kidneys, he refused despite their protests to put a child at risk. He turned instead to family friends who mobilized contacts in Bangalore hospitals to put him in touch with 'Kidney Ravi', an organs broker. The latter found him a donor to pass as a close family friend, got this arrangement through the state of Karnataka's Authorization Committee, and set up the operation at the city's top-rated Malliyam Hospital in 2000. The recipient framed his act as a *moral* one in two ways. First, he had not put his children at risk and had protected his family. Second, he had set up an arrangement to pay for the education of the donor's children. Though selling a kidney put the donor, these children's father, at some risk, through this gift the recipient was shoring up the donor's ability to settle his children properly, a transaction *in loco parentis* that stabilized the position of the father in both families.

The second is the case of a teacher in 1998 in Delhi who described her family's reasons for using a broker to find a kidney for a sick relation. She put it plainly, and again note the familial conservatism at the heart of transplant utterance: 'Why should I put a family member at risk when I can just buy a kidney?' The scene has shifted from the bedside trials in *Sujata* where one relative after another tries but fails to offer the gift of sameness. The stakes are higher – transplantation carries far greater risk – and with immunosuppression love, if one can afford it, means never having to ask for or to sacrifice family flesh.

The generosity of recipient families to their sellers varies: many brokers prevent sellers and recipients from meeting to guard against blackmail by sellers or their agents. Indebted cotton farmers from the town of Rentachintala in Andhra Pradesh left for Delhi to sell a kidney without, they reported, telling their

wives why they were going: 'They would have prevented us.' They were housed in prearranged flats while awaiting the results of cross-matching, HIV and other tests, and were never told in which hospital they would be operated on. Whatever the relation, if any, between buyer and seller, the dominant vision of biosociality has shifted from the utopian evidence of blood in *Sujata* – recoding flows between the high and the low and suggesting new indelible circuits bespeaking a nation – into a *dual economy* of sacrifice and substance.

Thus buyers sacrifice enormous amounts of cash and credit for their sick relatives, for a risky procedure in which success may mean a few more years of life and then another even more expensive procedure. The ongoing and often poorly anticipated cost is that of cyclosporine. Suppression is expensive. Well-known nephrologist Dr Mani of Apollo hospital in Chennai describes the course of this sacrifice in the embodied terms of a mother or wife's jewelry. In the immediate post-operative period, a woman will often appear at the hospital wearing a certain quantity of gold that is progressively attenuated over the course of immunosuppression until all that is left is a simple sari and her mangalsutra (the thread that signifies a woman's marriage).

Sellers – and not only in film – take great risks, not only with the operation but with poor post-operative health that may impact their ability to work at hard labor; they usually do so to support family members, seldom to generate capital for a dowry but often to reduce high levels of indebtedness that challenge a household's ability to sustain itself. Broadly, rural sellers are primarily men and urban sellers are often and in some cities primarily women. Rural debt may be agricultural, small farmers tied to cycles of irrigation development, monoculture, soil depletion and increased reliance on costly and in some cases adulterated seed, pesticide and fertilizer, exacerbated by liberalization and increased regional and international competition. It may be petty industrial, as with the 1990s decline of the northwest Tamil Nadu power loom belt and the demands of loom owners that workers pay back the large and interest-free cash advances with which they were recruited. Urban debt is less likely to be tied to cyclical crisis and in Chennai sellers are frequently slum dwellers, primarily women in the context of periodic male underemployment, migration and, in some cases, alcoholism, who have exhausted or fear exhausting their local credit. All sellers frame their act as an unavoidable sacrifice for those they care for.

Both of these class-restricted movements of sacrifice are vertically linked to one another through the exchange of money and organ, but the *legible* biomorality of exchange remains the horizontal gift relation within conservative circuits of familial expectation and love. Even the morality of vertical gifts like that of the man who went through Kidney Ravi to his seller shores up the familial role of

both men without narratively re-mapping the terrain of their relatedness. Like Sujata's blood, the flesh of the low and the poor can be incorporated. But despite the increasingly vertiginous demands of transplant life, incorporation occurs at less social risk: it does not *matter* (Butler, 1993).

Beyond Recognition

What might it mean to link Haraway's shift from organism to code to the seemingly opposed move from recognition to suppression, from exchanges of recoded substance to exchanges of substance where code has been technologically bracketed? One must return to the question of code within a postcolonial development state. As the postcolonial form *par excellence*, planned development in India at its Nehruvian apogee drew on a modernist grid perfected in colonial rule with a stabilized, renormalized tradition and liberal juridical norms as its code-bearing axes.¹⁸ Code mattered in post-independence India, as I suggested earlier, in a way it did not in postwar America. In the moment of *Sujata*'s transfusion, a national-statist program attempted to deploy the grid in what for the first time it saw as its own good faith, to undo the apparent paradox of a colonizing liberalism by recoding tradition under long-standing reformist claims of ancient and pre-Brahmanic liberal forms (Mehta, 1999; Prakash, 1999). Blood was revealed not as a modern Western liberal compartment refusing code but as the carrier of an earlier and indigenous code linking Brahman and untouchable, Hindu, Muslim and Christian, within the space of the maternal body of the nation. Each citizen, with his or her historically contingent identity as external backdrop, helped to constitute Mother India jointly through the transfusion relation.

The structural adjustment of the 1990s transformed the Indian medical landscape and helped inaugurate the Apollonian age: 'world-class' medical facilities like those of Apollo hospital proliferate. A now proximate, yet for most unavailable medical apparatus turns many illnesses into 'rich man's disease', an increasingly ubiquitous term used by many in Tamil Nadu to describe 'kidney failure' after the latter's popularization in the wake of populist former Chief Minister M.G.R.'s well-known transplant in the United States. But the number of local persons who can afford the more expensive instances of globalized medicine is limited. In the case of renal transplantation, patients are regionally and transnationally imported. Ads appear in major newspapers seeking kidney donors and offering compensation. Clinics early on transform structures of blood brokerage into tissue brokerage. India becomes one of the first identified destinations for persons unable to get immediate (or any) treatment elsewhere. Unlike the case of blood, where brokerage and commodification never displace the narrative of

nationalist transfusion, transplant kidneys generate a multiplicity of narratives, sacrificial and vampiric, that suspends the project of recoding.

In a broader sense, the suspension of code is not limited to the developmental nation state: the impact of the transplant upon the constitution of life is global. Along with immunosuppression, the other strategy to sidestep the materialization of living donor populations through recognition has of course been the turn to the almost dead through the invention of the concept of brain death as a strategy for tissue recruitment. Though the resulting 'cadaveric' donation optimally still requires tissue-typing, the definitional exclusion of the bare life of the brain-dead person from that life which can be opposed to death demands a rather different yet structurally parallel kind of suppression. What is suppressed is precisely the recognition of a distinction between life and death. For philosopher Giorgio Agamben (1998), brain death is a critical instance of an escalating biopolitics of late modern life in which 'bare life' – the basic vitality shared by animals, people and the brain dead – supplants human or political life – what most persons, but not for example the brain dead or concentration camp internees, lay claim to – as the predominant site of sovereign operation.

Agamben calls attention to the Greek and specifically Aristotelian distinction between such bare life, or *zoe*, and political and human life, or *bios*. To develop an account of contemporary biopolitics, he draws on the Roman legal concept of the *Homo sacer*, a person that can be put to death without the act being considered either murder or sacrifice. *Zoe*, he suggests, as opposed to the legally protected human life of sentient beings within the moral world of the *polis*, comes in classical jurisprudence to mark the paradoxical limit to sovereignty, the space of exception where the law defines living beings as being outside of itself, mere *zoe* and not *bios*, and in effect abandons them. Such a space maintains sovereignty's 'paradox', that is, the sovereign being, 'at the same time, both outside and inside the juridical order', of and under the law, yet, as its maker and enforcer, at the same time beyond it. Agamben reads Michel Foucault's famous distinction in *The History of Sexuality* (1978) between classical sovereignty with its power over death and modern biopower with its power over life as the extension of this space of sovereign exception to encompass most of political life.

To think about the relevance of this distinction for immunosuppression and the selling of organs,¹⁹ one should remember that for Agamben *zoe* is set not only against *bios* but against the redemptive gift of death, against sacrifice. The *homo sacer* in classical Roman law refers to that person whose life is placed in the space of sovereign exception, one who not only can be killed without the act being considered murder but also whose death may not be considered a sacrifice. The conservatism of the operation in utterances like 'Why should I put a family

member at risk when I can just buy a kidney?' refuses consideration of the other's sacrifice. In the case of the man who went through Kidney Ravi, the legible sacrifice on his side of the operation is his refusal to accept his children putting themselves at risk. *Zoe*, the other kidney, carries no code. The modernist vision of the father in *Sujata* has been realized.

Just when we thought that the metonymic late modern life science was immunology, *surgery* – that hoary cynosure of an early modern medicine – emerges to reclaim the field. The endless cybernetic narrative of medical management – adjusting inputs and outputs to accommodate failing organs at the level of the total system – is replaced by the possibility of a continual circulation of spare parts. Surgery, in the form of the coronary bypass, has been a central technique within the cybernetic assemblage, but its narrative position under the sign of the transplant may be shifting. No longer so systemic, we are becoming bags of organs. If one of the contents of the bag (or the bag itself) is damaged or wears out, we can now imagine a sequence of continual replacement. This is not the return of organicism, but nor is it the free play of code. Life, for those who are able to occupy the position of such a patient, promises a future of a stutter between surgeries.²⁰

With stem cell research, the possibility of high-end and eventually all tissue recruitment shifting from the bodies of the poor or the brain dead to the not-yet-bodies of fetuses appears a realizable future with its own attendant possibilities and anxieties. The problem of the body's code would move from suppression to identity: the other kidney as clone. It is hard to anticipate those biopolitics. A former Chief Medical Officer of India, instrumental in banning the sale of organs but afterward committed to reopening the market, told my student and research colleague Malkeet Gupta and myself of such a future, but then turned away. 'Ten years from now', Dr R.R. Kishore predicted to us, 'I will be able to grow you fetuses like popcorn! Maybe later. But now, what do we do?'

For the moment, we selectively suppress. The line between self and other is no longer the problem of the nation. People unlike oneself – not kin, not cared for, far away in structural or spatial terms – are disaggregated and their parts incorporated by suppressing recognition of difference. The move, in which an earlier biomorality of inassimilable difference, as in the terms of caste, is abandoned, presumes an easy equivalence of the flesh as it suppresses the recognition of any liberal claims based on such equivalence. With both equivalence and difference suppressed, flesh is effectively mobilized.

The accompanying and perhaps unexpected event is that the availability of the other kidney, or of the money that the selling of one's kidney creates, shores up the family in its sameness. For buyers, one can defer asking for an all but

impossible gift from the parents, children, siblings or spouses figured by law as acceptable sellers. For the sellers, in life as in film, the sale of a kidney is framed *in horizontal terms* as a sacrifice. In *Saaheb*, this sacrifice allows for the re-animation, after anthropologist Gayle Rubin, of the traffic in women, and in such a Lévi-Straussian vein, of the structural ground of the symbolic (Rubin, 1974). Fathers fail to marry off daughters and settle sons: a brother sells his kidney, enabling his sister to be married off by their father. I first grew interested in this project in part after a friend, a poor man in Banaras in north India, spoke of selling his kidney to get his sister married. He wasn't that serious, but I heard similar things from a few other people I knew, similarly brothers framing the sale of a kidney for a sister's wedding and dowry as a fantasy of re-animating a family form experienced as stuck. The transplant comes to mark the everyday articulation of one's economic limit, a fantasy of sacrifice.

The form of the fantasy, following Rubin, is the exchange of the kidney for the phallus, if the phallus is the promise of the son's eventual occupancy of the position of the father. Such a formula requires elaboration. To represent the limit to the promise of kinship and of position of the father, in a number of Hindi films of the 1980s and 1990s, is to narrate the plight of sons and daughters who cannot be properly settled as their father has given their patrimony as collateral for a persistent debt. Elsewhere (Cohen, 1999) I have alluded to the debt as the social form of critical relevance to both the political economy of the transplant and its imaginary and symbolic registers: future writing will move from the problem of code to that of the debt in an effort to link these.

The figure of debt haunts popular film narratives of urban filiation and love in the moment before a growing diasporic and domestic middle-class market and its apparent hunger for happy marriages marginalizes the dystopian action film. In films like the 1991 *Sadak* [The Street], father figures are persistently in debt, their daughters or nieces become in effect collateral to moneylenders and are taken away from home and out of the anticipated traffic in women to become prostitutes, and sons bear the impossible burden of redeeming both sisters and future wives. The order of the gift, Rubin's traffic in women, is encompassed by an order of the debt in which women do not circulate and the phallus does not operate. In *Sadak*, modeled in part on Hollywood cyborg films, the moneylender is a eunuch, the *hijra* Maharani.

Thus in *Saaheb*, the brother's decision to give up his kidney for his sister's wedding, to shore up his father's ability to marry off daughters, reverses the direction of the gift. Sons – who have already acceded to the father's position as giver and taker of women, to 'castration' – accede in effect a second time, an unanticipated *second* and *interior* castration of the kidney. This castration, in the fantasy

space of the film, re-animates the traffic in women: sisters once again move out and wives once again can move in. The link between the operation and the circulation of women is explicitly made in the film: Saaheb's operation and his sister's wedding happen simultaneously, Saaheb having received an advance payment allowing the wedding to take place. The film cuts from wedding to operation and back again, repeatedly, linking the sacrificial oblations of the marriage ceremony making husband and wife into a new body with the transfusion of Saaheb's anesthetized body. (Transfusion, one should note, no longer conveys relatedness here: the source of blood has become irrelevant to the narrative of substance exchange.) The film ends with the promise of Saaheb's own marriage.

Many men with whom I spoke in both the urban north and south offered the fantasy of selling a kidney, to achieve a return to an imagined past of the effective circulation of marked bodies, in juxtaposition to a fear of impotence. Again and again I was asked whether selling a kidney would make one impotent. The fear may operate on many registers, tightly intertwined, from the social memory of forced sterilizations during the 1970s Emergency to the collective knowledge of the risks of hospitalization to the particular semiotics of the English word 'kidney', in various places signifying not only an internal organ but the testicles. All these figures are linked to the specificity of the sacrifice in relation to the imaginative figure of castration. And the status of 'maybe I'll sell a kidney' as male fantasy must be underscored: most men who actually sell do so as a temporary measure when facing extraordinary indebtedness, and describe their decision to do so as a dilemma of a father and a husband. And most urban sellers, at least in Chennai, are women. The iteration of the fantasy all but erases the generation and gender of the transplant kidney, offering it as the sacrificial gift of that avatar of agency, the young man making a reasoned effort to salvage his future as a trafficker.

Coda

There are two axes to the movement of the other kidney. The horizontal axis is a gift framed as sacrificial, a mobilization of life as *bios*, political life here framed in the conservative terms of a class-specific protection of the family form through new excavations of interiority. The vertical axis is an instrumentality – the usual impacted mix of agency and its varied opposites – within the abjecting and abjected reality of life as *zoe*, the animal existence of the poor transformed into an organs bank for the better off. It is not only that one cannot choose, that one cannot frame the conditions of transplant life as the biopolitics of one or the other, *zoe* or *bios*, and design a good enough ethics accordingly. It is that the one life

cannot subsist any more without the mobilization of the other, that the shoring up of life as it always was – *bios*, the conservatism of the family form – demands someone else's materiality, the traffic in *zoe*. We can recruit bodies like popcorn: surgery is in your future.

Notes

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1. One of the more compelling examples of how the logic of transplantation shifts is suggested by the transition between this book and the authors' far more bleak follow-up (Fox and Swazey, 1992).

2. Margaret Lock (1996b) has pointed out the contrast between the intense social debates in Japan over the legitimacy of brain death versus the near absence of such debate in the United States and Canada.

3. I am grateful to Paul Rabinow for helpfully calling my attention to the specificity of this moment.

4. By operability I mean the degree to which a person or group is likely to be recruited to undergo a nephrectomy. With cyclosporine, the operability of the poor increases many times over. Elsewhere (Cohen, 1999) I have written of the relation between the gendered operability of poor women and men in Chennai [Madras] and the specific histories and bodily memories of family planning and sterilization campaigns.

5. Scheper-Hughes in 'The Global Traffic in Human Organs' (2000) and in ongoing work demonstrates this multiplicity of biopolitics, assessing the specificity of tissue recruitment in areas of Argentina, Brazil, China, Cuba, Israel, South Africa, Turkey, the United States and elsewhere.

6. Popular television news and features in the United States in the 1990s often focused on live unrelated kidney donation as an act of Christian charity, a figuration that obscured the particular assemblage of gift, sale and debt that has constituted the transplant as both social drama and industry. At the time of writing, a percentage of the kidneys American transplant centers harvest from brain-dead cadavers do not have to be distributed via the standard wait-list procedures that most Americans presume defines the gift economy of the transplant organ and are in effect sold. Scheper-Hughes, in ongoing work, examines how numerous organ and tissue banks recruit charitable cadaveric tissue donations from caregivers without revealing their often for-profit status and the fact that much of the donated body would be sold for a variety of research and bio-industrial purposes.

7. Since 2000 I have been working in Malaysia with Malaysian Chinese transplant patients who have gone to various Chinese cities during festival-period mass executions for operations in military hospitals. Until 1994, persons in the social networks of these patients needing transplants had gone to India; the passage of the Transplantation of Human Organs Act led to a decline in Malaysians not of South Asian origin visiting India for kidney operations. One of course need not focus only on the usual suspects, India and China, in the organ recruitment business. The recruitment of live unrelated sellers as suppliers of transplant kidneys appears to have emerged in several dozen countries, organized fairly distinctively given localized terrains of operability.

8. I am grateful to Patricia Marshall, K.C. Reddy and 'Felix Coutinho' for helping me to meet sellers and brokers in several of the Chennai neighborhoods where I worked.

9. I am grateful to Harsha Ram for introducing me to *Sujata*.

10. Within the same genre of 1970s action film, celebrating the deep affective ties between young men, transfusion could also be used to challenge the vertical order of the recoding state apparatus. In the 1973 *Zanjeer*, Pran and Amitabh Bacchan play Sher Khan and Vijay, men who become inseparable friends matched in ability and desire. When

Vijay needs blood to survive, the doctors tell Sher Khan that his blood is no match. But given their deep affinities, Sher Khan knows better and insists that his blood be used, saving Vijay's life and leading the doctors to marvel at how he knew he was a match. Here the recoding apparatus is challenged within a genre celebrating youth rebellion, and yet the radical possibility of the transfusion relation to recode traditional norms is maintained. I am grateful to Priya Joshi for suggesting I look at both *Amar Akbar Anthony* and *Zanjeer*.

11. Hospitals in general seem to function as engines of dislocation and relocation. One genre of the many email and web documents about Hindi film that circulate widely is the list of the most clichéd sentences spoken in film. In some of these lists, one chestnut is the following: 'Hero/heroine after opening their eyes in the hospital: *Main kahan hoon* [Where am I]?' (<http://www.rajiv.org/ii/filmi1.html>, downloaded 7/2/00).

12. For example, some Apollo-owned hotels are being redesignated post-operative care units ('Major Merger', 2000; 'Post-operative Care', 2000).

13. Unless otherwise specified, this and all other quotations are taken from field notes and represent a recounting of a conversation minutes to hours after the fact, with all attendant biases.

14. The most well-known cases at the time of writing have been those of newspaper magnate Ashok Jain (Mitra, 1997) and actor and alleged cricket 'match fixer' Kishan Kumar ('Kishan Kumar's Remand', 2000). The risk of the identification of the hospital bed with the space of politics is the occurrence of actual morbidity and mortality: the hospital stays of prominently ill politicians become high political theatre, and hospital deaths lead to politicized accounts of iatrogenic violence.

15. 'Joint family' is the common Indian English term for an extended multi-generational household, most commonly where adult brothers and their parents, wives and children live together.

16. The motif, of the youngest brother giving up his youth to support an aging father while older brothers refuse, recalls classic narratives like the story of Yayati and Puru in the Mahabharata epic (Cohen, 1998: 166–70).

17. The failure of transplant narrative to rewrite kinship and nation, its surprising conservatism, is not limited to Indian film. In Pedro Almadovar's film *All about My Mother*, early in the story a distraught mother tracks down the recipient of her late son's heart, but turns away and then proceeds in other directions to attempt to re-animate and of necessity to reorder love and family. In a sense, the surgery of transplant is set against the surgery of genital reconstruction in the film: the former is fundamentally conservative and the latter more ambivalent, reaffirming or collapsing materializations of sex and gender.

18. For a genealogy of the grid and its deployment, see Cohn (1996), Rabinow (1989) and Saumarez-Smith (1996). For a critical ethnography of the hybridization of local and national developmental code, see Gupta (1998).

19. See for a related argument Scheper-Hughes (2000).

20. Such a narrative of the advent of the surgical is of necessity incomplete in many registers; of perhaps the greatest significance is the Cold War emergence of sex-reassignment surgery and its more flexible transgendered sequellae. Surgery becomes a critically positioned modality both for reaffirming and radically disabling nature/culture binarisms. A future approach might be to juxtapose transplantation and transgender and the distinctive surgical futures they promise and deliver.

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Commodity Fetishism in Organs Trafficking

NANCY SCHEPER-HUGHES

For many years I have been documenting the violence of everyday life – the many small wars and invisible genocides – resulting from the structural violence of global poverty and the increasing public hostility to the bodies, minds, children and reproductive capacities of the urban and peri-urban underclasses (see Scheper-Hughes, 1996b). In this new multi-sited research project I am addressing an uncanny dimension of the usual story of race and class hatred to which we have become so accustomed. I refer to the covert violence occurring in the context of a new and thriving global traffic in human organs and other body parts for transplant surgery (Scheper-Hughes, 2000). It is a business that is justified by many – including a growing number of physicians, surgeons and bioethicists – as serving larger ‘altruistic’ ends.

In the rational-choice language of contemporary medical bioethics (see Roberts, 1999) the conflict between non-maleficence (‘do no harm’) and beneficence (the moral duty to perform good acts) is resolved in favor of a libertarian sense of fairness (those who *can* buy should not be prevented from doing so). The resulting slide toward unrelated (i.e. *paid*) living kidney donation is constructed as a potential ‘win-win’ situation that could benefit both parties (see Richards et al., 1998). Individual autonomy – that is, the patient’s right to choose – has become the final arbiter of medical bioethical value (see Roberts, 1999). Social justice and notions of the good society hardly figure in these discussions, for bioethical standards have been thoroughly disciplined and brought into alignment with the needs and desires of consumer-oriented globalization.

The only dissident voices raised against the dominant narrative come from far

afield and they express themselves in forms that are unpalatable and all too easily discredited (see Champion-Vincent, 1997). I refer to the alternative bioethical positions expressed, albeit negatively, even (some might say) 'primitively' in the fears, panics, dire warnings and opposition of the poorest poor and other socially marginalized groups. To those living on the edges and fringes of the new global dis-order the scramble for fresh organs for transplant surgery increases their already profound sense of ontological insecurity in a world that values their bodies more dead than alive, and as a reservoir of spare parts (Scheper-Hughes, 1992: Ch. 6; 1996a). Their fears, expressed in global rumors and urban legends of blood and body parts-stealing, have provoked popular resistance to new laws of presumed consent with respect to organs harvesting (most recently in Mexico and Brazil) and resulted, in the very worst instance, in attacks on foreigners suspected, in rural Guatemala and in Peru, of trafficking in children's bodies and body parts (see Martin Medem, 1994; Radford, 1999). But these inchoate and chaotic acts of resistance are rapidly losing ground against the growing market in human bodies and organs as those on both sides of the transplant equation – desperate organ buyers and equally desperate organ sellers – are beginning to accept these still largely covert transactions, protected by transplant medicine's coyly averted gaze, as *normal* and routine.

Following Bodies: Founding Berkeley Organs Watch

The following project, which I am about to describe, is a hybrid of experimental, multi-sited, ethnographic research (Marcus, 1998; Gupta and Ferguson, 1997) and medical human rights documentation and surveillance. It emerged out of the meetings and recommendations of the Bellagio Task Force on Transplantation, Bodily Integrity and the International Traffic in Organs (see Rothman et al., 1997) of which I was a member, and in response to the urgent need to consider new ethical standards for organs harvesting and transplant surgery in light of documented abuses in global practices of acquiring and allocating organs and tissues for transplant. The above mentioned Task Force,¹ consisting of a dozen international transplant surgeons, transplant professionals, medical human rights experts and medical social scientists, concentrated their efforts on exploring the rumors and allegations of organs and tissue theft; the extent of the global trafficking in kidneys purchased from living 'donors'; and the use of executed prisoners in Asia as convenient and lucrative sources of organs and of foreign capital.

At its final meeting in Bellagio, Italy in the fall of 1996, the Task Force concluded that kidney sales were more prevalent and widespread than previously

suspected, and that the move toward commodified kidneys and other organs was found in affluent as well as in poor nations. The Task Force called for grounded ethnographic research to document the routine, as well as the deviant, practices of transplant harvesting and surgery world-wide. Second, the Task Force called for the creation of an international surveillance committee to serve as a clearing-house for information on global practices of organs procurement, and to explore allegations of ethical and medical human rights violations in organs procurement or transplant surgery. This clearing-house would also publish an annual review of declarations by international transplant and human rights groups bearing on organ donation. Finally, it would make recommendations to medical and human rights groups concerning strategies that might be used to enforce already existing, but ineffectual, international regulations and standards on organs procurement.

The Task Force has since disbanded and no such organization has been created, although a few proposals are being discussed within the international medical and transplant communities. Most initiatives seek to involve professional transplant organizations, like Eurotransplant in the Netherlands and UNOS (the United Network on Organs Sharing) in the USA, as key players on the rather dubious assumption that surveillance would best be carried out from within the transplantation profession. While these established and well-respected organizations have the expertise, power and resources to monitor a great deal of what transpires in normative transplant situations relying on cadaver organs, they have little experience or control over transplant practices outside the nexus of Western Europe, North America and a few well-known medical centers in global cities to the South and in the East. And such medical regulatory agencies have little control (or knowledge) of the activities of international transplant outlaws – doctors, brokers and patients – who seek to 'opt out' of organs waiting lists altogether in preference for illegal purchased organs from living as well as from cadaveric 'donors'. These activities are, for obvious reasons, covert and they rely on false reports, forged medical records and, where necessary (as in the USA), on the willingness of kidney sellers to pose as relatives or as altruistically motivated friends and partners, and on the willingness of transplant coordinators and surgeons to 'believe' these sometimes outlandish stories. Some outlaw transplant operations are of the cloak and dagger type; others operate in a gray nether world of loopholes and soft corruptions of waiting lists for what are described as tightly regulated and carefully rationed cadaveric organs.

In the interim, and in light of these troubling conditions, it seemed advisable to form a small, free-standing, independent organization, that would be available,

as far as possible, to respond on the ground to allegations of medical abuses in the course of organs harvesting or distribution, or in the practices of transplant surgery itself. With this in mind, my colleague, Lawrence Cohen (in this volume) and I established 'Berkeley Organs Watch' in November 1999, with initial funding from a grant from the Soros Foundation and matching funds from the Center for Human Rights, the Vice Chancellor for Research and the Institute for International Studies of the University of California, Berkeley.

From this base we are coordinating research on transplantation practices world-wide and will make our findings broadly available on-line. This evolving archive will produce a changing map of the routes by which organs, doctors, medical capital and donors circulate. We see this organization as a stopgap measure in the absence of any other institution of its kind. It is our hope, given our status as full-time academics, and with limited funding, that the work we have begun will indicate a real need that can be filled by a larger independent and transnational Organs Watch Group. In other words, we eagerly look forward to being superseded.

In the meantime, however, and with the assistance of graduate, law and medical student interns, and local field assistants in the countries where we are conducting field research and investigations (see below), we will continue to serve as front-line workers responding to allegations of irregularities in organs and tissues harvesting and allocation. We are concerned about violations of the near-dead and brain-dead patient; about the just and humane treatment and disposal of donated bodies, organs and tissues; and about the handling of so-called unidentified cadavers in medical morgues and police mortuaries. We are exploring the social and medical effects of kidney sales and of transplant tourism within the context of a global economy that produces the miseries and the incentives that precede and often force the sales. And we are trying to define the lines between ethical transplants and those that are exploitative and corrupt, and from those which are merely troubling and warrant further scrutiny and public discussion.

Above all, we are trying to pierce the secrecy surrounding organ transplantation and to 'make public' all practices regarding the harvesting, selling and distribution of human organs and tissues. These transactions have been protected by the invisibility and social exclusion of the population of organ suppliers, living and brain dead, many of them poor and socially marginal, and by a unique assumption of the unquestioned moral, medical and social 'good' of transplant medicine. Our task requires that we forge a language unencumbered by the medical rhetoric of scarcities, gifts, altruism and life-saving, and that will allow us to think in fresh and uninhibited ways about the bodies of those *presumed* dead, or *presumed* 'unidentified' and 'abandoned' public cadavers, or *presumed* to have

given consent, or *presumed* to be 'donors' engaged in *presumed* acts of altruism. In other words, we are calling for a long overdue and healthy skepticism.

Rather than views from the library or the office chair, our research reports views from beside and around the operating table and mortuary slab. In bridging normally discrete boundaries between research in elite medical centers and fieldwork in shantytowns and back alleys, our simple mandate and dictum is to 'follow the bodies'. Many problems remain, of course, with respect to the incompleteness of evidence based on 'soft' rumors and whispered innuendoes as well as on 'hard' medical records and transcripts, x-rays and sonograms, in addition to thousands of hours of audio-recorded and only partly transcribed interviews from dozens of research sites in several countries. Multi-sited research like this runs the risk of being too thinly spread, but the alternative is unclear given our mandate and our limited funding. This research project also demands a sacrifice of the normally leisurely pace of traditional ethnographic fieldwork. We have to respond, move, reflect and write more quickly than we are accustomed.

Our initial forays have taken us into alien and, at times, hostile and dangerous territory, where we are exploring some of the backstage scenes of organ transplantation. Operating in these back ward-to-back alley contexts, we sometimes feel that Oliver Sack's notion of the 'anthropologist on Mars' is apropos. We began our work by raising seemingly 'foolish' but necessary 'first' questions: *What is going on here?* What truths are being served? Whose needs are being privileged? Whose voices are being silenced? What invisible sacrifices are being demanded? What secrets are being concealed in the transplant rhetoric of gifts, altruism, scarcities and needs?

Working in various sites in Argentina, Brazil, Cuba, Ecuador, India, Israel, the Netherlands, South Africa, Turkey and the USA, we have identified the following issues: (1) race, class and gender inequalities and injustices in the acquisition, harvesting and distribution of organs; (2) widespread violation of national laws and international regulations against the sale of organs; (3) the collapse of cultural and religious sanctions against body dismemberment and commercial use in the face of the enormous market pressures in the transplant industry; (4) the emergence of new forms of debt peonage in which the commodified kidney occupies a critical role; (5) the coexistence of 'compensated gifting' of kidneys within extended families and 'coerced gifting' of kidneys by domestic workers and by hopeless prisoners in exchange for secure work and reduction in prison sentences; (6) popular resistance to newly mandated laws of presumed consent for organ donation; (7) violations of cadavers in hospital morgues and police mortuaries in which organs and tissues are removed without consent for barter or sale; (8) wasting of viable organs in the context of intense competition between public and

private transplant units; (9) medically substantiated allegations of 'kidney theft' from vulnerable patients, mostly poor and female, during routine surgeries.

In its odd juxtapositions of ethnography, fact-finding, documentation/surveillance and human rights work, the project blends genres and transgresses cherished distinctions between anthropology, political journalism, scientific report, moral philosophy and human rights advocacy. These newer ethnographic engagements require the anthropologist to enter spaces where nothing can be taken for granted, and where a hermeneutics of suspicion replaces earlier fieldwork modes of bracketing, moral relativism and suspension of disbelief. That these transgressive uses of anthropology make some of our colleagues uneasy or angry is understandable. Neither are we entirely comfortable with what we have taken on. But we wonder if any other discipline is better suited or situated than anthropology to interrogate values and practices from a position of epistemological openness, and to offer alternatives to the limited pragmatic utilitarianism that dominates medical bioethical thinking today.

Stranger than Fiction

What follows are a few scenes plucked from my field research in Argentina, Brazil, Israel, South Africa and the USA, to give a sense of the range of ethical dilemmas produced by the commodification of organs, tissues and body parts.

During the summer of 1998 I was sitting at a sidewalk cafe in downtown São Paulo with Laudiceia da Silva, an attractive young mother and office receptionist who had agreed to share her bizarre medical story with me. She had just filed a legal complaint with the city government requesting an investigation of the large public hospital where, in June 1997, during a routine operation to remove an ovarian cyst she had also 'lost' a kidney.

The missing kidney was discovered soon after the operation by the young woman's family doctor during a routine follow-up examination. When confronted with the information, the hospital representative told a highly improbable story: that Laudiceia's missing kidney was embedded in the large 'mass' that had accumulated around her ovarian cyst. But the hospital refused to produce either their medical records or the evidence – the diseased ovary and the kidney had been 'discarded', she was told. When I called on representatives of the São Paulo Medical Council, which investigates allegations of malpractice, they refused to grant an interview. A representative of the Council said that there was no reason to distrust the hospital's version of the story and they had no intention of launching an independent investigation.

Laudiceia insists that she will pursue her case legally until the hospital is forced

to account for exactly what happened, whether it was a gross medical error or a criminal case of kidney theft. To make matters worse, Laudiceia's brother had been killed in a random act of urban violence several weeks earlier and the family arrived at the hospital too late to stop organ retrieval based on Brazil's new 'presumed consent' law. 'Poor people like ourselves are losing our organs to the state, one by one', Laudiceia said angrily.

Laudiceia's is but one of several credible stories of 'kidney theft' that Cohen and I have encountered in Bangladesh, India and South America. For the past several months I have been communicating by phone, fax, and e-mail with Mrs Liliana Goffi (her real name), a middle-class, educated woman from Buenos Aires, and with her personal physician, who are both trying to get to the bottom of her strange medical case and to prove, without a doubt, that her kidney was illegally, surgically removed during minor surgery at a prestigious private hospital several years ago. In July 2001 I flew to Argentina to meet with Mrs Goffi and her doctors and lawyers, all of whom confirmed their distraught client's suspicions. Mrs Goffi has pursued her grievance through two law suits. She lost her first suit against the hospital when state forensic experts testified that Mrs Goffi had an atrophied kidney on her left side that rendered the organ 'invisible' on many of her sonograms. Her second, and ongoing law suit, is against the state forensic specialists, charging them with falsifying her medical records and lying under oath. The civil law suit is still pending.

Incensed by what she and her private doctor perceived as an official cover-up of the theft of her kidney, Liliana traveled with her medical records to Johns Hopkins University Medical Center in Baltimore in 1999, where three independent specialized medical examinations verified that Liliana's kidney had most certainly been surgically removed. 'Why?' I asked Dr McGinnis, one of the specialists consulted. 'I haven't the foggiest idea', he replied during our telephone conversation. 'I am a doctor, not a private eye.' The specialist refused to become further involved in the case, on the advice of his university's lawyers. Meanwhile, Liliana continues to pursue her case armed with dozens of contradictory medical tests and files, enough to drive any sane individual to distraction. And death threats continue to come to her home along with advice to drop her case.

Across the globe at roughly the same time Lawrence Cohen (1999 and this issue) sat in a one-room flat in a municipal housing-project in a Chennai (Madras) slum in South India talking with five local women each of whom had sold a kidney for 32,500 rupees (about \$1200 at the time of the sale). Each had undergone their operation at the clinic of Dr K.C. Reddy, India's most outspoken advocate of the individual right to sell a kidney. Unlike the more seedy 'organs bazaars' of Bombay, Dr Reddy prides himself on running an exemplary clinic: his kidney

sellers are carefully screened, fully informed about the medical risks of the operation, and they are followed for two years after the neprectomy (kidney removal) and receive free health care at his clinic. Reddy avoids contact with semi-criminal intermediaries and serves as his own organs broker. The women Cohen interviewed were mostly low-paid domestic workers with husbands in trouble or in debt. The kidney sale was usually preceded by a financial crisis: the family had run out of credit and could not get by. Friends had passed on the word that there was quick money to be had through Dr Reddy's clinic. Did the sale make a difference in their lives, Cohen asked. Yes, for a time, but the money was soon swallowed by the usurious interest charged by the local money lenders and the families were all in debt again. Would they do it again? Yes, the women answered, what other choice did they have, with the money gone and the new debts piling up? If only there were three kidneys, with two to spare, then things might be better.

Several months later, I sat next to Mrs Rosemary Sitsheshe on her black plastic sofa in her small but neat concrete-slab house in Guguletu township outside Cape Town, South Africa. On her other side sat a next-door neighbor, a powerful woman, who sustained her friend as she retold the painful story of how the body of her only son, 17-year-old Andrew, had been mutilated at the police mortuary in Cape Town, his eyes and possibly other body parts removed without consent and given to doctors to transplant into other people's affluent and white bodies. Andrew was caught in the crossfire of township gang warfare during the extremely turbulent and dangerous period just before the end of apartheid. Badly wounded, he was taken to the local police station where Rosemary found him lying on the floor with a bleeding chest wound. By the time the ambulance attendants arrived, late as usual, Andrew was close to death and the police advised Rosemary to go home until the morning when she could claim her son's body for burial. She was reluctant to leave her dying son and she begged to be able to travel with him in the ambulance, but she was rudely sent home. As she tried to reassure her son, Andrew raised his arm from under the sheet that was covering him. Before leaving Rosemary registered Andrew's name and herself as next of kin. She left her home address and the telephone number of a neighbor in Guguletu.

The next day she was told by police that Andrew's body had been taken to the Salt River mortuary and could be claimed there. But functionaries at the police mortuary turned Rosemary away saying that her son's body was not yet ready for identification and viewing. Two days later, when the family was finally allowed to view Andrew's body they were shocked at what they saw: the blanket covering Andrew's body was covered with blood and his head had two deep holes on either side of his forehead 'so you could easily see the bone'. Rosemary protested at her son's condition, saying he had been killed by a single, clean bullet to his chest.

Why was his face swollen and what was wrong with his eyes? But when Rosemary questioned the state pathologist in charge he denied that anything was wrong and treated Rosemary and her husband abusively. Rosemary became emotional and threatened to take her complaint to the African National Congress (ANC). The pathologist laughed at her threat.

Later, accompanied by her own private pathologist, paid for by the African National Congress, Mrs Sitsheshe learned at the morgue that her son's eyes had been removed and that the organs inside his abdominal cavity had all been severed and carefully replaced for viewing. 'But were those my son's organs?', Mrs Sitsheshe asked. 'I know my son's eyes but not the color or shape of his heart or kidneys.' At the nearby local eye bank Rosemary was told that her son's corneas had been 'shaved' and given to two 'lucky patients' at the nearby academic hospital. The remains of Andrew's eyes were being kept in the refrigerator and the director refused to return them to Rosemary for burial. And so, with his mother unwilling to argue any further, Andrew Sitsheshe was buried without his eyes. But Rosemary could not bury her anger. 'Although my son is dead and buried', Mrs Sitsheshe said, with tears freely coursing down her cheeks, 'is it good that his flesh is here, there and everywhere, and that parts of his body are still floating around? Must we Africans be stripped of every comfort? How could those white medical doctors know what was most important for us?'

Mrs Sitsheshe has since taken her complaint against the police mortuary and eye bank to South Africa's Truth and Reconciliation Commission. She asked that her case be treated as one example of a practice that was widespread in police mortuaries under apartheid and which continues in some instances even today, out of habit, in the new and democratic South Africa. In September 2000 Rosemary told her story to participants at the international 'Who Owns the Body?' conference that was held at the University of California, Berkeley, co-sponsored by Organs Watch. Mrs Sitsheshe has transformed her grief and her 'symptom' into a larger political commitment. She offers counsel and physical and emotional support to the parents of youth killed in the continuation of violence and mayhem in Cape Town's still de facto segregated and impoverished townships. She accompanies relatives to the Salt River mortuary to make sure that the bodies of their loved ones are not subject to further violence at the hands of pathologists and their medical assistants.

Younger and more educated township residents are less suspicious of medicine but are equally critical of transplant practice which they see as a legacy of apartheid medicine. 'Why is it', I was asked on many different occasions, 'that in our township we have never met or even heard of such a person who received a new heart, or eyes, or a kidney? And yet we know a great many people who say that the

bodies of their dead have been tampered with in the police morgues?' (Body parts harvested at the police mortuary include eyes, heart valves, skin and bone.)

Township residents are quick to note the inequality of the exchanges by which organs and tissues are taken from young, productive, black bodies – the victims of excess mortality caused by the legacy of apartheid's policies of substandard housing, poor street lighting, bad sanitation, hazardous transportation, and the political and criminal violence that arose in opposition to white control – and transplanted to older, debilitated, affluent, white bodies.²

Then, in what was undoubtedly the most bizarre fieldwork expedition of my anthropological career, in January 2000 I went under cover to the grounds of Montes de Oca state mental asylum near Lujan in the province of Buenos Aires, accompanied by a private detective.³ We went there to see what, if anything, we could discover about the persistent reports of blood, tissue and organ stealing from the bodies of profoundly mentally retarded, but otherwise physically healthy, inmates.

The reports first surfaced during the early 1990s (see Sdrech, 1986; Bonasso, 1998; Romero, 1992; Ventura, 1992) following the kidnapping and 'disappearance' of a young psychiatrist, Dr Giubileo, who had lived on the grounds of the institution. It was said that she was on the verge of revealing the illicit and unethical practices by the director of the asylum, a psychiatrist who also practiced 'surgery' on his mental patients. A court-ordered search of the grounds of Montes de Oca by members of Argentina's celebrated anthropological forensic team,⁴ did not turn up the body of Dr Giubileo, but did recover a few bodies of unidentified ('NN', no name) missing patients, found in a swamp and a water tower belonging to the institution. The only witnesses to Dr Giubileo's kidnapping were two asylum patients who said they saw their doctor and friend being taken by force and pushed into the back of a van belonging to the asylum. But, declared mentally incompetent, the witnesses could not give testimony in court. The allegations of other nefarious goings-on at Montes de Oca led, ultimately, to the arrest of the charismatic medical director, Dr Sanchez, followed by his unexplained death in his prison cell the day before he was to give testimony in court. Following the death of Sanchez, who remained a key suspect in the abduction of Dr Giubileo, and in the selling of blood, tissues and organs of asylum patients, the case was closed and the asylum placed under federal receivership, where it remains to this day.

