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‘Do you believe that space can give life, or take it away, that space has power?’:

The Relationality between Space and Organ Transplantation in Miguel

Sapochnik’s *Repo Men*



Treat ‘lepers’ as ‘plague victims’, project the subtle segmentations of discipline onto the confused space of internment, combine it with methods of analytical distribution proper to power, individualize the excluded, but use procedures of individualization to mark exclusion – this is what was operated regularly by disciplinary power from the beginning of the nineteenth century in the psychiatric asylum, the penitentiary, the reformatory, the approved school and, to some extent, the hospital. (Michel Foucault, *Discipline and Punish* (1975), p. 199)

The white posters from Miguel Sapochnik’s 2010 film *Repo Men* go against repeated medical advice across the Anglophone world by telling us to ‘drink irresponsibly’ and ‘have the cheeseburger’. Health worries have vanished in this imagined future where antiforg technology has resulted in almost miraculous human organ replacement advancements. Current issues, such as immunological rejection, life-long immunosuppression and organ shortages, have been eradicated by unexplained technological innovations. The small print at the end of these posters reads:

‘Repossession of antiforgs may be performed at lessor’s discretion. The Union is not

at fault for any and all resulting injuries or fatalities related to antiforg repossession.’ The utopian solution to the so-called problems of organ transplantation are framed from the start of the film by the repo man Remy – played by Jude Law – slicing into a still breathing man to retrieve a mechanical liver for which this soon-to-be-dead man (because he is killed by Remy as a result of the liver removal) has not kept up the necessary payments. As Remy turns on Rosemary Clooney’s 1960 version of *Sway*, the audience witnesses the gruesome reality of this upbeat, utopian-esque world: failing to keep up the payments will result in a painful death where one’s organs, or more accurately what is the technological property of the Union, are torn out and returned to their rightful owner.

The film *Repo Men* imagines a future where health care is the practice of enhancing human capabilities and extending human life wherever possible. Yet in this society it is legal to murder anyone who fails to keep up their monthly payments. The focus of this article is therefore the relationship between the desire to prolong life and increased visceral surveillance, as well as how resistance might emerge when one’s body parts are owned by a profit-making company. I will focus on the relationality between transplantation and space – an issue often ignored by transplant researchers – in order to address how transplantation is constituted by the very topography of the clinic and the city (where the city, in this case, is synonymous with the judicial administration). I therefore explore how transplantation is simultaneously bound by these societal laws and able to operate outside of such laws, resulting in legal exceptionalisms that are the norm.¹ In the above quotation, Michel Foucault argues

¹ For more on how exceptions are integral to the law and may be established as illegal practices that may occur on exceptional occasions but that then become standard

that the internment of populations is constitutive of and facilitated by disciplinary labels, such as mad (the psychiatric patient in an asylum), sick (the plague victim in a hospital) or bad (the criminal in a prison). Where Foucault examines the gaze of authority, I argue that access to the intimate viscera of each individual constitutes a gaze that no longer monitors individuals as such but instead one's organs. It is this visceral gaze, which comes into being through organ transplantation, which serves as a technique to control an individual's movements. Here, mobility is surveilled and restricted for those with organs that belong to the Union, and thus confinement, restriction and persistent monitoring are revealed as central to the spatialised process of organ transplantation. Space here is defined through its discipline (for example: medicine) and is constitutive of disciplinary measures (such as internment or murder). With these relationalities in mind, I examine the ties between the clinic as presented in the film *Repo Men* – where it is indistinguishable from a futuristic, high-end insurance company – and the innovative (gory and thus violent) life-extending technologies, specifically in the form of transplantation. The reason for thinking space with transplantation is because in much fiction that concerns itself with transplantation, space is often represented as that which facilitates violence. This could be the boarding school of Kazuo Ishiguro's *Never Let me Go* or the clinic of Ninni Holmqvist's *The Unit*, where schools and hotel-cum-hospitals are used to segregate a donor population from a recipient population. Therefore, I argue that space is not simply a background detail to how organ donation works, but rather that organ transplant practices come in to being through their relationality with space. In

practice, see Jasbir Puar's *Terrorist Assemblages* and Giorgio Agamben's *Homo Sacer*.

this sense, space and transplantation are as constitutive of each other as the psychiatric patient and the asylum in Foucault's *Psychiatric Power*.

Much of the film *Repo Men* focuses on Remy and his partner-in-legal-crime Jake (played by Forest Whitaker) and their murder of an endless number of transplantees who have not kept up their payments to the Union. The organ retrieval process is presented through scenes involving machetes, stun guns, bloody fighting and general senseless, gory violence. The process is definitively brutal, equating organ retrieval with murder. For the Union, the company that manages the organ transplant programme, retrieving the monthly payments and thereby making a profit is the most important aspect of the process. The film sets up a clear late-capitalist logic where a company wants to make excessive profit from a health care scheme that exploits the needs of a growing and aging population, whilst also revealing that transplantees are subject to a law different from those who have never entered into a contract with the Union.

