

BLACK MARKET

Face to Face with

Gaddy **Tauber**
Organs Trafficker Holocaust Survivor

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Article based on a chapter, "Schindler's Other List," in her forthcoming book A World Cut in Two: The Global Traffic in Organs (University of California Press).

What journalists 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 intermediaries with 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, it 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 with handcuffs slapped on their wrists.

What motivates an intelligent person of high professional standing to enter an illicit human trafficking scheme that pits stranded kidney patients in one country against desperate peasants from demolished agricultural villages in Moldova and hungry men from the decaying slums of a Brazilian port city? What kind of moral worlds do kidney brokers and their clients inhabit? How do they justify their actions? These intimate exchanges of life-giving body parts concern more than medical necessity and individual life-saving. As evidenced in the complicated narrative I am about to tell, these exchanges can be tainted by complicated histories of bondage, and debt peonage, and even link themselves to genocide, racial hatred, and mass death.

In the case of Gadalya Tauber, a retired Israeli defense officer and the chief of operations in an extensive human trafficking scheme that brought slum dwellers from Brazil, rural workers from Moldova, and Russian immigrants from Israel to Durban, South Africa to supply the kidneys needed by international transplant tourists (mostly Israelis), a lot more was at stake than

large sums of money. Greed, yes, but also revenge, restitution, and reparation for the Holocaust played a role in these unconventional transnational transplant proceedings. Redemption and resurrection on the one hand; organ theft, blood libels, and seething resentment on the other make the global trafficking of human organs a volatile and dangerous proposition, a political tragedy of truly epic and Shakespearean dimensions: "I haven't much to complain about." Gadalya "Gaddy" Tauber did indeed look more fit and relaxed than he had during my first encounter with him at the Henrique Dias military police brig in 2005. Then, he was still recovering from the shock of his conviction the previous year on charges of organized crime, racketeering, human trafficking and commerce in human organs and his subsequent imprisonment in Recife, Brazil.

On this visit, in July of 2006, I was accompanied by

Brazilian journalist Julio Ludimir who, like me, was investigating the international organs trafficking ring that had operated out of Recife during 2002–03. Truly global in its scope, the multi-million dollar scheme originated in Israel and was active in several sites in Eastern Europe, Turkey, Brazil, South Africa and the United States. Ludimir and I were both fascinated by Tauber, the hyper-intelligent, complex, and wily 70-year-old former officer in the Israeli Defense Force (IDF) who was widely rumored in Brazil

“The pound of flesh,
which I demand of him,
Is dearly bought;
'tis mine, and I will have it...”

W. Shakespeare,
The Merchant of Venice,
Act IV, Scene I



to be a spy, a drug trafficker, an arms dealer, and a member of Mosad, Israel's ultra-elite military force.

As we settled into a corner of the prison yard, Gaddy made a confession: "Last time I told you that I never killed a man. That was untrue. This time I will tell you the truth, all of it." This was Gaddy as Scheherazade, luring visitors back for another installment in a story that seemed to have no end. At the start of every prison visit he would correct a detail from the previous meeting and he would end with a promise: "Next time I'll tell you about 'the boss' of the organs trafficking ring." Or: "Next Sunday I come again when Terezinha, my wife, is here [for a bimonthly conjugal visit from Bom Pastor, t h e

women's prison]."

"I should have died 70 years ago," Gaddy began. When he was three years old, his parents fled the Nazi invasion of Poland; they went

to Russia, sending Gaddy to live with a Catholic peasant in the Ukraine who hid the little boy and several other Jewish children in his cellar. Although Tauber was not mistreated, neither was he protected. When the German police arrived, the boy was handed over, but he was described as an orphan. "Luckily," he said, "I was fair and had Aryan features. I was brought to a camp for war-displaced children somewhere in the Ukraine where we were to be adopted by German families." Gaddy, who was five years old at the time, says he remembers hunger, sickness, and many deaths in the camp. He eventually managed to escape and, after the war, was reunited with his parents.

