



# TRAFFICKING BODY PARTS IN MOZAMBIQUE AND SOUTH AFRICA

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Please Note

This report contains accounts that some people may find disturbing

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*“They formed a circle and put the baby inside and started dancing. One man took the baby and holds him up and threw him on top of the rock. They cut the baby open and removed the heart and lungs. When they got home they killed the goat and used its skin to cover the parts removed from the baby and put them at the shop”* (Investigating Police Officer, Venda, South Africa<sup>1</sup>)

*“He grabs me on the neck, I tried to loose myself but I couldn’t. So then he took his knife and started cutting me. Then I fainted”* (young man attacked for his genital organs, Niassa province, Mozambique<sup>2</sup>)

*“It is true that people become rich after a traditional treatment with human organs”* (Traditional Healer, Manica Province, Mozambique<sup>3</sup>)

*“They say the treatments with genital organs only work if they are taken from a person alive and not dead”* (Customs Official, Sofala province, Mozambique<sup>4</sup>)

*“The murderer cut her throat like she was a goat. He cut her head just like that, and removed her genital organs, leaving all the rest”* (Police Officer, Cabo Delgado Province, Mozambique<sup>5</sup>)

*“The Police searched and found that she was carrying genital organs of adult men [...] I don’t know how many exactly, it was several. But they were from adult men, I saw them myself”* (Female Stall holder at Ressano Garcia, Mozambique/South African border<sup>6</sup>)

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<sup>1</sup> Interview code SA\_P\_FG\_2

<sup>2</sup> Interview code MZ\_Ni\_I\_3

<sup>3</sup> Interview code MZ\_MC\_I\_1

<sup>4</sup> Interview code MZ\_B\_GI\_1

<sup>5</sup> Interview code MZ\_CD\_I\_2

<sup>6</sup> Interview code MZ\_MPR\_FG\_1

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## **Acronyms**

AIDS – Acquired Immune Deficiency Syndrome

AMETRAMO – Associação do Médicos Tradicionais de Moçambique (Mozambique's Traditional Healers' Association)

CIA – Central Intelligence Agency

GDP – Gross Domestic Product

HIV – Human Immunodeficiency Virus

INAS – Instituto Nacional de Acção Social (National Institute of Social Action)

LDH – Liga Moçambicana dos Direitos Humanos (Human Right's League, Mozambique)

MZ – Mozambique

NGO – Non-Governmental Organisations

PIC – Polícia de Investigação Criminal (Criminal Investigation Police)

PRM – Polícia da República de Moçambique (Police of the Republic of Mozambique)

SA – South Africa

SAPS – South African Police Service

UN.GIFT – United Nations – Global Initiative to Fight Human Trafficking

UN – United Nations

UNDP – United Nations Development Programme

UNICEF – United Nations Children's Fund

US – United States of America

USD – United States Dollar

WHO – World Health Organisation

## Summary

Information on trafficking body parts has previously been based almost entirely on hearsay and has been easy for both Governments and Civil Society to claim it either does not occur or is so infrequent it does not merit any response or attention. The findings in this report however, show that regular mutilations occur both in South Africa and Mozambique and body parts are forcibly removed from children and adults causing death or severe disability. Throughout the report, informants share personal experiences which confirm that body parts are taken across the border between South Africa and Mozambique. Through numerous accounts, both hearsay and firsthand, from Civil Society and Government institutions, the following questions are answered:

What is the incidence and prevalence of trafficking body parts in South Africa and Mozambique?

What are the macro (socio-economic, cultural, political, historical), interpersonal and individual factors that lead to trafficking body parts?

What policies and programmes are in place to counter trafficking body parts?

How can Civil Society and Governments use this information to improve their programmes?

This report documents that body parts are frequently trafficked in South Africa and Mozambique and so-called witchdoctors, usually through a third party, actively seek human body parts from live victims to be used in their medicine. The research found that it is a commonly held belief in South Africa and Mozambique that traditional medicine, when made with body parts, is stronger and more powerful.