There is an abrupt break in the flow of this gore-filled plot when Jake tries to prevent Remy from leaving his job, resulting in Remy undergoing a heart transplant. From that moment on, Remy is unable to kill other transplantees, and decides to destroy the murderous system itself. A change of heart may be literally and metaphorically what is happening here, especially as the breakdown of his suburban marriage is quickly replaced by his growing love for the singer Beth (played by Alice Braga). Remy wants to fight the injustice of this system not simply by freeing himself, but instead by saving all humans with antiforgs in their bodies and thereby freeing them from the Union. What is revealed in the closing scenes of the film is that this act of resistance

is a medically induced coma paid for by Jake, Remy's best friend, who, after almost killing Remy, insists he just wants Remy to be happy. The latest in technological innovation, the M.5 Neural Net, allows Remy to live an ideal comatosed life where he frees all people with antiforgs in their bodies in dramatic, violent and blood-filled scenes, eventually blowing up 'the system' and ending his days, after having written a book, on a tropical island with his best friend Jake and his lover Beth.

That people may be killed in a lawful society without such acts being defined as murder is a common theme in texts that deal with issues surrounding organ transplantation. Such representations are often read as revealing a hierarchy of humanness where lesser humans emerge through familiar racialised and gendered power structures. For example: in *Never Let me Go* clones, who look human, are defined as not human on the grounds that they cannot reproduce. This creates a distinct less than human population of disposable beings and thereby the production of so-called spare parts becomes possible. Whilst the meaning of the human is often at the centre of these texts, the idea of space is often ignored. I would suggest that many texts which deal with the issue of transplantation reveal how space produces beings who are irreversibly tied to and bound by the institutional norms in which they are raised (the boarding school), in which they are cared for (the clinic/hospital) and/or to which they are contracted (the Union/the insurance company-cum-state). My point is not simply that spaces of care may be extremely violent – although this is an important part of the argument and one that always bears repeating – but rather that space is inseparable from how the practices of transplantation come into being. It is not that transplants happen and then the ethics should be or are decided, but instead the very idea of defeating death and extending life for as long as possible only

emerges through the very architectural structures in which one agrees to hand over one's most intimate viscera. In *Repo Men*, the shiny, image-filled and futuristic space of the clinic-cum-insurance office is the very means through which one will sign over control of one's life and death. What emerges is a body politic that offers you the freedom to live for as long as possible as long as you stay confined within the city walls and adhere to its often impossible conditions of payment. Indeed, murder is instituted within the confines of a lawful society precisely because one's body parts are owned by the one from whom they are leased, namely the Union. The violence to which organ recipients – and body part recipients more generally – in the film are subject by the Union becomes an obvious metaphor for late capitalism and its subjugation of what we might term the vulnerable (in this case, those in need of health care and clearly those who cannot afford to keep up the payments). Therefore, I suggest that the film brings to the fore the very ways in which health care and space (and in this case the capitalist market) emerge simultaneously in order to offer care in the form of life-extending possibilities, but in reality take control of the confines within which that body may move and of the moment of the cessation of life. In other words, rather than thinking space as the thing a body comes to inhabit, I want to think space as structuring the very promises of prolonging life, as well as constituting the very conditions of legal murder. Furthermore, I address how, if the power to decide when one lives and one dies resides with a profit-making health care system, resistance is able to emerge. When one's organs are the focus of the disciplinary gaze how is one able to move beyond such spatialised surveillance and imagine ontology as not constituted by legal murder? I suggest queer sexuality emerges as one site of resistance. However, the film reveals how such queerness may be absorbed back into a technico-medical system, which will try to seize control not only of what we might

understand as one's intimate viscera but also one's thoughts, one's very sense of embodied self.

Spaces of Care and Discipline

Foucault argues that the structure of the prison resembles that of the hospital, along with that of schools, factories and more, which all in turn resemble prisons (Michel Foucault, *Discipline and Punish*, p. 228). The act of examining, of what Foucault calls 'placing individuals under "observation"', 'is a natural extension of a justice imbued with disciplinary methods and examination procedures' (Ibid. p. 227).

Foucault delineates this intimate relationship between architecture and practices of rehabilitative justice, of creating *healthy* populations. The hospital, *to some extent*, was there not simply to care, in the sense of assisting with the health of the individual at hand, but also to reform, to institute life. That is, the hospital became central to defining what life would mean and be, whilst castigating those reckless individuals – those marked as individuals but always generalisable to categories such as the poor, the working class, sex workers, those racialised as different and inferior – to improve their own health, as if health is something to be managed by how one lives and not that which comes into being through the very systemic inequalities that structure access to health care itself. Justice is founded on the disciplinary gaze that emerges through the institutions where disciplines are practiced (such as the hospital). The right to life and to extend life as much (as is technologically possible) is an issue that reaches onto and into the body and could be said to turn one's life and moment of death over to the disciplinary specialists who decide the very meanings of life and death.

Developing his idea of the medical gaze in psychiatry, Foucault states:

The condition of the medical gaze (*regard médicale*), of its neutrality, and the possibility of it gaining access to the object, in short, the effective condition of possibility of the relationship of objectivity, which is constitutive of medical knowledge and the criterion of its validity, is a relationship of order, a distribution of time, space, and individuals. In actual fact, [...] we cannot even say of 'individuals'; let's just say a certain distribution of bodies, actions, behavior, and of discourses. (*Psychiatric Power: Lectures at the Collège de France 1973–1974*, pp. 2–3)

