

The Body of the Enemy

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THE BIOMEDICAL ABUSE AND PLUNDER of dead bodies for usable organs and tissues is a widespread and extremely controversial practice that continues to this day. This article documents a troubling history of abuse of dead bodies that were brought to the Israeli National Institute of Forensic Medicine at Abu Kabir (a neighborhood of Tel Aviv) for autopsy during the crucial and tumultuous period between 1988 and October 2012. Allegations of tissue and organ confiscation were longstanding, beginning in 1999 when a newly trained Israeli pathologist, Dr. Chen Kugel, joined the institute and realized that something was very wrong. He observed legal autopsies ending in illicit dissections; he witnessed the removal and retention of organs, tissues, and other body parts that were later stockpiled and distributed for various ends that included medical training, scientific research, pseudoresearch, and skin and cornea transplants. Dr. Kugel sought to make the institute's administration aware of the illicit practices of individuals such as Dr. Yehuda Hiss, a state-appointed senior pathologist who served as the institute's first director. Dr. Kugel's efforts were initially rebuffed by the government, which set up a weak investigation of the situation and ultimately failed attempts to "clean up" the institute in order to rescue its reputation. The struggle also cost the ethical pathologist his position. As long as the story was kept inside Israel, the government and the Israeli Ministry of Health tolerated the illicit and arguably criminal practices.¹

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Kosovo, Azerbaijan, South Africa, and the United States for commercial “back-door” transplants.

Kidneys were purchased from providers recruited by low-level brokers known as “kidney hunters” in the former Soviet republics in Eastern Europe and in Central Asia, from poor people recruited in the slums of Bogota, Brazil, and from recent Russian immigrants to Israel.³ Figure 1 above shows some of one transplant trafficking scheme involving actors in Israel, Brazil, and other countries.

The organized team of transplant tour surgeons, kidney recipients, and kidney providers often met initially in a foreign country where the transplants could take place in secrecy. The Israeli transplant tourists often returned home with a slip of paper stating that a transplant had taken place on a particular date without any other medical or other necessary information such as the name of the hospital, the identity of the transplant team, or any data about the purchased kidney. Follow-up care took place in Israel, and the international transplants were reimbursed by Israeli sick funds and donations made by supporters to questionable charity organizations such as Kav L’Chaim (United Lifeline) in Israel that launched campaigns to help Israeli patients travel from transplants that were arranged privately and against the law in the countries where these transplant tours took place.⁴

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Even though these illicit transplants took place elsewhere in the world, they were still illegal in Israel. Previously existing organ and transplant laws in Israel (as in most other countries) did not anticipate human trafficking for organs from the living. Thus, even when these back-door transplants took place illegally in other countries, they were tolerated by the Israeli Ministry of Health until 2009 following the Istanbul Summit on Organ Trafficking and Transplant Tourism. The situation in Israel, Europe, and the United States changed dramatically after they signed onto the Istanbul Declaration condemning these practices.⁵ What were once dismissed as urban legends, rumors, and blood libels by complicit surgeons, ministries of health, and governments were suddenly the object of federal investigations, police stings, and international tribunals. Indictments, prosecutions, and convictions of organ- and transplant-trafficking schemes in Brazil, South Africa, Ukraine, India, the United States, and Kosovo replaced denial of the practices.⁶

In 2009 Israel passed new laws supporting brain death criteria and prohibiting medical reimbursement for cross-border transplants with trafficked kidneys.⁷ It took several more years, however, before illicit practices of tissue and organ theft from the dead brought for autopsy to Abu Kabir were finally

discontinued in 2012.

THE SWEDISH STORY

An international scandal erupted in the summer of 2009 after Donald Boström published a story in Sweden that detailed the mutilation and harvesting of organs from the bodies of Palestinian combatants that had been taken to Abu Kabir for autopsy during the first Intifada. Since some of the young Palestinians appeared to be alive before their bodies were abused at the institute, the aggrieved mothers spoke of their sons' bodies as having been "Plundered for their Organs," a quotation used in the headline of Boström's story.⁸ The story went viral, and in some cases the headline was altered from "Plundered for their Organs," to the more horrifying "Murdered for their Organs." The worst distortion that circulated in media was that Boström claimed that Israeli soldiers were deliberately hunting young Palestinians in order cut out their organs. Such coverage immediately shifted the focus of the discourse from the actual practice of organ harvesting to the fact that Boström had written about Palestinian victims—from what was being done to such a body to the body itself: the body of the enemy, the body of the terrorist. Amid the angry Israeli response to perceived lies and blood libel, Nancy Scheper-Hughes decided to release an incriminating audiotaped interview with Dr. Hiss in 2000 in which he freely and almost casually admitted to harvesting eyes, skin, bone, solid organs, and other parts without consent. Scheper-Hughes released the tape to Israeli television journalists, and it aired on a weekly news show in December 2009.⁹ The Israeli government responded by claiming that irregularities had taken place but had been ended by 2000, a claim that was later retracted.¹⁰

