Mr Tati's Holiday and João's Safari – Seeing the World through Transplant Tourism

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Abstract Moshe Tati, a sanitation worker in Jerusalem, was among the first of more than a thousand mortally sick Israelis who signed up for illicit and clandestine 'transplant tour' packages that included: travel to an undisclosed foreign and exotic setting; five-star hotel accommodation; surgery in a private hospital unit; a 'fresh' kidney purchased from a perfect stranger trafficked from a third country. Although Tati's holiday turned into a nightmare and he had to be emergency air-lifted from a rented transplant unit in a private hospital in Adana, Turkey back to Israel, Moshe (now deceased) became a poster-boy of transplant tourism for the next decade. João Cavalcanti was among the first of 38 residents of the slums of Recife recruited by retired military Captain Ivan da Silva and his sidekick Captain Gadddy Tauber (of Israel) to travel to Durban, South Africa to provide a spare kidney to an Israeli transplant tourist in Durban. This article examines the logics and practices through which kidney buyers and kidney sellers, organs brokers, surgeons and their accessories convince themselves that they are engaged in an illegal but still mutually beneficial 'medical-recreational' adventure, an 'extreme medical sport' of sorts. While life, health and survival motivate 'transplant tourism', a euphemism for human trafficking in spare body parts, the freedom to roam, *mobility*, is an essential feature of transplant tours for kidney buyers and kidney sellers.

Keywords Brazil, human trafficking, mobility, neoliberal globalization, South Africa, tourism, Transplant

Prologue

Jacques Tati's[1] madcap, slapstick comedies, including his masterpiece, *Mr Hulot's Holiday* (GBD International Films, 1954) were among my childhood

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favorite films, right up there with Charlie Chaplin and the 'Three Tons of Fun'. When I met a real Mr Tati at Hadassah Hospital in Jerusalem in 1999, recovering from a near-death experience resulting from his risky and madcap transplant tour in Adana, Turkey, I knew I would eventually write a paper entitled 'Mr Tati's Holiday'. It wasn't easy to find Mr Tati on the ninth floor of his hospital in Jerusalem. The nursing staff did everything in their power to misdirect me, so that I felt like a ping-pong ball, going up and down elevators from one floor to the next, until I decided to hold my ground and take action, dancing down the hospital ward singing out at full throttle: 'Mr Tati – oh, Mr Tati!' until a curtain was suddenly drawn back from a metal bed post and a very small, curled-up figure flashed the sweetest smile, beginning a warm, sometimes heated, if intermittent, multi-year relationship.

A sanitation worker in Jerusalem, Moshe Tati, was among the first of more than a thousand Israelis who signed up for an illicit 'transplant tour' package that included: travel to an undisclosed foreign and exotic setting; five-star hotel accommodation; surgery in a private hospital unit; and a 'fresh' kidney purchased from a living seller brought in from a third country. Mortally ill after his transplant caper, back on dialysis, and living with his estranged wife, adult daughter and her family in a cramped apartment in a public housing project in Jerusalem, Tati had time to talk and a lot of complaints to air about his careless Turkish and Israeli surgeons, 'one who took out and one who put in' – and the deadly kidney exchange with a runaway Iraqi soldier from Saddam's army. I introduced Mr Tati to *New York Times* journalist Mike Finkel and Tati appeared (to my and Tati's shock) on the cover of the *Times Sunday Magazine* announcing the feature story 'This Little Kidney Went to Market' (Finkel, 2001); that circulated freely on the internet and was used as a crib sheet for how to do (or how *not* to do) a transplant tour.

One of the mortally ill transplant patient hopefuls who read that *New York Times* story, 'Luanne Higgs', a Caribbean woman living in Brooklyn, New York as a partner and caretaker for a person even more disabled than she was, contacted Moshe's transplant broker in Israel, who was identified by name in the *Times Sunday* magazine story, and through her partner's Israeli in-laws, she was cleared for a special budget transplant tour to Durban, South Africa, where she briefly met her kidney provider, Alberty Alfonso da Silva, an Afro-Brazilian from the decaying port city of Recife, Pernambuco Brazil (Scheper-Hughes, 2006b). Alberty was one of the 'boys' (*meninos*) from Recife recruited by local traffickers, both retired military police, one Brazilian and one Israeli, in the employ of a transplant trafficking mastermind, Ilan Peri, of Israel. Alberty was inspired to travel by another transplant tour poster-boy, this one a

'happy-go-lucky' kidney seller, João Cavalcanti, who was paraded by his recruiters through his tough, working-class neighborhood with a fistful of American dollars, his kidney sale loot. João not only survived a kidney removal surgery among the wild beasts of Africa, as his slum mates imagined Durban to be, but he also went on a mini-safari, walking among giraffes, and brought home a plastic folder of safari photos to prove the sights he had seen and the faraway places he'd been to. On his return, João became part of the international trafficking scheme and was paid fee of $50 for each relative or neighbor he signed up for the Durban kidney express, a business which lasted almost two years.

Following a police sting in 2003, João, his brokers and several other accomplices were arrested in Recife and charged with organized crime and human trafficking (Maclay, 2004). But the 'mutilated ones' of Recife – as the Brazilian media labeled them – closed ranks and refused to accept the idea that they had been 'trafficked', and they defended the dignity of what they had done: taken an opportunity to travel to 'wild' Africa and maybe even go on safari for a day, even if it meant forfeiting an organ and going to jail.

This article explores the 'touristy' side of transplant tourism, the place it holds in the social imaginary of kidney buyers and sellers, as well as the organ trafficking gangs that feed off the desperation of end-stage kidney disease patients and the hunger of kidney sellers – as much for drama, excitement and the romance of travel as for a better life, even if at the expense of a spare kidney and a ruined body, which in coastal Brazil is no small matter.

In dozens of previously published articles and book chapters (Scheper-Hughes, 2000, 2002, 2003, 2004a, 2004b, 2006a, 2006b, 2007, 2008, etc.), I have described at length the criminal aspects of the global traffic in humans for their transplantable organs and tissues. I have publicized the scars left not only on the ruined bodies of disillusioned kidney sellers but on the geo-political landscapes where the illicit transplant trade has taken root. In an effort to get the attention of medical professionals, journalists, human rights organizations, regulatory agencies and government officials I have used forceful, even scandalous, language at times. I have described organs brokering as 'neo-cannibalism', as 'bio-terrorism', as body theft, as human trafficking and, in the worst instances, as crimes against humanity. I have labeled the surgeons involved in clandestine transplant schemes renegades, 'outlaws' and 'vultures' (Jimenez and Scheper-Hughes, 2002), and the international transplant brokers as human traffickers, criminals, an 'organs mafia', and their local accomplices as 'kidney-hunters'.

Kidney buyers, like Mr Tati, fared no better in my descriptions. They were described as ethically obtuse, giving no more thought to dipping into the bodies of the displaced and dispossessed political and economic refugees from the

Middle East and Eastern Europe, and Brazilian slum dwellers than if they had been actual, rather than proxy, cadavers (Scheper-Hughes, 2010). As for the kidney sellers, I presented data from 12 years of multi-sited research and travels (yes, the anthropologist, too, is part of these new medical migrations) to the sites of kidney brokering and selling in a dozen countries showing the sellers to be hapless 'victims', deceived, blind-sided and sometimes coerced at gunpoint. Even those who were willing, even eager to sell a kidney abroad returned home disgraced and disappointed, cheated, as well as medically compromised, psychologically damaged, physically reduced and socially excluded. These men and women only realized the extent of the damage and their complicit entrapment in the illicit transplant trade after the fact.

I was not wrong in so doing. 'Transplant tourism', a term I used in the 1990s to facilitate intimate interviews with and participant observations of those involved in the organs trade, is nothing but a polite euphemism for transplant trafficking, a global billion-dollar criminal industry involved in the transfer of fresh kidneys (and half-livers)[2] from living and dead providers to the seriously, if not mortally, ill and affluent or medically insured mobile transplant patients. But when I first began tracking down the buyers and brokers involved in the kidney trade, I needed a term – 'transplant tourism' – that was sufficiently neutral to allow those who were breaking the law to assume a posture of 'as if' normality. Transplant tourism suggests, however, that travel for beauty, a Costa Rican or Brazilian facelift, for instance, is no different than travel to procure an illegal transplant with trafficked sellers in Istanbul or Durban, South Africa. All anthropological field research requires a methodological suspension of one's own moral, ethical and medical-scientific assumptions. But the suspension of the ethical for the purpose of achieving sufficient empathy for one's research subjects in order to understand the sometimes opaque logics that inform their ways of living and acting on the world does not require the anthropologist-listener to become a bystander to acts of violence and inhumane behavior. This caveat is even more necessary when one has decided to study criminal behavior and criminals.

Determining who are the felons and who are the victims of human organs trafficking depends, not surprisingly, on one's insertion into the traffic. It is difficult to find a trafficker, a 'kidney hunter' or an organs broker (even in the more elite world of transplant trafficking) who does not view him or herself as a victim of a larger criminal network or of an unjust and imperfect world that requires brash and brazen acts. Those at the very top of so-called transplant tour schemes are not nice people. Sophisticated white-collar criminals, they are devious, smart and professional in their dealings. You might meet them at a cocktail party in Tel Aviv or Istanbul. They have high-profile lawyers to protect them so as to evade

prosecution. They are polished and well-traveled cosmopolitans. They enjoy the good life and all its pleasures. Some have advanced degrees in a variety of fields, from hospital administration to pharmacology to engineering and human biology. Some work in the medical insurance industry or as pharmaceutical representatives. I have interviewed, photographed and videotaped dozens of high-level transplant brokers (both inside and outside of prison) who style themselves as business executives and as 'international transplant coordinators'. Some organs traffickers rival Bernard Madoff in their socio-pathological indifference to the damage and deaths of buyers and sellers, and to the professional careers of the transplant professionals who get seduced and caught up in their schemes. The pre-screening and blood and tissue matching promised to transplant tour patients is often ad hoc, informal, or even non-existent, as the tragic case of Moshe Tati's 'poisoned kidney' illustrates.

Among the cohort of consumer-hungry and malnourished Afro-Brazilian men trafficked 4500 miles from the poor barrios of Recife to a large private hospital in Durban, were several men who had to be returned to Brazil as damaged and otherwise ineligible even for patently illegal nephrectomies (kidney removals). Some had histories of drug abuse, many had exposure to TB, HIV-AIDS and other infectious diseases. One had only one operant kidney to begin with. Others had signs of hypertension, diabetes and other previously undiagnosed ailments that even these corrupted South African surgeons would not accept for surgical kidney removal.[3] The Israeli-Turkish-Moldovan-Brazilian-South African kidney trafficking schemes operate on the free market principle not only of *caveat emptor* – let the buyer beware – but also let the seller beware.