The report highlights that the policies and programmes in place to counter trafficking body parts are practically nonexistent. The limited policies that could be used to counter this activity are out of date and not generally enforced.

The report draws attention to the lack of an internationally recognised definition of trafficking body parts and highlights that without such a definition, any attempt to counter this activity will be impaired and these Human Rights violations will continue unabated.

## Rationale

In 2007, Save the Children Norway, Mozambique Programme<sup>7</sup>, were informed by an eye witness that a number of children's heads, appearing to be frozen and wrapped in plastic, were being taken by car across the Mozambican/South Africa border. This account alleged that Police and Customs intercepted the vehicle on South African soil. However, there were no reports in the press or Police reports<sup>8</sup> of any investigation into these allegations.

Over the course of the following months, more accounts of body parts, including children's heads, feet and hands being taken across the border as well as being transported within Mozambique, were presented to Save the Children Norway, Mozambique Programme. However due to the sensitivity of this issue and the fear which appeared to surround this subject, it was difficult to substantiate any of these claims, despite a number of firsthand accounts.

It became apparent that investigation or research was necessary to respond to these allegations of trafficking body parts as no research on this issue had previously been carried out in Mozambique and South Africa. However, taking into account the fear which was evoked when asking for more detailed information from witnesses, it was clear that an alternative approach to research was needed.

The Human Rights League in Mozambique, funded by the Norwegian Embassy in Mozambique, took on a 7 month research project concerning trafficking body parts in Mozambique and South Africa.

The aim of this research project is to answer the following questions:

1. What is the incidence and prevalence of trafficking body parts in South Africa and Mozambique?
2. What are the macro (socio-economic, cultural, political, historical), interpersonal and individual factors that lead to trafficking body parts?
3. What policies and programmes are in place to counter trafficking body parts?
4. How can Civil Society and Governments use this information to improve their programmes?

On answering these questions, this report aims to raise awareness and provoke action in addressing the Human Rights violations connected to trafficking body parts.

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<sup>7</sup> Now called Save the Children in Mozambique

<sup>8</sup> Police in Mozambique and South Africa were contacted to confirm if any reports had been made of this incident. Police in South Africa made an investigation but found no recorded reports of this incident.



## Human Rights League in Mozambique (LDH)

Liga Moçambicana dos Direitos Humanos (Human Rights League in Mozambique) is a non-governmental organisation established in 1995, dedicated to defending, protecting and promoting Human Rights.

LDH's main objective is to promote Human Rights in Mozambique through targeted advocacy, civic education, supervision, political pressure and judicial assistance. LDH investigates and exposes abuses, educates and mobilizes the public and helps to transform societies to create a safer and just environment by focusing attention where Human Rights are violated, ensuring that the oppressed are heard and that those responsible for Human Rights abuses are held accountable for their crimes.

### Project definition of trafficking body parts

As this project is concerned with the issue of trafficking body parts, it is important to establish what is meant by this term. When establishing a definition for trafficking body parts, there are two important considerations:

- Has the *person* been trafficked for the purpose of removing a body part
- Has the *body part* been trafficked alone, separate from the victim

Firstly, a definition of trafficking in persons for the purpose of removing a body part will be addressed.

#### Trafficking in persons

The *UN Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the UN Convention against Transnational Organized Crime* (Palermo Protocol, 2000) provides the first internationally agreed upon definition of trafficking in persons:

*(a) "Trafficking in persons" shall mean the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. (Article 3)*

The subsequent paragraph of article 3 of the Palermo Protocol provides that:

*(b) The consent of a victim of trafficking in persons to the intended exploitation set forth in subparagraph (a) of this article shall be irrelevant where any of the means set forth in subparagraph (a) have been used.*

In the Palermo Protocol, consent is irrelevant if it is obtained by means of coercion or deceit, including abuse of power without physical force. This applies to cases when individuals consent initially (e.g. to migrate or work), but are then subject to exploitation. If there is no realistic possibility of free fully informed consent or refusal, it amounts to trafficking. The question of consent is irrelevant in the case of a child, as outlined in Article 3 (c) of the Palermo Protocol:

*(c) The recruitment, transportation, transfer, harbouring or receipt of a child for the purpose of exploitation shall be considered “trafficking in persons” even if this does not involve any of the means set forth in subparagraph (a) of this article.*

According to the Palermo Protocol, exploitation may include:

- Sexual exploitation (including the exploitation of prostitution of others or other forms of sexual exploitation, such as pornography and forced marriages)
- Forced labour or services
- Slavery or practices similar to slavery or servitude
- The removal of organs

### Trafficking body parts

Trafficking body parts alone, separate from the victim, is not addressed in the UN Palermo Protocol. This was confirmed during the United Nations Global Initiative to Fight Human Trafficking forum, Vienna, February 2008: *“The trafficking of organs alone, separate from the donor, is not addressed by the Protocol, given that the removal of organs does not always entail coercive elements; to constitute the crime of trafficking in persons for the purposes of organ removal, the actual person has to be transported for the purpose of removing their organs”*<sup>9</sup>

One important finding in this research project is the discovery that there is no internationally recognized definition of trafficking body parts. This is supported by the Commission on Crime Prevention and Criminal Justice<sup>10</sup>: *“A global comparison of trafficking in human organs and tissues is constrained by the lack of a uniform definition and the absence of consistent statistics and criminal reports”*.

When the person is alive and the purpose of movement is to remove body parts, the Palermo Protocol provides a comprehensive definition. However, as there is no such definition when the body parts have been removed, a challenge for this research project has been to establish what constitutes trafficking body parts.

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<sup>9</sup> UN.GIFT The Vienna Forum to fight Human Trafficking 13-15 February 2008, Austria Center, Vienna Background Paper, page 5

<sup>10</sup> Fifteenth session Vienna, 24-28 April 2006 Item 6 (c) of the provisional agenda

During dialogue with a number of international organisations and institutions including Amnesty International, Human Rights Watch, UNICEF and the US State department, requests were made for their definition of trafficking body parts. However, none of these organisations were able to provide a definition of trafficking body parts. Most quoted the Palermo Protocol, assuming that this was an issue involving transplants where the person would need to be trafficked.

Through this research, the literature review and from communications with leading Human Rights organisations, it became clear that there has been a long standing assumption that trafficking body parts relates only to transplants and therefore, generally speaking, the person would need to be trafficked for the purpose of removing the body part. It appears that the concept of using body parts for purposes other than transplants has not been considered when assessing the need for a definition.

### Project definition of trafficking body parts

If a body part is used or sold in a different place from where it was taken from the body, movement of the body part must have taken place.

Trafficking is the act of moving and trading something illegal<sup>11</sup>. As being in possession of body parts for trade is considered illegal<sup>12</sup>, this report argues that the movement of a body part for the purpose of sale or commercial transaction is trafficking body parts.

Therefore the project's definition of trafficking body parts is as follows:

Transportation or movement of a body part, either across a border or within a country for the purpose of sale or commercial transaction is considered trafficking body parts.

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<sup>11</sup> Unlike smuggling which is the act of *moving* goods illegally.

<sup>12</sup> The trade in human organs and tissues is forbidden in almost all countries (Commission on Crime Prevention and Criminal Justice Fifteenth session Vienna, 24-28 April 2006)

## **Methodology**

This report is based on a seven month research project with a four month field work period in Mozambique and South Africa.

Between May and September 2008, a research team carried out qualitative and participatory regional research in Maputo city and in the provinces of Maputo, Sofala, Nampula, Niassa, Cabo Delgado and Tete in Mozambique and Limpopo, Free State, Kwazulu-Natal and Mpumalanga in South Africa.