The asylum remains a frightening place, grossly understaffed, and the inmates, many of them naked and emaciated, wander the grounds unsupervised. A night nurse, who agreed to an interview at her home, explained the regime of blood-lettings from the living and cornea removal from the deceased inmates, without

consent, as legal and justified – a payment for their care at the public expense. 'Isn't that the way it is done everywhere?', I was asked by the nurse, who in fact, was not really a 'nurse' at all, but a local telephone operator who, after losing her job, accepted, 'out of necessity' the highly stigmatized position of nurse attendant to the insane of Montes de Oca. The only scruples she had about the institution concerned the discipline used at night to control the agitated or unruly patients – whippings with wet bed sheets and the use of brutal physical restraints. 'Was it true that Dr Sanchez allowed female patients to become pregnant by other inmates?', I asked. 'Yes', the nurse replied. 'Since the time of Dr Sanchez, this [i.e. sexual license] is considered "the right" of the patients. Dr Sanchez was considered a very progressive doctor'. The progeny of such unions, she told me, were offered for adoption through the good works of an order of Catholic nuns. Her story was verified in an interview with one of the sisters from that same religious group.

The human strip-mining of the dead for their skin, bone, cornea, heart valves and other usable parts is not limited to former police states in Argentina, Brazil and South Africa. Similar practices can be found in one of the wealthiest communities of the USA. In the spring of 2000 I first encountered Mrs Linda Schuringa, a handsome middle-aged and remarried widow from affluent Orange County, California.

When her husband suffered a stroke and died on Thanksgiving evening in 1997, Mrs Schuringa was contacted by a local tissue bank and pressured to donate cornea, then skin, then (in a subsequent phone conversation) bone of her husband. Three years later she learned from an investigative reporter that her husband's bone had been 'processed' in Germany and sold commercially as a dental implant product. Though Mrs Schuringa was distressed when the information was verified, she remains committed to organs and tissue 'gifting', but she wants the designation of tissues to be explicit on the consent forms that are signed by relatives.

The Brokers

In the fall of 1999 I sat nursing a cherry Coke in a dilapidated Denny's Restaurant on Sunset Boulevard in Hollywood. Across from me sat a tall, extremely thin, middle-aged man with intensely blue eyes and a nervous, tentative manner. He gulped frequently and seemed ready to flee from our booth at the slightest provocation, thus ending the strange ethnographic interview. Jim Cohan was a notorious 'organs broker' who solicited international buyers and sellers from his home office using the telephone, Internet and fax. No, I could not tape record our conversation, Jim said, though he was willing to be interviewed about his

activities on behalf of 'matching up people in need'. 'There's no reason for anyone to die in this country while waiting for a heart or a kidney to materialize. There are plenty of spare organs to be had in other parts of the world. One can't be choosy. One has to play by my rules and go where I say. And one has to move quickly.' Though Jim is trying to operate in a gray nether world, he insists that what he is trying to do is not illegal. In fact, he was proud of his newly invented profession. 'Don't think of me as an outlaw', he said, 'think of me as a new version of the old-fashioned marriage broker. I locate and match up people in need, people whose suffering can be alleviated by the other.'

An outlaw or a revolutionary, Cohan was caught up in a police sting and was arrested in Italy in the fall of 1998 soon after he had arrived there expecting to meet patient for whom he had planned to broker an organ transplant. An Italian doctor with whom he was communicating through the Internet reported him to the Italian authorities and to the FBI, Cohan says. He was kept in solitary confinement, beaten and relentlessly interrogated for 5 months before his case finally got to the courts and was thrown out for lack of evidence. 'I had done nothing wrong,' Jim maintains. 'But the Italian newspapers had turned me into a monster, an "organs eater". They accused me of killing black people and poor people to get their organs. A priest came into my cell, but once he discovered who I was, he walked out without touching me or speaking to me.' Now safely back in Hollywood, Jim is more interested in brokering experimental genetic therapies that can only be found outside the United States. 'The bottom line,' says Jim Cohan, 'is that the body belongs to the individual.'

The Last Commodity

I am willing to sell any organ of my body that is not vital to my survival and which could help save another person's life in exchange for an amount of money that will allow me to feed my family. (Ad placed in the *Diario de Pernambuco*, Recife, Brazil, by Miguel Correia de Oliveira, age 30)

Please, I need money to get dentures, and am a senior desparet [sic] for money. Want to sell a very good kidney. Am desparet for money for teeth. Am senior citizen in excellent medical shape, but need \$ for dentures. My husband and I have no dental plan. (E-mail from E.B., Oak Hills, California, to N.S-H @ Organs Watch, 26 January 2001)

George Soros (1998), legendary both in the world of finance as a maker and breaker of national currencies and global financial systems and in international human rights as an advocate of open and democratic societies, recently analyzed the deficiencies of the global capitalist economy. It is a fairly elementary exercise

in microeconomics, but coming from a person in his privileged position, one tends to take more than passing notice. The benefits of world capitalism, Mr Soros cautions, are unevenly distributed. Capital is in a better position than labor. And it is better to be situated at the center of the global economy than at the peripheries. Given the instability of global financial systems, *busts* will inevitably follow *booms* and capital will flee to its centers leaving bit players in secondary or tertiary global cities (such as São Paulo, Mexico City and Buenos Aires) high and dry. Meanwhile, the growth of global monopolies has compromised the authority of traditional states and weakened their regulatory functions.

What troubles Soros most is the erosion of social values and social cohesion in the face of anti-social, market values. While a market economy is generally a good thing, Soros still maintains, humans cannot live by markets alone. By their nature markets are indiscriminate, promiscuous and inclined to reduce everything, including human beings, their labor, their bodies, and their sexual and reproductive capacities to the status of commodities, things that can be bought, sold, traded and stolen. The dilemma, as Soros sees it, is one of uneven development. Open and democratic societies require strong social values and political institutions to serve such ends as social justice, political freedom and social equity. The evolution of the global *market* has far outstripped the development of a mediating global *society* equipped with necessary moderating and regulatory functions to preserve human dignity and basic human rights.

Amidst the neo-liberal readjustments to the global economy there has been a rapid depletion of traditional, modernist and humanist values. New relations between capital and work, bodies and the state, citizenship and social and medical inclusion (and exclusion) are emerging. A triumphant global neo-liberal capitalism has released a voracious appetite for foreign bodies to do the shadow work/dirty work of low-level production and to supply the 'needs' of domestic and international medical consumption (see Sassen, 1991, 1998).

Indeed, there is nothing fixed, stable or sacrosanct about the commodity candidacy of things (Appadurai, 1986). Nowhere is this more dramatically illustrated than in the new – and in some areas 'booming' – market in human organs and other body parts (from both living and brain dead donors) for transplant surgery and other medical procedures (see Scheper-Hughes, 2000). A confluence in the flows of immigrant workers and itinerant 'kidney sellers' who fall into the hands of unscrupulous and sophisticated, transnational organs brokers is a sub-text in this story of late 20th-century and early 21st-century globalization, one which combines elements of pre- and post-modernity. At times the scenarios are reversed, as in the case of unscrupulous 'kidney sellers', like Pettia, an undocumented worker from Bulgaria in Israel, who bilked several desperate dialysis

patients of thousands of dollars for a kidney that never materialized. And there are also cases of naïve, misguided, but well-meaning organs brokers, like Jim Cohan (above) of Los Angeles, who was entrapped by the Italian police in 1998 and thrown into jail for several months on trumped up charges of kidnapping and organs stealing.

Organs transactions today are a blend of altruism and commerce; of science, magic and sorcery; of voluntarism and coercion; of gifting, barter and theft. Transplant technologies have reconceptualized social relations between self and other; between individual and society, and among the 'three bodies' – the lived body-self, the body social, and the body politic (see Scheper-Hughes and Lock, 1987). And they have redefined the meanings of real/unreal; seen/unseen; life/death; body/corpse/cadaver; person/non-person; rumors/ fact/and fiction.

To date, the commodified kidney is the primary currency in organ sales worldwide. In these bodily exchanges life-saving measures for the one demand a dangerous and unrecognized sacrifice from the other. In all these transactions 'organs brokers' – ranging from entrepreneurial doctors to criminal 'body Mafia' – are essential actors, inciting a new 'body trade' which promises to select individuals of reasonable 'means' living almost anywhere in the world a 'miraculous' extension in what Giorgio Agamben (1998) refers to as *zoe*, brute or naked life – species life – as divorced from *bios*, the qualified life, the proper and *ethical life* of a citizen (see also Cohen, this issue).

The market in organs was first documented by transplant surgeons in the Gulf States (see Daar, 1989; Saalahudeen et al., 1990) who, beginning in the late 1980s, found themselves treating patients for follow-up after they had returned from India (Bombay and Calcutta) where they had arranged transplants with kidneys purchased from impoverished organ sellers. Soon after, there appeared a surfeit of media reports, some of them well researched and reputable, but a distressing number sensationalist and misleading. While these media reports were debated and a great many of them discounted, a real kidney trade quietly spread to or emerged full-blown in other areas of the world including Turkey, South-East Asia and the Southern Cone. Both China and Taiwan discovered the value of transplant tourism to their countries' economies and began using executed prisoners to supply the demand for 'fresh' organs, but under pressure from international human rights organizations, Taiwan, gave up the lucrative practice (C.J. Lee, communication to the Bellagio Task Force). After the fall of the Soviet Union, Bulgaria, Croatia, Estonia, Moldova, Romania and Russia became active in organs sales in which the hand of an international 'body Mafia' (see Viviano, 2001) trafficking in people for undocumented labor, prostitution, child slavery, international adoption, drugs and arms, and even in kidneys and other body parts was identified.

The global traffic in organs follows the modern routes of capital and labor flows, and conforms to the usual lines of social and economic cleavage. *In general*, the organs flow from South to North, from poor to rich, from black and brown to white, and from female to male bodies. But there are some innovations that have disrupted the conventional divisions between First and Third World, North and South, East and West, based on the emergence of new forms of wealth and of new 'global cities' in the East and the South (Sassen, 1991).

Today, affluent transplant tourists from Argentina, Brazil, Hong Kong, Israel and Japan, as well as from the Gulf States, travel to select medical sites in Eastern Europe, Turkey, and even to Cuba, Germany and the USA in search of transplants that they cannot arrange quickly enough, or safely enough, at home. In some newly emerging sites of transplant tourism (for example, in Cuba, Estonia, South Africa and the USA, although in very different forms) transplant clinics in private hospitals, or *private* clinics in *public* hospitals reserved for medical tourists can resemble four star hotels or even (as in Cuba) health spas for the rich and famous.

In Cuba, medical tourism, including a limited number of cornea and kidney transplants, is public and relatively transparent. The operations are controlled and actively marketed through a formal arrangement between MINISAP, the Ministry of Health, CUBANACAN and SERVIMED, groups officially formed to actively promote medical tourism to Cuba, capitalizing on that country's reputation for excellence in basic medical care *and* in highly specialized surgical and other medical procedures. I arranged an interview with a sophisticated marketing representative of SERVIMED, working out of a 'medical tourist' office – and that is what the sign above the door called it – attached to an elegant, if somewhat spartan, medical facility, the Clinica Central Cira Garcia, located in a gracious neighborhood of Havana. This medical center was specifically designed by the Cuban government to cater to international patients, originally diplomats and foreign workers, but in recent years catering to a new class of medical tourists. The representative handed me several colorful, plastic-coated brochures detailing various tourist 'packages' for highly specialized treatments ranging from psychiatric problems and drug addiction treatments to surgical rehabilitation of damaged optical nerves to liposuction and plastic surgeries to cornea and kidney transplants. Cornea transplant, for example, including a cornea '*con optimas condiciones*', thirty-five nights of hospitalization in a private clinic, access to the best available 'high-tech' equipment, the operation itself, and 'pre-op' and 'post-op' care cost \$5,720, well below the cost elsewhere in Latin America let alone in neighboring Miami. In fact, I was told with a mischievous wink, many medical tourists now came to Havana from the Miami Cuban community. 'Doesn't that cause a certain consternation and outrage among Cuban citizens, not to mention

the surgeons asked to operate on "the enemy"?, I asked. 'Not at all', the savvy medical tourist promoter said. 'In fact, we encourage any patients who need excellent medical care, and who cannot afford to get what they need in their home country, to take advantage of our remarkable system.' Kidney transplants, however, require that the patient arrive in Cuba with a living donor, who is assumed to be a blood relation.

In recent years, Israel, which has its own well-developed, but under-used, transplantation centers (underused due to the low rates of voluntary organ donation) saw the development of an active underground economy of transplant tourism that promotes and arranges international transplant junkets from dialysis clinics in Jerusalem and Tel Aviv to medical centers in Bulgaria, Estonia, Latvia, Romania, Russia and Turkey. In the last year, however, a competitor to this growing market and the dominance of a particular 'company' working with a notorious transplant surgeon from Bellinson Medical Center in Petach Tikvah (near Tel Aviv) has been arranging transplant junkets to Europe and to the USA.

The post-operative international kidney transplant patient community in Israel is actively engaged in promoting transplant tourism. They have increased the 'ante' and are now demanding the 'right' of access to what some there described to me as 'first-class' transplants with trophy organs obtained at premier, First World medical centers. 'Why should we Israelis be made to travel to Third World clinics in dangerous cities in Turkey, Moldova or Russia to get the kidneys we need to survive from the bodies of peasants, soldiers, or guest workers who may be in worse physical shape than ourselves?', a 71-year-old 'kidney buyer' from Tel Aviv asked rhetorically in August 2000. 'Why shouldn't we have the right to travel to Berlin, Amsterdam or New York City for the operations, if we are able to pay for them? Organs should be seen as a *human*, not as a *national*, resource.' It was good to see 'Avirham', an elderly, white-haired gentleman, alive and happy with his revitalizing 22-year-old 'peasant' kidney, and I hesitated, though I did eventually ask him to reflect on his living donor. 'A peasant, without anything!', he replied. 'Do you have any idea what \$1000, let alone \$5000 means in the life of a peasant from the hills of [a rural part of Eastern Europe] today?' As George Soros indicated, global social values lag far behind global economics.

Since the fall of 2000 dozens of transplant patients, like Avirham, a man of middle-class means and postmodern aspirations and imagination, have begun to travel from Israel to the USA where they have been able to locate both cadaveric organs (from the UNOS-regulated waiting lists) as well as organs purchased from living, unrelated kidney sellers who are US citizens, arranged by transnational corporations and paid for by Israeli medical insurance companies, acting as facilitators. This practice is justified (some government officials say) by the difficulties

Israeli patients have in procuring cadaveric or living, related organ donors at home.

At present two prominent 'firms' in Israel are competing for transplant patients willing to travel overseas. One, Coby Dyan, is affiliated with a leading transplant surgeon from Belinson Medical Center outside Tel Aviv who travels with his patients to 'oversee' their operations (with locally purchased kidneys). Dr Shapira has worked primarily through his medical transplant associates in Turkey, Estonia and elsewhere in Eastern Europe. His package deal, arranged through a well-known business corporation, is now priced between \$180,000 and \$200,000. Most of this money is shared among the doctors and brokers. The travelling patients are described to the immigration officials as tourists. Under considerable pressure from transplant patients to develop links in more developed countries, the cost is rising.

The transplant 'package' covers: a private plane (to accommodate a group of six patients, each accompanied by a family member, the Israeli doctors and the business coordinator); the 'double operation' (kidney 'extraction' and kidney transplant); the kidney 'donor' fee (usually no more than \$5000); the bribes to airport and customs officials; the rental of operating and recovery rooms and nursing staff; hotel accommodation for accompanying family members. The covert operation is usually accomplished in five days. Day 1: on site pre-operative tests and dialysis; days 2 and 3: the operations (two or three patients per night, depending on the size of the group); days 4 and 5: on-site recovery and the flight home.

The patients I interviewed explained that the specific country, city and hospital sites of the illicit surgeries are kept secret from transplant candidates until the day of travel. Meanwhile, the sites are continually rotated to maintain a low profile. The surgery is performed after hours, late at night. In the most common scenario, Israeli patients and doctors (a surgeon and a nephrologist) fly to a small town in Turkey on the Iraqi border where the kidney sellers are often young Iraqi soldiers or guest workers. In another scenario, the Israeli and Turkish doctors travel to a third site in Eastern Europe where the organ sellers are unemployed locals or 'guest workers' from elsewhere.

The passivity of the Ministry of Health in refusing to intervene and crack down on this multi-million dollar business, which is making Israel something of a pariah in the international transplant world, requires some explanation. In the absence of a strong culture of organ donation and under the pressure of angry transplant candidates, each person transplanted abroad is one less client to contend with. More troubling is the complicity and involvement of the Israeli Ministry of Defense. Among the patients who have traveled with the outlaw

transplant surgeon to Turkey and Eastern Europe, soldiers and army officers have been over-represented.

The second broker is an ophthalmologist, Dr F, who has developed connections with transplant surgeons and units in New York City and Boston, among other locations, to broker illegal operations using paid local, US donors who pose as 'family members' of the foreign transplant patient.

These transplant junkets from Israel to the US range from the legal but questionable to the criminal. In January 2000 I interviewed the vivacious mother of an adolescent boy who had just returned from a suburb in Dallas, Texas, where the mother had been able, with the help of Dr F (above), to obtain a cadaveric organ for their son without a long wait on dialysis at home. The transplant center in Texas was a new one and the medical directors there were apparently anxious to locate patients with sufficient insurance coverage to undergo the procedure. We have found that if transplant organs are a scarce commodity, and they are of course, patients with sufficient means to cover the cost of transplant are an even scarcer commodity in most parts of the world, including the US. In the case of the 'Gruber' family, their insurance covered only part of their expenses. The rest was raised through a private, but extensive, media campaign in Israel, which allowed this close-knit family of four to travel together to the USA for the duration of the eldest son's kidney transplant.

One might ask how such a transaction is possible in light of the USA's national program and system of surveillance for organ procurement and allocation under UNOS. UNOS does permit a small number of foreign patients to compete for scarce organs on altruistic grounds that they were unable to be transplanted at home. Officially, 5 percent of any transplant center's patient list may be foreigners, but a center will only be audited by UNOS if more than 15 percent are foreign-born patients. Meanwhile, the business offices of many hospitals actively recruit foreign transplant patients who can pay in cash. But while the distribution of cadaveric organs in the US is regulated, local organ procurement programs are given a certain amount of 'discretion'. And, as mentioned earlier, there is no national surveillance of living kidney donation. Individual transplant programs are often able to determine how rigorously they will enforce US laws against organ sales. Some transplant centers operate with a 'don't ask don't tell' policy and the corporate/business culture that pervades in US medicine at present encourages the same.

However, in the above instance, the Gruber family decided to leapfrog the new national registry waiting list in Israel by putting their child down for various transplant programs in public and private clinics in Israel, as well as on waiting lists abroad. In fact, their son was on a priority list on the national registry and

was relatively well positioned to receive the kidney he needed. But there would be a wait. The anxious mother had, however, pursued other options with the help of her 'medical intermediary', and the clinic in Grapevine, Texas, came up first in this family's private, international, transplant lottery. The transplant proved successful and the family was extremely appreciative of their good fortune. The gratitude was expressed, however, by 'Mrs Gruber' joining forces with transplant 'activists' who were trying to help other kidney and dialysis patients to 'network' with medical brokers involved in arranging international transplants using *either* cadaveric *or* living donor kidneys that are purchased. The rallying cry and the defense was always the same – 'Yes [there are moral dilemmas], but it will save a life.' With this, all debate and critical inquiry is cut short or silenced altogether.

More recently, in January 2001, I interviewed by long-distance cell telephone, a young man who had just returned to Israel from a kidney transplant in Brooklyn, arranged through an Israeli broker, in which his donor, an American citizen, was paid an unspecified amount. 'It is not something I want to think about', said 'Ari', a 24-year-old university business student. Although it was a highly constrained conversation, Ari was willing to say that he was happy, overall, with his transplant, which took place in September 2000, although he did not wish to dwell on the manner in which it was procured. 'My parents were in charge of all the details', he said. Nor would he share any information on the exact location of the medical center or the names of his broker or personal physician in Israel or the name of the surgeons in Brooklyn, although one of the doctors involved in his surgery was, he said, a military surgeon.

Invented Scarcities and Artificial Needs

The market in organs is driven by the simple calculus of 'supply and demand' and by the specter of waiting lists, organs scarcities and organs panics. But the very idea of organ or kidney 'scarcity' is what Ivan Illich (1992) would call an artificially created need, one that is invented by transplant technicians, doctors and their brokers, and dangled before the eyes of an ever expanding sick, aging, desperate and dying population. Newer and better technologies of organ retrieval and preservation and later generation immune suppression and antirejection drugs (see Cohen, this issue) promise an extension of life or an improvement in the quality of life through transplant surgery to an ever expanding pool of transplant candidates.

In recent years, various transplant centers have begun to offer, on an experimental basis, transplants to populations of previously excluded patients – the elderly (over 65 years), the immunologically impaired, the difficult to match, HIV

seropositive and hepatitis C patients. These are high-risk, poor-outcome patients who were previously denied a place on organs transplant waiting lists in most countries. Now, 'guardedly optimistic' reports on the outcomes of such experimental programs in Western Europe were uncritically discussed at the annual meetings of Eurotransplant, which I attended in the fall of 2000 in Leiden, the Netherlands. There was almost no reflection on the effect that such marginal programs might have in inflating the demands for already 'scarce' organs. Instead, an ethos of rugged market individualism prevailed in place of a discourse on social medical ethics.

One hesitant pediatric surgeon raised a lonely voice from the convention hall. She rose to the microphone to ask the panelists the following question. Since the pool of available organs was finite, and given that donation rates were flat or even declining in some Eurotransplant countries, wouldn't these experimental transplant programs further decrease the availability of organs for child and adolescent patients? The chair of the panel replied that the distribution of organs would continue to be monitored by Eurotransplant with attention to the constantly shifting priorities that are accorded to different classes of patients. 'Yes, it is a bit like a balloon', the chairman stated, 'and demands and pressures from one group impact the expectations of other, previously privileged groups. But this is part of the democratic process through which organ allocations are made.' Here 'democracy' has been redefined as the contestations among special interest pressure groups, which seems inappropriate in the medical context.

The Fetishized Kidney

The spread of transplant medicine to new patient pools and to new social and geographical contexts over the past twenty years has incited rapacious needs and desires for the body of the other. These are needs that can never be satisfied, for underlying them – as in the case of 71-year-old Avirham – is the quintessentially human refusal of mortal sickness and death at all or any cost.

For most bioethicists the 'slippery slope' in transplant medicine begins with the emergence of a black market in organs and tissue sales; for the anthropologist the so-called slippery slope emerges much earlier: the first time a frail and ailing human looks at another living person and realizes that *inside* that other body is something that can prolong his or her life. The desire is articulated: 'I want that; I need that even more than you.'

Desperation on both sides and a willingness of the transplant doctors to see only one side of the transplant equation allows the commodified and fetishized kidney to become an *organ of opportunity* for the buyer and an *organ of last resort* for the

seller. Witness, for example, any one of the dozens of postings that come to Berkeley Organs Watch website from desperate people who are not clear about the concept of a Watch Group, thinking that we can perhaps serve as organs brokers. This message, for example, came to Organs Watch from Harry in Chicago:

I am a Caucasian male with O+ Blood, no family history of renal disease, in great health. I am a non-smoker and a non-drinker with low body fat. I have a kidney available for you [right or left, your choice] for the best price possible for you and for me. I have a wife and child and due to economic problems I am ready to do this and pray to God everyday for help in the moral and ethical dilemma that I face. Please allow me to help you and you to help me.

Or, consider this message from Bacliff, Texas:

If someone has two functioning kidneys and wants to sell one of them (since you really do only need one) . . . what is it worth to you? Urgent – please reply, etc.

Or this one from south of the Texas border:

Hello, I am Art. I am 22 years old and I am completely healthy. The *razon* for this mail is that I am determined to *donar* one of my kidneys, but the thing is not so simple. I am Mexican, but I am willing to travel wherever be necessary. And this is not a donacion one hundred percent. I mean that of I can help in this way, why not help us both? Perhaps this sound a little cold and selfish, but it is a way that *all we can all come out ahead*. My economic situation is not the best. If someone is interested in obtaining the kidney that I am giving and he has the economic power to make this possible – enough money for me and my family – then, we can be speaking of a transplante immediate. . . . I am sure about one thing. This is a very good opportunity for both of us.

If Immanuel Kant could respond by e-mail to Harry, Art and the other would-be kidney sellers, he might caution them that to regard one's own body as a property relation alienates one from the very basis on which humans can be said to enjoy a self, or to speak of one's self, at all. But perhaps it is not, as Art (above) says, so simple. I think, for example, of the young Brazilian street child, a girl of 14, who once told me why she had 'gone to the streets' as a sex worker, after years of sexual abuse at home: 'Nanci', she said, 'the first time I was paid to "put out", I knew what it meant to be a person and to be the *owner (dona)* of myself.'

Into this highly emotional context, it is hardly surprising that the transplant kidney has emerged as the ultimate fetish – promising to satisfy the most basic of human desires, the desire for life, vitality and *elan*. In this process the extraordinary has become routine, and what may have once verged on the fantastic has been 'naturalized'. I asked Ari, the 24-year-old transplant tourist from Jerusalem to Brooklyn, why he chose such a risky, murky and expensive procedure over dialysis and the waiting list for a cadaveric kidney in Israel. He replied:

The waiting list is a joke. Who wants to be a prisoner of dialysis while waiting? Dialysis is a bore and very unaesthetic. Your skin changes color, you are tired all the time, and you are limited to eating only certain foods. Having a transplant is the most normal solution because

you don't have to go to the hospital three times a week. It is liberating. Kidney transplant from a living donor is the best you can get. It is the healthiest and the most *natural* solution.

I hesitated to press Ari any more, or to ask him if he thought the surgical removal of a kidney from a living donor was also a normal and natural procedure. And I did not have an opportunity to pose the question to Ari's paid donor, whose identity was concealed.

In conversations with living donors (paid and otherwise 'compensated') in Brazil and elsewhere, I encountered a strikingly similar tendency to normalize and naturalize the procedure. For example, a middle-aged teacher from an interior town in Pernambuco who had given her kidney to a relative for a small compensation, argued forcefully that the payment did not detract from the pricelessness of her gift, and equally forcefully and contradictorily that the gift was something she would assume anyone would not think twice about giving. 'Oh Nanci', she said, 'wouldn't you give something that you had two of to a needy person who didn't have any?' Here, too, the language of the normal, the routine and the natural replaced earlier sentiments, widespread in this same community, of horror at the thought of self-mutilation and dismemberment in the name of medicine.

The sale of human organs and tissues requires that certain disadvantaged individuals, populations and even nations be reduced to the role of 'suppliers'. It is a scenario in which only certain bodies are broken, dismembered, fragmented, transported, processed and sold in the interests of a more socially advantaged population of organs and tissues receivers. I use the word fetish advisedly to conjure up the displaced magical energy that is invested in the purchased living and thereby strangely animate kidney. A kidney buyer who flew from Jerusalem to Georgia in Eastern Europe, where he purchased a kidney from a young peasant explained, for example, why he would never tolerate a cadaveric kidney:

That kidney is practically dead. It was probably pinned down under the wheels of a car for several hours and then it was put on ice for another several hours. Then you expect it to go right back to work for me? It's really a disgusting idea to think about putting that traumatized dead man's organ inside you. So I chose a better way. I was able to see my donor. My doctor pointed him out to me [it was in a small town in Eastern Europe]. He was young, healthy, strong. Just what I was hoping for.

In Brazil the refusal of the cadaveric kidney was equally strongly articulated. A nephrologist practicing in the area of Copacobana Beach said that most of his patients refuse to consider an organ from an 'anonymous' dead person. The public cadaver, he said, was described derisively as 'the state's body', something to be avoided at all costs.

My patients do not trust the public health system. They fear that the 'public' organ will come to them full of pollutants and contaminants. They see it as a 'diseased' organ. Anyone who can afford to do so will find a living donor, whether from a relative or from an 'acquaintance' who is willing to sell. But, in that case, the buyer has the right to demand that the donor be carefully screened so that there are no mishaps later on.

In all, the ultimate fetish – as recognized many years ago by Ivan Illich (1992) – is the idea of 'life' itself as an object of manipulation, a relatively new idea in the history of modernity. The fetishization of life – a life preserved, prolonged, enhanced at almost any cost – erases any possibility of a social ethic. Often, when I speak of troubling issues in organs procurement, I am accused of risking or 'taking a chance for life' away from someone. But what I am trying to underscore is that there is another 'body' of patients whose needs are being ignored or violated in the panicky search for organs and other body parts.

To summarize: I am trying to make three points. The first point is about invented scarcities, artificial needs and the fetishization of transplant organs in the social imaginary of organs buyers and organs sellers. My second point concerns gifts versus sacrifice; and my third point concerns surplus empathy and the visibility and invisibility of two distinct populations – 'excluded' organs givers and 'included' organs receivers. Scarcity and need (along with fetishized notions of 'saving' or prolonging a 'life' at any cost) drive the transplant and harvesting 'business', while a single drug – cyclosporine – is the pharmaceutical engine that makes this all possible. If there were no cyclosporine there would be no story here at all.

Surplus Empathy and a Preferential Option for the Organs Donor

Dialysis and transplant patients are visible to us. We can see and hear their pain and suffering. Their stories are shown to us in the media. But while there is empathy – even a kind of surplus empathy – for one population – the transplant patient – there is a deficit or an absence of empathy for the groups we cannot see, those whose lives and suffering remain largely hidden from view – the population of organs and tissue donors, living and dead.

We might ask why so many transplant recipients are so ready and willing to accept the enormous human costs of these procedures? Few organ recipients know anything about the kinds of demands that are made on the bodies of 'the other', living or dead. They recognize, of course, that their good fortune comes out of the tragedy of another and they pass along the transplant folklore of the permissible guilt and glee they experience on rainy nights when traffic accidents rise. Donor anonymity prevents scruples in the organ recipient population, although transplant patients often do try to learn something about their donors, living and dead. But

they are never privy to the secret negotiations and sometimes the psychological manipulations of the cadaveric donor's family members while they are in shock and deep grief. Meanwhile, kidney buyers engage in a kind of double-think, double-speak in which they discount living donation within the family, while recruiting organs from living strangers who are believed to 'benefit' enormously from the transaction. Here were some contradictory explanations from Israeli kidney buyers:

I wouldn't *think* of asking a family member to make such a sacrifice for me.

Kidney removal is a perfectly safe procedure.

Nature has endowed us with two kidneys including one to share . . . or to sell.

It is better to buy from an outsider than to take from another Jew.

The world owes us at least 8 million hearts and 16 million kidneys.

Meanwhile, organs brokers – like any other brokers – try to keep organ buyers and sellers apart. But even when live donation is transacted within families, recipients can be protected from knowing the human cost of donation. In Brazil, for example, kidney donors are cautioned by their doctors that it is wrong, after donation, ever to bring the subject up in front of the recipient. Their act, they are told, must be completely 'forgotten'. This mandate alone is a burden that forces the donors to carry within themselves a deep 'family secret'. If the medical and psychological risks, pressures and constraints on organ donors (and their families) were more generally known, potential transplant recipients might want to consider 'opting out' of procedures that presume and demand so much of the other.

Human Sacrifice in the New Millennium

At the heart of this project is an anthropological analysis of postmodern forms of sacrifice. Though it bears little resemblance to the burnt offerings of the desert Hebrews, or to the agony of Christian martyrs thrown to lions, human sacrifice in the form of living organ donation is still with us. Indeed, organ harvesting carries some trace elements of Aztec hearts ripped – still beating – from the chests of state-appointed ritual scapegoats. Global capitalism and advanced biotechnology have released new medically incited 'tastes' (a New Age gourmet cannibalism, perhaps) for human bodies, living and dead, for the skin and bones, flesh and blood, tissue, marrow and genetic material of 'the other'. What is different today is that the sacrifice is disguised as a 'gift', a donation, and is unrecognized for what it really is. The sacrifice is rendered invisible by its anonymity, and hidden within the rhetoric of 'life saving' and 'gift giving', two of several transplant 'key words' we are trying to open to a long overdue public discussion.

Inserting ourselves into transplant surgery theaters that were sometimes more like theaters of the absurd, and following transplant patients from dialysis clinics to surgery, and donor bodies from township *shabeens* to police stations and public mortuaries and from there to the various eye banks, medical clinics and research laboratories where their parts were harvested and redistributed, we encountered a kind of *apartheid medicine* that privileged some patients – organ recipients – over other patients, organ donors, about whom almost nothing is known. Organ donors represent a social and semiotic zero, an ideal place for a critical medical anthropologist dedicated to 'following the bodies' to begin. We made the conscious decision to position ourselves on the 'other side' of the transplant equation, representing the voice of the silent or silenced organ donor, living and dead, here seen as rights bearing individuals and as vulnerable patients rather than as fodder for advanced medical technologies.

Here, perhaps two anecdotes convey the origins of this decision for me. After I had begun to write about the fears of the Brazilian shantytown poor following rumors of child kidnapping for organ removal (Scheper-Hughes, 1992), my husband, then a medical social worker at a large children's hospital, returned home one day deeply moved by a transplant operation that had just saved the life of a 12-year-old child. Quite unthinkingly I asked, 'Whose organ?' Michael's anger at my 'inappropriate' question led me to realize that here was a question that *had* to be asked. Then, later, in 1996 when I was already deeply involved in this research, a transplant surgeon in Recife, Brazil who relied on live kidney donors, answered my questions about patient follow-up procedures quite defensively. 'Follow up!', he fairly boomed, 'With transplant patients it's like a marriage – you are never free of them!' 'Yes', I replied, 'But what about your *other* patients, your kidney donors. Do you follow *them*?' To which the surgeon replied. 'Of course not. They are *not* patients. They are healthy people just like a woman who gives birth.' When I spoke of the many kidney donors I met who later encountered medical and psychological difficulties, he replied: 'These are neurotic people who want to be heroized for what they have done.' But when I countered: 'Why *shouldn't* they be?', the doctor had no reply.

Then, during a field trip to Brazil in 1998, I encountered in Salvador, Bahia, a 'worst-case scenario' showing just how badly a live kidney donation could turn out in a Third World context. 'Josefa', the only girl among eight siblings from a poor, rural family in the interior of the state, developed end-stage kidney disease in her twenties. With the help of people from her local Catholic church, Josefa moved to Salvador for dialysis treatments, but there her condition continued to deteriorate. Her only solution, she was told, would be a transplant, but as a 'public' patient her chances of getting to the top of local 'waiting lists' was next

to nil. At her doctor's suggestion, Josefa sought a kidney donor among her siblings. An older brother, 'Tomas', the father of three young children, readily offered to help his 'baby' sister. But what at first seemed like a miraculous transfer of life rather quickly turned problematic. Soon after the 'successful' transplant, Josefa suffered a crisis of rejection and lost her new kidney.

Meanwhile, Tomas himself fell ill and was diagnosed with kidney disease resulting from a poorly treated childhood infection. What the doctors referred to as a 'freak accident' and a stroke of 'bad luck' struck Josefa (and her brother) as evidence of a larger social disease: 'We were poor and ignorant; the doctors didn't really care whether we were properly matched or whether I could afford the drugs I needed to stay alive after the transplant.' Josefa's enormous guilt toward her mortally ill brother brought tears to her eyes throughout our interviews. She was committed to doing everything possible to help out his family to which she felt so miserably indebted. Tomas, a slender, nervous man, looking far older than his years, said ruefully during a separate interview: 'I love my sister and I don't hold her responsible for what has happened. The doctors never asked about my own medical history before the operation. And afterwards it was too late.'

Perhaps this last ethnographic anecdote may serve as a partial response to the following, often raised, challenge: if a living donor can do without the organ, why can't the donor profit and medical science benefit? Transplant surgeons have disseminated an untested hypothesis of 'risk-free' live kidney donation in the absence of *any* published, longitudinal studies of the effects of nephrectomy (kidney removal) among the urban poor living anywhere in the world. Live donors from shantytowns, inner cities or prisons face extraordinary threats to their health and personal security through violence, injury, accidents and infectious disease that can all too readily compromise the kidney of last resort. As the use of live kidney donors has moved from the industrialized West, where it takes place among kin and under highly privileged circumstances, to areas of high risk in the Third World, transplant surgeons are complicit in the needless suffering of a hidden population.

The 'preferential option' for the organ donors expressed here does not imply a lack of empathy for transplant recipients or for the expanding queues of waiting-list patients who have been promised a kind of immortality by transplant professionals. Poised somewhere between life and death, their hopes waxing and waning as they are stranded at the middle or at the bottom of official waiting lists, which are subject in a great many places to corruption by those with access to private medicine and to powerful surgeons who know how to circumvent or bend the rules, these all-but-abandoned transplant 'candidates' have their own painful stories to contribute to the larger project.

In Israel, for example, I encountered transplant patients who, denied access to

the transplant waiting list at home for sound medical reasons, were enrolled in the illicit programs to purchase organs abroad, and who encountered medical traumas as a result of their foolhardy actions.

I think, for example, of Mr Tati, a municipal public health food inspector in Jerusalem, who travelled to Turkey with Dr S two years ago for transplant with a purchased kidney and who came home very ill, close to death, and very poor indeed. Mr Tati was, to begin with, a very poor candidate for transplant. He had suffered a coronary event in his mid-forties and was removed from the official kidney transplant waiting list by his doctors at Hadassah Hospital and told that dialysis was his best solution. Angered, Mr T took his medical records to B Hospital in Tel Aviv where Dr S agreed to include him on his list of transplant tourists. Immediately following the outlaw transplant, and while he was still in the recovery room, Mr T suffered a massive heart attack. This was followed by a crisis of rejection. The outlaw surgeons packed him back into the private jet with an RX to his regular doctors at Hadassah Hospital to treat the medical mess they had created. The doctors at Hadassah were furious, but treated Mr T at the government's expense. Seven months later, Mr T was still a hospital patient. 'He was a real basket case', Dr G told me ruefully, 'but he did manage to recover.'

Avirham, at age 71, was also, like Mr T, a poor candidate for a kidney transplant. He was too old to be listed on an official transplant waiting list, and he had multiple, pre-existing medical conditions that would have put him in a very low category of priority for transplant even if he were a much younger man. A year after the surgery, Avirham was unsteady, and needed help in negotiating a curbstone, but he was still on his feet. Yet his recovery was, he said, distressingly slow. He attributed this to the miserable conditions he had had to face in the 'Third World' hospital where his transplant took place. 'It was a real shock', he said. 'I wanted to get out of there as quickly as possible.'

Finally, I think of 'Pettia', the earlier mentioned guest worker from Bulgaria, who offered her kidney several times over to desperate transplant candidates in Jerusalem, soliciting from each several hundred dollars for pre-tests and cross-matches which always proved disappointing. Meanwhile, Pettia kept the money . . . and her kidney. The desperately sick easily fall prey to kidney scams like these.

Whose Values are These?

Amidst the contestations between organ givers and organ receivers, between doctors and patients, between North and South, between individuals and the state, between the illegal and the 'merely' unethical, anthropologists need to be especially clear about their values in these complex transactions. Indeed, as

professional hunters and gatherers of human values, anthropologists are characteristically shy when it comes to discussing their own individual or cultural notions of the good and its opposites. Why would anthropologists regard such 'Western' and modernist notions of bodily autonomy and bodily integrity as basic human rights? This would seem particularly ironic given the deconstructionist and relativist impetus that lay behind Margaret Lock's and my earlier 'mindful body' essay (1987).

However, we have since found that notions of bodily autonomy and integrity are almost universally shared today. They lie behind 'First Peoples' demands for the repatriation and reburial of human remains warehoused in museum archives. They lie behind patients' rights movements, demanding access to medicine and medical technology – rights to 'medical citizenship' as it were. They lie behind the demands of the wretchedly poor for dignified death and burial. And they certainly lie behind organ stealing rumors and popular resistance to 'presumed consent' laws. But admittedly for some of those living on the margins of the global economy, however, who are daily assaulted by disease, hunger and premature death, and by degrading living and work conditions, and for whom the experience of bodily alienation is already a defining feature of their lives, the possibility of selling an organ seems like an act of empowerment. 'I prefer to sell it [my body] myself rather than to let the state get it', was a sentiment expressed by some shantytown residents in urban Brazil.

In fact, it is in the West where the modernist values of bodily autonomy and integrity are most under assault. As commodification and commercialization have entered almost every sphere of life – from markets in 'beauty queen' ova and 'genius sperm' to a corrupted 'willed body' program at the University of California Irvine Medical School – those in the North cannot claim any high moral ground. Meanwhile, the new constitutions and bills of rights adopted by democratic Brazil and post-apartheid South Africa are highly developed with respect to recognizing human rights to bodily autonomy and integrity.

We are particularly concerned about social and race-based inequities in the selection of candidates for transplant surgery in the USA. While it is true that African-Americans are, at best, reluctant organ donors, we would question the biomedical rationale for race-based 'matching', a procedure that is not followed in either Brazil or, historically, in South Africa where black donors provided a great many organs for white recipients. Trust in medicine and in transplant procedures – especially medical definitions of brain death – are low in black 'inner-city' neighborhoods in the USA and contributes to the low incidence of organ donation. Hence, a vicious cycle is created and maintained. Medical exclusions based on poor tissue matches, previous medical and reproductive

histories, and exposure to infectious disease disqualify a great many black candidates for transplant surgery (see Koch, 2001).

One has to be relatively 'healthy', affluent and white in the USA to be a candidate for a cadaveric organ. Under these exclusionary conditions, resistance to organ donation makes sense in the African-American community. One result is, however, that African-Americans are more frequently counseled by their doctors than white Americans to pursue live (kidney) donation. And, there is evidence that African-Americans express more resistance to *making* such demands on their loved ones.

In conclusion, the goal of our project is to bring broader social and social justice concerns to bear on global practices of organ harvesting and distribution. While our research has taken place largely in the Third World, we are quickly learning the extent to which these exchanges involve and implicate the USA and Western Europe. The demand for organs in one area stimulates the market for brokers and organ sellers in other nations.

Organ transplantation depends on a social contract and a social trust, without which it simply cannot exist. Transplant surgery represents the most social of all aspects of medicine. Consequently, we are seeking assurances that the practices around organ transplantation *include attention to* the needs and wishes of organ donors, both living and dead. We want transplant surgeons to pay attention to *where* organs have come from and the manner in which they were procured and harvested. We want assurances that organ donation everywhere is voluntary. And we want the bodies of potential donors – living *and* dead – to be protected and not exploited by those charged with their care. We want the 'risks' and 'benefits' of organ transplant surgery to be more equally distributed among and within nations, and among ethnic groups, genders and social classes. Finally, we want assurances that the so-called 'gift of life' never deteriorates into a 'theft of life'. We hope that this new project will be seen as an attempt to establish a new ethical blueprint for anthropology and for medicine into the 21st century.

