

The Third-World Body Commodified: Manjula Padmanabhan's *Harvest*

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This essay offers a reading of Indian writer Manjula Padmanabhan's dystopian play *Harvest* (1997) in order to examine the trade in human organs and the commoditization of the third world body that such a trade is predicated upon. Padmanabhan's play, in which an unemployed Indian man sells the rights to his body parts to a buyer in the United States, pointedly critiques the commoditization of the healthy third-world body, which, thanks to significant advances in transplant medicine, has now become a bank of spare parts for ailing bodies in the first world.

Describing this phenomenon as a case of 'neo-cannibalism', anthropologist Nancy Scheper-Hughes (1998, p.14) notes that wealthy but ailing patients in the first-world are increasingly turning to healthy if poverty-stricken populations of the third-world in order to procure 'spare' body parts. It is tempting, at first glance, to read this illicit global economy as yet another example of the exploitation of third-world bodies that global capitalism gives rise to. Scheper-Hughes herself suggests that the trade in human organs is best understood in the context of global capitalism when she points out that the global circuit of organs mirrors the circuit of capital flows in the era of globalisation: 'from South to North, from Third to First world, from poor to rich, from black and brown to white' (2002, p.197). And yet, as I argue in my essay, the human organ cannot be equated with other objects produced in the third-world for first-world consumption because the organ is not a product of the *labouring* third-world body. Unlike the commodity exported from an exploitative third-world sweatshop, the organ is not *produced* by the third-world body but *extracted* from it. The organ's particular characteristic as a product that requires no labour in order to fetch a price provides the key to understanding why third-world

populations are increasingly willing to be preyed upon by first-world organ buyers.

Many theorists writing about global capitalism today have pointed out that first-world economies are increasingly reliant not on production but consumption (Harvey, 2000, Bauman, 1998, and Hardt and Negri, 2004). The workforce of the first-world is ever more disengaged from industrial labour and manufacture either because, in the wake of technological advances, such labour is carried out by non-human means, or alternatively, because human labour is obtained elsewhere. In their drive to multiply profits, first-world economies rely on production sites where labour is 'cheaper, less assertive, less taxed, more feminised [and] less protected by states and unions' (Comaroff and Comaroff, 2000, p.295). Typically located in the third-world, such production sites displace human labour to remote geographical locations, allowing for industrial production to become increasingly less visible in the first-world. The first-world, on the other hand, sees a proliferation of service-economies, economies which rely on consumers to purchase increasingly non-material commodities.

Yet organ trade does not strictly correspond to this global economic pattern. The organ is indeed a material good originating in the third-world, but it is *not* the product of labour. It is, rather, a product that can be sold without the expenditure of labour, while promising to generate 'wealth without production, value without effort' (Comaroff and Comaroff, 2000, p.313). Undreamt-of amounts of money with little to no labour: this is the particular promise that organ sale extends to the impoverished and disenfranchised populations of the third-world. In order to understand the often irresistible lure of this promise, we must explore not the transformation in the conditions of capitalist production, but rather the transformation in the social imaginaries of the labouring poor.

Jean and John Comaroff theorise just this transformation. According to the Comaroffs, capitalism today presents itself to the labouring poor in a millennial, messianic form, advertising itself as 'a gospel of salvation; [as] a

capitalism that, if rightly harnessed, is invested with the capacity wholly to transform the universe of the marginalised and the disempowered' (2000, p.292). Thus, the key to understanding millennial capitalism lies in the particular brand of seduction upon which it operates. This seductiveness, they argue, is most visibly manifested in the unprecedented proliferation of 'occult economies' in the third-world (2000, p.312). The Comaroffs cite not just organ trade as an example of these occult economies, but also the sale of services such as fortune-telling, or the development of tourist industries based on the sighting of monsters (2000, p.310). Occult economies are characterised by the fact that they respond to the allure of 'accruing wealth from nothing' (Comaroff and Comaroff, 2000, p.313). In other words, occult economies are animated by the same tendency that motivates wealth-accruing actions like gambling or speculation on the stock market.

It is within this millennial context that we need to understand the decision of the organ-seller to embark on the sale of her organ and seek out the occult economy of the organs market. The organ-seller's voluntary decision is brought on by that set of contradictory emotions, hope and despair, that millennial capitalism and its occult economies unleash upon their targets. Despair, because the owner of a healthy organ is immiserated, poor and hopelessly excluded from capitalism's promise of global prosperity. Hope, because millennial capitalism's occult economies hold out the promise of a quick fix to this condition by presenting a new, quasi-magical means of making enough money to overcome poverty.

