Neo-Cannibalism, Organ Theft, and Military-Biomedical Necropolitics

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A prologue and a caveat

My presentation concerns the deepest harms and crimes against humanity perpetrated in the name of saving lives. It is based on two decades of grounded, multi-sited ethnographic fieldwork and human rights documentation of illicit networks of organized crime in human trafficking for organs, tissues and body parts.

All anthropological research begins from a premise of epistemological openness, the demand that we engage open-handedly and respectfully with the radical differences that exist in moral, political, legal, medical, and religious thinking across time and culture, even when these violate “universal” norms of human rights, humanitarianism, and international courts of law. On the ground and in the often overlooked, fraught and forgotten small, local contexts of this globalized world in which we live, I dare to say that there are no universally held global values despite international regulations, UN conventions, and new treaties to prohibit human trafficking in humans for their organs.

For example, a key moment in May, 2008 at the Istanbul Summit on Organ Trafficking at which invited participants from the transplant profession world wide met for three days and agreed to sign the famous Declaration on Istanbul (Delmonico 2009) condemning the traffic in people for the purpose of kidney removal, one of the conveners, Francis Delmonico, pointed to a slide on the wide screen. It showed several very thin young Filipino men lined up, displaying their ‘sacred wound’, the kidney scar, as long as a sabre slices across their convex torsos. More than 150 representatives of scientific and medical bodies from 78 countries stared solemnly at the photo, a defining in the global recognition of human trafficking for ‘fresh’ kidneys as a modern abomination.

‘Is this why we began as transplant surgeons?’ Delmonico asked. ‘Are we comfortable with this? Is this fair? Do we want to participate in this?’ The gentleman sitting next to me, a Hindu surgeon in pure white robes, fragrantly perfumed, reminiscent of Hippocrates, was deeply moved. When I asked what he was thinking, he replied: ‘This is all very beautiful, but it has come too late’. Kidney selling in many parts of India, he explained, was no longer viewed as a strange or exotic act. ‘It is normal, everyday, and entrenched. We Indian surgeons can agree that it is a tragic turn of events, but the demand comes from outside and they are relentless and without conscience’.

In dozens of articles (Scheper-Hughes 2000, 2002, 2003a, 2003b, 2006, 2008, 2011a and 2011b, 2012, 2015), I have described in great length the criminal aspects of the traffic in humans for their disposable organs and tissues. I publicized the scars left not only on the ruined bodies of disillusioned 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, human rights organizations, regulatory agencies and government officials, I used forceful language, describing markets in human bio-products as “neo-cannibalism”, as “bio-lust”, “body theft”, and, even (in some instances) as “bio-terrorism”. I have called surgeons involved in illicit transplants with trafficked persons “outlaws”, “vultures”, and part of an international “organs mafia”, naming their local recruiters “kidney-hunters”. I described the buyers – the medical tourists and travelers – as ethically impaired, having no qualms about helping themselves to rented wombs, buying up the oocytes and/or the embryos taken from other bodies, or kidneys purloined for pennies from depressed, displaced, disgraced, and debt-ridden slum and shantytown dwellers, treating these “suppliers” as if they were dead bodies, or simply fresher and more mobile proxy-cadavers.

At the heart of this endeavor is an analysis of postmodern and post human (Whitehead 2009, Wolfe 2009) forms of human sacrifice. Fetishized gametes, the dreams, and designer infants emerge as new commodities, the new “blood diamonds” in this cannibal trade. This traffic is fueled by a neo-liberal economy that values humans as commodities and the “self” – suppliers, brokers, buyers, sellers, and processors – as a market mechanism for re-usable body parts, pushing human agency and hyper-individualism to their extreme limits.

The enduring bioethical quandaries of the new bio-markets can be subsumed under the four C’s: (1) consumption, as related to the conditions making it ethically permissible to consume (cannibalize) the body parts of the other, living or dead, and what that compassionate cannibalism entails; (2) consent, especially with respect to the recruitment of the vulnerable as organs-givers and convenient sources of fresh and non-
reproducible medical material; (3) coercion, in connection to the demand for sacrificial violence and bodily gifting to fulfill altruistic, kin-based, or economic survivalist needs; and, finally, (4) commodification, or the fragmentation of the body and the sale and distribution of its (alienated) parts.

Hopefully, this plenary on human trafficking will address the commodification of and trafficking in bodies in all its various forms including international, cross border labor trafficking, sex trafficking, reproductive trafficking for oocytes and embryos and for babies procured from paid surrogate mothers. The focus of my research for the past twenty years (See bibliography included in the references cited) has focused on emerging markets and illicit networks trafficking in the misery of frustrated end stage kidney patients willing to travel across continents for an illegal transplant with fresh kidneys purchased from some of the poorest and most disadvantaged people in the world. What is euphemistically called ‘transplant tourism’ is actually based on the predatory recruitment of bio-available people and populations willing or coerced to serve the needs of affluent or well-insured candidates for organ transplant.

Today, following decades of denial, human trafficking for the removal of kidneys from the living is today recognized and condemned by the global medical and transplant professions. The United Nations Convention Against Transnational Organized Crime (UN 2000a) and the Protocol to Prevent, Suppress and Punish Trafficking in Persons (UN 2000b) recognizes forced labor, sex, or to procure fresh kidneys, recognizes human trafficking in kidneys as organized crime, a human rights abuse, and as a potential crime against humanity.

Human trafficking for organs from living persons and tissues and other body parts from the dead is recognized as a) widespread; b) a dangerous and criminal corruption of normative organ harvesting; c) dependent on illicit organized crime; d) a serious violation of human rights. Nonetheless, despite these prohibitions the global quest for fresh organs from living, paid (mostly kidney) providers is widespread and robust, involving private and clandestine as well as public and normative exchanges among buyers, brokers, surgeons and sellers from North and South, East and West (Schepers-Hughes 2015a).

Global Human Trafficking – A Protected Crime

There is a reluctance as well an inability to prevent, suppress, or punish those involved in this crime given the very different legal jurisdictions and the incompatibility of laws across the globe bearing on commerce in organs and tissues, and the willingness or not of governments to extradite nationals who break the laws in other countries. I have described human trafficking for organs as a protected crime despite several limited prosecutions in South Africa, Brazil, Kosovo, India, Moldova, Ukraine, the US and Israel.