Notes

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1. The members of the Bellagio Task Force are: Tsuyoshi Awaya, Professor of Medical Sociology and Law at the School of Law, Tokuyama University, Japan; Bernard Cohen, Director, Eurotransplant Foundation, Leiden, the Netherlands; Abdallah Daar, MD, Chairman, Department of Surgery, Sultan Qaboos University, Muscat, Oman;

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2. In South Africa, the director of an experimental research science unit of a large public medical school showed me documents approving the transfer of human heart valves taken (without consent) from the bodies of the poor in the police mortuary and shipped 'for handling costs' to medical centers in Germany and Austria. These permissible fees, I was told, helped defray the unit's research program in the face of the austerities and downsizing of advanced medical research facilities in the new South Africa. But to a great many 'ordinary' citizens in Brazil, India and South Africa, such commercial exchanges are seen as a form of global 'bio-piracy'.

During the heyday of apartheid, transplant surgeons in South Africa were not obligated by law to solicit family consent before harvesting organs (and tissues) from cadaveric donors. 'Up until 1983 or 1984 the conditions for transplantation were easier', said Dr Brink, head cardiac surgeon from the Medical School of the University of Cape Town. 'We didn't worry too much in those early days. We just took the hearts we needed, but it was never really a racial issue.' But what Dr Brink meant was that there was no hesitancy in transplanting black and colored (mixed race) hearts – sometimes taken without the consent or knowledge of family members – into the bodies of white, male patients. (Until the early 1990s 85 percent of South Africa's heart transplant recipients were white males.) Surgeons refused to reveal the race of donor hearts to organ recipients, saying that hearts have no race. 'We always used whatever hearts we could get', Dr Brink said. In 1994, the year of the elections, for the first time a significant percentage, 36 percent, of all heart transplant patients at the university hospital in Cape Town were assigned to mixed-race, Indian or black patients. However, by that time, most transplant surgery had moved to private sector hospitals, where patients of means, many of them arriving from foreign countries, were housed in relative luxury while awaiting an organ.

3. I was introduced to the guards at the gate and to the administrative staff of Montes de Oca as an American visitor who was searching for a missing aunt.

4. The *Equipo Argentino de Antropología Forense*, the Argentine Forensic Anthropology Team, was formed from a young group of university students who volunteered to help the celebrated American forensic anthropologist Claude Snow and his collaborator, Mary Clare King, in using the technology of DNA to identify the remains of the politically disappeared exhumed from mass graves, and to locate and identify the adult children and grandchildren of some of the 'disappeared' who were adopted into military families during the Argentine 'dirty war'.

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The Alienation of Body Tissue and the Biopolitics of Immortalized Cell Lines

MARGARET LOCK

It is clear as noon-day, that man, by his industry, changes the forms of the materials furnished by Nature, in such a way as to make them useful to him. (Marx, 1967: 319)

Cell lines are genetically identical cultured cells that continue to divide as long as they are maintained under the appropriate culture conditions. This characteristic of 'immortality' makes cell lines invaluable for addressing specific scientific questions or problems. (Bhat, 1996: 29)

Currently a US \$428 million a year industry, the market for tissue culture products and processes is predicted to grow at an average of 13.5% per year and may be worth nearly US \$1billion by 2002. (*Businesswire*, 1996)

In 1993 Isidro Acosta, lawyer and President of the Guaymi General Congress of the Guaymi peoples, who live in a remote corner of Panama, met with Adrian Otten in Geneva. At the time, Otten was the senior official responsible for negotiations in connection with Trade Related Intellectual Property (TRIPs), destined to become one facet of the international General Agreement on Tariffs and Trade (GATT). Acosta's purpose was to have human genetic material excluded from patenting under this agreement. But his trip to Geneva was to no avail, with the result that, by 1997, the US patenting office had received more than 4000 applications to patent human genes over 1500 of which have been ratified. More than 80 percent of these applications had been made by the private sector, and the number of applications accelerates year by year (Austin and Tribble, 1997). Increasingly, partnerships between bioscience and the market are considered the most efficient means of advancing knowledge, particularly when genetic sequencing is involved (Pálsson and Rabinow, 1999).

When Acosta undertook the trip to Europe it was with a sense of urgency

because he had learned, only weeks before, that the Secretary of Commerce of the US government had laid patent claim to a 'cell line' created out of the blood taken from a 26-year-old Guaymi woman who had leukemia. If granted, this patent would have given the US government exclusive rights to decide who could use this cell line, and at what cost (Christie, 1996). The Guaymi General Congress had already made a specific request to the US government that the claim be dropped, but Acosta's journey to Geneva was to try to ensure that patenting of human tissues and cells be outlawed completely. As far as the Guaymi are concerned bio-prospecting (gene hunting) is entirely unacceptable when the end product is patented with the result that life itself becomes the private property of pharmaceutical and other companies. This particular claim to patent was ultimately dropped because the 'immortalized' cell line did not prove to be as valuable as the prospectors had envisioned. Similar patent claims made about the same time on cell lines procured from several Hagahai, who reside in New Guinea, and another from an individual in the Solomon Islands, also created a public furor. The Solomon Islanders were from the outset opposed to patenting and to profiteering from the manipulation of human tissue. In contrast, it was reported that the Hagahai willingly agreed to the donation of blood samples, the creation of cell lines and to their patenting, and, further, that should money result from a vaccine or any other end product, then all individuals with a claim to Hagahai ethnicity would receive half the profit (Ibeji and Gane, 1996). The anthropologist Carol Jenkins, who has been doing research among the Hagahai since 1985, acted as the principal mediator in making the monetary arrangement. Given that the Hagahai had only been 'discovered' in the 1980s, at which time they were dubbed as a 'stone-age tribe', it seems unlikely that many individuals understood the full import of what was involved. Of course, this does not justify any paternalistic claims made by outsiders to the effect that the Hagahai, or any other peoples for that matter, may not decide their own fate in connection with the donation of blood and the creation of cell lines. Eventually, as with the Guaymi case, both the Hagahai and Solomon Island patent claims were dropped, once again when it became clear that the cell lines were not, after all, going to be profitable for pharma-business.

These cases make it clear that it is inappropriate to assume that peoples everywhere exhibit a uniform resistance to the bio-prospecting of human, plant and animal materials. It is also evident that venture capital is the driving force behind the procurement of DNA from indigenous peoples, and that this activity exhibits the characteristic feature associated with mineral prospecting, notably that uncertain futures are central to its practices.

Procurement of human materials to make immortalized cell lines, of which the

above cases are early examples, was fostered by two international agreements made legally binding in 1993 and 1994, agreements that in effect globalize intellectual property laws. The first, the Convention on Biological Diversity, was adopted at the 'Earth Summit' in Rio de Janeiro in 1992, and the second, the GATT TRIPs agreement, was signed in June 1994. These two agreements, once ratified, ensured that virtually all signatories to GATT (now the World Trade Organization), with the exception of only a few very small countries, must agree to intellectual property provisions (Christie, 1996). In effect, what this means is that individuals who donate their own body parts for research purposes do not retain property rights over such materials, nor can they participate in any profit that might result from manipulation of these materials (Knoppers et al., 1997) unless special provision is written into the original transfer agreement, as was the case with the Hagahai. The legal practices of North America, Europe and Japan, in which genes may be patented once technological artifacts are created out of them (cell lines being the prototypical techno/natural hybrid of this sort) have set the global standard. Genetic information obtained from cell lines is transformed through patenting into private property of a particular kind, namely intellectual property.

What we are currently witnessing with the escalating procurement of human body materials is a globalized commodity fetishism that goes virtually uncontrolled, in which 'regimes of value' (Appadurai, 1986), those at the site of production and those at the site of consumption, are at a great remove from one another. Human body parts do not have universal value, and, once potentially available for conversion into circulating commodities, their worth, and more basically the question of whether or not they are alienable, is open to dispute. Disputes are implicated in the social exchange of virtually all objects at times, particularly because 'commodities, like persons, have social lives' (Appadurai, 1986: 3). But the commodification of human cells, tissues and organs incites particular concern because boundaries usually assumed to be natural and inviolable are inevitably transgressed, raising concerns about 'self' and 'other', 'identity', 'genealogies', group continuity and so on. Disputation is not simply about ownership, property rights or alienability; it is also constituted in large part out of a profound angst about a perceived violation of the moral and political order.

Contested Commodities and Alienation of Body Parts

Commodification of human corpses and of body parts procured from the living and the dead has a long history. Human material has value as trophies of war, religious relics, therapeutic materials, medicinals and anatomical specimens,

among other uses. The value attributed to corpses and their parts is transformed with alienation, a transaction in which, historically, in the Christian world at least, the family of the 'donor' rarely participated willingly, for tampering with and division of the body made resurrection impossible. Church doctrine made an exception for saints, the dispersal of whose body parts was necessary for the well-being of the Christian community (Bynum, 1991) – holy relics have been traded from the early days of Christianity, and phials of clotted blood and specimens of rubbery hearts were deposited in church precincts from where they emanated spiritual power.

The use of human bodies by the medical profession, although closely linked until the 17th century with the Church, was more often than not associated with violence. Vivisection of humans and animals by Herophilus in 4th century BC Alexandria earned him a lasting reputation as the 'father of scientific anatomy' (Potter, 1976). Later, commencing in 13th century Italy in Church precincts, professional anatomists performed in public dissections of the corpses of criminals and vagrants, a practice that continued until the early 19th century in anatomy theatres built in many parts of Europe (Park, 1995). This practice ensured that the bodies of individuals on the margins of society acquired outstanding medical value, and Ruth Richardson argues that, from the 17th century in Europe, the human corpse, as already was the case for human relics, was bought and sold like any other commodity. Around this time too, the practice of robbing graves in order to sell corpses for medical dissection became fashionable (Richardson, 1987).

According to Peter Linebaugh an increase in the trade in corpses in early modern Europe reveals a significant change in attitude towards the dead body:

The corpse becomes a commodity with all the attributes of a property. It could be owned privately. It could be bought and sold. A value not measured by the grace of heaven nor the fires of hell but quantifiably expressed in the magic of the price list that was placed upon the corpse. (1975: 72)

Linebaugh documents in gruesome detail the public hangings – the 'hanging matches' – that took place in England at this time, notably at the gallows at Tyburn outside London. Surgeons and kin of the hanged person would fight over the body, tear it down, half dead from the gallows, the one desirous of a body to dissect, and the others, the family, hoping to give the body a decent burial in order, in their minds, to ensure resurrection. The 'Tyburn crowd', often in their hundreds, became restless with the passing years, and riots were staged to which the military had to be called in to restore order (Linebaugh, 1975). Incomplete hangings were common and 'resurrection', as it was dubbed by the spectators, sometimes occurred once the body was cut down, at which time the victim was

usually released, unless the anatomists were the first to get hold of the limp body before its restored life became clearly visible.

The Anatomy Act, designed to prohibit the sale of dead bodies, was eventually signed in 1831 after extensive debate, and remains the foundation for modern law in the United Kingdom and North America in connection with the procurement of bodies for scientific purposes. However, for many years, workhouses and other institutions that housed the poor, including hospitals, continued to be recognized as 'lawfully in possession of the dead'. These institutions could legally confiscate the bodies of those who died when no claimant came forward, or when no money was available to pay for a funeral, and make use of them as they wished (Richardson, 1996: 73). Richardson remarks that to die without provision for burial was the key indicator of social failure, and the Victorian poor did everything they could to avoid such a fate. Friends and neighbors would make collections to pay for funerals, corpses were hidden at home, or more than one body was placed in a single coffin (Richardson, 1987). In the interests of medicine, then, the poor were effectively defined as socially dead, their commoditized bodies not due the respect given to those of the rest of society. Competition over corpses and body parts existed because ideas about their value and beliefs about their alienability varied among the contenders; these differences were most often manifest along class cleavages and bodies of the rich were only rarely implicated in the exploits of the anatomists (Mantel, 1998).

The utilitarian philosopher Jeremy Bentham, in the hope of encouraging people of all classes to donate their bodies voluntarily to medicine, made an example of himself at his death. His desire was to establish that dissection was a rational medical endeavor that should be supported, but this task was particularly difficult in northern Europe, where dissection was interpreted as an aggravation of the death penalty, a further punishment to the criminal. This was in contrast to southern Europe where, historians suggest, a close association was made between the body of Christ and that of the chosen criminal who, after undergoing dissection, could hope for expiation from his sins and entry into heaven (Park, 1995).

Bentham bequeathed his body for anatomical dissection, to be carried out by his anatomist friend Thomas Southwood Smith. When Bentham died in 1832, the public performance took place in a tiered amphitheater filled with spectators many of whom, including John Stewart Mill, had helped Bentham to chivy the Anatomy Act through Parliament. In making an oratorical speech before performing the dissection, Southwood Smith exhibited concern about the 'natural' emotional attachment to the dead body experienced by relatives, but he insisted that, although such sentiments have their foundation in the human heart, they belong to that class of feelings 'which require control, and sometimes even

sacrifice' (Richardson and Hurwitz, 1995). When heart transplants were made into public spectacles for a brief time in the late 1960s, notably due to the activities of Christiaan Barnard, the idea that, through these performances, the public could be educated into donating the bodies of their relatives was clearly at work. It did not take long for a backlash to set in, because of fears that if these procedures were thought of primarily as spectacles rather than as sound medical practice, a public revulsion to the whole transplant endeavor might be the end result (Lock, 2002).

Despite the magnanimous gesture by Bentham, worries about medical imperialism current in England at the time of his death prevailed for many years in the public imagination. Fears about body snatching remained rampant. Richardson documents a similar course of events in North America, but in this instance it was a disproportionate number of bodies of Native and African-Americans that ended up in medical institutions (1996). It was not until the end of the 19th century that there was significant public outcry against these practices. After the Second World War, a major shift in public attitude towards the medical profession and to medical research contributed, no doubt, to the significant rise in the number of bodies gifted to medical schools. This change also indicates, perhaps, to what extent the physical body itself, once dead, is currently assigned with relatively little meaning. Even when beliefs about an after-life and of transcendence persist, as they clearly do among a good number of people, then the condition and management of the body at death apparently does not create an insurmountable problem (Richardson and Hurwitz, 1995). It seems that ideas about transcendence of the material body are not as literal as was once the case.

I have made this brief diversion into the commodification of corpses and body parts in Europe to emphasize how competing regimes of corporal value are not limited to the globalized economy of modernity. There can be no doubt that the current extraction of wealth of all kinds by multinational conglomerates from the so-called 'developing' world has exacerbated the situation originally set in place as part of colonialism. However, with the exception of blood, much of which was procured from Haiti and other 'Third World' locations for American destinations (Starr, 1998), it was not possible to incorporate living biological materials into the global market prior to the last quarter of the 20th century. The necessary expertise simply did not exist. Nevertheless, a foreshadowing of the contested commodification of body parts so evident today was clear in the extraction of human labor from formerly colonized sites.

Michael Taussig, in writing about the effects of capitalist relations of production among indigenous miners in Colombia and Bolivia, argues that different types of fetishism are at work when the commodity value of labor is contested.

He draws on the work of Marcel Mauss on modes of exchange in non-capitalist societies, where it is argued that reciprocity is central to pre-modern exchange. Mauss's thesis was that the 'gifts' that are central to so many non-capitalist economies are not themselves of overriding importance, but that the bonds of reciprocity established between the involved persons, donors and recipients, are primary. In effect, individuals give away a modicum of their 'essence' with gifts, which must, therefore, be returned in kind (Mauss, 1967: 10). Taussig argues that the practice of the modern market system strives to deny this metaphysics of persons and things reflected in social exchange, and to replace the type of fetishism outlined by Mauss with the commodity fetishism of capitalism as interpreted by Marx. This latter type of fetishism, as is well known, is associated with the alienation that arises between persons and the things that they produce, and then put into circulation in a monetary economy. Codified in law as well as in everyday practices, such alienation results in the 'phenomenology of the commodity as a self-enclosed entity, dominant over its creators, autonomous, and alive with its own power' (Taussig, 1980: 124).

Taussig's later research into institutionalized terror and associated healing practices elaborates on the many forms of commodification of the colonized body itself, not simply as labor, but as an object for exoticism and prurient desire. He shows how diverging regimes of value attributed to the native body by exploiter and the exploited result in disorder and disruption of the conventional meanings attributed to human bodies by both parties (1987). Gene prospecting brings to light divergent value systems in connection with human blood, making great the potential for exploitation. Because blood is a renewable resource and simple to donate, it is all too easy for scientists and other outsiders to objectify and fetishize human DNA. Haraway has dubbed this 'corporeal fetishism', in that reification of cells, genes or other body parts obscures a heterogeneous set of interactions between human and non human actors (1997: 142). Exotic individuals, already subject to objectification, whose blood potentially exhibits rare qualities, are vulnerable to exploitation for the benefit of biocapitalism. Little if any thought is given to protection of donor rights and interests, even though blood is so often attributed with sacred qualities and symbolizes the continuity of peoples.

One other compounding feature is that cell lines often contain, as in the Hagahai case, viral material in addition to human protein. Here is secreted a hybrid of self and parasitic other, permitting Amar Bhat, a representative of the National Institutes of Health, to assert, in defense of the Hagahai and Solomon Island patent claims that: 'they [the involved laboratory] cloned only the genes of the two viruses' (1996). That the virus cannot exist outside of human tissue and by definition cannot be an independent entity is conveniently set aside by Bhat

and others when they make this kind of claim. Reification is heaped upon reification.

Inalienable Wealth

The concept of reciprocity central to gift exchange theory, contained in which is a frequently unexamined assumption of equality, has come in for criticism over the years. Marshall Sahlins cautioned that 'everywhere in the world the indigenous category of exploitation is "reciprocity"' (1972: 134). More recently, Marilyn Strathern has shown how, in Melanesian cultures, power and gender are implicated in the exchange of objects in particular because they are conceptualized as parts of persons. Persons or things may be transferred as 'standing for' parts of persons. 'Objects (the person as a "part" of the person – him or herself or another) can circulate between persons and mediate their relationship' (1988: 178). Such exchange signifies not only solidarity, Strathern argues, but inevitably at the same time marks out unbridgeable separations between donors and recipients.

Annette Weiner suggests that exchange theory can be best understood as reproduction. The movements of persons and possessions through time and space, Weiner argues, 'are bound by, and to, the temporality of birth and death, as well as production and decay' (1992: 17). Social value must be created and recreated to prevent or overcome dissipation and loss, only thus can gain and the accumulation of wealth evident in non-modern societies be accounted for. In contrast to most researchers, Weiner, working in the Trobriand Islands, focused on inalienable possessions, on those objects that people never trade, or do so only when reduced to dire straits. Inalienable possessions, whether in the form of land, property or valued objects, signify social difference, and such possessions tend to attract other kinds of wealth (symbolic capital in Bourdieu's terms). Inalienable possessions are powerful, and more often than not are associated with genealogies, the ancestors and reproductive continuity. They are imbued with affective qualities that are 'expressions of the value an object has when it is kept by its owners and inherited within the same family or descent group' (Weiner, 1985: 52). The most powerful form of exchange, Weiner suggests, is that in which one 'keeps-while-giving', for this activity facilitates accumulation and reinforces hierarchy while at the same time permitting participation in all important networks of reciprocity (1992).

Like Arjun Appadurai, Weiner focuses on the particular kinds of objects produced, rather than lighting exclusively on the acts of exchange in which people engage, but Nicholas Thomas, while in agreement up to a point, criticizes Weiner for paying too little attention to actual practices of exchange. He asks:

Is it really the case, for instance, that a thing can never be definitively transmitted, such that it belongs in an unqualified sense to someone else? Can the interest of a producer, 'owner,' or donor never be categorically erased? (1991: 26)

Thomas makes a robust argument for the 'promiscuity' of objects, for the multiple meanings that can be attached to them and, following Appadurai, for their 'social life' in which objects may become commoditized and then later lose this status as they move through networks of exchange.

Weiner avoids the essentializing implicit in arguments commonly made about 'simple' systems of exchange, but Thomas goes further and actively works to break down the stark oppositions set up by so many researchers between 'us' and the 'Other'; 'pre-capitalist' and 'capitalist' societies. Today, local economies nearly everywhere are tied to some extent into globalized systems of exchange. However, even in Japan, with the second biggest GNP in the world, formalized gift exchange designed to promote reciprocity and social cohesion remains crucial to virtually every aspect of social life, including in the professional and business worlds. It is necessary, then, to examine at specific sites which objects, if any, are deliberately excluded from monetary exchange, and why.

The above reference to the commodification of saints in Europe, and the differing responses of Hagahai, Solomon Islanders and Guaymi to the creation of cell lines out of their blood samples, make it clear that commodification of body parts is not inevitably thought of as inappropriate or repulsive (see also Cohen, this issue). Nor is the situation always one in which the acquisitive blatantly exploit passive natives and peasants. The commodity status of body parts is contestable, negotiable and mutable.

However, different from the fetishization of objects that are created by hand or manufactured, the body and body parts constitute life itself, individual and communal – past, present and future. Even after death and decay the memorialized body signifies reproduction and continuity. For this reason, body tissues, organs and even fluids are, more often than not, regarded as inalienable, except when made use of in specified ritual practices or in carefully circumscribed activity, such as human reproduction. In order for body parts to be made freely available for exchange they must first be conceptualized as thing-like, as non-self and as detachable from the body without causing irreparable loss or damage to the individual person or generations to follow. The mystical or transcendental essence associated with body fluids, organs and tissues must be dissipated.

This process of reification and fragmentation of body parts, so characteristic of biomedical knowledge and practices, has been criticized repeatedly by social scientists and feminists over the past three decades as a dehumanizing move (Fox Keller and Longino, 1996). The assumption in much of this criticism is that

patients and their families participate in this process of objectification unwillingly. But a careful reading of the literature on medicalization reveals that people are sometimes happy to relinquish the dense social, cultural and mystical tropes associated with their bodies, and are comfortable with a discourse reduced to the material. The moralizing discourses associated with bodies and body parts bring with them a burden of responsibility and more often than not, of blame, something that can be side-stepped through objectification (Lock, 1998; Lock and Kaufert, 1998).

On the other hand, recent literature that discusses the social effects of organ transplants shows how fetishism of human organs is deliberately mobilized in order to promote donation: transplant coordinators bandy about the metaphor of the 'gift of life', and families who donate organs talk about how pleased they are that their dead relative is 'living on' in someone else (Sharp, 1995; Lock, 2001). Contradictions are rife because, once organs are procured and stitched into recipients, these same recipients can be severely reprimanded, even thought of as pathological, if they attribute 'life-saving' organs with animistic qualities passed along from donors (Sharp, 1995).

A conversation I had recently with a surgeon who performs heart transplants was most revealing. This surgeon was responding to stories that have been circulating for some time now about how, in several of the American states, it is being debated whether prisoners on death row should have the option of donating organs for transplant before they are put to death. It seems that they could be given the choice of ending their 'contemptible' existence with a Gift of Life, and thus make amends to society. Perhaps those among the prisoners who are believers may even go straight to heaven. The surgeon was uncomfortable about organ donation from these death row prisoners, not so much because he was concerned about the highly questionable ethics, but about the idea of receiving a heart that had been taken out of the body of a murderer. He said, with some embarrassment, 'I wouldn't like to have a murderer's heart put into my body.' Then he added hastily, trying to make a joke out of the situation, 'I might find myself starting to change.' Organ recipients worry about the gender, ethnicity, skin color, personality and social status of their donors, and many believe that their mode of being-in-the-world is radically changed after a transplant, thanks to the power diffusing from the organ they have received. That some of their surgeons also think this way suggests that fetishism of the kind described by Mauss is at work, even among those of us usually thought of as exceedingly 'rational'. Animation of body parts is by no means confined to the 'underdeveloped' world.

Even though body parts cannot be stripped easily of their social value, objectification is the expected norm. The procurement and manipulation of tissues and

cells, and the incorporation of organs into recipients, are understood as medico/technical processes. Should idioms of animism, the need for reciprocity or concerns about the violation of the 'natural' become widespread, then science may be put on hold while troubling social, political and legal issues are dealt with. One glaring example of this has taken place in Japan where brain-death was only recognized, and then under clearly delimited circumstances, after a vituperative 30-year national debate (Lock, 2001). This has meant that those relatively few transplants that have been done have been virtually confined to those making use of organs from living related donors. Similarly, the abortion contests in North America, including concerns expressed by disability activists, are likely to create blockages to the pending routinization of genetic testing and screening programs. Moral disputes will inevitably be implicated in the manipulation of human biological materials no matter to what extent efforts are made to transform these materials into autonomous, reified entities.

Immortal Cell Lines

For the remainder of this article I will turn to the Human Genome Diversity Project (HGDP), conceived nine years ago. The involved scientists apparently had little inkling of the extent and vigor with which this project would be contested by indigenous peoples, who quickly recognized that they were to be made into the subjects of this endeavor. This ongoing dispute, a commodification contest about corporeal fetishism, provides an excellent example of the ambiguities, misunderstandings and politics involved in the alienation and procurement of body cells and tissues.

Nicholas Thomas has noted that 'the overt calculation of value and the matching of quantities are routine in some contexts and hideously inappropriate in others' (1991: 7). Perhaps some lessons can be learnt from a situation in which the calculation of value is starkly mismatched, but which represents merely a prelude of what is in store for the future. Now that genetic diversity is moving to center-stage in the world of genomics, disputes about ownership and rights in body cells and tissues are liable to become particularly aggravated.

The technology to create immortalized cell lines, without which the HGDP could never have been envisioned, was set in motion by the 1912 Nobel Prize winning eugenicist Alexis Carrel, after whom two of the litter of recently cloned piglets are named. Carrel spent most of the time between 1910 and 1935 working to perfect a technique known as tissue culture – a technique for growing living fragments of tissue outside the body of the organism. The ability to keep body parts such as chicken heart cells functioning *in vitro* permitted developments in

transplant technology on the one hand, and on the other led to a genealogy of technological practices culminating in cloning as we know it today. Carrel argued that, given the proper conditions, cells removed from the body and maintained in a regularly renewed culture medium could go on living and dividing and thus be made immortal through human intervention (Landecker, 1999). Today, many thousands of human cell lines are maintained in hundreds of laboratories around the world. Their source is patients, healthy research subjects and cadavers, and every one of us is a potential source of these 'biologicals' (a term coined in the early 1980s, Landecker, 1999: 204).

Practices that create cell lines 'make it increasingly difficult to say where the body is bounded in time, space, or form' (Landecker, 1999: 221). The most famous of these cell lines is known as HeLa, named after the African-American Henrietta Lacks, from whom the virulent cancer cells were first obtained. These cells have been cloned and stored in laboratories so that, in the words of Anne Enright, 'there is more of her [Henrietta Lacks] now, in terms of biomass, than there ever was when she was alive' (2000: 8).

Some cell lines are patented and others are not, with remarkably different consequences (Landecker, 1999). Those that are patented make it particularly difficult to separate out their use value in terms of the disparate goals of scientific inquiry, progress and profit, and sight is easily lost of the 'gifts' of donors without which no cell lines would exist. In order to procure a patent on a biological, it must be shown that, through the 'process of their production', the 'natural' object has been transformed into an 'invention' (Cambrosio and Keating, 1995). Although such cell lines constitute a human/non-human hybrid, a discontinuity between the human source and the biological invention must be established; in other words, reification of the cells as solely a technological creation is integral to patent claims.

Late last year the US patent and Trademark Office extended the boundaries of what can be patented to include single nucleotide polymorphisms (SNPs) – the smallest unit of genetic variability. SNPs are crucial to understanding genetic diversity. In August 1999 the US based CuraGen company announced that it had identified 120,000 human SNPs and a spokesperson stated that CuraGen is 'aggressive in making patent filings'. A rival company based in France, GenSet pointed out that it is 'essential to demonstrate progress to the market' (Hodgson, 1999). It is estimated that the profits for involved companies in mapping genetic diversity will be billions of dollars. Geneticists believe that valuable genes, those having the greatest utility, are most likely to be found among peoples who are geographically isolated, and consequently the Gene Giants have been accused by political activists of promoting a particularly pernicious form of neo-colonialism.

This is so because of the promise of the development of new 'designer' drugs as a product of bio-prospecting. Should such drugs ever materialize, use of them would almost certainly be limited to those individuals who participate in well-funded health care systems.

Accounting for Human Genetic Diversity

The HGDP represents an early and special case of a plan to investigate human genetic diversity. Advances in molecular genetics over the past two decades have made it theoretically possible to survey systematically variation in the human genome across the entire human population, and to store these samples as immortalized cell lines. A small group of human geneticists and molecular biologists made a proposal in 1991 to set such a project in motion, but this endeavor remains virtually unfunded and unrealized. Given that we are bombarded daily by information in the media about advances in connection with human genetics, this blockage appears remarkable, particularly when one of the claims made by the involved scientists was that the project will 'help to combat the widespread popular fear and ignorance of human genetics and will make a significant contribution to the elimination of racism' (HUGO, 1993).

One difficulty for the proposed diversity project is that from the outset it has been upstaged by the multi-billion Human Genome Project, which has been primarily concerned not with genetic difference but with genetic sameness. Only over the past two decades have geneticists discovered how remarkably similar to one another human beings are with respect to genes. Current claims are that, on average, any two people will be identical for about 99 percent of their DNA. This close similarity suggests to the majority of biological anthropologists that we are descended, somewhere between 150,000 and 200,000 years ago – very recently in evolutionary terms – from a common ancestor, or from a small population of 'founders'. It is this shared genetic heritage that the Human Genome Project is attempting to represent by mapping the human genome, an artifact destined to become a standardized codification for human life. However, as Richard Lewontin (1992: 35) warns, 'the human DNA sequence will be a mosaic of some hypothetical average person corresponding to no one'. We are all, in effect, deviations from this abstracted norm.

Despite the prodigious genetic similarities common to us all, substantial genetic diversity nevertheless exists between any two people (aside from identical twins), because of the number of genes (estimated at between 30,000 and 120,000, that very frequently exist in more than one form) and the amount of DNA material involved. Discussion about an evaluation of genetic difference inevitably

incites anxiety because, in the lived experience of so many people, assessment of biological difference, until now based almost exclusively on external morphological features, has been synonymous with discrimination and racism. The thought of genetics, with its history of misuse for eugenic ends, now being drawn on systematically to validate biological difference among named groups of people is a frightening prospect for many.

Biologists agree that geographic variation in gene frequency is almost all qualitative, or clinal – that is, discrete demarcations cannot be established on the basis of shared gene pools because they grade off into one another through space. Variation in blood types is a case in point. Mass migrations over hundreds of years have made demarcation among biological populations even more problematic. Furthermore, human variation is primarily ‘discordant’ rather than ‘concordant’ – in other words, external similarities between groups of people is no indication that the majority of other biological features are common to both groups. To assign someone to a ‘race’ based on skin color or specific anatomical features attributes primary importance to those features, and forces all other variation into the background. No discrete package of gene similarities has ever been described for any two of the so-called races, only relative frequencies of one trait or another. Nevertheless, biological diversity, as expressed in external morphological features, is so striking to the majority, so irrefutably ‘real’, that it has been the bedrock for naturalizing human difference for centuries in many parts of the world. Moreover, for over a hundred years, it has been capitalized upon to create the pseudo-scientific discourse of race, and to legitimize the racism inevitably associated with it (Lock, 1993).¹

Although the concept of race has a comparatively short history, the political uses to which it is put today mask a much older system of distinction based on a fundamental principle common to humankind everywhere, namely that of descent. Categorization by race (or ethnicity for that matter) is one special case of lineage making, in which culturally designated patterns of descent form structural principles for inclusion and exclusion that are used to regulate marriage and incest, residence rules, property rights, inheritance, access to political office, dispute settlements and revenge. Prior to the discovery of genetics, it was often the idea of shared ‘blood’ (but not always exclusively so) that provided the biological justification for lineage making. Blood, as well as language, religion, caste, and other forms of distinction, including phenotypic appearance, are the categories from which genealogies are created, and in turn made into the basis for economic exchange and solidarity or, alternatively, into irreconcilable divisions.

During the course of the 20th century, in those parts of the world infused with scientific knowledge, the symbolic power of blood has largely been subsumed by

a discourse on genetics. Many of the newly discovered genetic diseases and disorders came, early on, to be associated with categories of race and ethnicity that constituted an older discourse about lineage and genealogy (Duster, 1990). Rabinow has argued that this new form of biosociality could well reinsert a particularly insidious form of racism into everyday life (1996: 103).

Despite the fact that we know from research on population genetics that ‘race is only skin deep’ (Lewontin et al., 1984), the use of race as a scientific category persists in epidemiological, psychiatric and public health publications (Lock, 1993), and racism, it is painfully evident, remains pervasive. It was into this minefield that the HGDP naively stepped, in the misplaced assumption that the ‘facts’ of science would carry the day, supposedly when it was finally understood by the public that we all, genetically speaking, share many more similarities than differences.

Resistance from the Objects of Investigation

In his book *Marvelous Possessions*, Stephen Greenblatt (1991) explores the way in which, at the time of the ‘discovery’ of the Americas new and ‘wonderful’ knowledge about the natural world was garnered from native inhabitants, taken by force or in exchange for cloth, and spirited away to be stored in European libraries and archives for posterity. As his closing paragraph poignantly reminds readers, Greenblatt’s theme is not simply one of massive physical and intellectual exploitation. He describes a visit to the village church in Tlacoahuaya in the valley of Oaxaca. There he discovered, tucked away from view in a niche, a stone carving of the Mixtec god of death, gazing down from the ceiling into the face of the crucified Jesus, whose effigy was prominently displayed in the nave. Greenblatt comments that ‘the divinities have exchanged this sightless gaze, this perpetual circulation, for more than four hundred years’ – a memorial to the contradictory forces of resistance and assimilation at work when predatory Outsiders mix with the ‘primitive’ Other.

Circulation of ideas and knowledge has accelerated geometrically since the time of Cortes, and today the technology of electronic communication sets up unlikely juxtapositions between ‘tradition’ and ‘late modernity’. Native-L, a ‘First Peoples’ news net, has been humming over the past few years with commentary and letters of protest in response to the proposed HGDP. On 21 December 1993, Chief Leon Shenandoah and the Onondaga Council of Chiefs sent an e-mail communication to the National Science Foundation in Arlington, Virginia. They demanded to know why the Project had progressed to its fifth meeting (there had in fact been three official workshops by that time) ‘without

discussion or consent of the indigenous nations and peoples it affects'. The Chief and his Council found this situation 'unconscionable', one that 'violates the canons of anthropology and science'. This letter followed an account given a month earlier on the same network of the proposed \$23 million project in which up to 15,000 human 'specimens' would be collected, many from 'isolates of historic interest'. The key words in this communication had been taken directly from the language in HGDP documents. A concluding epithet: 'Didya ever notice how come there ain't no Injuns on STAR TREK?' completed the angry commentary.

This skirmish is a fine example of the way in which knowledge, which formerly might have remained contained within meeting rooms and in the publications and archives of government, academe and industry, today becomes quickly available for public debate and politicization due largely to global access to sophisticated communication technology. The native gaze, hypersensitive to exploitation (and no wonder), glowers back. The objects of investigation, the sources of the DNA were, it seems, unthinkingly conceptualized as specimens, as items from our uncivilized past, in the minds of the planners of the HGDP. However, politically astute representatives of the Iroquois and other Indian nations ensured that misplaced nostalgia about exotic others and unexamined racist notions about 'pre-moderns' did not pass undisputed.

The HGDP is a relatively small research project by today's standards, and even though it has been unable to obtain more than a tiny amount of funding, it nevertheless proceeds in an ad hoc way. The project as conceived in 1991 by two geneticists, Allan Wilson (since deceased) and Luca Cavalli-Sforza, is expressly designed to gain fresh insights into the origins and evolution of humankind, human migration, reproductive patterns, adaptation to various ecological niches, and also into the global distribution and spread of disease. The ultimate goal, pronounced at the first organizational meeting in 1992, is, quite simply, to find out 'who we are as a species and how we came to be' (Roberts, 1991) – the scale of this project, its range through time and space, exhibits remarkable hubris.

In order to undertake this ambitious task, the group printed a request in the journal *Genomics* asking for researchers world-wide to assist them by collecting DNA samples from hundreds of 'indigenous' populations with a view to creating a database for the benefit of the scientific community. At the first meeting it was agreed that for the Project proper, DNA samples would be collected from between 400 and 500 populations, in addition to European populations (to be handled separately). The plan, as originally proposed, was to take, as a minimum, blood samples from 25 individuals in named populations that would then be preserved as immortalized cell lines for future analysis (thus ensuring that there

would be no further need to return for more blood at a later date). The aim was also to collect as many extra blood samples as possible from each selected population. In addition, tissue scrapings would be taken from the inside of the cheek, and probably hair root samples would also be collected (Roberts, 1991).

For the 722 groups of people who, without consultation, found themselves in 1992 picked out from a preliminary selection of 7000 to qualify as 'genetic isolates', loud alarm bells started to sound. Their blood would be 'immortalized' and stored in facilities, mostly in America, to which it appeared anyone who so desired, for a small charge, could gain access for experimental purposes. Early HGDP publications indicated that 'highest priority' was to be given to groups defined as 'unique, historically vital populations that are in danger of dying out or being assimilated'. It should come as no surprise that this kind of language generated hostile responses, nor that the HGDP became known as the 'vampire project'. But the involved scientists were, it seems, taken by surprise. Among some representatives of the groups who found themselves targeted, the idea was quickly established that, although their blood was going to be immortalized, they themselves were to be allowed to continue on the road to extinction.

In 1993 the Rural Advancement Foundation International (RAFI), the Ottawa-based organization that had first alerted the World Council of Indigenous Peoples about the proposed HGDP, urged HGDP organizers to convene a meeting together with indigenous peoples to address ethical and scientific issues associated with the project. The purpose of the meeting would be to ensure that indigenous organizations would be involved at every stage of the planning and execution of the project, to grant them veto powers and to place the project under United Nations control (RAFI, 1993: 13). The question of who exactly comes under the rubric of 'indigenous' was never made clear; it was assumed that this was self-evident, a 'factual' category. These suggestions were ignored for several years, and at a conference held in Montréal in late 1996, one session of which was devoted to the HGDP, no representative of 'indigenous' peoples was asked to participate. This oversight by the organizers resulted in a public demonstration outside the hotel. The police were called in and, together with hotel management, they denied the demonstrators entry to the hotel, even to pay the required fees to attend the conference, and thus to 'exercise their democratic right to speak from the floor', as one conference organizer had suggested they might do.

Constructing Human Biological Populations

Not only is the question of representation of the people to be studied in the planning of the HGDP at issue, so too is its scientific merit. The HGDP, as first

conceived, committed a 'category fallacy', namely the imposition of one set of data on another set of a different kind: selecting human groups who identify themselves on the basis of a shared culture, and assuming that their genetic constitution is also shared, is to conflate time and space inappropriately.

What is more, analysis of gene pools tells us rather little about the history of relatively ephemeral socio-political groupings formed and disbanded throughout history. The San peoples of Southern Africa, for example, at the top of the so-called 'genetic isolate list', and therefore a pristine example of an uncontaminated population by HGDP standards, embrace three different language groups, suggesting relatively recent formation as a single group. Wilmsen has shown that the San became isolated only in the 19th century, and that their isolation is related directly to colonialism. Prior to that time they were fully integrated into complex local trading networks (Wilmsen, 1989; see also Guha, 1998 on tribal peoples in India).

The '*eta* of Japan' were also placed on the HGDP list. This word is exceedingly pejorative, and refers to one among several groups of people who were classified by law as outside the rigid class system of Tokugawa Japan (1603–1868). *Buraku* is the less inflammatory descriptor now used to refer to descendants of those individuals deliberately created as Other by the centralized, caste-conscious samurai hegemony of pre-modern Japan. Arguments persist in Japan about the 'origins' of *burakumin* (plural) but, as Fowler notes, the 'originary "trap" into which historians commonly fall . . . is that of appealing to history to explain the contemporary "*buraku* problem" rather than scrutinising the ideology that uses history as an excuse for discrimination' (2000: 15). Fowler quotes Hantaka who states, 'It was not, "In the beginning, there were *burakumin*," if anything, it was, "In the beginning, there was discrimination," and *burakumin* were its product' (1999: 57). Genetically *burakumin* are as much 'Japanese' as is anyone else who makes claims to Japanese ancestry, and singling them out had the potential to feed into the active discrimination that remains so persistent in Japan.

Many Indian nations of North America were placed on the HGDP list on the assumption that they too are genetically 'pure', even though there is no agreement as to how many separate migrations took place across the Bering Strait in prehistoric time. Linguistic studies of founder populations show enormous movement and extensive contact between groups once in the Americas. The image of isolated, exotic cultures, living close to nature, from which we moderns became separated as a result of migration, and then evolved into a 'higher' civilization, is one from an era shaped by Spencer's theory of social evolution. We have been very slow, anthropologists included, to recognize that the 'people without history' as Eric Wolf has ironically named 'isolated' cultural

groups (1982), are not frozen in time, artifacts from the past, in terms of either culture or biology.

It is highly misleading to suggest that we are able to reconstruct the migratory history of a specific group of people, although HGDP organizers continue to indicate that they can do just this. The contested politics of boundary-making looms large here. The experience of the Yuchi who reside in Oklahoma, and who were the first indigenous peoples in North America to be directly contacted by a member of the HGDP about project participation, provides clear evidence of the contradictions evinced by this project. At the time they were approached by the scientists, the Yuchi had recently been denied their request made to the Bureau of Indian Affairs to be recognized as an independent political entity. Their hope was that this would assist them in the preservation of their language and culture, and give them some autonomous administrative power. When presenting his case, the HGDP representative explained to the Yuchi that they are 'a unique Indian tribe', and that for this reason their DNA should be preserved for posterity, an irony that was not lost on the Yuchi as they turned away the scientist in no uncertain terms (Grounds, 1996).

Presentations at a 1999 conference in Montana entitled 'Genetic Research and Native Peoples: Colonialism through Biopiracy' indicated that local accounts of genealogies continue to be honored by many, perhaps the majority of native peoples. A major concern is that land settlement claims and other political issues currently being heard in Washington and Ottawa might be thrown out as invalid should culturally defined groups be found not to be genetically 'pure'. Such fears are no doubt entirely justified. In an era where a discourse of genetic determinism is rapidly gaining the upper hand, it would be a travesty of justice if political disputes were swayed by arguments based on biology rather than on the history of the Americas of the past 500 years. It is on the basis of the lived experiences of self-defined groups of people sharing a cultural and linguistic heritage that restitution for abuse and continuing discrimination should be settled. As with *burakumin* in Japan, a search for genetic 'purity' among North American Indian populations has the potential to cause untold damage to the long overdue piecemeal moves being made towards reparation.

