Face to Face with

Gaddy Tauber

Organs Trafficker

Holocaust Survivor

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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 brigs 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
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, the 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 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 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 though 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 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 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.
by the undercover agent who had nabbed balked, remembering the warning given me pass by to check on us from time to time. I supervised by a military guard who might visit would be private and only cursorily the day with the prisoner in his cell. The bring him out as usual but invited us to pass da Silva receiving the stiffest penalties. from one to 11 years, with Gaddy and jail sentences ranging were convicted and given of the principal figures trafficking ring. Several 11 members of the organs police in Brazil arrested to arrive in Recife, federal 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.

Nancy Scheper-Hughes with Alberty da Silva of Recife, Brazil. Alberty 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’
ch i l d r e n
were not
facing a death
threat, Gere
responded:
“No, you are
right. But they
were facing
s o m e t h i n g
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
deresperation 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 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.

“No 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, I
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.”

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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 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 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 destined 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 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.