The growth of the syndicates in contrast to small number of very limited prosecutions worldwide leads one to consider the possibility that markets in humans for the removal of their kidneys has become so normalized and routine that, despite the strong sanctions against it, few prosecutors want to take up the challenge and few governments pursue the criminals involved. There have been arrests but no prosecutions in Turkey, a major hub between East and West in illicit transplant schemes. There have been arrests and limited prosecutions of organized organs and transplant trafficking schemes in India, Israel, Brazil, South Africa, Ukraine, Kosovo, and the United States. The outcomes are variable given the different legal jurisdictions, laws applied, and legal interpretations. Some striking examples have been published elsewhere (Schepers-Hughes 2011, Hansen and Sole 2011).

Prosecutions can set an example, but the message can be at cross-purposes with the reality of human trafficking. Those arrested are usually the middlemen, the brokers, or the recruiters, including the ‘kidney hunters’ who trawl poor communities looking for The desperate, the indebted, the displaced, and the disgraced ‘bio-available’ people who are easily exploited. Who are invulnerable to prosecution are the surgeons and the international transplant tourists, those who are willing to pay up to $200,000 for an illicit transplant abroad, of which the anonymous seller from a distant country who might receive as little as $6,000, or nothing at all, and be sent home defrauded, weak, in deep pain.

Many informed scholars from the fields of economics, bioethics, transplant medicine, and criminology have argued (as have some contributors to this volume) that regulation rather than prohibition and criminalization might be the best solution to the problem of scarcities and demands for fresh organs. Mitra Mahdavi-Mazdeh (2015, in press) has written a paper on Iran’s government program allowing a charitable trust to organize the matching and financial compensation of willing living kidney providers for end-stage nephrectomy patients is a case in point. She argues that compensation rather than prohibition might be a better strategy in the long run. If so, we ought to seriously consider how this can be accomplished without violating the universally shared medical ethics of care, equality, fairness, the protection of human dignity, and the avoidance, above all, of what may simply be intrinsic violence and exploitation involved in these new social and medical contracts.

In this paper I am presenting another, and perhaps worst-case scenario, the wanton plunder of the bodies of the enemy for organs in the context of war. I am addressing a neglected, urgent, and tabooed subject, a hidden
subtext of modern warfare (civil wars, dirty wars, terrorism and counter-terrorism): the torture, dismemberment, maiming, and harvesting of organs, tissues, blood, and infants from the bodies the enemy, civilians, dead and alive, as well as captive prisoners of war.

Recent allegations of executions with organs harvesting by ISIS brought to the UN Security Council by Iraq’s ambassador to the UN March 2015 have brought this issue to global attention. As Director Organs Watch I have been consulted on the possibilities of such atrocious war crimes, indeed crimes against humanity. This paper is a preliminary Organs Watch report that I wish to submit to the Pontifical Institute Plenary meeting in order to address the extreme limits, the ultimate forms of human trafficking, the cannibalization and consumption of the body of the enemy during war. Drawing on Michel Foucault’s critique of sovereignty and its relation to war and biopower (Foucault 2003) and on Giorgio Agamben’s Homo Sacer: Sovereign Power and Bare Life (1998), my paper addresses the neglected and controversial problem of necropolitics, which Mbembe and Meintjies (2003) defined as the exercise of sovereignty over death, dismemberment, and killing in wartime.

Bio-Piracy and the Spoils of War

The plunder of the bodies of the enemy during or in the aftermath of wars, with the complicity and collaboration of military and police states represents the extreme limit of what might be called neo-cannibalism. The theft and consumption (cannibalization) of human body parts especially during times of war, has a long genealogy. Evidence of the bio-savagery and headhunting for trophies taken from the enemy body is a common theme in the archaeological (Harrison 2012, Preston 1998; Turner and Morris 1970) and in ethnographic records (Rosado 1980). There are many genealogies of war crimes and biological war booty going back to ancient Rome and the famous collective rape of the Sabine women, a war tactic that has persisted over the centuries in mass rapes during the partition of India (Das 1997) and in Bosnia-Herzegovina and Croatia during the wars in the former Yugoslavia (Allen 1996).

One genealogy of medicalized war crimes began in the mid twentieth century with the emergence of the Nazi death camps, and continues through the early twenty-first century with the torture camps and political refugee and wartime detention camps alleged to be organ-harvesting camps. This rupture points to the demise of classical humanism, holism, and history – the end(s) of the body and the ends of history as we once knew it (or believed we did). Partible/divisible bodies, part-histories, and part-truths have replaced Enlightenment certitudes and universal codes of human rights and ethics.

Late modern technologies brought in their wake new capabilities to plunder, harvest, store, and distribute human organs, tissues and genetic materials. Global licit and illicit markets to supply the demands of transplant medicine, orthopedic, and orthodontic medicine, dermatology, plastic surgery, and to serve the needs of basic science and research, commercial pharmacology, and medical training is a late twentieth-century innovation.

A second genealogy begins with the end of the Cold War and its chaotic aftermath, which released a triumphal millenarian capitalism bolstered by an ethic of individual rights and choices. Global capitalism and advanced biotechnology led to new medically incited “tastes” for human bodies, living and dead, for the skin and bones, flesh and blood, tissue, marrow, and genetic material of the other. Rapacious demands for scarce organs and tissues produced a post-modern form of human sacrifice. Organ scarcity and needs created an unprecedented demand for them and a division of the world into organs receivers and organs providers to put it bluntly, sanctified by the medical mantra of “saving lives”, a dangerous discourse that can obliterate the harm done to individuals, communities, and nation-states in the illicit procurement of human biomaterials, especially when they are still attached to their native bodies.

Cannibal markets in tissues, organs and body parts from unidentified persons, prisoners, including prisoners of war have emerged to supply new biomedical and biotechnology markets in the late 20th and early 21st centuries. These cannibal markets in bodies, whole and in parts, dead and alive in partible and portable organs; in tissues, oocytes, rented wombs, and babies; and even cannibal markets in doctors, surgeons, and nurses that move and remove these “things” – bio-products and medical goods – from one vulnerable country to other locations and populations that have defined new rights and new sovereignties over the bodies of others. As in any market enterprise, these markets are producing winners and losers, advantaged and disadvantaged, super citizens and sub-citizens.