Some of the players at the top of transplant tourism schemes include the seemingly unstoppable surgeon-brokers such as Dr Yusuf Sonmez, of Istanbul, and his Israeli partner, Dr Zaki Shapira of Tel Aviv. Even after four arrests, 'Dr Vulture', as Sonmez is known among his damaged kidney sellers, resurfaces from time to time to give TV interviews to the same journalists he curses as the cause of all his problems with the law. He dared to appear at an international congress of transplant professionals in Kiev, Ukraine in 2008 with a 'PowerPoint' presentation boasting about his 2200+ illegal and hit-or-miss (i.e. poorly matched) transplants. One of the transplant surgeons present at that meeting emailed his colleagues (myself included), shocked at the audacity of the outlaw surgeon:

> Subject: Organ trafficking in Europe – Moldova
>
> Date: September 23, 2008 12:36:15 AM PDT
>
> Dear colleagues,

> Two days ago I participated in a meeting in Kiev, Ukraine where I had a very unpleasant surprise to meet Dr. Yusuf Sonmez the Turkish surgeon involved in the organ traffic in Turkey including retrievals from organ trafficking victims from Moldova (some of his victims told me about him). He was convicted in Turkey and then withdrawn his doctor license and now, as far as I know, he is operating in one of the former Yugoslavia countries (according with some information in Kosovo). He made two presentations! (see attachment) regarding his so called achievements, more then two thousand illegal retrievals and transplantation, most without HLA, and from pure victims from different parts of the world! When I asked him information regarding the donors, including the follow up of them he answered in a very brutal and cynical way that it is not his responsibility! I am addressing to you with the request to make everything possible that such kind of doctors will not be able in the future to participate in the scientific events in Europe or other part of the world. I think it is ELPAT, TTS, WHO etc. who have the responsibility and duty to stop such kind of doctors to go around presenting their dirty results.
>
> Thank you for your understanding. Waiting for your suggestions.
>
> Kind regards,
>
> Igor Codreanu
>
> European Committee on Organ Transplantation (CD-P-TO) expert
>
> ISN Research Committee Member
>
> The Transplantation Society Country Leader
>
> ETCO National Key Member Ethical, Legal and Psychosocial Aspects of Organ Transplantation (ELPAT)

In the attached PowerPoint files[4] the slides were locked. They could be read but not printed or downloaded. In the slides Sonmez presents data on his personal 'series' of 2259 kidney transplants using 'unrelated living [i.e. paid] donors' without HLA tissue matching and compares his results in terms of kidney survival one year after transplant against global statistics, showing that his 'method' produces better clinical results. One slide shows that, for his unrelated donor transplant patients, the transplanted kidney function was 98.5 percent at the end of the first year, superior to conventional transplants. How can this be so? Sonmez's answer is that transplant surgeons must be in better control of their bio-materials. The surgeon must 'know' their transplant kidney. Rather than wait passively to receive an official and anonymous kidney from a deceased donor program, surgeons must take charge and 'harvest their own kidneys' from living donors, all but two of whom (in his series) were obtained from kidney sellers.

The surgeon who can harvest his own kidneys has several advantages, Dr Sonmez points out in his PowerPoint presentation:

1. Time is not wasted and the removed kidney can spend little time cooling outside the body of its native owner.
2. The surgeon has in his hands an organ about which he knows all the technical details for its transplant. His living donor transplant patients consequently have almost no surgical wound infections that are so common with cadaver donor transplants.[5]

But another reason for the success of his commercialized transplants, Sonmez argues in his presentation, is that he prefers to transplant kidney patients who were never subjected to dialysis treatments, which inevitably weakens the body. Preemptive transplants before end-stage organ failure sets in, early into the disability, is the best possible medical strategy. Pre-dialysis transplant patients have healthier outcomes, although, as Sonmez himself anticipates, some nephrologists would disagree, noting that the incipient or acute-stage kidney patient's failing kidneys might, given time, recover on their own and 'thus obviate the need for transplant'. But Sonmez maintains that it is always preferable to intervene earlier rather than later, especially when the lines of supply and demand are readily available, were it not for the interference of conservative laws, regulations and restrictions on the market solutions to organ scarcities. His logic is similar to the 1950s era of preemptive mastectomies performed on women facing possible risk of breast cancer (Stephenson, 1997). But in this instance the doctor's motive is less *clinical* than *criminal*, and the audience raised objections during Sonmez's uninvited and rogue presentation at a normally staid congress of transplant professionals. Among the dissenters was Dr Igor Cordenau of Chisinau, Moldova (quoted above), who had unfortunately witnessed the outlaw surgeon's handiwork on some of his own patients the unnamed and unmarked referents or participants in the transplant trade, the trafficked kidney suppliers/sellers whose well-being and aftercare, Sonmez argued vehemently, were *not* his responsibility.

Trafficking with the Traffickers

Thus, what journalists and transplant brokers benignly call 'transplant tourism' involves more than consenting individuals engaged in intimate bodily exchanges and backdoor transplants that are privately arranged. Each illicit transplant involves an extensive and highly organized criminal network of well-placed brokers, bagmen and local distributors for the network, and kidney hunters with free access to leading transplant surgeons, excellent public and private hospitals, laboratories, offshore bank accounts, police protection and sometimes even the

tacit approval and blessing of government officials. Nonetheless, this is a dangerous game and the high-risk players in the global 'transplant mafia', who think they are invincible and above the law, can suddenly find themselves shoved up against a wall and handcuffs slapped on their wrists. Surgeons have been pulled out of operating rooms, and transplant tourist patients carried out of illicit private transplant units on stretchers and taken to nearby public hospitals.

In 2007 Yusef Sonmez and his Israeli partner, Dr Zaki Shapira, were arrested during a shoot-out in Sonmez's private hospital in Goztepe Yesil Bahar in Istanbul as police and relatives of a Turkish kidney seller broke into the hospital to prevent the surgery.[6] In Durban, South Africa, the final trigger in a slow-moving police sting at a private NETCARE clinic in St Augustine's Hospital was the madcap escape of a designated donor for an Israeli transplant tourist. The donor, also an Israeli – most of the so-called donors were trafficked Brazilians, Moldovans and Russian immigrants – changed his mind, or so he said, and he phoned his wife to meet him at the international airport. The Durban broker for the Israeli network, Meir Sushan called the police to say that a man was escaping South Africa with $18,000 that had been stolen. He also made unintelligible comments about a kidney that had gone missing.

Since 2003, and owing in small part to some of my border-crossing engagements with international police and prosecutors, arrests and prosecutions have temporarily disrupted transplant traffickers in Brazil, South Africa, Israel, Turkey and, most recently, in Kosovo.[7] Several participants in the extensive transplant trafficking scheme I am describing here (including Sonmez and Shapira) have been arrested, detained or are wanted by police in several countries. A few (Gaddy Tauber, Ivan Bonifacio) have served long prison sentences for organized crime, human trafficking and, as in the South African criminal case, (even) surgeons involved in the transatlantic organ-trafficking scheme that I describe below, have been charged with 'assault with a deadly weapon', the scalpel. The successful Brazilian prosecution applied the principles of the UN 'Palermo Convention' against Transnational Organized Crime and Human Trafficking to the international organs traffickers operating in Recife, Pernambuco in 2001–3. Thus I feel free to use their proper names in this article. Some of the persons discussed here have been released from prison having served time, others have admitted their guilt and made plea-bargains with the state (such as Rod Kimberly in Durban), while others are still awaiting trial, in South Africa, Israel, India and Kosovo. In South Africa, transplant surgeons have been charged with 'physical assault with intention to do grievous bodily harm' as well as with fraud, money laundering, organized crime, and trafficking in human organs and tissues.

Thus I would be the last to suggest that transplant trafficking is a victimless crime, or that it can best be managed by regulation rather than prohibition and prosecution. But for the purpose of this medical migrations project I want to complicate the picture, to write against the grain and to write against myself in a Rabelaisian spirit, and to enter the 'grey zone' between traffic and tourism, between pleasure and danger, between vitality and decadence, in order to recognize and credit human motivations beyond desperate need – the howl of the hungry wolf at the door – and the despicable greed of organs brokers and their underground, renegade surgeons. Instead, I will take 'transplant tourism' at face value, that is, as another, albeit extreme way of traveling to see the world, as an edgy medical-recreational adventure, and as an extreme sort of body sport.

Transplant Tourism, Generative Metaphor of Mobility

Transplant tourism embodies all that we associate today with neoliberal globalization: flexibility, mobility, exchange, autonomous subjects, biological, medical and global citizens actively seeking commercialized, broker-mediated transplant surgeries that often involve three (or more) countries. The site of the transplant is in one country, while the patients and the kidney suppliers travel to the site from different countries, even from halfway around the world. Not only individual bodies but entire communities – the infamous kidney-villes of India and the disgraced 'villages of half men' in central Moldova, the stigmatized slums of Manila, and the slums of Recife – have been recruited into the service of transplant tourism. Neither 'transplant tourism' nor my own multi-sited fieldwork in a dozen countries[8] would have been possible a few decades ago when air travel was still prohibitively expensive for migrant workers and when the ethnographic project was akin to constructing a ship inside a bottle: contained, immobile, focused, obsessively local.[9] Today, under the social political and economic relations we have agreed to call globalization, the finality, security and serenity of place, the sense of 'groundedness', the 'here I stand' local-ness of lives lived in contained and defensively protected home places – is gone. There's no *here* here – when the world is all 'there there'.

People seek to travel 'there' – *la*! – *out there*, as the kidney seller migrants of Recife refer to the world's foreign parts – and their anthropologists travel with or after them, quickly composing field notes from one site of the global Israeli scheme's dispersed 'multi-sites' while en route to another. The once obsessively compulsive recorder of cultural imponderabilia is today the permanently jet-lagged and attention-deficit disordered globalized ethnographer. In my own zeal to expose and to interrupt human trafficking for organs I become a 'mad traveler'

and a trafficker of sorts, trading in a political economy of humanitarian emotions and sentiments. A great many former kidney sellers make ends meet today by lifting their shirts (for a paying journalist or anthropologist, as the case may be) to display their wound as proof of their journey or to incite the curiosity of their globe trotting interlocutors. I soon made a point of refusing my informants' striptease to prove their membership in a different sort of 'Club Med'. Nonetheless, a Brazilian journalist with whom I collaborated in summer field research in Recife in 2006 entitled a chapter in his book on the Recife trafficking scheme about my work in Organs Watch 'Caçadora' [the huntress], locating me squarely in the same semantic and moral fields as the kidney hunters I was chasing down (Ludemir, 2008: ch. 13).

The Rise of Transplant Tourism

> WANTED: Kidney Donor – healthy, white, male 25–40, non-smoker, blood group O positive. Donor Suitably Rewarded. *Must be willing to travel*. Reply – Box 202. (*Makor Rishon*, Jerusalem)
>
> FOR SALE: Eu, Manuel da Silva, 38 anos, trabalhador rural, pai de tres meninos doentes, disposto a vender *em qualque lugar*, qualquer orgao do qual tenha dois e cuja remocao nao cause minha morte imediata. [I, Manuel da Silva, 38 years old, rural worker, father of three sick children, am prepared to sell anywhere (in the world) any organ of which I have two and the immediate removal of which will not cause my immediate demise.] (*Diario de Pernambuco*, Recife)

As transplant capabilities spread all over the world, transplant demands and desires multiplied accordingly. In some areas – Japan, the Gulf States and Israel – where cultural reservations about tampering with the dead body or reservations about the diagnosis of brain death made harvesting organs from deceased donors difficult – transplants, if they were to happen at all, had to be obtained from loving relatives at home or from paid strangers living elsewhere. That 'elsewhere' turned out to be wherever poor people in debt, in trouble or looking to be 'king for a day' could be convinced to part with a 'surplus' organ. A Nigerian-British doctor asked rhetorically at an international transplant meeting in Vienna in 2008, without a hint of sarcasm: 'Could God have wisely provided a bountiful reservoir of four billion "idle" kidneys in the developing world as a means of ethically redistributing global wealth?'

