

Theft of Life

Nancy Scheper-Hughes

A terrifying rumor surfaced in the shantytowns outside of Recife in Northeast Brazil in 1987 and has been circulating there ever since. The whisperings concern the abduction (and mutilation) of young and healthy shantytown residents (but especially children) who, it is said, are eyed greedily as fodder for an international trade in organs for wealthy transplant patients. Shantytown residents reported multiple sightings of large blue or yellow vans, driven by foreign agents (usually North American or Japanese), who were said to parole poor neighborhoods looking for small stray children, children that the drivers mistakenly believed no one in overcrowded slums and shantytowns would ever miss. The child would be nabbed and shoved into the trunk of the van. Some were murdered and mutilated for their organs (especially eyes, lungs, hearts, and livers) and their discarded bodies would be found by the side of the road, or tossed outside the walls of municipal cemeteries. Others were taken and sold directly to hospitals and major medical centers, and the remains of their eviscerated bodies were said to turn up in hospital dumpsters.

"They are looking for 'donor organs,'" my clever research assistant, "Little" Irene told me. "You may think that this is just nonsense, but we have seen things with our own eyes in the hospitals and the public morgues, and we know better."

"These are stories invented by the poor and illiterate," offered my friend Casorte, the new Socialist manager of the municipal cemetery of Bom Jesus, last August. "I have been working here for over a year. I arrive at 6 in the morning, and I leave at 7 o'clock at night. Never have I seen anything. Where are the bodies or even the traces of blood left behind?"

The body-snatching rumors were so widespread in the *favelas* and poor neighborhoods of Pernambuco

that local journalists soon picked up the story and went to great lengths to expose the credulity of the population, sometimes cruelly satirizing the people's fears as modern-day "bogey man" stories. But to the at best semi-literate, the newspaper and radio coverage only added further validity to the rumors. "Yes, it's true," wailed Dona Aparecida, wringing her hands on the doorstep of her house in Rua do Cruzeiro. "I myself heard it on the radio yesterday. They are reporting it even in Recife. Now what will become of us and our poor children?" And she started to cry.

The stories had reached such proportions that my attempts one morning to rescue little Mercea, Biu's perpetually sick and fussy three-year-old, backfired when I attempted to get her into the back seat of a taxi, even as she was carried in the arms of Xoxa, her older sister. As soon as I gave the order, "To the hospital and quick!", the already terrified little toddler, in the midst of a severe respiratory crisis, began to choke, scream, and go totally rigid. "Does she think I'm 'Papa Figo?'" (the Brazilian bogey man) the annoyed cab driver asked. "No, but she may think that I am," I replied. No amount of coaxing by me or Xoxa could convince Mercea that her tormented little body was not going to be sold to the doctors by her American "madrinha." And a ghoulish godmother, indeed, that would have made me! Biu had instructed the little girl well: "Don't let anyone take you outside the house."

Even more children than usual were kept out of school during this period, and others were sent away to live with distant kin in the countryside. Meanwhile, the small children, like Mercea, who were left at home while their mothers were at work in the cane fields or in the houses of the wealthy, found themselves virtual prisoners, locked into small, dark huts with even the wooden shutters securely fastened. On several oc-

casions I had to comfort a sobbing child who, through a crack in a door or shutter would beg me to liberate her from her dark and lonely cell.

When, overnight, the life-sized body of Christ disappeared from the huge cross that gives the shantytown of Alto do Cruzeiro its name, the skeptical and the irreverent wondered aloud whether the same medical kidnappers were not responsible. They suggested that community leaders search the dumpsters of local hospitals to find out if the Christ had had His organs removed. But among the devout and more simple, the "missing Cristo" of the Alto increased the people's sense of threat and physical vulnerability. Dona Amor wiped a stray tear from her wrinkled cheek and confided in a hoarse whisper, "They've taken Him, and we don't know where they have Him." "Who? I asked." She answered, "*Os grandes*, (the 'big ones'), those who give the orders and call the shots." She was referring to the politics of power, to all the inchoate forces that are summoned by the poor to explain and to account for everything in their lives, even the size of their coffins and the depth of their graves.

