

Class and Ethnicity in the Global Market for Organs: The Case of Korean Cinema

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Abstract While organ transplantation has been established in the medical imagination since the 1960s, this technology is currently undergoing a popular re-imagination in the era of global capitalism. As transplantation procedures have become routine in medical centers in non-Western and developing nations and as organ sales and transplant tourism become increasingly common, organs that function as a material resource increasingly derive from subaltern bodies. This essay explores this development as represented in Korean filmmaker Park Chan-wook's 2002 *Sympathy for Mr. Vengeance*, focusing on the ethnic and class characteristics of the global market in organs and possible modes of counter-logic to transplant technologies and related ethical discourses.

Keywords Organ transplantation · Biopower · Korean cinema

Human organs are increasingly becoming a spectacle in popular imagination. We may encounter a pink pulsating heart in a Discovery Channel's medical pornography, which spectacularizes surgical procedures and invites a voyeuristic gaze at the doctors' intimate engagement with organs on a surgical table as they are sensuously groped, felt, and moved in and out of the body. We may watch primetime network dramas, such as an "X-Files" or a "Numb3rs" episode in which residents of an American Chinatown engage in the black market trade in organs. We may remember Michael Crichton's 1978 film *Coma*, which depicts a black market business in organs run out of health care facilities, or we may have seen Stephen Frears' 2002 film *Dirty Pretty Things*, in which poor immigrants are induced to give up their organs and have them removed in life-threateningly un-sterile back-alley

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procedures in a black-market exchange for working papers. Another popular narrative, which we will be discussing in depth, is the Korean film, *Sympathy for Mr. Vengeance*, by Park Chan-wook, whose revenge theme is tied to the need for an organ transplant and its availability through the black market. These images supplement the layperson's general knowledge of organ donation as relatively unproblematic beneficence: organ donation is "the gift of life." We sign the back of our driver's licenses and make our wishes clear to our loved ones, knowing that if we die suddenly, others will benefit from our remains.

However, these popular narratives have also begun to problematize the idea of organ donation as a gift exchange with donation occurring after the donor has died. There are increasingly common representations of organs outside the body, organs in motion from body to body, and living "donors" now *selling* organs such as kidneys understood as surplus, with one of the two kidneys essentially a "spare part."¹ Humanness is as such in popular culture re-imagined as the relation of the body and organs. In contemporary Western thought, the healthy body, free from addiction and disease, signifies normative subjectivity. The normative body is the marker of a unified sense of the human subject capable of rational decisions and sensible habits in matters that concern the state of the body. The body is an object of management when it is free of disease and disability and especially at the time of a health crisis in which illness, pain, and/or addiction overcome individual agency, rendering the body an object of either recovery or decomposition. The alternatives of recovery or decomposition depend on the state of organs that further define the state of the body, which signifies the concrete effect of the subject's agency and reason. Hence, healthy organs are crucial elements of healthy personhood, based as it is on the idea of a healthy organism. The crisis of illness and death is thus the critical juncture in which the body is imagined primarily in terms of the most basic organic functions that essentially preserve subjectivity (as healthy, rational, and thus, normative). At this juncture, different bodies appear: the body without organs (the body that yields organs and is allowed to die) and the body with organs (the body that obtains organs and is allowed to live). Whether through "donations" or "sales," the body without organs functions as a resource of materials necessary to re-establish health in the sick body. The body without organs produces the body *with* organs and, furthermore, life itself.

While organ transplantation itself has been established in the medical imagination since the 1960s, it seems significant that the body is currently undergoing a popular re-imagination in the era of global capitalism, in which both capital and human bodies have become ephemeral beyond conceptual and cultural borders and geographic demarcations. Both the human body and capital are increasingly uprooted from territorial groundings to the degree that both seem virtual, beyond the material weight of the actual body and beyond the local institutions that produce them.

In the era of global capitalism, human bodies travel across all sorts of territorial demarcations. What is significant in the re-imagination of the body in relation to organs is that there are two levels of movement: first, movement of the ailing, un-productive body in need of organs to recuperate health and longevity; and second, the movement of productive organs through transplantation procedures. Both levels are motivated by the presupposition that unproductive, dysfunctional organs can be and thus, *need* to be replaced by productive ones. By productiveness, we mean not only the capacity to reproduce economically significant labor but rather productive in a sense that organs regenerate the health of the body, thus reproducing the ideal of the body as productive as well as reproducing life itself. More importantly, the productive body reproduces the ethical values of the system in which the body is located. Underpinning the medical regime's ethics, which deem transplantation to be not only a viable option but also a necessity, are ethical values that construct the

whole and healthy body as the medical and social ideal. Medical and social institutions that are responsible for articulating such an ideal are founded upon the dominant value system that patriarchal capitalism organizes. In this context, transplantation is the reconstruction of the body with (healthy) organs, primarily the body, located in the Western metropolis, that represents the values of that locale.²

As transplantation procedures have grown increasingly efficient and have been adopted by medical centers in non-Western and developing nations, organs that function as a material resource for the body which needs organs increasingly derive from subaltern bodies. As medical anthropologist Nancy Scheper-Hughes notes:

The rapid transfer of organ transplant technologies to countries in the East (China, Taiwan, and India) and the South (especially Argentina, Chile, and Brazil) has created a global scarcity of viable organs that has initiated a movement of sick bodies in one direction and of healthy organs—transported by commercial airlines in ordinary Styrofoam picnic coolers conveniently stored in overhead luggage compartments—often in the reverse direction.³

And both the metaphorical and material distance that separates the subaltern sphere of the Third World and the Western metropolis create the conceptual vacuum in the ethical and medical discourse on transplantation in the West. In what Michel Foucault calls the culture of life, death disappears from the public sphere of vision and discourse.⁴ Thus what remains hidden is death that enables life by becoming a source of fresh organs. The narrative of organ transplantation that is readable, therefore, is usually about the need of the individual who is sick, the struggle to locate the vital organs, and the financial and physical risks patients are willing to take in their efforts to preserve life. The stories about living donors and sellers who are pressured by exigencies to allow an organ to be removed and about death and cadavers that function as what can be described as organ plantations (notably, the triangulation of prison-state-medicine in China in its involvement in the global organ trade) rarely enter such narrative space.⁵

Written accounts of procuring and receiving fresh organs outside legitimate metropolitan medical institutions amplify the aspect of struggle on the part of the patients, summarily eliding violent deaths that must precede the life-giving event of transplantation. In Korea, for instance, patients needing transplants can travel to medical facilities in China where organs are transplanted from the bodies of executed convicts—some of whom are political prisoners and others who have been sentenced to crimes as trivial, in respect to the death penalty, as tax evasion. Anxiety and moral outrage in this case center around health risks caused by procedures at hospitals in less developed countries and the further danger that patients who go through overseas transplantation may face because Korean specialists often refuse, on purportedly ethical grounds, to follow up such overseas procedures. (The policy of the United Network for Organ Sharing [UNOS] is that all such patients in the United States are entitled to full post-operative care.) Support networks for these Korean patients and families have formed to provide prospective transplant recipients with information on the most reliable hospitals in various Chinese cities and to censure Korean doctors who refuse to take in patients after their overseas transplantation as discriminatory and unethical.