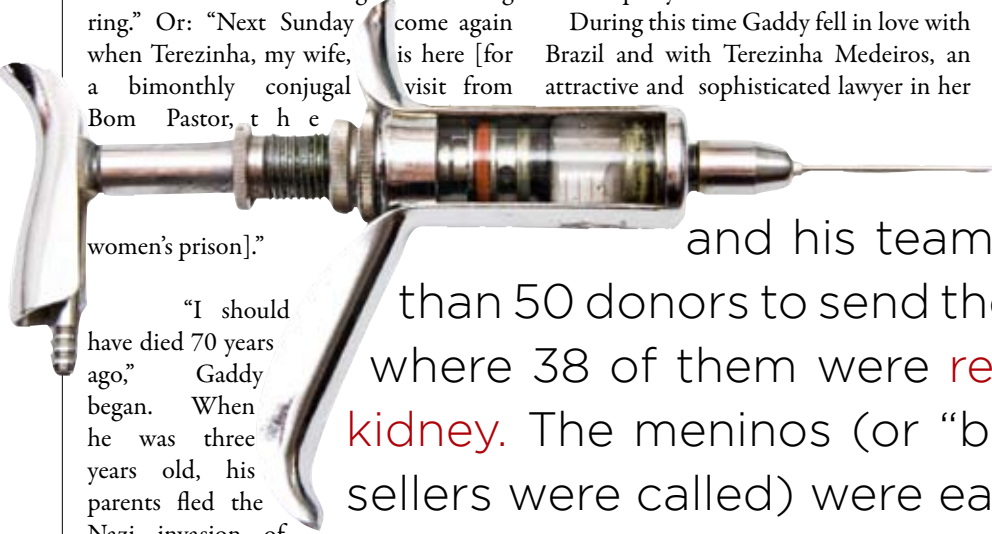
In 1947 the family relocated to Israel where Tauber finished school and did his required military service. As a young man he showed proficiency in science and math but was never encouraged to continue his studies. He became a professional soldier, "the only job for which I was well suited."

After retiring from the military, Tauber began traveling the world, selling his skills in police and security training. He met Captain Ivan Bonifacio da Silva, a retired Brazilian military police officer, in 1997 at a SWAT training class in Miami. They got along well, and da Silva invited Tauber to Brazil where they set up a consulting firm specializing in security training. They also tried to break into the legal weapons trade selling arms to the military and police in Pernambuco and were awarded an \$8.5 million contract by the governor, Miguel Arrais. But that deal collapsed when Arrais and his party lost the next election.

During this time Gaddy fell in love with Brazil and with Terezinha Medeiros, an attractive and sophisticated lawyer in her

something to save the world's Jews, even if it meant finding kidneys for them in the slums of Brazil."

This time Gaddy returned to Brazil on a mission. Once again he teamed up with Captain Ivan da Silva, and in no time at all, a new criminal network had formed. It was a pyramid structure with Ilan Perry at the top, and everyone got a cut. Gaddy, who was in charge of financial operations in Recife, made \$10,000 on each successful transplant. Captain da Silva, who recruited donors through local "kidney hunters," received \$5,000 for every kidney procured. Silvio Bourdoux, a military police doctor and colonel who handled medical screening and blood matching, was paid \$500 for every donor



Together, Gaddy and his team rounded up more than 50 donors to send them to South Africa, where 38 of them were relieved of a "spare" kidney. The meninos (or "boys" as the kidney sellers were called) were easy prey.

fifties. When the arms deal fell through, Gaddy had no way of making a living in Brazil and was forced to return to Israel. There, in 1999, he was approached by Ilan Perry, a businessman with a background in medical insurance who was engaged in organizing a global transplant scheme among paid living donors. Perry offered Tauber a way to return to Recife as a local agent for his "company." All Tauber had to do was to find someone in Recife who could recruit people willing to travel abroad and sell a kidney to Israeli transplant patients. "I refused outright," Gaddy said. "I had no idea that such things were possible, and I found it distasteful."

Three years later, in 2002, Tauber was approached again, this time by the wife of an old friend. Her description of the pressing need of Jewish transplant patients who were suffering and dying on dialysis machines while waiting for transplants caused Tauber to rethink his position. Now he was prepared, he said, "to do

screened. Captain da Silva's wife was also involved; she traveled with the donors to South Africa where they were taken to a safe house to await their operation. A parallel structure existed in both Durban and Johannesburg run by other Israeli-linked on site brokers and handlers.