Bio-Piracy of the Dead: The Body of the Enemy

Three photos of dead and violated bodies have kept my Organs Watch project alive. They are icons, displayed over my writing desk at home as I would not want my students to grapple with them. The first is a classic photo, purchased in Paris, of “Che” Guevara, his limp but graceful and slightly smiling dead body, propped up by clueless CIA agents, who did not realize they were showing the world the body of a future secular “saint”.

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The other two photos were given to me on behalf of their grieving and traumatized mothers. One is that of seventeen-year-old Andrew Sitshetshe from Gugutethu, South Africa, whose plundered body lay exposed on a concrete slab at the Salt River Mortuary in Cape Town toward the bitter end of the anti-apartheid struggle. Andrew was caught in township crossfire, while carrying his mother’s radio that had been repaired in a local shop. Andrew’s body is shown split in half and his abdomen is as empty as his eye sockets. Andrew’s evacuated body – literally a body without organs – was carelessly laid out for viewing on the Cape Times Sunday comic strips. “Like a gutted fish”, his mother, Rosemary Tandiwe Sitshetshe, told me in 1994. Then she asked a question with a Biblical reference: “What have they done to my son?” I pursued the question, a quest that led to a full day’s reckoning at the South African Truth and Reconciliation Commission about politically motivated dissections and dismemberment of the dead, all of them mixed race and black, at police mortuaries run by old school Afrikaner pathologists.

The other was a photo attached to a legal file at the Society of Saint Ives Catholic Center for Human Rights in Bethlehem that was handed to me by a human rights lawyer in 2000. Aren’t you the director of Organs Watch? Please look into this case. I did what I could. Abdel Karim Musalmeh was mortally shot in the head on November 8, 1995 by Israeli Defense Force (IDF) snipers. The single bullet hole that was determined to have killed Abdel was clearly visible in the photo attached to the Israeli autopsy report from the Abu Kabir National Forensic Institute in Tel Aviv. Abdel’s execution followed a military order for the demolition of his family’s home in the Arab village of Beit Awa. Abdel was caught fleeing the family home and shot without provocation as a “wanted person on the run”. Abdel’s body was returned in tatters to his mother with the autopsy report that confirmed her son’s death by a rifle shot to his head.

Why then, his mother asked, was his dead body cracked open from neck to torso and crudely sown together and his eyes and skin removed, “Skinned”, she said, “like a rabbit”. I did not know, but promised to find an answer. (See Scheper-Hughes 2009, 2012; Scheper-Hughes and Boström 2013). Under the direction of Prof. Hiss, autopsies at the Israeli National Forensic Institute had been followed by body plunder for organs, skin, and eyes – the skin was sent to a military skin bank at Hadassah Hospital.

In contrast to the gradual normalization of kidney trafficking and selling, the plunder of dead bodies, especially of prisoners, enemies of war, the mentally incompetent, and children is perceived differently, as a heinous crime, a crime against the state, and (in the case of the unconfirmed allegations in Kosovo) as a crime against humanity. Ethnographic examples include: a psychiatric camp at the Argentine National Mental Colony of Montes de Oca, during and after the Dirty War; a police mortuary in Cape Town, South Africa, during the anti-Apartheid struggle; a militarized National Forensic Lab in Tel Aviv (Israel) during and after the two Intifadas; and finally, allegations of murder for “fresh” organs in transit- detention camps in Kosovo and Albania at the end of the Kosovo War in 1999 (Aliu 2012).

Each ethnographic snapshot concerns missing or disappeared bodies, illegal dissections, and harvesting and stockpiling organs, tissues, and other body parts from the bodies of enemies, terrorists, combatants. In each case fact and fiction, the social imaginary, and the hallucinatory collide in media and in forensic, medical, and scientific reportage. The motives attributed to each case – eliminationist social hygiene toward the profoundly mentally disabled abandoned to the public asylum in Montes de Oca, Argentina; the desecration of dead bodies of Palestinian enemies in the Israeli case; the harvesting of tissues and solid organs from black and colored bodies in in Cape Town – were often as contradictory as they were complex.

The study of cannibal markets operating in concert with militarized states is the most toxic and self-polluting research in which one can engage. Details will not be given here but have been – and will be – published elsewhere (Scheper-Hughes 2009; Kugel 2010; Scheper-Hughes 2015). This research led me to engage with a taboo anthropological topic: a banned discourse on the anthropology of evil.

The anthropologist’s norm of reluctance to judge or to second-guess what we are told by our informants, takes on a different shape when one is working in the field of criminal behavior. Our discipline’s moral reticence may be a gentlemanly vestige of our post-colonial conventions of political reticence, one that has sometimes turned us into willing bystanders when crimes, including crimes against humanity, are taking place in our field sites. Documenting such crimes require collaborations with forensic pathologists, police and detectives, bio-archeologists, ethnographers with experience working in war zones. And anthropologists can assist governments and international investigations on organ trafficking not only from the living but also and perhaps even more urgently, from the dead, including those nightmarish scenarios in which the bodies of the enemy, become the spoils of war.

As Paul Reisman (cited by Scheper-Hughes 1995) comments in a discussion we had, “Once we identify an evil, I think we give up trying to understand the situation as a human reality. Instead we see it as in some sense inhuman, and all we then try to understand is how best to combat it. At this point we [leave anthropology
behind] and we enter the political process”. For some, such as Didier Fassin (2008) and Roy D’Andrade (1995), an objectivist approach to “evil” – maintaining evil as a culturally constructed and neutral category – will ultimately provide a better understanding of how the world works. Yet modern concentration camps, transit camps, detention camps, refugee camps, pathology labs, police morgues, and transplant wards lead me to Agamben’s reflections on the *Homo Sacer* (1998) – the accursed ex-human, the socially dead, dehumanized entity, stripped down to a beastly form of corporeality, a Zoë, or a zoological specimen, the one to whom anything can and must be done, who can be killed with impunity. I am not afraid to identify the *Homo Sacer* as an evil institution. But saying so assumes no duality. It does not imply what a good opposing figure might be.

**Theft of Life – The Real, the Unreal and the Uncanny**

The Organs Watch Project began in 1997, when I began to investigate rumors and strange allegations bearing on what appeared to be a collective human nightmare – the fear of being kidnapped, executed and dismantled, with one’s organs or those of one’s children stolen and distributed to strangers (Campion-Vincent and Scheper-Hughes 2001).