Organized 'transplant tourism' began in the Middle East in the 1970s, when Arab patients from the Gulf States began to travel abroad for transplant surgeries they could not get at home. They went to India to buy kidneys in the Bombay Organs Bazaar until they came home infected with hepatitis and later with HIV. Then they went to private hospitals in the Philippines staffed by American-trained

surgeons and with 'guaranteed' fresh and healthy screened kidneys from paid donors. Those requiring hearts, livers and other less divisible organs, went to China, where organs were in plentiful supply on the dates that multiple executions were held. In China and the Philippines Saudis and Kuwaitis met with Japanese and a smaller number of transplant tourists from Canada, Europe and the United States.

In Iraq, under Saddam Hussain, prior to the first Gulf War, transplant surgeries were arranged at a military hospital in Baghdad for transplant tourists from neighboring Arab countries (and for Palestinians in the occupied territories of Israel). The $10,000 package included surgery, airfare, hotel and a fresh kidney from a guest laborer (usually Palestinian refugees from Jordan) or ethnic minorities in Iraq. Israeli kidney patients observed the medical exodus of Arab-Israeli and Palestinian transplant tourists to Baghdad while they remained tethered to dialysis machines and became restless. They demanded equal access to safe and affordable transplants abroad with paid living donors.

An enterprising surgeon at Bellinson Hospital, Zaki Shapira, began his less than illustrious career as an international transplant broker by recruiting kidney sellers from Gaza and the West Bank to service his transplant patients at Bellinson (now Rabin) Hospital. When exposed and criticized by the Israeli press for using Palestinian day laborers in Israel to supply Israeli bodies with their fresh kidneys, Shapira joined forces with brokers knowledgeable about Israel's national medical insurance (sick funds) program. All Israeli citizens have access to government-subsidized and regulated medical insurance that reimburses Israeli patients for medical treatments received abroad that they could not get at home. Zaki and Cobi Dyan (arrested many times for tax evasion and corruption in other kinds of business deals) formed a company that began taking Israeli transplant patients overseas. Turkey was the first transplant outpost for Shapira's patients through his collaborations with a Turkish-Jewish, French-trained surgeon named Yusuf Sonmez in Istanbul. Together, aided by various intermediaries and brokers in Turkey, Moldova, Romania and Israel, several hundred to thousands of Israelis and diasporic Jews were internationally transplanted with kidneys procured from poor, displaced or debt-ridden Turks, Ukrainians, Moldovans, Romanians and new Israeli immigrants, and trafficked Moldovan and Romanian kidney sellers.

The business expanded to the point that Zaki and Yusuf began to distance themselves from their brokers, initially Coby Dyan and Ilan Perry, who eventually set up their own independent global network of Third World sites. At these sites kidney sellers could be recruited and shipped to new transplant sites, where a network of hospitals, surgeons, nurses and technical staff were prepared to

receive transplant tourists from Israel and Jewish patients from elsewhere in the world who had some connection to the state of Israel. There is no other way to put this: the transplant scheme was devised for the world's Jewish transplant patients, but it was non-sectarian with respect to the kidney sellers. There was a preference for trusted surgeons within the global Jewish network of 'known' and 'trusted' or historically Jewish-affiliated hospitals in Europe, Russia, Chechnya, Romania, Brazil, Columbia the Philippines and the US. Israeli surgeons, nephrologists and a nurse-psychologist accompanied the Israeli transplant tours, the latter to assist patients with anxiety attacks prior to surgery, and to prevent any last-minute drop-outs. In 2003, under pressure from Organs Watch and the Council of Europe, the Israeli Ministry of Health published statistics showing that more than half of all Israelis who have a transplanted kidney, purchased that kidney abroad.

Less concern was given to the well-being of the kidney sellers, who were initially recruited within Turkey, until that caused political problems and sellers were procured by local brokers in dozens of agricultural villages in Moldova and Romania, where the local economies had collapsed following the break-up of the Soviet Union. If the kidney sellers got cold feet on the eve of the operation they were not visited by a hospital psychologist but by a burly thug, who waved a gun in their face warning them that if they ever wanted to see their home and family again, they had better get up on the operating table. Otherwise, their body might be found 'floating somewhere in the Bosphorus Strait'.

We begin by trying to capture the point of view of stranded transplant patients in search of fresh organs and new life in distant climes, who see themselves as medical tourists, but also as risk takers and rule breakers who have refused a slow suicide on dialysis machines at home. Then, I move quickly to the other side of the equation, to the kidney sellers or kidney travelers, whose experiences and self-identities are socially contingent, depending on the way the transplant tours are arranged, compensated and brokered. As Veena Das once said at 'Selling Organs', a Berkeley Organs Watch conference in 2000, 'a kidney is never just a kidney'. In Moldovan villages, kidney sellers spoke of being 'kidnapped', abused and assaulted by their Russian and Turkish handlers. In Manila, where organized tours bring Japanese, Saudi and North American transplant patients to rest and recuperate in beautiful private hospitals like St Luke's, local kidney sellers take the bus or pedicels from their watery slums to downtown for a one-off job that is passed on from a father to his sons, from oldest to youngest. There, it is a routine practice, recognized as simultaneously sacrificial and penitential, and meritorious. In the slums of Recife, tucked in between the elite high-rise apartments of Boa Viagem and the Guararapes International Airport, kidney

selling was a dream come true, a clever *jeito* (fix), and a novel way of slipping one's nose under the tent and seeing the larger circus-world beyond the barrio, the slum and the favela.

In focusing on the 'touristy' side of the transplant trade I run the risk of injecting humor, grace and social redemption into a practice that still maims and harms more than it rescues and redeems the mobile kidney workers of the world.[10] Despite the lure of a windfall of cash, and Jack-and-the-Beanstalk-like tales of kidney sellers returning home from abroad with their kidney loot ('kidney beans' one seller remarked in self-mockery), often their payment fails to provide even the barest subsidy. Alberty da Silva traveled from his slum in Recife to Durban, South Africa where he forfeited a kidney for $6000. When he returned and paid off a few bad loans, he purchased a good used car only to lose it because he was unable to meet his monthly payments. And so the car was traded for a jalopy, and the jalopy for a three-speed bicycle, and the bike, finally, for a small amount of cash with which Alberty bought a decent pair of running shoes. But it would be equally distorting to describe organ sellers as everywhere exploited, coerced, wounded and reduced by their 'choice' of catastrophic migrant labor.

Mr Tati's Holiday

Moshe Tati, a deathly ill 47-year-old 'sanitation engineer', or garbage man, was living in a cramped two-room flat in a Jerusalem housing project with his wife, adult daughter, son-in-law and year-old grandson, when I first met him outside the hospital in 1999. Tati had been rejected for a legal kidney transplant with a deceased donor in Israel 1997. 'Moshe, you had a heart attack last year. You are too weak for major surgery.' Tati's physician, the late Michael Friedlaender, transplant nephrologist at Hadassah Medical Center told him. 'Trust me. You are doing well enough on dialysis. Leave "well enough" alone.' But Tati refused to give up his dream of freedom from his Purgatory of thrice-weekly sessions on dialysis. As an Iraqi-Israeli, he knew through his Muslawi-Jewish network and from his fellow sufferers in the dialysis unit, that 'transplant tours' to Iraq, and to Turkey, Estonia and even the United States, with purchased healthy living-donor kidneys were available to those with resources.

All Israelis have access to basic medical insurance and, until 2009, were allowed to be reimbursed for overseas organ transplants, despite the general knowledge that the kidney providers were arranged and paid by organs traffickers. But the basic coverage was not sufficient for a transplant tour costing from $145,000 to $180,000. To sign on with a broker, the patient would often need to raise the money required through a publicity campaign aided by a 'charitable'

organization, Kav LaChayim, 'United Lifeline', that has been accused of money laundering activities in the US and Israel.[11]

Tati, a small, quiet man with intensely blue eyes, was not predisposed to make himself a public case. He was egged on by a best friend at work, the shop steward for the sanitation workers union, who offered to launch a fundraising drive. The owner of a small pharmacy in a run-down, workaday section of Tel Aviv who had gone to Turkey for a transplant several years earlier, and who now helped others do the same, called in on Tati's dialysis unit, passing around his business card and offering his services as an overseas transplant broker. Yeshua introduced Tati's case to Zaki Shapira, the head of kidney transplant at Bellinson (now Rabin) Medical Center in Petah-Tikva near Tel Aviv. Shapira agreed to see him.

Without telling Michael Friedlaender, his regular physician, Tati and his wife, accompanied by the broker, visited Shapira's clinic where, after a cursory exam, Shapira reassured Tati that he was healthy enough for a transplant. He gave Tati the address of a lab at Asota Hospital in Tel Aviv where his blood was drawn for cross-matching with potential donors. No other details were given, not even the destination. Yeshua explained, 'What we are doing, it's not legal, it's not illegal. It's something in-between and for this reason we have to be discreet.' Tati agreed to the conditions. He had about $58,000 available from his insurance program, but even with donations from his co-workers at the Sanitation Department, he was still short 150,000 shekels (then about $33,000). A bank loan, co-signed by sponsors, made up the difference and Tati was signed up for a transplant tour.

Tati's wife and adult children were ecstatic. They were hard-working people who knew only the tensions of daily life in Jerusalem, relieved by the occasional weekend trip to the beachfront in Tel Aviv. This trip would be Tati's wife's first experience as a 'tourist' and she bought a matching set of cheap suitcases, beach towels, brightly colored shirts and Bermuda shorts for the trip. Tati's brother-in-law borrowed a camcorder so they could film their adventure. Tati showed me and my Israeli assistant his home video on his small screen TV set while giving us a running commentary.

The flight from Tel Aviv international airport, in a small charter plane, was short – time just for a meal and a round of drinks. Tati was smiling but subdued; he waved weakly to the camera. Four other transplant patients, each accompanied by family members, were also aboard the chartered plane. They were as excited and jittery as Tati's group. They only knew after they landed at a small airport and were hustled into waiting vans that they were in Turkey, en route to the port city of Adana, where they were checked into rooms at the Adana-Hilton. That night the Tati group partied in their adjoining rooms. They filmed

themselves bouncing on soft hotel beds, running in and out of the shower in their hotel issued bathrobes, fiddling with the radios and the color TV set, dancing to the 'exotic' Turkish music on local stations and noshing on goodies from the hotel mini-bar, thinking they came free with the room. They really did seem to be having the time of their lives!

