Min(d)ing the Body: On the Trail of Organ-Stealing Rumors

Nancy Scheper-Hughes

The trajectory of Nancy Scheper-Hughes's career reflects many of the transformations shaping anthropology in a global age, particularly anthropology's attention to the ways local communities around the world are increasingly interconnected by global processes and networks. Her earliest research focused on local life in the impoverished Brazilian shantytown Alto do Cruzeiro where she investigated the meaning of "mother-love" in the face of high, yet seemingly preventable, levels of infant mortality. Today she continues to explore the richness of local life in Brazil but has expanded her scope, tracing rumors of human organ theft from Brazil to countries as far flung as Eastern Europe, South Africa, and India. As told in this selection, Scheper-Hughes's research uncovers a gruesome, illicit global trade in human organs harvested from urban poor people around the world to be used for transplant surgeries primarily available to the world's economic elites. In the process, Scheper-Hughes's work shows how no local community can be viewed as isolated. Instead, anthropologists must consider each local fieldwork site in light of the myriad ways in which local dynamics link to the world beyond. As we will see throughout this book, today anthropological research includes attention to global flows, networks, and processes as anthropologists trace patterns across national and cultural boundaries while keeping one foot grounded in the lives of people in local communities.

For many years I have been documenting the violence of everyday life—the many small wars and invisible genocides—resulting from the structural violence of poverty and the increasing public hostility to the bodies, minds, children, and reproductive capacities of the urban poor. Here I will be addressing an uncanny dimension of the usual story of race and class hatred to which we have become so accustomed. This is the covert violence occurring in the context of a new and thriving global trade in human organs and other body parts for transplant surgery. It is a business that is justified by many—including doctors and bio-ethicists—as serving "altruistic" ends. But for the poorest and most marginalized populations living on the fringes of the new global dis-order, the scramble for fresh organs for transplant surgery increases the already profound sense of ontological insecurity in a world that values their bodies more dead—as a reservoir of spare parts—than alive.

Descend with me for a few moments into that murky realm of the surreal and the magical, into the maelstrom of bizarre stories, fantastic allegations and a hideous class of rumors that circulate in the world's shantytowns and squatter camps, where this collaborative research project had its origins. The rumors were of kidnapping, mutilation, and dismemberment—the removal of blood and organs—for commercial sale. I want to convey to you the terror and panic that these rumors induce in the nervous and hungry residents of urban shantytowns, tent cities, squatter camps, and other "informal settlements" in the Third World.

I first heard the rumor in the shantytowns of Northeast Brazil in the mid-1980s, when I was completing research for my book, *Death without Weeping*, on maternal thinking and practice in the context of extremely high infant and child morality. The rumors told of the abduction and mutilation of poor children who were eyed greedily as fodder for an international traffic in organs for wealthy transplant patients in the first world. Residents of the ramshackle hillside *favela* of Alto do Cruzeiro, the primary site of my research, reported multiple sightings of large blue and yellow combi-vans (the so-called "gypsy taxis" used by the poor the world over) driven by Americans or Japanese "agents" said to be scouring poor neighborhoods in search of stray youngsters, loose kids and street children, kids that presumably no one would miss. The children would be grabbed and shoved into the van. Later their discarded and eviscerated bodies—minus certain organs—heart, lungs, liver, kidneys, and eyes—would turn up on roadsides, between rows of sugarcane, or in hospital dumpsters. "They are looking for donor organs. You may think this is just nonsense," said my friend and research assistant, "Little Irene" in 1987. "*But we have seen things with our own eyes in the hospitals and the morgues, and we know better.*"

"Nonsense! These are stories of the poor and illiterate," countered another of my friends, Casorte, the skeptical manager of the municipal cemetery of Bom Jesus da Mata. "I have been working here for over a year and never have I seen anything. Where are these bodies?" Yet even as we spoke on the following day, a municipal truck arrived at the gates of the cemetery with the body of a "desconicido," the remains of an unknown, unclaimed man found murdered in an abandoned field not far from town. The eyes and genitals had been removed. "Death squads," whispered Casorte, by way of explanation, and he made the gesture of a throat being slit.