Whilst creating a distinction between psychiatry, which would become a medical discipline, and medicine, which he insists is distinct in that the practice relies on empirical evidence, Foucault lays out clearly the links between therapy and cure and the organisation of bodies in time and space. It is very the placement of the patient in the hospital structured as wards or private rooms – with a carer who watches over the patient whilst also simultaneously reporting all necessary detail back to the medical authority, in this case the doctor – that is central to the medical gaze. It is not that the gaze in and of itself constitutes patienthood, or that illness brings a person into being as the object of knowledge, but rather the very entry into the apparatus of medicine: the hospital, its corridors, and its need to examine and look. Foucault in *Psychiatric Power* calls this multi-levelled technique of monitoring patients (and inmates and pupils) the 'relayed gaze' (Ibid., p. 5). In other words, the medical gaze does not only gain its power from the authority of the health professional, particularly the doctor's body on which Foucault would focus, but also from the very ways in which the architecture brings the relationship between doctor and patient into being as, according to Foucault, inherently imbalanced and unequal. In this sense, as has become perhaps most obvious in Foucault's rendition of Jeremy Bentham's Panopticon, the gaze – how it operates and is experienced – is inseparable from and emerges through the very structures people inhabit. The intensification of the gaze, of

surveillance that is increasingly able to touch intimate viscera, is manifest through the very topography of the clinic, asylum, prison, school and hospital.

Giorgio Agamben reframed thinking around space and sovereignty in his work on the death camps in *Homo Sacer*. Agamben's move into transplantation is significant insofar as it reveals what is at stake in this so-called technological therapy. He argues that the movement of death, through the very redefinition of this process, into the medical and biological sciences reveals how 'the exercise of sovereign power now passes through' what have come to be the 'biopolitical borders' of life and death (*Homo Sacer*, p. 164). In other words, brain death gives the biological sciences and its medical practitioners sovereignty over life and its cessation.

Turning specifically to the future donor, the person in a coma who is already viewed as an amalgamation of body parts for others, Agamben states:

The hospital room in which the neomort, the overcomatose person [coma dépassé], and the *faux vivant* waver between life and death delimits a space of exception in which a purely bare life, entirely controlled by man and his technology, appears for the first time. And since it is precisely a question not of a natural life but of an extreme embodiment of *homo sacer*, [...] what is at stake is, once again, the definition of a life that may be killed without the commission of homicide [...]. (Ibid., pp. 164–165)

Agamben's short analysis of people in comas, particularly his assertion that 'the comatose person has been defined as an intermediary between man and animal' (Ibid., p. 165), has led to considerable commentary on the relationship between bare life and disability.² Whether Agamben is defining the person in a coma as no longer human or he is showing how transplant medicine sees such a person (literally brings into being

² See for example: *Towards Enabling Geographies: 'Disabled' Bodies and Minds in Society and Space*, edited by Vera Chouinard et al.

a new category of the not-quite human) is not what I am debating here. What is important is that Agamben insists on a relationality between the hospital room and this state that is no longer simply human and thereby can be killed without any legal ramifications. Agamben's point is that in the modern nation state the law is founded on a state of exception that institutes the very possibility of the death camps. These spaces founded as necessary and yet outside the law, even whilst being instituted by a lawful society, now extend to the biological sciences and thereby to medical practices and practitioners. Indeed, Agamben asserts bleakly that the extent of sovereign power exercised over the borders of life and death by the medical and biological sciences has exceeded what was imagined in the mass slaughter of millions during the Holocaust.

I have explored the state of exception in relation to transplantation in other work³ and that is not my focus here, particularly as the repetition of the same paradigms of power are not helpful for understanding the varying dimensions of transplantation. I do not think it is enough to identify a state of exception as if this will resolve issues or as if identifying the same patterns expands our thinking and how we may respond to such disciplinary apparatus. Rather I want to draw out the links between health care and space, showing how care may be a form of violence. Recognising how the topography of the hospital or clinic constitutes a relayed gaze, a form of surveillance that reaches into the viscera of the body, is the focus. I therefore agree with Ann Laura Stoler's idea that the aim of critical work should be '[h]ow to think otherwise', specifically how to think the 'political grammar' of power (*Duress*, p. 9). What is, then, important is that the hospital room is the space through which a redefinition of life takes place, in this case in relation to the donor. More specifically, questions

³ See, for example: Donna McCormack, 'Intimate Borders', in *Review of Education*.

around whose life may be terminated and on what grounds (whether this be secured through a redefinition of death or a redefinition of the body's human status) are imbedded in the medical gaze that emerges through its disciplinary authority within the confines of the hospital. It is poignant, not incidental, that Agamben situates this in the hospital room precisely because it is only through technology and the stabilising of the dead – the almost dead – that brain death is able to take place. My point is not that various coma states are only defined within the hospital. Paramedics may bring someone in whom they suspect is already brain dead. Even if this could be done outside the walls of the hospital, this would only reconfirm what I am arguing is taking place in *Repo Men*: the hospital parameters are moving and extending beyond the literal walls that one might imagine are the limits of its power, but in fact are not. Thus space designed to house the technologies of transplantation is as constitutive of the redefinition of death as are policies on which most scholarly works focus. Imagining the technological innovation of new deaths is dependent on policy changes and on topographical reorganisation (of the hospital space and the spaces of the body).