Organ theft stories combine aspects of the real, the unreal, and the uncanny. There are many social and political realities that render ordinary people vulnerable, gullible, and terrified. In times of political chaos or natural disasters, people do disappear, and fears and allegations of kidnapping and murder for organs proliferate. They surface from the “political social imaginary” – where state bio-power and necropolitics occupy a zone between the real and the imagined. They express the “worst fears” of vulnerable populations in the face of real acts of bio-terrorism, as in Argentina during the Dirty War and in Kosovo at the end of the war there. Bodies have gone missing – where are they? Why haven’t their graves been found? Could the missing and unaccounted for dead have fallen into the hands of medical executioners looking for their organs? I have argued that organ-theft rumors are at the very least metaphorically true, operating by means of symbolic substitution. They witness the ontological insecurity of classes of people, to whom almost anything could be done, reflecting everyday threats to bodily security, urban violence, police terror, summary executions, and body mutilation, all of which were daily occurrences.

**An Anthropology of Evil?**

Evil is not an anthropological subject, except, perhaps, with reference to African witches or to Amazonian dark shamans. After the Holocaust some social scientists dared to introduce a phenomenology of evil (see Ricoeur 1967, Staub 1989). Few anthropologists entered the dialogues. It is my intent to suggest that some forms of body plunder, especially when linked to war crimes, as when the body of the enemy, or the body of the terrorist, or the body of the “sub-human” non citizen (the profoundly disabled) are used as sources of organs, bone, skin, and tissues.

Obviously not all allegations of body and organ theft are true. Yet, as some allegations of organs trafficking from the living and from the dead, from strangers and from enemies, were proven to be factual, my Organs Watch investigations shifted toward a kind of forensic or detective ethnography, and I followed rumors of illicit organ trafficking networks from Africa to the Middle East to Southeast Asia to South America, Europe and the United States.

Most instances of human trafficking for the purpose of organ procurement fit into the paradigm of what the late Franco Basaglia (in Scheper-Hughes and Lovell 1987) called peace-time crimes, *crimini di pace*, in which the violence requires the complicity of state bureaucrats, doctors, surgeons, blood-matching technicians, public health officials, hospital administrators, medical insurance agents and immigration officers. The crimes are directed at the displaced, disposable, distressed and sick poor, immigrants, refugees, dispossessed and the mentally or cognitively challenged. But peacetime crimes can also be deployed as war crimes, and in the worst instance transform into crimes against humanity.

The chaos of war – civil wars, dirty wars, and genocides – provides an ideal cover for the inhumane treatment of the bodies of the enemy, the terrorist, and those seen as mentally or morally deficient, as “better off dead”. In many cases in the Organs Watch archives, the war crimes and the crimes against humanity continued under the radar, unacknowledged by Human Rights Watch and other humanitarian organizations. They were protected by the belief that such crimes are technically impossible, that organs harvesting and transplant could not be conducted under unstable and technologically primitive conditions.

When military interests and public health projects are enmeshed, moral reasoning is reduced to a kind of megalomaniacal hubris, which Ostrovsky and Hoy (1990, 335) describe as “the feeling you can do anything you want to whomever you want for as long as you want because you simply have the power to do so”. Under these circumstances those in power believe they are themselves in combat with a larger evil force, be it a lethal disease or political enemies of the state.
In addition, a lack of awareness of the minimal technical-medical-surgical requirements of organ and tissue harvesting and transplantation in unruly times and places made these cases difficult to adjudicate. Even seasoned prosecutors are often confused about the difference between organ and tissue harvesting from dead bodies, brain dead (deceased) donors, from executed prisoners, and from living, trafficked kidney suppliers.

The role of heavily militarized states in organ theft from the bodies of the enemy combatant (the militant, the terrorist) or from the bodies of “the enemy” within – the undocumented, the new immigrants, the mad, and the mentally incompetent – is a special case in the larger realm of global organ trafficking. It is the moment when during wartime, peacetime crimes are employed on a larger, political stage, and with political intent. In unruly times severe rights abuses are perpetrated for the purpose of illicit organ and tissue theft from prisoners of war, public mental patients, and the unwanted dead bodies of the poor. Organs and tissues are harvested from nonpersons, from the socially and politically dead, the Homo Sacer of the post modern era, and such acts can be so abhorrent as to fall under the moral-political category of crimes against humanity, that is, evil crimes.

Worst Fears

Human trafficking, kidnapping and disappearances, for the purpose of illicit organs harvesting, stem from greed, the desire to display power and authority or to curry favor with colleagues and government officials, and from political motives. Human trafficking for organs is not uncommon in war zones, during (and after) political conflict, in transitional states as well as during natural disasters, like the earthquakes in Turkey and following the Haitian earthquake in 2010, all of which create the public chaos that can provide a cover for illegal harvesting and plundering the bodies of the dead, or can stir up rumors that such things have happened, without any forensic evidence.

Some of these allegations of murder for organs are false, based on moral panics, post-traumatic stress disorder, and the anxiety and the above-described “worst fears” of vulnerable populations and ethnic groups who have experienced the disappearances of their loved ones, and to whom (they know quite well) almost anything could be done even the murder of their children for organs. Their lives aren’t worth 20 centavos in the mind of the organs traffickers. This was the case with res the fears were based on a sense of political and existential bio-insecurity.

For example, there were false and pernicious allegations of illegal organ harvesting by the Israeli humanitarian field clinic set up in Haiti following the 2010 earthquake there. A spokesperson for the UK Liberal Democratic Party called for a parliamentary investigation of the allegations, which was later dismissed as based on political propaganda from Iran and Palestine[1]. However, the rumors were also fueled by American and Israeli religious organizations that proposed airlifts and adoptions of the alleged “tens of thousands of Haitian children” orphaned by the earthquake. Organ theft and child theft are often linked in rumors. In this instance the rumors and moral panics were responses to humanitarian interventions to rescue and adopt Haitian children whose parents were not dead but missing.[2] The announcement that two humanitarian organizations, “Israel Flying Aid and “Orange Israel Telecommunications” were planning to open an orphanage in Port-au-Prince to accommodate more than 200 Haitian orphans followed by emergency air lifts of Haitian orphans to Israel with the promise of adoptions by Israeli couples resulted in angry reprisals by Haitians.[3]

Kosovo – The Real, the Unreal and the Uncanny

In Kosovo, there were the allegations of the kidnapping and execution of Serbian civilians and former militants in retaliation for the Bosnian genocide of Moslems in former Yugoslavia, based on the disappearance of several hundred Serbs whose bodies are still missing since the end of the Kosovo war in 1999 (Ghia 2011, Schepers-Hughes 2012).