No simple oppositions can be made between the knowledge and practices of the more than 5000 groups of people currently recognized as indigenous and those inhabiting the so-called developed world. We live in an era of heterogeneity and of global exchange. Nevertheless, it is clear that in those parts of the world where the collection and commodification of local knowledge, plant and animal materials, by agri-business, pharmaceutical companies and other interested parties, has become common, concern about research into human genetic

diversity is most apparent (Dukepo, in press). Most of these same localities were, of course, formerly subject to colonization and decimation. History is repeating itself on a scale previously unimaginable, and hammering out bargains about some share of the possible profit for local peoples may well result in the creation of new dependencies in the globalized economy of today, although a case can be made that people should be left to negotiate any kind of settlement they see fit.

Ethics and Gene Prospecting

In an effort to respond to its numerous critics, the North American Regional Committee of the HGDP published a proposed Model Ethical Protocol (North American Committee, 1997) designed to place at least the American part of the project on an 'ethical' footing. One of the points made in this document is that if any financial reward accrues from the specific analyses instigated by the HGDP, then a mechanism should be in place whereby individuals or populations who donate blood receive fair monetary compensation. The protocol goes on to state that before samples are taken, express permission must first be obtained both from involved communities and individuals. Community and individual permission would also be required before applications could be made for patenting or the marketing of products, and it was recommended that a respected international body such as UNESCO should be made use of as a trustee and overseer of negotiations. It was further suggested that project participants should have the right to ask for their samples to be withdrawn and have them destroyed at a later date. None of these suggestions could be made to apply, of course, to multinationals and privately sponsored gene prospecting.

While it is claimed that the welfare and interests of people targeted by the Project is of importance to HGDP planners, as noted above, prior to 1997 no representatives of groups singled out by the planners had been consulted. It has been argued in publications by HGDP supporters that assistance may be given with the training of 'local staff', and in developing research centers to aid in the collection of blood. This is described as an opportunity for local people to become actively involved in the project, and to promote their own 'development', but serious concern has been expressed by various communities that such initiatives may simply divert finances away from the implementation of urgently needed public health projects (Baumann et al., 1996).

HGDP planners have also asserted that this project will provide information on the genetic patterning of disease susceptibility. However, the project design makes no provision for this, because there are no plans to collect information about the local environment, phenotypic data, individual life histories, nutritional

practices or disease histories, to match with the DNA samples, all essential information before disease susceptibility can be researched. There is a significant danger that participants will be misled into believing that cures for diseases are imminent if the project moves ahead, when in fact research into therapeutics has never been among its objectives. It was also suggested by the planners that health care would be administered to people at the time when blood is drawn. This too is highly misleading, since nothing of this kind could be done responsibly with little or no knowledge of local disease nosologies and without systematic follow-up.

Further confusion arises because blood has often been given freely in the past by isolated groups of people when health care has actually been the primary objective. On occasion, however, this blood has been sent at a later date to the National Institute of Health (NIH) for genetic analysis without consent, as appears to have been the case with the Hagahai samples. Consent was sought retroactively (Ibeji and Gane, 1996).

Although requiring both individual and community consent is innovative, Juengst has argued that 'group consent' does not eliminate the risk of genetic discrimination that may well result from DNA testing (1998). Nor does the Model Ethical Protocol provide much reassurance that, even if followed, individuals will indeed be 'fully' aware of the potential limitations and implications of the project.

The Politics of Human Difference

In effect, the HGDP conceptualizes 'exotic' bodies as a scarce resource, the essence of which can be extracted, to transcend time and space, and join the ceaseless circulation of commodities integral to late modernity. Concerns of individuals from whom the cells are to be taken are primarily about a continued indifference on the part of the dominant world order to their condition. The political activist Aroha Te Pareake Mead, Foreign Policy Convenor and Deputy Convenor of the Maori Congress in Aotearoa, has responded to this indifference with insightful barbs. She says that all human genetic research must be viewed in the context of colonial imperialistic history:

Human genes are being treated by science in the same way that indigenous 'artifacts' were gathered by museums; collected, stored, immortalized, reproduced, engineered – all for the sake of humanity and public education, or so we were asked to believe. (1996: 46)

Mead insists that a gene and combinations of genes are not the sole property of individuals, [t]hey are part of the heritage of families, communities, clans, tribes,

and entire indigenous nations' (1996: 48); she adds that the survival of marginalized cultures will not come about through gene banks, but through an observance of fundamental human rights. As far as Mead is concerned, patenting is not a tool of humanitarian research. She claims, moreover, that talk of ethics is simply deception; 'informed' consent among peoples such as the largely non-literate Hagahai was probably obtained originally through sign language Mead argues. She insists that the burden of proof should be on HGDP planners and other researchers to demonstrate how their project will benefit communities. She notes that the HGDP assumes that knowledge is 'by nature' empowering to all, but her blunt response is that this is not so. She adds that the issue for her is not one of 'antiscience', but rather that 'most indigenous peoples of her acquaintance' do not consider the HGDP to be 'good' or 'sustainable' science. It is questionable, of course, who exactly Mead represents when making these assertions. Cavalier claims on behalf of 'indigenous' peoples are increasingly common these days, and autocracy is not limited to descendants of former colonists.

In commenting on some of the difficulties posed by the HGDP, Haraway notes that the majority of targeted peoples clearly do not consider themselves as a 'biodiversity resource'. The problem is one of 'what may count as modern knowledge and who will count as producers of that knowledge' (1997: 249). Commodification of body tissues is contested, and the potential for the accumulation of scientific knowledge from the creation of immortalized cell lines, together with the enormous profit incentive associated with it, is weighed against inalienable possessions. Body cells and tissues represent history, genealogy and even the survival or demise of entire groups of people. But disentangling who speaks for whom, who represents what interests and what value blood samples have to the involved parties is like walking in a hall of distorting mirrors.

Collegial Evaluation

In 1996, at the request of the National Science Foundation and the National Institutes of Health for the Research Council of the USA, a 17-person Committee on Human Diversity was formed under the umbrella of the Research Council. The function of the committee was to:

... assess the scientific value, technical aspects, and organizational requirements of a systematic worldwide survey of human genetic variability and the ethical, legal, and social issues that would be raised by it before the commitment of substantial funds to any survey. (National Research Council, 1997)

The preface of the final report notes that:

... the precise nature of the proposed survey [as set out by Cavalli-Sforza and colleagues] is more elusive than the committee had envisioned; different participants in the formulation of the consensus document had quite different perceptions of the intent of the project and even of its organizational structure ... the committee found that there was no sharply defined proposal that it could evaluate; as a result it chose to look at the issues posed by such a global survey of human genetic variation more broadly. (NAC, 1997: viii)

The overall conclusion of the committee was that a global assessment of human genetic variability has substantial scientific merit and warrants support 'largely because of the insight that the data collected could provide into the origin and evolution of the human species' (1997: 2). The committee nevertheless foresees numerous ethical, legal and human-rights challenges in the prosecution of the project, challenges that cannot be overcome as easily as the technical, scientific and organizational challenges that they also highlight.

Prior to its four meetings, the committee let it be known that it would listen to presentations from those members of the scientific community and the public who wished to make statements. Information was disseminated on the Native-L listserve, among other places. The committee paid attention to numerous written communications it received, and to the responses to a questionnaire circulated prior to the hearings, as well as to the 57 people who appeared before them, including the geneticist Luca Cavalli-Sforza, the anthropologist Clifford Geertz and the Maori leader cited above, Aroha Te Pareake Mead.

In trying to make recommendations, the committee found itself frustrated by the absence of information on what repositories of DNA materials are in existence, and are already subject to scientific investigation. It became evident that a long-standing concern of RAFI seems more than justified, namely the secreting away of DNA material, usually in the hope of profiting from its transformation into pharmaceutical materials. As of 1995, 148 commercial or academic tissue depositories existed in the USA, and 75 in Canada. A survey of the Canadian facilities found that fewer than a third of workers handling human tissue samples were aware of any institutional policies related to the management and distribution of samples (RAFI Communique, 1997).

Despite these loopholes, the National Research Council-sponsored committee recommended that funding, if secured, should go initially to that part of the HGDP that would originate in the USA. They reached this decision in the belief that the North American Committee of the HGDP had already grappled with many of the ethical issues, and that this experience should be used as a model for research designed in other parts of the world. The committee also recommended that existing DNA repositories be identified, but they did not spell out how they might be regulated. Suggestions about storage, management and patenting issues

in connection with the HGDP were, however, considered in detail (NRC, 1997: 44–9). The British journal *Nature*, no doubt reading into the committee recommendations an exclusionary approach towards research facilities outside America – a we-are-more-ethical-than-thou attitude – interpreted the committee report as negative in its findings (MacIlwain, 1997). *Science*, on the other hand, proclaimed that the HGDP had received a green light, even though it remains financially unsupported (Pennisi, 1997).

Recently, the HGDP has received a small amount of funding from the MacArthur Foundation expressly to improve communication with individuals who might participate in the research. One or two such meetings have taken place, but at the recent conference in Montana organized by the Kootenay devoted to genetic diversity, not a single representative of the HGDP was present, even though an invitation was sent to several of them. Meanwhile, the NIH, although unwilling to fund the HGDP, itself unveiled a \$60 million project to examine human genetic diversity. The Environmental Genome Project (EGP), as it is known, is already in its first phase. The stated objective of this research is to uncover the relationship between genetic susceptibility to disease and environmental factors, with the goal of developing ‘intervention strategies’ that will prevent disease. This project will focus on 200 genes making use of ethnically mixed, anonymous samples. Despite political sensitivities about researching genetic difference, this is a subject whose time has come, and it is no longer simply ‘exotic’ peoples who are the targets of these projects. Icelanders, Newfoundlanders, Québeckers and others are already deeply involved, for they too supposedly carry genes of potential value to pharmaceutical companies as a result of their purported isolated, ‘inbred’ histories (*Globe and Mail*, 1998; Specter, 1999).

How can regulation be monitored and enforced, and at whose expense, particularly when so much research is initiated by the private sector? Who ‘owns’ genetic material? Individuals? Communities or tribal groups? Corporate organizations? Or humankind? Representatives of indigenous groups for the most part exhibit a preference for group ownership (Shelton, 1998), whereas US property law upholds individual ownership provided that body parts are not separated from the body in question. Other people argue that DNA cannot belong to anyone, or, alternatively, that it belongs to us all, and yet others claim that ownership through patenting of body tissues and cells is essential if scientific research is to remain competitive (see, for example, Eisenberg, 1992). Contracts drawn up in connection with genetic research focus on entitlement, patenting, access, distribution and uses to which genetic material may be put. In hammering out the terms of agreement of such contracts, radically different ontological perspectives about the human body, and the uses to which body parts may be put, can readily be discerned.

Above all, it is questions of stigmatization, discrimination and eugenics associated with investigations into genetic diversity that are the greatest source of anxiety. In North America it seems highly unlikely that targeted groups will voluntarily cooperate with such research unless individual and group identity is rigorously protected. Further, it must be made absolutely certain that ongoing legal negotiations with governments, most of them in connection with land claims, will in no way be jeopardized. The idea that humankind migrated out of Africa many thousands of years ago is anathema to many indigenous peoples of the Americas. This narrative is in conflict with local accounts of events since ‘time immemorial’ and any dislodging of the idea of ‘distinct’ peoples will, it is feared, be used as a lever to reject land settlement claims.

Responses by Native Americans, most of them angry, to descriptions of Kennewick Man, make it clear just how political this issue is (Marks, 1998). This skeleton, dating from more than 9000 years ago, was found near the Columbia River in the state of Washington. It was described as having Caucasoid features which, in the terminology of physical anthropologists, refers to a specific characteristic cluster of biological attributes. Use of this term is not limited to Caucasians, and Kennewick Man is not the first skeleton of this type found in North America (Preston, 1997). On the basis of forensics, most physical anthropologists argue that Kennewick Man closely resembles the Ainu, the aboriginal inhabitants of Japan. Local Indian bands have demanded that this very complete skeleton, of enormous potential worth to scientists, be ‘repatriated’ for burial, as has already happened to two other recently uncovered skeletons, one of which is over 10,000 years old. The Army Corps of Engineers, responsible for the stretch of land where Kennewick Man was found, has not thus far cooperated with either the scientists or the Indians. Most disturbing is that local tabloids and radio talk shows refer to Kennewick Man as a ‘white man’, and have suggested that his discovery ‘changes everything with respect to the rights of Native Americans’ (Preston, 1997: 81).

While incidents such as these take place, projects focusing on genetic diversity and human origins will be rejected by Native American communities. Increments to scientific knowledge, specifically that related to human evolution and human migration patterns, can make no claim, it seems, to benefit anyone directly and, further, threaten local wisdom. We are on treacherous ground here, sparring over competing creation stories. But, without research into human evolution and archeology over the past 100 years, 19th-century theories of social evolution that legitimated racist and sexist ideologies might still prevail as dominant scientific discourse. Surely benefit should be construed at times as something broader than individual, or even community gain?

Given this situation, only those projects designed to investigate disease causation and that promise therapeutic innovations are likely to be acceptable to most people (although no such benefits can be assured, far from it, and had a vaccine been derived from the Hagahai cell line they would not have benefited, as they already have immunity to the leukemia-causing virus that resides in their bodies).

With the incremental procurement, commodification and world-wide circulation of human DNA, tissue and body parts, this new form of biopolitics is here to stay. The HGDP may well never get off the ground, but research initiated by the NIH and the private sector is moving ahead rapidly. The HGDP was designed solely to create scientific knowledge and profit was not at issue. Even so, the naivete and dissembling exhibited by the involved scientists does not bode well. In contrast to the HGDP, the activities of the Gene Giants are rarely exposed to public scrutiny. Patenting actually promotes secrecy. Thus far neither the UN Human Rights Commission, the WHO nor UNESCO's bioethical committee have taken official positions on human DNA collection. Disputes about the ownership of human biologicals are part of a broader set of dilemmas urgently posed by the practices of biocapitalism. If this behemoth cannot be made to respond to the concerns of the people whom they target, then, aside from corporate profit and perhaps some new drugs on the market, it is probable that humankind may not benefit much at all from gene prospecting. On the contrary, affiliation across diverse groups, so urgently needed in this global era, may be irrevocably damaged.

Note

1. See Thompson (1989) for a review of concepts of race; Geertz (1973), Hobsbawm (1992) and Taylor (1992) for accounts of ethnicity and nationalism; and Lock (1993) for a distinction between race and ethnicity.

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The Immigrating Body and the Body Politic: The 'Yemenite Children Affair' and Body Commodification in Israel

MEIRA WEISS

My subject is the 'Yemenite Children Affair', currently a burning political issue in Israel. Yemenite Jews were among the many Jewish immigrants from Arab countries who were flown to Israel after its establishment in 1948. In the last decade, there have been many complaints regarding the disappearance of Yemenite children (currently estimated at around 1000) from hospitals that cared for patients from the transit camps where the new immigrants were kept. As a result of these complaints, a governmental investigation committee was established in 1995. The committee accepted the Yemenites' petition that skeletons allegedly belonging to missing Yemenite children should be exhumed, and their DNA matched with those Yemenites who claim they have lost their children. I analyze the 'Yemenite Children Affair' as a drama of commodification in two acts. The first 'act' consists of the medicalization of new immigrants by the state of Israel in the 1950s. The case of the Yemenite children should be considered within that framework of medicalization and nation-building. I focus on accusations made today in regard to the kidnapping of Yemenite children for adoption and medical experimentation as a particular indication of commodification. The second 'act' consists of the current, ongoing involvement of biomedical technologies in verifying the lineage status of exhumed remains as well as of second-generation Yemenites. These new technologies permit the manufacture and preservation of 'identities', transforming human beings into objects that become potentially alienable.

Commodification, the Body and the Nation-State

The shift from the personal, wholly made product to the engineered, impersonal commodity was the basis for much of Marx's criticism of capitalism as 'commodity fetishism'. The Marxist approach to commodification views it as largely synonymous with capitalist processes of alienation (see Miklitch, 1996). Other approaches, more anthropological in nature, have assumed a different viewpoint, more descriptive and less critical in nature. This difference has possibly stemmed from the anthropological contention that commodities exist in all societies, including pre-industrial (hence pre-capitalist) ones. Tournaments of consumption and 'commodity fetishism', such as the famous potlatch, have been interpreted by anthropologists as functional in terms of group solidarity.

Appadurai's (1986: 9) definition of the commodity as 'any thing intended for exchange' could be used as a starting point for many anthropological studies of commodification. Following Baudrillard (1981), Appadurai suggested that demand and consumption be treated as an aspect of the overall political economy of societies. The exchange of commodities is therefore, from an anthropological viewpoint, never 'just' an emanation of individual needs, but a function of a variety of social practices and classifications (cf. Bourdieu, 1984).

The commodification of the body and of body parts has been described in various contexts, notably the organs trade (Lock, 1995; Schepers-Hughes, 2000; Sharp, 1995), surrogate motherhood, human experimentation (McNeill, 1993; Kaufman, 1997) and DNA patenting (van Dijck, 1998). These different studies share a growing anthropological concern with biotechnologies that permit parts of the body to be reconceptualized as independent and potentially alienable parts. While biomedicine attempts to 'purify' and decontextualize these body parts, the above-mentioned studies show that such commodities cannot be understood as independent of the moral and social order.

Very often, commodified body parts created by new biotechnologies exist in a hybrid zone between nature and culture. Many theorists, particularly Donna Haraway (1993, 1995), have told us that the new biomedical technologies can take us 'beyond modernity' and into the postmodern reality of cyborgs and hybrids. Their argument, in a nutshell, was that new medical technologies bring acutely to the fore the fact that bodies can no longer be thought of as belonging unequivocally to an ontological given and separate realm called nature, and that the body's boundaries are thoroughly contingent (see also van der Ploeg, 1998). Biomedical technologies can generate both new definitions of personhood and larger margins for liminality. Often presented as objective and neutral by the medical community, the meaning-in-use of such biotechnologies also brings the social, the

ethnic and the political back in. Perhaps, as the following study shows, it is ultimately not genetic testing that identifies us, but social interests that provide an impetus and a text for our identity/ies.

Historical Background

Body regulation and commodification are examined here in a specific historical and national context, that of the 1950s in Israel – the heyday of nation-building and of what I term 'the culture of the chosen body' (Weiss, 2001). My point of departure for the analysis is that Israeli society has been regulating bodies as part of an ongoing construction of its collective identity. Israel's continuing involvement in an armed conflict with its Arab neighbors has created a society deeply concerned with territorial borders as well as body boundaries. Since the early days of nation-building, the Israeli body has been regulated to form a 'new person'. Before the inception of the state of Israel (1948), this 'new person' was predominantly embodied in the trope of the 'pioneer' (*halutz*): secular, strong, masculine, healthy and physically perfect. Immigrants were required to 'forget' their former language, traditions and culture in order to become part of the so-called 'gathering of the exiles' or 'fusion reactor' (*kur habituch*).

Despite the espoused Zionist ideology of egalitarianism, ethnic-based status stratification was maintained from the early days of nation-building, and strengthened in the absorption of the mass immigration from Northern Africa by the Ashkenazi establishment during the 1950s. The conventional sociological thesis attributes the dominant status of the *Ashkenazim* (European Jews) over the *Mizrachim* (Middle Eastern and North African Jews) to the earlier arrival of the former in Palestine. The Yemenites, according to this thesis, were absorbed through assimilation to the dominant, established group – the *Ashkenazim*. However, historical evidence suggests that Ashkenazi dominance was not merely the result of early arrival. Interestingly, this evidence also concerns Yemenite immigration. According to Shafir (1990), an early wave of Yemenite Jews, who arrived in Palestine in the late 19th century simultaneously with the (Ashkenazi) founding fathers of Zionism, remained in a subservient social position. This was their fate in post-1948 Israel as well.

'On Eagles' Wings' was the name given to the mass airlift operation that brought some 50,000 Yemenite Jews to Israel between 1949 and 1950.¹ Of these, 36,000 came in 1949. Dark-skinned, exotic and very religious, the Yemenites were quite different from the white, anti-religious, local Sabras (native-born Israelis). The Yemenites were much more recognizably Jewish, with their

sidecurls, beards, prayer shawls and Torah scrolls. There had never been another wave of immigration to Israel so overwhelmingly and so strictly religious. The Yemenites' first homes in Israel were eight enormous tent cities, designated as transit camps (*ma'abarot*). In the ethnic stereotypes of the 1950s and later, Yemenite immigrants were classified as the nicest and sweetest-natured. The Yemenite Jews were viewed as innocent, trusting people who saw the state of Israel as the Promised Land of the Torah. Israeli officials described them as totally bewildered and intimidated by the bureaucracy and relative modernity of Israel, 'coming as they did from a land and way of life that was centuries behind the times'. Hygiene in the camps was poor, there was lack of food and diseases such as malaria were abundant. Masses of Yemenite babies and children were taken for medical treatment.²

The Zionist ethos acknowledged the hardships of the immigrants but justified them as the necessary price of absorption. The vast numbers of immigrants (Israel doubled its entire population in these years of mass immigration) continued to pour into the poorly prepared transit camps since their transfer was regarded as a 'rescue mission'. Haim Sadok, then the head of the Jewish Agency's Department for Oriental Immigrants, whose own family had come to Jerusalem from Yemen when he was 15 and who was an immigration emissary in Yemen in the mid-1940s, described the transit camp in the following words:

Nearly all of the thousands of immigrants at Pardessia [one of the transit camps] had malaria and each night at least a dozen died. Year-old tots looked like newborns. Many mothers, themselves ill, were apathetic about the babies and others staunchly refused modern medicine. Babies had to be sent to hospitals throughout the country. There were tens of thousands of people in the camps and children often had several first names. When taken to the infirmary, the babies were emaciated and their heads shaved. Once fatter, with hair and well-dressed, the parents often failed to recognize them. Children were sent from hospital to hospital and it was hard to keep track of them in the general confusion that reigned. In 1949, 250 nurses cared for over 7,000 very ill Yemenite babies. In such conditions it would be amazing if there weren't lost babies. (interview in *The Jerusalem Post* 28 June 1991: 9)

To illustrate the state in which the immigrants arrived, Sadok recites, in the same interview, from a 1949 entry in premier David Ben-Gurion's diary: 'The Yemenite children are dying like flies. We must save them. Even here in Israel their mortality rate is high, but there is more efficient and reliable treatment.' Ben-Gurion described a visit to a Yemenite children's ward in the then military hospital at Tel Hashomer as 'one of the most horrid pictures I have seen. . . . Children and babies lay there more resembling skeletons than living humans.' A horrible situation developed in which children were taken for treatment and a few days afterwards their parents received notice that their child had passed away. In most cases, Yemenite parents whose children vanished accepted the loss fatalistically.

But today, activists in the Yemenite community say that hundreds of these babies were actually kidnapped and adopted by Ashkenazi families, many in the USA. Official documents (such as voting cards and conscription requests) mailed to the families after the alleged 'death' of the vanished child, led them to believe that the missing child was alive.

Before turning to the ethnography, a note on methodology is due. This study is based on interviews, observations and textual analyses, which were carried out between 1996 and 1999. I have interviewed 20 family relatives whose children were allegedly abducted in the Yemenite Children Affair. I approached these people at the National Institute of Forensic Medicine, where they arrived for blood drawing and DNA testing. I observed the ten exhumations that followed (each one taking up an entire day) and conducted further interviews with the Institute's staff. Additional key informants in the Yemenite group who were interviewed separately included Tzila Levin (three hours of face-to-face interview and an additional 12 hours on the phone), Ora Shifris (10 hours of interviewing), Rami Tsubeiri (a Yemenite attorney representing the families in the Yemenite Children Affair, 20 hours of interviewing) and four followers of Rabbi Uzi Meshulam who asked to remain anonymous (eight hours of interviewing). All interviews were conducted in Hebrew and were taped.

Textual analysis for this study focused on some 61 hours of protocols of testimonies given before the official commission of inquiry set up by the Israeli government in 1995 to look into the disappearance of Yemenite children. Additional texts included official records and documents pertaining to medical treatment of Yemenite immigrants in the transit camps and official letters sent to families regarding their missing child. These texts were part of the material presented before the committees and before the Israeli Court of Justice.

The Yemenite Children Affair, Act I: The 1950s

In personal interviews, Yemenite parents tell the stories of their children's birth, life and disappearance primarily through the body. In the transit camp – separated from their small children who were placed in the children's house – many parents experienced the absence of their children somatically. Children were often taken for medical examination. Many parents, who did not know Hebrew well and lacked medical education, could not understand the reason behind their children's absence. One mother recounted how, when the nurse in the children's house informed her that her child died at the hospital, the mother's body responded adversely, signaling to her that her child was alive. As their children were taken to the children's house and birth relocated from the home to the hospital, the

traditional and 'taken-for-granted' claim of the Yemenite parents over their children was usurped by the medical profession.

The attitude of the new Zionist state toward the Yemenite immigrants was very similar to that of the colonial missionaries and medical troops that had set out to 'civilize' the 'primitives'. Jean Comaroff (Comaroff and Comaroff, 1992, 1997), in her study of medicine and colonialism in South Africa, describes how the black body, for the colonials, became increasingly associated with degradation, disease and contagion as the colonial empire grew. The growing discourse on public health that arose with the development of biomedicine led to great concern over the hygiene of the colonized population. Moreover, the increasing need for black bodies to create a local workforce for white industry led the colonials to turn to medicine to regulate and tame the locals' 'savage' bodies.

The image of the native became that of the infested, 'greasy' body, suggesting that the 'porous, dirty and damp body surface' of the black native 'gave off' contagion and odor to those with whom it came into contact. This image contrasted with the 'clean, comfortable and well dressed' colonialist. Comaroff (Comaroff and Comaroff, 1992: 317) even cites one colonial doctor's recorded opinion that certain medical conditions 'seemed to decline among the Tswana with the adoption of European dress'.

Through the testimony of Tsviah Cohen – a nurse of Yemenite extraction herself – we can see the extent of the power of the state. It benefited the children's health, she explained, to be distanced from their unclean, disease-prone parents:

All mothers want their children near, but I explained to them that they needn't worry, that it's for their own good. We couldn't let the parents in the children's house any time, because hygiene had to be kept. Because of the conditions in the camp.

Upon entering the children's house, the Yemenite babies were sterilized, as another nurse testified: 'They bathed the children in hot water, to clean them.' By controlling the frequency and length of the mothers' visits and feedings of their children, the body politic was able to prevent the mother from reclaiming her child. All bodily connection between mother and child was supervised and timed. The secretary of the Atlit immigrant camp, appearing before the Cohen commission for investigation,³ explained:

The pressure of immigrants coming in day and night didn't allow us to always run the camp with proper order. We announced the deaths of children by loudspeaker. But only their first names: their family names were confusing to the staff. (*The Jerusalem Report* 3 March 1996)⁴

As Tsviah Cohen recalls: 'Mothers were invited to feed for one hour. Then they would be taken out.' Breast-feeding was considered replaceable by artificial feeding tubes. The nurses were instructed to 'administer medicine X at 6 a.m. and

a shot at 4, and ten minutes of hugging at 10. . . . It was written down as an instruction.'

Once transferred from the children's house to the hospital, parents were completely prevented from maintaining any physical contact with their child. One of the nurses testified that she recalled no parents ever being admitted into her ward during the years she worked there: 'They kept the parents out. Every day there was a problem with these parents. They came to the hospital, knocking on the doors. . . . We had to call security. Fight power with power.' Saida Seri, one of the Yemenite mothers who lost a child, felt that she herself had not given the child over with her own hands, and thus it was kidnapped. Another nurse in the camp, Ruth Gordon, described many instances in which doctors' messages about hospitalizing a child – called 'receipts' or 'proofs of purchase' in the bureaucratic medical jargon of the time – were posted to parents but were not answered by them.

Yizchak Boosi, a former ambulance driver, routinely transferred Yemenite children in the middle of the night from the transit camp to a city hospital. The children wore no name-tags (Halevi, 1996). Nameless, the children became blank slates, objects to be passed back and forth and handled like things, not people. Once tagged and filed at the hospital, the child becomes another item on the shelf. This process is evident in the testimony of one of the nurses who worked at the city hospital:

The names, this was a problem. The Yemenite children arrived with names that were foreign to us, such as Yichya Said. Later we found out that the first name was the child's, and the second was the father's first name. . . . Many times children and their father had the same name. We had to correct the situation right away. We put the room number and bed number on the children's record and used this data because it was more reliable.

The Yemenites today do not accuse the state of being responsible for the high mortality in the transit camps. They seem to accept the difficult situation in the transit camps of the 1950s as part of the general economic difficulties experienced by the new state of Israel. Instead, there are two major accusations made against the state and its officials: kidnapping and human experimentation. In the words of Yigal Yosef, mayor of the Yemenite town Rosh Ha'ayin, who appeared before the Committee:

The Yemenite mothers were perceived by the State as 'baby machines', commodity suppliers for the state that one less child would not matter to. The thinking of the time was that these Yemenites have so many children and there are childless Holocaust survivors. So what's the harm in taking a few?

Yosef's accusation was echoed in many of the interviews I conducted with

Yemenite parents. In the interviews, the Yemenites have accused the Israeli authorities of selling their healthy Yemenite babies abroad (in the USA) for money to buy military weapons. Many of the Yemenite mothers shared with me personal memories that substantiated Yosef's accusations. For example, I heard many stories about gynecologists who told the mother that although her baby had died she did not need to worry because she was young and could have many more babies. A Yemenite mother told me that the nurse at the hospital told her that her child had been given to 'needier' couples:

I asked 'where is my baby, I want to breast feed', and the nurse told me: 'you have other children at home?', I said 'so what if I have others at home?' And she said 'there are people who have no children, no one to call them daddy or mommy'. 'But where is my baby?', I screamed. The nurse said, 'she's dead'.

The Yemenites were not the only ones to accuse the state of allowing and encouraging the kidnapping of healthy Yemenite children. Appearing before the committee, several Israelis who worked at the transit camps gave detailed testimonies that support these accusations. Rosa Oushinsky was employed from 1949 as a nurse in a transit camp. According to her testimony:⁵

... We would take healthy Yemenite babies in the ambulance to the city hospital, and then return to the transit camp without them. These were perfectly healthy babies. I couldn't believe it, even today I get goosebumps when thinking about it. When the parents came for the babies, they were told that the babies had died. But these were healthy babies! I took them, do you understand what happened? It's not true that they died, they were given for adoption, mostly in the USA.⁶

The second accusation regarded human experimentation. According to Yemenite activists, physicians who treated Yemenite babies at hospitals in the 1950s used these babies for experimentation. Such allegations are difficult to substantiate. A screening of the medical literature of the time suggests that the medical establishment viewed Yemenite immigrants as a possible source of contaminating diseases. One research reported on several cases of syphilis among Yemenite immigrants (particularly children) and warned that 'the affected population lives in unsanitary, overcrowded conditions'.⁷ Yemenite babies could have been subjected to experimentation because of their 'exotic appeal' to physicians, the epidemiological risk associated with them, and the lack of parental or state protection. Another medical report⁸ describes, for example, experiments conducted over the period 1956–66 on the coronary arterial intima in Yemenite Jews, in which coronary arteries of about 60 Yemenite babies and children were taken at autopsy and examined.

Act II: 1996–2001, Genetic Identification

Commodification and alienation give rise to subversion and resistance. In this section I describe how Yemenite parents and their grown-up children (the 'second generation') have tried to bring about a re-opening of and, hopefully, a closure to the 'Yemenite Children Affair' of the 1950s. The recent upsurge of interest in the affair was fueled by what Yemenite community representatives saw as a means to ascertain their claims once and for all, namely genetic testing. 'Genetic profiles should be made of the skeletons which allegedly belong to the missing Yemenite children, so that their true identities can be determined' – this was the bottom line in a recent petition submitted by Yemenite representatives to the High Court of Justice in Israel. The petitioners suggested that a good way of settling the identity problem would be to make genetic profiles of all the parents who claim they lost children, of anyone in the proper age range who believes they might have been an adopted Yemenite, and of the skeletons which allegedly belong to dead Yemenite children. These profiles could then be compared.

A state-appointed commission rejected the idea on budgetary grounds, so the Yemenite group petitioned the High Court again. The petition said the necessary tests would cost about NIS300 per person (less than \$100; see the report on the petition in *The Jerusalem Post* 6 February 1996: 3). The petition declared that 'only genetic tests will give the Yemenites enough confidence in the commission to enable it to fulfill its mandate of healing this open wound'. Throughout these deliberations the medical authorities remained largely unheard. Genetic testing became the new buzzword, yet its practitioners remained in the shadows. Professor Yehuda Hiss (Head of the Institute) confidentially informed the government that the actual cost of establishing a reliable genetic profile would be much higher – about \$1500 per person.

The Story of Tzila Levine

An adopted child, Tzila Levine grew up in a kibbutz in Israel with no information as to who her real parents were. In her early 20s she married a volunteer from the USA, and left Israel with him. The death of her adoptive father triggered her interest in her roots, and she asked that her adoption file be sent to her. She had come to Israel in order to take care of things personally, and visited the Northern welfare branch where her file was supposedly kept. 'Immediately as the welfare worker saw me, she said that my file could not be retrieved' (Tzila Levine, personal communication). She realized the reason for this sudden rejection only a few years later: 'When we spoke over the telephone, they did not know my origin. . . . Upon

seeing me, the worker must have realized that I was of Yemenite extraction' (personal communication). In 1996, Tzila Levine heard about the Yemenite Children Affair for the first time. She contacted the Zionist-Yemenite Federation in New York, where she was referred to a Yemenite-Israeli lawyer, Rami Tsuberi, who – the Federation Chairman said – would help her free of charge. Mr Tsuberi was also an active member in the Israeli group of Yemenite petitioners mentioned earlier.

Tzila Levine arrived in Israel to appeal before a court of justice. She was afraid of what she was going to find, afraid of 'falling to pieces' (personal communication). Rami Tsuberi published her picture as a baby, issuing a call for identification by family members. Among the numerous replies was a letter by Margalit Omessi, who had claimed for years that her infant daughter was stolen from her during the mass immigration in the early years of the state, and now recognized Tzila Levine's picture as that of her lost daughter. Tsuberi decided that Margalit Omessi and his client should be genetically tested, despite a considerable discrepancy between the disappearance chronicles of Omessi's daughter and the adoption of Levine.

After the Omessi-Levine story was publicized, the Knesset Science and Technology Committee decided that a genetic databank would be set up to match up separated families. Health Minister Tzahi Hanegbi announced on 14 October 1996 that blood samples would be taken from 1000 parents and other close relatives of Yemenite children who allegedly disappeared during the early years of the state. The DNA fingerprints of the families would be compared with those from bones in 10 graves that have been identified as those of Yemenite children. The project was to be carried out by Doctor Yehuda Hiss, director of the Institute for Forensic Medicine.

As the DNA matching project began its long implementation with the exhumation of the first 10 graves, public interest was attracted by the DNA matching sought by two living people – Tzila Levine and Margalit Omessi. Their story was widely publicized with the disclosure of a positive result from genetic tests performed free of charge by Hebrew University geneticist Doctor Hasan Khatib. For Levine and Omessi, these results confirmed what they referred to in their interviews as a heartfelt recognition. Levine moved in to live with her newly found mother. The tragic uncertainty, however, was resolved only temporarily. The commission for the investigation of the Yemenite Children Affair, approached by Levine and Omessi, claimed that their 'documents' were incompatible and required an 'authorized' second opinion regarding DNA matching. A second test conducted by the Institute for Forensic Medicine reached a negative result.

As identity becomes bound to genetic testing, it also becomes more liminal –

especially while in the process of testing or waiting to be tested. The test results of the Hebrew University geneticist who said there was a 99.9 percent certainty that Omessi and Levine were mother and daughter conflicted with the negative results obtained by the Institute for Forensic Medicine, which were claimed to have '100 percent certainty'. Such statistical differences, however, hardly meant anything to the public. The two laboratories used different methods. The Institute performed an analysis of mitochondrial DNA taken from Levine and Omessi, while Dr Khatib had studied genomic DNA from the nucleus of cells taken from the same blood sample examined for mitochondrial DNA by the Forensic Institute.

Clearly addressing the problem of reliability, the Ministry of Health announced that the examination of mitochondrial DNA is 'the most accurate when dealing with two women suspected of being mother and daughter, since this type of DNA is passed down directly via the X chromosome'. Other medical sources commented that a test ruling out family ties is much more reliable than one that claims a positive connection. Additional medical debate was fueled by the different genetic loci compared by the two labs. Khatib continued to stick by the accuracy of his own results, commenting:

I used the most popular, most widely acceptable type of test and tested it over and over. I can't comment without seeing the [Ministry's] results in black and white. But I have no doubt about my results. I used 15 genetic markers and found with 99.9% accuracy that they are closely related. (*The Jerusalem Post* 9 October 1997: 1)

All this quarreling, it is safe to say, was largely conducted over the public's heads. Omessi and Levine had decided to resist their imposed uncertainty, declaring that they were mother and daughter, and did not need genetic tests to tell them so. Omessi refused to accept a registered letter delivered to her door with the Ministry's findings, apparently because she had heard in advance what was in the envelope. Attorney Rami Tsuberi also rejected the possibility that Omessi and Levine were not related after all. He said that the only tests known to him were performed by Dr Khatib, and that if any further tests had been conducted, it would be illegal to publish their findings anyway, since they were confidential.

Tzila Levine remained unshakeably convinced that she was the daughter of Omessi and said she would sue the Health Ministry for breach of confidence for revealing their contradictory test results. In a telephone interview from her home in California, Levine reacted with outrage, saying she had signed an agreement with the Ministry that any further test results would be kept in absolute confidence (*The Jerusalem Post* 10 October 1997: 3). Later she singled out Professor Yehuda Hiss, head of the Ministry's Institute for Forensic Medicine, accusing him for being 'a poor excuse for a man of his stature'. 'I am angry, but not surprised

that the Ministry came up with these results', Levine told *The Jerusalem Post* (10 October 1997: 3), 'It's the same Ministry that was involved in the trading of Yemenite kids to begin with, so Hiss had to work with the government. How can he be credible?' Levine also charged that she had asked the Ministry to stop all testing and accused it of using antiquated scientific methods. She added that she and her family will start a 'big campaign' to identify Yemenite Jews who were separated from their families after arriving in Israel. 'The Israelites wandered 40 years in the desert to find a home', said Levine. 'I have bad legs, so it took me 49 years.'

Two months later, in December 1997, the Hebrew University's genetics department admitted shamefacedly that the DNA test conducted by one of its researchers (Dr Khatib) declaring with '99.9 percent certainty' that Margalit Omessi was the mother of Tzila Levine, was incorrect. A Hebrew University spokeswoman explained Khatib did the test as a personal favor without pay, and that he had never before conducted DNA tests on humans to determine maternity or paternity, but only for research purposes, and most of his work was done on animals to improve genetic strains (*The Jerusalem Post* 10 December 1997: 1). The Hebrew University genetics lab staffers, including Khatib, repeated their original tests and reached the same conclusions as before. However, when using the additional markers supplied by the Forensic Institute, it became clear they had made an error. The Forensic Institute had won the debate. Commenting on this, Dr Hiss asserted that 'mitochondrial DNA can negate a genetic relationship with complete certainty, while genomic DNA tests can never offer completely certain results'.

In the last analysis, geneticists have advanced beyond the stage of debate to offer (what, in scientific eyes, was) a clear-cut ruling. The public, however, was not impressed. Tzila Levine and Margalit Omessi, as of now, continue their relationship as mother and daughter. Theirs and others' loss of confidence in scientific authority was fueled by political and ethnic resentment.

Genetic Testing and Commodification

As part of the DNA matching, the Institute conducted exhumations of 10 graves. The graves were not empty, contrary to a belief made public by some in the Yemenite community. Bones and teeth buds exhumed from the graves of the alleged Yemenite children were taken to the Forensic Institute for DNA purification. The remains are signifiers without a signified. They are the objects of sophisticated scientific guesswork. Being in the grave does not in itself certify that they were the remains of the child who, according to the records, was buried

there. When skeletons were exhumed, the physical anthropologists on the team would attempt to infer the age and see if it was compatible with the details of the buried. In one of the exhumations I witnessed, a skeleton was uncovered in quite a preserved form. The attending physical anthropologist immediately declared, 'This looks like a 6-year-old.' An 11-year-old child was supposed to be buried in that grave. The anthropologist then compared the skeleton's measurements to a chart, verifying his estimate. The chart, however, was based on average estimates representing Caucasian children of the 1990s. A Yemenite elder who was present commented, 'This is an 11-year-old skeleton. Our children were smaller then, you see.'

In other cases, the skeletal remains were dispersed and incomplete. In such a case the team would dig deeper, exhuming skeletal remains that might have belonged to several people. The remains now had to be re-associated. They were taken to the Institute where various compositions were attempted, like a jigsaw puzzle. The re-associated skeleton whose estimated age corresponded most closely to the age of the child in the burial records, was selected for DNA purification. Bones that seemed to be intact were ground up, and the DNA in the powder was then amplified using the PCR (Polymerase Chain Reaction) technology. This operation was not always successful.

When DNA was purified, this was considered a breakthrough. Symbolically, lab workers started to refer to the skeletal remains as 'the child' from this moment on. Before that, the remains were identified through a serial number only. The goal now was to find a name for 'the child', and this was done by going back to the burial records and the family testimonies. The child's DNA was then matched with a family whose records showed compatibility. The matching, however, was never 100 percent positive – although negative results were 100 percent certain.

In addition to their liminal character, the exhumed skeletal remains and resulting purified DNA samples were also commodified. The state, physicians, lawyers and petitioners considered these items in terms of their cost. DNA samples and DNA tests were priced and estimated to assure cost containment. Labs in Israel and abroad that competed for the contract involved in the DNA matching, have presented their professional prestige as well as cost-effectiveness. Although an Israeli lab (located in Tel-Hashomer hospital) is interested in performing the DNA analysis, the Institute recommends using the services of a British lab, possibly because the Israeli lab is becoming a threat to the local hegemony of the Institute. The correspondence regarding the transfer of DNA from the Institute to the genetic lab in Birmingham, UK was full of commercial language – the proper conditions for 'delivering the goods' or the terms of payment, for example. The

lab recommended conducting 'mini-sequencing' as a pre-test because of its relative low cost, even though it is considered a less accurate method of analysis.