Gaddy received the money needed to organize the trips directly from Perry and deposited it under the name of his Brazilian wife, Terezinha, who served as the "accountant" for the scheme. Together, Gaddy and his team rounded up more than 50 donors to send to South Africa where 38 of them were relieved of a "spare" kidney. The meninos (or "boys" as the kidney sellers were called) were easy prey. As soon as the first two or three returned safely from Durban and began flashing wads of hundred dollar bills, the word was out, and the kidney hunters didn't have to do anything but take down names — more than a hundred of them. The meninos had spent their lives in Recife's rundown,

working-class neighborhoods, in concrete slab houses whose roof tiles shook every few minutes as planes roared overhead. They wanted to travel, too, to see the world and to come back, their pockets bulging. It was a buyers' market, and the price for a "fresh" kidney fell almost immediately from \$10,000 to \$6,000 and then down to \$3,000. Even so, there was no lack of enthusiasm among the unemployed and indebted.

When several transplants were derailed because the donors did not pass the Durban team's medical screening, Perry urged Tauber to set up a transplant center in Recife. Flying Israeli patients to Brazil, where a steady supply of kidney donors was close at hand, would be more convenient and less expensive than flying both patients and donors to South Africa.

It was a risky business, but da Silva assured Gaddy they could get away with it. Brazilian laws against organ selling were weak, and da Silva's connections to the police and judiciary were strong. All they needed was a "five star hospital" and a competent surgical staff. Both were located. But just a few weeks before the first "transplant tours" were to arrive in Recife, federal police in Brazil arrested 11 members of the organs trafficking ring. Several of the principal figures were convicted and given jail sentences ranging from one to 11 years, with Gaddy and da Silva receiving the stiffest penalties.

On our next visit, Gaddy's jailers did not bring him out as usual but invited us to pass the day with the prisoner in his cell. The visit would be private and only cursorily supervised by a military guard who might pass by to check on us from time to time. I balked, remembering the warning given me by the undercover agent who had nabbed

Gaddy, Federal Police Chief Karla Gomes Matos Maia. "Don't be fooled by Tauber," she had said. "He is a trickster, a liar and a dangerous sociopath. He will play with you, charm you, even amuse you, but he is totally capable of killing you." Indeed, while he was awaiting trial, Tauber had sent "feelers" from his prison cell at the state penitentiary, Anibal Bruno, into the slums of Recife looking for a hit man to knock off Gomes and the judge, Amanda Torres de Lucena. When an informant told police about Gaddy's search for a *pistoleiro* (a hit man), the prisoner was removed to



Nancy Scheper-Hughes with Albery da Silva of Recife, Brazil. Albery was trafficked from his slum located a few miles from Recife's international airport. He ended up in Durban, South Africa, where he sold his kidney to an American woman from Brooklyn, New York, in 2003. The deal was organized by an international criminal network of organs brokers headquartered in Israel.

Henrique Dias, a higher security prison at military headquarters.

Ludimir, a tough investigative reporter, did not hesitate for a second, and when he eagerly entered Gaddy's locked cell, I followed suit. Energized by having his visitors entirely to himself, Gaddy launched into the story of his arrest and the abuses he had endured. Above all, he was furious about his portrayal in the local

media as a "monster, an Israeli Mengele" and the anti-Semitic slurs he suffered from police. "Everyone hates Jews; even Brazilians are anti-Semites," Gaddy said bitterly. He seemed startled when I asked him why, then, had he participated in a scheme that had done such great damage to Israel.

He evaded my question, instead seeking to portray himself not only as a victim of the Holocaust and the savior of sick Jews but also as the patron saint of the impoverished kidney sellers. He challenged me to consider the poverty of the *meninos*, their willingness, indeed their eagerness to sell, and their right to dispose of their bodies as they saw fit. No one was forcing them to do anything, he charged. In fact, they were begging to be part of the group. "I was saving lives in both countries, in Israel and in Brazil," he argued. It was a defense I had heard many times before from body brokers in the Philippines, Turkey and Moldova. But it was only in Brazil where many of the sellers agreed with their brokers.

As Gaddy prepared lunch for us on a little camp stove — homemade soup made from skinny chicken wings, wilted celery, onions, cilantro and a single, dirt-encrusted carrot — he spoke heatedly about his rescue of my own field assistant, Geremias ("Gere") Belarmino, one of the kidney sellers. Out of a job and unable to pay his rent, Gere was facing homelessness. He was about to take his wife and three small children to live in a cardboard shanty when Gaddy offered him the "opportunity" to travel to Durban.

"I tried to protect the boy at first; I told him he was too smart to sell himself this way; I felt like a father toward him, and

so I turned him away,” Gaddy claimed. Geremias was insistent, and he offered to do anything at all for the “company,” including cleaning Gaddy’s apartment, shining his shoes, translating and interpreting Portuguese, whatever was needed. Gaddy relented, and Geremias got to sell his kidney. When he returned, Gere agreed to work for Tauber as a part-time interpreter, and he hoped to be included as an official guide and translator for the new Recife transplant tour scheme.