On November 2008, a 23-year-old Turkish man, Yilman Altun, fainted in front of customs officials at Pristina airport in Kosovo where he was waiting for his return flight to Istanbul. Officials lifted the young man’s shirt to confirm their suspicions of human organs trafficking: a fresh nephrectomy scar on his abdomen. The following day Kosovo police drove down a dirt road to a farmhouse some six miles away where they raided a private medical clinic, known as ‘Medicus’. Inside the illegal transplant clinic was a ‘74-year-old ailing Israeli, Bezazel Shafran, who told police that he had paid $90,000 for a black market kidney from a Turkish man. Both supplier and receiver identified’ the Turkish surgeon in charge of the transplant as Yusuf Ercin Sonmez.

The ongoing trial in the Medicus case implicated many global actors from the Kosovar prime minister, Hashim Thaçi, to the seemingly naïve German businessman who funded the clinic, as well as the brokers, buyers and sellers involved in the scheme. The special prosecution in Pristina, headed by EU prosecutor Jonathan Ratel who assembled many witnesses including the desperate Russians, Moldovans, Kazakhs and Turks who were lured into the scheme with promises of large sums of money that were never delivered. The patient-recipients/kidney buyers came from Canada, Germany, Poland and Israel. An American from southern California was
en route to Kosovo when police stormed the Medicus clinic. His cool-hand Luke broker-surgeon, Dr. Yusuf Sonmez, had been pre-warned and escaped the sting with most of the evidence. He directed the US transplant tourist to meet him in Azerbaijan instead where the transplant took place with kidney sellers from Central Asia. The buyers paid as much as $120,000 for an illicit transplant at the Medicus clinic which transplanted some 25-30 transplant travelers in the first eight months of 2008 alone.

The Medicus trial court did not hear that the story of the rogue transplant clinic was linked in a Council of Europe report to an earlier story of executions with organ removal in 1998-1999 during the end of the Kosovo war by wider network of former KLA militants and Albanian organized criminals abducted some 400 Bosnian civilians, whose bodies have never been found. Human rights prosecutor Dick Marty (2010) claimed in a controversial European Parliament Report that evidence from ‘medical checks and blood tests’, indicated that a small number of Serbian captives ‘were moved to a farmhouse in Fushë-Krujë, a town north of the Albanian capital, Tirana, where their organs were removed during or immediately following executions. According to the report, some of these prisoners became aware of the fate that awaited them, and were said by witnesses to have pleaded with their captors not to be harvested and dismembered. The Marty report concluded that “the testimonies on which we based our findings spoke credibly and consistently of a methodology by which all of the captives were killed, usually by a gunshot to the head, before being operated on to remove one or more of their organs”.

The organs were believed to have been shipped to Istanbul, in a criminal racket operated by Yusuf Sonmez, the same Turkish doctor wanted by Interpol for his alleged involvement in the Medicus clinic. Dr. Sonmez was not the only medical professional involved. ‘Huddled in the [court] room, in overcoats, were seven defendants alleged to have played some role in the syndicate. Among them were some of Kosovo’s most respected physicians, including a former secretary of health accused of granting Medicus a false medical license, and Dr. Lutfi Dervishi, a urologist at the Pristina university hospital who was alleged to have been a key person in organizing the scheme. In April 2013 the European Rule of Law Mission in Kosovo ‘found Dervishi guilty of illegal kidney transplants and he was sentenced to eight years in jail along with his son, an anesthesiologist at the Medicus clinic.

Could the doctors involved in these illegal transplants been oblivious of the murders of Serbian captives in 1999? Yusuf Ercin Sonmez, of Turkey, and his assistant, Moshe Harel, of Israel, are defendants in the Medicus indictment. Harel has been arrested in Israel; the whereabouts of Yusuf Sonmez are unknown. Altun, the desperate young Turk who collapsed in the airport trying to return home immediately following the transfer of his kidney to Bezalel Shafran, has disappeared and is presumed to have died. Whether his kidney’s recipient, the 74-year-old Israeli, knew about the way in which he transplant was organized, is unknown. We do know that Altun was deceived and treated so shoddily by the doctors that his wound was seeping blood when he fainted in an airport queue.

‘Yusuf Sonmez: Doctor Vulture

Long before the Kosovo allegations came to light, Sonmez was a suspect outlaw surgeon in Turkey with links to Israel and Moldova. Together with his Israeli partner in crime, Dr. Zaki Shapira, Sonmez created the first human trafficking for fresh organs slave triangle (Jimenez, Marina and Nancy Schepet-Hughes 2002). Their activities were not unnoticed by the law, but they were slippery. In 2007 a police sting took place amid an exchange of gunfire in the operating rooms of a private hospital in Istanbul, where two notorious transplant outlaws linked to the Israeli trafficking underworld, Dr Zaki Shapira of Israel and his Turkish partner Yusuf Sonmez were about to begin a double surgery (a nephrectomy and transplant). The violent scene, captured by Turkish TV, gave pause to the Israeli Ministry of Health, which until then had permitted Israeli sick funds (medical insurance) to reimburse overseas transplants with living donors, the majority of whom were trafficked from former Soviet Union countries in Eastern Europe. The kidney-sellers captured in the unseemly shoot-out in an operating room were Palestinians, Omar Abu Gaber, age 42, and Zahiba Mahmmid, age 26. The patients, a 68-year-old Israeli and a younger South African, were filmed being stretchered out of the theatre, without having received the new kidneys they had expected.

Sonmez’ criminal activities span three decades and bridges the spectrum of illegal organ harvesting with early criminal charges of fraudulently declaring brain dead donors in Turkey, for which he lost his medical-academic credentials in Turkey and later, charged with heading an international human trafficking for the procurement of organs syndicate through which he amassed millions of Euros in a Swiss bank account.

The initial UN and EU investigations of the links between the alleged KLA execution of Serbs for organs (1999) and the illegal Medicus transplant clinic in Pristina were tainted by disinformation campaigns, including the release of a tape in Serbia in September 2012 in which a former militant described the illegal harvesting of a heart from a Serbian prisoner at a detention center near the city of Kukes in Albania. The witness was unreliable, contributing to the European Parliament’s decision to table the investigation. Finally, in 2014 John Clint Williamson, lead prosecutor for the European Union Special Investigative Task Force, conducting the
criminal investigation into war crimes and criminal activity by former KLA militants in Kosovo, concluded that there was solid evidence that a small number of Serbian captives had been killed and their organs harvested and sold abroad.