Each night, two of the Israeli patients were selected for surgery. Tati went second, smuggled into the hospital through a dark basement entrance so that he felt, he said, like a thief in the night. In the hospital corridor he was briefly introduced to his seller, an Iraqi soldier, AWOL from Saddam's army, who had illegally slipped across the border into Turkey. Shapira reassured Tati, telling him that he was so lucky, that they had found a donor who was 'a perfect match, like a brother'. But as Tati emerged from his anesthesia the next day he was surprised by a wall of pain that caused him to lose consciousness again. He had suffered a major coronary attack, followed by a crisis of kidney rejection. 'That kidney was no good', Tati explained. 'It was a poison kidney, and it almost killed me.'

Tati's holiday ended abruptly. The home video captured Tati's frantic leave-taking at the Turkish airport, as his inert body on a stretcher, his face covered by an oxygen mask, was emergency airlifted back to Hadassah Hospital. On arrival in Tel Aviv, an anxious broker wearing a kipa tries to block the video from his face, as he directs the removal of Tati's inert body from the plane on a stretcher to a waiting ambulance. Friedlaender was confronted (he later said) with a 'botched' transplant and his patient an expensive basket case. He was furious that Tati was released from the hospital with nothing more than a blank sheet of paper, lacking an address or a letterhead, stating the obvious: kidney transplant failed; patient suffered a coronary event. It was signed by a Dr Lustig, a partner of Dr Shapira's who was trained in nephrology at UCLA, I learned from one of his professors.

After several months in critical care at Hadassah Hospital, Tati survived and he agreed, with some urging from me, to tell his story to Mike Finkel, then a rising star reporter for the *New York Times Sunday Magazine*, and with whom I traveled on my next trip to the Middle East. Tati was such a winsome character that the *Times Magazine* decided to use his picture for Finkel's cover story on transplant tourism, 'This Little Kidney Went to Market', published on 27 May 2001 (Finkel, 2001). Despite Tati's near-disastrous outcome, the *Times* story turned him into a global 'poster-boy' of transplant tourism. Over the next few years the cover story was downloaded and Xeroxed and circulated among patients, doctors, travel agents, organs brokers and sellers as a crib sheet for how to do (or not do) a transplant tour.

The Atlantic Kidney Unfair Trade Triangle

Soon after Moishe Tati's story hit the news-stands, and following the death of a distinguished faculty member from the Hebrew University, who had himself made a disastrous transplant tour to India where he contracted a fatal infection, the Israeli organs brokers and transplant traffickers were desperate to find a new, and safer, solution. For a brief period Turkey was off limits. An undercover Romanian police investigation led to a subsequent complaint about the illegal activities of Yusuf Sonmez and his trafficking organization that was lodged in 1997 in an official letter from the Romanian Ministry of Internal Affairs (Romanian State Department) to the Romanian Embassy in Istanbul. The letter noted that the kidney providers for Yusuf Sonmez (alias Dr Yacup) included many Romanian guest workers and undocumented persons from Romania.[12] However, Sonmez and his Israeli partner, Zaki Shapira proved slippery because the existent organ transplant laws in Turkey[13] and Israel did not anticipate that kidneys and tissues would be obtained from living persons who were trafficked and groomed to sign papers stating that they were 'altruistically' motivated and a distant relation or friend of the transplant patient.

The organ transplant law in Israel until 2010 was ambiguous. It prohibited the sale of human organs and tissues but there was nothing in the law against *buying* them or *brokering* them, or against *transplanting* them. Hence, the only identified felon in the Israeli law was the vulnerable kidney provider/seller, many of them recruited from the ranks of foreign guest workers or Arab Israelis (i.e. Palestinians who continued to live in Israel after 1948) or from Palestinians in the West Bank and Gaza. Police and prosecutors found themselves confronting a new kind of crime that had no legal precedents and about which they had little orientation or understanding. Many police and prosecutors questioned the law and were exceedingly ambivalent in prosecuting the criminals, especially when they turned out to be highly trained and respected surgeons, lawyers and health insurance professionals. Thus multiple attempts to arrest and to prosecute Yusuf Sonmez in Turkey ended in stalemate. The arrests were at most irritating to Sonmez who was always released and back in business within 24 hours of the arrest.

For example, in 1997 Sonmez was performing so many illicit black market transplants that he drew the attention of a stellar investigative team at an Istanbul television station, which set up a sting operation. Hidden cameras captured the initial contact between a journalist posing as a rural man willing to sell a kidney and the local kidney hunter, a negotiation between the seller and Sonmez over the $8000 selling price, and a visit to a notary to sign the necessary and fraudulent documents stating that the seller was a relation of the transplant patient

and that no money had changed hands. The reporter and cameras confronted Sonmez just as the surgeon and the kidney seller were about to enter the operating room of the elite Mayan Hospital in Istanbul. When the reporter accused him of illegal trafficking in human organs, Sonmez replied on camera, 'Prove it.' It is a response that Sonmez, now a fugitive from a European Union (EU) prosecution for his involvement in organs trafficking in the Medicus clinic in Pristina in 2007–8, continues to use. The *Arena* team's film crew managed to enter one of the hospital wards where several of Sonmez's patients, most from Israel, were waiting for kidney transplants. Last, the film footage captures Sonmez fleeing the hospital without his shoes, clinging to the arm of his lawyer and refusing to answer any questions. Still, he does not hide his face, and stares with a menacing smile directly into the camera.

The Turkish investigative report caused a sensation in Turkey. Charges were brought against Sonmez, and his license was revoked for six months. But the storm soon blew over and the infamous 'Dr Vulture' was back in business, now operating out of Istanbul's Vatan Hospital, then part of a respected chain of private hospitals with more than 50 facilities spread across the country. When a Turkish newspaper reported this, the hospital suspended Sonmez's surgical privileges and fired the chief of its medical staff. Then, in 2007, Yusuf Sonmez and his Israeli partner, Zaki Shapira, were caught by Turkish TV as they were dragged, handcuffed, out of Sonmez's privately owned hospital and forced into a police van like common criminals rather than the two prominent, star surgeons who had received countless honors, including a medical humanitarian award (Shapira) and a thank you letter from the Israeli Ministry of Health (Sonmez) for services rendered to the state of Israel, saving the lives of countless kidney patients.

Sonmez was trained in liver transplant surgery in Paris on a Ministry of Health postdoctoral fellowship, and was the leading transplant surgeon in Istanbul at the time of his rising surgical career at Vatam Hospital, but then began his descent into the organs trafficking underworld. Following each arrest and detention, his official position and medical status in Turkey declined precipitously. In response, Sonmez treated each arrest as a caper, a photo opportunity, only mildly embarrassed at being filmed in his bare feet and surgical scrubs as he is shoved into a waiting police van. His oft-photographed public sneer conveys the disdain he has often expressed in interviews for the 'dirty' tricks of the journalists and the police. In some of his arrogant gestures, bordering on the maniacal,[14] Sonmez sees himself as above it all, a law unto himself. History will vindicate him, or so he would like his readers to believe.

At the time of my abortive interview with Sonmez in 2002, which I had set up via a cell phone call and some transplant star name-dropping (a version of

'Professor Starzel sent me'), his practice was located in a private hospital in the eastern quarter of Istanbul. Nestled between neat stucco homes in a leafy suburb, Sonmez's clinic – in a dilapidated two-floor Victorian home with peeling paint – looked out of place. After a long wait and some 30 minutes of what the hospital administrator in charge called my 'rude' questions about Dr Sonmez's transplant activities and – once it was clear that Sonmez would not be arriving – about the harm the surgeon had inflicted on the Moldovan villagers recruited to Istanbul as paid kidney providers,[15] I was physically 'escorted' and shoved out the door and down the steps of the hospital. In a meeting the following day with a vice deputy of the Turkish Ministry of Health, I reported that Sonmez was still actively promoting illegal transplant tours to Turkey. The following week police descended on the hospital and found four Moldovan peasants waiting in a hospital room next to an equal number of foreign transplant patients waiting to be served (or served up) as the case would be. Once again Sonmez was arrested and then released.

The arrests were disconcerting to those waiting in Israel to sign up for transplant tours and in the interim new brokerage firms began offering transplant tours to China, Azerbijan, Ecuador and Columbia. These were made available to Israelis, and to diasporic Jews with connections to Israel. The brokers at the top of the pyramid scheme, including Coby Dyan and Ilan Pery, divided up the global transplant trade, country by country. Dyan took his transplant clients to the Philippines, where several surgeons affiliated with the National Kidney and Transplant Institute (NKTI) in Macati welcomed the Israeli (as well as Japanese and Saudi transplant tours) transplant business with open arms. The legal status of kidney buying and selling was unresolved in the Philippines and the transplant brokers took advantage of the legal interregnum, as well as of the poverty and desperation of Filipino slum dwellers living in shacks over Manila Bay. Filipinos were easily coaxed into providing the rest of the world with one of their 'native' kidneys. Ilan Perry ran the Israel-to-Turkey kidney junket via subsidiary kidney hunters in Transylvania and Moldova, who procured the unemployed men from economically devastated villages in the decade after the collapse of the Soviet Union.

As the transplant commerce expanded, new sites for the illicit trade had to be identified. Some brokers cut themselves loose from the Israeli surgeons and offered competitive bids that were far cheaper than the usual $180,000 grand transplant tour package. In 2003 a middle-aged broker from Tel Aviv, at one time an assistant/apprentice to Ilan Perry, broke away to form a new 'company', one she called simply 'Shelley and Meir' that she ran from her modest apartment in Tel Aviv with little more than a phone and fax. Shelley couldn't wait to tell me, during a field trip to Israel in 2003, that she and her associates had found a new

connection and a new source of fresh kidneys in the slums of Recife, north-east Brazil. Worse, she had gotten the idea, she said, from the Organs Watch website[16] that identified the current 'hot spots' for organs trafficking.

'It's not possible,' I said, thinking of how organs-stealing rumors had caused a panic in poor communities there just a few years ago. 'Oh – possible and easy!' Shelley boasted. 'People in Recife are dying to sell. They even fight among themselves to be the first ones picked … [laughs] They should hold a lottery, a kidney lottery to sort them out.' 'Best of all', she said, the new scheme was 'dirt cheap'. 'I am a low-budget operator', she told me. 'I take on board patients who can't afford the big company.' The transplant tours she organized were 'no frills' – no first class airfare, no Israeli surgeons and no more than one relative along for the ride. The hotels were three star, and patients had to get around pretty much on their own. And the destination? South Africa: Durban, Johannesburg and Cape Town.[17]

'Shelley' provided the names of several of her clients who had traveled to Durban for transplants with kidneys provided by trafficked Brazilians. Among them was a pleasant Israeli woman in her 30s, now home bearing the lively healthy kidney of a poor Brazilian she identified only as 'Claudio', who agreed to tell me about her experience as a transplant patient at St Augustine's Hospital in May 2003. When I asked the woman (whose name is withheld) why she would travel to South Africa for an illegal transplant there rather than ask a family member to donate a kidney, she replied:

> To ask someone from inside your own family, it's too difficult. It's like you owe him your life, so it's always a big problem, always hanging like a weight on you. If I would have to see my donor everyday, I would have to be thanking him all the time and that would be awful. I didn't want to see the face of the kidney seller, so that I would never have to think about him again. I paid for it. He accepted it. It's done, over. His kidney inside me *belongs to me* now, the same as a cadaver kidney.