Whilst Agamben, and many others, consider only the donor as occupying this space of the not-quite-human – what Agamben argues is the state of exception – my turning to the film *Repo Men* is to argue that such redefinitions of life and death and who controls these borders and their legal ramifications (or lack thereof) have as profound implications for recipients as they do for donors. Much anthropological work has already shown the extensive monitoring and testing regimes to which will-be and post-transplant recipients are subject, as well as the strict adherence policies around medication and other care interventions. To this extent, even without the move to

science fiction, one could already argue that recipients are constituted as having a life which is – or even as experiencing the extension of life as – constantly surveilled both in terms of how one lives and through constant tests (that may include anything from blood tests, scans and urine samples to more invasive ones such as biopsies and various other scopes and surgical interventions, or advice about not being in crowded places or travelling on public transport). Anthropological work – from early texts such as Renée Fox and Judith Swazey or more recent work such as that of Megan Crowley-Matoka – which reveals that would-be and post-transplant recipients must have particular spaces available at home if they are to be eligible for transplantation (Crowley-Matoka speaks of this in terms of kidney dialysis), must be in specific places at particular times (clinic appointments, tests, etc.) and must move through space with enough ease to be able to return for the necessary treatment or follow-ups. In this sense, space constitutes the very possibility of transplantation. It is not that the hospital simply provides treatment, but rather that the regime of care is structured by the very topography of the home and the clinic. A regime of surveillance for health care providers may be understood as simply care, but of course it may be lived and experienced as the very distressing regime that makes one feel as if one's body – and by extension life (which would include time) – is not one's own. One cannot decide where and when to be somewhere as one must adhere to what one is told or risk becoming a difficult patient and perhaps losing the necessary care. My point is not that medicine is an authority that simply disciplines its passive patients. On the contrary, my focus on space is to argue that the very mapping of the clinic, the hospital room, the hospital and even one's home (when care must be done at home) is central to how transplantation emerges as a possibility. That is, space plays a constitutive role in the disciplinary apparatus of organ transplantation. I use this

Foucauldian informed term *disciplinary apparatus* not to indicate some all-powerful medical authority – as if medicine is evil – but instead to capture how the very methods of care overlap or intersect with regimes of violence. Such ties between care and violence, between utopian, technologically driven life extension and legal murder, are easily imagined by fiction, and thus a broader public, as the means through which health care becomes inseparable from an oppressive regime. It is in this sense, that spaces of care may come to be experienced as violent, oppressive, all-controlling and even deadly.

In light of this, I would argue that *Repo Men* removes issues of donation from the picture of organ transplantation not only to get to grips with what could happen if any individual could have an organ transplant and survive it (as well as to impress audiences with technological innovations), but more importantly to address how what we currently understand as the clinic – or the hospital – extends its power into and over the bodies of transplantees by offering the supposed freedom to live longer (to extend life and thereby to defeat death potentially indefinitely). The Union's message of 'You owe it to your family. You owe it to yourself.' is repeated throughout the film suggesting that extending life is not simply a possibility but a responsibility to undertake for others as well as for yourself. As with the promise of reproductive technologies where it is imagined that the end result is always a human baby, the Union's technological advances insist there is no reason for anyone to die and even raise the question of why you would do that to your family, to yourself. Within this logic, the film leaves us reflecting on whether we really want to live forever, addressing not whether this is a realisable dream but instead what the juridico-

physical ramifications would be on those whose bodies might be considered technologically altered and therefore to whom human laws are no longer applicable.

By grappling with the relationality between space and transplantation, I am addressing bell hooks' question: 'Do you believe that space can give life, or take it away, that space has power?' (*Belonging*, p. 121). Where Foucault suggests that the disciplinary apparatus of the asylum makes treatment successful once the patient accepts the psychiatrist's treatment and Agamben insists that medical practitioners institute life and death in the hospital room, hooks' question draws out how space itself could have power to give or take life. I would suggest that transplantation institutes a form of intimate surveillance that constrains the mobility and eventually the life of the transplanted body. The constraint on mobility, the confining of transplantees within the city's limits, takes place through the monitoring of the transplanted organ(s). The inescapability from the city, from one's body parts, is simultaneously one's freedom to live and how one is sentenced to death.

Paradise: Segregation and the Steel Graveyard

Technologically driven health care is imagined in *Repo Men* as the solution to all human bodily *failures*, whether that be the inability to hear quiet noises in the distance, the need to be more desirable with blue or brown eyes, or the damaging of body parts in an accident, through illness or what is framed as over-indulgence or vice. If *Repo Men* presents a potentially utopian dream, it makes apparent that this is only a solution for the affluent few by having the repo men, in blood-squirting scenes, slaughter ordinary people in ordinary places. All bodies may be scanned for antiforgs by the technology the repo men carry, revealing how the gaze penetrates the body to

take control over life and death. Because Remy, after his own heart transplant, will no longer kill, he falls behind on his payments and his only solution is to flee. Using ‘scanning jammers’ – to block the repo men’s scanners – Remy and Beth flee to the white, shiny airport in an attempt to reach a country – generally imagined as an African or South American country⁴ – where the Union’s powers do not reach.