Conclusion: Commodification, Uncertainty and Identity

Behind the personal story of Tzila Levine and Margalit Omessi lurks a story of two generations, young and old. It should be located in the broader experience of the Yemenites in Israel, an experience to which the DNA matching campaign is but a recent addition. The Yemenite parents who lost their children as well as the children who lost their parents have been living in a limbo for 50 years. Throughout this time, they have been telling themselves (and, more recently, the state) a story of commodification, subjugation and discrimination. In a paradoxical manner, the discourse of commodification/liminality has become central to their identity.

Naturally, such discourse was the seedbed of increasing resentment towards the Ashkenazi establishment and 'the system' in general. The establishment was accused of robbing the new immigrants not only of their children but also of their own identity. The early 1950s – the years of mass immigration – are now widely seen as the liminal stage in a national rite of initiation. In a similar manner to the anthropological descriptions of the humiliation and mutilation of the initiated, Yemenite-Israelis today tell how 'sidelocks were cut, *teffilin* were confiscated. Young people were taught to despise their parents, seen as "primitives" who couldn't take care of themselves or their children' (*The Jerusalem Report* 21 June 1996). Many Yemenites told me in personal interviews how they came to Israel with their children, Torah scrolls and jewelry all 'on our body' – and all were taken away. Traditional Yemenite values were replaced by Western, secular norms in the name of the 'melting pot' doctrine of nation-building.

The Yemenite demand for genetic identification also relays a desire to recover the lost, primordial world of 'the lineage', that represents an ethnic identity and cultural roots. However, this Yemenite interpretation of 'genetic identification' as the key to an imagined ethnic community is completely different from the scientific use and meaning of 'genetic identification'. This built-in conflict of interpretation has no doubt intensified the debate between the Yemenites and the Israeli establishment.

The 'Yemenite Children Affair' is also an example of the recent rupture in Israeli society. It is not a coincidence that such a rupture is expressed through the body,⁹ as Israeli society has long defined itself through what I term 'the chosen body' (Weiss, 2001). The 'Yemenite Children Affair' represents the recent shift from one, collectivist, interchangeable and 'chosen' body to many different,

ethnic, imperfect bodies. The 'Yemenite Children Affair' was constructed as a burning *ethnic* issue which threatens to dismantle the integrity of the 'body politic' of the state and its (Ashkenazi) elites. The commodification of the Yemenites in the transit camps for new immigrants is revolting evidence of the 'melting pot' doctrine, which aimed to assimilate all Jews of different origins by effacing ethnic traditions and subjecting them to Ashkenazi hegemony.

This study shows the conflicting meaning of new biotechnologies. Taken in themselves, the new biomedical technologies are stunningly novel and post-modern. They stand for the hybridization of science and nature, humanity and technology. Yet their meaning-in-use brings the social, the ethnic and the political back in. Tzila Levine and other Yemenites pleaded for a DNA matching campaign because it suited them as a means of political and ethnic mobilization. They were quick to denounce the reliability and validity of test results that were incompatible with their interests. The 'identity' of the liminal subjects of biomedical technology was, at the end of the day, defined through long-lasting 'ontologies' from the realm of tradition (invented or otherwise) and kinship (nature).

The 'Yemenite Children Affair', told from the point of view of the Yemenite, attests to the role of medicine in the service and construction of Israeli nationalism. Was it a necessary role taken by medicine in a given context of nation-building, or was it (as critical observers argue) a self-ascribed role actively assumed and developed by an elitist and power-driven profession? The answer is arguably somewhere in between. The involvement of the medical institution is not limited to gate-keeping; it also represents and sometimes advocates the interests of marginal groups within the collectivity.

Notes

The author would like to thank Nancy Scheper-Hughes, Jean Comaroff, Elli Teman, Don Seeman, Ruth Linden and Nissim Mizrahi.

1. There were actually three distinct periods of immigration from Yemen: (a) between 1881 and 1918, during Ottoman rule in Palestine (about 4000 immigrants); (b) between 1923 and 1947, the period of the British Mandate in Palestine (about 15,000 immigrants); and (c) the liquidation of the Yemenite diaspora following the establishment of the state of Israel, during the years 1949–50 (see also Nini, 1981; Shafir, 1990).

2. Commodification has often occurred under the solicitous gaze of state officials and authorities. This is especially true in cases that involve medicine and colonialism. In the 19th century, the advent of colonialism coincided with the birth and rapid growth of biomedicine. The two hence became practically connected as agents of Western progress and domination (Arnold, 1988; Comaroff and Comaroff, 1992, 1997; Denoon et al., 1989; Fanon, 1961; MacLeod and Lewis, 1988).

3. On 8 January 1995, the Israeli government decided to set up an official commission of inquiry to look into the disappearance of Yemenite children between 1948 and 1954. On the commission were retired judges Yehuda Cohen (male) and Dalia Koval (female) and Major General (reserves) David Maimon (of Yemenite origin). It was the most

recent in a series of three committees, the first of which – though not a formal commission of inquiry – was appointed in 1968 to investigate 342 cases. It reported that 316 of these children had died. The second committee was appointed in 1988 and headed by Judge Moshe Shalgi. Its main finding, presented in 1994, was that 75 of the 505 Yemenite children whose disappearance was investigated were not accounted for, but that there was no indication they were victims of illegal adoption or other criminal activity.

4. These and similar observations are also described in a book written by Dr A. Sternberg, one of the doctors who worked in the transit camps, entitled 'As a People is Absorbed' (*Behikalet Am*, 1973, in Hebrew).

5. The Governmental Committee for Investigating the Yemenite Children Affair (protocol from 19 October 1995: 2659–66).

6. Interviews I conducted in 1998–9 with representatives of the Yemenite Federation of Los Angeles and with Yemenites living today in the USA have confirmed the accusation of kidnapping for the purpose of adoption.

7. Dr P. Czerniak, head of the venereal diseases section, Ministry of Health, 'Bejel – one of the treponematoses', report published in *Medicine (Ha'refuaa)*, 1951, vol. 41, 60–3 (in Hebrew).

8. See for example Dr Yaacov Rotem (1966) *Fashions in Medicine*, reprinted from *Folia Medica* vol. 25, nos 1–6, January–June, published by the National Sick Fund (Jupat Holim), Tel-Aviv, Israel (in Hebrew). Yemenite activists have accused Dr Rotem of conducting experiments on healthy Yemenite babies that involved backbone punctures and cortisone injection.

9. Another pertinent example of the breach in the Israeli discourse of the chosen body concerned the rejection of blood donations made by Ethiopian Israelis. On Thursday, 25 January 1996, a report in the Hebrew daily *Ma'ariv* revealed that for years, the Israeli blood bank had been quietly destroying blood donations made by Ethiopian Israelis. The reason given by officials was high rates of HIV, hepatitis-B and malaria among Ethiopian immigrants, from which the general public 'needed protection'. The Ethiopian community, that shares with the Yemenites a marginal social standing, demonstrated against what it regarded as another form of exclusion. 'One People, One Blood', was among the most popular of the placards the Ethiopian demonstrators carried (see Seeman, 1997: 197–205 for a full description of the incident). 'We are as Jewish as the Yemenites', a man with a loudspeaker called out during the demonstration, 'and more Jewish than the Russians!' His next remark was: 'They all think of us as sweet Ethiopians. Today we have come to show them a different face. . . . If it takes violence, then we will use violence.'

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The Cremated Catholic: The Ends of a Deceased Guatemalan

STANLEY BRANDES

Stories about the commodification of dead bodies are generally sad and this one is no exception. The body in question belongs to a 31-year-old Latino migrant to the San Francisco Bay Area. On the night of 11 December 1994, in the city of Brisbane and for still unclear motives, the man strolled onto a busy highway, where he was hit by a car and instantly killed. His body was brought to the San Mateo County Morgue and was identified as that of Axel Flores, my pseudonym for this Guatemalan, who had come to the USA, among other reasons, to escape from dangers presented him by the civil war then raging in his native land. At the time of his death, Axel had already established a police record in northern California, a circumstance which facilitated his ready identification through fingerprints.

Axel's sister, residing in San Francisco, was immediately notified of the accident. She consulted with her parish priest, who reviewed her options and informed her that cremation was the least expensive choice. She then telephoned her father in Nahualtenango – the name I give to the small village near the southwest coast of Guatemala, where most of Axel's family still resides – to explain the alternatives to him and find out how he wanted her to dispose of the body. Axel could be buried in the San Francisco Bay Area, cremated with the remains shipped to Guatemala for burial, or cremated and the ashes disposed of locally. By far the most expensive alternative was to send Axel's corpse to Nahualtenango for burial.

When presented these alternatives, Axel's father immediately rejected cremation as utterly unthinkable. Despite the enormous cost, he insisted that the corpse should be returned to Nahualtenango intact so that his son could undergo the proper mortuary ceremonies – that is, ceremonies traditional to Nahualtenango

and those commonly believed to be sanctioned by the Church. In order to follow through on this decision, Axel's father mortgaged his simple house and borrowed money at high interest from a moneylender in order to secure the necessary funds on short notice. Back in San Francisco, Axel's sister arranged to collect the body from the morgue and ship it to Guatemala. When she arrived to identify the body, however, she was presented first with one, then another cadaver, neither of which was Axel's. Investigation revealed that the County Coroner had confused Axel's body with that of another recently deceased man. (The Coroner's office explained feebly that both men were heavy and dark-skinned.) Axel's body, released to a funeral parlor several days earlier under the incorrect name, was accidentally cremated before the error could be detected. A thoroughly irreversible mistake had occurred. This case precipitated a legal suit by Axel's family against both San Mateo County and the funeral parlor. The funeral parlor settled with the family out of court. The complaint against San Mateo County, however, remains unresolved because the US embassy has refused to issue visas to the deceased's family to travel to California for deposition. Until Axel's aggrieved relatives can make their depositions, the case can come to no final resolution.

The lawsuit of Axel's family against a funeral parlor and a California county morgue demonstrates globalization of liability claims as well as the potential monetary value of a mishandled corpse. US lawyers representing the family have asked for a total of \$300,000 from the two defendant agencies. The plaintiffs' mediation brief states that:

Under California law, a decedent's family and heirs have sole authority over the disposition of the remains following a death. Plaintiffs' authority in this regard was violated through a chain of errors, oversight and insufficient safeguards. . . . Beyond a doubt, the law holds that persons situated such as plaintiffs have standing to assert a claim for damages due to the mishandling of a corpse. *Quesada v. Oak Hill Improvement Co.* (1989) . . . establishes that individuals, entities and businesses engaged in the practice of handling a decedent's remains owe a duty to persons such as plaintiffs, and can be held liable for the negligent mishandling of a decedent's remains.

The monetary claims of Axel's family are, nonetheless, somewhat unusual. As the plaintiffs' mediation brief itself explains, 'We are presented with a situation that is relatively rare in our practice – a case where the sole damages are for emotional distress.'

The plaintiffs, Axel's father and siblings, claim that his accidental cremation has caused undue hardship and suffering. They harbor two interrelated concerns: first, Axel's destiny in the afterlife, and, second, their own status within Nahualtenango. Consider first Axel's presumed destiny. In Guatemala, say family members, the very idea of cremation is repulsive. 'It's the way you treat a dog', states Axel's older brother, Genaro. Moreover, it is 'a sin', says one of Axel's

sisters; it is sinful not only for those who carried out the deed, but also for Axel himself, despite his innocence in the matter. There is no doubt in the minds of Axel's entire family that he will be barred forever from heaven. '*Está sufriendo el alma*' – 'His soul is suffering', they claim. In the body's cremated state, the soul can never find release. Cremation itself is sufficient to prevent salvation.

The family adheres strongly to this belief, even though it controverts Roman Catholic teachings. In fact, since the Second Vatican Council in the mid-1960s, cremation has been permitted. It is also fair to say, however, that it has never been encouraged. The extreme infrequency of cremation in Latin America perhaps explains why clergy themselves are uncertain about its legitimacy. When Axel's family approached their parish priest with the confidential news that he had been cremated, the priest was stymied and forced to display his ignorance of Church policy. Catholic law requires that a *misa del cuerpo presente* – a Mass of the Present Body – be celebrated the day after a person dies. But, in the absence of the intact body, could the Mass of the Present Body be recited? The family had held a wake in Axel's father's home. However, it was a highly unconventional wake, taking place several weeks after death had occurred and in the absence of a corpse. Unwilling to risk making a decision contrary to Church teachings, the parish priest decided against celebrating the Mass of the Present Body. Subsequently, however, he did celebrate two additional customary Masses: one commemorating 40 days after death, the other commemorating the first anniversary of the death.

As a researcher on this legal case, I consulted with the two parish priests of Santo Tomás in nearby Chichicastenango, who agreed that, despite the concerns of Axel's family, cremation would not automatically bar the deceased from entering heaven. One of them replied matter-of-factly, 'How can we ever know who will enter heaven and who not?' Nor had the priests heard of a single instance of cremation in all of Guatemala, despite the incontrovertible presence of crematoriums. In fact, crematoriums, a recent introduction into the country, advertise on Guatemalan television and radio. To promote business, they use the airwaves to combat popular claims that the Catholic Church opposes cremation.

Padre Alberto, the older of the two Chichicastenango priests, vigorously denounced these commercials as false advertising. At the beginning of our interview, he steadfastly maintained that the Church always has and still does oppose cremation. Only after being challenged by Padre Rodolfo, his younger, more learned colleague, did he waver. 'As far as I know', said Padre Alberto, 'the Church neither opposes nor approves of cremation. It has never said anything about the matter.' Padre Roberto is well informed about Church policy; as we sit here today he is in Rome, probably being groomed for a high-level Church post.

Even he, however, is beset by uncertainty. For example, he was wrong about his estimation of when cremation became legal. 'Surely it came in with the present Pope', he said. Nor can he define authoritatively proper mortuary proceedings in a case like Axel's. He would only speculate that, when cremation occurs, the Mass of the Present Body should be celebrated prior to actual incineration.

If this interview indicates the general state of affairs in provincial Guatemala, is it any wonder that Axel's family flatly rejects cremation? In 1997 – exactly 34 years after the Vatican legitimized cremation – the Guatemalan clergy still shows utter unfamiliarity with how the cremated body should be treated. This circumstance clearly undermines the time-honored anthropological distinction between religious orthodoxy and popular belief (Badone, 1990). A 'two-tiered' approach to religion (Brown, 1981), in which the unreflective beliefs of the superstitious but devout masses are distinguished from the religious teachings of an erudite clergy, is entirely inapplicable to the case. With regard to cremation, the Guatemalan clergy seem as ignorant about procedure as do their poorly educated parishioners.

But, according to Axel's family, his destiny in the afterlife depends upon more than adherence to proper ritual. The very disintegration of his body, that his body has lost its wholeness, is equally threatening. During my brief visit to Nahualtenango, Axel's brother Genaro reiterated numerous times the statement from the Creed, which is recited in every Mass: '*Se levantarán los muertos*', 'The dead shall rise again.' Genaro shrugs his shoulders and throws out his arms in despair as he asks, 'How can Axel be resurrected if there is no body?' Genaro is not alone in his desperation. The anxiety provoked by the material discontinuity of the body is a familiar theme in Roman Catholic tradition, a tradition in which venerated body parts – foreskins and fingernails and strands of hair – nonetheless populate churches throughout Christendom.

Practically from the time of Saint Augustine, says Caroline Walker Bynum, 'Scholastic theologians worried not about whether body was crucial to human nature, but about how part related to whole – that is, how bits could and would be reintegrated after scattering and decay' (Bynum, 1992: 253–4). In the 2nd and 3rd centuries, Christians fretted over the power of God to reinstate the divided body so that it could be properly resurrected (Bynum, 1992: 267–8). Although educated writers expressed confidence that the maimed bodies of saints would achieve salvation, 'Ordinary believers . . . often went to extraordinary lengths to collect and reassemble the dismembered pieces of the martyrs for burial' (Bynum, 1992: 268). By the Middle Ages, states Bynum (1992: 272), 'So highly charged was bodily partition that torturers were forbidden to effect it; they were permitted to squeeze and twist and stretch in excruciating ways, but not to sever or divide.' Bodily fragmentation was so horrifying that theologians opposed cremation and

physicians 'tried to preserve corpses forever from crumbling and putrefaction' (1992: 280). 'Drawing and quartering, or burning (that is reduction to the smallest possible particles: ashes), were punishments reserved for treason, witchcraft and heresy' (1992: 276). Remarkably, these concerns endure to the present day. They are what inform contemporary Guatemalan mortuary beliefs and are the cause of Axel's family unremitting suffering.

But the family is tormented about more than Axel's fate. Concerned about their social status within Nahualtenango, they have struggled to keep Axel's shameful cremation a secret. Even I was implicated in this ultimately futile effort. While watching a soccer match one Sunday morning, Axel's brother introduced me to the village pharmacist, his closest friend and confidant in Nahualtenango. When the pharmacist asked why I had come so far, I almost confessed my true mission: to gather information on behalf of the lawyer representing Axel's family. Stopping short in my reply, I simply stated that I knew Axel's sister in California and she suggested that on my visit to Guatemala I stop at Nahualtenango personally to convey her greetings. By hiding my real motive, I was attempting to protect the family reputation. Only later did I discover that the pharmacist also knows about the cremation and was disguising his knowledge. A former neighbor and close friend of the family is informed too, and has been sworn to secrecy. One can only guess the extent to which the community at large is aware of what happened to their native son, Axel, during his self-imposed California exile. In recounting the reaction of the community to Axel's death, Genaro claims that everyone asked the family, 'And the body? Where is the body? When will it arrive?' The family had recourse to only one excuse: they could not afford the expense of bringing Axel home. To make such an admission, in the context of Nahualtenango, is itself shameful. And yet the family saw no alternative. The cremated remains might have been transported easily and inexpensively to Guatemala for burial. But this is an option that neither the family nor the community would find even minimally acceptable. A disintegrated body, in their view, is not only unworthy of Christian burial, it is unidentifiable. 'How would we know that those ashes are Axel's?', the family asked. Their skepticism is entirely understandable. After all, if rich, powerful Californians could be so careless as to cremate the wrong corpse, there is little hope that they can properly sort human ashes.

To understand why cremation is an unacceptable alternative to the people of Nahualtenango, more than religious conviction and social status must be taken into account. After all, the family admits, with some reluctance but unmistakable certainty, that even without cremation, Axel might never have entered heaven. He had lived in an unmarried state with several women, two of whom gave birth to

his children. This circumstance is sufficient to have compromised his destiny. The real crime of the San Mateo County Morgue is to have deprived his surviving relatives of his bodily presence. His recognizable presence was needed at the wake, during which villagers would have gathered at his home to help the family mourn the loss. His recognizable presence was needed for the Mass of the Present Body and for the burial that would have followed. His recognizable presence was even more urgently necessary for his mother, ailing at home in Nahuatlénango in an advanced state of cancerous decay. When she died, only a few months after Axel, her quick demise was attributed to the fact that she never got to view Axel's corpse, rather than to her son's passing. For those who have survived the loss of mother and son, the greatest agony of all is Axel's absence from the village cemetery. Without his bodily presence, there is no way of relieving one's grief by visiting his grave and praying for his eternal soul. In Nahuatlénango, visits to deceased relatives are normal on three occasions: 40 days after the death, a year after the death, and annually during All Souls and All Saints days, on 1 and 2 November. It is primarily in order to celebrate these occasions, to be near his son, that Axel's father was willing to go to such financial sacrifice to return the body to its proper resting place.

It is 20 July 1997, two and a half years after Axel's death. I walk with Axel's father, with his common-law son, with his siblings and their respective families from one end of the village to the other until we arrive at the Nahuatlénango cemetery. As we enter holy ground, Axel's brother stops short, looks at me with penetrating eyes, and says, '*Esta es nuestra última morada. Aquí es donde venimos a parar todos [los del pueblo]. Esten donde esten, aquí vienen a parar*' – 'This is our final abode. Here is where all of us from the village come to rest. Wherever we may be, here we come to rest.' Indeed, the cemetery has the aspect of a miniature village, filled with hundreds of small houses decorated with miniature towers and gables. The graves stretch out in long, evenly spaced, parallel rows, a virtual replica of the grid plan town of the living residents of Nahuatlénango. The graves themselves are brightly colored crypts, painted in the vivid purples, yellows, blues, oranges and maroons of the village houses themselves. The deceased lie, not below ground, but in cement sepulchers, many of them piled on top of one another, resting adjacent to one another, like so many cramped living quarters, in the fashion of pueblo houses. Nahuatlénango tombs are reminiscent of small apartment buildings, where deceased members of a family congregate in eternal companionship. They bear nothing of the somber quality of most graves in Europe and the USA.

Axel's brother walks me to his mother's lonely grave, a low-lying concrete structure painted sky blue. Poking up out of each corner are tall steel construction

poles, evidence that yet another crypt is meant to lie on top of this one. 'Axel would have been here', says the brother, pointing to his mother's tomb. 'She's dead', he says, 'but at least she is here. We can come to visit her.' His following statement is disarming: '*Esta panteón es alegría*' – 'This cemetery is happiness.'

At that moment, Robert Hertz's (1960) classic insights assumed immediate significance. Death does not occur when the heart stops beating; rather, the deceased retains a presence among the living for years after the actual physical demise. In Nahuatlénango, the intact corpse is an enduring presence, a being that enjoys its own happy home in holy ground, forever accompanied by loving relatives, both dead and alive. Cremation, the drastic fragmentation of the body into its most minimal parts, deprives both the deceased and the survivors of everlasting companionship. The dead body which retains its wholeness remains connected to others, integrated within society. Societal integrity depends upon the integrity of the cadaver. It is the cremated body that is doomed forever to exist alone and that provokes a tragic separation from the survivors. This irremediable loneliness constitutes the true agony of Axel and his family. It is the reason why, years after his death, there seems no sign of solace, nor is solace likely soon to come.

There is no doubt that Axel's death has exacted a steep emotional price from his family. And yet, it produced an immediate economic impact as well. Axel fathered a son by a woman from whom he is separated and whom he never legally married. With neither parent able to care for the child, Axel placed the boy in his father's care. The father, himself recently widowed, received regular payments from Axel, which he used to sustain both the boy and himself. These payments terminated abruptly upon Axel's death, thereby leaving the father with the responsibility of caring for his grandson but without adequate means to do so. 'The situation doesn't allow me to support the son', says Axel's father gravely. Not only did Axel's father suddenly cease to receive remittances from abroad, in order to adhere to his community's religious guidelines, he was also forced to sacrifice his limited assets in order to bring Axel's body home. On the day we first met, he stated to me:

When this terrible news [of Axel's death] arrived, I was filled with pain [from his wife's mortal illness]. . . . Well, there was no longer any money, señor. I mortgaged my house, because I desperately wanted to bring him home. . . . I had to put myself in debt, mister, I had to put myself in debt in order to wait for my son's arrival. I had to find the way to borrow money, Axel's mother was gravely ill.

To add to these financial problems, Axel's father became gravely ill. The cause for this illness is no doubt complex. It is safe to say, however, that the stress of his wife and son's almost simultaneous deaths must have aggravated his already poor

state of health. At least he is convinced that Axel's death has had an adverse effect. As proof of his frailty, within minutes of meeting me he pulled out a large bag of medicine and counted the items one by one: 22 cardboard boxes, glass bottles and plastic containers in all. 'This medicine costs a lot of money as well', he said.

Axel's death therefore exacted a high price from his Guatemalan relatives. The cremated corpse would cause eternal suffering for Axel's soul, forever unable to find heavenly peace. It would produce shame beyond anyone's imagining for Axel's family, unable to explain to the community of Nahuatlentango the corpse's mysterious disappearance. Also, knowledge of the cremation was held responsible for hastening the mother's departure from this world. But Axel's cremated body, precisely because it received treatment contrary to the family's wishes, might justify the kind of monetary compensation that instantaneously would confer fabulous wealth upon any member of the family, in local terms. Indeed, the family might reasonably expect financial compensation. In recent years, in the San Francisco Bay Area alone, at least 62 people have won between \$10,000 and \$250,000 in lawsuits involving the careless mixing of ashes in local crematoriums (Anonymous, 1996; Holding, 1996). According to a newspaper report:

The plaintiffs claimed that Pleasant Hill [Cemetery Inc.] had caused them severe emotional distress by cremating their relatives' bodies with those of others, dumping remains in existing graves and failing to return all the ashes. They also accused the cemetery of trying to hide its mistakes. (Holding, 1996: A12)

In one case alone – *Hansell v. Pleasant Hill Cemetery* – plaintiffs' attorney Kevin McNerney was reported to seek more than \$2.5 million in fees. 'You do these cases, and you hope to make a lot of money', stated McNerney, whose earnings in class action suits against crematoriums already amount to \$25 million (Fried, 1998). In further cases, disclosure was made in 1997 of a small aircraft company in northern California which failed to honor hundreds of contracts with deceased clients and their relatives to scatter ashes over sea and countryside. According to one report, two hikers in Amador County, California accidentally stumbled across the unidentified bones of some 5000 people.

Turned out the bones were part of the cremated remains that a pilot named B.J. Elkin was supposed to scatter over the Sierra and elsewhere. But instead of doing the job he was paid to do, he had merely dumped the remains onto his property. (Elias, 1997)

The resulting lawsuit involved dozens of crematoriums and mortuaries in settlements exceeding \$32 million. According to reporter Paul Elias, this case 'exposed a new and lucrative area for plaintiffs' lawyers to mine' (1997). It seems that burnt bodies are big business in California.

The California lawsuits against mortuary parlors and crematoriums revolve mainly around the disposal of remains. In all these instances, cremation was at least the families' preferred way to treat their relatives' corpses. In Axel's case, however, the family issued an explicit order not to cremate. The accidental cremation undoubtedly has caused terrible suffering for Axel's family – even, depending on one's religious beliefs, to Axel's soul. And yet the cremated body, abomination though it might be in terms of religious beliefs and community standing, might more than compensate the father for the loss of meagre remittances which the son provided while alive. The cremated body also has potential financial value to the rest of his relatives in Nahuatlentango, who have suffered the social and emotional consequences of what they believe to be a sacrilegious treatment of his corpse.

Though Axel's cremated body might well leave his soul beyond heavenly salvation, it has become in some sense the hope for earthly salvation for his family. At first (and still) a sinful aberration, a horrific deviation from sacred norms, Axel's ashes have suddenly attained extravagant monetary value. In the hands of the US legal system, they have been converted into a commodity, a chip on the bargaining table, the hope for financial security for his family – and a source of income for lawyers and anthropologist alike.

Note

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Bodies that Don't Matter: Death and Dereliction in Chicago

ERIC KLINENBERG

Clyde Snow, the renowned forensic anthropologist who has made a career of identifying the human remains left behind in wars, massacres and other cases of political violence, likes to say that 'bones are often our last and best witnesses; they never lie, and they never forget' (Stover, 1997). This view, a concise and pragmatic formulation of the notion that the body is the site and surface of essential but otherwise obscured social truths, is now an axiomatic principle of human rights workers and truth commissions throughout the world. It is difficult to verify the competing truth claims of antagonists in social conflicts, particularly in a moment of intellectual history when political leaders are as likely as postmodern professors to claim that truths are multiple, perspectival and partial, and when public relations and information management teams are standard features of every political organization. But there is one way, familiar to anyone who follows cases of political violence, in which adjudicators can establish definitive and reliable evidence: get to the dead bodies, the corpses whose materiality cannot be denied, subject them to a medical autopsy, and scientifically determine the nature and causes of their deaths. Find and center the bodies, the logic goes, and the truth will soon emerge. This corporeal epistemology is not exclusive to war, as Americans and historians who paid attention to the recent debate over the relationship between Thomas Jefferson and Sally Hemings, his African-American slave, already know. After decades of contentious but inconclusive debates over whether Hemings had birthed Jefferson's children, genetic tests 'proved' – enough to satisfy most serious social scientists who had argued to the contrary and to effectively settle the matter – that Jefferson was in fact a founding father of a

multi-racial body politic that, true to its heritage, long denied its identity. In coming years, as humanists and social scientists join biomedical and forensic researchers in developing new technologies for reading the body, we can expect to see bodies and body politics at the center of our scientific and political cultures.

There are numerous influential versions of the claim that fundamental social truths are written on the body: from social theorists, such as Michel Foucault's argument that 'The body maintains, in life as in death, through its strength or weakness, the sanction of every truth and error' (1984: 82); from literary scholars, such as Elaine Scarry's insight that 'the record of war survives in the bodies, both alive and buried, of the people who were hurt' (1985: 113), and from forensic scientists, such as Snow's insistence that 'bones never lie'. All of these share faith that the body has an unmatched capacity to reveal crucial features of the conditions in which it lives and dies. In this article, I explore what kinds of truths are written on or contained within the body, and what happens to the study of society once the body is not only brought in, but made a core object of analysis. What, in other words, is the evidentiary status of the body? What can it tell us about the social context in which we find it? What can it obscure? Looking at how medical scientists, political officials and journalists treat bodies in their own work, I present a cautionary tale for scholars who use the body as a lens into the social. More specifically, my focus here will be the question of what kinds of social information bodies convey and what kinds of information they conceal when they become the objects of two particular kinds of fetishes in which the body stands in for the social: one, when bodies are fetishized as commodities for journalists and journalistic constructions, and made into spectacles that both convey news and sell products; and, two, when bodies are fetishized in scientific and political discourse, becoming the central subject and substance of official debates and definitions and displacing social matters.

I examine these questions through a case study of the 1995 Chicago heat wave, an event in which over 700 people in excess of the city norm died during one week. Although the disaster took place in a major city and is the most proportionately deadly heat wave in recorded American history, its significance is matched only by the extent to which its social sources have been unrecognized or forgotten by nearly everyone, including experts in disasters and social scientists who study poverty and vulnerability in Chicago. The dead bodies of heat wave victims played a crucial role during the week: they not only became the focus of journalistic attention, and in turn public discussion, when hundreds of bodies were delivered to the morgue near downtown, overwhelming the facility's capacity for storage and examination; but they also became the main subjects of a well-publicized political and scientific debate over the attribution of the deaths, as the

mayor, the medical examiner, and a number of other scientific experts and political officials argued over whether the deaths were, in fact, heat-related.

The tension driving this paper is that a *social autopsy* of the deaths during the heat wave reveals a structure of urban marginality and insecurity that is always present but otherwise difficult to perceive. In this argument, the bodies of the heat wave victims are the evidence to substantiate my claims (see Klinenberg, 1999). Yet in the real politics of the event the bodies served precisely the opposite function. Rather than clarifying or confirming the conditions of death, the attention focussed on the dead bodies in Chicago obfuscated the social and political forces that determined their status. The bodies served, instead, as a double distraction from the sociological issues that the heat wave might have made visible: first as commodified spectacles, in the media representation of the crisis; second, as scientifically defined objects, in the narrowly medical attribution of the deaths. What does this case tell us about the political sociology of bodies?

In Chicago, the dead bodies were so visible that almost no one could see what had happened to them. This suggests that bodies can either lose their capacity to substantiate truth claims or become evidence for false claims when they become the subjects of spectacle or fetish. This is perhaps because they are themselves symbolically transformed into something other than bodies, such as journalistic commodities. This question is the subject of the second part of this article. But perhaps the isolated study of bodies, even and especially the autopsy (which is its paradigmatic case), provides a necessarily limited perspective of the relationship between the body and society that produces most bodily conditions. This is a question that I will consider in the third section of the article. Before I pursue these questions further, I should return to Chicago and explain what happened, where, and to whom during the heat wave of 1995. In the first section, then, I will trace the social, spatial and ethnoracial dimensions of the putatively natural disaster so that we have a context for thinking about the body politics that follow.

Part 1: Outline of a Disaster

On 12 July 1995, when an extreme hot weather system moved its way into Chicago, there was good reason to think that the local state agencies as well as city residents would be prepared for the conditions. The National Weather Forecast Service, charting weather patterns with 'state-of-the-art accuracy', had warned of the advancing heat wave as much as five days before it came to Chicago (US Department of Commerce, 1996: 29); the city's overwhelmingly popular mayor, who had witnessed a previous mayor lose his seat after failing to manage a weather disaster, had originally won his position on the platform that 'We can't close our

eyes to [Chicago's] problems any longer. Being accountable starts in City Hall. . . . I won't wait until disaster strikes' (*Chicago Sun Times*, 25 July 1995: 25); most city residents were confident about the health of the metropolitan community and excited about the much touted renaissance of Chicago, a city that was enjoying an economic boom and preparing for a chance to redeem its image and reputation with the 1996 Democratic National Convention; and, just two weeks before, *Morbidity and Mortality Weekly Report*, a journal of the Centers for Disease Control and Prevention and the US Department of Health and Human Services that is widely read by public health officials and epidemiologists, had featured a report attributing over 5000 American deaths in the 13 years between 1979 and 1992 to excessive heat. The study explained that heat waves kill more Americans than the more spectacular disasters, such as hurricanes, tornadoes and earthquakes, combined. Summarizing the principal findings of earlier heat wave mortality studies, the authors emphasized that deaths from the heat 'are readily preventable' and listed the procedures that local governments and communities could take to reduce the risks of heat-related illness and mortality (CDC, 1995).

According to the official report of the federal government, however, when the heat wave arrived, vulnerable residents, especially poor senior isolates who rarely left their homes, as well as service providers, city agencies, emergency workers and political officials, 'did not comprehend the potential health impact' of the weather, and 'City officials had neither the experience nor emergency response capabilities to translate the physical characteristics of the heat wave into human impact' (US Department of Commerce, 1996: viii). The climate, to be sure, was more dangerous than in most heat waves. Temperatures peaked at 106°F; a heat index, or experienced heat, hovered around 120°F; there were uncommonly 'high lows' (daily low temperatures around 90°F); and a number of other unusual climatic conditions that turned the city into a veritable heat island (Lowry, 1967). No wonder, then, that many of the top city officials, including the mayor and the head of the Health Department, fled to their summer homes outside the city and near the Lake Michigan beaches, leaving the city's 'B-team' in charge of managing the crisis.¹

The first heat wave deaths came on 13 July, when two toddlers suffocated after the director of their day care center inadvertently left them locked inside her truck, where the temperature approached 190 degrees, for hours. These deaths, and the dramatic symbolic construction of them by local journalists, initiated a week of social suffering and sensationalistic coverage so gruesome that it is difficult to believe that the event has had little social or political resonance. The proportional excess deaths among city residents were greater in July 1995 than in the notable heat waves of 1955, 1983, 1986 and 1988, and the rates are not attributable to the weather. Chicago's own Department of Public Health researchers concede that

their most sophisticated comparative climatic analyses 'have failed to detect relationships between the weather and mortality that would explain what happened in July', and suggest that social scientific investigation is necessary to understand the event. In July 1995, the staggering heat, which would likely have been deadly in any circumstance, caused massive fatalities because it hit a city ridden by entrenched inequality, a city in which thousands of seniors live alone, literally socially isolated in their apartments because they fear the society around them or are too ill to move; a city in which poor and sick adults survive precariously in decrepit Single Room Occupancy dwellings to which they have been relegated after the collapse of public housing; a city in which the public health system has deteriorated so thoroughly that physical suffering is rampant. Nothing should have exposed these problems any more clearly than the hundreds of bodies found dead and alone during this disastrous week; yet the major accounts of the event say little about the social, spatial and political logic of the heat wave mortality patterns.

The community areas hit hardest by the heat wave are on the south and southwest sides of the city, historically the home of Chicago's African-American community and many working-class ethnic groups. Of the 15 community areas with the highest death rates during the heat wave, 11 contained unusually high proportions of people living below half of the official poverty line, and 10 are home to populations over 94 percent black (an eleventh is 77 percent black). In addition, high community area death rates are strongly associated with high rates of homicide, which suggests a connection between exposure to and fear of crime and heat wave mortality, and with the number of seniors living alone.

The demographics of mortality also fit a pattern predicated on the age, gender, and ethnoracial status of city residents. Of the confirmed heat-related deaths, 73 percent were above 65, making the death rate for seniors 16 times higher than the rate for those under 65. Race and ethnicity mattered also: non-Hispanic blacks were almost twice as likely as non-Hispanic whites to die of the heat; black seniors comprised 45 percent of the deaths for Chicagoans aged 65 and over; and non-elderly blacks, who accounted for 59 percent of all deaths among those under 65, died even more disproportionately. Latinos, though, who officially number about 19 percent of the city population (and probably make up about 25 percent of the total), represented only 2 percent of the overall mortality. In an extensive, case-control study of the individual level risks for heat wave mortality, a team of researchers from the US Centers for Disease Control and the Epidemic Intelligence Service found that there were fewer deaths among people who had a working air conditioner, an air-conditioned lobby or access to another place with air conditioning. The team also found higher death rates among people who lived alone, were socially isolated, had homes with small numbers of rooms and had

low access to public transportation, as well as among people who lived on the top floor of a small building, in apartment houses, or in single room occupancy dwellings (Semenza et al., 1996). Albeit brief, this sketch of the heat wave death patterns illustrates the extent to which social conditions, at both the community area and individual level, helped determine who would live and who would die during the disaster.

Part 2: The Commodified Body – Is it ‘Really Real’?

Not only have most residents of Chicago failed to learn that heat wave deaths were related to social conditions in the city, many are not even convinced that the deaths were related to the heat. Although the daily death tolls during the week of heat wave mortality (14–20 July),² numbering 365, 241, 193, 188, 106, 92 and 91 vastly exceeded the baseline rate of 72 for the city, and the local press devoted considerable time and space to the story, the question of whether the heat wave deaths were, to use a term that came up often during the week, ‘really real’ remains undecided in the minds of people throughout Chicago.³ For now, however, I want to bracket this issue and focus on why the social etiology of the heat wave deaths never became a public issue in Chicago. The answer, I suggest, concerns the way in which local journalists, medical examiners and political officials treated the dead bodies of heat wave victims.

People in all parts of the city were affected by the heat, but, as is the case with most public events, most Chicago residents did not learn about the rise of heat wave mortality until they saw, read or heard about it on the news. Of course, journalistic accounts of the disaster were not simple reflections of what happened during the heat wave, but rather refractions of the event, created out of a professionalized process of news construction involving journalistic workers and organizations as well as the sources of information on which they rely (see Sigal, 1973; Tuchman, 1978; Gans, 1979; Bourdieu, 1998; Cook, 1998). The news is at once a cultural and organizational product (Schudson, 1995), a political document and instrument (Gitlin, 1980; Edelman, 1988; Cook, 1998) and a commercial item (Schudson, 1978; Bourdieu, 1998), and it is not reducible to any one of these forms. Although the American news media has been organized around the market for centuries, in the 1990s one of the principal concerns for participants in the American journalistic field has been the transformation of the media industry, and in turn the media product, due to the concentration of media ownership in large, profit-driven corporations and the penetration of market values into the editorial side of news firms (Bagdikian, 1992; Squires, 1993; Underwood, 1993; Fallows, 1996; Hickey, 1998). The effects of this transformation have not been examined

systematically, yet already journalists and media scholars report that the ‘new news’ industry, as it is now called, places pressures on journalists to work more efficiently (Underwood, 1998) and to produce dramatic, narratively driven and sensational stories that will entertain and appeal to a broad readership.⁴ Working in a competitive industry, journalists understand that the success of their professional careers, as well as of their news firm, is related to their ability to come up with such pieces.

It is important to understand this context as the backdrop for the journalistic construction of the heat wave, as it helps to explain why the dead bodies became such a crucial part of the disaster coverage. Disasters always make good news stories, and the American news media has historically featured them in local and national reporting. Disasters are graphic, they lend themselves to narrative reporting, they appeal to readers of both hard news and human interest stories, and they are often sensational. Although heat waves tend to be silent and invisible killers because they cause little property damage and leave few visible marks, the Chicago heat wave was unusual in that the death toll was so large that the county morgue, which usually receives 17 bodies per day in its downtown complex, was unable to store all the bodies in its permanent facilities. Having begun their news coverage of the heat wave with the story of the two toddlers who died in a car,

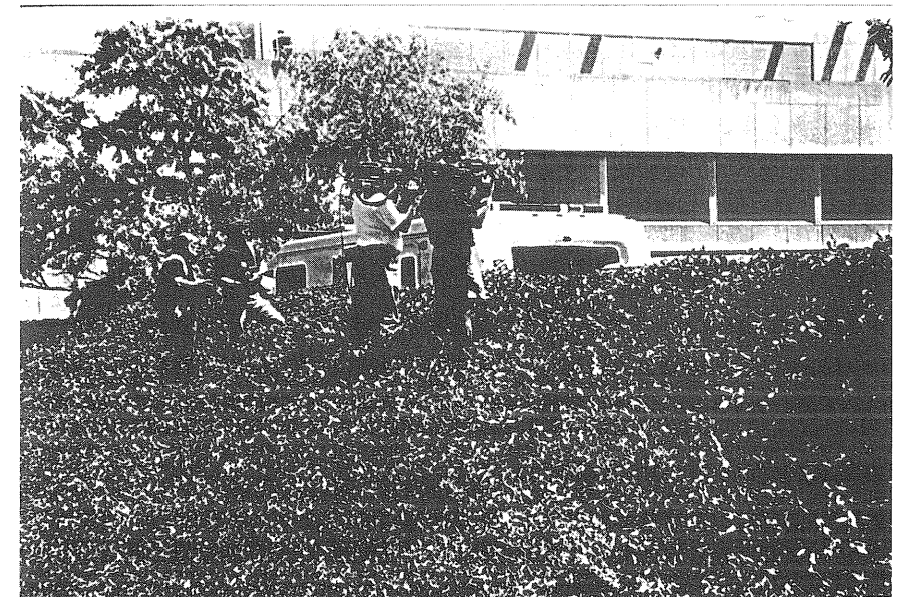


Figure 1 Local journalists scramble around the morgue to get dramatic shots
Source: Cook County Medical Examiners Office

local journalists then turned to the scene of mass death at the medical examiner's office, where the accumulating bodies and the growing corps of health workers made for a perfect spectacle.

The scene at the morgue would have been dramatic no matter how the examiner's office stored and treated the bodies. But when the county's Chief Medical Examiner, who feared a secondary public health crisis if hundreds of bodies were left to decompose in the 100°F degree-plus heat, made emergency arrangements to handle the mounting mass of bodies in temporary storage units, the situation turned fantastical. Ironically enough, the solution for the city long known as Upton Sinclair's urban dystopia was to bring in a fleet of 48-foot-long refrigerated meat-packing trucks to hold the bodies as medical workers raced to complete their autopsies. Sadly, the most vulnerable and isolated Chicagoans had to die in order to get the cooling and attention that would have saved them in life. At the height of the heat wave's destructiveness 10 large refrigerated trucks, along with a traffic jam of ambulances, police wagons and television vans, crammed the area, forming a parade of death so enormous that it seemed impossible to believe that this was happening in the center of the city.