What follows is a conceptual vacuum in which inter-subjective relations between those who become raw material for organ plantations and those who reap life from that operation are deliberately elided in the rhetoric of the preservation of life. Later in this essay, we return to this conceptual vacuum as we analyze how the film, *Sympathy for Mr. Vengeance*, forcefully reinscribes those donor/seller bodies and cadavers as signifiers not of life but rather of death in the social consciousness.⁶ For now, we return to the relation between the

body with and without organs in order to elaborate on the global economy and ethics of transplantation.

In their book *Anti-Oedipus*, first published in 1977, Gilles Deleuze and Felix Guattari articulate what they call the body without organs.⁷ It is a structure that produces polymorphous and abundant desires; it is also the location in which the subject is formed and sustained through movements or fluctuations of desires. This concept of the embodied subject revises the Oedipal subject as the modern subject formation. The Oedipalization of the subject is the process in which the subject comes into the being by localizing its libidinal desire, enabling the subject's biological and psychical life in the relation of patriarchal reproduction. This means that the subject's life-sustaining desire originates from the organs that are localized into actual, and particularly genitalized, organs, rather than the conceptual structure that confers subjecthood. These organs work as a conduit to the source of life outside the body, specifically, the Father's body. From the body without organs, the subject that loses the attachment to the Oedipal desire comes into being; thus organs are no longer the primary requisite of life. We argue that this is the kind of body that destabilizes the scientific and social concept of life that is to be sustained through healthy organs. In this instance, life-sustaining force is comprised of the polymorphous desires that disregard the boundary of localized and genitalized organs and the healthy body with fully functioning organs.

While Deleuze and Guattari's body without organs is the site of immanent desire, the body *with* organs mediates the transcendent object of desire, such as the object of heterosexualized desire that anchors the body in the reproductive system. We can interpolate that the kind of subject that the body without organs mediates is indifferent to health and longevity of the body because what matters most for that body is the unceasing flows of desire regardless of the condition and degree of the body's health. However, the seemingly universal reconfiguration of the subject through the concept of the body without organs is a historically specific event in which the global location of the Western metropolitan subject and its subaltern Other are reconfigured.⁸

Deleuze and Guattari's body without organs was imagined at the historical juncture in which political and economic orders that had sustained capitalist development were undergoing profound transformation into those of late capitalism. This transformation became pronounced following the global recession of the 1970s, anticipating changes in world order in which preexisting East–West, as well as North–South, power relations were reformulated through the end of Cold War and global late-capitalist development. The deconstruction of the modern subject (manifested in the body with organs, particularly genitalized in patriarchal reproduction relations) is a necessary stage in such global reconfiguration. That is, it became imperative to deconstruct the modern Western subject that is overdetermined by localized (sexualized) desire (of which Oedipal desire is the most exemplary case), in order to relocate it in a more ephemeral plain mimicking the ephemeral movement of global capital.⁹ The body without organs is the body without localized nodes that generate hetero-sexualized desires. In other words, the libidinal desire of the body without organs is not confined in a particularly situated desire while the body with organs is. The body without organs is therefore the body that overcomes the confines of the hetero-sexualized body of the patriarchal system of reproduction.

The medical imperative of transplantation, however, evinces that the Western subject continues to be anchored on the body *with* organs, that is, the body that is organized around localized organs reproductive of life. Desire is anchored on the reproductive desire for which patriarchy founded upon the Oedipal subject still works as an organizing principle. This desire is translated into the literal need to sustain life through the material means of

organs, and the sustenance of life depends on organs, which more often than not fail to sustain a living body. This is where the need for vital organs that can sustain a living body becomes imperative. Preserving the body with organs is the fulcrum of preserving the social order and institutions. But organs cannot be freely produced and exchanged. The facilities, surgeons, techniques, and immunosuppressant drugs necessary to successful transplantations have advanced markedly, resulting in a markedly increased need for organs. This need is represented by the transplantation community and medicine at large by the growing numbers of patients on the waiting list for transplantations, patients who in prior years would have either received treatment such as dialysis or simply lived with their illnesses and then died. Today, however, the increase in the ability to perform transplants has resulted in what is portrayed as a crisis of scarcity.

Because of this scarcity of organs, which makes it difficult to determine the market value to be attached to them, the organ becomes a gift that is beyond the relations of exchange: the organ is deemed as an object of donation rather than a market commodity despite the fact that it is the most essential commodity for the body with organs, sustaining the ideal of a healthy and productive body that is necessary for the social institutions of patriarchal capitalism. And what we call the medical–industrial complex constitutes one such institution through which both medicine and human organs obtain exchange value. Organ commodities that travel across boundaries of individual bodies as well as those of nations to arrive at the heart of the Western medical institutions are becoming increasingly necessary to compensate for the scarcity of organs that the gift economy of organs cannot rectify, threatening to halt the movement of capital that flows through the medical–industrial complex, which manages technologies and reaps profit through the process of organ transplantation.

In this turn of events, the body without organs completely escapes the Deleuzian dream of the body without organs in which life is not dependant on fresh organs and is sustained by polymorphous desires, not through the function of organs. The body without organs becomes matter from which the value of vital organs can be extracted as those organs are removed and transplanted elsewhere. American medical institutions, particularly UNOS, the organization contracted by the federal government to manage a nationwide network for allocating organs as they become available, have used their authority to shape the moral framework and policies on organ procurement in the face of organ scarcity by seeking to confine procurement and transplantation within a gift economy in which the relation between the donor and the recipient of organs must be mediated by empathic relations.