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Today there is no doubt that gross irregularities had taken place in the past, and evidence remains that these practices continued, though in modified form, until last year. While the Israeli media intermittently covered the moral and political crisis of illicit organ harvesting at Abu Kabir, the Western media ignored the story.¹¹ Thus, Israeli authorities failed to interrupt the semi-clandestine practices of full body dissections and the plundering of body parts, small and large. Consequently, the practice, which may have begun solely as a momentary ethical lapse, ended as a moral collapse at Abu Kabir. It was only after dozens of civil lawsuits against Abu Kabir by the Israeli families of the victims that the government ordered a police sting at Abu Kabir in 2012, which found more than 8,000 haphazardly stored body parts. The tide turned rapidly, and Dr. Hiss was fired from his post. Although in the end Dr. Hiss was found innocent of

any criminal charges, the political climate shifted, and laws changed to prevent medical human rights abuses of the living and the dead. Nonetheless, public discussion to date has not focused on the abuses or shown compassion toward the relatives of the victims. Rather, the debate has centered on those who brought the devious practices to light. Vigorous efforts to discredit and discipline the whistle-blowers exceeded efforts to discipline the medical professionals who were responsible for the violations in question.

In this article we will document the campaign to cover up the Abu Kabir scandal. Although our entrées as authors into the strange events at Abu Kabir differ, our mutual concerns about the victims of body plunder; the grief and anger of the relatives; and the cultural, moral, and political consequences of the cover-up motivated our update of the tragic story. We also wanted to enlarge the debate about what we owe to the dead, to their relatives, to their communities, and to history.

The medical–ethical collapse at Israel’s National Forensic Institute at Abu Kabir was the result of the abdication of Dr. Hiss’s official stewardship and duty to protect the bodies of the dead. The abuses—the stockpiling of hearts, glands, long bones, brains, and even skulls for profit and influence, for science and for the pretense of science, for display, and for power, patronage, and reputation—were complicated by the military conflict during and between the two Intifadas, which produced abundant supplies of dead bodies from Palestinian militants, Israeli Defense Forces (IDF) soldiers, and victims of suicide bombings and military–civil emergencies. The harvesting of Israeli civilians, including the victims of terrorist attacks and of Israeli soldiers who died serving their country, was an abomination; the plunder of the bodies of Palestinian combatants could be seen as a species of war crimes. The precedent might be the current investigations by EULEX (European Rule of Law) prosecutors concerning allegations of organ harvesting from Serbians executed by KLA militants in Kosovo in 1999.¹²

The chaos of war provides an ideal cover for the inhumane treatment of all bodies, especially for the bodies of the enemy. In the case of Abu Kabir, unlike in the allegations of Serbians killed for their organs at the end of the Kosovo War, the war crimes occurred beneath the radar, unacknowledged by human rights and humanitarian organizations.

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THE FIRST REVELATIONS

On 27 December 2000, the well-respected Israeli newspaper *Yediot Aharonot* published an article by Israeli journalists Ronen Bergman and Gai Gavra that exposed a long list of misdemeanors and systematic corruption in the Forensic Medicine Institute of Israel. They claimed that Dr. Yehuda Hiss had been involved in the illicit trade in tissues and organs during his 13-year tenure as director of the institute. This article, arguably the most important investigation into the Abu Kabir case, was never translated into English.¹³ The exposure had a tremendous effect on Israeli public opinion of Abu Kabir, igniting a public struggle between different sectors of the population. A small avalanche of investigative reports followed, each exposing new and dark secrets about the institute that eventually resulted in a public outcry. Dr. Hiss, previously regarded as a national hero, was suddenly called into question, and confidence in the national justice system deteriorated.

Under the headline “In an Advanced State of Putrefaction,” the Israeli journalists described in great detail how organs were harvested, stockpiled, and later sold to virtually any interested buyer.¹⁵ Corneas, heart valves, skin, and bones were sold to the highest bidder. Some of these tissues and organs were used for surgical operations, but the main source of income was the sale of organs for research. These sales were conducted without any process to verify the intended use of the organs procured from the institute. Bergman and Gavra further described the ways that the institute exposed workers to toxic substances in concentrations up to 40 times the permitted amount and documented how false evidence had been systematically given in court with the knowledge and encouragement of both the police and the prosecution.