For the journalists assigned to cover the story, and therefore to reconstruct it for the public, the situation at the morgue surpassed all their wishes for 'good copy' and provided conditions for efficient reporting. The bodies, as well as the trucks, were powerful visual images for television and newspapers, where lead stories are often determined by the quality of the photography. The scene supplied ample material for what the journalists refer to as 'color', the descriptions that animate journalistic articles (see Figures 1 and 2). The situation was totally out of the ordinary and, in contrast to the death sites, which were scattered around the city, the morgue was centralized and easy to cover. Journalists could wait there and watch the news come to them. Although the major television stations and newspapers sent some reporters into the city streets, it was clear to everyone that, as an editor in charge of coverage at one news firm explained, 'the scene was at the Medical Examiner's Office'.

In addition to basing much of their coverage at the morgue and emphasizing the story of the dead bodies in their reporting (How many were there? Where were they being kept? How was the city managing them? How did it feel to work with them?), the local and national news media used sensational visual images of the morgue to dramatize the event. These powerful and startling images, whether in the form of television footage or newspaper photographs, dominated the journalistic constructions of the event and became one of the most memorable aspects of the disaster. Local Chicago television network news stations, notorious for their thin news and heavy coverage of scandals and crime,⁵ made the scene of



Figure 2 Photographers wait as the news comes to them
Source: Cook County Medical Examiner's Office

bodies at the morgue the anchor of their reporting. From 14 July to 17 July, for example, television news programs featured shots of wrapped bodies, refrigerated trucks loaded with bodies, morgue rooms with bodies waiting for examination, exhausted medical examiners and volunteers, and busy ambulances. Local newspapers also focused on images of the city's body management problem during the week. Even the *Chicago Tribune*, Chicago's most serious newspaper, grounded its extensive heat wave coverage in photographs of the scene. Under large images of bodies on carts, in minivans, and around trucks, the paper printed captions such as 'Autopsy technicians move bodies Sunday from refrigerated trucks into the Cook County medical examiner's office', and 'Onlookers watch funeral-home workers load into a minivan the body of a woman . . .' (*Chicago Tribune*, 17 July: 7, 19 July: 12). National news organizations, including the *New York Times*, felt compelled to highlight the bodies, or at least their casings, as well. In October 1995, months after the disaster, the *Times* printed a photograph of the coffins of unclaimed bodies being prepared for mass burial, foregrounded by the dangling gloved hand and the lower half of a health worker, along with a short caption about the event. The major national news magazines also focused their photography on the dead bodies in the center of the city: *Time* framed its news story around a close-up shot of a doctor performing an autopsy on a corpse, while

US News and World Report featured a photograph of a corpse being carted to a refrigerated truck (Van Biema, 1995; Wagner, 1995). All of these images seem appropriate for coverage summed up by the *Chicago Tribune's* front page headline at the height of the disaster: 'Heat now being counted in bodies, not degrees' (*Chicago Tribune*, 17 July: 1).

It was at the morgue, then, that the bodies served as their first form of sociological distraction. There, they immediately became the subjects of spectacle, commodified materials for selling stories rather than substantive, human remains, let alone embodiments of the worlds of poverty, neglect, isolation and insecurity from which they had been delivered. Even journalists who reconstructed the heat wave lost the connection between the bodies and the body politic, as their habits of perception, ways of seeing which are also ways of not seeing, made it difficult for them to comprehend the materiality of the bodies before them. As one local reporter explained:

The heat wave became a cliché almost as soon as it began. Here in the newsroom people were making fun of it. And 'the heat wave' [he says in a news anchor's voice] was something that was real present and really real to a lot of people and yet it didn't seem real, it just seemed, uh, propped up, somehow.

The closer to the bodies they came, the more some journalists, and, it seems, many of their readers, questioned whether the crisis was '*really real*'.

Accustomed to an organizational and industrial routine of production in which creating spectacles for consumption is mundane, journalists can experience even real crises, and in this case real deaths, as if they are pseudo-events (to use Boorstin's phrase), fabrications with a purely commercial or promotional meaning and function (Boorstin, 1964). Transformed into just the next set of news offerings, the dead bodies were in effect derealized, first for the reporters whose job was to repackage them as spectacles, and then for the readers who consume them, along with breakfast or over dinner, until the next news cycle comes and they begin to hunger for more. Note, however, that the bodies in the heat wave story are, unlike the bodies of prostitutes, prizefighters or organ sellers, abstracted commodities whose substance is all the more transformed when subjected to mechanical or digital reproduction. In fact, the dead bodies that appear in the news are triply abstracted commodities: the bodies sell stories, which in turn sell news products (papers, magazines, radio and television programs), whose sales levels (or ratings) sell advertisements, which are the major sources of revenue for news firms. Their evocation as spectacles, Edelman explains, 'helps erase history, social structure, economic inequalities, and discourse from the schemas that account for well-being and privations' (Edelman, 1988: 120), transforming or dematerializing the bodies so that they are

no longer intelligible as social beings or as the victims of a socially determined catastrophe.⁶

Part 3: Political Science and the Social Autopsy

If it was in part made possible by the spectacular coverage of the dead bodies, the debate of whether the heat-related deaths were 'really real' became a central part of the heat wave when Mayor Richard Daley publicly challenged the validity of the medical examiner's autopsies, using a press conference to announce that 'Every day people die of natural causes,' and that 'You can't put everything as heat-related. . . . Then everybody that dies will die of the heat' (*Chicago Tribune*, 25 July). Though predicated on no real knowledge, Daley's early denial that the deaths were associated with the heat wave reinforced the journalistic, public and even scientific attention to the bodies, sparking an exchange of politicized scientific and lay inquiry into the question of what counted as a heat-related death.⁷ Echoing the loaded phrase of her colleague, another journalist, the principal author of a set of front-page articles produced by a major local paper, explained that the mayor's appeal to common sense over science influenced the initial reporting of the disaster, causing 'a little disagreement among the editors on the staff. What was going on here? Was this really real? You know, the question being is there really more [death] or are people more aware of it?'

Again through the mediation of journalists, who buttressed their coverage of the morgue with a series of reports on the challenge from City Hall and the response from Ed Donoghue, the medical examiner,⁸ the arguments of the mayor and his staff brought the dead bodies of heat wave victims into the spotlight and pushed the social context of the event backstage. Daley's effort to naturalize the deaths generated a battle in the terrain of medical science, specifically the science of dead bodies. The mayor's denials and the local journalists' own skepticism of the medical examiner's findings forced Donoghue, who had attributed hundreds of deaths to the heat, to defend his analysis. The public support of a number of medical examiners throughout the country, and no doubt the 10 refrigerated trucks full of corpses at the morgue as well, helped Donoghue make his case convincingly, and eventually even Daley recanted his original position. But here again the focus on the bodies contributed to the way the city government and the press shifted attention away from the conditions around them. With the deaths recorded as 'heat-related', they gained official status as the products of a natural (and therefore necessary) disaster, the kind of which no one (except, as Chicago's Health Services Commissioner would say, those who had died themselves) could have done anything to control.

Resolved with a naturalized and somatized conception of disaster mortality that reduced causality to the weather and the body, the dispute over the heat wave deaths reveals the restricted scope but unmatched power of both the official state attribution of mortality and the medical autopsy on which it is based. The realm of death, as Thomas Laqueur has shown, is one of the primary areas in which modern mental, social and political structures have been organized around a regime of bio-power and 'medical imperialism' that officializes biological explanations and gives them 'epistemological sovereignty' over minds and bodies (Laqueur, 1989). The modern autopsy, so often taken for granted as the real diagnosis of death attribution, is in fact a recent invention that did not wrest explanatory power of death away from the Church and the law until the 19th century, when Rudolph Virchow developed and disseminated a method for conducting systematic post-mortem examinations. As a genre, Laqueur explains, the autopsy claims to be 'about what really happened' and 'assumes a clear understanding of cause and effect'. Despite its remarkable capacity to explain physiological sources of death, the monopolistic power of modern medicine over matters of mortality has generated a social context in which 'technology and the languages of science obscure rather than illuminate the realities of death' (Laqueur, 1989: 195, 202).⁹

The social nature of death, in disaster as well as normal conditions, escapes the categories and classifications of modern states and societies. This conceptual lacuna helps to explain why the somatic scientific accounts of death during the heat wave proved so much more powerful than the few social accounts with which some Chicagoans challenged the official story of the week.¹⁰ Competing in a political field and linguistic market in which the official state language, as Pierre Bourdieu explains, is 'the theoretical norm against which all linguistic practices are objectively measured' (Bourdieu, 1991: 45), social explanations of the heat wave mortality appeared anomalous and even illegitimate to the institutions whose definitions exert the most influence. The social autopsy, then, has never been taken seriously by the real players in Chicago politics and society.

Conclusion: On the Matter of Bodies

If the journalistic, scientific and political tendency to fetishize bodies, to make them, in other words, the central or sole sites of analysis, ultimately deflects attention from the social conditions in which the bodies are shaped, how can the sociology of the body avoid a similar fate? It seems wrong, or at least misleading, to say that the truth is in the body. Bones may never lie, but neither can we explain how they became the subjects of scientific or medical analysis without connecting them to the social realm. Nonetheless, looking closely at the body can open

up areas of social inquiry that social scientists might not otherwise recognize, and the bodies themselves can give evidence of social conditions that might otherwise be difficult to document. In the heat wave, for example, the emerging group of literally socially isolated city residents became visible only because their dead bodies were discovered in the urban burrows to which they had retreated. Until the disaster, neither city agencies nor social service agencies, let alone social scientists, had identified or taken seriously the risks for and needs of isolated seniors. The dead bodies, then, have served to reveal new forms of marginality, insecurity and neglect that threaten the welfare of urban residents. The bodies substantiate the danger of everyday life for hidden urban isolates and others whose mobility has been restricted by illness and fear. And yet, during the heat wave the bodies did not matter in this way. In the political field, where the fate of cities and societies is largely decided, the most visible bodies, the commodified body de-realized by the journalistic field and the objectified body severed from the social by scientists and officials, risk distracting us from the social conditions that threaten them most.

Notes

1. This point suggests several interesting questions for analysis that fall outside the scope of this article. First, it reveals that the effectiveness of organizations is often determined by contingent factors, such as the timing of events and the cycle of organizational activity, that are rarely studied in sociological research. Second, and relatedly, the tendency of elite urban Americans to retreat to weekend homes during summer months is one of the principal seasonal variations that affects the collective life of regions, albeit in ways that are often unrecognizable or at least unrecognized by scholars of society. For a powerful and unappreciated analysis of the seasonal cycles of social collectives, see Mauss (1979).

2. Medical researchers have found that deaths from the heat generally require 48 hours of heat exposure, and therefore the heat wave deaths begin to emerge on 14 July, two days after the first burst of heat.

3. I learned this from city residents as I did fieldwork in neighborhoods throughout Chicago as a way of following up on several of the key issues that emerged during the heat wave.

4. According to Hickey (1998), from 1977 to 1997 the front pages of major American newspapers, magazine covers and network television news programs increased their coverage of scandals, celebrities, gossip and human interest stories from 15 percent to 43 percent of the total.

5. Recently the *Columbia Journalism Review* rated the city's local television news near the bottom of all major urban television programs, grading the three news networks a C, C, and D- (Rosenstiel et al., 1999).

6. This explains why Edelman argues that 'the constructed spectacle either conceals inequalities or justifies them' (1988: 124).

7. There are, in fact, two measures of deaths during the heat wave. The first measure, of heat-related deaths, counts the number of deaths in which examiners find direct evidence of any one of the following three criteria: '1) a measured body temperature of > 105°F (> 40.6°C) before or immediately after death; 2) evidence of high environmental temperature at the scene of death, usually greater than 100°F; or 3) the body was decomposed and investigation disclosed that the person was last seen alive during the heat wave and that the environmental temperature at the time would have been high' (Whitman et al., 1997). This conservative measure typically undercounts heat wave mortality because it includes only those bodies that are autopsied or examined, and, especially in cases of numerous but dispersed

mortalities, many bodies are buried without a medical examination. Scientists now believe that the second indicator of heat wave mortality, excess deaths, is a better measure (Shen et al., 1998). Excess death rates simply measure the number of deaths for a given period of time in relation to the baseline death rate. The Chicago Department of Health reported 739 excess deaths during the week of the heat wave, 696 excess deaths for the month of July 1995. It is important to note that Chicago's mortality rates did not dip substantially in the months after the heat wave, meaning that the heat did not (as some have speculated) simply kill off people who would have died soon thereafter anyway.

8. Note here that journalistic organizations tend to have beat reporters in City Hall and around political officials, where they can regularly, reliably and efficiently find newsworthy information. This structure of reporting helps explain why so much news is based on information from official political sources (see Sigal, 1973; Gans, 1979).

9. Even epidemiology, which measures the social etiology of death and disease and therefore explicitly links the body to the social, relies so heavily on abstracted statistical measures of social conditions that it reduces the social nature and experience of death to terms recognizable only to scientists.

10. After the disaster, the City of Chicago formed an official commission to conduct and publish a study of why so many residents died during the heat wave. Although the study portends 'to study the epidemiological, meteorological, and sociological aspects of the heat wave', the commission included no sociologists. This omission is especially ironic given the presence of the University of Chicago Sociology Department, the birthplace of American urban sociology, in the city (see City of Chicago, 1995).

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Semen as Gift, Semen as Goods: Reproductive Workers and the Market in Altruism

DIANE M. TOBER

U.C. Men, Get Paid for Something You're Already Doing! Call the Sperm Bank of California.
(Advertisement, *Daily Californian*)

This advertisement, found in a university newspaper, for recruiting semen donors points to several issues central to debates surrounding the commodification of genetic material and the body as a site of labor: (1) the cultural assumptions underlying donor recruitment and screening; (2) the bioethical issues surrounding paid versus 'altruistically given' donations; (3) the role of sexuality in the reproductive industry. The ways in which these issues are addressed and regulated are by no means uniform throughout the sperm-banking industry, and point to the multiple complex ethical issues surrounding the commodification of the body and its products. This article will explore how cultural interpretations of genetic inheritance influence the screening of sperm donors¹ – by sperm banks and their clients – and the market for donor sperm.² This article draws on fieldwork in sperm banks, interviews with single women and lesbian couples having children through donor insemination (DI), and interviews with semen donors.

Mary Douglas (1966) has discussed the parallels between the body and the social hierarchy, and how pollution beliefs – particularly those surrounding the boundaries of the body and exchanges of bodily fluids – are linked to a system of morality. The buying and selling of sperm in many ways violates, yet simultaneously reproduces, this social/moral order. For example, the ability to purchase sperm in order to have children defies traditional notions of family and

procreation within the bounds of marriage. However, the way in which donors are selected in many ways replicates these values: women typically choose men who are of their same ethnic and educational background – the kind of man they would choose to be with if they were to be with a man. Repositories, too, select donors who fit a particular profile: men who appear intelligent, educated, moderately attractive and ‘altruistic’. Sperm donation, then, provides a window to reproductive values and a social/moral system, as well as the dynamics between culture and biology or ‘biosociality’ (Rabinow, 1992).

The sperm-banking industry and the market for sperm are both heavily influenced by the notion that some traits – social or physical – are more desirable than others, and that these traits reside in the sperm. Semen is a vehicle for the transmission of genetic material; as such, various complex meanings – biological, evolutionary, historical, cultural, political, technological, sexual – intersect at this particular site. The notions of what semen is thought to contain affects how and what (or whose) semen is being transacted. Culturally held perceptions of (and preoccupations with) genetics, with sperm as a transmitter of genetic material, shape the ways in which potential donors are screened and their semen sold.

Indeed, these notions of what semen (or ova, for that matter) contains, coupled with cultural values surrounding the reproduction of certain types of individuals over others, affects the entire market for human gametes.

Technological reproduction is a multi-billion dollar per year industry (US Congress OTA, 1988: 61–71). This industry is not limited to the sale of gametes (semen or ova), but rather includes the entire gamut of conceptive technologies, including a variety of treatments for infertility. Becker (2000) discusses how couples seeking medical treatment for infertility become consumers of these technologies. Kimbrell (1993) provides a commentary on the design and commodification of life, through the sale of body parts, gametes and blood. Here, he demonstrates how the market – through technology – is increasingly encroaching upon the human body, forcing us to redefine life, death, personhood and property, usually at the expense of ethics. On a parallel note, Duster (1990) demonstrates the relationship between genetics and society, documenting shifting notions of heritability and their infiltration into popular discourse. Given the marketability of the human body (and what it produces) and current emphasis on the dubious heritability of a plethora of traits, one can make the argument that these perceived ‘genetic traits’ have economic value – and are marketable. The semen donor, then, is viewed as the prototype for the child that will be produced by his sperm. For example, one single woman, Sandy, told me how she screened out a particular donor:

There was one guy who had a really high sperm count and he was Mexican, which I thought about because my daughter’s dad is Mexican . . . but I read his narrative and he liked to collect

guns and drive cars and I’m like ‘No, I don’t think so.’ I just don’t need a little member of the NRA running around. So I’m thinking these things aren’t genetically linked, of course they’re not. But, I’m thinking to myself, ‘Well to some extent, why play with it?’

When this informant imagined the person resulting from the sperm of this particular donor, she envisions ‘a little member of the NRA’, despite her acknowledgment that gun-collecting traits are not genetically linked. She was afraid that to have a child with this man’s sperm would result in reproducing a type of person she would not want to see more of in her social world. She finally decided on the sperm of a man who had completed graduate school, someone who was more like herself.

Throughout the sperm-banking industry, as well as among consumers who purchase semen for insemination, certain donor characteristics are thought to be of higher value than others and to reside in the sperm itself. Good physical health is of primary importance; without it, one would not normally pass screening procedures for becoming a donor. Beyond that, the perceived value of a donor becomes more complex: physical traits like height, weight, hair/eye color; social traits like education, ‘personality’, motivation for becoming a donor, willingness to be identified; and more blurry traits like ethnicity, intelligence and altruism have varying values depending upon both the repository doing the screening and consumer demands. The question here is: how do locally held perceptions of what semen is thought to contain affect its exchange value?

Emily Martin has discussed how the reproductive metaphors in scientific language are gendered – sperm is depicted as the aggressor and the egg viewed as the passive recipient – based on stereotypical male–female roles (1991). Similarly, repository employees, as well as recipients, attribute a variety of traits to donor sperm, assigning it a personality, which would presumably be exhibited by the offspring of that sperm, regardless of the biological contributions of the mother or the environmental conditions in which the offspring was to be raised. For example, in the case of Sandy, above, the impact of the imagined traits of the sperm is elevated, whereas the social and biological contributions of the mother are minimized in relation to the eventual personality of the child. Similarly, a lesbian couple told me how they chose a donor:

We wanted someone bright. I wanted someone tall. I think it’s an advantage in life. All of them have to be healthy so that sort of goes without saying, but after health came brightness. But, there were certain professions that we thought were smarter than others. Some people seemed too nerdy, you know they played badminton or didn’t drink coffee or something. From the information you get on the piece of paper [the donor profile] you just think the doctor who plays basketball and drinks two cups of coffee a day sounds more like our type than the book-keeper who doesn’t drink coffee and plays badminton. . . . The donor we finally picked was a doctor, 6 foot 4 inches, played basketball and drank coffee. We felt like if we met him, we could relate to him, and maybe our child would inherit some of his qualities that we liked.

The sperm of the educated man, then, has more social and emotional value than does the sperm of a man who appears less educated and has hobbies of questionable social value. The way in which women choose their donors based on their own interpretations of what are valuable genetic traits to pass on to future offspring is what I have referred to elsewhere, as 'grass roots eugenics' (Tober, 1998), which also has an impact on the emotional and commodity quality of donor sperm.

Gifts, Commodities and Seminal Value

A commodity is, in the first place, an object outside us, a thing that by its properties satisfies human wants of some sort or another. The nature of such wants, whether, for instance, they spring from the stomach or from fancy, makes no difference. (Marx, 1906: 41)

Throughout the anthropological literature, gifts have been discussed in terms of how social relations are formed and solidified through the acts of gift giving. Drawing on Mauss (1954), the gift itself is not considered important; what is significant is the system of complex social relations one enters into through the acts of giving and receiving. Furthermore, gifts are typically distinguished from commodities, items which are bought and sold, where social relations between persons are disguised behind the transfer of money and goods. Appadurai (1986) has critiqued the simplification of gift/commodity distinctions in much of anthropological writing on the subject (e.g. Dumont, 1980; Hyde, 1979; Taussig, 1980), and has offered (along with Bourdieu, 1977) the notion that gift exchange is a particular form of the circulation of commodities. For example, as Mauss (1954: 77) states:

The producer who carries on exchange feels . . . that he is exchanging more than a product of hours of working time, but that he is giving something of himself – his time, his life. Thus he wishes to be rewarded, even if only moderately, for this gift. To refuse him this reward is to make him become idle or less productive.

Here, Mauss does not make a distinction between the gift, and the fact that the labor that goes into the gift is bought and paid for – this is especially true with sperm 'donation'.

Transactions involving the giving, buying and selling of semen conflate the distinction between gift and commodity exchanges. Semen, as a product that is bought and sold, marketed, categorized, screened, etc. appears to be a commodity. The woman purchases the semen, takes her product home, and hopefully gets the desired result – a pregnancy and a child. These transactions, however, though attempting to deny social relations of 'fatherhood', cannot escape them. First, the donor who provides semen for a woman's child becomes the subject of fantasy

and fetish – some sort of social relationship exists at least in the realm of the imagination and certainly at the realm of the biological should a child be conceived. The economic and emotional value of the imagined donor varies depending upon the traits he is thought to possess. Second, the recipient may, at some point, have some sort of contact with the semen 'donor' who often has the option of entering into a social relationship with the offspring as the child's biological father, albeit a limited one. Thus there is the possibility for a delayed gift/counter-gift interaction that is not usually present in the circulation of commodities. Third, the notion of semen as commodity is further confused by the fact that the recipients themselves perceive the donor as having given them a precious 'gift' (a child, or even the potential to have a child), which the women happened to have paid for. Semen transactions, then, further confuse the gift/commodity distinction.

Adoption parallels – and extends – these same issues; only here actual children are the commodities rather than the genetic material that can result in a child. Zelizer (1985) analyzes the interactions between market or price, and personal and moral values in reference to shifting cultural interpretations of childhood since the Industrial Revolution – a time when the economic value of a child's contribution to the household disappeared, but the emotional value of the child increased. In regard to adoption, and a black market in babies, she discusses a contradiction between a cultural system that 'declared children priceless emotional assets, and a social arrangement that treated them as cash commodities' (1985: 201). The social and legal debates surrounding the buying and selling of babies through adoption agencies and independent agents centered on conflicting themes of the market needing to meet consumer demands, and the moral values which emphasize parenting as a gift that should be motivated by the altruism of all parties, not by profit. The child itself – or the potential to create a child – has an economic value that is based solely on the emotional rewards, not on the potential to contribute economically to the family.

In discussing the relative value of commodities in economic exchange, Appadurai argues that politics 'creates the link between exchange and value'. The value of property or objects is not inherent in the thing itself, but rather is determined by the 'judgment made about them by subjects'. He further argues that 'commodities, like persons, have social lives' (1986: 3). But, how is the value of semen as both gift and commodity determined when the product is not only a product, but also is something which comes from a person and aids in creating other persons who will, themselves, be engaged in social relations, and who may at some point enter into a social relationship with the biological donor who sired them? Furthermore, how is the value of semen connected to the judgments

subjects make about what constitutes a quality person? This comes down to the question of what is the *phenomenology of exchange* when the commodity that is purchased enters into and becomes part of one's body, and eventually becomes another person, with his/her own social history. As Marx notes, commodities are transformed through the process of exchange, using the example that wood is transformed into a table by the person who purchases it (1906: 82). With the exchange of semen this is no less true: with seminal exchange the gamete can be transformed by the woman who purchases it into a child. The fact that the product is a child, a person, rather than a material object like a table, makes the significance of social relations in this form of commodity exchange more pronounced.

The significance of social relations in semen exchange is quite complex. Typically, unless it is a woman using a known donor, the exchange of semen is between donor and sperm bank, and sperm bank and recipient. The buyer and the seller of the product are not immediately involved in the act of exchange with one another. Despite the physical distance between the seller and the purchaser, purchased semen is often perceived as a very intimate 'gift' for the women who have bought it, and the donor is perceived as having given the woman the 'gift of life', a child. Women express their unending gratitude for this man whom they have never met because he gave them something they consider precious. Despite the fact that semen transactions are commodity-mediated exchanges, women typically perceive this exchange as a type of gifting, and fantasize about how alliances with the donor could be forged in the future, when the child reaches the age at which a donor's identity may be released. For example, one informant told me how she often had fantasies that she would get pregnant by her donor and would day-dream about standing with her mythical daughter and her mythical donor, together at her mythical daughter's graduation. Thus the possibility for social interaction through gift exchange is both delayed and is the subject of fantasy and fetishism.

Despite the commodity-quality of semen, there exists a strong motivation to emphasize its value as a purely altruistically given gift among individual women who purchase it, as well as among sperm-bank representatives. For women, the altruistic character of the donor is important. It gives them something positive to tell their children about the man who helped to make their lives possible. Being able to tell one's child that their donor wanted to help people have families has much greater emotional value than having to tell them that their donor needed the money. Hence, when women decide on a donor they often look for cues in the donor profiles that will tell them that the donor was motivated – at least partially – by a desire to help others.

The donation/sale of semen by the donor to the repository is on a continuum. Below, I will focus on the perceptions of donor altruism and payment of money for semen in three sperm repositories where I conducted fieldwork: The Sperm Bank of California (SBC), Rainbow Flag Health Services (RF) and Repository for Germinal Choice (RGC).

Transacting Semen: Three Sperm Repositories

Semen donors receive financial remuneration to varying degrees. Some repositories do not pay their donors at all; some offer very little and define payment in terms of reimbursing donors for their time and trouble; and some pay donors between \$40 and \$50 per semen sample. In all of these repositories – whether donors were paid or not – the idea of financially compensating a donor for providing semen is not neutral. I will now explore the varying degrees to which semen is donated/sold, and how sperm repository representatives interpret the meaning of exchanging money for human gametes.

The Sperm Bank of California

The Sperm Bank of California (SBC) was founded in 1982 by Barbara Raboy, and was the first to cater to single women and lesbians, as well as to offer donor identity release. Their mission is to 'challenge fundamental prejudices and exclusionary policies of the sperm banking and medical communities' (Sperm Bank of California, 1991 Annual Report). They were founded on the principle of 'reproductive freedom for all individuals regardless of marital status, sexual preferences, age, race, or religion' (SBC, 1991 Annual Report: 2). Their initial fees include a \$400 application fee, plus approximately \$108 per vial.

I originally interviewed Barbara, a feminist, and founder of the Sperm Bank of California (SBC), in 1991. At that time the SBC was housed in Oakland, California, in an office within an old Victorian-style building, with hardwood floors and a community women's clinic ambiance. It has since moved to a relatively new office building in Berkeley, with a buzzer for entry. The SBC is also now a subsidiary of 'Reproductive Technologies, Inc.'. The environment now is much more clinical and 'professional-looking', with more distinct offices and private rooms, where women wait to pick up their orders.

Sperm-banking, here, is considered to be a business, which is driven by consumer demand. For example, as Barbara states:

One thing that I find very interesting is the strong influence on how technology gets presented in our society as the people who are using it. Our approach is, you pay attention to your users and they're going to drive the technology.

Barbara addresses a very important point here: that it is the users – the consumers – who ultimately determine the ways in which a technology is going to be utilized. The use of technology is sustained by, and responds to, the market and consumer demand. With sperm-banking, then, even though the original intended market was infertile, heterosexual, married couples, it has become increasingly popular among single women and lesbian couples who don't have regular access to semen.

Like many other sperm repositories, donors here are paid for their time and their 'donations'. A paid sperm bank donor can either be 'unknown anonymous' or 'unknown identity release', which means that the donor agrees to have his identity released to the offspring when the offspring reaches a certain age (usually 18). In fact, SBC was the first sperm bank to offer donor identity release, an option that several other repositories now offer.

The term 'donor', however, is really not accurate in reference to those who are paid for their contributions, because their semen is not donated – it is sold. Paid donors are often recruited through college newspapers. For example, refer again to the ad in a campus newspaper mentioned at the beginning of the article. This advertisement specifically connects monetary reward for one aspect of male sexuality which produces a certain product – semen. Paid donors become part of a market in which their ability to bring themselves to climax produces a commodity which is bought and sold, thereby linking their sexuality to the market for genetic material. In regard to paying donors Barbara explained, during our 1991 interview:

I think most men do this for the money – we have a recession to thank for that. I think all the time the rationale changes, but that is a key piece in this. Still, you get a sense from this process that there are major commitments involved as a donor and that they can't take it lightly as 'just a job'. Because we constantly need updated information from them and ongoing blood tests, so it's pretty involved. They deserve to be compensated for that. We pay donors on a sliding scale. The highest rate is \$40–\$50 for each specimen. It's up to the men how much they want to get paid. Some donors don't want to be paid at all, some want a lot. For some guys, they really have a hard time with the concept of selling sperm – that's not why they're doing it – but many of them still need the money.

Although the paid donor is primarily motivated by cash reward – approximately \$50 per specimen – they typically express other factors in their decision to become donors as well; for example, wanting to help other people have children, a secondary altruism. The donors who express such 'higher reasons' for becoming donors are thought to have more value than those who are 'just in it for the money'. A 'good donor,' according to SBC representatives, is someone who is committed, who has thought the process through, and is doing it for 'altruistic' as well as monetary reasons.

Many donors take on a semi-professional status. That is, they make regular donations (numerous times a month) for usually at least a year-long commitment. These usually enter into a long-term relationship with the sperm bank – keeping them abreast of things that might affect the quality of their semen. Barbara told me she works to gain this kind of trust and commitment from her donors, as well as her clients:

You keep seeing the same donors over and over again. One gentleman, for example, has been with us and he's due for his annual work-up, so he's going to go see our physician for his physical. This is exactly what you want with your donors because you develop this kind of partnership with them over time and you get to know them really well.

This notion of building a partnership or a relationship with the donors was present at all the sperm banks where I conducted interviews. The notion that repository representatives must be able to 'get to know' their donors, to build a relationship with them, to be able to trust them – to have a commitment from them – is considered extremely important to the smooth operation of the repository, as well as in establishing trust in the man providing his semen. Because semen, as a commodity, also contains potential risk, for example of passing on sexually transmitted as well as genetic diseases, the ability to trust donors is of utmost importance. Indeed, one sperm bank, California Cryobank, was recently sued by a recipient couple for providing semen which carried a genetically linked kidney disease which was transmitted to their daughter (*Johnson v. California Cryobank*).

Some in the sperm-banking industry feel that a paid donor has a vested interest in concealing personal information; for example, their health or sexual practices, or family history of genetic diseases. Screening of donors is important to guarantee a lower level of risk for both the recipient and the impending offspring. Among sperm repositories that pay their donors, it is thought that these screening procedures are enough to ensure the product's safety.

Rainbow Flag Health Services

Housed in an old Victorian building in Oakland, California, Rainbow Flag (RF), founded in 1995, is a sperm bank serving the lesbian/gay community. It has completely open policies regarding donor identity release when the offspring reaches 3 months old, and encourages contact between the donor and his offspring. Their founding goal is to build a 'stronger Lesbian and Gay community by assisting Lesbians and Gay Men to bring children into their families'.

Rainbow Flag provides minimal payment to *voluntary donors*. This form of financial reward is not viewed as payment per se, but is seen as reimbursement for the time, inconvenience and 'labor' expended by the donor to produce the product. As Leland, the founder, explains:

When you pay a donor you get into the whole thing about what is the morality about paying someone for their reproductive tissues. Why is that different than paying someone to donate a kidney, for example? Now I do pay my donors, but it's a very small amount and it's primarily a stipend for their inconvenience in terms of getting here. It's a maximum of \$200 which comes at the end of the program. They come here and they give all these donations and they go through physical exams and have all this blood drawn, they get poked and prodded and six months later they come back and get their blood drawn again and after that then they get their \$200. For a lot of them that travel significant distances they're clearly not in it for the money.

Leland expresses the notion that there is a limit to what a donor can be paid and still not be 'in it for the money' – still be a legitimate donor, rather than someone who exploits his own genetic material for financial gain (although, he fails to point out that he, in not paying his donors, thereby increases his profits from the sale of their semen). Furthermore, this informant mentions that if a donor is getting paid for their product that he has a vested interest in lying about any diseases he may carry. For this repository, financial compensation of donors is considered to undermine the relationship of trust seen as necessary between donors and sperm banks. Furthermore, this informant mentions that to pay donors for their semen is unethical, like selling a kidney.

Leland further makes the connection between financial remuneration and a lack of trust:

Most sperm banks don't have very good controls on their own system because if you're a sperm donor and you're being paid \$50 a shot you have a financial interest. So what if your family is rife with diabetes or heart disease? You lie, you say, 'I have none of that in my family', and no one is ever going to find out. Well, if my guys lie to me, they're going to meet this woman and if they find out that their child has a genetic disorder, and therefore the donor might too, they have been defrauded and that would probably be actionable. So, actually I have better controls on making sure that my guys are honest than the rest of the industry does.

Leland thus equates non-compensation of donors with trust, and having better control over his donors. For him, payment of money for semen makes the entire process suspect. Although, and this is an important point, many men find the genetic payoff – and the opportunity to have children involved in their lives – to be at least equally as important as financial compensation. This desire for social and genetic continuance can also be motivation enough to lie about one's medical history, despite the fact that they will eventually get to know their offspring and his/her mother. When donating, men don't usually think of the possibility that they will pass negative traits on to their children. For example, one informant, who defines himself as bi-polar (manic-depressive), is a known donor. When I asked him if he was concerned about his offspring being bi-polar he stated:

That really wasn't a concern of mine when I agreed to be a donor. I don't even really see being bi-polar as being that much of a problem, or any reason not to have kids. It's pretty much managed with medication. When I'm having an episode, it just makes life more colorful.

For this donor, being bi-polar was not enough of a problem, despite its heritability, to be a reason to not have children. Likewise, sperm bank donors with a variety of disorders in their medical histories – including cancer, diabetes, heart disease, alcoholism, etc. – do not usually perceive these afflictions as having enough of an impact on their lives to warrant not reproducing. Furthermore, many men may be carriers of genetic diseases of which they are not aware, and which are not routinely screened for at sperm repositories, unless they are predisposed to genetic ailments because of their ethnicity (for example Jews and Tay Sachs disease, or African-Americans and Sickle Cell Anemia). Thus, Leland's perception that he has 'better controls' over his donors does not appear to be accurate.

The Hermann J. Mueller Repository for Germinal Choice

Robert Graham founded Herman J. Mueller Repository for Germinal Choice (RGC) in 1980. RGC was originally a joint effort between Hermann Mueller, a geneticist, and Robert Graham, a businessman. Mueller's initial idea was to positively influence the human gene pool by promoting the reproduction of intelligent, altruistic men, whose semen would be banked until after their death, when it could truly be decided whether or not they had led exceptional lives. Graham was going to provide the funding for the project, but Mueller decided to abandon it because he felt that Graham placed too much emphasis on intelligence and too little emphasis on altruism in the recruitment of semen donors. Mueller died in 1978, and the repository opened its doors for business in 1980, under the founding of Graham, who initially only recruited Nobel Laureate donors. Graham did, however, implement the policy that donors were not to be paid for their donations; for Graham, this was evidence enough of donor altruism.

Robert Graham died in 1997, and for several years the repository was funded by the Society for the Advancement of Man, and run by Gina, whom I interviewed in 1998. The repository has since ceased operation. Since she was not the founder, but rather just worked there, her personal philosophies regarding reproduction were not completely consistent with the founding and operating principles of the repository. Yet she was still well versed in what those principles were. The following is her understanding of how the repository was founded and developed:

They started out with the concept that they wanted the 'best and the brightest' [donors] that they could come up with, and they thought that Nobelists would best fit that category. Then they found that these gentlemen were all older and their sperm was not freezing well, so they spread out and diversified. Now their criteria is 'great health, high IQ, and high achievement'; now, it's pretty open in terms of what that means, but it still means we're recruiting the top 5 percent of our population. Their idea was to encourage the best men in our population to have more offspring than they normally would have and to give those children the best possible start

in life. So they heavily screened both the donors and the clients; although, with the clients we're a little more flexible . . .

This bank stores and sells the sperm of 'men in excellent health who in addition . . . demonstrate great potential. Always these men have high intelligence.' The philosophy of this bank is to 'put more genes from some of our best men into the human gene pool', and to 'give babies the best possible start in life'. As mentioned above, only married couples, where the woman is under 38 and has written consent of her husband, may purchase sperm from this bank. The initial costs at this bank include a \$100 application fee, a \$200 cryogenic tank fee and a \$3000 program fee. These fees include three vials of semen per month for up to six months. This repository does not serve single women and lesbians.

At the RGC, it is a matter of strict policy that donors are to receive no financial compensation. As Robert Graham states in a video-recorded interview:

We absolutely do not pay our donors. That is our policy. Our foundation is trying to find donors who are altruistic, who can be trusted, and who are doing this so they can pass their good genes down to future generations. We are trying to promote altruism, and believe this can be passed down through the gene pool.

For this bank, then, the emphasis on altruism and positively influencing the human gene pool, would be sullied by the exchange of semen for money.

Donor 'Altruism' and Seminal Value

Sperm repository policies regarding paying donors express conflicting notions of what it 'should' mean to be a donor, and what are the 'right reasons' for donation. In two repositories where I conducted fieldwork (RF and RGC) there was the notion that if a man was a donor 'for the money' then he had a vested interest in lying on the intake forms about his health, sexual practices and other issues. At other repositories, for example the Sperm Bank of California, it was recognized that the man was providing a service at sometimes great personal sacrifice, and should be financially rewarded. Still, the issue between altruism and trust is an important one. These notions of the commercial = bad versus voluntary = good are the topic of Titmuss's treatise on donor blood and are rife in the sperm-banking industry and among recipients.

In *The Gift Relationship* (1997), Richard Titmuss provides a comparative analysis of blood donation in the USA and the United Kingdom, exploring the role of altruism and gifting of blood vs the marketing and commodification of blood. These arguments are extremely relevant to the discussion of semen donation, and the perceived tension between those who give it freely versus those who expect reimbursement for their 'labor'. According to Titmuss, the anonymous gift

of blood is the archetype of a pure gift relationship because the donor does not have any motivation for donating apart from the desire to help others. However, the question remains whether any gift is driven by pure altruism. For example, the 'altruistic' blood donor may feel personal satisfaction that he or she was being a good person by virtue of the fact that they donated blood. Thus, personal satisfaction is the motivation for being a donor, rather than pure altruism. I argue here that, in the case of semen donation, there is always some form of self-interest among donors who give it – even when it is given freely and the donor remains anonymous.

Blood and semen are parallel fluids in many ways: they are both regenerative; they both can be donated and/or sold; they are both perceived and experienced as a 'gift of life'; they can both be stored in 'banks' before they are received by recipients; they can also both transmit HIV/AIDS and other diseases, and are thus subject to numerous testing procedures to ensure 'safety' for their recipient; they both forge some kind of relationship between the donor and recipient – even though they may never actually meet. Because of their regenerative quality, they have not fallen under the same strictures as have the donation and sale of human organs.

In the sperm-banking industry this connection between altruistically donated semen and good, and purchased semen with bad is apparent, but not consistently articulated. At the SBC, for example, semen donors are paid, but someone who is doing this 'just for the money' is not the ideal. The best donors are considered to be those who also have some personal reason – aside from monetary – for donating; for example, if they had a relative who went through infertility or had a baby through donor insemination, and the donor would like to be able to 'give that gift to someone else'. It is realized that most men donate because they are in college and need the money, yet their reasons should have more meaning than just monetary compensation. This is often a trait that women look for when they choose donors as well, as they study the donor profiles.

Other repositories, for example Rainbow Flag, provide a minimal compensation for the donor's 'inconvenience', and the Repository for Germinal Choice has a policy against donor compensation. Both these repositories feel that to compensate donors monetarily would give them a vested interest in lying on their applications and thus make them less trustworthy as donors and their semen more risky in terms of genetic or other diseases.

Two of the above repositories have stated that the purchased sample is 'corrupted', tainted, not trustworthy. At the SBC, money is considered to be the main reason why men donate semen, and is not necessarily thought to detract from the quality of the product; yet, there is still an emphasis on the underlying

reasons men donate – altruism. This emphasis on altruism – or wanting to help others out who can't have children on their own – is perceived to be strongly connected with the quality of person who donates and, by extension, the quality of his semen.

These definitions of altruism are problematic, however – especially since it is genetic material that is being donated. In *The Selfish Gene* Richard Dawkins (1976) argues that there is no true altruism, that all acts that appear altruistic are actually self-serving in terms of maximizing an organism's reproductive potential. Although I find flaws in many of Dawkins's socio-biological arguments – that organisms can be reduced to mere containers attempting to spread their genetic material – with regard to sperm donation, alas, he may be right.

At one sperm repository where donors do receive monetary compensation, donors are asked their reasons for wanting to become a sperm donor on the intake forms. Most of these responses mention the need for money, along with a felt need to pass on one's genetic material (a few also mention the desire to help other families because they know someone who had problems with infertility). Typical responses to this question of 'Why donate?' are: 'To be blunt, because it pays. . . . A far more minor reason is my view on eugenics. I think I have good genes and I want to spread them around as widely as possible.' Another donor states: 'I have excellent genetics and right now I need to pass them on.' And yet another donor provides a message to the recipient(s): 'I hope you enjoy my genes as much as I have.' All of these donors express the desire to spread their genes – to maximize their reproductive fitness, so to speak. The obvious oversight, here, is that this donor is not being cloned, but rather any child produced is merely a combination 50 percent of the donor's genetic material along with the mother's 50 percent. Furthermore, the entire quest for 'altruistically' motivated donors among sperm banks is misplaced: any transaction involving the genetic continuation of an individual through his/her offspring is automatically motivated by a certain degree of egocentrism. Indeed, most of the men I have interviewed have stated that they would still donate even if they were not paid. One man stated: 'Having been a semen donor took the pressure off of me. I never really saw myself parenting children, but now I know I've sort of done my part to keep my genes out there.'

Even if financial incentive is removed from transacting semen, the genetic incentive can still be powerful enough to render the potential donor as untrustworthy, should he be the type of person who would lie about his family medical history, alcohol or drug use, sexual practices and so on. These motivations for financial and genetic payoff are not grounded in altruism. Even donors who do express altruistic motivations such as wanting to help others have children still express secondary motivations of wanting to spread their genetic material.