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Soon after I began writing articles that interpreted the Brazilian organ-stealing rumors in terms of the normal, accepted, everyday violence practiced against the bodies of the poor and the marginal in public medical clinics, in hospitals, and in police mortuaries, where their ills and afflictions were often treated with scorn, neglect,

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and general disrespect, I began to hear other variants of the organ-theft stories from anthropologists working in Argentina, Colombia, Peru, Guatemala, Honduras, Mexico, India, and Korea. Though most of the stories came from Central and South America, organ-theft rumors were also surfacing in Poland and Russia, where it was reported that poor children's organs were being sold to rich Arabs for transplant surgery. Luise White recorded blood-sucking/blood-stealing vampire stories from East and Central Africa, and South African anthropologist Isak Niehaus recorded blood- and organ-stealing rumors in the Transvaal collected during fieldwork in 1990-1993. The African variants told of "firemen" or paramedics driving *red* combi-vans looking to capture unsuspecting people to drug and to kill in order to drain their blood or remove their organs and other body parts—genitals and eyes in particular—for magical medicine *(muti)* or for more traditional medical purposes. The Italian variants identified a *black* ambulance as the kidnap vehicle.

The rumors had powerful effects, resulting in a precipitous decline in voluntary organ donation in some countries, including Brazil and Argentina. What does it mean when a lot of people around the world begin to tell variants of the same bizarre and unlikely story? How does an anthropologist go about interpreting the uncanny and the social imaginary of poor, third-world peoples? * * *

To the anthropologist, however, working closely with the urban poor, the rumors spoke to the * * * insecurity of people "to whom almost anything could be done." They reflected everyday threats to bodily security, urban violence, police terror, social anarchy, theft, loss, and fragmentation. Many of the poor imagined, with some reason as it turns out, that autopsies were performed to harvest usable tissues and body parts from those whose bodies had reverted to the state: "Little people like ourselves are worth more dead than alive." At the very least the rumors were (like the scriptures) metaphorically true, operating by means of symbolic substitution. The rumors express the * * * insecurities of poor people living on the margins of the * * * global economies where their labor, their bodies, and their reproductive capacities are treated as spare parts to be bought, bartered, or stolen.

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Insofar as the poor of urban shantytowns are rarely called upon to speak before official truth commissions, the body-theft rumors could be seen as a surrogate form of political witnessing. The rumors participated in the spirit of human rights testifying to human suffering on the margins of "the official story." Still, in our "rational," secular world, rumors are one thing, while scientific reports in medical journals are quite another. But in the late 1980s the two distinct narratives began to converge as articles published in *The Lancet*, *Transplantation Proceedings*, and the *British Medical Journal* began to cite evidence of an illegal global commerce and black market in human organs and other body parts. Indeed, wild rumors, like metaphors, do sometimes harden into ethnographic "facts."

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I decided to track down independently the rumors to their most obvious, and yet least studied, source: the routine practices of organ procurement and distribution for transplant surgery. But as soon as I abandoned the more distanced and symbolic analyses of the organ-stealing rumors for anthropological "detective work" to determine whether or not a market in human organs actually existed, my research was both suspect and discredited. "Is this some kind of anthropological detective work?" one anthropological colleague asked. Others charged that I had fallen into the "assumptive world" of my uneducated and gullible informants. Indeed, a great deal is invested in maintaining a social and clinical reality which denies any factual basis for poor people's fears of medical technologies. The transplant community's insistence on the patent absurdity of the organ-stealing rumors offers a remarkably resilient defense and protection against having to respond seriously to allegations of medical abuses in organ procurement, harvesting, and distribution.