The airport is an obvious space of heightened surveillance: with endless levels of security (including repo men with scanners, bag checks, body scanners, border control police), this space makes apparent that anyone with an antiforg is not permitted to travel beyond the juridical boundaries of the Union. Organ recipients are surveilled on the internal level, showing how transplantation constrains movement across geographical borders. Bodily transplants are the very means through which mobility is restricted; what one has on the inside of one’s body, underneath one’s skin, keeps you in-debt(ed) to the Union. (I use the term ‘in-debt(ed)’ to evoke the many connotation of being in debt that both the theme of transplantation and the film evoke. These include the unpayable debt one owes to the donor of which many recipients speak, the financial debt of recipients in the film and the debt to one’s loved ones to stay alive.) Mobility is confined by the very company which offers the supposed freedom to live a prolonged and/or enhanced life. It is not that illness may affect one’s mobility or that post-transplantation one is simply reduced to non-humanness, but rather that the city – its boundaries – are constantly monitored by repo men and thus that the topography of the city – including its borders – is a disciplinary apparatus that

⁴ Whilst the film builds on an obvious stereotype of African and South American countries as lawless, what it also does is show how existing outside of the Union’s laws may allow one to live. The law is therefore not that which protects the human from the violence of profit-making companies but the very thing that facilitates these actions.

seizes control of the human through its most intimate and yet leased body parts. One could say this is Agamben's state of exception in action, precisely because 'what is at stake is, once again, the definition of a life that may be killed without the commission of homicide [...]' (*Homo Sacer*, p. 165). However, the film takes this further by showing how recipients – not donors, as we see in Agamben's example – are granted the supposed dream of extended life, which is in turn monitored through a 'relayed gaze' which gives power to the corporation by constraining the freedom of movement of recipients. Indeed, as Beth passes through the security scanners she begins to bleed 'fluid'. Here, the film suggests that even if the transplantees figure out a technological way to defy the system (i.e. through scanning jammers), the transplant body will reveal itself as leaky, as uncontained. The airport is a zone that may facilitate the crossing of a geopolitical border, whilst transplantation is a technological practice that enables the crossing of at least one bodily boundary (e.g. the border of the skin). These boundaries merge in this film as Beth's leaky leg reveals she does not belong with the non-transplanted humans who may legally travel outside the Union's jurisdiction. That the leakage happens at the border reinforces the association of transplantation with space and that the transplanted body is out of place when it tries to defy the very constraints laid down by a disciplinary body (usually medical, although in this case, also a corporation). The puddles of fluid – red and black – mark the space of the airport and reveal a body that must be halted in its movement and its overdue organs returned to the Union through slaughter. This is not simply legal murder, and thus violence within a health care system, the scene also represents how transplantation is spatialised insofar as the body maps on to a system of surveillance where the transplanted body must always be in view within a specific set of geographical and so-called medical boundaries.

Although the intensification of the apparatus of security makes escape from an airport almost impossible, Remy and Beth fight their way out and flee to what Jake had previously referred to as the ‘steel graveyard’. The audience sees a segregated part of the city, an almost Dali-esque view of life on the lawless side of the rundown city. Crossing into this space reveals a fallen down advertisement that reads *Paradise*: a remnant from another time when the city was not segregated and also pointing to the obvious disconnect between ideas around Paradise and this dilapidated housing estate. I would suggest that this segregated space, where death may happen at any time (although there are illegal traders in organs, who wait until people are actually dead to take their antiforgs, and underground health care providers), points to the very possibility that the precarity of existence may give freedom in ways distinct from the promise of life-extending technologies. This is a means of imagining how the relayed gaze may be temporarily interrupted and thus that one may elude what appears to be an all-controlling system whose monitoring extends into the inside of one’s body.

Segregation is formulated by Achille Mbembe as the artificial division that constitutes difference, even whilst it may appear only to follow a purported biological difference. The spatialisation of difference permits sovereign control over the space that divides those who are human and therefore superior from those who are inhuman or animal and therefore inferior. The dehumanisation of populations in *Repo Men* takes place through the very technologies of surveillance that allow the repo men to kill those who have not kept up their payments. The whole city is a site of surveillance, and yet Paradise – the space outside the city but still within the borders of an older version of the city – houses those who want to move beyond surveillance, those who flee

because they cannot afford to keep up the payments on their organs. In this sense, the segregation of the city is instituted along the lines of those who will never be able to pay their debt and those who still hope it is possible. Organ transplantation becomes the very means of segregating those who might find a way of living in the city and adhering to its rules and those who know the system will kill them and therefore have no option but to move to Paradise. The fact that Remy writes his book there, escapes a repo man who has come to kill him with a machete and that many people defy the system (by, for example, selling organs more cheaply than the Union or helping people escape the Union) sets this space up as one of tentative freedom, a momentary interruption to the seeming all-controlling relayed gaze of the Union. I would suggest that here transplantation is the very visceral means through which one's desires come to be chained to a relentlessly murderous corporation. Speaking on colonial occupation Mbembe states

The writing of new spatial relations (territorialization) was, ultimately, tantamount to the production of boundaries and hierarchies, zones and enclaves; the subversion of existing property arrangements; the classification of people according to different categories; resource extraction; and, finally, the manufacturing of a large reservoir of cultural imaginaries. These imaginaries gave meaning to the enactment of differential rights to differing categories of people for different purposes within the same space; in brief, the exercise of sovereignty. Space was therefore the raw material of sovereignty and the violence it carried with it. ('Necropolitics', pp. 25–26)

In turning to Mbembe I am not trying to prove that *Repo Men* is engaging with colonial structures, although one could certainly argue that the film evokes a colonial imaginary where one no longer owns one's body, one's body is literally the property of someone else and one can be killed without this being considered murder. I turn to Mbembe because his emphasis on the reorganisation of spatial relations draws out how segregation is enacted through the change in property law and resource extraction, where both of these in the film refer to the body's parts. Sovereignty is the

power to decide who lives and who dies but this is not simply by subjecting someone to life or death but instead by seizing control of the very parts that give life to the body, to the self. Spatial segregation maps on to the topography of the body and in so doing reveals both confinement to Paradise and a momentary sense of non-surveillance (because one is outside the city's limits). It is not that Remy and Beth are free from the gaze – a repo man tries to kill them there – but instead that a space outside of the city and yet within its older walls is a space (almost a palimpsest of a past life) in which to live without the promises of longevity from the Union. That is, life is not simply on the Union's terms and thus death is always possible. Living with death, as what may happen and not something which might be delayed or instituted by the Union, is a temporary reprieve from the dreams, the relayed gaze and thus the institutionalised of the Union.