Furthermore, sperm banks that have policies against paying their donors, or paying them minimal amounts, are also suspect in that the less they pay their donors, the more money they make when they sell the product that they got for a minimal amount of money or no money at all. Consequently, the search for 'altruistic' donors boils down to a search for men who find the genetic incentive to be more significant than financial incentives.

Transacting Identity

There are essentially two types of voluntary donors: those who donate their sperm at sperm banks with no financial compensation, and 'known' donors that an individual woman (or lesbian couple) may ask to help her have a child. Voluntary sperm bank donors and known donors are very different: at the sperm bank, the donor's identity will usually not be released, so the donor's motivation is more likely to be increase the spread of his genes. Known donors, however, often enter into a social relationship with the woman and her child, but have no legal rights as fathers. Thus the known donor is often motivated by social as well as genetic benefits.

At some sperm repositories donors have the option to have their identity released when the offspring reaches a certain age, usually 18. Two repositories where I conducted fieldwork, Rainbow Flag (RF) and the Sperm Bank of California (SBC), both offer identity release of the donors; although, at RF it is mandatory when the offspring reaches 3 months of age, and at SBC it is optional for donors to have their identity released when the child reaches 18. If a donor agrees to identity release, he cannot change his mind, however. Many other repositories, including the Repository for Germinal Choice, another sperm bank where I conducted fieldwork, prohibit the release of donor identities and do not offer this as an option.

Among the repositories that do offer this option, 'identity release' donors are in much higher demand than those who wish to remain anonymous. Most recipients want their offspring at least to have the opportunity to be able to seek out their donors should they so choose. It is also felt among many women that identity release donors have thought the process through more deeply and have taken greater personal responsibility in regard to the offspring their sperm produces. Whether or not (or how much) a donor is paid has no impact on the decision to become an identity release donor; that is, donors do not receive more money if they agree to have their identity released. However, at one repository in San Francisco identity release semen costs approximately \$25 more per vial than non-identity release because of higher demand. The value of semen, then, is subject to the

laws of supply and demand. Further, identity release becomes a sort of secondary commodity. Women are more likely to purchase the semen of men who leave the option open for future contact.

'Ethnic Semen' and Expanding Profits

Donor intelligence, donor altruism and, in some repositories, the willingness to be an identity release donor all affect the perceived value of semen among both clients and sperm bank personnel. Ethnicity can also determine the value of semen for sperm repositories with a consumer profile where ethnic diversity is present. Many repositories in the San Francisco Bay Area desire to appeal to an ethnically diverse market, by expanding the ethnic pool of their donors. It is considered that the more ethnic choices one has represented in the donor pool, the higher the chances for increased profits. The Repository for Germinal Choice is not concerned with having a broad range of ethnic options, promoting instead, the genetic reproduction of primarily Caucasian, upper middle-class, highly educated scientists. Consequently, their donor pool is a comparatively homogeneous group, as are their clients. The SBC and RF, however, feel a need to recruit donors who are ethnically diverse, often relaxing certain standards, for example the minimum height requirement which is usually around 5 foot 9 inches for Caucasian donors, for donors of varying ethnicities. This, again, has to do with the politics, policies and goals of the individual founders of these banks, as well as higher consumer demand in the Bay Area for 'ethnic sperm'.

Leland, founder of Rainbow Flag Health Services, specifically made the connection between 'ethnic sperm' and profit. He states:

We have one Chinese donor, everyone else is white. If I could find African-American or African donors I would be happy as a clam and I'd be making a lot more money. There's a lot of African-American lesbians who are looking for African-American donors, but can't find any. . . . Unfortunately there has been a large number of calls over the years from African-American heterosexual men who are interested in being donors primarily for money, and I turn them away because we don't pay, and some of them ask pretty rude questions like, 'Are there any women there to help you have sex?' . . . We also don't have any Jewish sperm, which is a shame because there are a lot of Jewish lesbians who would love to have Jewish sperm.

It is interesting that there is such a high demand for Jewish sperm donors in Bay Area sperm banks. As Susan Kahn (1996) demonstrates, because of strict prohibitions against masturbation for Jewish men, in Israel non-Jewish sperm is flown from the United States for insemination of Jewish women. Because Jewish identity is matrilineally located, it is the womb that determines the Jewishness of the child. If a child's ethnic/religious identity is traced through the mother, why

would there be such a high demand for Jewish sperm in sperm banks and among Jewish recipients?

All Bay Area sperm bank representatives discussed their desires to recruit greater numbers of ethnic – including Jewish – donors, and have expressed concern and frustration over the lack of ethnic men who are eligible to become donors. This quest for ethnic sperm is in part to better meet consumer demand; women desire children who share their own (or their partner's) ethnic identity. Furthermore, sperm banks with a broader selection of ethnic donors will also potentially enjoy higher profits. Thus ethnicity can be symbolically located (or, as in the case of Israeli Jews, dis-located) within the sperm cell, and is thereby assigned economic and emotional value in reproductive transactions.

What is perceived to reside in the sperm? And, how do these notions of semen affect the ways in which donors are recruited and their products marketed/transacted? I have demonstrated how the social value of altruism is translated as being intrinsic to the donor (and hence his sperm), and therefore how widely shared social values are translated into economic value. The underlying philosophies behind the founding of two of the sperm banks mentioned here are that altruism, or any number of other socially desirable characteristics, are passed from the sperm to the offspring, and that these traits will favorably affect the social world. These fantasies about what sperm is, and about what sperm passes on, are engaged in by both repository personnel and founders, and by the women who purchase semen in order to have a child.

The commodification and gifting of semen – a transmitter of genetic material – is a complex process. Donors who receive financial compensation for their sperm are part of a process of exchange in which semen flows in and out of the sperm banks in exchange for money. This exchange of money for semen appears to be the primary motivation for becoming a donor. Secondary motivations include wanting to pass down their genes and wanting to help other people. Of course, wanting to help others cannot be viewed as pure altruism because of the underlying motivations to enhance one's reproductive fitness. The reward for men involved in these transactions, then, is threefold: money, passing down one's genes and desire to help others.

Reproductive Workers and the Market in Gametes

Many feminist theorists of the 1970s suggest a link between married, heterosexual sex as a form of reproductive labor, which subordinates women to men in patriarchal societies (Firestone, 1970; Leacock, 1981; Rubin, 1975; Sacks, 1975). Arlie Hochschild's (1983) discussion of 'emotional labor' is a gendered redefinition of

what constitutes work, attempting to demonstrate the 'exchange value' of women's emotional labor in relation to other forms of labor. More recent literature on the sex industry has explored how sex work is an income-generating form of labor for women or men, which is highly globalized and capitalized (Allison, 1994; Kempadoo, 1998).

By focusing primarily on the reproductive work of men, rather than women, I am attempting to provide a different slant on feminist critiques regarding the commodification and objectification of the female body. Here I propose that reproductive technologies have evoked a different form of body work – which may or may not include some form of sex or pleasure – in which the procreative aspects of the male body become commodified in ways that parallel sex for profit. Here, the notion of reproductive labor takes on a new meaning and a different level of monetary value than when traditionally applied to female reproductive and sexual labor.

Men involved in the selling of their semen are involved in a type of work involving the body, in which their ability to bring themselves to climax results in increased financial (or social or genetic) opportunities. Men who work as sperm donors can make enough money to pay their rent or other expenses. Indeed, one paid donor (at a repository not mentioned in this article) told me he was a sperm donor because he 'wanted to buy a motorcycle'. Thus, he was exchanging one type of commodity for another. This donor also stated that being a donor was something he looked forward to every week, and that if he wasn't a sperm donor he would probably be much more interested in finding a girlfriend. Although he experienced sperm donation as clinical – rather than as sexual or erotic – his sexual needs were still taken care of and he received money in exchange for his semen.

'Reproductive work' and 'sex work' are both forms of labor involving the body, where the body and/or what it produces have a market value. I am using this notion of 'reproductive work' as a conceptual category in order to think about the commodification of bodily practices and substances, and possible parallels with the sex industry. Semen donors, to my knowledge, do not refer to themselves as 'reproductive workers' in the sense that prostitutes do often call themselves 'sex workers'. Furthermore, egg donors and surrogate mothers may be even further removed from the concept by virtue of the fact that their donations typically involve medical intrusion rather than any form of sexual pleasure. However, I think the idea is still useful in theorizing the ways in which people's bodies become sites of work, as well as for thinking about new ways in which sex and reproduction are linked, despite the fact that sex is not necessarily procreative and procreation is not necessarily achieved through heterosexual sex.

Like workers in the sex industry, reproductive workers submit their bodies to a variety of intrusions. Men are subjected to various tests of their semen, urine, urethral cultures and blood, and agree to a variety of physical examinations. For women who sell ova, this invasion of bodily boundaries is even more profound. They, too, must agree to physical examinations including pelvic exams, medical tests for sexually transmitted diseases, etc., and, if accepted, are further subject to hormonal regulation and 'follicle stimulation' and extraction. I would now like to turn to a comparison of male and female 'reproductive workers' and how they are presented in particular ways in order to appeal to the consumer.

Information technologies, especially the Internet, provide a forum in which the commodity quality of semen can be viewed directly. This is an example of what Lury calls a 'prosthetic culture' (1998), where visual technologies produce strategic 'techniques of the self' in areas that previously seemed immutable. Web pages for infertility clinics, sperm repositories, egg banks and (what I will call) 'private gamete brokers' provide an interesting tool for analyzing the complexity of American cultural ideologies and practices surrounding individuals who sell their reproductive services. For example, one web page (www.fertilityoptions.com) offers sample portraits of would-be semen and egg donors, and surrogate mothers.³ The way in which these reproductive workers are presented provides insight into the values in the market for these gamete providers and laborers, and also shows how different types of people are strategically targeted for specific reproductive tasks. The semen donor – an athletic, sandy-haired, blue-eyed, college graduate; the egg donor – a pretty, young mother of two, with a college education and a personal history of 'wanting to help other people'; the surrogate – a woman in her mid-30s, slightly plump, stay-at-home mother of three, likes to bake cookies, enjoys being pregnant and wants to help infertile couples. The ways in which these individuals are portrayed provide insight into the desired traits for a carrier of the genetic material for one's offspring as opposed to the type of person who would be the carrier of a child but not its genetic parent. Such examples demonstrate the dichotomy between what is thought to be present in the genetic material of the donor versus what properties are required in the mind and body of the woman who is merely the container, or vessel of one's own genetic material.

In all of the profiles provided on these sample reproductive workers, altruism appears as a common theme in terms of the motivation for their work. The physical characteristics were more flexible, but the focus on altruistic motivation for their services was uniform, despite the fact that money was being exchanged for their labor. This focus on altruism is an attempt to remove such 'donations' from the realm of market transactions in order to imbue them with a higher meaning.

This is an example of what Marx calls the transcendent quality of a commodity (1906).

The antithesis of redefining commodity as gift can be found in a rather grotesque example whereby the commodity quality of sperm/ova is intensified. For example, www.ronsangels.com presents a forum in which sperm and ova are put up for auction, starting at \$15,000 and going up to \$150,000. Here, the focus is on beauty, where 'models' gifted with 'elite' gametes can sell their products to the highest bidder, because beauty – an 'American cultural value' – comes at a price. In the photographs at this website, sexuality is heightened to the point where it is difficult to tell whether it is sex or gametes that is being sold. This is even further confused by the fact that the photographer/broker for these models and their gametes also provides links to several soft-core pornography sites. This example demonstrates the sometimes blurred divide between the reproductive industry and the sex industry.

The differences in the intensity of male and female reproductive labor are recognized by the gamete industry; hence, ovum donors are typically paid several thousand dollars⁴ for a single donation of multiple eggs, with extra financial incentives offered to East Indian and Asian women whose eggs are in high demand. Sperm donors who receive compensation are paid much less for each donation, usually around \$40–\$50 per sample. However, semen donors can donate once or twice a week, potentially earning up to \$400 per month, or \$4800 per year. Again, certain ethnic groups are considered to be in higher demand than others and may receive extra financial incentives. Many repositories will even relax certain minimum standards in order to recruit ethnically diverse donors; for example, dropping the minimum height requirement to 5 foot 5 inches for Asian or Hispanic donors.

The connection between sex work and sperm donation is actually quite complicated. As I was researching sperm banks on the Internet, one site came up that made a rather blatant connection between donor sexuality and the sex industry (www.masturbationparadise.com/banks.shtml). This page provided some informational links for semen donors, but primarily furnished links to a variety of pornographic web sites, including 'live females' performing sex acts over the Internet and other sexual fantasies including: teens, black women, Asian women, lesbians, gay men, S & M, etc. This site also included alleged hidden-camera pictures of a man masturbating/working in a 'masturbation room' at a 'sperm bank.' Here, the sperm bank becomes the imagined site of voyeuristic/exhibitionist masturbation fantasies, in which the 'sperm donor' is the eroticized subject. Lower on the page it states: 'Remember, you can help other people by giving sperm!' And, 'If you already have experiences visiting a sperm bank, please

feel free to (anonymously) tell about it.' Thus men's sperm bank stories also become the topic of sexual fantasy, but the hint of altruism, of helping others, is still brought to the fore. I do not know to what degree this web site is accessed by actual semen donors, but here the connection between producing semen and the sex industry is made explicit, focusing both on the more traditional lines of women as the focal point of erotic labor, as well as new forms of fantasy where the process of sperm donation itself is eroticized.

Conclusion

In regard to the international trade in organs, Nancy Scheper-Hughes has discussed how the poor are exploited, selling organs to the wealthy (2000). With the sale of human gametes, it is the intellectually privileged (that is, usually university educated) that are recruited; generally, this class of individual is temporarily economically disadvantaged and needs to earn extra income to help put themselves through school. Non-compensated donors are usually more privileged, for example the Repository for Germinal Choice's 'scientists'. Surrogates whose bodies are temporarily used, but whose gametes are not involved in the reproduction of children, are typically working class (see Roberts, 1998). This points to a 'class structure' of the reproductive industry, in which individuals are ranked and considered appropriate for different reproductive tasks.

The cultural values of altruism attempt to decommodify the commodity – to remove semen from its exchange as a marketable product and redefine it as gift. However, representations of reproductive workers in businesses involved in selling their services – which accentuate donor sexuality and exchange of money for a product – make the argument that gametes are altruistically given gifts untenable. This rhetoric emphasizing donor altruism is an attempt to imbue sperm donation with a higher moral and emotional value, and to remove these donations from the self-serving commodity culture prevalent in the USA. This is problematic on a deep cultural level, for what is seen as being more self-serving than masturbation – especially for money? Hence, a problem arises in conceptualizing sperm donation: Is it an altruistically given gift standing above commodity culture, or is it a commodity which is bought, sold and fetishized? In sperm donation, I argue, 'altruism' or 'gifting' becomes a selling point, a secondary commodity.

Studying the linkages between cultural values, lay interpretations of genetics and the market for genetic material is essential to an understanding of how sperm repositories recruit and screen potential donors, donor motivations, and how women choose donors for their offspring and construct the identities of the

donors they have chosen. Screening procedures within the sperm-banking industry reflect widely held cultural assumptions surrounding who is and is not suited to reproduce, or, to get more microscopic, which 'genes' – and I use the term loosely here – are/are not suited for replication.

Numerous parallels can be drawn between semen donation and the entire industry in body parts – organs, blood, gametes, etc. – especially in regard to the comparative value assigned to that which is donated, as opposed to that which is sold, as well as the perceptions of what makes a 'good' donor. Medical anthropologists conducting research on organ donation, for example, have pointed out the importance of anonymous altruism among organ donors for recipients and their families, acknowledging the organ as 'gift of life' (Sharp, 1995). This rhetoric of 'altruism' is rife within the sperm-banking industry as well, and affects the selection and screening of donors by both sperm banks and recipients. Similar euphemisms of semen as 'gift of life' abound among women who have borne children of donor sperm.

Although many in the sperm-banking industry contend that men who receive money for sperm are more likely to lie about their health and sexual practices, they fail to recognize that men may have many complicated reasons for donating sperm – that the rewards of genetic continuation and establishing relationships with children without having to assume responsibility can be even more profound than financial compensation. Thus the perceived value and trust in 'altruistically donated' sperm is misplaced. In semen transactions, true altruism cannot exist.

Notes

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This paper is based on two phases of fieldwork conducted between 1991 and 1998, and 1999 and 2001. During the first phase of fieldwork I interviewed representatives from sperm repositories, collected data from sperm bank files, and interviewed 15 single women and 15 lesbian couples attempting motherhood via donor insemination. From 1999 to 2001, I interviewed 15 donors regarding their motivations and experiences, and re-visited many of my previous informants.

1. This article only addresses transactions involving donor sperm through sperm banks. Women (especially single women and lesbian couples) also often enter into other arrangements with known donors in which there is usually no payment for semen. In these cases, the donor usually sees himself as helping out a friend, with the added benefit of having a child whose life he can be involved in without the responsibilities of traditional fatherhood. Being a known donor is often considered an attractive option for gay men who want to have children in their lives.

2. There is a distinction between sperm and semen. Sperm refers to the actual sperm cells contained within the ejaculate, or semen. Although it is ultimately the sperm cell that is required for fertilizing an egg, and thus producing

a pregnancy, it is semen (a fluid containing millions of sperm cells) that is collected, purchased, frozen, sold, thawed and inserted. The sperm is the cell that passes on the DNA of the biological father to the offspring. Thus, when speaking of donor traits that are perceived to be heritable, I will use the term sperm. When speaking of the transactions involved in the buying or selling of the fluid containing sperm, I will use the term semen.

3. For more on surrogacy and egg donation see Roberts (1998).

4. I actually saw one advertisement in the *Daily Cal* (November 1998), a UC Berkeley student newspaper, offering up to \$25,000 for the donated eggs of a blond-haired, blue-eyed, university-educated woman, under the age of 30. Since then there have been numerous well-publicized advertisements attempting to recruit 'Ivy League Eggs', offering upwards of \$50,000.

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Excess, Scarcity and Desire among Drug-Using Sex Workers

MARÍA E. EPELE

Fantasies – of excess, lack of control and full satisfaction of bodily desires – are integral to some of the stories heard on the streets. These stories use sexual slavery as the paradigm for understanding how drug-using sex workers who live under marginal conditions are subjected and victimized by men. However, within the street scenario there also exists an opposite model of prostitution. This contradictory image evoked by the speech of street sex workers sees prostitution as a means by which disadvantaged women break traditional gender stereotypes and can re-appropriate their bodies. Although some cases of drug-related sexual slavery do take place, and some women introduce themselves to strangers as liberated by prostitution, both of these opposite models – slavery and liberation – fail to explain the complex everyday reality faced by women on the streets (Rosenbaum, 1981a, 1982; Connors, 1996; Hart, 1998; Phoenix, 1999).

Instead of excess, I suggest that lack and scarcity are the main characteristics of the economy of desire and need when drug abuse intersects with sexual activity. Even though poverty, illegality and marginality define the setting where drug-using women live (Waterston, 1993; Carlson, 1996), this scarcity is not restricted to economic resources. It also applies to the amount of drug-related gratification, bodily well-being, sexual desire and body commitment during sexual practices (Bourgeois et al., 1997; Weeks et al., 1998). While these types of scarcity are shared by men and women, I suggest that the latter suffer a gendered 'artificial scarcity' as a result of the commodification of women involved in street sex work.

It is only by considering men's direct or indirect intervention in the production of this 'artificial scarcity' related to women's drug consumption that it

becomes possible to understand the dominant logic that subjects and subordinates women in the street economy, leaving them without a way out. Instead of relying on static and frozen gender roles, I suggest that women's subjection is carried out by a dynamic process, always open to challenge and contestation.

Starting with an analysis of stories from the Mission hotels, and their similarities to theoretical points of departure, I suggest that the body is the site where the tension between desires and needs takes place (Turner, 1983; Gilman, 1985; Crawford, 1994). The progressive embodiment of desires and the external regulation and diversification of means to obtain pleasure are central characteristics of the consumption system (Friedman, 1994; Lowe, 1995). Even though drug consumption shows these mainstream features in an extreme way, street drug abuse is based on the progressive embodiment of a promise of satisfaction linked to a particular and fixed object.

From this perspective, I will focus on the commodification of female sex workers and the processes that affect their bodies: objectification, fragmentation and re-appropriation. I argue that male re-appropriation of women occurs through male intervention in the female circuit of gratification related to drug consumption. This intervention is carried out not only by the control of income in relationship with male partners or lovers, but also by the continual, progressive reduction of prices in street sex work. The circuit related to drug consumption – through which women can obtain at least a minimum well-being while eluding male desires and control – questions the imaginary gender relationships underlying the street culture. By producing an 'artificial scarcity', male dynamic intervention in the female economy of desire and need allows men to reinstate these imaginary gender roles, forcing women to return to their submissive positions.

This article stems from research carried out among active drug users in the Mission District of San Francisco, where drug dealing and consumption, sex work and other illegal activities are concentrated. The research was conducted over a period of one year. Its initial phase involved the recruitment of participants from one of the sites of the Needle Exchange Program. Following this, a snowball technique was used to recruit other members of the social network who themselves did not regularly use the NEP. The study's objective was to determine the risk conditions and care practices related to HIV in the everyday life of female Chicana/Latina injector drug users. The interviews took place in a variety of locations depending on the participants' access to housing; most were carried out in coffee shops and hotel rooms. In-depth interviews were conducted with 35 participants – 25 women and 10 men – of which 88.5 percent were taped and transcribed, and the rest recorded as field notes. Most of the interviews were

conducted in Spanish, with only a few in English. Half the participants were also interviewed two or three times after the initial interview. In addition, I recorded five women's life stories. Observations and informal conversations on the streets, hotels and hangout places of the neighborhood were also recorded as ethnographic field notes.

The age of the women varied from 22 to 54 years old; the mean age was 34. All used heroin intravenously or intramuscularly, and around half of the sample (52 percent) injected a combination of heroin and cocaine called speedball. Eighty-four percent also consumed other drugs, including crack, cocaine, speed and marihuana.

The Tension between Desires and Needs. The Embodiment of Desires

... every person speculates on creating a new need in another, so as to drive him to a fresh sacrifice, to place him in a new dependence and to seduce him into a new mode of gratification and therefore economic ruin. Each tries to establish over the other an alien power, so as thereby to find satisfaction of his own selfish need. (Marx, 1969: 147)

On the streets, many stories circulate about illegal activities and crimes that take place in the hotels of the Mission District. The inhabitants of the neighborhood consider these hotels as places within the circuit of prostitution, drug dealing and drug consumption. On the other hand, for those who live on the street and from its economy, images of these hotels are mixed, involving both threat and refuge from the violence of the streets – a luxury refuge, that is unaffordable on a daily basis.¹

One set of these 'hotel stories', recorded from both inside and outside this social network, describes how drug addiction and prostitution become a new form of subjection for women, a modern and urban sort of sexual slavery. According to such stories, greedy pimps trying to make money through 'their' women's bodies keep them in a state of drug-induced unconsciousness, while they trade the use of their bodies for money with other men. Unconscious bodies full of drugs, men's ownership of female bodies and women's lack of control over their lives and sexuality are the basic themes of these stories. Some of these stories – the less extreme versions – are based on real events; they also bear similarities to the accounts of 'crack whores' inside crack houses described by some researchers (Iniciardi, 1993; Ratner, 1993).

Accounts of slavery point towards female bodies subjected to a power apparatus regulated by a particular economy of desire and need, engendered when drug abuse intersects with sexual activity. Implicitly, these stories tell us that drug consumption can satisfy women's desire in such a way that it makes them lose

control and consciousness. This situation is produced by men and promotes the male trading in female bodies.

The economy that results from the tension between needs and desires has been considered the theoretical point of departure for the constitution of 'the modern subject'.² As a hypothetical or quasi-mythical premise, the transformation from 'natural needs' into 'human desires' has been a useful resource to explain the dialectical process of 'humanization', the 'birth' of the psychic apparatus, or the process of constitution of the human subject, in both Hegel and Freud (Freud, 1953; Kojève, 1969; Hegel, 1979; Butler, 1999).

On the one hand, in Hegel's *Phenomenology of the Spirit*, desire is the principle of self-consciousness.³ Furthermore, in Kojève's reading of Hegel, desire, as 'an emptiness greedy for content' (1969: 38) is differentiated into two categories. First, there is 'biological' desire, which is satisfied by a 'natural object'. Second, there is the human desire which focuses on subjugating another human desire: the desire of the Other. Its aim is to obtain human recognition. In this case, desire is characterized not only by instability but also by a gradual sophistication related to the proliferation of desired objects, and the progressive transformation of the desired Other (Butler, 1999). Thus, the very beginning of Hegelian human history starts with this struggle for recognition, transforming the Master and Slave dialectic into the prototypical relationship to understand the birth of self-consciousness and the possibilities (or impossibilities) for satisfaction of human desires.

On the other hand, we have the human wish as differentiated from the 'natural need' in the early Freudian narration of the mythical 'experience of satisfaction' (Freud, 1953). This hypothetical fulfillment of a 'natural need' (hunger) jump-starts the dynamic of the psychical apparatus, as it originates an impulse (the wish) to re-establish the original satisfaction through an original object. At the beginning, this wish tends to be satisfied through hallucinatory means, but the frustration implied by hallucinating objects prompts the development of a second process based on the principle of reality and thinking. Once again, the dynamic of the psychic apparatus implies a wish linked to the unconscious. Furthermore, this wish cannot be fulfilled by a 'natural object'. However, while the desire to fulfill the wish (the only human one) becomes an impulse directed toward re-encountering the lost object, the dynamic of satisfying a need only addresses a specific object.

Leaving aside the differences between Freud and Hegel, both consider natural needs necessary but insufficient conditions for human desires. The consequence is a construction of human desire as progressively de-naturalized or disembodied. For the subject trapped within a power-desire structure, the body becomes the site where the tension between desire and need is revealed.

Two interesting but opposite similarities can be related to this mythical disembodiment of desires within the stories about drug-related sexual slavery that circulate in the neighborhood. First, the complete satisfaction of women's desires and needs through drug consumption is related to a lack of self-awareness and control over their bodies. But also, one can observe that drug consumption suggests the transformation of a desire into an embodied need: bodies become unconscious objects working by themselves under chemical mechanisms. As a consequence of these movements, female bodies become 'complete objects' under the ownership of men, who extract profit from their sexual services. Nevertheless, sexual slavery stories include a particular aspect that is disregarded by these theories of the disembodiment of desires: specifically, the tension between desires and needs implies in its power dynamic a gendered presentation of desires.

Even though this sort of urban female slavery may represent a simplified and almost ideal logic of female subjection, it constitutes a narrative from which it is possible to extract some clues for understanding a more complex everyday reality. Far from being representative of a sort of human essentialism or universal subject, those stories, and the complex everyday realities from which they arise, can be considered parts of a particular and historically conditioned power strategy of the production of desiring subjects and the means to their satisfaction (Foucault, 1980; Butler, 1997).

Considering the dis/embodyment of desires and its relationships to alienation and estrangement of bodily experiences, one question then remains: what are the characteristics of gratification linked to consumption practices and commodity status in a capitalist economy?

According to Marx, a commodity is:

... a thing that by its properties satisfies human wants of some sort or another. The nature of such wants, whether, for instance, they spring from the stomach or from fancy, makes no difference. Neither are we concerned to know how the object satisfies these wants, whether directly as means of subsistence, or indirectly as means of production. (Marx, 1967: 41-2)

Despite this apparent lack of concern for the differentiation between needs and desires and their means of satisfaction, what is clear from Marx's theory is that the capitalist means of production implies a multiplication of needs and wants through the proliferation of commodities. At the same time, the estrangement and alienation of work and its products implied by the production of commodities restricts human existence to a minimum satisfaction of 'physical needs' (Marx, 1969).

However, the development of self-controlling and self-disciplining technologies, along with the sophistication of consumption processes in the American late capitalist economy, has required a revision of the Marxist postulates. Thus, the contemporary features include the following: destabilization of the use-values of

the commodities, flexibility of fixed forms of gratification (the destabilization of a strict relationship between object/desires-need) and a symbolic market-regulating strategy of the means by which the satisfaction is promised (Friedman, 1994; Lowe, 1995). Moreover, strategies of consumption can differentiate social groups. Because they are styles of appropriation of the world, the consuming lifestyle of these groups is the means by which they achieve a social identity. In this sense, contemporary consumption practices do not refer to groups' passive reception of the increasing and diverse number of commodities (Friedman, 1994). They also express specific practices of appropriation, which include a progressive embodiment of the particular desires and needs that become the main characteristics of consumption diversity.

In fact, even though street drug addiction is one of the scenarios that reflect these features, it breaks that apparent flexibility of the means of gratification. Tied up with a fixed and satisfying object, which restricts and prompts the progressive embodiment of desires, drug abuse throws light on the alienation and subjection enforced by contemporary consumption practices in mainstream society. Street drug abuse shows the progressive development of an external control over the means of satisfaction, thus opposing the mythical disembodiment and underscoring the embodiment of desires.

Therefore, not only in the streets, but also in mainstream society, the body becomes the place where these multiple contradictions between gratification and control occur (Gilman, 1985; Crawford, 1994). As Crawford says, mainstream society preserves itself by denying the tension between gratification and control, and projecting images of excess and lack of control over the 'different others', specifically over those who consume drugs and belong to sexual or ethnic minorities.

Sexual slavery, exposed in these Mission District hotel stories, confirms the American moral imaginary expectation about an indivisible relationship between an excess of satisfaction and a lack of control. But it also hides certain complexities of everyday life in marginal street settings. In these narratives, the female bodies, specifically those in which drug consumption intersects with sex work, become the obscure surface upon which all these processes are inscribed.

Given this perspective, my query concerns women's particular economy of desires and needs, involving not only drugs but also sex work, in the street setting. How does this economy become an inherent part of the commodification of female bodies?

Excess and Lack

Returning from these hypothetical and imaginary constructions to the streets, sexual slavery, as discussed in stories and sporadic cases, misrepresents the characteristics of everyday female subjection among female drug-using sex workers. They use these stereotypical stories in order to differentiate themselves from those 'slave women', as well as to show the level of violence that permeates everyday life. In other words, although these accounts may attract attention and fascination, they disguise the real conditions of women's subjection. Instead of excess and full satisfaction, driving women out of control and making them unconscious of their bodily reality, what predominates is scarcity.

Sometimes I feel really bad. Because I need to '*curarme*' (heal myself) before work (prostitution), my body cannot resist without *chiva* (heroin). I feel like I'm gonna die. But when I don't have anything, I have to do it, because I cannot stand the pain. Now, the streets are full of policemen, I have lots of trouble finding clients, so I get my *chiva* by having sex with dealers.
(Nora)

Driven by their lack of economic resources, most women have to trade 'with their bodies' in order to obtain the minimum amount of drugs they need to get by and continue their sex work. But the scarcity and lack are not limited to economic resources. They also apply to the likelihood of achieving satisfaction of their drug habit, the loss of sexual desire and the restricted bodily commitment involved in dominant sexual practices carried out not only in sex work but also within lovers' relationships.

For long-term drug users, the challenge of 'getting high' fits into an original Freudian 'experience of satisfaction'. At the beginning, drug use appears to be one privileged way in which a person can control the means of obtaining satisfaction. However, due to the psychobiology of drug consumption and the extreme conditions of exclusion, marginality and gender inequality in which female drug users live, the initial fulfillment of this promise gives way to a new kind of bodily subjection. Instead of achieving a 'high', women start to experience bodily cycles of craving, a craving which must be met to maintain a minimum level of well-being (Connors, 1994).

Although most of the women consume a variety of substances (heroin, cocaine, speedball, crack, etc., depending on their individual preferences), most of them explain that the real 'high' is an experience only felt at the beginning of drug consumption. As the characteristics of the 'high' change, other expressions are used to refer to the satisfaction and pleasure involved in drug consumption, including 'relaxation', 'warming up the body', 'calming anxiety', 'curing the bodily pain' and 'stopping the craving'. As Marta told me, after a while, taking drugs becomes 'like the gas that cars need to work'. Therefore, the promise of

satisfaction packed in drugs consists in the embodiment of a desire of fullness, but this starts to impose its own somatic rhythms, circuits and demands.

Considering scarcity and lack as the principal characteristics of the women's economy of desires and needs, what are the strategies by which female subjection is achieved? What is the relationship between the progressive embodiment of desires and the commodification process experienced by drug-using sex workers?

As the sexual slavery stories show, it is necessary to consider more elements than the recursive relationship between drug consumption and women's desires/needs and satisfaction. The reduced gratification is not only related to inevitable changes in the achievement of 'highs' among long-term users, but also to an 'artificial scarcity' of drugs for women, which results from the gendered inequality embedded in street transactions.

Within the street economy, the stereotypical gender relationship places women in a subordinate position (Waterston, 1993; Bourgois, 1995). As a survival strategy, women try to fit into the rules of the street by 'having a man', thus ensuring themselves protection and respect – the most effective barriers against the multiple dangers of life on the street. Despite this, women use strategies to elude and resist the submissive position; these strategies, however, are conditioned and restricted by the multidimensional violence of which they are frequently targets (Weeks et al., 1998). In addition to sexual and physical abuse (not only from clients but also from boyfriends and lovers), permanent dangers include police, random stealing and even murder.

When I left home I went to Mission Street because I did not know what to do. I watched other women and I tried to imitate them, but I was doing everything wrong. So I was standing on a corner and two guys approached and started to talk to me. They asked me if I was new. Then they told me that they could help me get clients and to get the amount of drugs that I needed daily. I was so lost that I agreed.

I started to work for them while they gave me a place to stay and drugs, and they kept the money that I made. They were not violent because they didn't have to be. I was young, not too used, and I could not understand what was going on.

Later I left them, because I found a boyfriend. He was really nice and kind at the beginning. But after a while, he was stoned all day long while I was walking the streets to get some money or drugs for both of us. We had lots of troubles, discussions, and fights because he always wanted more and more. When he was with his friends he would say, 'Hey woman, I need more dope!' Last year when I was in jail, he didn't come to visit me. I was alone. I knew that I had to leave him, but he was the only one person I could trust. (Viviana)

As a result, 'having a man' can be a double-sided survival strategy, providing protection from other men and also a new threat against which women have to protect themselves. Only a few women told me they had worked for pimps. Controlling all profits and threatening women with physical violence, pimps tend to give them only a small amount of drugs. Trapped between the imminence of

withdrawal symptoms and the threat of punishment, this insufficient drug consumption keeps them working.

By contrast, those women who have male partners (called boyfriends, partners or just 'my man') are protected by them, although this protection is only effective inside the boundaries of the social network. Furthermore, the protection itself becomes an object of exchange and therefore one of the factors by which the scarcity of drugs and resources characterizes everyday reality for drug-using women. Women provide most of the resources and pay for male protection (in an implicit or explicit way) with variable amounts of drugs or money for living expenses (such as hotel rooms, clothes, etc.) (Connors, 1994). 'Sharing drugs' with their partners implies an unequal distribution and most of the time a secondary position in the consumption sequence.

A result not only of restricted economic resources, marginality and illegal subsistence strategies, but also of the gender inequality of production and distribution, this multidimensional lack exposes women to the possibility of physical and sexual abuse and the danger of infectious diseases (HIV, hepatitis, etc.) (Tortu et al., 1998; Friedman et al., 1999).

Trying to avoid male control, some women reject the use of male partners and the practice of, as they say, 'feeding a man's addiction'. However, avoidance or resistance are only fragmentary strategies, because, even when they are alone, women are subjected to the gendered inequality of the street exchanges, specifically within sex-for-money and sex-for-drugs exchanges.

Behind the imaginary association of drug-using sex workers with excess, what we find is scarcity and lack in all regards: with respect to economic resources, satisfaction through drug consumption and body commitment in sexual activity. This scarcity, rather than the excess and full satisfaction depicted in the sexual slavery stories, is the main characteristic of the street's economy of desires and needs. It is not only a result of the marginal, illegal and unequal street transactions, but also of the diverse processes of women's commodification. The scarcity, lack and loss of almost everything subject women to a receding promise of satisfaction which is progressively restricted to drug consumption alone.

Bodily Objectification

Drug-using women give different accounts of how they became sex workers as a way to satisfy their daily subsistence needs. Most of them started consuming drugs before they became engaged in prostitution. Some began drug abuse with boyfriends or husbands who were involved in drug-dealing activities, a situation that allowed them easy access to illegal substances. Others had families, including

children, destroyed by imprisonment, domestic violence and/or intervention by the authorities. And others were involved in drug consumption since their own childhood, because they had drug-addicted or neglectful parents. In many cases, their life stories are marked with the traumatic experiences of early sexual and physical abuse.

Individual differences aside, these women's life stories are descriptions of how various losses forced them to end up on the streets. Adverse and disadvantaged social environments, the lack of education, and the negative consequences of belonging to ethnic minorities characterize the settings in which these losses occurred and in which new choices were made. This chain of losses led them to become sex workers, when they realized – or were forced to realize – that their bodies were the only available form of 'capital' they could use to survive.

The misogyny and gendered inequality which reign in the male-centered street economy cause and deepen this objectification process, restricting women's income-production strategies to prostitution alone (Rosenbaum, 1981b). Some women have had other previous subsistence strategies, but these alternative means of survival (such as shoplifting and drug dealing) are subject to longer terms of imprisonment, or are available to only a few women because of the gender stereotypes on the streets.

The word 'prostitution' conceals a wide range of activities and diverse ways women experience ownership over their bodies (Diana, 1985; Schwarzenbach, 1998). In the case of the women who are both street sex workers and intravenous drug users, the body becomes a form of property to trade with as a result of an extreme objectification process. As a defense mechanism, experiences of suffering and trauma produce an enlargement of the imagined distance between women and their own bodies (Winkler, 1994). This distance enables them to feel less involved in the many painful experiences to which they have been, or continue to be, subjected (Scarry, 1985). The bodily suffering comes not only from physical abuse and repeated rape, but also from the lack of a regular diet, adequate clothing and housing.

On the other hand, this estrangement is reinforced by the rhythmic, recurring demand to calm the craving, get the cure and re-encounter a minimum sense of well-being. Different kinds of infections, scars and bodily deterioration associated with injection practices are other sources of bodily pain that transform the body into an 'alien' entity that clamors to be comforted.

Torn between this defensive separation and embodied demand, the female body becomes not only an alienated object, but also an opponent. Considering this progressive objectification process, instead of being the site for pleasure and satisfaction (as it was at the beginning of drug consumption), the body becomes

the door through which suffering and pain become an inevitable part of these women's everyday lives.

As a result of the objectification process and the estrangement that it implies, women are trapped into experiencing their bodies as a particular form of property, which differs greatly from any sense of real ownership through embodied sexual citizenship (Scheper-Hughes, 1994). The body they 'have' not only becomes an alienated and deteriorated object with which to make exchanges, but also clamors constantly for relief from suffering.

Bodily Fragmentation

This particular tension between 'having' and 'embodying' the body appears, with all its contradictory consequences, in the sexual activity by which women obtain their daily subsistence. The sexual practices carried out in the street setting are subjected to the economy of desires and needs, which defines lack and scarcity as its main characteristic. According to this economy, oral sex, as the dominant sexual practice, shows the restriction of sexual desire and bodily commitment, and the conditions by which it is possible to extract some sexual pleasure from 'consumed bodies'.

Long-term male drug users, not only those who consume heroin but also those who use cocaine or crack, have difficulties achieving an erection. Impotence-related problems make oral sex the dominant practice for obtaining sexual pleasure, if not the only possible practice (Bourgeois et al., 1997; Weeks et al., 1998). Therefore, inside the social network, sex-for-drugs and sex-for-money exchanges with men basically consist of oral sex.

In addition to issues of male impotence, women prefer to perform oral sex with clients inside and outside the social network, for a variety of reasons. The lack of housing obliges women to perform the sexual act in diverse places, including cars, hotel rooms and even the streets. Being less expensive, this sexual practice provides women a minimum amount of money or drugs in a quick way. Cheaper and faster, oral sex also becomes a preventative strategy to avoid abusive situations and to gain some control over their bodies. Because of the reduced bodily involvement during the performance of oral sex, it is easier to escape from dangerous situations.

Moreover, most of the street sex workers I interviewed are long-term intravenous drug users with more than five years of drug-use experience. Due to the repeated injections, their bodies have marks, scars, and sometimes active infections or abscesses. This deterioration involves parts of their bodies that would be involved in a vaginal or anal sexual performance. Arms, legs, neck and breasts

must be covered in order to avoid being seen as 'used and spoiled women' and being recognized as drug consumers by non-drug-addicted clients. Because of this bodily deterioration, oral sex provides one means to resist the devaluation of prices and continue meeting daily subsistence needs.

Some women say they have saved part of their bodies from drug injections (for example, their legs), as a way to maintain their attractiveness walking the streets. Those who are younger, more attractive, and whose bodies are less damaged have improved chances of obtaining more resources from sex work. By contrast, those who live in situations of greater vulnerability have their entire bodies affected by the signs of drug injection, implying fewer opportunities for income production and a deeper subjection to exploitative working conditions.

Therefore, the *objectification* process that allows these women to sell their bodies goes along with a progressive *fragmentation* of their bodily experience expressed implicitly in women's preferences related to sex work: 'good' or 'bad' bodily parts in relation to men's sight and touch, damaged or preserved areas due to drug consumption, and preferred bodily zones because of their lack of association with intimacy.

Despite women's preference for oral sex, they also carry out other sexual practices (vaginal and anal) on a daily basis. When a lack of resources or clients exposes them to withdrawal symptoms, their preferences or sense of shame are placed in a secondary position. Most of the rapes that take place, whether as a result of the dangerous street sex work or as revenge for specific situations within the social network, include vaginal and anal penetration in addition to physical abuse.

On the other hand, when men are unable to obtain pleasure even from oral sex, they often respond with violence against women, as if the lack of pleasure were the woman's fault. This often occurs when men try to stimulate sexual desire by smoking crack. Although excitement increases, the possibility of attaining sexual pleasure decreases.

With boyfriends or male partners, sexual activity is restricted to the beginning of the relationship when it exists at all. Here, oral sex (performed by women on men) is also the dominant practice. In addition to male impotence, drug consumption causes a lack of male and female sexual desire and thus acts to restrict sexual activity. Having to work sometimes two or three days without stopping, and often remaining continuously under the effect of drugs, most women report a lack of sexual desire and some claim an inability to reach orgasm. In the infrequent instances where boyfriends ask for sexual pleasure, they solve the conflict between male impotence and lack of female desire through oral sex.

The lack of sexual desire linked to women's subjection to the rhythmic demands of their bodies for drugs is a progressive process that turns the brief,

initial, stimulation of sexual desire entirely upside-down. This process shows its extreme consequences in those sex workers who do not have lovers or partners and work alone on the streets. They objectify their bodies to the maximum, as the owners of an object from which they can obtain profit. But this re-appropriation of their bodies comes too late, when they are already trapped between the progressive objectification of the body and the objectification of women achieved by the male-centered street economy.