Gaddy’s version of the story coincided with what Geremias himself had told me. And I recalled the transcript of Gere’s deposition to Judge Torres de Lucena: “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, Gere responded: “No, you are right. But they were facing something even worse, a life threat. And to save them, your honor, I would have sold not only

a kidney, but an eye, a liver, or even my heart, and I would have died happy to see them safely housed.” Geremias had even come to Tauber’s defense during his trial, saying that Gaddy was the only person to help him when every social agency in Recife had turned him down in his time of dire need. “Gaddy Tauber 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. I don’t regret anything.”

Despite the open, foul-smelling toilet located a few feet from the camp stove, despite the dirty vegetables and the grey-looking chicken wings, the savory aroma coming from the cooking pot made my empty stomach rumble. As he carefully spooned soup into two little plastic containers, one for me and one for Julio, but none for himself, I protested: “Oh

please, Gaddy, you first.”

Tauber demurred, grinning like a Cheshire cat: “I’ll eat later, after you leave.” Pouring a little whiskey into his coffee mug [how did he ever get that, I wondered?], he lit another cigarette. “Oye, Julio,” I said, “I think this is a test.” But Julio had already dug in and was slurping loudly. Hunger, as they say, is the best sauce, and we both ate greedily, even taking seconds.

As we ate, Gaddy asked me how I had come to Brazil. Since he had revealed his secrets to me, I told him briefly about my years living in a rural shantytown as a Peace Corps volunteer in the mid-1960s and my return in the 1980s as an anthropologist studying mother love and child death. Gaddy listened intently, and he asked intelligent questions. When I described the way some infants, lacking what shantytown mothers called “a knack for life” were let go, not only allowed to die but helped to die, Gaddy nodded his head knowingly.

“Do you know what they were?” Gaddy asked.

“No, what?”

“Those babies were little Musselmen.”

I was taken aback. A few years after the publication of my book, *Death without Weeping*, I had thought of that same analogy while re-reading Primo Levi’s description of the living dead, the Musselmen, the sub-population of camp victims whose exhaustion was so great, whose despair was so palpable that they looked and behaved like walking mummies. These men and women were avoided and stigmatized as having succumbed, as having “given up” all hope and with it, their humanity. Thus, were they also “given up on” by those around them.

“Yes, those angel-babies were little Musselman.”

Before we left his cell, for what was to be my final visit to the prison on this trip, Gaddy took my hand and kissed it and, without giving it a second thought, I reciprocated. I asked if there was anything he needed that I could provide. He had only one request: “Whatever you do, promise not to turn me into a monster.”

“I promise; and you take care of yourself,” I said, on taking leave.

“I survived Hitler, I survived Stalin. I can certainly survive this.” **BT**

Business Today: Who is behind the globalized organ trafficking network?

Nancy Scheper-Hughes: The people who do this pose as businessmen—people who have contact with medicine at a fairly high level in their country, maybe a head of insurance claims. Governments where these groups have grown up often turn a blind eye because, in effect, it solves their problems. We have this problem of people stranded on waiting lists. The discourse is that twenty people a day die waiting for an organ. Well, you do die waiting for an organ if it’s a heart. But with other organs that are shareable—especially the kidney—or when you have a relative to help you, it’s slightly different. You are not waiting for a person to become deceased. You can turn to living donors. With kidneys, the fact is that people can have their problem temporarily taken care of by dialysis. In my travels, now in more than a dozen countries, there are hundreds of dialysis units, not to mention transplant units, and I have met people who have survived quite well for 22-23 years on dialysis.

BT: Are extended periods of treatment via dialysis more expensive than procuring an organ illicitly?

NSH: It depends on the country. You have very inexpensive dialysis in Brazil, where it is a kind of a cash cow for the economy. Brazil has a unified national healthcare. They do it in a way that works and it’s not terribly expensive. In the US, it’s much more expensive to have dialysis treatments than to have a transplant. Aside from Medicare, the only nationalized healthcare we have is oddly enough for dialysis and transplants. But what it doesn’t cover are the anti-rejection drugs, which can be over a thousand dollars or more every month. You can make these calculations, and they mean different things in different places with different organized healthcare systems. In many advanced industrial societies, you are right, it is cheaper to have a transplant. But then some parts of the transplant are not covered and can be quite onerous and result in inequitable distribution of transplants. But the problems are ethical in a global sense.