### Research Team

When carrying out research into an issue as sensitive as trafficking body parts, much consideration from the researchers is required. As a consequence, it was deemed necessary that the researchers were familiar with the cultural background of those attending the workshops and those agreeing to be interviewed. This would enable the researcher to create an open environment for communicating issues relating to trafficking body parts. Furthermore, it was important that the researchers could communicate directly with those attending, using the local language of the community. As a consequence, it was decided to arrange a partnership with Childline in South Africa and for Mozambique, employ the services of an experienced researcher with knowledge and strong contact with the local community.

Childline South Africa is well known and respected throughout South Africa for their commitment to upholding the rights of the child. They provide a 24 hour toll free call centre for children in each province in South Africa as well as therapeutic services for abused children and their families and caretakers. They also offer court preparation for children who are witnesses to their abuse in criminal court. Childline South Africa advocates on child rights issues and provides safe house care for children.

The research team consisted of three researchers from South Africa working part time and one from Mozambique working full time. The difference in the number of researchers in South Africa and Mozambique was simply due to capacity and availability at the time of the research project. All researchers, or the organisations they represented, were known and trusted in the communities. As the majority of the researchers had limited experience with research and interview techniques, it was important to provide adequate training.

### Training the researchers

The researchers attended initial training undertaken by the Regional Programme Manager. The researchers were introduced to the research project, the workshop presentation format and the interview techniques, including open questioning techniques and the importance of neutrality. They were given training on how to place emphasis on important issues relating to the project and how to gather as much information as possible, always keeping the safety and security of the informant and themselves a priority. Training on how to use a dictaphone and how to introduce its use was also covered. Halfway through the research, the

researchers met again for interim training to discuss how they were progressing and to address any concerns or difficulties, as well as to share successes with the rest of the team.

## Field work

139 individuals, who expressed a desire or a willingness to share either a particular account or a specific experience of trafficking body parts, participated in interviews. The following groups were interviewed<sup>13</sup>: Human Rights Organisations (8), Religious Organisations (1), Women's Organisations (2), Local Authorities (2), Police (PRM and PIC from Mozambique and SAPS from South Africa) (9), Police Commanders (2), Border Officials (9), District Administrators (1), District Agricultural Directors (2), District Attorneys (4), Municipality Councillors (1), Doctors (1), Health Technicians (2), South African Education Department (2), Neighbourhood Secretaries (5), Nurses (2), Teachers (1), Traditional Healers' Association (AMETRAMO) (22), Traditional Healers (4), Community Members (25), Nuns (4), Pastors (1), Peasants (2), Stall Holders (2), Social Workers (1), Radio Station Employees (2), Fishermen (4), Customs Officials (1), Perpetrators (2), Perpetrators' Family members (3), Victims (2), Victims' Family members (7) and individuals accused of committing mutilations (2)<sup>14</sup>.

Research into trafficking body parts is extremely sensitive and consideration of the consequences for those speaking out needed to be taken into account, whether in terms of immediate security or their standing in community. Taking these concerns into consideration, the names of those interviewed have not been used in this report, unless permission was received and this information could not jeopardise the individuals' safety. In addition, some of the names of locations have also been changed.

## Workshops

In order to create a suitable environment and platform for discussion for such a potentially sensitive subject, it was important to create a relaxed, comfortable and safe environment.

This environment was achieved by arranging workshops and focus groups within the various communities, run by presenters and/or organisations familiar to those attending. Where possible, given the geographical scope of this research, the workshops were conducted in the local language. It was important that the workshop was an enjoyable interactive experience for all those participating. The workshop concept is popular in South Africa and Mozambique and ensuring a high level of attendance was rarely an issue, to the extent that numerous requests have been made for follow up workshops.

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<sup>13</sup> number of interviews per group in ()

<sup>14</sup> In addition, the following groups attended workshops but did not participate in interviews: Representatives from the Education Department in South Africa, Hospital Employees, INAS (National Institute of Social Action) in Mozambique, Associations including Child Protection Associations and Religious Associations, Churches and Communication Institutes.

The workshops and focus groups were conducted in the community and were entitled “Human Rights and Trafficking Workshop”. Groups from many sectors of society were invited. As there was no precedent and little information on which sectors might have information and relevant experiences, multiple sectors were invited. Each workshop followed the same format, with the researchers adapting the presentation to their own style, ensuring the environment was suitable for those attending.