The rumors of "what will become of us now?" and "what could possibly happen next?" expressed, albeit in a surreal sort of way, shantytown residents' very real perceptions that something was amiss. The anxieties and rumors about poor children snatched up for their organs coexist with an actual and an active roundup of little street urchins, called *meninos da rua* (street children), motivated by angry shopkeepers and supported by the local police. Some children "disappear" into Brazilian prisons and Federal correctional and educational reform facilities that are viewed with horror by shantytown children. Others are assassinated by local "death squads." Benedicto Rodrigues dos Santos, head of the Brazilian National Street Children's Movement, reported that his movement has recorded the violent deaths of 1,397 street children over the past five years. Body-snatching rumors also coexist with an active domestic and international black market in babies, where one could refer to the "theft" of poor women's reproductive organs by wealthy women elsewhere in Brazil and in the United States, West Germany, Italy, and Israel (the countries accounting for most of the Brazilian adoption trade).

Worth More Dead than Alive

But more immediate is the possibility that these seemingly farfetched rumors of body- and organ-snatching have their basis in poor people's perceptions,

grounded in a social and in a biotechnomedical reality, that their bodies and those of their children might be worth more dead than alive to the rich and powerful. These perceptions are generated within the context of sometimes macabre performances of doctor-patient relations in public clinics and teaching hospitals where the body parts of the rural and working poor are often viewed as "dispensable." When Seu Antonio, a rural cane cutter from Alto do Cruzeiro, appeared in a local clinic following a series of small strokes that left his eye damaged and his vision impaired, the clinic doctor said, without even bothering to examine the afflicted eye, "Well, it's not worth anything, let's just have it removed." At the same time, the wealthy indulge themselves in the very latest medical technologies—plastic surgery and body sculpting are now almost routine among the middle-aged and middle class in the region. The frequent accident victims among the sugarcane cutters and sugar mill workers on the plantations return home from the hospitals with grotesque scars and badly set bones that leave them permanently disfigured or disabled.

The bodies of the poor and those of their children are worth more dead than alive to the rich and powerful.

Because the poor believe that those who arrive deathly ill at public hospitals without medical insurance or official documents, or without close family members to represent and protect them, surely become fodder for medical experimentation or for organ theft, it is not surprising that so many shantytown residents avoid hospitalization. Above all, they fear dying in the charity wards of public hospitals where their remains will be "donated" to medical students as pay for canceling their accumulated medical debts. "Little people like ourselves," I was told, "can have anything done to them."

Stories like the following, told by a washerwoman from Recife, confirm some of those suspicions:

"When I was working in Recife," she began, "I became the lover of a man who had a huge, ugly ulcer on his leg. I felt sorry for him and so I would go to his house and wash his clothes for him, and he would visit my house from time to time. We were going along like this as lovers for several years when all of a sudden and without warning, he died. The city sent for his

body. I decided to follow him to make sure that his body wouldn't be lost. He didn't have a single document, so I was going to serve as his witness and as his identification papers. But by the time I got to the public morgue, they had already sent his body to the medical school for the students to practice on. So I followed him there and what I saw happening at the school I could not allow. They had his body hung up and they were already cutting off little pieces of him. I demanded the body back. After a lot of arguing they let me take the body home with me. He was only a beggar who sometimes did magic tricks on the bridge in Recife to amuse people. But I was the one who washed his clothes and took care of his wound, and so you could say that I was the owner of his body."

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Due to stories and incidents such as these there is among the poor a horror and a fascination associated with autopsy, plastic surgery, and organ transplant operations which are sometimes understood quite fantastically. "So many of the rich are having plastic surgery and organ transplants," offered one old woman, "that we really don't know whose body we are talking to anymore." From their perspective, the ring of organ exchange proceeds from the bodies of the young, the poor, and the beautiful to the bodies of the old, the rich, and the ugly, and from the bodies of Brazilians in the south to the bodies of North Americans, Germans, and Japanese to the north.

It was just this perceived injustice of unfair and unequal exchange of organs and body parts that kept Dona Carminha in search of medical help for her only living son, Tomás, who was blinded when he was seven years old by a poorly treated eye infection. Secondary scar tissue had grown over the cornea of both eyes, and the boy, now entering adolescence, lived in a world of impenetrable blackness. Dona Carminha was convinced that the boy's blindness was only temporary and could, someday, be reversed by an eye transplant. The obstacle, as she understood it, was that the "eye banks" were reserved, like everything else in the world, for the rich, those (she said) who could afford to pay "interest." She had taken the boy to Recife and then, by bus, to Rio where she lived in a shantytown with distant relations while she relentlessly