The transplant tour recipient was impressed by the quality of South African surgeons ('They are the best in the world') and how inexpensive life was in Durban. The presence of a large Jewish community in South Africa made her feel at home. And yes, of course, she had done a little bit of touring while she was there. 'It's a beautiful country', she exclaimed. 'When they solve the problems of poverty, South Africa will be a great nation.'

Have Kidney, Will Travel – João's African Safari

Recife, Pernambuco, September 2003

Rogerio Bezerra da Silva, a 31-year-old car mechanic, was living with his wife and two kids in a two-room shack behind his parent's slightly larger shack in the

sticky hot, working-class neighbourhood of Jardim São Paulo, tucked between Recife's Aeroporto Internacional dos Guararapes and a commuter train station just behind the elegant beach-front community of Boa Viagem in Recife.[18] Jardim São Paulo – Saint Paul's Garden – was named for the rag-tag migrants from this corner of north-east Brazil who, sooner or later, would make the long trek – not by plane or train despite their proximity – but by bus, combi-van, or truck, to the south of Brazil to São Paulo in search of work. Few returned any richer than when they left, and many had to be sent a return bus ticket, paid for by a parent or older sibling who took pity on them, cold and hungry and unemployed in a city that felt like another country to these local 'boys', functionally illiterate and one generation removed from the cane fields.

Rogerio and his buddies, stripped down to their shorts, unemployed and always strapped for cash, would spend hours every day playing dominoes and placing bets on numbers at tables set up outside a local bar, 'the Egyptian'. Between bottles of Antarctica beer and the occasional shot of caçhaça (a strong sugar cane brandy) the 'boys' of Jardim São Paulo (hereafter Jardim) hatched schemes that would take them away to a big city somewhere else in the world – not São Paulo, *anywhere but* São Paulo! – where they could make some real money. Every five minutes or so a lumbering jet would take off from the International Airport, almost clipping the roofs of their little concrete slab homes, as if to mock their immobility, their economic and social paralysis. 'This place is *porra* – a shit hole', one would say, while another would wave his fist at the offending plane rumbling overhead – interrupting their conversation and shaking them out of their dreams.

The *meninos*/boys of Jardim as they were called by their brokers, Gaddy Tauber and Captain Ivan (both retired military men, Gaddy from Israel and Ivan from the military police force), were easy prey. All the traffickers needed was some bait, and that was easily provided. The transplant trafficking ring was now a more sophisticated and well-organized operation. In the early years, when it functioned in Turkey and in Eastern Europe, the kidney recruits had been lied to and tricked into traveling abroad by local thugs and bullies only to learn on their arrival that their job was to provide a kidney to a stranger. It was a dangerous strategy that often ended up badly for everyone. Now, the scheme operated more smoothly. The international coordinators at the top of the scheme made millions of dollars, tucked away in off-shore bank accounts in Cyprus and Italy, as well as in Israel where the scheme originated; those in the middle, the national coordinators, like Gaddy and Captain Ivan in Brazil, and Rod Kimberly and Meir Sushan in South Africa, made tens of thousands of dollars; their kidney hunters, trawling poor neighborhoods for kidney sellers, made thousands; and

the little fish at the bottom of the feeding chain were the sellers, paid as little as $3000. The first sellers recruited – Gerson, João and Mercondes – were treated well ('like kings' they said) in South Africa, housed in tourist hotels and in elegant private homes rather than in the dingy, locked safe houses that would soon enough crop up for the following groups of sellers. The first kidney sellers from Recife were paid 'extravagantly' for their kidneys: $10,000.

In Durban the first sellers were taken on holiday tours, not as elegant, perhaps, as the entertainment arranged for the foreign transplant patients and their families, but still something to talk about when they returned home. There would be photos of Zulu dancers, giraffes, wildebeest and ostriches taken at a small private wild game farm not far from Durban. As soon as the first three kidney sellers – João, Gerson and Mercondes – returned to Recife from South Africa they were recruited into the scheme as bounty hunters working on small commissions – finder's fees, as it were. They were told to search among intimates for others willing to travel and cash in on the kidney express windfall. From trafficked to traffickers in just one month. As soon as the sellers-turned-kidney hunters began flashing wads of hundred dollar bills – more money than these guys would ever see in their entire lives – the word was out and the brokers didn't have to do anything but agree to take down the names and contact numbers of willing sellers: more than a hundred asked to be inscribed. The *meninos* of Jardim wanted to travel, to see the world and to come back with their pockets bulging, so that they could take their families shopping in Recife's famous galleria, 'Shopping Center', almost within walking distance of their homes.

The local brokers in Recife could afford to be choosy, and they chose the way the poor of Brazil always have, selecting their family members, in-laws, close friends and neighbors first, and eliminating those they did not know personally and 'could not trust'. It was a buyer's market and the price for a 'fresh' kidney fell almost immediately to $6000 and then – just as Brazilian police were closing in on them – to $3000. Even so, there was no lack of enthusiasm among the boys of Jardim, who began to imagine that their ship had finally come in.

Throughout the 18 months that the Brazil to South Africa (or Recife-to-Durban) kidney express was in full steam, the carpenters, bricklayers, night watchmen, street salesmen, market vendors, bicycle messengers, water carriers, fishermen and curbside car mechanics met among their friends in local bars, in little *praças*, in car repair garages and in outdoor woodworking shops to hear the experiences of those who had gone first and to pass around photos of the 'transplant tours' – Pedro in the plane en route to Durban; Gervasio in his well-appointed hospital room at St Augustine's hospital; Alberty

in his floppy hospital togs hugging his favorite Zulu nurse; and best of all, João Cavalcanti on safari (SAF-A-REE!! Imagine!!) among the giraffes and zebra of South Africa!

Those on the 'waiting list' as kidney sellers for the Durban express tried to push their own case forward, to jump the list, so that they could be next in line. Some tried to bribe the new intermediaries and kidney hunters, stuffing a few hundred hard-earned *reis* into the pocket of a broker. 'Don't forget me', said Rogerio, as he slipped several crumpled bills into João's shirt pocket. Rogerio's neighbor Paulo had tipped off both Rogerio and his brother Ricardo about the kidney selling deal. Paulo, an unemployed railroad worker, was recruited by João Cavalcanti and Paulo recruited Rogerio and Ricardo. Kidney recruiting in Jardim reads like a page of biblical 'begots'. You had to be inside the network, and nominated by a 'knowing' person, to be accepted by the dealers and get one's foot inside the door.

Finally, Rogerio made the final cut with his brother. Their blood was drawn for screening at a local laboratory in Derby, Recife and they were clean – no trace of drugs or communicable disease. Even better, both men were blood type O (common among the people of north-east Brazil), making them universal blood (and kidney) donors. Tissue cross-matching was left up to the discretion of the South African transplant team. Rogerio told his wife and children that he had found well-paying work in South Africa, and that he would be painting a highway billboard sign that would take a few weeks. He would return home in time for them to go on a shopping spree before Christmas. It would be the first real Christmas celebration, filled with toys and Christmas stockings, that he and his family had ever had.

Rogerio was warned by Captain Ivan, who treated the fellows like a kind but stern father: 'Be careful with your money', he warned. 'Six thousand dollars might seem like a fortune but it could disappear in a flash with alcohol, drugs, and loose women.' He frightened the men with stories of the unchecked AIDS epidemic in South Africa. No 'screwing' around, he drummed into them, to little avail it turned out. The second warning from Captain Ivan was that there was to be 'no going back on the decision' once the international air tickets were purchased. 'No one makes a fool of me', said Captain Ivan, a self-described former leader of a death squad in the poor marginal neighborhoods of Recife. 'They trusted me a lot', Ivan said, 'because I killed them a lot, but only the bad ones', he chuckled from his prison cell. Nobody was forced to go to Durban, but once the wheels started to turn, there was no going back either. 'Right! You understand, don't you?' And the eager kidney sellers nodded their heads. They were 'cool'.

St Augustine's Hospital, November 2003

Before he knew it, Rogerio awoke in St Augustine's hospital with a painful wound that began at his last rib and wound itself across his flank. It hurt like hell, he said, but the South African nurses were so kind, so attentive, and so unlike any nurses he has ever encountered in Brazil. When Rogerio cried out the only word he learned in English while in English-speaking Durban – 'PAIN!' – the nurses in crisp white uniforms would come and give him another injection. As soon as he was able to get out of bed Rogerio wanted to check in with his recipient, a middle-aged Israeli man named Agiana Robel. Rogerio had felt so sorry for him when they met, just once, before they were wheeled into their operating rooms. Agiana was so weak, so anemic and so pale that his thin skin was almost translucent. The man could only smile faintly at Rogerio, but Agiana's wife cried on meeting the Brazilian stranger who was willing to rescue her husband and the father of their four children.

Agiana, whose very name sounded like agony, had suffered a lot to get this far. His first kidney seller, Shlomo Zohar, a young Israeli man in deep financial trouble who (Rogerio learned later) was paid $20,000, more than twice what he was promised, for his bona fide Israeli kidney, had a change of heart just as he was being prepped for surgery. Shlomo called his wife on his cell phone and told her to meet him at the international airport. Then he ducked out of the hospital by a back stairwell. In the meantime, the local broker, Meir Sushan, was alerted by his client's surgeon that the kidney provider had escaped! Sushan notified the airport police in Johannesburg international airport that a thief was about to make off for Israel with $18,000 that didn't belong it him. There was something strange said about a missing kidney.

With Agiana Robel trussed and ready for his transplant, the local transplant organizers came up with a substitute, Rogerio Bezzeira, who was ready and waiting in the secured Durban 'safe house' (a dingy two-bedroom apartment with no view of the ocean) that was such a disappointment to the latest crop of kidney selling transplant tourists. 'We were expecting to stay at a Holi day Inn', Rogerio said, which brought to mind the absurd Brazilian comedy of the 1970s, about a traveling circus caravan named Holi-day. Rogerio and his brother, along with another willing kidney seller (Wesley da Silva), hoped to use their kidney cash to open a car and bicycle repair shop in the little Pernambucan town of São Lourenço da Mata – a town I often passed en route to Bom Jesus da Mata (Timbauba), the site of my book *Death without Weeping: The Violence of Everyday Life in Brazil*, which anticipated the arrival of organs traffickers (Scheper-Hughes, 1993: ch. 6).

Rogerio recalled how one of the organs trafficking handlers, a Mozambican, Portuguese-speaking woman and interpreter for the boys, Dalila, prepared a welcoming barbecue at her home. Guilt-stricken, she took the young men aside and asked them if they had cold feet and perhaps wanted to opt out of the scheme. If so, she promised to arrange it for them. This beautiful 'rich' woman, living in a suburban ranch-style house that looked like a Hollywood film set, had no idea what the kidney deal meant for the hungry Brazilians. For them it was not a burden; it was the opportunity of a lifetime. There was no way any of them would be crazy enough to even consider changing their mind.