The workshops covered basic Human Rights definitions with a presentation followed by participatory exercises. These included small group discussions on possible Human Rights violations, debates and case scenarios. The same method was used for the second part of the workshop, entitled Trafficking. This created an open and honest platform for lively discussion.

One of the case scenarios discussed in the Trafficking section of the workshop contained an account of a mutilation where body parts had been removed. The term “trafficking body parts” was purposely never introduced by the presenter. This phrase or term was only used once the group themselves mentioned this as their conclusion to the case scenario. The presenter then followed up on this introduction, by inviting other participants of the workshop to comment. This, on all but one occasion led to an open discussion on the subject and proved to be an excellent method to encourage people to discuss.

During this discussion, the presenter would note who was comfortable talking about the issue of trafficking body parts. Once the workshop had concluded, the presenter followed up with the individual and requested an interview, explaining in more detail the purpose of the project and the reason the individual had been selected.

The focus groups were arranged in a similar way, but were less structured as, on occasion, the presenter needed to be spontaneous and set up at short notice often without the benefit of electricity or a presentation room. The approach of allowing the group to introduce the issue of body parts was maintained throughout.

### Snowballing and referrals

Some individuals, who were interviewed after the workshops and focus groups, were prepared to introduce others who also had useful information on this topic. Furthermore, the workshop provided a platform for people to share news and media reports of attacks and the researchers were able to follow up on this information.

### Reliability and validity of the interviews

When conducting qualitative research the purpose of interviewing is to gain deeper insight into a specific phenomenon, in this case trafficking body parts. What is essential is the social context making certain actions meaningful. The idea is to place parts of social life into a larger whole.

Qualitative interviewing is not concerned with 'truth' in terms of a quantifiable generalisation, but is concerned with achieving understanding of complex phenomena or dynamics in society. Therefore, the research team had no intention of 'disproving' or putting the information provided on trial. Rather, the intention was to document and analyse the subjective reality presented by the informants.

The opportunity to test accounts however presented itself on a number of occasions. Firstly, the accounts were often shared during the workshop. For instance, once the subject of trafficking body parts had been introduced, the presenter would ask the other attendees if they had something to share on this topic. On the majority of occasions, the account that was shared with the group was again shared during the interview. This correspondence between front stage (i.e. the public social setting of the workshop environment) and the back stage (one-on-one, more intimate and relaxed talk with researcher) indicates that the information provided is trustworthy.

There were also a number of accounts with more than one independent confirmation. For example, "hearsay" information about an attack was given and the interviewer followed up on that report and interviewed the victim in hospital. There were a number of instances in communities where individuals were interviewed independently and spoke about the same incident, but from different perspectives. For instance, the account of an "*old lady*" who was attacked and beheaded in Mozambique. The head was found in "*Tsatsimbe River where they crushed the head to remove the brain*" which was said to have been taken to South Africa. The interviewer heard 3 separate firsthand accounts of the same incident, from a Policeman (MZ\_MPX\_I\_1), a Community Member (MZ\_MPM\_FG\_1) and a Neighbourhood Secretary (MZ\_MPM\_FG\_1).

The research team used a triangulation of methods, when they had the opportunity. The team thus tested the reliability of certain information, in the way that they saw the same incident described from several angles, which ensures a high level of reliability and validity of the results.

The research process gave no reason to doubt the information provided by the participants, as they had nothing to gain and on occasion, much to lose from participating in this research.

## Findings and interview samples

The following seven cases are a sample of the interviews conducted during the 4 month field work period. These samples are included in the report to show how this information was gathered and to maintain a focus on the people and their personal accounts rather than only on numbers and statistics.

As mentioned above, the names and some places have been changed to protect those people sharing their experiences.

At the beginning of each interview is a short summary. A sample of each interview is included. When a portion of an answer has been removed “[...]” will appear.