The Captive Body: ISIS Fatwas on Organ Harvesting from the Body of the Infidel

In March 2015 a similar allegation arose about the involvement of ISIS rebels in summary executions of kidnapped persons accompanied by organ harvesting. During this period I was bombarded by telephone calls from CNN and other international news services to comment on the accusations of Iraqi ambassador to the UN, Mohamed Alhakim, at a meeting of the UN Security Counsel. Alhakim called for an official UN investigation of the deaths of twelve doctors in Mosul, Iraq who were believed to have been killed for refusing to remove organs from the bodies of captives held by ISIS. The Iraqi ambassador also claimed that the bodies of executed prisoners had been exhumed from clandestine graves in unidentified sites in Iraq and found to have been mutilated. Solid organs were missing and some had been slashed in the back, were kidneys were allegedly removed. Turkey’s news agency reported that ISIS had opened a medical school in its main stronghold in Syria. Stories circulated in the media about doctors who were forced to remove organs during executions of ISIS prisoners of war, that included Iraqi people across the religious and ethnic divides, including Sunni, Shia, Christian or Turkman.

The U.N. special envoy handling Iraq, Nickolay Mladenov, said the allegations would be seriously investigated. Reports that ISIS/ISIL was engaged in organs trafficking as a lucrative source of income have circulated wildly. The U.S. State Department issued a statement that ‘given the atrocities that have been documented and the heinous crimes for which ISIL has proudly taken credit’ there was ‘no reason to doubt’ the reports of executions timed with the removal of fresh tissues and organs that could be used in field hospitals or sold for profit. When asked to comment by various media, including CNN, Scheper-Hughes took a deep breath, thinking that this was one battle in which I did not want to be involved. But I was willing to state that organ theft during wars, civil wars, dirty wars, wars involving undisciplined armies is not uncommon and that in current context of organs scarcities the demand for them is insatiable. In particular, kidneys whether harvested from the living (through extensive black markets) or from executed prisoners, as was the case in China until very recently, are the blood diamonds of illicit operations.

With the assistance of an accomplished doctoral candidate in medical anthropology proficient in Arabic and in Persian theology, we approached this topic from an anthropological comparative perspective, which begins from a position of moral ‘bracketing’, a method that is not to be confused with cultural or moral relativism. Bracketing means a temporary suspension of one’s own cultural values and morals in the first encounter with radical forms of ‘otherness’ without which our anthropological work could never proceed at all. This method allows us to engage with diverse values and cultural and religious beliefs and logics and to be epistemologically open to other approaches to traditional law and jurisprudence that are not compatible with international treaties and Western definitions of human rights. A comparative approach can also help us interpret the U.S. government’s use of war tactics in the Middle East, such as enhanced interrogation and humiliation of prisoners of war, that are widely seen as war crimes by many European nations.[4]

In the wake of allegations of executions, beheadings, and organ harvesting of kidnapped persons by ISIS forces in areas under their control in Iraq and Syria, we came across the website of Jihadica where many fatwas bearing the insignia of ISIS have been collected by a team of academics and researchers.[5] Among these fatwas circulated by smart phones via Twitter are decrees that permit the execution, harvesting, and cannibalization of executed ‘infidel’ bodies.

Fatwas are traditional religious decrees that are sought, reasoned, and delivered in response to a pressing question or problem without precedence in Islamic jurisprudence. At first glance many of these ISIS fatwas seem to deal with administration and adjudication of a vast range of everyday life matters such as marital arrangements, inherited property and permissibility of sports. However some of the fatwas clearly show a direct engagement with inquiries specific to exceptional circumstances that arose in the context of current wars and struggles.

As there is much confusion in the media about the meaning of Islamic words such as *jihad* (Nader 2015) and *fatwa*, it is essential that non-Muslims understand that “a fatw# is not a pronouncement of death or a declaration of war. A fatw# is an Islamic legal pronouncement, issued by a mufti, an expert in religious law, pertaining to a specific issue, usually at the request of an individual or a judge to resolve a question in which Islamic jurisprudence (*fiqh*), is unclear”. Typically, such uncertainty arises as Muslim society works to address new issues that arise due to technological advances. “Can a Muslim be involved in cloning?” is an example.

Among the fatwas posted online are some that are concerned with medical circumstances during war, such as the shortage of doctors and the possible uses of enemy organs as a life-saving measure. What is
unprecedented in these ISIS medical fatwas is the substitution and re-articulation of the civil context of medical
emergencies with wartime practices and conduct. By presenting a partial translation of the ISIS fatwa on organ
transplant we argue that not only human bodies are held captive in the current wars in the Middle East but also
medical, moral and theological boundaries of recognition of life (and death) that are being are being forcefully
re-shaped.

In contrast to secular courts of law, fatwas are not binding rules unless a Muslim chooses to follow them. So
rather than seeing ISIS fatwas as enforcing individual actions or moral judgments by religious authorities who
release them, fatwas could be viewed and studied as expert pronouncements that shed light on the social,
historical and political circumstances in which religious traditions and reasoning represent just one unique
mirror within multiple and contested social realities.

For example terms such as “the constrained person” (modhtar) or “under difficult and constrained
circumstances” (idhtar) are commonly used in fatwas to convey that the person or subject of the fatwa is
living under special or exceptional circumstances necessitating a new religious decree accordingly. However
the usage of this term in the context of permissibility of organ harvesting from captives hints further at the
exceptional mode under which wartime violence and medical circumstances in the ISIS-ruled territories are
being addressed by the analogical reasoning associated with traditions Islamic jurisprudence.

Our emphasis on the qualifications and authority of the fatwas and their exceptionality during wartime is
certainly not to justify or even to withhold judgment on the violence unleashed in Syria and Iraq by all warring
parties and under any context, in particular, by ISIS and in the name of Islam itself. Rather, we wish to highlight
how the violence and chaos of war, parallel to the unleashing forces of death and destruction on the ground by
the states, ripples far into the centuries-old fabric of Islamic medical practices, warfare codes of conduct and
religious reasoning. In this sense, these fatwas in their particularities are forensic cries in lieu of the application
of reasoning on medical practices, religious traditions, and wartime conducts from the perspective of moral,
thetical, and military institutions. These fatwas are now being inserted into the desolate international wartime
landscapes of amputated limbs, extracted organs, bombed residences and beheaded corpses scattered in the
country-wide battlefields of Iraq and Syria. What is being held captive by war in these ISIS fatwas in addition to
the biological body of the prisoner is in fact the reflective spaces of intelligibility, recognition and moral conduct
that inhabit the materiality of life in all of its embodied forms.