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Stranger Than Fiction

During the summer of 1998 I was sitting at a sidewalk cafe in downtown São Paulo with Laudiceia da Silva, an attractive, young mother and office receptionist who had agreed to share her bizarre medical story with me. She had just filed a legal complaint with the city government requesting an investigation of the large publie hospital where in June 1997, during a routine operation to remove an ovarian cyst, she had "lost" a kidney. The missing kidney was discovered soon after the operation by the young woman's family doctor during a routine follow-up examination. When confronted with the information, the hospital representative told a highly improbable story: that Laudiceia's missing kidney was embedded in the large "mass" that had accumulated around her ovarian cyst. But the hospital refused to produce either their medical records or the evidence—the diseased ovary and the kidney had been "discarded," she was told. When I called on representatives of the São Paulo Medical Council, which investigates allegations of malpractice, they refused to grant an interview. A representative of the council said that there was no reason to distrust the hospital's version of the story, and they had no intention of launching an independent investigation. Laudiceia insists that she will pursue her case legally until the hospital is forced to account for just what happened, whether it was a gross medical error or a criminal case of kidney theft. To make matters worse, Laudiceia's brother had been killed in a random act of urban violence several weeks earlier and the family arrived at the hospital too late to stop organ retrieval based on Brazil's new "presumed consent" law. "Poor people like ourselves are losing our organs to the state, one by one," Laudiceia said angrily.

Across the globe at roughly the same time (summer 1998), [fellow researcher] Lawrence Cohen sat in a one-room flat in a municipal housing-project in a Chennai (Madras) slum in South India talking with five local women, each of whom had sold a kidney for

32,500 rupees (about 1,200 dollars at the time of the sale). Each had undergone their "operation" at the clinic of Dr. K. C. Reddy, India's most outspoken advocate of the individual "right to sell" a kidney. Unlike those who ran the more seedy "organs bazaars" that sprang up a decade ago in Bombay, Dr. Reddy prides himself on running an exemplary clinic; the kidney sellers are fully informed about the implications and potential dangers of the operation. They are carefully followed for two years after the organ removal and receive free health care at his clinic during that period, and he carefully avoids contact with intermediaries and organs brokers. The women Cohen interviewed were primarily low-paid domestic workers with husbands in trouble or in debt. Most said that the kidney sale was preceded by a financial crisis; the family had run out of credit and could not get by. Friends had passed on the word that there was quick money to be had through Dr. Reddy's clinic. Cohen asked if the sale had made a difference in their lives, and was told that it had, for a time, but the money was soon swallowed by the usurious interest charged by the local moneylenders, and the families were all in debt again. Would they do it again? Yes, the women answered; what other choice did they have, with the money gone and the new debts piling up? If only they had three kidneys, with two to spare, then things might be better.

Cohen, who has worked in rural towns in various regions of India over the past decade, reports that in a very brief period the idea of trading "a kidney for a dowry" has caught on and become one strategy for poor parents desperate to arrange a comfortable marriage for an "extra" daughter. In other words, a spare kidney for a spare daughter. A decade ago, when townspeople first heard through newspaper reports of kidney sales occurring in the cities of Bombay and Madras, they responded with predictable alarm. Today, Cohen says, some of these same people now speak matter of factly about when it might be necessary to sell a "spare" organ. Cohen argues that it is not that every townsperson actually knows someone who has been tempted to sell a vital part of the self, but that the idea of the "commodified" kidney has permeated the social imaginary. Today the kidney represents "everyman's" last economic resort; the kidney stands as the marker of one's "ultimate collateral." Some parents say they can no longer complain about the fate of a dowryless daughter. "Haven't you got a spare kidney?" one or another neighbor is likely to respond. With the appearance of new sources of capital, the dowry system is expanding, along with kidney sales, into areas where it had not been a traditional practice.

Several months later, I sat next to Mrs. Rosemary Sitshetshe on a torn black plastic couch in her small but neat concrete slab house in Guguletu township outside Cape Town, South Africa. On her other side sat Rosemary's mother, a powerful woman, who sustained her daughter as she retold the painful story of how the body of her only son, seventeen-year-old Andrew, had been manhandled and mutilated at the police mortuary in Cape Town, his eyes and possibly other body parts removed without consent and given to doctors to transplant into other people's bodies.