But as Rogerio was puzzling about this, Dalila appeared in his hospital room, her pretty face pinched with anxiety. 'Get up! You've got to get out of here as quickly as you can', she told him. 'The police are after us!' Rogerio could hardly move he was in so much pain. One of the nurses gave Rogerio another shot and rubbed some calming ointment under his bandaged wound. They made him get up and use the toilet and even as he was relieving himself, to his horror, Dalila stepped inside and began stuffing crisp new dollar bills into his hands. 'Take this and hide it', she said. But Rogerio, still groggy from his injection, didn't know where to hide it. 'Quick, put it under your bandages', Dalila suggested, but doing hurt dreadfully. *Aye*! *Aye*! *Aye*! he groaned.

It didn't take the Durban police very long to find Rogerio and his buddies hiding out at the safe house, to arrest them and to relieve them of their kidney-cash. The foiled escape and the arrest of Shlomo Zohar was just what private detective Johan Wesesels and South African Police Captain, Louis Helberg, of the commercial crime branch had been waiting for. They had been tipped off in March 2003 about the transatlantic trafficking scheme and they had staked out St Augustine's hospital, wire-tapping hospital phones, and observing all the comings and goings at the private Netcare Transplant Unit installed there. On 3 December 2003 the police descended and eleven people were arrested in Durban, while in Recife another nine members of the ring were arrested. Rogerio and his brother's photo, heads in their hands, appeared on the front pages of the *New York Times*.

The kidney bubble burst and Rogerio hit the pavement. He hardly knew what felt worse, his oozing excoriated kidney wound or the end of his dreams of self-improvement. Not only would he be returning home an arrested and released felon, but he would also be empty handed and unable to play Santa Claus to his wife and children. That and the dream of opening his own auto repair garage, where he could greet his customers in fresh overalls with his name and that of his brother emblazoned across his back, was over. He would return to working as a simple curbside car repair man. But perhaps the cruelest disappointment was the knowledge that he would not be able to go on the one-day safari he

had planned with the help of Rod Kimberly, the English-speaking organs broker who was also arrested and pleaded guilty in exchange for a large financial penalty that cost him his home and his family and ostracism from his synagogue. And Rogerio would not be able to return home, like João, flashing color photos of wild animals to his children and his neighbors. He would be lucky if he had time to buy a few postcards of elephants and giraffes at Durban airport as he was deported home, hurting, humiliated and empty-handed (see Ludemir, 2008).

Once home in Recife, Rogerio met up with João, Gerson, Mercondes, Geremias, Alberty and others who had taken part in the transplant tours before him. They were called to the police station in Recife to give depositions to Delegada (police chief) Karla Gomes, to Judge Amanda (as the newspapers called her with the Brazilian knack for personalism and informality) and then once again by Senator Raymond Pimentel ('the pretty one' as he was called by the sellers) for the CPI, a congressional investigation into organs trafficking in Recife. There, in the congressional auditorium, the boys of Jardim saw and heard a very different Captain Ivan. No longer the swaggering, boastful, loud, authoritarian, wheeler and dealer, Ivan was reduced to a quivering mass of tears, recrimination and accusations. Ivan maintained his innocence, blamed Gaddy Tauber for everything, and he had a particular venom toward the kidney seller and English translator for the group, Geremias, who was my research assistant in 2005. Gaddy Tauber, the chief broker and 'money man' of the gang, remained cool, silent and determined not to be separated from or treated any differently than the working-class boys of Jardim. Though he was offered a private cell commensurate with his military rank, a constitutional right maintained in the new democratic, post-military state, Gaddy wanted to express his solidarity with the men he had either led astray, or (depending on point of view) helped bootstrap out of their poverty. The boys were impressed that Gaddy insisted on being locked up with them in a common jail cell.

The boys from Jardim defended themselves before Judge Amanda as best they could. In his deposition Geremias asked the judge a rhetorical question that stunned many observers in the courtroom: 'What father seeing a bullet headed straight for his children's heads wouldn't throw his own body in front of the gun to defend them?' When the judge countered that Geremias' children were not facing a *death* threat, Geremias responded: 'No, your honor, they were facing something even worse, a *life* threat.' He explained to the judge that he had lost his job as an English teacher and was facing homelessness with his wife, Vera and their three children. 'To save my family', he argued in court, 'I would have sold not only a kidney, but an eye, a piece of my liver, or even my heart, and I would have died a happy man.' Geremias even defended his trafficker, Gaddy Tauber, the Israeli chief of the Brazilian-based trafficking ring, saying that the Israeli

stranger was the only person to help him out when every Brazilian official from every social service agency had turned him down in his time of dire need. He told the judge: 'Gaddy may have been a crook who was taking advantage of the desperation of the poor, but, even so, we all gained something out of it as well.'

In retrospect, the Jardim boys insist that they don't regret their caper, despite the way it turned out for them. Some of the fellows met up on a regular basis in João's open-air wood-working shop to reminisce about their transplant holiday. Alberty da Silva told me that his only regret was that he didn't get to stay a few extra days in that luxury hospital, with a private room, clean sheets, a sharp color TV set and all the food he could possibly have wanted, even if (he admitted) the food was really awful and he missed his beans, rice, *fejoada* and black bean stew on Saturdays.

The fellows spread the word that Durban was a dream-like city, a modern city of white people in Africa. Imagine! Rogerio said that he felt as if he was the only wild animal captive in Durban, a hunted and trapped beast, *bicho da mata*, a jungle animal from the jungle of urban, squalid marginal Recife. In Durban, he told his children, all the people were beautiful, all the nurses were kind, all the streets were clean, all the beaches were lined with boardwalks and amusement parks, and all the shopping malls were filled with wondrous things that could not be seen anywhere in Brazil. 'The coffee, too, was something to admire', said Alberty da Silva. 'It was like ambrosia – what was it called –', he mused. And then the word slid off Alberty's tongue – 'cappuccino!' Alberty savored his first cappuccino in the cafe built inside the airy and beautiful atrium of St Augustine's hospital. This, he said, made him feel for all the world like a rich tourist on holiday.

I finally got out to the distant rural suburb of Janga in July 2006 (with Júlio Ludemir) to visit Geremias' new home and to meet his family. While the house was not nearly as fine as the mansion imagined by the fellows he had left behind in Jardim, and was really just a big concrete slab with four large, empty, barn-like rooms with unfinished cement floors and a muddy backyard, Geremias was still proud of it and he smiled broadly as ushered us inside the gate and quieted the skinny puppy yapping at our heels. Geremias pulled himself up to his full 5 foot 4 inches and beamed as he motioned for me to sit down on a hard kitchen chair: '*Bem Vindo*!' he said. 'Welcome inside my kidney.'

The Moral Economies of Kidney Trafficking

What kind of moral worlds do outlaw surgeons, human traffickers, and kidney hunters and their clients inhabit? How do they justify their actions? I cannot delineate here all the different paths that might lead an intelligent person of high

professional standing, like Yusef Sonmez or Zaki Shapira, to enter into an illicit human trafficking scheme that pits stranded kidney patients in one country against the appalling 'bio-availability' of desperate workers from destroyed agricultural villages in Moldova, displaced stevedores from the watery barrios of Manila or hapless dreamers ready to try just about anything from the slums of a Brazilian port city.

These intimate exchanges of life-giving body parts concern more than medical necessity and life-saving. The sickest transplant tourists, like Moshe Tati, were grasping for straws and it would seem that no conscientious surgeon would have put this poor man with a weak heart under the knife for a transplant with an ill-matched kidney from a desperate soldier escaping from Saddam's army. Tati was an Iraqi Jew, the soldier was an Iraqi deserter. 'Just like brothers', Shapira assured Tati – who would never recover from the shock of the surgery, infection and violent rejection. I cannot see inside Zaki Shapira's heart to know what he was thinking. However, I know how he defends himself for I spent the better part of two weeks, one in 1996 and one in 1997, at the Bellagio Task Force on Organs Trafficking funded by the Rockefeller Foundation. Zaki and I hit it off and we sat next to each other for many meals and took many walks through the beautiful Villa Serbelloni. Shapira admitted that he took kidneys from Palestinian workers for his patients and that he was prevented from paying them because of the ignorance of the populace, the refusal of brain death by the orthodox Jews, and the passivity and indifference of the government and the Ministry of Health toward those suffering from organ failure. Like Christian Barnard, he took charge of his own affairs and did whatever he needed to do to find organs for his patients.

As for the moral thinking of the brokers, they are a mixed lot, but the ones I know best in Israel and in Brazil (especially Gaddy Tauber) often refer to their patriotism, their own war wounds as soldiers and as Israelis, not unlike those who are dying of a treatable disease. Transplant surgery evokes transcendental themes, themes of resurrection and beating back time, disease and death. In Israel, transplantation stories evoke complicated histories of surviving – individually and collectively – genocide, race hatred and mass death. For Gaddy Tauber, a survivor of the Holocaust and Ilan Peri's agent in Brazil for the transplant trafficking scheme that sent Moldovan peasants and Brazilian slum dwellers to transplant units in South Africa to supply Israeli transplant tourists, more was at stake than large sums of money. Greed, yes, but there were also traces of revenge, restitution and even a kind of symbolic reparation for the Holocaust. Redemption, resurrection and reparations on the one hand, organ stealing, blood libels and seething resentment on the other make the global traffic in humans for organs an unstable and particularly dangerous proposition, a medical and a

political tragedy of epic and Shakespearean dimensions. The literature on the ethics and the damages of kidney selling is enormous (see Budiani-Saberil and Delmonico, 2008; Bakdash and Scheper-Hughes, 2006; Goyal et al., 2002; Zargooshi, 2001).

And what of the sellers? How do they view their role in these illicit transplant transactions? As victims? As survivors? As heroes? As migrant workers? As medical tourists? Working closely with kidney selling communities – in villages, slums, shantytowns – I learned that the meaning of buying and selling a kidney is variable, as are the social and psychological consequences. The large, disfiguring saber-like scar signifies different things to different communities. It can be a sign of weakness or a sign of strength, of shiftlessness or of generosity toward family and community members. It can signal a prodigal son or a good son, a ruined woman or the good mother and dutiful wife. Kidney sellers can be seen as foolish, dumb, exploited, shiftless, worthless, weak, impotent, ugly, or as 'good sons' and daughters helping their families to get by.