pursued one impossible option after another. Although she could not read and was terrified of the city, she learned to make her way, she said, and went from hospital to hospital, clinic to clinic, until she finally exhausted all possible options there. Yet she persisted in her belief that there was still hope for her son, that somewhere she would find a doctor of conscience, "a sainted doctor," who would be willing to put his hands into the till and come up with a new pair of eyes for her son. "Didn't they give new eyes to the rich?" Carminha asked me. And wasn't her own son just like them, and equal before the eyes of God? How could the doctors not see what they were doing, she continued. Were they so blind? Her husband, patient and long-suffering Seu Evanildo, sighed, shaking his head toward me. "Maybe," I said gently, "maybe, Dona Carminha, it is, as the doctors have told you, too late for your son's eyes. Maybe he will have to learn how to walk in the shadows." "Never," she said, "I will never give up as long as I have the strength to walk the streets, and I have a mouth to speak. I will take him to Texas if that is the only solution."

Commodities or Gifts?

There are many existential dilemmas involved in the question of organ transplants which are being imaginatively addressed by residents of shantytowns, who can easily imagine that their bodies might be eyed longingly by those who can afford to purchase them as a reservoir of spare parts. We are far more comfortable thinking of organ transplants as "gifts" donated freely by loving and altruistic people. Stories of organ transplants among relatives or from altruistic donors who are moved by national media campaigns to find an appropriate donor organ for a dying person, often a child, epitomize for us humankind's highest capacity to make the gift of life, at one's own expense

The bodies of the poor are preyed upon by the wealthy and powerful.

But to the poor living on the edges of affluent society in many parts of the world, whose bodies are routinely preyed upon by the wealthy and the powerful (in economic and symbolic exchanges that have international dimensions), the organ transplant implies less the "gift" than the "commodity," and a commodity over which they have limited autonomy as it is. In place of the "gift of life" there is the suspicion of a "theft of life"

in which they will serve as the unwilling and unknowing sacrificial lambs. Sometimes, as in the case of the domestic and international traffic in babies, that theft of life is, in fact, actualized.

Traffic in Babies

When Maria Lourdes, the mother of five sickly and malnourished children living in a miserable hovel on the hillside path called "the Vulture's Beak" on the Alto do Cruzeiro, was approached by her wealthy *patroa*, the woman for whom she washed clothes for less than a dollar a week, who asked to "borrow" her pretty little four-year-old *galega* (fair-haired, fair-skinned child), Maria readily agreed. The woman said she would keep the child overnight, just for her amusement, and she would return her in the morning. Maria sent her little girl off just as she was: untidy, barefoot, and without even a change of clothes, or her little pink comb with its missing teeth.

The night passes, and then another. Maria was worried, but she assumed that the child was happy and having a good time, and she did not want to anger her boss by appearing anxious or mistrustful. After a week had gone by, Maria's husband, Manoel Francisco, came home from the plantation several hours to the north where he had been working as a sugarcane cutter. When he returned to find that his favorite daughter was missing, he pushed Maria up against the wall of their hut and called her a "stupid woman." He went frantically in search of the little girl, but upon arriving at the house of his wife's *patroa*, he learned it was already too late: the little girl had been given to a wealthy American missionary who directed a "Children's Home" in Recife that specialized in overseas adoptions. "Your daughter is in good hands," insisted the local sponsor and benefactor. "Leave her where she is and soon she will be on her way to America to become the daughter of a rich family. That pretty girl of yours has no future in your household. Don't be selfish; give her a chance." The woman would give no further information, and when Manoel became insistent, she called on one of her houseboys to have him removed from the patio.

Had they lodged a complaint with the police? I asked. "And do you think that the police would take a complaint from us, Dona Nanci?" they asked in return. No, said Maria, adding that although she was very angry at having been tricked, she had come around to accepting what had happened, to *se conformar*, to adjust to her fate. Her daughter was most certainly better off now. Later she withdrew into the little back room where the members of the family slept

crisscrossed in hammocks of various sizes and colors, and she emerged with a small plastic basket that contained all of her daughter's earthly possession: a couple of tattered cotton shifts, her pacifier on its string, a pair of plastic flip-flops, the comb and a tiny mirror. "Marcela was so vain, so proud of her blond hair and fair skin," her mother said wistfully, "and look what happened to us because of it." Maria's oldest daughter, Marivalva, picked up the objects and turned them over. There were tears glistening in the corners of her eyes. "Does she miss her little sister often?" I asked. "Don't mind her," Dona Maria replied, pushing the girl away. "She's only crying for herself, that it was her bad fortune not to have been stolen!"