In response to this devastating report, Dr. Hiss tried to shift media attention toward the use of the organs for transplantation, since organ transplant was viewed as both altruistic and noble, even though most of the organs went to other purposes such as medical training and laboratory use. The report revealed a set price list: each organ had a tariff—a hipbone, for example, could be purchased for \$80.00 (300 NIS) and a liver for just \$60.00 (220 NIS). Dr. Hiss explained that these fees paid for the “additional work” involved in harvesting organs. These organs, however, were originally removed during an autopsy for forensic inspection. Retaining the organs to be used for sale, rather than carefully replacing them inside the body, would entail less labor, not more.¹⁶

Some of the funds from the individuals and institutions purchasing the organs paid small, under-the-table gratuities to mortuary technicians so that

they would keep silent about the operations. Other payments were officially recorded and paid as bonuses to compliant staff members. Public hospitals could not legally pay for organs and tissues, so compensation often took the form of equipment such as microscopes and televisions. However, the main form of compensation was neither money nor equipment. Scientific researchers—or those who described themselves as such—received organs without any payment on the condition that any published work resulting from the research would list Dr. Hiss among the authors. These scientific credits led to the flourishing of Hiss’s academic career, eventually making him one of the highest paid public servants in Israel. The fact that the scientific articles that Dr. Hiss co-authored concerned arcane studies in fields in which he held no competence did not seem to matter. The motives behind the organ theft, as families of the victims perceive it, were utterly banal; it was a route to professional and academic achievement.

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This corrupt system had benefits for everyone except the victims. Researchers and patients needing corneas and skin grafts easily obtained organs; mortuary workers received hush money; the institute prospered and acquired more property; and Dr. Hiss obtained academic promotion, increased salary, and prestige. As a win-win situation for science, medicine, and the administration of the institute, tissues, organs, and other body parts including heads, torsos, and long bones, were harvested not only for immediate research requests but also in anticipation of future demand. The institute stockpiled temporal bones, hipbones, frozen heart parts, and frozen brains for whoever wished to purchase them.

Every dead body that looked viable—with intact organs and tissues—left Abu Kabir missing parts. Routinely, bones were surgically removed from limbs. Deceased mental patients departed sans brains. Tattoos that appealed to staff interest were peeled off, even if the tattoos were large and covered a whole back or torso. Every undamaged prostate gland was taken. Skulls with interesting structures were added to the stockpile.¹⁷

In order to conceal the thefts, the institute’s staff developed a variety of deceptive techniques. Broomsticks were inserted into limbs to replace bones that had been removed. One staff member created small convex caps out of plastic bottles and painted them to mimic human eyes. Staff made plastic or metal caps to simulate removed parts of the skull. Toilet paper was stuffed into empty body cavities to conceal the fact that they were empty. When the plunder was too

extensive to be concealed, the body was wrapped in multiple layers of plastic bags. A mortician would call the burial services, which in Israel are managed by ultraorthodox men, and inform them that the body was contaminated with a contagious disease and that opening the coverings would expose anyone in the vicinity to the danger of infection. The institute used only two criteria to determine whether or not organs were to be harvested: the general condition of the organs and the opportunity to conceal the act.¹⁸

THE BODY OF THE TERRORIST

Boström's article, based on his intimate research among Palestinian families of those who were violated at the institute, led to the erroneous belief that only Palestinian bodies were subject to theft. In fact, however, no one was immune. Mounting evidence and the admission by Dr. Hiss himself in his freewheeling interview with Scheper-Hughes in 2000 revealed that the victims included both Palestinians and IDF soldiers, secular and religious individuals, recent Russian and African immigrants, tourists, and long-term residents. We do not know, and refuse to guess, whether the bodies were subjected to differential treatment and emotions—ranging from indifference to hostility to ridicule—depending on the degree of recognition of relatedness. There was, however, a hierarchy of bodies that determined the extent of the abuses to which the bodies were subjected. Some of the discrimination among the plundered bodies was due to jurisdictional factors.

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The bodies of soldiers were handled by the military rabbinate, well known for their thorough body inspections. Thus, it was more risky and more difficult to take organs and tissues from soldiers, especially if the removal led to detectable disfigurement. Many new immigrants were not Jews, so the orthodox burial services in Israel placed them under far less scrutiny. The risk of detection was lower, and the immigrants were more frequently the objects of organ and tissue theft.

Palestinians from within the Palestinian Authority were easy targets since there were neither body inspections by their own representatives nor by any burial service personnel inside the borders of Israel. The bodies were not inspected until after being returned to the Palestinian area. Because many Israelis regarded them as enemy bodies, any complaints from Palestinian families about organ theft were generally disregarded. Moreover, many of these bodies were never inspected. Often, the harvested bodies were returned to their communities in the middle of the night, under conditions of curfew and power outage. With very few relatives permitted at the interment, it was very difficult to inspect

these Palestinian bodies at all.¹⁹

Many of these revelations were published in official reports. In 2001 the Ministry of Health released the Segalson report identifying many of the same illicit practices and abuses that are discussed here—from Dr. Hiss’s violations of Israel’s Anatomy and Pathology law, to sloppy and incomplete record-keeping, to payment for tissues and organs, to obstruction of justice, fraud, and deceit in attempts by staff to hide the mutilation and theft of bodies, and so on. Nonetheless, the official government-appointed Segalson Committee (and other government investigations that followed it) was loath to declare the acts to be of a criminal nature but rather treated them as minor infractions, and they often ended up applauding the Director for his academic credentials and accomplishments.²⁰