Resistance: The Pink Door and Queer Sexuality

The breakdown in Remy's marriage – that his wife literally kicks him out of the heterosexual, reproductive, suburban home – and his eventual escape with his newly-found lover Beth shift the narrative focus to what we might term resistance. If the transplant body reveals how authorities come to occupy the land and the body by constraining it within the city's limits and implementing violently its moment of death, it is also the means through which resistance comes to be presented. *Repo Men* captures a mega-company taking control of the human's most intimate viscera as it promotes this technological innovation as the freedom to live a long and happy life. Where the interior of one's body – the literal parts that occupy the spatial cavity of the body – comes to be owned by the Union, it is also imagined by Remy as the means through which the system may be destroyed. The film's focus shifts to Remy needing

to find the Pink Door, destroy the system, and thereby free all humans with antiforgs.⁵ With overt allusions to the door from Louis Carroll's *Alice in Wonderland*, where reality – and certainly the law – is not bound by the rules of the 'real world', as well as to the choice in the Wachowskis' *The Matrix* between the red pill (i.e. reality) and the blue pill (i.e. ignorance), the plot device of the Pink Door is presented as a washed out or lighter version of reality, an entry point into an imagined world and of course the return to the visceral interior of which the system has taken control. This space is queer, defiant, destructive and concerned with the lives of others. It is not where lives are extended but rather where the hold the Union has over those with antiforgs may be broken.

What I would call queer sexuality is represented as the only way to defeat the system as Remy cuts below his ribs and in a seductive scene Beth takes the scanner forcing it inside Remy and then shoving it in further until it reads the barcode of his transplanted heart. The painful act of penetration into the male body by a female character is a visceral attempt to defy the system and its relayed gaze. The scanner reads the organ barcode and thus the gaze brings them closer to no longer being surveilled by the Union. The logic of the plot is that if the organs are scanned into the system then the system will register these as reclaimed and thus no longer need to monitor the one to whom they were leased. Remy then cuts into Beth's various body parts, kissing her, laying her back on the white table, in a simulated sex scene that involves registering her ten antiforgs on the system as he penetrates various parts with

⁵ The logic in the film is that all reclaimed antiforgs are registered to the system behind the centralised Pink Door. Therefore if this system could be blown up then no one would be registered as owing the Union anything and thus no one would be in-debt(ed) to the Union.

the scanner, including her thighs, knees, torso and more. Remy and Beth are no longer in a heteronormative dream of longevity; instead they seek to overthrow and ultimately destroy the system and thereby to free all humans with antiforgs from this deadly, all-seeing organisation. In a white, clinical and technologically advanced space, where they bleed red and black over its shiny surfaces, they imagine the possibility of something beyond suburban heterosexuality that shies away from the reality of the Union and that refuses to acknowledge the violence involved in this health care system. They no longer want to extend their own lives, indeed, it seems as if Beth might die given the amount of times Remy must penetrate various parts of her body. Here, the space behind the Pink Door is the elusive dream of freedom where the Union no longer has power over bodies. That is, 'sex opens a wedge to the transformation of these social norms that require its static intelligibility or its deadness as a source of meaning' ('Sex in Public', p. 565). Traversing the Pink Door constitutes the possibility of change and giving one's body up for others, as well as for the intimacy of pleasure and pain. This is the sacrifice that would mean these transplanted bodies shift in meaning to become human. That is, if the cutting of their bodies eventually destroys the system, then bodies with antiforgs would simply be humans and their insides no longer defining them as killable, as disposable. Queer sexuality transforms the static meaning of life and its extension by disrupting a gaze that is deadly.

What is significant is how the body must be penetrated, cut deeply, and must bleed over the clinical white space in a scene that is as violent as it is sexual. The space of the body is torn open and it leaks and contaminates this space. Bodily orifices multiply and in so doing the inside space of the body becomes the outside and the

outside merges with the inside. Bodies cannot be contained if the system is to be destroyed and thus the film offers an imaginary whereby bodily resistance – the visceral gore of the body leaking onto the white space of the Union – defies this desire for enhancement and endless longevity. Queer sexuality, insofar as the orifices exceed the heteronormative sexual imaginary of penile vaginal penetration, gives a moment of intimate resistance where spaces of power will be destroyed by the contaminatory fluids that release the antiforgs to blow up the system. Such a reimagining of sexuality as resistance echoes Luce Irigaray’s female imaginary and how sex beyond penile penetration may produce alternative, resistant and creative epistemologies. In Irigaray’s words:

But woman has sex organs more or less everywhere. She finds pleasure almost anywhere. [Women’s desire] really involves a different economy more than anything else, one that upsets the linearity of a project, undermines the goal-object of a desire, diffuses the polarization toward a single pleasure, disconcerts fidelity to a single discourse.... (*This Sex Which Is Not One*, pp. 28–30)

The multiplication of sites of pleasure, the leaking of bodily fluids over the pristine surfaces of the Union, disrupts the linear narrative of certain death, of a definitive all-powerful gaze. Queer sexuality is the search for another epistemology where legal murder is disrupted and even brought to a halt.