"But do you have *saudades* for your daughter? (Do you pine for her?)" "I don't think of her too often now. But when I go into her things, it makes me sad sometimes. I feel so bad to see the little bit that she left behind, and I think to myself, 'Why don't you just throw the things out?' Even if, by some miracle, she would come back to us, she could never use them anymore. When Manoel catches me looking at her things, he starts up again, arguing about my stupidity and hitting me. But today I'm stronger than I was and so I yell back at him: 'What are you saying? Do you want Marcela here amidst all this want, all this abuse and maltreatment? Let her escape. We are the ones to be pitied, the ones who were left behind.'"

The number of children leaving Brazil has been estimated at 3000 per year.

After encountering a half a dozen cases similar to Maria's on the hillside shantytown of the Alto do Cruzeiro, I decided to explore the local dimensions of the Brazilian traffic in babies. I have changed the names of all the key actors in the following account.

Each year close to 1,500 children leave Brazil legally in order to live with adoptive parents in Europe, the United States, and Israel. But if one counts the clandestine traffic that relies on the falsification of documents, political and bureaucratic corruption at the local and state (as well as international) levels, and that works through exploiting the emotions and the ignorance of poor women like Maria living in hardship situations, the number of children leaving Brazil has been estimated at 3,000 per year, or approximately 50 per week leaving Brazil for other countries. The lively

international market in Brazilian babies was briefly a cause célèbre in the Brazilian media during 1987-1988. An hour-long public television news report by *Rede Globo* in July 1987 was followed by a cover feature story on the baby market in the popular magazine *Veja* in June, 1988.

Adoption Networks

I first became aware of the issue during my brief and occasional stays at a small hotel near Boa Viagem beach in Recife. This hotel had long been a popular hangout for Peace Corps volunteers in the 1960s and 1970s, for military personnel, USAID agents, and for the more rugged American and European tourist. In the late 1980s, the hotel began to cater to a new clientele, couples from the United States and Europe who had come to Brazil in the final stages of the process of adopting a Brazilian child. Most were working through the auspices of a domestic adoption agency, many of them church-affiliated, and all had been referred to Ms. C., an elderly Protestant Midwestern missionary who directed a large children's home, *Casa Alegre*, in a poor suburb of Recife. Ms. C. was a close friend of the German owner of the seaside hotel. On one weekend in late June of 1987, I encountered five married couples and one single woman residing at the seaside hotel while they awaited the four to six weeks' court proceedings that would clear the way for a legal adoption. The timing of the couples' arrival had been arranged to coincide with the appointment of a sympathetic *Juiz de Menores*, a Children's Judge who did not share many of his compatriots' anxieties about the exodus of poor Brazilian children to foreign countries.

Among the couples were Barry and Peggy, a married couple from Minnesota, who discovered at the time of the birth of their first child, that they were carriers of a fatal genetic disease, which they had transmitted to their infant son, who lived only a few months. They were told they had a 60 percent chance of producing another child with the same disease, and so began their search to adopt a child. They were able, finally, to adopt a racially mixed child from their own city, but were unsuccessful in their attempt to adopt a second child. A member of their local church put them in touch with the directress of the *Casa Alegre* and, now, approximately one year later, they were in Brazil, hoping to return home with an adopted year-old daughter, Carolina.

I was told that the adoption had cost the couple close to \$3,000, excluding airfare and per diem expenses while in Brazil. One thousand dollars went directly to

the "orphanage" (as they called it) and another \$800 to the legal intermediary, a local "adoption" lawyer who was, in fact, a son-in-law of the orphanage director. The remainder went to various legal and processing fees and to pay for a court interpreter. The pamphlet from *Casa Alegre* asked prospective adoptive parents to arrive with American dollars and advised, "No Travellers Checks or personal checks, please." The pamphlet also stated that all of the children made available for international adoption were either orphans or were abandoned by their mothers. It stated emphatically that the home did not solicit babies for adoption.

When I asked Peggy what she knew about the circumstances of her adopted daughter's birth parents, she replied that Sandra's mother was a single woman with several other children who worked for a large sugar mill. She had been referred to the "orphanage" by the wife of the sugar mill owner, by her *patroa*, in other words. As Peggy understood it, the woman's benefactor had explained to Sandra's mother that the orphanage was a solution to her latest difficulty, the birth of another "unwanted" child.