The Israeli public, however, was less impressed with Dr. Hiss’s accomplishment, and demonstrations were held from time to time in front of the institute. The national media used strong language in reference to the scandals at Abu Kabir. Following Boström’s article in the Swedish newspaper *Aftonbladet* and the release of Scheper-Hughes’s interview, the Ministry of Health admitted past wrongdoing but claimed that nonconsensual organ harvesting was no longer practiced. The Minister of Health appointed a committee headed by a senior judge. Most of the committee members came from the heart of the forensics establishment. Insofar as Abu Kabir is the only forensic institute in Israel, anyone in the profession is invariably linked to or in contact with this institute. As head of the institute, Dr. Hiss was able to control the narrative about his and his pathology staff’s illicit practices. He repeated the claim that improper organ harvesting had been discontinued. However, his former protégé, Dr. Kugel, subsequently led one of the investigative committee members to the stockpiles and private organ and tissue banks within Abu Kabir, thereby exposing the fact that they were still in operation even as the committee investigation was being conducted.²¹

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FACE TO FACE WITH DR. HISS

The Scheper-Hughes interview with Dr. Hiss took place on 21 July 2000, in his office at Abu Kabir, in the presence of a staff member and Meira Weiss, a distinguished anthropologist and former professor at Hebrew University. Dr. Hiss came across as cool, formidable, and intimidating. He was a Polish immigrant to Israel with striking blue eyes, a short beard, a wiry body, and a tense and belligerent demeanor. A brilliant man, Dr. Hiss commanded attention.

Warned in advance that he would be cordial but would “say nothing,”

Scheper-Hughes and the others present were shocked by his revelations. He allowed the interview to be audiotaped; however, he insisted that certain portions of the conversation be kept off the record. Dr. Hiss refused few questions and responded in the style of a scientific rationalist, a technician for whom the dead body was simultaneously a puzzle, a prize, and a provocation. He described himself as a patriot and as a scientist who had nothing but disdain for the religious observances and orthodoxies of non-secular Jews and “Orientals” (Arabs) who prevented him from using the organs for medical material, commerce, and collection. Dr. Hiss was a prototype of Jean-Paul Sartre’s “technician of practical knowledge”—a person so obsessed with the technicalities of his job that his loyalties seemed to go no further. Neither his loyalties nor his empathy extended to the bodies of the dead and their relatives. Like many pathologists, he occasionally descended into dark humor. One of his assistants told Scheper-Hughes: “He doesn’t like living people, they are too annoying.”²²

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Until Dr. Hiss’s arrival in 1987 as the director, neither organ nor tissue harvesting had been conducted at Abu Kabir. His colleagues at the institute were sensitive to the psychological traumas that autopsy, let alone tissue harvesting, caused to the families of fallen Israeli soldiers. Dr. Hiss gradually introduced cornea harvesting, then skin, bone, and other human material and explained to his staff that this practice was common in medical–legal institutes elsewhere in the world. Although it was in violation of existing laws, Dr. Hiss confessed his belief that uninformed harvesting was justified, given the dire need for tissues in a war-torn nation. He admitted that the harvesting was “informal” and that its legality was uncertain. From his perspective, little harm was done by the careful removal of solid organs, tissue, bone, and skin that would never be missed by the deceased and about which the family would never have to know.

Various specialists were employed in the practice, including morticians and a plastic surgeon to remove the organs after Dr. Hiss and his staff completed the legal autopsies. In response to Scheper-Hughes’s questions about cultural sensitivities toward the handling of bodies among certain social groups in Israel, he replied that both Orthodox Jews and Muslims had to be handled with care since “Orientals [Arabs] sometimes opened the eyes of the dead and threw sand on them. We are careful to close the eyes and glue the eyelids, and we would cover up any of the places where we had removed something.”²³

The pathologist gave a startling inventory of illegal harvesting of both Israeli and Palestinian bodies: “We would take skin only from the back of the legs. At the beginning of the 1990s, we began to take some bones from the legs. Then we were asked for cardiac valves, and so we did some of them. Beginning in

1995 we started to do it more formally ... according to a certain list of priorities established by various medical centers. It was done as a kind of semilegal thing ... only between me, the institute, and the various departments and medical centers—informally.”