But what happens when scarcity of organs is exacerbated and the prospective recipient must find organs outside private and empathic relations? No longer gifts that are exchanged within privatized and empathic relations, organs are now commodities that can be obtained primarily through market exchange. These shifts are heralded by new campaigns sponsored by medical centers and transplantation organizations (e.g., the month of May is National Organ Tissue Donor Awareness month and is supported by media events and ceremonies at medical centers that perform transplantations) to encourage the living to designate their organs for donation upon death. Some physicians and bioethicists argue in favor of compensating living donors of kidneys and the families of cadaver donors with tax credits and other remunerations, and some argue for “presumed consent,” signed into law in countries such as Canada and Spain, where one’s organs are removed for transplantation upon death unless individuals “opt out” of this status; many argue in favor of legalizing organ sales.¹⁰

As in other areas in global capitalism where the flow of raw material is determined by the need of highly developed Western societies, organs in global market exchange, as noted

by Scheper-Hughes, flow from the South to North and East to West. This commodity economy, which overrides the gift exchange, is increasingly dominant in the discourse of organ procurement and transplantation, as a growing number of transplant surgeons and bioethicists argue in favor of financial incentives and outright payments for organs.¹¹ UNOS itself is undergoing a fundamental shift in the ethical framework of its policies that reflect the isolation of the organ as an object independent from the person who donates it and the person who receives it. UNOS's algorithm for calculating where an individual is placed on the long wait list for livers has been reconfigured to favor the viability of the organ over time rather than patient-centered values. In other words, livers will go to the patients who are the best recipients for the organs rather than to patients who are the sickest. This shift in determining status on the wait list will ultimately affect those waiting for all organs, not only livers.¹² This shift, from patient-centered allocation to organ-centered allocation, registers a trend in medicine and medical ethics that sees the body increasingly as disparate organs and functions or even as a resource of replacement parts rather than as a marker of a person's inviolable self.

This is where what Marx calls commodity fetishism manifests itself: the commodity masquerades as a living object and elides the actual human relations (that is, social relations) that make the production and circulation of that commodity possible in the first place. Just as we are made to see only the movement of commodity (in which human agency, particularly that of workers whose labor produces value, is rendered invisible) in the exchange of organ commodities, we are not able to see the body and subject from which that commodity is produced. For instance, we are not able to see Chinese prisoners or impoverished South Asians as the origin of organ commodity but instead, see only traveling commodity, that is, the material with which exchange value is endowed as it circulates in global regime of medical-industrial complex. These are the vicissitudes of traveling organs.¹³

Transplantation depends on the paradoxical modes of logic of gift and commodity, which ultimately rupture one other. The gift in principle precludes the production of capital, and the commodity mediates the creation and expansion of capital. And, insofar as transplantation is accepted as a necessary medical intervention to (re)construct the healthy body, the medical-industrial complex must face the contradictions of these modes of logic inherent in organ transplantation. We argue that these contradictions are unified under the particularly Western social and medical practice in which death must be reconfigured for all in order to prolong the life of a few. As death is reconfigured to produce a source of fresh organs, so the legalization of organ sales (overriding the gift concept) becomes necessary to rectify the scarcity of organs. More importantly, in this context, death itself is displaced into the undeadness of "the living cadaver," that is the brain-dead body on life support to keep the organs fresh, making organs commercially as well as physiologically viable. The culture of life is thus sustained by commodified cadavers. Here, the scarcity that hindered foregrounding of commodity characteristics of organs paradoxically becomes the condition of commodifying organs.

At this juncture, it is important to note the logic of commodity. Constructing artificial scarcity of useful things is the foundation of commodity value. That is, if useful things are abundantly available, it is impossible to assign exchange value to those things insofar as those things can be acquired outside a market economy that sustains itself by fetishizing useful things into units of market/exchange value. Legalization and regulation of organ market exchange only affirms that fresh organs used in transplantations are never simply the "gift of life." In medical reasoning, which constructs transplantation as a rational and even necessary step in the care of the dying patients, the body that dies and produces organ

commodities becomes invisible, as does the context of such death, rendering the body of the Third-world subaltern disposable just like any industrial raw materials. Transplantation fundamentally necessitates the conceptual vacuum in which the source of organs (the human Other) cannot but be distanced, objectified, and finally erased as organs are consumed as the resource of prolonging life. This process reveals transplantation to be the relation of the solipsistic self and its invisible Other. In this sense, the logic of organ transplantations is, ironically, sustained by inter-subjective violence that creates the binary between the sanctified subject (whose body must be preserved and life prolonged) and its disposable Other (whose body can be disposed to yield fresh organs).

In this context, Deleuze and Guattari's body without organs is completely turned on its head to signify the non-Western subaltern body to be disposed. The body with organs that we imagine Deleuze and Guattari's body without organs is deconstructing continues to be the origin of Western medical reason and ethics: transplantation is the scientifically and ethically viable means to reconstitute the ailing body to be the body with healthy organs. But, what might be the shape of counter-reason? We note the radical form of counter-reason to technologies and ethics of transplantation in the character Han Bo-bae in the film, *Sympathy for Mr. Vengeance*.

The first half of *Sympathy for Mr. Vengeance*—Park Chan-wook's 2002 film, *Boksuneun naui geot*, the first of a trilogy of films on revenge—revolves around Ryu, a young man who cannot hear or speak and who is supported in art school by his sister, Han Bo-bae, until she becomes ill with kidney disease.¹⁴ Ryu works in a factory and still cannot earn enough to pay for his sister's hospital bills, as there is no social system of health coverage like Medicaid/Medicare in Korea. Bo-bae's kidneys are failing, and, according to her physician, she needs a transplant. Ryu wants to donate one of his kidneys, but his blood type is not compatible and the kidney would be rejected, so his sister languishes while she awaits a viable organ. Ryu is laid off from his job and is given ten million won (roughly US \$10,000) in severance pay. After calling a number that he finds on stickers advertising black-market kidneys on a men's room wall, Ryu meets with the black marketeers—a fallen, drug-addicted ex-surgeon and her two sons—who insist that Ryu give them one of his own kidneys as well as the ten million won in exchange for a kidney that is compatible with his sister's blood type. Ryu is anesthetized for the operation and awakens to find himself alone in a deserted warehouse, bereft of his money, his clothes, and his kidney and left with an unsutured wound. Shortly thereafter, his sister's doctor informs him that a kidney has become available through the hospital for transplantation. However, Ryu no longer has the ten million won that the hospital demands prior to performing the transplant.

In despair, Ryu consults with his friend, Cha Youngmi, a middle-class Marxist, would-be revolutionary. She convinces Ryu to kidnap the child of the executive who had him fired. Ultimately, they choose instead to kidnap the child of another wealthy business owner, Park Dong-jin (referred to as “President Park” in the subtitle translations, which is how we will refer to him, in order to distinguish him from Park Chan-wook). Ryu and Youngmi kidnap President Park's young daughter, Yoosun, and place her in Ryu's sister's care, telling Bo-bae that they're caring for the child while her mother is in the hospital. When Bo-bae finds out that Yoosun was, in fact, kidnapped in order to raise the money for her transplantation, she kills herself rather than be the cause of or a participant in the crime. Plunged into grief, Ryu takes Yoosun and his sister's corpse into the country to bury her by the river where they played as children. While he is burying Bo-bae, Yoosun falls into the river. She cannot swim, and Ryu cannot hear her calling for help, and Yoosun drowns. When President Park discovers his daughter has drowned, he is distraught with grief, which deepens when he witnesses her autopsy. From this point, the film is the unfolding of two, entwined vengeance narratives in

which Ryu tracks down and slaughters the family of black marketeers he sees as responsible for his sister's death, and President Park tracks down, tortures, and kills Youngmi and Ryu. The movie ends with President Park being stabbed to death by members of Youngmi's supposedly non-existent terrorist organization.