Susan, a single mother from Rhode Island, was at the hotel hoping to adopt Zeze, a beautiful and lively mulatto child who Susan thought could not be older than three years, although she had been told by the Home that he was six years old. I suggested to Susan that chronic undernutrition often stunted the growth and psycho-social maturation of children in the sugar plantation region, but she persisted in treating Zeze like a toddler, which he seemed to enjoy. When his rough-and-tumble play got out of hand, however, she wondered whether her adopted "toddler" might be suffering from "hyperactivity."

A second couple from Texas was hoping to adopt the half-brother of Sandra, making them (they said) almost related to Barry and Peggy from Minnesota. They hoped to be able to stay in touch across the miles for the sake of the half-siblings. Three other couples staying at the hotel were Europeans, two from Holland, and one from West Germany, each hoping to adopt a son or daughter.

In the evenings I often sat with the couples who were bored by the long bureaucratic procedures and they were happy to tell me a little about themselves. I told each of them I was an anthropologist writing about the topic of child welfare in Brazil.

The couples viewed themselves as both lucky and generous people, simultaneously "on the giving and the receiving end," as Barry put it. As they understood it, Brazilian women had "too many children" because

they were Catholics and they did not practice birth control. They had been told that boys were easier to adopt because many Brazilian mothers express overt hostility towards male babies due to resentment toward the father of the child. Consequently, mothers wanted to part with their sons more readily than their daughters. "Brazilian mothers," the soft-spoken wife of one of the Dutch couples offered, "want to keep their daughters to be 'slaves' for housework, or to sell them into prostitution." The couples were quite certain that the birth mothers had given them up freely and with evident relief. That is certainly what they had been told by the director of *Casa Alegre*.

The couples were certain that the birth mothers had given up their children quite freely and with evident relief.

A few weeks later, I paid a visit to *Casa Alegre*, a cluster of buildings on the top of a secluded hill in a suburb of Recife. The staff were a little perplexed by the visit, but were cordial in showing me and my assistant through the institution. We were taken into the front room where a dozen babies ranging in age from one month to a year were lying in cribs with their names over their heads. Some had already been claimed and were awaiting adoption proceedings, others had just arrived. Several looked quite ill. One infant, soon to be adopted by an American couple from the Midwest, had a rather severe birth defect. Another was under medical treatment for kidney problems. A third was being treated for syphilis, a particularly sad case, said Ms. C., the director, because when potential adoptive parents learn that a child has syphilis, they usually refuse to go ahead with the adoption. "We do our best," said Ms. C., to match babies to adoptive parents according to their requests.

"And what are the most common requests?" I asked.

"You can probably guess yourself. They would like to adopt pretty, healthy babies, and most ask for light-skinned children with white features. Most adoptive parents want little girls." She does her best, she said, to point out that Brazilians are a racially mixed population and that the adoptive parents should be embarrassed to make racial requests.

In the second room there were several older children, toddlers and preschoolers and three brothers be-

tween the ages of 7 and 12 years. It was more difficult, said Ms. C., to find adoptive parents for the older children, and some of these have to be returned to their mothers or other more distant relatives. Some become street children after they leave the Children's Home.

Ms. C. was not surprised when I raised the question of traffic in babies, and she was prepared to answer. It was true, she said, that some aspects of the adoption process were murky. Sometimes she, herself, fought with parents or other guardians over the release of children so that they could be free for adoption. In the case cited above, a priest in a small rural community had kept the three orphaned boys in the rectory where he exploited them as a source of free labor. Some birth mothers, Ms. C. added, do not want to sign the legal adoption papers releasing their children even though they know that this would be best for the child and that they themselves are in no position to care for another child. Other women abandon their babies freely to the Home, but then are too ashamed to sign the formal documents. They do not want any official record of their having given away a child. In such cases, Ms. C. admitted to exerting some pressure on the mothers.

An Open Question

I left *Casa Alegre* with the perception that even this institution, though functioning legally within the crevices of the Brazilian bureaucracy, was open to question. Clearly Brazilian birth mothers, like Maria, did not always easily or even fully consciously, give up their children. Meanwhile, the altruistic and religious ideology of the adoption institution masked the social process that allowed the "rescue" of children from women who, given the choice and the material support, might have preferred to raise them themselves.

I often think of the tortured ambivalence of Dona Maria, and of the humiliation of Seu Manoel who felt duped by his wife's *patroa*. Dona Maria could get worked up, too, about the way that she lost her child. "When I am very angry," she once said, "I think to myself, 'why doesn't that rich American woman who stole my little blond come back and get the rest of us as well!'"

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