Perhaps the only real 'transplant tourists' in this scenario to date are the young men recruited by Gaddy Tauber and Captain Ivan Bonefacio from the slums near the city of Recife's international airport. 'I never in my life was offered a chance to travel in one of those planes that buzz over our shacks every five minutes,' said João, until Captain Ivan proposed the tour to South Africa. He had earned some cash, visited boardwalk casinos, played video games to his heart's content and, yes, he and only he, got to go on a safari! Shucks, why not sign up? As for whether he had been 'fooled', deceived and exploited, João, like his circle of kidney selling neighbors, defended them and himself as free men and free agents before the court and before the Brazilian CPI (Congressional Hearings) that investigated the trafficking scheme. 'No one told me that I was not the owner of my own body', was a common response to those who raised the illegality of what they had done. British filmmakers came briefly to Recife and questioned Pedro Gervasio de Vasconcelos about my testimony before the CPI, in which I argued that, willingly and knowingly or not, the kidney sellers in Recife had been trafficked according to the definition in the 2003 UN Convention Against Human Trafficking (the Palermo Convention)[19] that Brazil had just then recently signed. They were recruited, deceived about the legality of what they were doing, mal-prepared and misinformed about the medical demands and possible risks of the surgery they would undergo, transported with visas and plane tickets purchased by brokers, advised to keep silent and to sign any papers they were given at the hospital, and held virtual prisoners in a safe house in Durban, their passports confiscated by the local brokers. 'Yes, your honor', I said, addressing Dr Raimundo Pimentel, head of the Parliamentary

Commission, 'yes, the men were victims of human trafficking and medical human rights abuses.' Pedro begged to disagree with my argument:

> No! No matter what that woman, that Nanci, had to say, it was me, my choice. Me, Pedro Gervasio, I trafficked myself! To me trafficking means that somebody with a mask kidnaps you, puts a hood over your head, and stuffs you in the back of a car, and takes you where you are cut up and have your kidney or liver taken without your consent. Nobody put a knife to my throat, nobody forced me to get on that plane. I did it freely and [I'll tell?] you what, I would do it again even if I had to spend the rest of my life in jail, because now I can rest easy knowing that with my kidney I was able to buy this little house so that my wife and children can have some security. I will die satisfied, no matter what happens to me now. I had an opportunity and I took it.

A few of the sellers were less sure about the trafficking part. They knew they had been taken advantage of by two military police who reassured them that what they were doing was neither legal nor illegal, somewhere in between, so it was best to be careful. They should keep quiet, behave themselves and avoid drinking and carousing with local women, advice that few of these macho guys on holiday were willing to follow, except for Geremias, my research assistant, who was faithful to his wife and two children back home. He saved every penny.

During a field trip to Brazil in 2005, I invited Geremias, Pedro, Paulo, Alberty, João, Gerson, Hernani – and a dozen other kidney sellers who had gotten caught up in the same transatlantic human trafficking scheme and who were now trying to sort out some of the consequences, most of them blamed on the police sting, Operation Scalpel (Bisturi) – to talk to me. They talked about organizing a nongovernmental organization, an Association of Disillusioned (or Disenchanted) Organ Donors – *Associacao de Doadores Disilusionados* (or *Disencantados*). The name of the group was still in debate. At their first meeting, the disenchanted sellers aired their complaints: loss of work, loss of income, of strength and of social standing. They reported chronic pain, weakness, anxiety, depression, family discord and personal rejection, as well as medical problems, all attributed (by them) to their involvement with the local kidney *trafficantes*, Captain Ivan and Captain Gaddy (or Gad, as they called him), then still behind bars. It was possible that a few of them could end up behind bars as well for having spread the word of the local kidney corps and the chance to make a buck, live like a king for a few days, ride the big plane and come home with presents from South Africa, which turned out to provide more shopping malls than safaris, but which they enjoyed them all the same. They noted that blacks were different there than in Brazil and that they were strong politically because they were close to their roots. 'They had never been slaves,' said Alberty, but it wasn't time for a history lesson on the Dutch East India Company in the Cape and the history of apartheid.

Knowing what they know now, I asked, would they do it again? 'None of us were told how hard it would go for us', Cicero said. 'My broker said I would be healthier with just one kidney.' Paulo agreed: 'The pain was so bad that for three days in the hospital I was praying to be the next one to die.' Geremias interjected to say that he was treated fine until the doctors got what they wanted and then they were treated like *lixo*, garbage and put back on a plane and warned by Roddy (the Durban broker) 'not to moan or show that I was in pain because the customs/immigration people would grab me'.

I doubt that these scenes plucked from the mundane world of kidney buying and selling would convince the moral philosophers and libertarian economists to rethink their premises and even 'moral imperatives' favoring free markets in human kidneys.[20] Philosophers, legal scholars and even bioethicists can ignore the real world and its messy social, economic, cultural and psychological realities. They need only a hypothetical world where conditions can be controlled or manipulated so as to favor the logic of a market approach to increase the 'supply' of human organs for transplantation. Guided by rational choice theory, the arguments marshaled are tough to beat: people sell their bodies for labor and for sex. They sell hair, teeth, ova, blood and sperm. People put their bodies at risk in dangerous professions – the military, police and mining – so why not allow people the freedom to work abroad as kidney venders? Why prohibit the poorest people in the world from what might be their best option? We allow women to abort an unwanted fetus, why can't men (or women) be allowed to 'abort' a 'redundant' kidney?

If 'choice' and 'autonomy' were all that mattered, then the evidence shows there is no shortage of individuals ready, even eager, to sell their organs. Transplantation based on altruism, reciprocity, solidarity, human dignity and bodily integrity would seem to be quaint residues of archaic Christian and 18th-century Enlightenment values. Kant treated the body (and its parts) as necessarily exempt from market values. It was through the body that one could be said to have a human existence at all. The body and its organs constituted the very grounds of human existence – embodied, therefore I am.

The displaced agricultural workers of Moldova and the urban workers of Recife understand their bodies very differently. Older Moldovans who grew up under the Soviet state put their agricultural collectives ahead of their individual desires and saw their body as part of a social body of agricultural workers, a social-economic system that many of them still mourn to this day. Their Russian orthodox priests teach from the pulpit that their bodies do not belong to the state, the collective, or even to their families and that it is a mortal sin for villagers to sell an organ that comes from, belongs to, God the Creator alone. The boys of

Brazil were mostly raised Catholic or Protestant Evangelicals but religion stopped at the boundaries of the individual body. Their body was theirs to do with and to dispose of as they saw fit. Pedro and Paulo and João used a familiar Nordestinho idiom in stating '*Eu sou meu corpo*!' [I am my body]. But the disillusioned kidney seller, Paulo, said he chided himself after the fact for selling his kidney because he didn't really know how attached he was to the 'little thing' (*coisinha*) until it was gone and it began to announce its absence as a constant itching at the site of his wound, even two years later. 'I have learned one thing', he told me. 'Even though I have two of them, I will never sell one of my hands.'

Where Does This Leave Us?

Transplant tourism casts light on the dark underbelly of neoliberal globalization, on the rapacious demands it creates and the predatory claims it makes on the bodies of the 'bio-disposable',[21] but also the dreams it engenders about a better life and a mobile existence, mobility being (I suggest) the root metaphor of organized kidney selling through transplant tourism. For patients it signifies a release from the corporal entombment of dialysis machines. For kidney sellers it signifies a release of the red balloons[22] from the slum, the favela, the shanty-town, and a chance to see the world, or at least a chance to visit the shopping mall with a wad of dough in one's pocket.

To a great many people, both inside and outside the transplant trade, the traffic in organs is not (like the traffic in guns, drugs and 'illicit' sex) a 'rotten trade' or a trade in 'bads'. Instead, kidney selling is seen as a trade in 'goods' that promise hope and deliverance. And that is the ultimate dilemma. Over the past 15 years, kidney selling and human trafficking for organs have lost the ability to shock those who are potential victims of kidney trafficking schemes. Although initially protested in the circulation of urban legends of kidnapping and body theft, organs trafficking has become a routine, locally acceptable, if illegal *jeito*, in Brazilian Portuguese meaning a quick fix for chronic everyday problems in living. Organ selling has become a hidden 'body tax' on the world's poor, who have always been treated as supernumerary and disposable. Today, the governments of Iran, Saudi Arabia, Singapore, the Philippines and the US have either instituted or are now trying to institute or reinstitute (as in the case of the Philippines) a government-regulated system to dispense cash reimbursements to living kidney providers or, as in the case of Saudi Arabia, special subsidies or entitlements, including medical insurance, immigration working papers, or best of all, citizenship and a passport to those willing to sacrifice a kidney (and, yes, the film *Dirty Pretty Things* got it quite right in this regard).

Transplant trafficking gives a unique view of who we are at the present time, how we imagine ourselves and our bodies – our notions of the human, of vulnerability and resilience, and our relations to others – intimates and strangers – and the conditions under which we are willing to accept the inevitability of death. The plot has thickened with the appearance of organized and extensive criminal networks of brokers and human traffickers operating 'transplant tours' that link the desperately ill with the desperately needy and with enterprising surgeons, all of them willing to travel great distances, to 'parts unknown' in pursuit of enhancing their quality of life at the expense of disposable, post-dated and decidedly anti-neoliberal notions like solidarity, social justice and fairness. If anthropologists once made the counter-intuitive observation that kinship is not about blood and marriage is not about love, then perhaps we can convince the public that transplant tourism is not about 'gifting', unless, perhaps, it be the gift of travel.

Acknowledgements

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Notes

1. See: http://www.tativille.com.

2. Living liver slice propositions are a good deal more risky than kidney sales. The (part) liver has emerged as a new and life-threatening commodity in transplant tours to China and Singapore. As late as 2008 I received solicitations from China and Singapore regarding living and deceased liver donations, as exemplified in the following chilling e-mail exchange with a self-styled 'international transplant coordinator':

From: "HC" <helenchan@tx-bridge.com>
Date: February 8, 2009 6:43:12 PM PST
To: <nsh@berkeley.edu>
Cc: <davidwu108@gmail.com> '???' <doctorshu108@gmail.com>

Subject: Liver Transplantation for patient TXUS81865
Dear Professor,

4. This is Miss Helen Chan, Patient Affairs Coordinator & Assistant to Dr. David Wu, Director of Foreigner Service Department of transplantation centers in China. Your inquire message has been received well. Most doctors in our Tx-centers have international backgrounds and completed training programs in famous universities worldwide, such as Cambridge University, the University of Toronto, the University of Pittsburgh Medical Center, the University of Miami. Most perform more than 70 transplants per year, and have performed over 500 transplants in their careers. Our centre leaders have engaged in research and practice for more than 20 years. The outcomes of our centers are among the top in China. *And we offer mostly entire lobe liver transplantation*. Our 1-year survival rate over 92%, 5 year survival rate more than 80%. Because we have a big organ sharing network in China, the waiting time is only 0.5 ~ 1.5 months after patients arrive in our hospitals. The medical *cost of transplantation ranges from USD $ 85,000 to USD $103,000*.

5. The source for this is Captain Louis Helberg, hospital medical files confiscated from St Augustine's Hospital, Durban, South Africa, 2003. Interviews in Durban and Vienna, 2004 and 2008.

6. Igor Codreanu, TTS (The Transplantation Society) Country Leader for Moldova, in an email dated 23 September 2008 with two attached PowerPoint files presented by Sonmez on 21 September 2008 at the September meeting in Kiev, in which he presents the medical results of his admittedly illegal transplant scheme.