BT: Who are the donors that are manipulated? Are they predominantly in developing nations?

NSH: Well, people are manipulated in the United States, too. But what is really exploitative is when you get these international brokerage firms, who then recruit through the newspaper and through visits to hospitals and set these deals up. The donors are from very poor countries, and they are literally trafficked—meaning that they are contacted by kidney hunters who are employed in the criminal network. It's just like a pyramid scheme. At the very top you have these very smart, very savvy, very well-connected businessmen working with hospitals and doctors. They are looking at places of extreme economic collapse, or looking at vulnerable groups or populations—like undocumented workers, political refugees, people in jail.

BT: In combating this multi-faceted problem, is the best way a top-down approach that first punishes these corrupt businessmen, or do we go to the bottom and educate the people who are in these developing nations and who are sacrificing their bodies for commercial gain?

NSH: I think absolutely both. There was a reluctance when I was trying to inform transplant societies. Surgery is very corporatist, it's very closed, and it's like a fraternity. They go to the same meetings, they read the same books, exchange the same information. They didn't want to make this public. They also didn't want to out the individuals that they knew were guilty, so the transplant organizations treated the trafficking people for organs the way the Catholic Church treated priests who were sexually exploiting their young parishioners. They would say, "Get out of here" with very public censure and that person would set up a private practice. The most extreme thing was to say, "You can't practice medicine anymore in our country, but what you do in the next country doesn't matter." Rather a kind of "don't ask don't tell" policy. "We're not detectives" was the thing I was often told when I talked to hospital administrators about what went on under their very eyes.

BT: What about the role of governments?

The Chinese government, for example, recently banned the sale of organs to organ tourists coming from Japan to protect Chinese patients waiting for organs. How effective is this supervision?

NSH: People travel from all over to get kidneys, and Japan is a big buyer, and Israel is another. Half of all the people in Israel walking around with a fresh kidney, meaning a transplanted kidney, bought it overseas. Israel has finally passed laws against it, but they have to be supervised to make sure that people don't find ways to get reimbursed

In China, it's an old story, which it began with executed prisoners. I mean

procuring people. So you always have procurers, and the transplant professionals are so uncomfortable with that. They are also uncomfortable with the idea of poor people whose fate in life destines them to supply life to a better... What I'm saying is there really is a distinct class difference.

In Brazil, they're water carriers, or they're stevedores

Transplant Tourism: a global look

lots of people have been going to China because it was cheap, they have very good technology, and, above all, the organs were fresh. People would be organized by travel tours, and arrive on the dates when there would be executions. Even American citizens were willing to say, "Well, we don't care. They're going to be dead anyway. So I might as well go and get myself a fresh organ." The concern is that in China there seems to be a parallel growth in the number of executions relative to the number of transplants [tourists] that are willing to come. Some in China would argue criminals are paying their debt to society, and, of course, we have to grant people who are doing these things that they do have a cultural logic that may be quite different than our own.

BT: You mentioned in one of your articles that you wanted Organs Watch to be superseded? What sort of international surveillance team do you envision?

NSH: It's really a global traffic, but it's a very different kind of a global traffic. It involves medicine, it involves people at very high levels, and it does involve a good in the end—that is that some people get to live. The main problem is the brokers. No doctor is going to go out looking or

in the watery slums of Manila, or they're welders in rural Moldova. Sometimes they're a cut above, like mechanics, or people who work in markets. The point is to say is that the brokers will send anybody, even somebody with one kidney—even though they state that they have screened them before sending them abroad.

At an incredible meeting last May in Istanbul, transplant surgeons unanimously accepted a declaration saying, "Let's tell it like it is. Transplant tourism is transplant trafficking." This is not good for transplant medicine, not good for the providers of kidneys. The only people that benefit from this are the hospitals, the brokers, and the surgeons. We are not comfortable with that. So we're going for prohibition rather than regulation.

So now the problem is that laws have been passed even though there still isn't an organization that can be permanent. I'm calling this entity a secretariat. It has to be multi-lateral, international, transnational, global. But it can't be run by the transplant profession and their friends. It has to involve human rights activists, the UN Office on Human Trafficking, bioethicists who are appropriately critical, and, of course, transplant professionals, and transplant nephrologists, and people from international law. **BT**