Partial Translation of Fatwa No. 68

“Question: Is it permitted to take organs of the captive apostate for those Muslims in need of it?

Answer: There is no doubt that those illnesses plaguing hospitals of Muslims have not abated, those intractable
conditions for devoted doctors such as diseases of heart, kidney and all similar conditions that threaten the
afflicted with harm and death.

What appears to be the case is that God the almighty knows better about the rewards of transferring of the
healthy parts of the body of the apostate to the body of the Muslim to save his life or to remedy the loss of
organs, for that there is evidence in all bodies of religious texts and rulings.

God the Almighty says, “And whoever saves one – it is as if he had saved mankind entirely”, and the context
of this verse is general and includes all forms of saving lives and one of these variants is organ transplant. And
the saving of Muslim soul from waste and death is a religious obligation necessitating all legitimate available
means, and when a given means is the only way for a religious obligation to be accomplished then that means
is itself obligatory.

Accordingly, the experts of the Shafi‘i and Hanbali schools of Islamic jurisprudence permitted killing of the
warring infidels or apostates under the constraining circumstances of eating their flesh to stay alive. Imam
Alnawawi says ‘...There is permission for killing the warring party, the apostate, and to eat their flesh carries no
contradiction’. Thereby if the experts of jurisprudence have allowed the constrained person to eat flesh in order
to prevent harm and loss of life, they will also allow the transplant of organs from the apostate to the Muslim,
specially it is decreed that the life and organs of the apostate are not inviolable”.

In short, the cannibalization of the ‘warring infidel’ is deemed permissible, especially in times of war when
destroyed bodies and limbs are scattered on the fields. War is hell, and under these extreme conditions when
Muslim soldiers are famished in the desert, wounded, losing blood, needing surgery from ad hoc field hospitals
and clinics set up near clandestine military locations the right to life, the right to survive means that the body of
the enemy-infidel may be used to supply life forces, as food, as blood, as organs removed for this purpose. It is
an argument that resonates with the demands made by those so-called ‘transplant tourists’ (Scheper-Hughes
2011), whether Christian, Muslim, Jewish, animist or secular, who travel abroad to purchase ‘spare’ kidneys
from the poor, the destitute, the displaced, the wretched of the earth, to make themselves whole. I have used
similar terms in my publications on neo-cannibalism in respect to illicit transplants based on the exploitation of strangers who in the minds of the buyer are simply buying “things” (organs) from the bodies of anonymous people who don’t count, who might as well be “infidels”.

The Ghosts of Montes de Oca – A Hidden Subtext of the Argentine Dirty War

In the case of the abuses of the bodies of the ‘mentally deficient’ at Colonia Montes de Oca during and after the Argentine Dirty War, the introduction of rumors, urban legends and the mysterious disappearance of a sympathetic doctor (Cecilia Giubileo) initially contributed to a hallucinatory cordon sanitaire that protected the criminal behavior on the part of administration and staff and allowed the abuses to continue well into the beginning of the twenty-first century. When she experienced a moral and medical ethical crisis and began to share her deep reservations about the abnormality of the system, she was liquidated, or so I have concluded based on a multi-year anthropological and archival investigation of the history of that institution.

Fifteen years of intermittent documentary research by the author and her Argentine research assistants (Scheper-Hughes 2015) confirmed that the “patients” were “inmates” captives in a veritable psychiatric death camp. They administration identified the inmates as ‘depositos’, deposited ones whose human status was under question due to their cognitive impairments. In my forthcoming book I have argued that within the political-genocidal battleground of Argentina’s Dirty War (1976–1983), a ‘petite war’, a war within the war, was being waged by a military dictator-appointed doctor, Florencio Sanchez, against the mentally deficient inmates concentrated at the national psychiatric hospital, the Colonia Nacional Dr. Manuel A. Montes de Oca in Torres, and its sister institution, the Colonia Psiquiatrica Domingo Cabred, in Lujan, both in Buenos Aires province.

There is shattering evidence of medical human rights abuses committed under the necropolitics of the Dirty War against abandoned mental “defectives” who were used as sources of blood, cornea, heart valves, and organs. Allowed sexual ‘freedom’ in a mixed colony of men and women, women became pregnant and gave birth to infants who were removed and were placed for adoption, although the records of these adoptions are missing. Patients died prematurely in their 30s and 40s of starvation, hypothermia, dehydration, and anemia related to illicit blood lettings. They died of malignant, institutional regime of neglect, including death by feral animals in the woods surrounding the mental colony. In the worst instances, the abuses were indeed crimes against humanity. They disappeared in droves during the dirty war, but not because they were kidnapped. Rather, the method was simpler: total social abandonment. “If they ‘disappeared’”, a doctor working at the Colonia told me in 2009, “they disappeared themselves”.

The administration defended its practices of harvesting blood, tissues, and corneas, basing their practices on a legal contract with the national organs harvesting institute in Buenos Aires, today called INCUCAI. Blood taken on a regular basis was sold to private banks, sent to the military, and sold to individuals who were required to bring a quantity of blood to the hospitals where they would have surgery. During the period of the Dirty War, the were also used in clinical trials and medical experiments, as the director of the Colonia, Florencio Sanchez, admitted in his prison memoir. As we have seen here, Argentina was not the only modern military state to recognize the value of the human body – whether the body of the enemy, the body of disposable sub-citizens, and whether living or dead – to supply scarce and valuable medical, surgical, and reproductive material. In its worst form, however, the abuses at the mental colony were egregious, almost in a class by themselves.

Primo Levi’s (1959) chilling description of the pernicious “hierarchy of bodies” at Auschwitz in Nazi-occupied Poland identifies the lowest rung of hell as reserved for the Musselman – those who were like walking dead men, their eyes having receded into their sockets, their legs unsteady, unable to stand, without the will to survive, unable to flee. Central to Georgio Agamben’s Homo Sacer thesis is the figure of the Musselman, the man or woman in an advanced state of starvation, stupefaction, and living-in-death, a life reduced to silence, awaiting death, with no other destiny. Both the Nazi Musselman and the famished, shorn, naked ghosts of Montes de Oca are the extreme case, even for the concentration camps, even for the wretched madhouses that have housed the profoundly mentally deficient.