Eventually, Dr. Hiss formalized the transfer of organs and tissues, explaining that he had “made up a list of the various medical services that we provided—list of hundreds or thousands of shekels—there were expenses that we wanted to recoup. But we would collaborate only with public hospitals.” He compared his relationship to Abu Kabir to serving in the army, speaking of a moral imperative to procure organs and tissues as a way of serving his country:

“There is a special relationship between the institute and the army because of the current political situation in Israel. All Israelis feel we all have an obligation to help out in some way, and because we all served in the army we all have a personal stake in the army ever after. We are all linked to the army. And because of this we took harvesting for granted. We never asked. We thought it was part of duty of all Israelis to cooperate”

In response to the question as to whether any parts of the body were off limits, Hiss replied:

“Some say do not touch the heart or the brain—some are afraid you might want to take the skin. But it is not like you are skinning a rabbit or something, and we say, no, it is not like that—it is gentle—there is no blood—we are not peeling the skin off. It is not like scalping a person. We take only a superficial layer off—from the back and the legs. And we tell them too that we are only taking the thin cornea tissue [from the eye] and not the globe.”²⁴

In order to fulfill both Jewish and Muslim laws about the disposal of the dead, Dr. Hiss explained that everything had to be done immediately upon the body’s arrival. He is a disciplined man. His workday, he said, began at 6 a.m., and by 7 a.m. he would have the list of bodies coming in that day. Only some would be autopsied, and he would draw up a list about what would be done to which. Then he would be on the phone contacting those who might be interested in the catch of the day, so to speak.

After the taped interview was released by Scheper-Hughes to the media in Israel and was aired on 19 December 2009 on Israeli TV’s Channel 2, government officials representing the army and the Ministry of Health admitted that organs and tissues were harvested from the dead bodies of both Palestinians and Israelis throughout the 1990s but claimed that the practice ended in 2000.²⁵

Following the release of the audiotape, Dr. Hiss publicly denied everything recorded during the interview with Scheper-Hughes. He continues to deny wrongdoing to this day, refusing to admit to the stockpiling of body parts, the perjury, and the organ harvesting. He maintains through his lawyers that everything was done in accordance with the law and that families consented to harvest for transplantation.

Dr. Kugel, the unheralded and courageous whistle-blower for Abu Kabir, described at the May 2010 Organs Watch conference at the University of California, Berkeley a situation that was much worse than what Dr. Hiss admitted in the interview. Dr. Kugel's observations were a first-person account from a military officer and a forensic pathologist. When he returned to Israel to work at Abu Kabir in 2000, after several years in the United States where he had been working in various hospitals and forensic programs, he immediately realized that something was terribly wrong. He tried to address the problems with three medical residents and, with their collaborative efforts, to hold a meeting with the director. Dr. Kugel was the spokesperson, and he confronted Dr. Hiss about the illegality of his actions. This went nowhere, and so the group wrote a letter of complaint to the Ministry of Health, outlining Hiss's operations. The Ministry of Health reacted with alacrity: it fired the three residents and punished Dr. Kugel, who, as a military officer working for the IDF, could not be fired. So they went to the media to reveal the truth. As Dr. Kugel recounts: "Organs were sold to anyone; anyone that wanted organs just had to pay for them." While skin, heart valves, bones, and corneas were removed and used for transplants, solid organs— hearts, brains, and livers— "were sold for research, for presentations, for drills for medical students and surgeons." Should a client want all the organs from a body, that could be arranged—not the body itself, but all the organs removed—and sold, Dr. Kugel said, for about \$2,500.²⁶ Amid the uproar prompted by the whistle-blowers, Dr. Hiss waged his own media campaign and tried to convince the public that everything was done to serve a noble end, to help the war-wounded victims of terrorist attacks and the sick. He presented his conduct, in Dr. Kugel's words, "as something sublime or even heroic, as a modern-day Robin Hood: taking from the dead and giving to the innocent victims."²⁷

Following the initial exposure, Dr. Hiss's claim was that the organs that were routinely removed during autopsy had been retained pending criminal investigation. However, the committee found that most of the organs were not from criminal cases, and there were no pending investigations regarding those bodies. Next, he claimed that the organs in question were needed for lifesaving

transplants. Israeli law permits harvesting organs without specific consent if it is needed to save a life. Nevertheless, this law could not justify the stockpiles of prostate glands, breasts, or brains that are not used for transplant operations.

Eventually, the committee concluded that the institute had engaged in an illegal trade in organs. The judge ruled that the evidence supported strong suspicion of criminal offences and should be investigated by the appropriate authorities. A police investigation began just six months after the committee released its results. The Ministry of Justice decided to limit the investigation to two offences: organ theft and providing false evidence in court. In the meantime, large amounts of evidence were destroyed, witnesses were threatened, and the institute remained under the control of Dr. Hiss.