Of all the many and terrible deaths in the film, Bo-bae's is remarkable in being a self-inflicted, radical interruption of and protest against all of the modes of logic and narrative momentum in the film. Her suicide is a rebellion against medicine and the market, against desire and revenge. This act is her conscious refusal to become the body with organs. It is a protest against the inter-subjective violence that involves not only the kidnapped child but also those who are implicated in the system of medicine and the organ market. Importantly, it is resistance to the artificially constructed need for organs as a requisite of prolonged life that medicine and the organ market create.

There is no "gift of life" possible in the context of Park's film. Bo-bae's medical care is not possible without the cash to pay for it. In the United States, economic status also affects one's ability to receive a transplant: kidney transplants alone of all organ transplant procedures are covered by Medicaid/Medicare, but Medicaid/Medicare covers only up to three years of the expensive and life-long follow-up treatment of immunosuppressant drugs needed to prevent organ rejection.¹⁵ In Korea, social policies lack both the concept and institutions of public health coverage as a foundation of social welfare. Therefore, the burden of the cost of transplantation falls entirely on the patient. In *Mr. Vengeance*, individuals carry the tremendous burden of sustaining life from home care to transplantation when the communal and social care for the dying is absent. The film's focus on medicine in Korean culture, especially when screened for a US audience, throws the economically structured disparities of health care into stark relief. The two obvious motives for the action in the film derive from transplantation as the process of commodity exchange, that is, exchange between monies and organs. The losses that Ryu and President Park sustain and the revenge that both men pursue are premised on a basic formula of human life, or the parts thereof, exchanged for cash: Ryu arranges to buy a kidney to keep his sister alive, and his kidney is stolen for sale on the black market; Ryu and Youngmi kidnap a little girl in order to exchange her for ransom. *Mr. Vengeance* makes clear from the outset its narrative logic—a logic that extends metonymically to the society represented in the film—within which human life has a cash value and circulates, accumulating value until it is consumed.

This logic is expressed quite specifically, if ironically, by the character Youngmi when she first attempts to convince Ryu to kidnap his former employer's child for ransom in order to pay for Bo-bae's transplant operation. Youngmi exclaims enthusiastically that kidnapping for ransom stimulates the "movement of capital [that] maximizes the value of money!" This unethical premise—using the logic of the accumulation of capital as justification for kidnapping a child—sets up the film's major critique of the unethical logic of capitalism within which human organs and human life have exchange value. Park's film problematizes health care that is determined by capitalist economic influences, which inevitably produce inequities in access to and quality of care. Yet the film complicates this critique by embedding it within the irony of this scene with Youngmi, a self-proclaimed Marxist revolutionary.

Youngmi's character is deeply ambiguous. The specter of a Marxist making use of a classical capitalist logic suggests the ambivalence of her character; she lives alone in a fairly spacious apartment in Seoul and thus enjoys at least a certain amount of class privilege. The viewer first encounters Youngmi when she sits before her computer, holding her eyelids open with apparent exhaustion as she composes a Communist manifesto, typing in a death sentence for an unnamed capitalist. She appears to be an archetype of Korean

youth, wearing a t-shirt imprinted with a face very much like the widely reproduced image of Che Guevara, whose representation on T-shirts has become symbolic of the lost values of former hippies in the United States, whose children now wear those same mass-produced T-shirts, perhaps only vaguely aware of the ironic commentary.

At least on the surface, Youngmi appears to be a typical member of the latest generation of young Koreans who, like their US counterparts, have little if any political memory. These young Koreans have no direct relation to the political repression and violence of their nation's recent history nor of those who protested despite the routine torture of political prisoners, some by self-immolation. Youngmi is, of course, significantly different from the average young Korean in that she is a Marxist revolutionary, one who attempted to migrate to North Korea. She failed in her attempt, somewhat comically as it is told by the three detectives who investigate her case after she is found tortured to death. When she attempted to swim into North Korean territory, she became entangled in a fisherman's nets. Further, we are told that she is the sole member of her terrorist organization, so the viewer interprets her, at least initially, as a young woman who adopts Marxist values in a naively romanticized and politically shallow manner rather than as an agent of social change. Her character is suggestive of the stylish social outcasts of Jean-Luc Godard and Jean-Pierre Melville. The cigarette perpetually dangling from her lips and her sullen expression are engagingly at odds with her youthful beauty and bourgeois style.

Yet Youngmi's character resists this interpretation as it resists other modes of normativity. One of the detectives investigating the case knows her and tells his colleagues that as a child, Youngmi attempted to be included in a special class for hard-of-hearing and deaf children. It is perhaps through this experience that she has learned to sign with Ryu whose social difference as disabled disappears when he is with her. We see the two lounging in bed facing a mirror that Youngmi has placed at the foot of the bed in order to facilitate their visual conversation; they sign to each other by looking into the mirror. Youngmi willingly accommodates and thus erases Ryu's physical difference. Her character resists easy identification and interpretation except as a person who seeks community through non-normative engagements.

However, it seems Ryu and Youngmi's characters are separated by a profound difference in their cognitive capacities. This point seems to be illustrated with the story that Youngmi tells of the man who thinks he has two heads and who fantasizes that by shooting one of his heads, he will rid himself of the painful headache he suffers. When Youngmi tells him this story, Ryu responds by asking if it is the left or right head that he shot. This cognitive difference is complicated as moral differentiation when Youngmi works to convince Ryu of the logic of kidnapping a child in order to raise the money for Bo-bae's operation. Ryu is initially outraged by Youngmi's reasoning. She uses an economic argument, and Ryu signs his outrage with an angry gesture of crossed forearms, pushing the sign violently toward Youngmi. Elsewhere, the film offers intertitle translations for their sign language, but it does not provide a translation for this signed communication. Ryu's signing does not need translation; it is clearly one of moral outrage. Youngmi's reasoning is sound within the framework of capitalism but does not include moral reasoning or contingency. Hence, we can say that Youngmi constructs the abstract principle that she believes drives reality forward, while Ryu at least initially bears the burden that failure of reasoning effects by losing his sister, then Yoosun, and ultimately his own life. Youngmi suffers terribly as well, but her suffering is a performance of, rather than an actual, subaltern status, a performance that nonetheless reenacts the suffering of persecuted intellectual radicals.