Similar to the scene at the airport, there is a moment where these bodies are almost contained as Frank orders Jake to kill Remy. In a blood-splattering scene, Jake, loyal to his friend, kills Frank and helps blow up the head and heart of the Union. Indeed, the space behind the Pink Door is the reality that they destroy. With the room in pieces, the possibility of another world, another way of being in bodies with each other, is momentarily brought into being. Power is spatialised as behind one door, as a difficult to access but still attainable space that requires physical violence and one’s

own bodily sacrifice if it is to be destroyed. Power as space reiterates this idea that whilst its capacity may be all-reaching, even to the inside of our bodies, it is still in a static and visible location. Yet just as the body will not stay contained, power itself is not simply behind the Pink Door. Indeed, *Repo Men* reveals the disciplinary power of medicine as it reaches into the mind with the M.5 Neural Net. As Mbembe traces the historical ways in which sovereignty changes in the context of war, *Repo Men* reflects that '[t]echnologies of destruction have become more tactile, more anatomical and sensorial, in a context in which the choice is between life and death ('Necropolitics', p. 34). That is, technologies of care, such as transplantation, are deeply tied to the very practices that destroy life, where life is the contract that binds one's possibility of existence to the Union. The ability to resist is as elusive as the sites of power, which are spatialised as beyond any central system, particularly as Remy's thoughts on resistance are only possible because of medico-technological advances.

The dream – or illusion – of resistance is revealed to the audience through a glitch in the M.5 Neural Net, where the viewer sees Remy panic as both Jake and Beth disappear from this post-Pink-Door-Paradise. The film shifts back to *reality* where Jake has almost killed Remy, in his attempt to repossess the transplanted heart, and has now paid for his best friend to be in a comatosed state of prolonged happiness. Elsewhere I have explored happiness as an ideology that allows business to profit from the less-than-happy states in which humans may exist (suggesting that happiness itself is a myth designed to force us to buy into supposed cures).⁶ Here, I would suggest that this late-capitalist framework points to how health care occupies the space of the mind. It is no longer simply one's viscera that are owned by the Union,

⁶ See: Donna McCormack, 'Intimate Borders', in *Review of Education*.

but now what one thinks is provided by the Union. Remy lies there in a state similar to that described by Agamben, not alive and yet not dead, maintained only as long as Jake keeps up the payments. It is not clear what space the physical body will inhabit or how this flesh will be maintained, but the space of the inside of the body is now given over to the Union. Whilst this is not a literal organ transplant, the M.5 Neural Net is integral to a transplant imaginary where bodies – particularly through the idea of brain death – are thought to be simultaneously alive and dead. I would argue that what is significant in relation to space is that power does not reside behind a door, it is not in one room and it not one evil entity that might be known as a *system*. Instead, the M.5 Neural Net captures how power seeps into our thought processes, how it moves through and inside our bodies, and how resistance will require more than a blowing up of whatever is behind the Pink Door. If reality becomes blurred in this film and pink indicates that this is all a dream, then medical technologies are revealed to confine our bodies to a comatosed and immobile state. The topography of power, as behind the Pink Door, is blown to pieces as the body's politic is revealed to be inhabited by the M.5 Neural Net and an antiforg heart. The Union is not simply in Remy, it creates what Remy is, what Remy thinks, and thus power sits in this docile and happy body. His friend is now in-debt(ed) to the Union, and thus the Union's power continues to extend more intimately into ever more lives.

Queer sexuality was a glimpse of defiance, a refusal to live on no matter what the state of the society, but whilst power is understood as in one site then *Repo Men* shows solely disappointed delusions. Remy's docile, Union-controlled mind/body cannot move beyond the storage space and is only able to think thoughts that are emitted through the M.5 Neural Net. This shows not simply Agamben's point that

biomedicine controls the biopolitical borders of life and death, or Foucault's idea that space constitutes the unequal medical relationality of client/patient and company/doctor, but more clearly hooks' argument that space has power. Thus to remove one's capacity to move through space is to confine that being to an indefinite state of a relayed gaze where power is exercised through intimacy of fleshy electrical pulses. Death will come at the hands of the Union should Jake fail to keep up the payments for the heart and M.5 Neural Net. The chain of power becomes apparent as Jake too comes to be in-debt(ed) to the medical apparatus. To be responsible is to be confined within the city's limits, as well as to give one's self over to the Union's spatialised visceral and topographical power.

Spatialised Bodies and Epistemologies of Transplantation

In the hospital there is a direct action on the disease: the hospital does not only enable disease to reveal its truth to the doctor's gaze, it produces that truth. [The] role of the hospital, therefore, was not only to make the disease visible just as it is, but also finally to produce it in its hitherto enclosed and fettered truth. Its distinctive nature, its essential characteristics, and its specific development would finally be able to become reality through the effect of hospitalization. (Foucault, *Psychiatric Power*, pp. 335–336)

Space constitutes knowledge. Following Foucault's thinking above, the hospital is a site of epistemological production where the authority of the doctor and of the discipline are facilitated by bringing the patient into this space of knowledge. That is, the medical apparatus is an embodied, epistemic-producing discipline that speaks its truth in the encounter between science, technologies and professionals and patients and the architectures of care. Diagnosis and thus the possibility of a cure are tied to the space in which knowledge is produced. The hospital is not the space where knowledge reigns, as if knowledge simply exists as a given, but rather the hospital is

where knowledge is produced as truth, as evidenced by the patient, by the testings and potentially by the treatments.