The police investigation took another two-and-a-half years, and in the meantime police officers, including the chief of police, prosecutors, and the attorney general, made official visits to the institute, where, according to Dr. Kugel's observations, they enjoyed refreshments and shared camaraderie with the institute management. In this friendly atmosphere, the results of the police investigation were predictably compromised. For example, though the court had confirmed 60 incidents in which Dr. Hiss was not even present in the building during autopsies he claimed to have performed, the police reported that there was no proof of false evidence. The police did recommend bringing him to trial for violations of the Anatomy and Pathology act. However, the prosecution decided not to pursue a criminal trial but instead to transfer the case to the discretion of a disciplinary panel. Ultimately, the state offered Dr. Hiss a plea bargain. In the end, neither the victims nor the law appears to have been served. Dr. Hiss received a warning and a rebuke.²⁸

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THE ISRAELI POLICE STING 2012

Seven years later, in January 2012, the case against Dr. Hiss was reopened when a police sting operation uncovered a stockpile of 8,200 organ parts and tissues at Abu Kabir. Despite this latest disclosure, many of the staff members responsible for corrupt, illegal, and unethical acts are still employed there. Following media exposés, Israeli families of the violated bodies sued Dr. Hiss in civil action suits. Dr. Hiss never appeared in court to defend his acts; the suits were largely handled through plea bargains and state-funded monetary compensation to the families of the deceased. To date, he has not paid any compensation for his actions.

As of March 2013, 164 lawsuits or legal procedures are pending against the state of Israel, the Ministry of Health, and Dr. Hiss. Soldiers constitute roughly

five percent of the bodies that are treated at the institute, but the percentage of lawsuits by soldiers' families against the state constitute about 36 percent of all lawsuits. Although two of the plaintiffs were Israeli Arabs, we do not know of a single Palestinian family who has brought their case to the courts. According to the lawyers defending the families of victims of organ theft, some Palestinian lawyers tried to push the case for Palestinian families, but because their possibilities of winning the cases seemed so limited, they desisted.²⁹ Given the generous compensations given to the families of Israeli soldiers by the state, perhaps it is easier to negotiate a compromise settlement with the state than to undergo a trial. In general, the compensations to soldier victims' families are high because they are handled directly by the Israeli Ministry of Defense. The violated bodies of enemy combatants would neither be handled by the Ministry of Defense nor entitled to the same level of compensation.

However, when the matter did come to court—and we know of only two cases concerning the bodies of soldiers where no agreement could be reached through legal mediation and conciliation between the parties—the compensation that the court ruled for soldiers was higher than those granted to civilians.³⁰

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During the 13 years of struggle to change the regime at Abu Kabir, hundreds of reports emerged in the media regarding organs and tissue scandal. Indeed, more than 700 items dealt with the case of abuse at the forensic institute. Few mentioned the names of the perpetrators or specific cases of theft, reported anything about the history of the persons whose organs were taken, or detailed the story of their families. Among the stories that gave personal details, those of soldiers were disproportionately represented in autopsies rate (again about 40 percent of names mentioned). Despite massive Israeli media coverage of the organ scandal, Swedish newspapers wrote that the allegations of organ harvesting in Israel were false. However, the truth was that most of the incriminating articles were published in Hebrew and not in English-language papers such as *The Jerusalem Post*.

Palestinian victims were not mentioned at all in the flood of Israeli news stories until August 2009 when Boström published his article, "Our Sons are Plundered for their Organs," which reported claims made by Palestinian families about organ theft of their dead relatives at the institute of forensic medicine.³¹ Sadly, the Palestinian families were right. This had indeed happened. However, the anger in Israel was directed toward Boström instead of to the perpetrators of the acts. The campaign against the article repeated false allegations that Palestinians believed the IDF soldiers killed the Palestinians in order to steal their organs. That statement is completely false. No one—no Palestinian mothers, activists,

or family members—ever expressed any kind of accusations of that nature to Boström, nor did he claim that in his original article. Framed in that light, the story was easily rejected as politically motivated and, worse, intentionally fabricated. There was no need to “kill the Palestinians for their organs,” because there were more dead bodies than needed. The ongoing conflict produced these in abundance. The truth is that IDF soldiers shot their enemies, young Palestinian men, and transported them to the Abu Kabir, where organs and other body parts were stolen from them. They were killed because they were the enemy, not because they were seen as a reservoir of organs. A disinformation campaign was waged against the article and against the Swedish journalist.

During a return field trip to Israel in 2009, Scheper-Hughes—accompanied by Dan Rather and his crew filming the hour-long documentary episode “Kidney Pirates” on organ trafficking in Israel, Moldova, and Turkey—paid visits to several medical and transplant colleagues in Tel Aviv and Jerusalem. These medical professionals often interjected disparaging references to the “despicable blood libel by the Swedish media” even though they knew full well and knew that Scheper-Hughes knew full well, that tucked inside Boström’s story was a real medical and political scandal that reached international proportions.³²

The *Aftonbladet* story, translated into Hebrew and English, created a firestorm of protest that included a libel lawsuit by antidefamation lawyers in New York and a boycott of Swedish industries in Israel. The *New York Times* blog published an article by Steven Dubner that denied any shred of truth in the Israeli organ-harvesting story.³³ Boström’s story that he “dredged up from the sewer” was labeled a despicable blood libel against Israel and the world’s Jews. Some angry protestors bathed matzos in blood in front of the Swedish embassy in Tel Aviv. Prime Minister Binyamin Netanyahu demanded that the Swedish government condemn the article and the newspaper retract it.³⁴ Boström received death threats. Several thousand Israelis signed a petition calling for a consumers’ boycott of IKEA, Volvo, and Absolut Vodka, among other Swedish-owned companies.³⁵ An angry broker and his family attacked Scheper-Hughes and the Rather crew, and their TV camera was shattered.