Mr. Vengeance frames the interaction between Ryu and Youngmi as an allegory of Korean social relations in which the subalterns endure the failure of reasoning created by

the ruling elite and radical anti-government intellectuals. That Youngmi allegorizes the radical intellectual class whose political practices intertwine with the subaltern life unfolds in the scene in which President Park tortures Youngmi to death with electric shocks. Youngmi thus re-enacts the experience of Korean political prisoners of the 1980s who were tortured by government police in the same way. This allegory, which draws the current generation of Korean youth into contact with their politically engaged counterparts of the 1980s, is developed further when we learn at the end of the film that the detective who described Youngmi as the sole member of her terrorist organization was wrong. She has, in fact, a great deal of political power as well as the potential to transform her society. Her terrorist organization does exist, and its members who execute President Park and affix a printed death sentence, the generic text of which was written by Youngmi, to Park's chest with a dagger are clearly identified as laborers. The film's ending thus represents and idealizes the potential for an alliance of young intellectuals and labor. Youngmi's character serves as an example of Park's use of allegory, which brings the individual together with the social. Through Park's allegory, we move from sympathy and vengeance to abstractions of ethics and economic and social relations.

Allegory brings social depth to the film's plotlines whose complexity is restricted to a series of triggers, each one of which unleashes further loss and violence: kidney theft follows illness, a drowning accident follows suicide, and further violence and death follow each loss of life. The plot pulls the viewers into its downward spiral, offering up set pieces of sympathetic, almost sentimental, social interactions in juxtaposition with scenes of vengeance. In one small, quiet scene, Ryu washes his sister, who is prostrate with illness, in the heat of midday. In one continuous shot, accompanied on the soundtrack simply by the continuous whirring of a fan, Ryu rubs a washcloth over each of her limbs. Bo-bae giggles, in spite of how sick she is, when he washes under her arm and rubs the sole of her foot. Ryu smiles too in one of the film's rare moments of pleasure. Bo-bae is essentially dying, yet the scene suggests calm and represents the tender relationship between brother and sister. It stands in stark contrast to the violence and horror of subsequent scenarios. The inviting narrative of this small, quiet scene encourages identification and sympathy. Park sabotages these scenarios of tranquility with tableaux of cruelty and suffering, which can be understood as representing a kind of Hobbesian state of nature.

In the first of these tableaux, Ryu awakens from anesthesia to find himself alone and naked on the floor of a gutted warehouse, robbed of the money for his sister's kidney, and clutching an unsutured incision in his side where his kidney was removed by the hack black-market surgeon. Ryu twists on the floor, choking out guttural sounds of terror as saxophones screech wildly on the soundtrack. We then see him hunched naked at the roadside trying to flag down a ride back into Seoul, waving at cars and grunting with exertion; the audience remembers that Ryu is unable to ask for help or explain his plight. The film becomes an almost relentless succession of tableaux of misfortune and misery such as when Ryu finds his sister after she has cut her wrists in a tub spilling over with bloody water. In another scene, Ryu carries the little girl Yoosun out of the water after she has drowned, her long black hair matted like a net across her face. Later, we see President Park's face as he witnesses his daughter's autopsy, and we hear the graphic sounds of the surgical exploration of the child's body. In yet another, we see the aftermath of the mass suicide of a family impoverished when the father is laid off from work. In another, when Ryu exacts his vengeance on the family who stole his kidney and his savings leading to his sister's death, he repeatedly pounds their heads with a baseball bat and stabs one in the neck with a screwdriver. In another, President Park calmly eats noodles as he dials up the electricity running into Youngmi's earlobes through jumper cables, flipping through

photographs of his dead daughter, Yoosun, as Youngmi screams. Later in the film, President Park executes Ryu by slicing deep into his ankles and letting him bleed to death. And, in the final scene, Youngmi's terrorist comrades execute Park, all four of them stabbing him repeatedly, finally fixing a printed death sentence onto his chest with the thrust of a knife.

Revenge is the salient motive for action in this and the two other films in Park's "revenge trilogy." Framing the films as studies of revenge establishes motives that are at once individual and social. Individuals' injuries become the occasion for revenge, and yet the theme is self-consciously and artificially constructed within the three films and gestures toward a universal in reference to the commonality of trauma as the pith of social experience. *Mr. Vengeance* represents individual actions within a net of social relations. Many of the actions in the film, such as a laid-off workers' protest by self-mutilation and, later, his and his entire family's suicide, are social rather than personal acts. They are in fact tragic customs: entire families committed group suicide when ruined by the economic crash in Korea in the 1980s. Bo-bae's suicide is also ultimately social. Intended, as she wrote in her note to Ryu, to prevent and to protest unethical behavior, it refers to the self-immolations of the late 1990s, which were practiced by student and intellectual radicals protesting state violence and repression. And Youngmi's torture replays in allegory the torture that the Korean government of the 1980s practiced on protestors and political prisoners.

The dark subject matter, along with scenes of graphic violence and trauma, of Park's films has earned their place in the US film category, "Asia Extreme," as well as comparisons with directors of violent films such as Park's champion in Hollywood, Quentin Tarantino. Park's films have achieved some popularity among independent and alternative film aficionados. Yet while some US viewers appear to have a taste for the shocking nature of Park's films, many media reviewers find the violence in *Sympathy for Mr. Vengeance* to be gratuitous and exploitative.¹⁶ Manohla Dargis of *The New York Times* is typical of film critics in arguing that despite "vague nods at Korean politics," Park aestheticizes the traumatic events in the story of *Mr. Vengeance*. In her review, Dargis quotes Park's description of his films as engaged with morality in order to dismiss this notion as "circular logic," insisting that "the violence carries no meaning beyond the creator's ego."¹⁷ While she concedes that *Mr. Vengeance* "isn't really more outré than what you find in some Hollywood movies," Dargis compares Park to Hitchcock to emphasize Park's failings, saying that "[at least] Hitchcock tempered his sadism by entering into the mysteries of life," which mysteries Dargis leaves uncharacterized.¹⁸

The general tenor of reviews of Park's films is one of moral disgust. However, the reception of Park's films in the West obviously involves audiences' lack of cultural and historical knowledge with which to read the allegory of Park's films. What is striking is the cultural and class privilege that enables that lack of understanding, which so readily translates into moral outrage. While Quentin Tarantino is lauded for his ironic use of gratuitous violence and for his originality, when he is in fact merely parroting Asian film themes and techniques, Park is rebuked for the seemingly disgusting content of his work, an excessive or "extreme" use of violence. We argue that what disgusts the American viewer is the horror that they have the privilege not to know, at least not yet: what it is to be a body for labor, a body for parts, a disposable by-product of a market economy that is driven by the desire for organs.

And yet the USA is struggling with its own growing health care trauma: 47 million Americans do not have health coverage, and there are stark ethnic and class disparities in who receives health care. As medical centers focus increasingly on organ transplantation by emphasizing the growing number of people waiting for transplants and the numbers who

die before a compatible organ becomes available, the calls for increasing measures to encourage donation, including live donations, multiply. The increasing calls for compensation and even the sale of organs is unfolding in a context where, according to noted bioethicist George Annas, “ethics and law have always been peripheral to organ transplantation.”¹⁹ Like Korea, the USA is grappling with a growing crisis of scarcity. How individuals respond to that crisis is at least, in part, an emotional response, the same feeling of sympathy upon which the gift economy of organ donation is premised.