Camp life at Montes de Oca, as described by Dr. Florencio Sanchez in his prison diary, was hardly, as he suggested, no different than a “nudist camp of vacationers”. It reproduced a hierarchy of ethno-medical folk categories, which ranged from the “high functioning”, the violent ones, the dangerous ones, the aggressive, the over-sexed, the useful, the ambulatory, and then, at the bottom of the heap, were the NNs, the depositos, and the gatosos, the cat-like crawlers who seemed to have surrendered any claim to human status, and who were not so much despised by their caretakers for their inability to keep themselves minimally intact, but symbolically “disappeared”, caged and rendered invisible, or let loose to forage like wild pigs, as one staff member referred to them, only to end up lost, disoriented, dead and eaten by feral dogs (Scheper-Hughes 2015, p. 218-219). But in “suffering” their inhumanity, the Musselman of Montes de Oca stand as an indictment of the social and medical system that created them.
“Heinous Crimes”

Crimes against the body of the enemy, while common across historical time and geopolitical spaces, such as those alleged against ISIS at the UN meetings, are often referred to as heinous crimes, unpardonable crimes, crimes “that cry out to heaven for vengeance”, are protected by the emotions of disgust, repugnance, and fear of seeing, let alone handling, dead bodies. Death anxiety, death pollution – a fear and avoidance of confronting the dead body – creates a hermetically sealed environment for abuses to take place. Such was the case at the Israeli National Forensic Institute at Abu Kabir. The elegant building housed a genetics/DNA lab on the top floor that was clean, pure, completely segregated from the morgue in the basement. Those of the third floor did not know what crimes were being committed beneath the clean scientific labs of which they were so proud.

What explains the complicity of the medical technicians and possibly even medical surgeons and pathologists? Perhaps during the worst times of political conflict there is a moral dispensation, even a belief that the desecration of the prisoner of war or the dead body of the enemy combatant is morally justified and even necessary. One thinks of many other similar cases, such as the behavior of US soldiers in the prison at Abu Ghraib.

The Israeli government initially dismissed the allegations against the Israeli Forensic Institute of plundering the bodies of the enemy as blood libels perpetrated as anti-Semitic and political propaganda against the state of Israel. When I began my independent investigations of the Forensic Institute known as Abu Kabir in 2001 I was unaware that Swedish journalist Donald Bostrom and an internal whistle-blower, an IDF colonel, Dr. Chen Kugel, an Israeli forensic pathologist and a military officer, had each been working independently behind the scenes, Bostrom working with family members of the dead in Gaza and Kugel working with younger pathologists at the forensic institute to stop the plunder of the dead and the stockpiling of body parts at the Institute.

These “perversions”, as he called them filled Dr. Kugel with righteous anger at the corruption, deceit, and abuse of the dead by public officials whose obligation was to be their final guardians. But Kugel paid a heavy price for his interventions; he was forced out of his position at the National Institute and was treated as a traitor and a social “leper”, he told Scheper-Hughes (Kugel 2010). These interactions and sharing of information resulted in a difficult and unlikely and tense collaboration between the Swedish journalist, the ‘militantly’ radical American anthropologist, and the Israeli pathologist and Zionist military officer that resulted in an unanticipated outcome. The Ministry of Health and the Israeli government accepted our conclusions and concluded their own internal investigations that led to the removal of Dr. Yehuda Hess and the appointment of Dr. Chen Kugel as his successor.

One Body

“One body has rights and a dignity of its own”, Kugel said firmly as he took my Israeli colleague, anthropologist Meira Weiss, my research assistant Zvika Or, and I on a private tour of the “new” Forensic Institute and Ministry of Health, including a visit to the forensic morgue in the basement of Abu Kabir in 2013, now under his direction “Other mistakes or bad things may happen here, as in any forensic institution”, Kugel said as he rolled out a dead body from its refrigerated cubby. “But these bodies under my care will be safe from illicit harvesting. It won’t matter if they are Jewish bodies, Muslim bodies, Christian bodies, Israeli bodies or Palestinian bodies, foreign guest worker bodies, or Russian bodies. There is only one body here and they are all be treated in the same way”.

The body of the dead body is not nothing. A dead body is not simply an evacuated object. Kugel often substituted the word “person” for the body of the dead and never used the words corpse or cadaver. “Dead bodies matter” could be his political slogan. The dead body was, in his secular Jewish view, a precious “someone” to his parents, siblings, partners, and other loved ones. The body had a history and a life. The dead bodies had grieving relatives. There are no hierarchies of dead persons. He said that the choice to practice forensic pathology meant that the pathologist and the dead were joined at the hip, joined at the heart, the lung, and the skin. What happened during those two decades of corruption of the morgue was a violation of the body politic. It was an evil, a term most secular Israelis reserve for the Shoah, for terrorist bombings, and for suicide attacks. Translated into secular language, the dismemberment, disarticulation, distribution, the stockpiling of skin, bones, organs, genitals, and tissues of the dead, was, indeed, to Dr. Kugel, a crime against humanity.

The extreme violations and medical abuses of the bodies of the incarcerated, the disabled, the despised, and the enemy derive from the banal motivations of abuses of power, corruption, greed, indifference, to the political and militarized interpretation of ancient religious beliefs. Despite our attempt to maintain a neutral position, one may be an anthropologist to the bone and still reserve the right to protest. The allegations against ISIS may be false, based on rumors and on the worst fears of what can possibly happen to the enemy-combatant, they may have even been invented by the ISIS propaganda machine. Nonetheless, similar crimes have happened during political conflicts in recent history. My conclusion is meant to support Pope Francis’s contested use of
the words “crime against humanity” in reference to human trafficking. Indeed, the plunder of the dead bodies of the enemy is not only a war crime, and not only a crime against humanity in which normative morality is suspended. It may signal a dangerous hour for humanity when and – in the words of Jan Gross (2001) writing about the systematic butchery, torture, and burning alive of 1,600 Jewish men, women, and children in the Polish town of Jedwabne on July 10, 1941 – “the devil enters history”.

References Cited


**FOOTNOTES**