Despite all the denials and protest, the families of Dr. Hiss’s victims were quietly receiving compensation through Israeli courts using depositions from Kugel and Scheper-Hughes to verify their claims.³⁶ The Swedish and English publications strengthened Dr. Kugel’s battle, and through them the story achieved international attention. The collective result was that the illicit organ harvesting at Abu Kabir was finally and definitely interrupted. New laws were passed to normalize brain death criteria and to prohibit trafficking in organs

from the living as well as from the dead. Furthermore, altruistic organ donation programs, such as the Chain of Living, were launched to inspire voluntary donation starting in 2011. Transplants had fallen drastically in 2010 after the media coverage about organ trafficking at Abu Kabir. With the new campaign, however, voluntary transplants in Israel increased by 400 percent in 2011.

THE CRUCIAL OPPOSITION CAME FROM THE RELATIVES OF ISRAELI SOLDIERS

In the end, neither the courage of the young pathologists at Abu Kabir nor the writings and interventions of the authors was capable of turning the tide against Abu Kabir under Dr. Hiss. In the demonstrations that were held across the street from the forensic institute, the representation of soldiers' families was much higher than that of civilian families. Even the *yad lebanim*, an organization that deals with memorial and remembrance of the soldiers, became involved and used its influence to stop the illicit harvesting of organs and tissues. The willingness to expose oneself as the relative of a soldier whose body was desecrated was much greater than that of a relative of a civilian, not to mention a Palestinian enemy. There were two committees, both to investigate maltreatment of soldiers' bodies. One was for the Buzaglo case, in which a soldier's parents claimed his body had been used for the practice of medical personnel. Another was the Zeiler case, in which foreign pathologists were summoned from abroad to serve as independent members of an investigative committee regarding organ theft. This case concerned a soldier, although there were many more cases of wrongful treatment of a deceased civilian. A similar distinction in treatment of soldiers and civilians was observed when body parts of soldiers were replaced by mistake before their burial. When the same thing happened to civilians, there was a minimal response.

Abu Kabir's defense was to claim that "harvesting organs for transplantation was in fact justifiable and morally speaking a good thing." Loyal comrades still described Dr. Hiss as a modern Robin Hood who stole organs from the bodies of the dead to help miserable, sick people and thereby save their lives. The question remains: Were these testimonies an attempt to rationalize the actions of Dr. Hiss and the institute, or did the complicit forensic staff really believe that they were doing a morally justifiable deed? If everything was legitimate, why did they initially deny the actions? Why was such an extreme effort made to conceal the harvesting of the organs, and to create the false impression that the body was intact? Their motives had little to do with fostering science in the harvesting of tissues and organs. It was about power, disrespect, hoarding and

sharing body specimens, stockpiling organs and bones and sheets of skin and solid organs, and turning the institute into a factory of bodies. It was motivated by the authoritarian paternalism of staff who held themselves above the general population and above the law.

DIFFERENT TREATMENT FOR DIFFERENT BODIES

Israel is a country where army service is very influential. The collective consciousness of many Israelis is that they are a nation under constant threat of annihilation and that the second Holocaust is soon to come. Under these circumstances, security issues are more important than anything else. When a people feel under constant existential threat, the individuals who guard and protect them are perceived as heroes. These protectors, therefore, are viewed as deserving of special and differential treatment, while the people who create the threat—the enemy, who is always portrayed as inhuman—deserve special treatment of another kind, namely humiliation and degradation. As a result, there is a hierarchy of bodies in which soldiers are at the top. The soldiers are portrayed as beautiful, youthful boys who are here for a noble cause—to protect the nation. They are the “chosen body,” the ideal body, whose integration and completeness are important. Sometimes they are regarded as “our children,” a term that implies innocence and purity that should also be kept when they die.

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A final example of the hierarchy of bodies brought into the institute at Abu Kabir is found in the display of oddities—mainly skulls with combat injuries—in the private forensic museum located on the ground floor of the institute. When this display was discovered by the media and published in newspaper, there was a huge public outcry. Dr. Hiss and his administrative assistants explained that the specimens were taken from enemy soldiers. Suddenly the outcry ended. One could almost hear the sigh of relief in the public upon learning that at least these were not its own skulls.