Narrative plays an important part in generating that sympathetic response. Transplant organizations recognize the power of individuals’ narratives of need in shaping ethics, law, and policy regarding transplantation. Transplant web sites and material advocating donation prominently feature individuals’ narratives of illness, usually a life-threatening need that is satisfied by another individual’s altruistic donation of the needed organ, which results in recovery for the narrator.²⁰ Media accounts of individuals in need of a transplant result in responses from complete strangers. Procurement organizations and transplant centers interpret these responses to media accounts as legitimate “emotional” relationships, which in their reasoning renders the donation ethical. While transplant centers are usually suspicious of someone with an abstract, altruistic wish to donate a kidney without an intended recipient, they welcome the donation of a kidney from an individual who wishes to donate a kidney to a person whose individual story of need has appeared in media accounts, on a billboard, or on a website. Narrative mediates the gift economy of organ donation.

While medicine turns to this powerful tool as a means of increasing the number of organs available for transplantation,²¹ the general public needs to understand narrative’s power to galvanize responses to the crisis and to shape the ethics, policies, and practices of transplantation. *Sympathy for Mr. Vengeance* offers useful instruction in the uses and dangers of individual narratives. Although its narrative logic is driven by the basic assumption that transplantation is the sole response to Bo-bae’s kidney disease, *Mr. Vengeance* prevents the viewer from being lulled by the emotional power of the individual narrative. Because the film is ultimately allegorical, not personal, and because Park’s allegory demands to be interpreted within a socio-historical context, the viewer cannot engage solely with the individual narrative. Further, *Mr. Vengeance* presents a system of logic associated with specific narratives. Specifically, the film’s social context—conditioned by the logic of Korean capitalism—is that Bo-bae, suffering from renal disease, either dies or receives care through the black market. The viewers thus are forced to read individual narratives within the context of the meta-narratives that shape social mores. The system of logic represented in the film as influencing the ethical structure of Korean society and specific social issues determines the narrative trajectory of the film. Within a US capitalist logic, Bo-bae would have access to dialysis and Medicaid coverage for the transplant, although not for the drugs needed after the first three years. Park instructs his viewers in the relation between individual narratives of sympathy and vengeance and meta-narratives of economy and technology.

The narrative mechanisms for action—Ryu being laid-off, the black marketeers stealing the money for his sister’s kidney, the kidnapping of President Park’s daughter—all function in relation to this individual–social narrative constellation: Ryu’s sister’s kidney failure must be treated by a kidney transplantation. This reproduces the logic of modern medical practice, especially as established in the USA and Europe and practiced in newly developed countries like Korea. Kidney failure is treated with transplantation. Hospital treatments such as dialysis and kidney transplant—and other medical procedures such as autopsies and life support (Park deliberately includes this element as a forceful medical intervention in dying by placing on life support a boy who has barely survived the mass suicide of his family staged by his un-employed and desperate father; the boy subsequently dies)—are

taken for granted in the narrative logic of the film in the same way that these medical procedures are accepted practice in the USA, where the majority of sick citizens are covered for such procedures by health insurance, Medicare, or Medicaid.²² In Korea, however, state-of-the-art medical treatment is available but only for those who can pay for it. The state sponsors the construction of an ineluctable logic of procedures such as dialysis and transplantation but does not offer equal access.

Drawing on the work of philosopher Ivan Illich, Nancy Scheper-Hughes describes this issue of an “artificially created need, invented by transplant technicians for an ever-expanding sick, aging, and dying population.”²³ This socially constructed logic of transplantation fuels Ryu’s susceptibility to the men’s room advertisements for black-market organs. Because the ethic of letting death occur when the body’s organs begin to fail has been substituted with the logic of transplantation, Ryu never considers the possibility of using his severance pay to offset the cost of his sister’s dialysis treatments or simply caring for her as she dies. The film’s narrative logic, which establishes the need for transplantation despite the scarcity of available organs and the inequities in the Korean health care system, reflects the problematic logic of organ transplantation in the global market. In the report she presented to the US Congressional House Subcommittee on International Operations and Human Rights, Scheper-Hughes describes how the globalization of transplant technology in recent decades has contributed to the “scarcity” of viable organs. This artificial scarcity translates in capitalist terms into “demand,” for which the poor are available as “supply.” According to Scheper-Hughes, “global capitalism has also released a voracious appetite for foreign bodies to do the shadow work of production and ‘fresh’ bodies for medical consumption.”²⁴ Elsewhere she writes that “through modern transplant technology the ‘biosociality’ of a few is made possible through the literal incorporation of the body parts of those who have no social destiny other than premature death.”²⁵ In less developed countries, as in the Korea represented in Park’s film, the “real scarcity is not of organs but of transplant patients of sufficient means to pay for them.”²⁶

Not only the scarcity of organs is subject to construction but also the point at which death is determined in order to enable the procurement of organs is socio-culturally constructed. As Americans know from the lengthy controversy over Terri Schiavo, where the process of determining death became spectacularly public and involved politicians and private individuals as well as medical experts, death is a process rather than a fixed point. That fact suggests that the moment of death will always be a matter of interpretation and therefore socially and culturally determined. Prior to the late 1960s in the USA, death was legally determined as the moment the heart stopped. Patients with brain damage and in comas were kept breathing with artificial ventilators in intensive care units until the point when physicians determined that their comas were irreversible, at which time the patients would be quietly disconnected from the ventilators and allowed to die. After the first successful heart transplants in 1967, Harvard Medical School organized an ad hoc committee to institutionalize a “new death,” brain death rather than the failure of the cardiopulmonary system, a death that would allow the “living cadaver” to be sustained on a ventilator, keeping the organs alive for transplantation while the body itself was understood to be dead. Over the course of the next two decades, this new death came to supercede the old, and by 1981, a special President’s Committee was established to formulate the Uniform Determination of Death Act, which was immediately supported by the American Medical Association and the American Bar Association and subsequently adopted by the majority of state legislatures.²⁷

While brain death is widely accepted in the USA, it is not accepted as the measure of death in countries like Japan and Saudi Arabia. Therefore there are few organs available for

transplantation within these nations. It is growing increasingly common however for those who need organs for transplantation and have the means to travel abroad, often to China, to obtain the organs and the procedures. Thus within nations that reject the conditions necessary to enable transplantations, it is nonetheless acceptable to view members of other nations and cultures as a useful supply of organs. When this extension of life occurs in a setting where human bodies are simultaneously executed and kept alive as reserves of human organs for exchange, previously unthinkable horrors become commonplace practices. The practice is nonetheless a form of cannibalism. While organ transplantation surgery was still in its experimental phase, the *Annals of Internal Medicine* ran an editorial in which it warned of the possibility of “human cannibalizing...in the development of artificial internal organs and in the experimental transplantation of natural organs from one human being to another.”²⁸ What was initially a horrifying specter of Frankenstein-like proportions has come to be normalized as “the gift of life.”