Andrew was caught in the crossfire of township gang warfare during the dangerous period just before the end of apartheid. Badly wounded, he was taken to the local police station where Rosemary found him lying on the floor with a bleeding chest wound. By the time the ambulance attendants arrived, late as usual, Andrew was dead (or very nearly so) and the police advised Rosemary to go home until the morning when she could claim her son's body for burial. But the following morning, the officials at the police mortuary turned Rosemary away saying that the body was not yet ready for identification and viewing. Two days later, when the family was finally allowed to view Andrew's body they were shocked at what they saw: the blanket covering the body was bloody and Andrew's head had two deep holes on either side of his forehead "so you could easily see the bone." His face was swollen and there seemed to [be] something wrong with his eyes. "So, I did the unthinkable, I lifted up his eyelids."

But when Rosemary questioned the people in charge, they denied that anything was wrong and treated Rosemary and her estranged husband abusively. Later, accompanied by her own private pathologist paid for by the African National Congress, Mrs. Sitshetshe learned at the morgue that her son's eyes had been removed and that inside his abdominal cavity the organs found there had all been severed and carefully replaced for viewing. "But were those parts his own?" Mrs. Sitshetshe asked me. "I know my son's eyes by color but not his heart or kidneys."

At the local eye bank Rosemary was told that her son's corneas had been "shaved" and given to two "lucky" patients at the nearby academic hospital. The remains of Andrew's eyes were being kept in the refrigerator and the director refused to return them to Andrew's mother for burial. And so, unwilling to argue any further, Andrew Sitshetshe was buried without his eyes. But Rosemary found she could not bury her anger. "Although my son is dead and buried," Mrs. Sitshetshe said, with tears coursing down her cheeks, "Is it good that his flesh is here, there, and everywhere, and that parts of his body are still floating around? Must we be stripped of every comfort? How could the medical doctor know what was most important for us?" Mrs. Sitshetshe has since taken her complaint against the mortuary and eye bank staff to South Africa's Truth and Reconciliation Commission. She wants her case to be treated as but one example of a practice that was widespread in police mortuaries under apartheid and which may have continued out of habit, even in the "new" South Africa.

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

"There's no reason for anyone to die in this country while waiting for a heart or a kidney to materialize. There are plenty of spare organs to be had in other parts of the world. One can't be choosy. One has to play by my rules and go where I say. And one has to move quickly." Though Jim operates in a gray, nether world, he insists that what he does

is not illegal. He deals with doctors, hospitals, and a "soft" commerce in "excess" cadaveric organs. Although he was arrested and jailed in Italy in 1998 for illegally "brokering" organs, the charges were dropped eventually, and Jim maintains his innocence. In fact, he is proud of his newly invented profession. "Don't think of me as an outlaw," he said. "Think of me as a new version of the old-fashioned marriage broker. I locate and match up people in need; people whose suffering can be alleviated on either side."

Following the Bodies: The Traffic in Human Organs

As these few scenarios plucked out of hundreds of transcribed interviews with transplant specialists, transplant patients, organs brokers, organ buyers, and sellers suggest, transplant surgery today is a blend of altruism and commerce; of science and magic; of gifting, barter, and theft; of choice and coercion. We have found that the "organs trade" is real, spectacularly lucrative, and widespread, even though it is illegal in most countries and unethical according to every governing body of medical, professional life. It is therefore covert. In some of the sites we have explored—India, Brazil, South Africa, and the United States—the trade in organs and other body parts links surgeons and technicians from the upper strata of biomedical practice to "body mafia" from the lowest reaches of the criminal world. The transactions involve police, mortuary workers, pathologists, civil servants, ambulance drivers, emergency room workers, eye bank and blood bank managers, biotechnicians, funeral directors, and transplant coordinators.