I have turned to *Repo Men* precisely because I would suggest that the film produces an epistemology of death that is central to transplant imaginaries, but often absent in analyses of transplantation, particularly the relationality between space and transplantation. The film captures the troubled relationship between transplantation as a therapy and the seeming desire to redefine death in inconclusive and not always coherent ways.⁷ It integrates late-capitalist methods of contractual labour with health insurance company tactics, as well as revealing how the administering of health care opens up the possibility that life may be terminated once payments cease. Whether one interprets this vision as a thoughtful engagement with the potential ‘what-ifs’ of the genre science fiction, which grapples with important socio-political issues, or a ridiculously gory drama that splashes blood across our screens for pleasure and thus is easily dismissed as medical porn is not important here. What is significant is that *Repo Men* is one of many films – and other fictional texts – that engages with this relationship between space and transplantation. The health care system – the clinic, the hospital – is inseparable from the violence of killing people who cannot keep up their payments. Indeed, the health care system institutes this violence and is thereby able simultaneously to enact cure and to institute disciplinary measures: the cure is figured as transplantation, whereas death is the punishment for the lack of payments.

⁷ For a critical engagement with the varying and changing meanings of brain death, see Margaret Lock’s book *Twice Dead*.

My focus has been how Foucault's idea of the relayed gaze in the twenty-first century reveals how intimate viscera are monitored and in so being become the means through which mobility is constrained. The film forces the audience to address the consequences of delaying death, focusing on how parts of our bodies may become disciplined by the very structures that are supposed to care. This disciplinary apparatus is made manifest through the actions of the repo men who kill without this being murder; legal murder has been instituted in this city, simply because the person signed a contract. The topography of the city serves to immobilise transplantees, to keep them within the walls, so they may be monitored and potentially butchered should they fail to keep to the terms and conditions of the contract. This restriction on the mobility of transplantees captures on the one hand how transplantees are kept to a rhythm of medicine intake, hospital visits, medical tests and so on and on the other hand how regimes of care may also be techniques to control and monitor who moves through which spaces.

Following Agamben, my argument is that medical practitioners and medical administrators control the biopolitical borders of life and death, but further than this that the recipient's life is also contained within space. In this imaginary, organ transplantation is a means of constraining mobility. Migration is for non-transplantees, and thus only the *healthy* may move through space. As organs move out of, into and over to different bodies, *Repo Men* pauses for reflection, in the most gory and violent way, on what role the technologised hospital plays in constraining our bodies to a disciplinary regime that may care but may also do extreme forms of damage. More importantly, it shows how the body is spatialised: it literally is the geographical territory of medicine into which doctors, insurance companies, repo

men, carers, clinics enter. The body is imagined as a space being taken over not by evil or all-powerful people and companies, but precisely by those who supposedly offer the human everything they could want: to be a better, improved version of one's self and to live even longer. *Repo Men*, in its moments of queerness and bloody violence, shows resistance as futile, as a state created by the electrical pulses of the M.5 Neural Net, designed to give the person a perfect life: a comatosed one where everyone is passive, docile and happy. The topography of transplantation is the immobilised body, surveilled constantly and existing exclusively through its relationship with technology.

Speaking about her grandmother's house and her sense of belonging through this house, bell hooks states:

[My grandmother] was certain that the way we lived was shaped by objects, the way we looked at them, the way they were placed around us. She was certain that we were shaped by space. [...] Her house is a place where I am learning to look at things, where I am learning how to belong in space. In rooms full of objects, crowded with things, I am learning to recognize myself. (*Belonging*, p. 121)

hooks' knowledge is intimate and matriarchal. She speaks of learning to belong through objects and her sense of being in space. When Foucault describes the hospital as constituting truth through visual practices, he insists that the architecture constitutes and confirms these epistemological methods. Mbembe calls for us to recognise the visceral, sensorial ways in which techniques of destruction are in and of our bodies. hooks reminds us that the relationality between space, being and knowledge is not simply negative, it is not one of an all-powerful system controlling everything. Rather, like in *Repo Men*, space constitutes the experience of being; we do not simply come into being in space, but instead space also shapes us. In this context, transplantation cannot simply be understood as operating on bodies, rather

what is seen is how the architecture of care constitutes the practices of health and its treatments. *Repo Men*, like Agamben, warns us that spaces of care may be where sovereign power is exercised as the right to let live or the right to kill. When murder is legalised, *Repo Men* forces us to address who is likely to benefit and who is likely to be harmed by changing definitions of death and uncertain access to health care. Rather than reaching for simple answers, the film imagines power as spatialised, as no longer the fight against one issue, one corporation, or one evil entity. Instead it is an apparatus of care to which we must give our attention. Transplantation is constituted by the topography of the technology; epistemologies of transplantation are formed through its encounter with the technological architectures of care. In this sense, how we think about space – and our rethinking of space and its constitutive role in organ transplantation – may alter our epistemologies of life and death, as well as our ethical approaches to care.

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