In May of 2006, physician Sally Satel contributed the second of two *New York Times* Op-Ed pieces on her personal need for a kidney for transplantation.²⁹ Satel describes the growing need for kidneys for transplantation in general, citing UNOS’s estimate of 70,000 on the waiting list and the fact that “someone on the organ list dies every 90 minutes.” She adds a rhetorical flourish: “Tick. Tick. Tick.” Discussing her personal crisis while waiting for a donor, Satel states that she “wondered about going overseas to become a ‘transplant tourist,’ but getting a black market organ seemed too risky.” As she moves on immediately to recommend financial compensation for and regulated sales of organs, it is clear that Satel understood the risk involved in transplant tourism to be incurred solely by herself, rather than the subaltern of the developing world selling her or his kidney on the black market. We need to correct this distortion in global perspective that privileges a global trade that is shored up by dangerously self-serving ethics and health policies. We must review the history of the socio-medically structured definitions of death and need, which constitutes a cognitive shift from what was once perceived as bordering on cannibalism to what is now understood to be nourishment, the meat of life, a construction of self that is sustained by that undead Other, the living cadaver.

Note: Since this essay was written, China has shifted its practices to conform to its policies that prohibit the sale of organs of executed prisoners. However, the logic of organ transplantation drives what is now an ever-increasing need for organs and the practice of organ sales will undoubtedly continue, whether legalized or unsanctioned.

Endnotes

- 1 R.C. Fox and J.P. Swazey’s 1992 book, *Spare Parts: Organ Replacement in American Society* was the second of their two leading analyses of organ transplantation; Fox and Swazey were the first to note the shift in transplantation policy and practice from “gift relationship” to a model that views the organ as a market commodity.
- 2 While much is published in the medical and bioethics literature both for and against the legalization of organ sales within the United States as a means of addressing perceived shortages in organs (such as an entire Winter 2003 issue of the *American Journal of Bioethics*), little in either literature addresses the market in organs, whether legal or otherwise, within a global context. As Solomon Benatar argues in a recent issue of the *Journal of Medical Ethics*, in the “current debate about organ donation and the associated advocacy for selling kidneys...the focus on saving lives is myopic, with the lives of the most privileged in the world receiving most attention.” He goes on to critique the debate’s narrow scope within a market value system, individualistic principles, and a limited range of moral perspectives. S.R. Benatar, “Blinkered Bioethics,” *Journal of Medical Ethics* 30 (2004): 291–292.
- 3 N. Scheper-Hughes, “The Global Traffic in Human Organs,” 193.

- 4 See M. Foucault, “*Society Must Be Defended*”: *Lectures at the College of France, 1975–1976*.
- 5 As of July 1, 2006, the sale of organs is illegal in China. Nonetheless there is much evidence that the practice continues. See, e.g., human rights lawyer David Matas and Canadian MP David Kilgour’s “Bloody Harvest: Revised Report into Allegations of Organ Harvesting of Falun Gong Practitioners in China,” published January 31, 2007 at <http://organharvestinvestigation.net>. China is reported to coordinate executions to coincide with the schedules of so-called transplant tourists, who pay for procedures in Chinese facilities. See, e.g., David McNeill and Clifford Coonan, “Japanese Flock to China for Organ Transplants,” posted April 2, 2006 at <http://www.japanfocus.org>. See also David Rothman et al., “The Bellagio Task Force Report on Transplantation, Bodily Integrity, and the International Traffic in Organs,” *Transplantation Proceedings* 29, no. 6 (1997): 2739–45 and Human Rights Watch/Asia, “An Executioner’s Testimony: Supplementary Submission by HRW/A to the US Senate Committee on Foreign Relations,” May 4, 1995. A recent statement by a Chinese official suggests that China’s health ministry is reviewing its organ transplant operations. See Zhang Feng, “New Rule to Regulate Organ Transplants.”
- 6 As we will show in our analysis, the spectacle of death is at the heart of the system of organ transplantation, the rhetoric and imaginary of which, in the West, pivot around life that is worthwhile; *Mr. Vengeance* forces the Western audience to face the underground domain parallel to the norm of transplantation. This leads the Western audience to largely dismiss the film as incomprehensible and macabre.
- 7 G. Deleuze and F. Guattari, *Anti-Oedipus: Capitalism and Schizophrenia*.
- 8 N.B.: “Other” here, although capitalized, is not a specific reference to Lacan’s notion of the Other.
- 9 D. Harvey, *The Conditions of Postmodernity: An Enquiry into the Origins of Cultural Change*.
- 10 See, e.g., J. Radcliffe-Richards, et al., “The Case for Allowing Kidney Sales,” 1950–52; A.F. Adams III, et al., “Markets for Organs: The Question of Supply,” 147–55; and B.E. Hippen, “In Defense of a Regulated Market in Kidneys from Living Vendors,” 593–626.
- 11 See, e.g., R. Arnold, et al., “Financial Incentives for Cadaver Organ Donation: An Ethical Reappraisal,” 1361–67.
- 12 J.E. Leggat, Jr., nephrologist, SUNY Upstate Medical University, in lecture (May 2, 2006) and in personal communication (May 15, 2006).
- 13 At the time of the first successful transplant procedures in the 1960s and 1970s, print media coverage included photographs of both the organ “donor” and the recipient. As transplantation became routine, photographs of donors no longer appeared in newspaper coverage. What was ostensibly a move to protect the privacy of donors resulted in the disappearance of donors’ individual identities from the public eye. See M. Lock, *Twice Dead: Organ Transplants and the Reinvention of Death*.
- 14 The other two films in the trilogy are *Oldboy* (*Hangul*) 2003 and *Sympathy for Lady Vengeance* (*Chinjeolhan geumjassi*) 2005.
- 15 The development in the early 1980s of cyclosporine, a powerful immunosuppressant, is itself a hallmark in the history of transplantation, and indeed proved a turning point in the success and therefore the number of transplant operations.
- 16 Some reviews condemn Park’s tendency toward “ostentatious shocks” (T. Keogh, “Shock Treatment with a Vengeance”) and “cheap tricks” (R. Gilbey, “Sympathy for Mr. Vengeance”); others complain that *Sympathy for Mr. Vengeance* is an “exploitation picture” that is “disingenuous” and “callow at its core” (M. Phillips, “Movie Review: Sympathy for Mr. Vengeance”).
- 17 M. Dargis. “For Want of a Kidney.”
- 18 Ibid.
- 19 G.J. Annas, “Reviews and Notes: *Spare Parts: Organ Replacement in American Society*,” 252.
- 20 See, e.g., <http://www.transweb.org> and click on “Real People”; <http://www.transplantexperience.com> and click on “Shared Experiences,” “Meet Chris,” “Meet Lisa,” etc.; and <http://www.organdonor.gov> and click on “Stories.”
- 21 See, e.g., E.M. McGee, “Using Personal Narrative to Encourage Organ Donation,” 19–20.
- 22 Individual states determine coverage of transplantations and transplant medicines for the poor.
- 23 Scheper-Hughes, “The Global Traffic in Human Organs,” 198. Scheper-Hughes attributes the notion of “artificial need” to philosopher I. Illich; see his *Medical Nemesis*.
- 24 Scheper-Hughes, “The Global Traffic in Human Organs: A Report Presented to the House Subcommittee on International Operations and Human Rights, United States Congress on June 27, 2001”; see also “Organs Watch,” <http://sunsite.berkeley.edu/biotech/organswatch>.