Making money. This is the promise that the occult economy of organ trade extends to its objects: sell your organ and you will *make* more money than you will ever *earn* through years of toil and labour. The promise of millennial capitalism works because it allows the third-world individual to see her body as that which contains a natural 'spare' part, a naturally occurring surplus that is not the product of labour yet is still in high demand. The third-world individual is thus seduced into selling the organs that her

body has a ‘spare’ of – a kidney, a cornea – in order to solve all her monetary problems.

The organ hence emerges as a very peculiar kind of commodity: one that is not produced by a labouring human body, but rather extracted from it. What kind of commodity, then, is the organ? Indeed, is it a commodity at all? It is instructive to turn here to Karl Marx’s discussion of a particular kind of commodity: one that has a use-value, and thus fulfils a need, yet no value, insofar as it is not the product of labour.¹ Marx’s primary example of such a commodity, which he discusses in the third volume of *Capital*, is land. Marx recognises that there are various modes of production arising from land, but he chooses to focus on the particular case of agricultural production, where the farmer-capitalist leases a certain amount of land, and pays the owner of this land a fixed sum of money every month in the form of rent. Parenthetically, he adds that ‘instead of agriculture, we might equally have taken mining, since the laws are the same’ (1991, p.752). The phrase is suggestive, because both cases, agriculture and mining, involve the extraction of something from the land. We might easily include the human body in the same category. In the scenario I explore here, the body, like land, is *mined* for its organs, and, as the title of the play I discuss below suggests, organs are removed, *harvested*, from the body.

Marx’s discussion of land as a commodity offers yet further insights into the trade in human body parts. In *Capital III*, he explicitly states that to speak of land as having value is ‘*prima facie* irrational [...], since the earth

¹ In *Capital I*, Marx explains that a commodity has both a qualitative and a quantitative aspect. The commodity’s use-value resides in its qualitative aspect: ‘The usefulness of a thing makes it a use-value. But this usefulness does not dangle in mid-air. It is conditioned by the physical properties of the commodity, and has no existence apart from the latter. [...] Use-values are only realised in use or consumption. [...] In the form of society to be considered here [read, the capitalist mode of production] they [use-values] are also the material bearers of [...] exchange-value’ (1990, p.126). Exchange-value, says Marx, is the quantitative dimension of the commodity; it is ‘the proportion in which use-values of one kind exchange for use-values of another kind’ (1990, p.126). However, Marx argues, the property that renders two commodities commensurable is the fact that they both contain a common element. This common element is *value*, or the quantity of abstract human labour objectified within a given commodity. Exchange-value is hence ‘the necessary mode of expression, or form of appearance, of value’ and emerges as such under the conditions of capitalism (1990, p.128).

is not a product of labour, and thus does not have a value' (1991, p.760). And yet, as Marx recognises, the fact remains that land has a price, a money-sum for which it can be exchanged. We might add here that the organ, too, fetches a price without being a product of labour. From whence then, does this price originate? To this question Marx provides a very definitive answer:

[T]he prices of things that have no value in and of themselves – either not being products of labour, like land, or which cannot be reproduced by labour [...] – may be determined by quite fortuitous combinations of circumstances. *For a thing to be sold, it simply has to be capable of being monopolised and alienated* (1991, p.772, emphasis added).

Capitalist production, argues Marx, develops precisely by virtue of its ability to monopolise and alienate the special, natural properties of use-values without value, such as land. Thus, the sale of land might appear, superficially, to be similar to the sale of a produced commodity. However, they have different theoretical statuses (Foley, 1986, p.28). As Duncan Foley explains:

If we want to understand value relations in commodity production, we should centre our attention first of all on conditions of production, on factors such as labour productivity. *If we want to understand value relations involving nonproduced things, we should look, not to production, but to the rights involved in ownership of these things and to the bargaining positions these rights give to their possessors* (1986, p.28-9, emphasis added).

It is thanks to the social phenomenon of *landed property* that land is able to command a fixed, agreed-upon money-sum, in the form of rent if the land is leased, and in the form of a price if it is sold. The legal notion of landed property effectively alienates certain portions of land and decrees them as the exclusive possession of a given individual. As Marx puts it:

[T]he legal conception [of private property] itself means nothing more than that the landowner can behave in relation to the land just as any commodity owner can with his commodities (1991, p.753).