Commodification, Consumption and the Deterioration of the Female Body

What are the processes by which the commodification of the female body takes place in the street setting? How does the economy of desire and needs intervene in this particular process? What are the consequences of the embodiment of desires on the commodification of sexual practice? How does the commodification process show its consequences, considering the appropriation and re-appropriation process over the female body in the street economy?

The dynamic involving the commodification of female bodies marked by drug consumption in the street economy expresses, under extreme conditions, some of the contradictions that characterize the relationship between consumption and production in society at large. The struggle between gratification and work has particular and extreme consequences because it takes place on the restricted area of a body.

Due to the overlapping condensation of use-value and exchange-value on female bodies during street sex work, women's commodification carries the consumption and progressive deterioration of their bodies as hidden aspects of the same process. The multiplication of desires through their progressive embodiment as 'corporal needs' is one of the main characteristics of consumption practices in late capitalism. Going against this dominant trend is the embodiment of a promise of satisfaction linked to a particular and fixed object – precisely what is at stake among drug-using women. Breaking this apparent diversity and flexibility in consumption practices, adherence to a particular satisfying object carries a high price.

Most women report that they hide their drug use from clients. When they cannot hide it because their clients belong to the drug-dealing social network, they at least try to hide the damaged parts of their bodies from men's sight. The deterioration of their bodies reduces the rates they can obtain in sex-for-drugs and sex-for-money exchanges, but it also exposes women to men's violent and exploitative reactions, including refusals to pay at all or physical abuse (Ratner, 1993). When the signs of bodily deterioration from drug abuse (thinness, scars,

abscesses, etc.) are so evident that they can no longer be concealed, women have difficulty finding clients and male partners, and are frequently also rejected by other members of the social network.

The secrecy about drug abuse and its bodily consequences, as well as the male violence and abuse let loose by its disclosure, are explained by women in different ways. In addition to reacting to a perceived lack of attractiveness caused by a damaged appearance, some women state that men become violent because they are afraid of acquiring diseases or as ways of punishing them for being so 'spoiled'. Others add that uncovering the secret of drug abuse, or seeing its evidence on their bodies, is understood by men as a female 'deceit' that decreases sexual desire and prompts violent reactions.

Why are the signs of drug abuse seen as evidence of deceit? Why does this disclosure replace the male appropriation of the female body as an object of sexual pleasure with a new reaction, making it the target for male anger?

Inherent to the activity of prostitution is the notion of sexual attractiveness and the fantasy that the sexual pleasure is, at some point, shared. Men's appropriation of the female body, even through payment and only for a limited time, is supported by the sexist fantasy that women's subjection to male desires and pleasures must produce an added 'plus' of female sexual pleasure. This assumption becomes more evident in settings such as these, where male sexual potency is in question. For men, sexual activity cannot be assimilated as a pure and instrumental act, only conducted for profit. By submitting themselves to satisfy male desires, women must show or simulate some pleasure, even when performing only oral sex (Diana, 1985; Phoenix, 1999).

Therefore, I suggest that the 'female deceit' related to drug abuse or deep drug addiction consists in men's discovery that women's desire is trapped in another object, thus excluding men from the circuit of satisfaction. This discovery disturbs the imaginary and stereotypical gender relationships that underlie street culture. Questioning the reality of women's submission, men are displaced from their position of control and power. This threatening disenchantment, involving all men who associate with drug-using women, must be resolved in order to preserve the imaginary gender relationship and the fantasies supported by female prostitution.

The visible embodiment of detachment from male desires draws attention to a strategy of women's re-appropriation of their satisfaction – or at least, of a minimum level of bodily well-being. This evidence breaks the magic involvement carried by the inverse fetishistic logic inherent to women's commodification within prostitution. Within the fetishism logic 'there is a definite social relation between men, that assumes, in their eyes, the fantastic form of a relation between

things' (Marx, 1967: 83). By contrast, within sex work there is an apparent social relation implied in sexual practices, which belies the mere exchange of objects: sexual pleasure and money or drugs.

I suggest that when the nature of this exchange is exposed to male view, the imaginary gender relationship crumbles. Perceiving that small space where women can elude men to obtain some pleasure as a threat, men seek to re-appropriate it in different ways. Among drug-addicted and non-drug-addicted clients, this strategy of re-appropriation consists in pushing women back to their submissive position by physical punishment or a refusal to pay for sexual services. While physical punishment implies the use of suffering and fear as strategies to obtain women's subjection, the lack of payment involves a subjection based on denying the possibility for women to obtain bodily gratification through the drug use circuit. In this sense, the negotiation of prices, types of exchanges, and the reduction or lack of payment express a power dynamic which goes beyond economic relations and implies – directly or indirectly – the gender stereotypes of street culture (Hart, 1998).

As through the refusal to pay, male partners and pimps (under more extreme circumstances) obtain women's subjection by controlling access to the means (drugs) by which comfort and satisfaction could be achieved, and thus transforming women into 'male-dependent subjects'.

As stated earlier, poverty, marginality and illegality mark most life stories of drug-using female sex workers. Instead of excess, lack, scarcity and multiple losses are the main features of the economy of desires and needs in the street setting. However, scarce economic resources as well as the progressive loss of satisfaction and bodily commitment affect not only women, but men. Among women, however, there is an artificial, male-controlled production of scarcity in regard to female satisfaction or well-being. This scarcity is a direct consequence of the multiple processes (embodiment, objectification, fragmentation, appropriation and re-appropriation) involved in the commodification of women's bodies.

In this sense, men's appropriation of women is not achieved by the control over their bodies as whole objects. Even when men take advantage of the profits obtained through sex work, women's subjection cannot be reduced only to its economic by-products. Men's power is achieved through their direct intervention in the economy of female desires and needs. They regain the stereotypical male role, re-establishing control over that small space where women show their independent ability to obtain some pleasure without taking male desires into consideration. In controlling that small circuit defined by drug consumption, and making it impossible for the circuit to be completed, men produce a lack of minimum well-being, which forces women to return to a submissive, male-dependent

position. Thus, the daily male violence against women is carried out simultaneously on two fronts: through bodily suffering as well as imaginary subjection.

This permanent male re-appropriation finds its efficacy not only in its repetition, but also in its coordinated performance by all men from both inside and outside the social network. The repeated forcing of women to resume their stereotypically submissive positions through the male production of artificial scarcity makes most women progressively come to an understanding of the mechanism that subjected them. Yet women's understanding of this male strategy does not enable them to resist it. They can only avoid some violent reactions or punishment by simulating women's expected role. This simulation conceals women's everyday lives, making them oscillate between a submissive attitude when they are with men, and a critical, ironic one when among other women.

On the other hand, men's hostile control of female comfort through this 'artificial' gendered scarcity allows them to suture their imaginary position and show themselves in the street setting as dominant. From this perspective, male protection of women changes its meaning. As part of this process of male re-appropriation, male partners protect their women from the violent reactions or refusals to pay of clients who may feel threatened by the rupture of the imaginary gender roles implied in the discovery of the 'female deceit'.

Women who work alone sometimes offer strangers a stereotypical self-presentation as liberated women, without any obligations to men. Even while producing this speech, they must manage the dangers involved in the rupture of the imaginary gender stereotypes in a double sense. Owning the profits derived from their work, they can elude direct male control over the circuit which provides them with comfort and gratification. Yet they are vulnerable to price reductions and refusals to pay for their sexual services, which not only are the norm in street transactions but also directly affects their ability to complete the circuit of independent satisfaction. At the same time, because they lack a male partner, they defy the rules of the street and have no one to defend them when economic and physical abuse occurs.

Finally, I will conclude by mentioning a complex and marginal consequence of this power strategy. Given the dynamic production and reproduction of stereotypical gender roles on the street, the particular power/scarcity mechanism in which female subjection is achieved can be controlled by women as well as men. During my fieldwork, I registered two cases in which older women subjected younger women to the same scarcity strategy, while concealing their tactics under the guise of 'helping' younger girls who had suffered male abuse. Offers of protection against the gender inequalities of the street and the benefits of experience in street matters were used to justify this version of female subjection. These

cases subvert the dominant strategy but typically last for a shorter time than other arrangements. As they are not covered by the imaginary gender relationships, they last only until the 'deceit' is discovered. Younger women also can get rid of these 'female pimps' by finding male partners, thus returning to the stereotypical position in the gender relations of the street.

Concluding Remarks

Within the marginal street economy, images of extreme female victimization are mixed with others, which point to a regained independence over the body and the profits obtained by it. Based on the appropriation of the female body as a whole object, these opposite images fail to provide an explanation of how women's subjection is carried out in the street setting (Rosenbaum, 1981b; Hart, 1998; Phoenix, 1999).

However, they are not useless imaginary constructions. These images can be understood as fragmentary parts within the dominant logic of female subjection in the street economy. Their logic can only be understood by taking into account the progressive embodiment of a promise of satisfaction related to drug consumption, along with the objectification and fragmentation of female bodies through prostitution. As a result, women's bodies become the site where all of these processes occur.

Despite the marginality, illegality and poverty which characterize the streets, economic deprivation is not the only form of scarcity and lack prominent in the economy of desires and needs. Other areas, such as sexual desire and bodily commitment in sexual practices, are also affected by scarcity. The progressive effects of drug consumption on sexual practices threaten to undermine the stereotypical gender relationships, which dominate the street economy. Consumed female bodies marked by the signs of drug abuse reveal the existence of a circuit of female gratification whereby women can achieve some pleasure or well-being without succumbing to male desires and control.

Male intervention in this independent female circuit produces an artificial scarcity by limiting women's access to drugs. This dynamic strategy enables men not only to re-appropriate the benefits of women's labor, but also to produce and reproduce stereotypical gender relations, pushing women to a submissive position and regaining male control.

Therefore, the opposite images that circulate on the streets constitute a form of symbolic strategy by which street sex workers reveal the tension between embodiment and scarcity that tear apart their everyday lives. Keeping up appearances of independence with outsiders, or showing the dramatic extremes of sexual

slavery that women's subjection can reach, they symbolically domesticate the multidimensional violence to which they are submitted on a daily basis.

Notes

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1. Even though most hotels of the area are old and not in a good shape, a small room, with only a bed, costs from \$40–\$50 per day.

2. Within the Western philosophical field the category of desire has been very important since its very beginning. However, I selected Hegel's and Freud's formulations because of their strong impact on the conceptualization of the modern and contemporary subject. Moreover, while Hegel's philosophy relates desire to the development of self-consciousness, Freud links it to the dynamic of unconscious.

3. Hegel's conceptualization of self-consciousness is based in the concept of desire. Because of the complexity of Hegel's theory, I will remark only on the dialectic movement of 'natural' and 'human' desires, which has been analyzed extensively in Kojève's reading of Hegel (Kojève, 1969; Butler, 1999).

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Whores, Slaves and Stallions: Languages of Exploitation and Accommodation among Boxers

LOÏC WACQUANT

A notion commonly invoked by critics of professional boxing to explain the sport's continued existence is that fighters are naïve, overcredulous, incomprehending or ill-informed as to the real nature of their occupation – in short, dupes (or dopes) in this 'show business with blood' to which they devote a good chunk of their lives and limb(s). In reality, far from harboring any illusions, professional boxers are, if anything, hyperconscious of entering into a universe of no-holds-barred exploitation in which deception, manipulation, concealment and mistreatment are the normal order of things, and bodily damage and personal disrepair a customary consequence of the trade. One member of the gym on the South Side of Chicago where I apprenticed for some three years describes relations between ring associates as follows: 'Everybody tryinna outdo everybody an' everybody tryin' to hurt everybody an' everybody don' trust nobody.'¹ The tangible proofs of the corporeal ravages and personal misery that the profession entails are everywhere for boxers to see, notes a black middleweight from the city's West Side: 'All you gotta do is go to d'gyms and look around: you got lotta guys, they *legs are shot*, y'know, they jus' hang around d'gym and well they not doin' anything. An' you look at they career when they were comin' up they were doin' pretty decent, then afterwards, *tchhh!*, (sullen) they have nuthin' to fall back on, and it's *bad*.'

Fighters are unanimous in holding the view that the game is rife with 'crooked managers' ('It's like a ton of them, they out to make a quick buck') and they take it as axiomatic that promoters and matchmakers are 'fleshpeddlers' who will not

hesitate to dispatch them to 'fight King Kong for a dime' so long as it is in their pecuniary interest.² 'When you a fighter an' especially when you don't have like *high people* around you', explains an African-American lightweight who works occasionally as an electrician after a brief stint in the Marines, 'it's like you in a *big bowl with a lotta sharks*, you know what I'm sayin', an' they're all like (sibiling in mock delight) "yeah you look juicy, I'll take a bite outa your ass!"' A young Puerto Rican light-heavyweight who moonlights as a security guard has this telling expression: '*They're the ones walkin' around with the leather shoes, we're not*, yeah, so . . . 'cuz as a promoter, you never get a punch thrown at you, unless you're a real bad promoter. An' you got the money an' you don't gotta work hard for it.'

Idioms of Corporeal Exploitation

The boxer's consciousness of exploitation is expressed in three kindred idioms, those of *prostitution*, *slavery* and *animal husbandry*. The first likens the fighter-manager combo to the duo formed by the prostitute and her pimp; the second depicts the ring as a plantation and promoters and matchmakers as latter-day slave masters and drivers; the third intimates that boxers are treated in the manner of dogs, pigs, stallions and other commercially valued livestock. All three tropes simultaneously enounce and denounce the immoral, indeed inhumane, merchandising of disquieting live bodies.

According to the first language, pimp and manager would have this in common that, under the pretense of promoting the financial interest and protecting the physical (or emotional) integrity of their respective 'partner', they use and abuse them in a ruthless quest for lucre. Much like the prostitute offers her female body's capacity for sexual performance for pay on the street, the fighter retails his male body's trained ability to dish out, as well as to withstand, physical punishment between the ropes, and managers and promoters, standing in the wings, are the ones who reap most of the monies generated by this commerce of manly flesh.³ An older ring 'warhorse' who has trekked across continental Europe many times as an 'opponent' for local fighters⁴ put it in this cutting way:

All boxers, are what they call, figure of speech: they're *fucked over*. You know, you see, they're *pimps*, the promoters, you know. And boxers is like the *whores*, you know, so you pimp him. Yeah, that's the way that go, I'm pretty sure. They don't really have the bes' interes' in the fighter, you know. They jus' goin' for the gusto, *the gusto is the money*. (dejected but matter-of-fact) They jus' goin' for the money.

A younger colleague from a West Side gym who gave up a solid job as a TV cable installer in a satellite city to move to Chicago and pursue his career in the ring full time with the financial backing of the gym's new owner seconds this view:

Oh yeah, it's a lot of managers tha' you can jus' say they're *pimps*: like they like to pimp a fighter, you know. They put 'em out there an' throw 'em in there with anybody, jus' for the money an' take mos' the money an' leave a fighter broke or with jus' enough to barely make it. It's a lot of managers like that who *use* fighters, jus' like a pimp will use a whore – the same way. (scornful) It's a lot of managers tha' are jus' hustlers. They jus' lookin' for any fighter to make a dime off 'em an' don' really care too much abou' the fighter's health or nuthin'.

The second idiom in which the visceral sense of exploitation and subordination to external dictates is expressed borrows from the historical experience of slavery. For obvious reasons, analogies to this institution of forced labor and 'natal alienation' (Patterson, 1982) are endowed with a unique resonance and high emotional charge for African-American boxers. My gym buddy and regular sparring partner Ashante, then an rising junior-welterweight with a long string of dead-end jobs on the side, recounts a particularly brutal fight which awakened him to the built-in economic inequity of boxing:

If you go in dere with a *nice tough fight*, man, *rewar' dis man*. I tol', I saw Highmower fight dis boy, man, *man!* (chuckle) I hated fightin', *I hated boxin' ever since*, I'm serious. Because, Louie, (incensed) Highmower an' dat boy nearly *killed each other*. Man, d' crowd wen' crazy, Ralph [the matchmaker] – I's, I's like, 'Look at dis shit!' Boy, *this is slavery all over again*. I mean, look at dis shit! Dese men is seriously killin' each other for (lowering his voice and whispering in joint disbelief and disgust) for a hun'ed dollars (stressing each word to dramatize his point) Highmower-cut, that-man-cut, they-all-wen'-down, three-an'-four-time-a-piece. Botha'em wen' to d'hospital, fer what, fer two hun'ed dollars, *hun'ed each man?* I said (shaking his head vigorously), 'No, that ain't – tha's not right.'

In the course of voicing his resolute opposition to governmental regulation of the trade, which he claims would 'effectively destroy boxing', the president of one of the major so-called 'federations' which sanction world titles bouts⁵ (an African-American former fighter I interviewed in Atlantic City in the early 1990s), conceded that there do exist ' . . . some promoters who wanta *deviate*, who wanta get an advantage or an edge up on another guy, who don't want to have the mandatory fight [in defense of a title] because they're afraid their fighter *might lose*. Or who want to *tie up a fighter* indefinitely with five or six options – *slavery went out with Lincoln* and they want to make some of these fighters *slaves* and that's not good.'

The third language of exploitation among prizefighters conjures up animal and farming metaphors that debase boxers to the rank of beasts to be reared, fed, trained and displayed – even devoured with cannibalistic cruelty – at the will and whim of those who hold the economic levers of the game. One evening, as he was showing me the various spots near his apartment that served for the open-air sale of drugs, Luke abruptly launched into an angry tirade about the tangled disputes between his trainer, his manager and Ralph, the white matchmaker who exercises

near-monopolistic control over the city's boxing economy. He resented in particular the fact that his coach had sided with Ralph when the latter maneuvered underhandedly to prevent Luke from fighting out of town for bigger purses:

I's like, dey want me to fight when Ralph want me to fight. Like, like, like if *I'm a horse in a barn, I get up ev'ry mornin', my trainer take me out an' run me, dey clean me, dey feed me, an' put me back in my, back in my barn room, and den, Ralph come by and say* (in an exaggeratedly jovial voice), 'Hey, how you're doin'?' He stops an' he, y'know, in d'office: (in a mellifluous voice, imitating a white inflection) '*How that black stallion doin'?*' You know, 'He doin' okay.' An' den, they'll pick a few of the guys who's gonta fight, keep me in my stable, I'm runnin' an' I'm trainin' *right?* Den he say: (sternly) 'Never gonna let him fight.'

Exploitative relations are not limited to those linking fighters to managers and promoters. They can extend, capillary-style, to trainers, gym mates and rivals, and to the collection of characters who hang in the entourage of boxers and that the lore labels 'gym rats'. Phonzo is a loner who never complains about anything ('I never dwell on the negative, people don' bother me, nobody bother me. Not even you: *no one*') and who has enjoyed unusual success in the squared circle: he is one of a handful of fighters from Chicago who have conquered a world title over the past two decades. Yet, when we reflect upon the economic upshot of his career, sitting together in the gym's backroom, everything about him, his demeanor, body torque, tone and glare reveals that he is filled to the brim with bitterness. After many long years of 'sacrifice' abiding by the ascetic regimen of the prize-fighter, running and training daily, following murderous diets, and curtailing his social and sexual life, he finally got to strap on a champion's belt.⁶ But what should have been the apotheosis of his professional life and motive for personal exultation turned out an empty and joyless moment.

Phonzo: You find that through *finance an' money* – money is power here in America – so, since money's power, money can make you a lotta enemies, also money can make you a whole lotta impostors frien's. (visibly pained by the remembrance) So hum, I thought I had frien's, still now. . . . But when the money started gettin' decent, (his voice and gaze turning cold) those frien's turned to *scavengers*. An' when a frien' turn to a scavenger, they pick your bones *clean*: they use you, take a'vantage of you, abuse you, jus' like you were a *pig* or anythin'. They *eat you alive*. So when I came to a position of that happenin', I didn' have the same people that when I started out, I was a very unhappy person. So when I won the championship I didn' win it with the people that *I trusted*. And the one's you trusted'll sometimes turn against you, y'know? An' uh, winnin' the championship was a satisfaction, but it wasn' d'same.

Louie: Not bein' with the people that you wanted to be with took the joy away?

Phonzo: Took the joy, right.

Louie: Is that somethin' you regret?

Phonzo: I don' regret nuthin' in life. Only God know what happen in life an' why it happen. . . . It's jus' when people look at you like bein' like *a bar of soap* an' not a human bein', they lose respect for you. An' when they lose respect for you, you lose respect for them. An' when

you got two people who's doin' bus'ness that ain't got no respect for each other, you don' have a good bus'ness plan. Or you don' have a good bus'ness. . . . situation. (very tense and quickly, bitterly, without taking in a breath) '*Cuz everybody tryinna outdo everybody an' everybody tryin' to hurt everybody an' everybody don' trust nobody* an' when you got a situation like that, you got (grave and guttural) *chaos*, an' when you got chaos, well, for a game, in like boxin', you got a problem like this, you got more problems than you got to handle 'em.

So that was the reason, I don' complain: I'm glad that I got out the game, 'cuz I get out without no cauliflower ears, wi' all my teeth in my mouth, without havin' broken ribs – only thing I had broken several times was my han's, that's because I hit so hard.

These three languages of exploitation are in no way incompatible with one another and, in point of fact, boxers often deploy them together in varying combinations. In his testimony during the 'Hearings on Corruption in Professional Boxing' held by the US Senate in summer of 1992 following the media uproar caused by a grotesquely biased decision that deprived him of a world title in a nationally televised bout, Dave 'TNT' Tiberi, a white middleweight from Delaware, took the anthropophagous metaphor one step further when he declared to bemused senators that 'the majority of fighters, depending upon their respective levels of talent, are viewed by their promoters as prime ribs, others pork chops, and the least talented scrapple, but rarely are they recognized as human beings'. Explaining that the International Boxing Federation had allowed him to challenge for the belt of its champion James Toney only after he had first relinquished his own crown with the rival International Boxing Council and signed a three-fight option with Toney's promoter, Tiberi shifts register: 'Thinking back on the circumstances, it was like being bought at a slave auction (. . .) I sometimes find it hard to consider boxing a sport. For many promoters, it has become their private legalized slave industry' (US Senate, 1992: 10, 11). The accompanying deposition of James Pritchard, the IBF Intercontinental cruiser-weight titlist, adds a vampiric touch to the haunting vision in which the lifeblood of fighters is being drained out of them to be consumed by parasitic profiteers. Pritchard has worked under three managers, all three of whom he characterizes as 'bloodsuckers': 'Like a mosquito bite, he bites you and sucks your blood. That is what they do. When they latch onto you, they just suck everything out of you they can possibly get' (US Senate, 1992: 30). Blood sucked, flesh picked, bones cleaned, vitality sapped and stolen: these expressions vividly convey the boxer's carnal appreciation of being an undervalued and endangered bodily commodity.⁷

Integrity through Accommodation

The overwhelming majority of professional fighters – 88 percent of those plying their trade in Illinois in 1991 – hold that their services are grossly underpaid and

they are quite vociferous in complaining that the purses they receive amount to 'chump change' and 'peanuts'. A full 86 percent of them consider that a 'fair purse' would have to equal or exceed \$100 per round, *twice the going rate* in Chicago at that time (see Table 1). When I asked him if he thought that the city's pugilists are receiving 'fair pay' for their labor, an unemployed black welterweight four years in the business responded with scarcely contained anger:

No, they're not! No, they're bein' cheated, they're bein' robbed, uh, an' boxin' in Chicago, to me, this is my personal way of speakin', boxers in Chicago, (very loudly) has been ABUSED an' USED an' justice has never revealed in they favor in Chicago, okay? Because uh, the guys are underpaid, an' they're overtrain', an' they can never make the things they need to make in boxin' because uh, no one really cared 'bout them.

Yet, at the same time as they express a perfervid and often pained sense of exploitation, boxers rarely rise up to denounce their economic fate as a gross injustice. Instead, in their workaday world, they practically reconcile themselves to the distinct prospect, if not actuality, of being fleshly merchandise to be bought, sold and bartered. Three 'vocabularies of motive' (Mills, 1940) enable them to achieve this compromise and to construct a sense of personal and professional integrity, understood as 'taking responsibility for one's own life project, within the limits and pressures imposed by structural constraints, in accordance with consistent conceptions of the right way to live, and in partnership with others'.⁸

The first vocabulary asserts plainly that *exploitation is an inescapable fact of life, a datum brutum* of ordinary existence for ordinary folks with which one has to make do as best as one can. The source of its persuasiveness is obvious: economic exploitation is a constant in the nether regions of American social space where boxers and their associates dwell; the only parameters that vary are its phenomenal forms, its intensity and its beneficiaries.⁹ Under that angle, prize-fighting differs little from the other social games to which proletarian young men from inner-city neighborhoods have access, given the truncated opportunities supplied by a bankrupt public school system and the long-term marginality

Table 1 What boxers would consider 'fair pay' for a six-round fight^a

<500 dollars	5	11%
500 dollars	6	13%
600-800 dollars	20	45%
>1000 dollars	14	31%
(total)	(45)	(100)

Source: Author's survey of Illinois professional fighters (1991).

^aActual purses range from 200 to 300 dollars.

promised by an unskilled employment market awash with cheap labor (McLeod, 1994; Holzer, 1996). As my gym mate Butch, a firefighter and pug with over a decade of experience in the ring, put it succinctly:

If you have a poor class of people who have nothin', uneducated, the job market is bad and then this guy says, 'Well look, if you two guys fight, I'll give you a hundred un' fifty', how can he say no? They taken advantage of yer situation. If he had money in his pocket and a job, he wouldn't git him to go fight. So yes, the poor poverty background makes helluva fighters, 'cause they'll fight, 'cause they don't have anythin' else. And once they learn to make money, the causin' pain and injury to somebody else gits to be easy money and, they jus' keep doin' it till they can't do it anymore, till they become easy money for somebody else.

Much as in the informal economy of the ghetto, with which the pugilistic economy mixes and merges at many junctures, one must accept taking risks if one expects to beget some profits. The same Afro-American bantamweight who is vituperative over the fact that promoters 'do boxers like dogs, do 'em just like dogs', assimilates them in the same breath to shady operators who, like him, deploy their smarts and guile in the booty capitalism of the street. 'That's not no different than doin' what I's doin': makin' money *hustlin'*.¹⁰ Isn't life itself an immense ongoing lottery of sorts, anyway? A Mexican welterweight who insists that he is fully conscious of the abuses routinely perpetrated by promoters and yet recently signed a long-term contract with one of the four major promotion houses in the land, clarifies: 'You *take your chance*: you take a chance jus' walkin' down the road, you know, of getting' run ova by a car, or somebody tryin' to rob you, while you takin' your wife to a picnic or somethin'.' Under conditions of pervasive uncertainty, instead of being resentful of promoters and managers, some boxers feel thankful for the chance that the latter grant them to play this queer *lottery with one's skillful body* that is prizefighting. This is the opinion of Surly, an intermittently employed heavyweight from one of the roughest public housing projects from the city's West Side:

I guess a lot of 'em, if they weren't really there, you know, you woul'n' have a chance, you know. It's the chance you have to take. (huffing) It's a chance in everythin'. If you shootin' dice, you takin' a chance on winnin' or losin'. Boxin' is jus' like gamblin' in a sense. You know, but it's jus', aspect of havin' a certain amount of skill too, so, even though you gamblin', you have a skill abou' what you doin'.

What is more, the odious reputation of the planet of fisticuffs is such that no one on it can credibly claim that he is genuinely being deceived: every participant knows full well that boxing is like a tank of sharks where he who does not devour others is doomed to become their meal sooner or later (Wacquant, 1998). To enter into the pugilistic economy thus presupposes *ab initio* the acceptance, tacit or explicit, of a subordinate and exploited position. Martin, a black

cruiserweight, who fought 'pro' for nine years while working his way up from meter reader to a desk job in the customer service division of a big utility company, muses:

I knew in life that I wanted to fight an' whether a man comes along call himself a 'promoter' an' you call him a 'flesh peddler', I've already subscribed to that position to be a fighter an' he's the flesh peddler. So, promoters are only interested in you if you can fight, you know – *same as with all jobs*: all jobs only interested in us as long as we are willin' to come to work, if we don't come to work, the job is no longer interested in us. So uh, (shakes his head morosely) I understand my position, understand it clearly an' understand that if such a person as a promoter comes along, that's his job, an' uh, yeah, but they, they are only interested in you if you can fight, if you wanna call it flesh peddlin', yeah, that's what they are. Still I got in the game, *knowin' I would be flesh* (laughs), yeah.

A second force fostering the practical acquiescence of prizefighters to hideously exploitative arrangements is the *spirit of entrepreneurship* that pervades the craft. From the moment they step into a gym, 'manly artists' are fed a steady diet of folk notions and narratives that lionize the defiant individual and portray the boxer as a lone warrior, a modern-day gladiator out to prove his mettle by seizing his own fate, as it were, with his balled fist.¹¹ This entrepreneurial vocabulary of motive is rooted in the occupational experience of *corporeal self-production*: in training, the boxer uses his own body as the raw materials as well as the tool to refashion that very body in accordance with the peculiar exigencies of the craft; he engages in specialized bodily work aimed at producing a specific type of corporeal capital that can be sold and valorized on the pugilistic market (Wacquant, 1995).

Through endless 'roadwork' (daily morning runs of 3 to 6 miles), 'floorwork' (shadow-boxing, punching an assortment of bags, rope skipping and calisthenics) and 'ringwork' (rehearsing moves and sparring in the ring), the fighter 'develops his slumbering powers and compels them to act in obedience to his sway' (Marx, 1956: 148). In so doing, he transforms his organism, appropriates its capacities and literally produces a new embodied being out of the old. And he is given a stage on which to affirm his moral valor and construct a heroic, transcendent self which allows him to escape the status of 'non-person' (Goffman, 1959: 151–2) to which (sub)proletarians like him are typically consigned. Last but not least, the particular skills that boxers acquire in the course of their occupational activities are seated in their organism and, as such, constitute their inalienable personal property. Professional fighters are *artisans of the (violent masculine) body* who, much like their counterparts of the Industrial Revolution, glory in the pride of 'having a trade' rather than 'being in a trade' (Hobsbawm, 1984: 262).

Boxers relish being right 'at the point of production', being *self-made men* in the literal sense that they produce themselves through daily bodily work in

the gym and out. Many of them also initially enter the profession out of a combination of love for the game and desire to escape the 'slave jobs' of downgraded manufacturing and the new service economy, in which one has to 'shine somebody shoes' and put up with personal submission, cultural humiliation and loss of masculine honor as a condition of durable employment – and all this to earn a pittance that supplies neither economic security nor chances for promotion (Bourgois, 1995). They correspondingly construe prizefighting as an escape route from the modal fate of 'workin' twenty diff' rent jive jobs' that lead nowhere. Says Vinnie, an Italian-American pug who reluctantly turned pro after a local businessman and family friend offered to underwrite his career:

If I hadn't found boxing, I'd probably be in the streets, either jus' workin' like an average citizen, workin' for a check, havin' to take someone's orders – yeah that *kills me* to think of it!

Louie: Really? So boxing is a way to get away from that?

Vinnie: *Definit'ly*, definit'ly. That's why I say, the kids that aren't involved in boxing or in sports and things, go to school, you don't have to do that! (gesturing animatedly) Be your own, your own entrepreneur, *be your own boss*, don't have to listen to no one, don't take no one else's shit, make your own money.

The forceful affirmation of his individual 'agency' finds its counterpart in the fighter's paradoxical negation – or downplaying – of the economic responsibility of managers and promoters as it deflects attention away from the impersonal arrangements and structured relationships that effectively determine the shape, pace and outcome of boxing careers (Wacquant, 1998).

Lastly, with the interested complicity of his peers, trainers, friends and supporters, every boxer clings to the self-serving notion that he will be the *individual exception to the collective rule*: he is the one who will buck the trend, beat the odds and transgress the universal law of pugilistic extortion. Out of sheer dedication, unbending will and constant vigilance, he will manage to 'get his' without getting spoiled in the process. Such is the position defended by Don, a former 'contender' who has lately turned into a valuable second-tier fighter on the national circuit by virtue of his solid ring skills and white skin.¹² 'My own self, if I'm lookin' out for myself, I don't allow anybody to take advantage of me: (firmly) *I don't allow it.*' This determination is echoed by Roderick, a black lightweight who had a taste of 'the big time' when his manager sent him to work as a sparring partner for elite fighters in the gyms of Las Vegas: 'To me, yes, I agree with that all the way [that promoters exploit people].' 'Yet you got into the game?' 'What, but the only way, *I can fight*, you know: that's the difference, that I can fight. I can back myself up.' 'You don't think someone will use you?' 'Not unless I let 'em, so if I stay aware, *stay alert*, I won't get hurt.'

A gym mate concurs: '*Put it that way: I know it's not goin'* to happen, you know, 'cause I'm jus' kinda person if I know it's happenin' I'll go tell you to fuck yourself.' As for Martin, the black cruiserweight who admits to being 'flesh' to be peddled, he invokes special protection from the heavens: 'I got a *Saviour* that take care of me so I don't worry about how – I know people try to use me but uh, the good Lord not gonna let that happen to me.'

In the final analysis, the responsibility for exploitation is laid squarely on the boxer who is invited to claim the paternity of his eventual misfortune in the pugilistic field alongside that of his deeds. If he wants to boast authorship of his acts in the glory of fisticuffs success, then he must be ready to assume the agony of professional failure, economic defilement and bodily destruction, insists a young black middleweight who boxes by day and works as security guard by night:

I think tha's true, *some* [that promoters exploit poor minorities], you know, not all, it's *some*. I mean, a person can on'y use you as far as you let 'em. A person can on'y hang you out to dry as far as you let 'em. You feel a person is usin' you, I thin' you shoul' stop an' talk to 'em an' fin' out wha's goin' on: you have a right you know. You shoul' have controlin' int'res' in your contrac'. Never let a promoter or a manager have controlin' int'res' in you, (blurring out) because *you the fighter, man, you the one tha's puttin' yer life on the line, not him*.

All told, boxing is nothing but a 'capit'list bizness' like any other and promoters, like any good entrepreneur, are just doing their job when they earn money from the toil and sweat of others. A Puerto-Rican policeman who twice fought for the state title in the lightweight division weaves the theme of the inescapability of exploitation with that of the responsibility of the fighter as an independent operator:

Yeah, I think pretty much, I feel the same, you know, that's their *job*, that's the way they make their livin' you know what I'm sayin'? You *can't blame them in a way* because they haveta make a livin' but you *can* blame 'em in a way because they're ruinin' somebody, they're ruinin' a kid that might have good-good potential. Jus' 'cause that kid has no money behind 'im, he's getting' used as *bait*, an' that's not right, you know what I'm sayin'? But if the kid was smart enough then he wouldn't let that happen to himself, *I know it ain't gonna happen to me*, you know what I'm sayin', 'cause I know better.

Lastly, for those who, having sunk in years of intensive bodily labor in the specific economy, possess no other qualifications and no short-term alternative – outside of the no less dangerous commerce of 'hot' merchandise and narcotics – to generate the income required to cover basic living expenses, brute economic necessity takes over. This is the case of an African-American heavyweight who has been hired out repeatedly by his trainer as an 'opponent' on televised shows with virtually no chance of winning and who readily admits that he is being utilized by promoters to further their own ends. Knowing that managers and promoters are exploiters does not stop him from fighting: 'Yeah.' 'Why?' 'Cos I

like it.' 'You don't think you might get used like that?' 'No. Somewhat, to some extent yeah.' 'And you're not concerned about it?' 'Yeah, I'm concerned, but I gotta *make a livin'*, I gotta do it.'¹³

Together, the doxic belief inscribed deep in the bodily dispositions of the fighter, in the normalcy of exploitation, in the 'agency' of corporeal entrepreneurship and in the possibility of individual exceptionalism help produce the *collective misrecognition* that leads boxers to collude in their own commercialization and practically consent to 'sink[ing] to the level of a commodity, and to a most miserable commodity' (Marx, 1964: 120). As for the unusual *intensity* of exploitation in that economy, it is a direct function of the social and ethnoracial distance between exploiter and exploited as well as of the gaping disparity in the volume and types of capital they possess: on the one side, fighters typically own little more than their trained organism and the moral valiance needed to valorize it in a rough and risky trade; on the other side, managers and promoters virtually monopolize the specific competencies and assets required to run the business. The near-total absence of regulation by the bureaucratic agencies of the state, in turn, is an expression of the marginal and tainted status of the trade in the universe of professional athletics and popular entertainment, as well as of the correspondingly low class and ethnic position of its practitioners and consumers, as my gym mate Smithie perceptively notes: 'See it's a profession that if you had *college grads*, if you had *diplomats*, if you had people of, of certain *cultures*, okay, that went into d'game an' was *fighters*, well then they would demand that [more regulation]. But see the callibar of people that you have in d'game, demand that callibar of repore [rapport], okay, that callibar of business okay? So one can reflect upon the other.'

Notes

This article draws in part on a longer paper titled 'The Passion of the Pugilist: Desire and Domination in the Making of Prizefighters', given as the Morrison Library Inaugural Lecture, University of California, Berkeley, 25 April 1995. It benefited from the encouragement of Jack Katz and from the sharp editorial eye of Megan L. Comfort. A shorter version was presented to the Workshop on Popular Culture, Programa de Pós-Graduação em Antropologia Social, Museu nacional, Rio de Janeiro, on 3 May 2000, with thanks due to José Sérgio Leite Lopes, Federico Neiburg and the workshop participants.

1. This article is based on 35 months of ethnographic fieldwork and 'observant participation' (1988–91) in a boxing gym located in Chicago's black ghetto during which I learned how to box (well enough to enter the Chicago Golden Gloves and to spar on a regular basis with 'pros'), attended amateur tournaments and professional 'cards' throughout the Midwest and in Atlantic City, observed and engaged trainers, managers and matchmakers in their natural setting, and generally followed my friends from the gym in their everyday lives. In it, I draw on the 2,200 pages of my diary, my field notebooks, the life stories of my buddies from the Stoneland Boys Club (a pseudonym), and in-depth interviews with all 50 professional boxers active in the state of Illinois during the summer of 1991.

2. See Wacquant (1998) for a detailed analysis of the structure and functioning of the prizefighting economy as a system of exchange and mutual conversion of bodily capital and economic capital made possible by collective misrecognition.

3. 'I'm a whore who sells his blood instead of his ass. But that comes with the sport. I never made much money being good lookin', but there's always somebody who'll pay me to take a punch. And I can take a punch, darlin'. It's a natural gift. This piece of granite on my shoulders can absorb a lot of punishment. They don't pay me to be bright' (Randall 'Tex' Cobb, a white journeyman heavyweight, cited in Hauser, 1986: 106). A better analog for the prizefighter across the gender line might be women performers in commercial pornography (Stoller and Levine, 1993; Wacquant, 1997), although that activity is morally reprovved even in the proximate milieu of porn actresses whereas prizefighting is held in high esteem in the lower regions of social space from which boxers issue.

4. In boxing parlance, an 'opponent' is a skilled but limited (or 'over-the-hill') fighter who is willing to go on the road and fight strictly for money against superior foes. He is typically brought in by a promoter to face (the lingo says: to be 'fed to') an up-and-coming boxer with a view towards improving the record and advancing the career of the latter. Shapiro (1988) draws a sensitive portrait of 'opponents'; Brunt (1987) depicts several of them at work.

5. These organizations, often referred to derisively by boxing people as 'the alphabet bandits', are self-appointed agencies which operate in cahoots with promoters to publish rankings and collect huge 'sanctioning fees' in exchange for giving the championship tag to fights sold to television networks. The three majors are the World Boxing Association (created in 1962), a 'small brotherhood of Latin Americans' which is 'little more than a corrupt joke'; the World Boxing Council (1963), operated as 'the personal fiefdom' of José Suleiman, a Lebanese-born and US-educated industrialist from Mexico in conjunction with Don King Productions (Hauser, 1986: 95, 98); and the International Boxing Federation (1983), recently placed under court receivership after its top officials were charged by federal prosecutors with multiple counts of corruption (including selling their ratings to certain managers and promoters under the table). In recent years, they have faced growing competition from a bevy of smaller self-proclaimed 'world federations', such as the IBC, WBO, IBO, etc.

6. The professional ethic of 'sacrifice' and training regimen of pro fighters is described at length in 'Pugs at Work' (Wacquant, 1995).

7. As pointed out by Orlando Patterson (1982: 388), the image of bones being picked and cleaned is also a frequent motif in the language of slaves the world over: 'You eated me when I was meat, now you must pick me when I am bones.' This sentiment of being 'eaten alive' is also a common form of consciousness among manual workers operating under superexploitative conditions in a physically injurious setting, e.g. most famously in the cases of the tin miners of the Bolivian highlands described by June Nash (1979) and of the Brazilian sugar factory workers dissected in José Sérgio Leite Lopes's (1978) classic study, *O Vapor do Diabo*. The vampiric figure of blood sucking is recounted by Abdelmalek Sayad (1991) in his vivid depiction of Algerian migrant laborers in France.

8. To borrow the characterization of the 'practice of integrity' elaborated by T. Dunbar Moodie (1994: 2) in the case of black African migrant workers toiling in the gold mines of South Africa.

9. This doxic acceptance of exploitation as a constant of life is taken to a paroxysm by this unemployed lightweight from a poor black suburb of Chicago who discerns in present inequity the unmistakable harbinger of future success with almost religious fervor: 'Yeah because I'monna make my money an' see when it's my turn to make my money, I'monna make it. It's, *anythin' that come easy is not worth it, for havin'* so I know I gotta struggle, I gotta *struggle-struggle-struggle*, I got to go without an' stuff like that but I chose this field to go into so I know it's gonna be *rough*.'

10. At the end of his interview, in a diner near the gym one summer evening, this boxer-hustler offered to take me to his gambling den and later insisted on trying to sell me an assortment of stolen merchandise, including a used handgun (for \$150) and a submachine gun in mint condition (for \$300).

11. The (auto)biographies of champions, from Papa Jack Johnson and Jack Dempsey to Joe Louis, Muhammad Ali and Oscar de la Hoya, are nearly identical iterations of this theme of superhuman singularity and individual success in the face of formidable hardships. In these pre-packaged life stories, boxers emerge as quintessential Horatio Algiers of the masculine body.

12. White fighters have become more valued economically as they have become more scarce, especially in the upper weight divisions for which gate receipts and purses are by far the highest.

13. On the motivations of 'bums' and 'tomato cans' to continue to fight absent the prospect of victory and in spite of their utter lack of skills, see Wacquant (1998: 12-13).

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