Together, we are documenting hard and soft forms of organ sales, investigating rumors of body theft, allegations of human rights violations of the nearly dead, and mutilations of pauper cadavers in police mortuaries. We are trying to pierce the secrecy surrounding organ transplantation and to "make public" all practices regarding the harvesting, selling, and distribution of human organs and tissues. These transactions have been protected, even concealed, by a deadly indifference to the population of organ donors, living and dead, most of them poor, and by an unquestioned acceptance in most industrialized nations of transplant surgery as a social and moral good.

But the entry of "free markets" into the business of organ procurement poses a challenge to the social ethics of organ transplant. By their nature, markets are indiscriminate and inclined to reduce everything—including human beings, their labor, and their reproductive capacity—to the status of commodities—things that can be bought, sold, traded, and stolen. And the global economy has stimulated the movement of mortally sick bodies in one direction and detached "healthy" organs—transported for shorter distances by commercial airlines in ordinary Styrofoam beer coolers conveniently stored in the overhead luggage compartment of the economy section—in another direction, creating [an] international trade in surgeries, bodies, and body parts. In general, the flow of organs follows the modern routes of capital: from South to North, from third to first world, from poor to rich, from black and brown to white, and from female to male bodies.

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Our initial forays have taken us into alien and, at times, hostile and dangerous territory, where we are exploring some of the backstage scenes of organ transplantation. *** To date, our initial findings reveal the following: (1) race, class, and gender inequalities and injustices in the acquisition, harvesting, and distribution of organs; (2) widespread violation of national laws and international regulations against the sale of organs; (3) the collapse of cultural and religious sanctions against body dismemberment and commercial use in the face of the enormous market pressures in the transplant industry; (4) the appearance of new forms of debt peonage in which the commodified kidney occupies a critical role; (5) the emergence of soft sales in the form of "compensated gifting" of kidneys within extended families along with "coerced" gifts, as vulnerable workers "donate" organs to their employers in exchange for secure work and other entitlements, and prisoners donate them in exchange for reduction in prison sentences; (6) popular resistance to new laws of presumed consent for organ donation; (7) widespread violations of cadavers in public morgues, organs and tissues being removed without any consent for international sale; (8) the disposal and wasting of viable organs in the context of intense competition of public and private hospitals; (9) the critical importance of transplant surgery and commodified organs to the new economics of privatized health care throughout the world; (10) the circulation of narratives of terror concerning the theft and disappearance of bodies and body parts globally, some of which have a basis in reality; (11) the spread of a lucrative transplant tourism in which patients, doctors, and sellers are serviced by rings of organ brokers.

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At the heart of this project is an anthropological analysis of postmodern forms of human sacrifice. Though it bears little resemblance to the burnt offerings of the desert Hebrews or to the agony of Christian martyrs thrown to lions at the dawn of the second millennium, human sacrifice is still with us. Organ harvesting carries some trace elements and vestigial images of Aztec hearts ripped—still beating—from the chests of state-appointed, ritual scapegoats. Global capitalism and advanced biotechnology have released new, medically incited "tastes" (a New Age gourmet cannibalism, perhaps) for human bodies, living and dead, for the skin and bones, flesh and blood, tissue, marrow, and genetic material of "the other." Like other forms of human sacrifice, transplant surgery partakes in the really real, the surreal, the magical, and the uncanny. What is different today is that the sacrifice is disguised as a "gift," a donation, and is unrecognized for what it really is. The sacrifice is rendered invisible by its anonymity and hidden within the rhetoric of "life saving" and "gift giving."

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In its odd juxtapositions of ethnography, fact-finding, documentation/surveillance, and human rights advocacy, this project blends genres and transgresses cherished distinctions among anthropology, political journalism, scientific report, moral philosophy, and human rights advocacy. These newer ethnographic engagements with everyday violence

and human suffering require the anthropologist to penetrate spaces—that is, the "back alleys and police morgues" of this research—where nothing can be taken for granted and where a hermeneutics of suspicion replaces the earlier fieldwork modes of phenomenological bracketing and suspension of disbelief. That these transgressive uses of anthropology make some of my colleagues uneasy or angry is understandable. Neither are my collaborators and I entirely comfortable with what we have taken on. Yet, is any *other* discipline better situated than anthropology to interrogate human values and practices from a position of epistemological "openness" and to offer alternatives to the limited pragmatic utilitarianism and rational-choice models that dominate medical and bio-ethical thinking today?