Landed property thus renders land into an alienable, monopolisable good in the possession of a given individual who can now sell it.

As the work of Lawrence Cohen (2002) shows us, the organ, too, has been rendered alienable. Cohen argues that biomedical advances in transplant medicine have led to the possibility not just of extracting and transferring an organ from one person to another: more importantly, these advances have created a much larger pool of both potentially useful organs and compatible recipients alike. This ‘fortuitous combination of circumstances’, to quote Marx (1991, p.772), results from the development of highly effective immunosuppressant drugs such as cyclosporine. The development of cyclosporine, Cohen states, effectively means that patients awaiting kidney transplants are no longer dependent on kidneys that match their own tissue types (2002). Theoretically, then, it is highly probable that anyone wishing to sell their ‘spare’ organ will easily find a buyer for it, for immunosuppressant drugs greatly reduce the chances that the organ will be rejected by its new owner. The arrival of cyclosporine, as Cohen puts it, ‘[has] allow[ed] specific subpopulations to become “same enough” for their members to be surgically disaggregated and their parts reincorporated’ (2002, p.12).

If, as Marx says, a thing needs merely to be monopolisable and alienable in order to be sold, then the global black market in organs shows that this process is well underway in the case of body parts.² Much more fraught, however, is the question of what it means to own one’s body and the organs that comprise it. Land ceases to be a free resource for all once a given state espouses the notion of private property upon which capitalism is founded. An organ, however, is always the possession of a given individual, who, theoretically speaking, is therefore entitled to sell it, should she so choose. And yet the legislation adopted by most nations of the world,

² The extent to which organs are now perceived as a valuable resource is revealed in the fact that several scholars and biomedical ethicists have recently advocated a legal market in human organs. Legalisation of the organ trade, they argue, would help to curb the currently unregulated traffic of human organs. See, for instance, Cherry (2005) and John Harris and Charles A. Erin (2003).

explicitly prohibiting the trade in human body parts, proves otherwise. Catherine Waldby and Robert Mitchell argue that if, along with the United States, Canada, Australia and New Zealand, no country in Western Europe has as yet legalised the sale and purchase of human body tissues, this is due to the fact that most politicians and bioethicists in these countries uphold the human body as ‘the locus of absolute dignity [...]. [This] [d]ignity is destroyed if any part of the body is assigned a market value and rendered alienable’ (2006, p.19). Citing Paul Rabinow, Waldby and Mitchell explain that such an understanding of dignity as an inalienable human right is derived from Kant’s distinction between dignity and price:

In the kingdom of ends everything has either a price or a dignity. Whatever has a price can be replaced by something else as its equivalent; on the other hand, whatever is above all price, and therefore admits of no equivalent, has a dignity. (Kant, 1981, p.40, cited in Waldby and Mitchell, 2006, p.19)

The most trenchant critiques of the commoditization, be it illicit or legalised, of human body parts, spring from a similar conception of the dignity of the human body. Nancy Scheper-Hughes (2000) describes organ market proposals as being founded upon utilitarian and neo-liberal principals that consistently undermine the fundamental dignity of the human body. Furthermore, these libertarian arguments emphasize the right of every individual to choose whether or not to sell what she owns. However, as Scheper-Hughes points out, the very idea of choice becomes problematic in most third-world contexts:

Bio-ethical arguments about the right to sell are based on Euro-American notions of contract and individual ‘choice’. But social and economic contexts make the ‘choice’ to sell a kidney in an urban slum of Calcutta or in a Brazilian favela anything but a ‘free’ and ‘autonomous’ one (2001, [n.p.]).

The remainder of this essay discusses *Harvest*, a play which, I shall argue, launches a scathing critique of the organs market and of the global, predatory capitalism that results in the commoditization of the third-world body. Indian writer Manjula Padmanabhan’s 1997 play confronts us with a futuristic Bombay of the year 2010, a time when legal, moral and bioethical

debates about organ sales and transplants have been overcome. The trade in human organs is now fully institutionalised and smoothly operated by the entity embodying all the rapacious forces of global capitalism: a transnational corporation named Interplanta Services. The cast, Padmanabhan's stage directions tell us, is divided into two main groups consisting of Third World donors and First World receivers. Although Padmanabhan chooses, '[f]or the sake of coherence', to make the donors Indian and the receivers North American, her stage directions emphasise that:

the donors and receivers should take on the racial identities, names, costumes and accents most suited to the location of production. It matters only that there be a highly recognisable distinction between the two groups, reflected in speech, clothing and appearance (1997, p. 217).