As for the body of the enemy, there is a long genealogy of abuses visited on the dead body of the enemy—from the abuse of the bodies of King Saul, Cicero, and the battle of the Jews against Aspasianus in Tiberia, to the desecrations committed during World War II in the Pacific theatre, the Vietnam War and the Korean War, from which soldiers came home with enemy body parts for trophies. The difference in this case is that the motives behind the organ harvesting were not rationalized as ritual acts of domination and power but instead in terms of promoting science and biotechnology. The case of Abu Kabir is not unique. Toward the end of the military dictatorship in Brazil (1964–1985),

surgeons were given quotas of organs to provide to the military hospital in São Paulo. They did so, at some urban transplant centers, by chemically inducing the symptoms of brain death in traumatized and dying patients. During the last years of the Somoza regime in Nicaragua (1974–1979), the dictator and his cronies sponsored programs to entice and extract blood from Managua’s poor—blood that was sold at great profit to European and American companies. The harvesting of organs from executed prisoners in China today, which stocks the international transplant trade, is another case of state involvement in large-scale programs of biopiracy.

There are many cases in which military states or highly militarized states in the late twentieth century recognized the convenient uses of the bodies, dead and alive, of despised, excluded, enemy or simply bioavailable “others” as suppliers of valuable human biological and reproductive materials. The Nazi death camps were, as philosophy professor Giorgio Agamben argues, the prototype for a late modern biopolitic built on the elimination and biological use of “disposable” populations. In addition to sterilizations of and hideous medical experiments on camp victims, Nazi doctors also removed organs (livers and brains in great numbers), tissues (skin and cornea), and blood. The first order of the day was the separation of the intelligent life of the citizen, *bios*, from the bestial and unexamined life of the subcitizen, *zoe*. What is left afterward—consciousness, reason, and life itself—is stripped away.

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CONCLUSION

The motives behind the illicit harvesting and stockpiling of solid organs, tissues, and other body parts from soldiers, civilians, and Palestinian combatants ranged from the banal, such as prestige and salary, to the pseudoscientific. When these abuses were deployed against the enemy, they were also strategic weapons of humiliation, demoralization, and psychological defeat. The moral collapse at Abu Kabir, led by Dr. Hiss, was complete, lacking any vestige of human compassion or human decency in the official stewardship over the bodies of the dead.

We know that “the dead don’t care,” but we also know that the families and other loved ones of the dead do care. In these instances, both the dead and the living were violated. The allegations of organ theft of dead bodies at Abu Kabir were a collective nightmare: those who died protecting their country could die a second death at the hands of those doctors appointed to be their guardians. The other horror is that while there was a social hierarchy of bodies at the institute, in the end, the fine points did not really matter. Whether one was a civilian or

a soldier, an Israeli or a Palestinian, a Jew or a Christian, a Muslim or an atheist, once the dead body was stripped of every identity, there was neither protection nor particular prejudice. All that mattered was whether the dead body was fresh, the organs intact, and that the harvesters' handiwork could be hidden. There was no body of the soldier, body of the immigrant, body of the terrorist, or body of the enemy. There were just vulnerable bodies of the dead.

THE FINAL CHAPTER


On 14 March 2013 a banner headline on Israeli news site *Haaretz* announced: "Chief Pathologist Tapped To Replace Disgraced Hiss."³⁷ The story is accom-

panied by close-up images of each man: a worried and reflexive Dr. Kugel and a determined, embattled Dr. Hiss. After 13 years of struggle, social ostracism, and loss of employment at the institute in retaliation for his dogged attempts to demand an investigation and the end of egregious abuses of the dead, Dr. Ku-

While there was a social hierarchy of bodies, in the end, the fine points did not really matter.

guel will assume directorship of Abu Kabir, replacing his former superior. Once heralded in Israel and in the pages of the *New York Times* as a national hero, Dr. Hiss is today a disgraced and displaced administrator of the national institute. The whistle-blower from within the institute, who spent years brooding and fuming on the margins, treated in some circles as a pariah, has been rewarded for his calm determination and the clarity of his moral vision. The senior state pathologist is many things: a forensic scientist, a detective, a national security intelligence officer, as well as a guardian and protector of the dead body. Dr. Kugel is all of these: a scientist and a humanist, a rational man, and a man of honor, deep integrity, and devotion to his craft—a craft that is often misunderstood and consigned to the basement of the forensic laboratory. Israel is blessed to have such a man lead Abu Kabir into a new era. The process has already begun.

Henceforth, all tissue and organ harvesting—whether for medical research or medical training, for cornea or skin transplants, or for other medical needs—will be conducted with full and informed consent, recorded, and reported. New protocols for informing the relatives and gaining consent to autopsy are also in preparation. Civil suits, claims, and reparations to the thousands of victims of Dr. Hiss and his staff are ongoing. Deputy Health Minister Yaakov Litzman dismissed Dr. Hiss in October 2012 and brought the rogue institute under the wing of the Health Ministry's Medical Administration, headed by Professor Arnon Afek, who led the search for a new director. The selection of Dr.

Kugel was a surprise victory. The Health Ministry responded that it welcomed the new chief of Abu Kabir and would “assist in every way possible to promote forensic pathology in Israel,” going on to “thank Prof. Hiss for his many years of contribution.”³⁸ 

NOTES

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