Rather than views from the armchair, this research reports on views from over, under, and beyond the operating table and mortuary slab. If peering into surgical slop buckets to document the number of "wasted" organs is not ethno-*graphic* research, then I am afraid to consider what *else* it might be. In bridging the normally discrete boundaries between fieldwork in elite medical centers and in shantytowns and back alleys, our orientation holds to the simple dictum—"Follow the bodies!" Problems remain, however, with respect to the incompleteness of the evidence based on innuendo and fragments of conversation, as well as on hundreds of transcribed formal interviews and structured observations in dialysis clinics and operating rooms in each of our multiple research sites. Multisited research runs the risk of being too thinly spread, but the alternatives to this are unclear, given our mandate to investigate rumors, allegations, and scandals of kidnap, body-part sales, and organ theft, many of which prove difficult to verify because of the almost impenetrable secrecy surrounding global practices of organ harvesting and transplant surgery. Our research also demands a sacrifice of the normally leisurely pace of traditional ethnographic work. We have to respond, move, and write quickly. We are learning, and rather quickly, as we go along.

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In sum, our goal is to bring broader social and social justice concerns to bear on global practices of organ harvesting and distribution as an alternative to the myopic, case-by-case view of transplant surgeons. While most of our field research to date has taken place in the Third World, we are learning the extent to which these global exchanges involve and implicate the United States and Western Europe. The rapacious demand for organs in one area stimulates the market for brokers and organ sellers or body mafia in other nations. * * *

Organ transplantation depends on a social contract and a social trust. * * * At a very rudimentary level, the ethical practice of organ transplantation requires a reasonably fair and equitable health care system within a reasonably democratic state in which basic human rights are protected and guaranteed. Organ transplantation occurring within the milieu of a police state where political "disappearances" or "dirty wars" are practiced, or where routine police torture and injury and deaths in detention are common, can only

generate fears and panics. And organ transplantation occurring within a competitive market economy in which sellers are reduced to "suppliers" of valuable spare parts corrupts the profession of medicine. Under such circumstances, the most vulnerable people will fight back with one of the only resources they have—gossip and rumors which convey, albeit obliquely, the reality of the "situation of emergency" that exists for them.

We are seeking assurances that the social and medical practices around organ transplantation *include attention to* the needs and wishes of organ donors, both living and dead. We are asking transplant surgeons to pay attention to where organs come from and the manner in which they are harvested. We want assurances that organ donation everywhere is voluntary and based on altruistic motives. And we want the bodies of potential donors—living and dead—to be protected and not exploited by those who are charged with their care. We want the risks and benefits of organ transplant surgery to be more equally distributed among and within nations, and among ethnic groups, genders, and social classes. Finally, we want assurances that the so-called "gift of life" never deteriorates into a "theft of life." We hope that this new project will be seen as an attempt to establish a new ethical blueprint for anthropology and for medicine into the twenty-first century.

ENGAGING THE TEXT, ENGAGING THE WORLD

- Describe the strategies Scheper-Hughes uses to conduct her research. How has globalization affected her research strategies?
- What does Scheper-Hughes mean by "structural violence," the violence of everyday life that affects the bodies and minds of the urban poor?
- Where might you see this kind of structural violence even in a wealthy country like the United States?
- Why does Scheper-Hughes suggest that the global trade in human organs is shrouded in secrecy?
- Are you an organ donor? Why or why not? Have you heard rumors like those heard by the urban poor in Scheper-Hughes's study?
- Compare the readings from De León, Turner, and Scheper-Hughes in this chapter. What do they tell you about anthropology in a global age? In particular, what are the impacts of globalization on the local communities and on the research strategies each anthropologist uses?