The play's futuristic setting allows Padmanabhan to deploy a series of sci-fi gadgets on stage. Their purpose, I argue, is to alert us to the crucial role that technology plays in both seducing and policing the third-world donors into submission. It is thanks to one such sci-fi gadget that we see the first-world receiver and organ purchaser Ginny, whose body is never present on stage, but visible only on a screen suspended from the ceiling. The four Indian donors belong to the same household: Om; his wife Jaya; Om's mother, referred to simply as Ma; and Om's younger brother, Jeetu. While Padmanabhan uses her donor characters to interrogate the particular circumstances that make the option of selling one's body parts so seductive, ultimately, I contend, she upholds the Kantian idea of human dignity which views the selling of one's body parts as a violation of human integrity.

When the play opens, Jaya and her mother-in-law are impatiently waiting for Om's return from his job interview. Both are fretful: Ma fervently hopes that Om will get the job; Jaya, knowing what the job entails, hopes that he will not. But Om returns to announce that he has indeed been selected for the 'job' at Interplanta Services. Having passed the medical tests at Interplanta, he has been decreed an eligible, healthy candidate for selling

the rights to his entire body to an anonymous buyer in the United States. His confused feelings about signing such a contract allow Padmanabhan to portray the complex mixture of hope and despair that has motivated his actions. At first, he verges on the ecstatic: ‘We’ll have more money than you and I have names for!’ he says to Ma, proudly. ‘Who’d believe there’s so much money in the world?’ (1997, p.219). When his wife expresses her reservations for what he has done, he becomes defensive:

You think I did it lightly. But [...] we’ll be *rich!* Very rich!
Insanely rich! But you’d rather live in this one small room, I
suppose! Think it’s such a fine thing – living day in, day out,
like monkeys in a hot-case – lulled to sleep by our neighbours’
rhythmic farting! [...] And starving (1997, p.223).

When Jaya accuses him of making the wrong choice, he is adamant that his decision was not made of his own free will:

Om: I went because I lost my job at the company. And why did
I lose it? Because I am a clerk and nobody needs clerks
anymore! There are no new jobs now – there’s nothing *left* for
people like us! Don’t you know that?
Jaya: You’re wrong, there are choices – there must be choices –
Om: Huh! I didn’t choose. I stood in queue and was chosen!
And if not this queue, there would have been other queues –
[...] (1997, p.238)

Om’s insistence that his role in the selection procedure was entirely passive allows Padmanabhan to critique the liberal discourse of free will and choice that advocates organ markets on the basis of individual autonomy. She suggests that it is precisely this discourse which creates the economic structure of millennial capitalism in which the selling of organs becomes an ‘option’ for the disenfranchised third-world individual. As Om’s final reaction makes clear, his judgement has been severely impaired by the lure of unlimited wealth. When the reality of what he has done hits him, he is terrified: ‘How could I have done this to myself? What sort of fool am I?’ (1997, p.234)

Om’s mother, however, expresses no such regret. Upon first hearing her son’s promises of unimaginable riches, Ma is mystified: ‘What kind of job pays a man to sit at home?’ (1997, p.220). As she begins to understand

what Om's 'job' entails, she resumes her queries as though she cannot believe their good fortune: 'Tell me again: all you have to do is sit at home and stay healthy? [...] And they'll pay you? [...] Even if you do nothing but pick your nose all day?' (1997, p.222). By showing Ma's continued amazement at the fact that her son will be paid to do absolutely nothing, Padmanabhan is able to depict the extent to which the forces of millennial capitalism appear to provide a quasi-magical means of making money.

By Act II of the play, Ma has become completely addicted to their new life of luxury. The family household is littered with an array of gadgets that Ginny has provided in order to entertain the donors and keep them comfortable, and Ma spends most of her time compulsively watching television on the interactive set that Ginny has sent them. She becomes the perfect recipient of Ginny's gifts as she dismisses Om's compunction and increasingly seeks to escape the reality of her life in Bombay through technological devices. By the end of the play, she has locked herself away into what Padmanabhan terms a VideoCouch, a capsule into which Ma can plug herself, watch one of 150 television channels, and not worry about food or digestion because the unit is entirely self-sufficient. The comforts with which Ginny so willingly provides her seduce Ma into an amazed contentment at their sudden reversal of fortunes. Surrendering to the joys of technologically-induced bliss, Ma is thrilled that, for literally performing no labour at all, 'they will be rich for ever and ever' (1997, p.235).