- 25 Scheper-Hughes, “The Global Traffic in Human Organs,” 198.
 26 Ibid., 199.
 27 See M. Lock’s *Twice Dead*, especially Chapter 4.
 28 “Moral Problems in the Use of Borrowed Organs, Artificial and Transplanted,” 309–313; quoted in Lock, p. 79.
 29 S. Satel, “Death’s Waiting List.”

References

- Adams III, A.F., A.H. Barnett, and D.L. Kaserman. “Markets for Organs: The Question of Supply.” *Contemporary Economic Policy* 17, no. 2 (1999): 147–55.
- Annas, G.J. “Reviews and Notes: Spare Parts: Organ Replacement in American Society.” *Annals of Internal Medicine* 120, no. 2 (1994): 252.
- Arnold, R., S. Bartlett, J. Bernat, J. Colonna, et al. “Financial Incentives for Cadaver Organ Donation: An Ethical Reappraisal.” *Transplantation* 73, no. 8 (2002): 1361–67.
- Benatar, S.R. “Blinkered Bioethics.” *Journal of Medical Ethics* 30, no. 3 (2004): 291–92.
- Dargis, M. “For Want of a Kidney, a Child Is Kidnapped and an Explosion of Shocking Violence Ensues.” *The New York Times*, August 19, 2005.
- Deleuze, G., and F. Guattari. *Anti-Oedipus: Capitalism and Schizophrenia*. Trans. R. Hurley, et al. Minneapolis: University of Minnesota Press, 1983.
- “Donor Recipient Stories.” Access to US Government Information on Organ and Tissue Donation and Transplantation. <http://www.organdonor.gov/stories/> (accessed July 1, 2006).
- Feng, Z. “New Rule to Regulate Organ Transplants.” *China Daily*. May 5, 2006. http://www.chinadaily.com.cn/china/2006-05/05/content_582847.htm (accessed July 1, 2006).
- Foucault, M. “*Society Must Be Defended*”: *Lectures at the College of France, 1975–1976*. Trans. D. Macey. New York: Picador, 2003.
- Fox, R.C., and J.P. Swazey. *Spare Parts: Organ Replacement in American Society*. New York: Oxford University Press, 1992.
- Gilbey, R. “Sympathy for Mr. Vengeance.” *Sight and Sound* 13, no. 7 (2003). <http://www.bfi.org.uk/sightandsound/review/1281> (accessed July 1, 2006).
- Harvey, D. *The Condition of Post-Modernity: An Enquiry into the Origins of Cultural Change*. Cambridge: Blackwell, 1990.
- Hippen, B.E. “In Defense of a Regulated Market in Kidneys from Living Vendors.” *The Journal of Medicine and Philosophy* 30, no. 6 (2005): 593–626.
- Human Rights Watch/Asia. “An Executioner’s Testimony: Supplementary Submission by HRW/A to the US Senate Committee on Foreign Relations.” Hearing on China’s Use of Executed Prisoners’ Organs. May 4, 1995.
- Illich, I. *Medical Nemesis: The Expropriation of Health*. New York: Pantheon, 1976.
- Keogh, T. “Shock Treatment, with a Vengeance.” *The Seattle Times*, September 9, 2005.
- Lock, M. *Twice Dead: Organ Transplants and the Reinvention of Death*. Berkeley: University of California Press, 2001.
- Matas, D., and D. Kilgour. “Bloody Harvest: Revised Report into Allegations of Organ Harvesting of Falun Gong Practitioners in China.” January 31, 2007. <http://organharvestinvestigation.net> (accessed February 27, 2007).
- McGee, E.M. “Using Personal Narratives to Encourage Organ Donation.” *American Journal of Bioethics* 5, no. 4 (2005): 19–20.
- McNeill, D., and C. Coonan. “Japanese Flock to China for Organ Transplants.” *Japan Focus*, April 2, 2006. <http://www.japanfocus.org> (accessed July 1, 2006).
- “Moral Problems in the Use of Borrowed Organs, Artificial and Transplanted.” *Annals of Internal Medicine* 60, no. 2 (1964): 309–313.
- “Organs Watch.” <http://sunsite.berkeley.edu/biotech/organswatch> (accessed July 1, 2006).

- Phillips, M. “Movie Review: Sympathy for Mr. Vengeance.” *The Chicago Tribune* Undated. <http://metromix.chicagotribune.com> (accessed July 1, 2006).
- Radcliffe-Richards, J., A.S. Daar, R.D. Guttman, R. Hoffenberg, I. Kennedy, M. Lock, R.A. Sells, and N.L. Tilney. “The Case for Allowing Kidney Sales.” *Lancet* 351, no. 9120 (1998): 1950–52.
- “Real People.” TransWeb: All About Transplantation and Donation. <http://www.transweb.org> (accessed July 1, 2006).
- Rothman, D.J., E. Rose, T. Awaya, B. Cohen, A. Daar, S.L. Dzemeshevich, C.J. Lee, R. Munro, H. Reyes, S.M. Rothman, K.F. Echoen, N. Scheper-Hughes, Z. Shapira, and H. Smit. “The Bellagio Task Force Report on Transplantation, Bodily Integrity, and the International Traffic in Organs.” *Transplantation Proceedings* 29, no. 6 (1997): 2739–45.
- Satel, S. “Death’s Waiting List.” *The New York Times*, May 15, 2006.
- Scheper-Hughes, N. “The Global Traffic in Human Organs.” *Current Anthropology* 41, no. 2 (2000): 191–224.
- Scheper-Hughes, N. “The Global Traffic in Human Organs: A Report Presented to the House Subcommittee on International Operations and Human Rights, United States Congress on June 27, 2001.” <http://www.publicanthropology.org/TimesPast/Scheper-Hughes.htm> (accessed July 1, 2006).
- “Shared Experiences,” “Meet Chris,” “Meet Lisa,” etc. Transplant Experience. <http://www.transplantexperience.com> (accessed July 1, 2006).