7. 'Insights in Kidney Transplant', PowerPoint by Professor Dr Yusuf Ercin Sonmez, slides 10 and 11.

8. As reported by Liliach Shoval for Ynet News.com on 1 May 2007:

9. Turkish police on Tuesday arrested an Israeli doctor suspected of being involved in an illegal ring of organ traders operating out of a private hospital in Istanbul. The man, Professor Zaki Shapira, was arrested in the midst of a gun battle which erupted in the hospital last weekend after four armed men stormed the facility and demanded their money back. According to Turkish media reports the four men opened fire at the medical staff and police were alerted to the scene; one of the policemen who responded to the call was wounded in the shootout. After the incident police conducted a thorough investigation and found the hospital had been ordered to close down by a court order more than a month earlier due to illegal organ transplants it carried out. The hospital had received numerous similar warnings in the past. Four patients were waiting in the hospital for transplants at the time of the incident. Police detained 17 people for questioning – including Professor Shapira. Two Turkish doctors were also arrested.

10. 'Indictment in MEDICUS Clinic Case':

11. The SPRK filed an indictment against 5 defendants for trafficking in human organs, organized crime, unlawful exercise of medical activities and abusing official authority. The indictment was filed at the District Court of Prishtinë/Priština. Among the defendants are doctors and a person that previously worked at a senior level in the Ministry of Health. The trafficking of organs, on an international level, related to the MEDICUS clinic in 2008 in Pristina. The case concerns the removal of organs, ie kidneys. The 'donators' and receivers of organs were of different nationalities (Eulex Kosovo, 2010).

12. The ethnographic method employed throughout my project is discussed at length in Scheper-Hughes (2004b, 2009).

13. During my first ethnographic study of madness in a little Gaelic-speaking village of 400 people clinging to the extreme edge of the west coast of the Dingle peninsula, I never once left the village to go as far afield as Galway, let alone to Dublin or Belfast. Arriving at Shannon airport in 1974, my family and I rented a car and drove out to the end of a long strip of land jutting out into the Atlantic sea and we stayed put there for 11 months, far from any corrupting influence from outside, and venturing no further than the cattle fairs of Tralee and the sheep fairs of Dingle. The same was true of villagers themselves, who only left the western shore if they were running arms to the north or leaving altogether to join their cousins in Massachusetts and NYC.

14. While transplant doctors publicize the improved survivability – the 'half-life' – of living donor organs over cadaveric kidneys, I refer to the decreased economic and social viability – the negative 'half-lives'– of kidney *sellers* one, five, and ten years after having sold a 'spare' part.

15. In July 2009, Isaac Rosenbaum was arrested by the FBI in connection with his role as overseas broker for transplant tours from Israel to the United States and money laundering through United Lifeline (United States District Court of New Jersey, United States of America: Criminal Complaint V. Levy Izahak Rosenbaum, Mag. No. 09-3620 a/k/a 'Issac Rosenbaum'). I was identified by the *New York Daily News* and by *Haaretz* newspaper as the whistleblower with respect to Rosenbaum's connections to United Lifeline and international trafficking (see Daly, 2009; Mozgovaya, 2009).

16. LETTERHEAD

17. *Romania*

18. *Ministry of Internal Affairs*

19. No: 82219 Date: 21 August 1998

20. The Romanian Ministry of Internal Affairs extends their respect to the Bucharest Embassy of the Republic of Turkey and is proud to inform the following topics in relation to the political note of 30 July 1998, numbered 107/447.

21. An unidentified citizen of the Republic of Turkey, who is about 1.70–1.75 m. tall, slightly bold, somehow heavy, with a round face and moustache has established a human organ trafficking organization which is coordinated by a professor doctor of Israel descent, and which is in collaboration with a group consisting of well-known associate and full professors. This organization consists of people who locate organ transplant (especially kidney) clients, physicians who take care of the medical aspects, and people who recruit individuals to sell their organs. We have identified a Turkish doctor whose real name is Yusuf Ercin Sonmez, but whose code name is Iacup?? (Yakup), and who collects clients to sell among Romanian and other illegal workers in Istanbul and whose home telephone number is 2163660179 and work phone is 00905424244488, and who is involved in this organization.

22. VADUVA GHEORGE DANTEL residing in the Kostence Province, 23 August Village, was responsible for recruiting Romanian citizens. His brother, VADUVA MARIUS, wanted to sell his kidney following persuasion by 'Dr Yakup'. However, because his liver was deteriorated due to alcohol, his kidney was not accepted. After this, they had started bringing clients to Yakup, for a finder fee of $1000 dollars per person.

23. VADUVA MARIUS, together with three Russians and Catalin from Baceu, Romania, was taken to Tallin in Estonia on 13 January 1998 for US $4000 and a return ticket, and had the operation and returned back to Bucharest on 18 January 1998. The clients recruited by VADUVA GHEORGHE DANIEL were operated on between March and May 1998, in a clinic or neighborhood hospital in the city of Adana, Turkey. The founders of the organization had rented the complete second floor of the hospital and specially prepared it for these kinds of operations. This floor was isolated from the rest of the building and its entry door was always kept locked and could be opened only with a code. Individuals who gave their organs stayed in an abandoned villa next to the hospital and were taken to the hospital in groups of 2–3.

24. The individuals who give up their [surrendered] kidneys were kept at Hotel Sahra in the Maltepe neighborhood of Istanbul before they were taken to Adana. Their lodging and food expenses were covered by Dr Yakup [i.e. Yusef Sonmez]. Dr Yakup also conducted necessary screening tests in a dispensary near Hotel Sahra. In this way, the ones who sold kidneys and the ones who wanted to have kidney transplants were matched before they went to the hospital in Adana.

25. What this means is that the ones who sell their kidney have to wait for an appropriate client to arrive at the Sahra Hotel. After this, Dr Yakup would take them to Adana with two cars, both having

Istanbul license plates; one is a red HYUNDAI SPORT and the other one is a yellow OPEL VECTRA. The same Dr Yakup takes on individuals who give their organs located by the kidney recruiter, VADUVA GHEORGHE DANIEL.

26. Another place where surgeries are conducted is a hospital in the Oriental section of Istanbul. The physician group has moved from Adana to Istanbul in the month of May and again rented the second floor of the hospital. There is said to be a cafeteria on the ground floor of this hospital.

27. Our investigations suggest that the clients who receive these renal transplants are generally citizens of Israel, France and England. The money between US $160,000 to $200,000 paid by these (recipients) is divided up as follows:

28. the individual who runs the organization [Dr Sonmez] gets between US $50,000 and $100,000, and pays $4000–$6000 as the fee for the organ provider, the care of these paid donors and also a commission to the recruiters who bring in the client.

29. About $40,000 is paid for rental of hospital space and equipment for organ transplant. The rest of the money is distributed among the physicians who conduct the operations, according to their contribution

30. The ones running the organization have prepared Notary documents which indicate that the kidneys are donated without payment and in the documents they put fake addresses for the kidney donors. They tell the sellers that it is illegal for them to find out anything about the transplant recipient.

31. Our investigations found that most of the kidney sellers come from the countries of Romania, Bulgaria, Ukraine, Moldova, White Russia, Belarusia, Russia and former Soviet republics.

32. Romanian Ministry of Internal Affairs repeats their deepest respect to the Embassy of the Turkish Republic.

33. Stamp and Signature (received/read by)

34. TURKISH EMBASSY

35. BUCHAREST

36. Turkish Transplant Law #2238 (3 June 1979) states clearly in Article 3: 'The buying and selling of organs and tissues for a monetary sum or other gain is forbidden.' Article 4 states that 'All advertisement in connection with the harvesting and donation of organs and tissues is forbidden.' Article 15 states that those:

37. harvesting, storing, grafting, and transplanting organs and tissues in a manner not conforming to this law, and those intermediating in such actions as buying and selling organs and tissues, and those brokering the same, shall be sentenced to punishment of two years to four years in prison and 50,000 to 1000,000 Turkish lira [today roughly equal to the US dollar, but in 1979 7 liras equaled US$1].

38. See his personal webpage: http://yusufsonmez.com/

39. I cover this incident in an award-wining three-part series (with Marina Jimenez) for the Canadian *National Post* (Jimenez and Scheper-Hughes, 2002); part 2, 'Dr Vulture', follows Sonmez and Shapira's path of predation across Israel, Moldova and Turkey.

40. It was soon after this exchange that I decided to demobilize the Organs Watch website (ucblibrary3.berkeley.edu/biotech/organswatch/). It was not the first time that clients and brokers had used it to plan their own transplant kidney junkets.

41. When the broker told me that the operations were being performed in South Africa – 'at hospitals in Cape Town, Johannesburg and Durban' – I was flummoxed. I had seen foreigners in transplant units in Cape Town and Johannesburg since the late 1990s, but most were European-Africans, stranded in postcolonial African nations that did not have any transplant services at all. The debates I had observed in South Africa were over whether organs taken from deceased South Africans should be treated as a national resource not to be squandered on white ex-colonials from other African countries.

42. In 2003, 2005 and in 2006 (this last time in collaboration with Brazilian researcher and writer, Júlio Ludemir) I conducted ethnographic interviews with members of the Recife cohort of 38 kidney sellers and with their recruiters, Captain Ivan and Captain Gaddy Tauber, both in and out of prison, and with the other local representatives of Ilan Peri's trafficking ring in Recife. I also gave testimony before a Brazilian congressional investigation, collaborated with *New York Times* journalist, Larry Rohter, and with *Christian Science Monitor* journalists in the production of their excellent reports. This section is based on my interviews, both alone and accompanied by Rohter and Ludemir, transcriptions of the court hearings and CPI testimonies, police records, and from Julio Ludimir's book, *Rim por Rim: Uma Reportagem Sobre o Traffico de Orgaos* (2008). The title of his book, 'Kidney for Kidney', is taken from an article I wrote about Alberty da Silva, an affable night watchman who tried to capitalize on being one of the infamous kidney sellers of Jardim by running for a minor political office under the slogan – 'Rim por Rim. Vota en Min' [A kidney for a kidney, vote for me]. It sounds better in Portuguese, though it makes no sense in either language.

43. Article 3, paragraph (a) of the Protocol to Prevent, Suppress and Punish Trafficking in Persons defines trafficking in persons as a crime against humanity. It entails the:

44. recruitment, transportation, transfer, harboring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labor or services, slavery or practices similar to slavery, servitude or the removal of organs.

45. See, for example the op-ed pieces of Sally Satel, the essays of Janet Radcliffe-Richards, and the following books *Stakes and Kidneys* (Taylor, 2005); *Kidney for Sale by Owner* (Cherry, 2005); *Black Markets* (Goodwin, 2006).

46. I wondered whether the term 'bio-disposal' had any salience outside medical anthropological circles. A Google search came up with these top three references: 'Bio-disposable bag-type liner for bedpans and the like'; 'bio-disposable Chinese tableware'; and 'bio-disposable plastic cups'.

47. A reference to the 34-minute short fantasy film, *The Red Balloon* (*Le Ballon rouge*) (1956) directed by French filmmaker Albert Lamorisse.

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