Not all the high-tech devices that Ginny delivers to the donors are designed to pamper the body, however. In the very first scene of the play, shortly after Om's return with a new 'job', representatives of Interplanta Services, his new employers, barge into the donors' home to install a series of gadgets. As Om, Jaya and Ma watch, they dismantle the family's rudimentary kitchen and replace it with their own cooking device and jars containing multi-coloured food pellets. They then install a Contact Module, a device that hangs from the ceiling and which looks, Padmanabhan tells us, like a 'white, faceted globe' (1997, p.221). Each time the device springs to

life, Ginny, the American who has purchased Om's body, is able to make contact with the donor family. I wish to dwell at length on the sci-fi gadget that is the contact module. What interactions between the donors and the receiver does the contact module permit? And what does this device allow Padmanabhan to achieve on stage?

Let us begin with this latter question. Ginny communicates with the donor family only through the contact module. She is thus never physically present on the stage, a fact that is highly significant because Padmanabhan's chosen genre – theatre – is explicitly concerned with a tangible, embodied and physical presence on stage. Yet throughout the play, Ginny is only ever visible in two-dimensions, on the screen of the contact module. The only embodied performers on the stage are the racially and visually distinct bodies of the third-world donors. Thus, the audience has no choice but to gaze on a body whose sheer presence on stage challenges the supposed remoteness of the labouring and now cannibalised body, the very body that capitalist production in the era of globalisation has displaced into the remote third-world. Furthermore, the contact-module allows Padmanabhan to establish a structure of gazing and surveillance that mirrors the role of the audience. For, like the receiver, the audience too, gazes at the only physical bodies on stage: the donors. The audience is thus impelled into an uncomfortable identification with the receiver, the very entity who is responsible for the objectification of third-world bodies that the play so overtly criticises.³

Keeping the first-world receiver's body remote serves a second purpose. It allows Padmanabhan to signal to the profound tensions underlying the predatory relationship between donors and receivers. The

³ Admittedly, this situation would be considerably different if the play were performed in a third-world country. The third-world bodies on stage would be more familiar to the audience, whereas the first-world American character would be visible in the same way as the majority of third-world audiences are already accustomed to from television, cinema and magazines: in two dimensions. However, Padmanabhan has herself admitted that, frustrated by the lack of opportunities for English-language playwrights in India, she originally wrote *Harvest* for production in the first-world, when she entered the play for (and later won) the inaugural Onassis Prize for Theatre (Gilbert, 2001, p.214).

donor's hitherto healthy body harbours, on the one hand, the possibility of prolonging the ailing receiver's life. Yet, on the other hand, the third-world body produces in its new owner, the first-world receiver, a profound anxiety. For like the receiver's own body, the donor's body too is vulnerable to the encroachment of disease and degeneration that must be kept at bay at all costs.

Firstly, then, the contact module enables Ginny to intervene in the donor world without having to set foot in the geographical location that the donors inhabit. Nor would she want it any other way. She has purchased the rights to Om's organs in order to fend off disease and death and has no intention of risking a visit to their unhygienic dwellings. Secondly, the contact module allows Ginny to police the daily habits of the donors in order to ensure that the organs that will one day be hers remain healthy too. Thus, realising, after the first visit, that Om's family shares a toilet with forty other families, Ginny reacts with horror. 'It's wrong', she exclaims. 'It's disgusting! And I – well, I'm going to change that. I can't accept that. I mean, it's unsanitary!' (1997, p.225). Accordingly, Interplanta is commissioned to install a toilet in their home that very same day.

The regular monitoring that the contact module permits is rendered even more effective given that only the receiver is able to operate it at will. Om's family never knows when Ginny will 'visit' them next. By the opening of Act II of the play, we see how well her strategy is working. Two months have elapsed, and Om is panicking because they are late for lunch. (Lunch, of course, consists of the multi-coloured nutritional pellets provided for them by Interplanta Services.) 'You know how [Ginny] hates it when we're late to eat', Om says, worriedly (1997, p.228). The contact module thus allows the receiver to establish a permanent structure of surveillance in Om's home. Fearing Ginny's rebuke, or worse, a revoking of his contract, Om urges his entire family to police their own behaviour. The contact module inculcates self-discipline, rendering the donors' bodies into perfect

sites of ‘docility-utility’, optimal sites, in other words, from which to extract the healthiest possible organ (Foucault, 1995, pp.135-169).

Ginny is careful, however, to provide the donors with plenty of comforts to compensate them for their efforts. When the curtain lifts for Act II of the play, the stage reveals that, a mere two months later, the donors’ household is fully equipped with an air-conditioning unit, a mini-gym and a gleaming, fully-equipped kitchen (1997, p.227). Ginny reminds the family that by pampering them so, she is only fulfilling her own contractual obligations: ‘I get to give you things you’d never get in your lifetime, and you get to give me, well... maybe my life’ (1997, p.230). Ginny’s casual sentence serves as a jolting and disturbing reminder that receivers and donors hardly trade in equivalents: Ginny provides ‘things’ for which the donors pay her back in their own lives.

In fact, Ginny’s continual gifts amount to little more than mere investment. As she says to the family, warping the pronunciation of Om’s name:

The Most Important Thing is to keep Auwm smiling. Coz if Auwm’s smiling, it means his body is smiling and if his body is smiling it means his organs are smiling. And that’s the kind of organs that’ll survive a transplant best, smiling organs... (1997, p.229)

Reading the receiver’s actions as an investment permits us to return, once again, to the parallels between the human body and land that the play’s title, *Harvest*, alludes to. The term effectively assimilates the whole human body, from which the part is extracted, to a crop-producing plot of land, and thus, by extension, to the possibility that land harbours of generating life. The extractable human body part is accordingly assimilated to the yield or crop; this is the commodity with genuine use-value, the part that it is profitable to detach from the whole. In order to obtain the best possible harvest, as Ginny is well-aware, one must not only select the best possible site in which to invest: one must maintain a continued investment in this site. Quality input will produce quality output: namely, a healthy harvest.

The workability of the analogy I present here is, however, limited. An ideal agrarian economy is *sustainable*. The organ, once extracted, is irreclaimable. This, however, matters little to the receiver, who sees the bodies of the donor world as disposable bodies comprised of spare parts she can use to prolong her own life. And yet, while all the donors fall prey to Ginny's tactics, Padmanabhan uses Jaya, the only character in the play who is virulently opposed to Om's decision, to reclaim a human dignity of sorts, a dignity that allows Jaya to resist the lure of money and the seductive escapism of technology. It is a dignity that is predicated, I contend, on the very limitations of the physical body that the receivers are so desperate to overcome.

The final scene of the play sees only Jaya on stage. Om has abandoned her, having wilfully chosen to seek out Ginny and give up his body to her. Ma is plugged into her VideoCouch, oblivious to her surroundings. Jaya awakes to an unfamiliar, disembodied voice coming from the contact module. This is Virgil, yet another American receiver with designs to prey upon Jaya's body. Jaya, however, refuses to negotiate with Virgil as long as he attempts to pull the strings from his safe, disease-free environment in the first-world. She is determined to lay down her own conditions. If Virgil wants her body, he must come to her in person. 'I know you're stronger than me, you're richer than me. But if you want me,' she insists, 'you must risk your skin for me' (1997, p.248). Bragging that she cannot win against him, Virgil sends his Interplanta employees to break down Jaya's door. But Jaya has discovered 'a new definition for winning. *Winning by losing*' (1997, p.248, emphasis added). She announces to Virgil that she plans to reclaim the 'only thing [she] ha[s] which is still [her] own: [her] death' (1997, p.248). Thus, Jaya resists Virgil's advances and retains her own dignity in one swift stroke: she embraces the very mortality that Virgil and his fellow receivers seek to eradicate from their own bodies. 'I'm holding a piece of glass against my throat', she warns an increasingly frustrated Virgil (1997, p.248). The play concludes on this unresolved note.

While Virgil weighs his options, Jaya threatens (promises?) to reclaim her own body through suicide. Padmanabhan thus leaves us to ponder a sobering question: is a victory that requires the death of the exploited target of millennial capitalism really worthy of being termed an act of resistance?

Harvest poses a potent critique of the first-world's exploitation of third-world bodies for the commodities of labour-power and, as the recently emerged trade in organs shows, health. Should third-world individuals resist such commoditization? Indeed, can they? While opponents of organ markets embrace human dignity as an inalienable right that no individual should have to relinquish, the black market in human organs continues to be the only solution for those who have no other assets to sell. In this context, Padmanabhan's notion of 'winning by losing' seems a disturbingly apt way to define the third-world individual's predicament: lose your own body-part to win the cash.

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