**File Name:** MZ\_MC\_I\_2

**Location:** 1<sup>st</sup> Urban District, Maputo City Province, Mozambique

**Interview date:** 28<sup>th</sup> August, 2008

This interview was conducted in Maputo with a Doctor (DOC) who had been working in Mocimboa da Praia District (Cabo Delgado Province, Mozambique). At the crime scene, he examined the body of a woman who was murdered in a village near Mocimboa da Praia in 2007. The Doctor concluded there was more than one perpetrator, they cut her throat and dragged her a few meters from the road. After she died, they used a “*big knife*” and with a “*very precise cut or probably two cuts, one from each side,*” the perpetrators removed her “*external genitalia*”. No suspects were arrested. The doctor believes the body parts were “*Probably for traditional ceremonies, to make traditional medicines*”.

**LDH1: Did you ever see a body or attend a patient that was a victim of mutilations?**

DOC: Last year, in 2007, I saw a body in Mocímboa da Praia, in a local community near the village, and they extracted the body’s external genitals. [...]

**LDH1: And the body that you saw was it at the hospital or in the local community?**

DOC: I saw it at the local community where I was called to examine the body.

**LDH1: And was it from a man or a woman?**

DOC: A woman.

**LDH1: Was it only missing its external genitals, nothing else?**

DOC: Only the genitals.

**LDH1: And what was the state of the body?**

DOC: She had been murdered few hours before, maximum 6 or 7 hours before (the examination ed.).

**LDH1: Do you think that the organs had been removed by a professional?**

DOC: It was someone who knew exactly what they were doing; the way how the body part was extracted. It presented a very well limited injury, done with an instrument probably very well prepared for that purpose, a big knife probably. Because there were no injuries that indicated that several cuts were made. The genital was removed with a very precise cut, or probably two cuts, one from each side removing the genitals. And the cuts were made after the person was dead.



***LDH1: How can you tell that the person was already dead when the genitals were removed?***

DOC: It had no sign of bleeding. It means she was dead when the injuries were done.

***LDH1: And can you tell how was she killed?***

DOC: They cut her throat from one side to the other. It was also a very well done and macabre cut. It was probably done by more than one person.

***LDH1: Do you know who found the body?***

DOC: The villagers probably. I think that the lady was going to fetch water from the well and they caught her on the way.

***LDH1: Where was the body found? Was it near her home? Was the body hidden?***

DOC: It was a few meters from the sand road, 5 or 6 meters from the sand road. I think that the person that discovered the body must have followed the blood.

***LDH1: Was she facing up?***

DOC: Yes.

***LDH1: So she was clearly dragged?***

DOC: Yes, she was killed next to the sand road and dragged 5 or 6 meters.

***LDH1: Was she covered?***

DOC: No. And she was without clothes.

***LDH1: What age would you say she was?***

DOC: Between 20 and 25 years old.

***LDH1: And why do you think this happened? What do you think is the purpose for the removal of these body parts or organs?***

DOC: Probably for traditional ceremonies, to make traditional medicines or something like that.

***LDH1: And the population, have you heard their opinion, if these cases worried them, what did they think about it?***

DOC: The concern at that moment was to solve the case, catch the responsible people for the crime. I felt, while talking to the people with whom I would normally be talking, all were unanimous when saying that was for traditional ceremonies.

**File Name:** MZ\_MPX\_I\_1 and MZ\_MPM\_FG\_1

**Location:** Magude and Xinavane Districts, Maputo Province, Mozambique

**Interview Date:** July 30th, 2008

The following two interview extracts refer to a 10 year old child's body which was found on the night of January 22<sup>nd</sup> 2006 in the Tsatsimbe River in Magude, Mozambique. According to the clinic post mortem, the child was found *"without the head, heart, liver, penis and testicles, and had an oblique descending incision from left to right made with a sharpened cutting object"*. It states that the child was murdered violently and the injuries were fatal *"the boy's throat was first cut and then the organs were removed."*

The Police Officer, who followed the case, confirmed a 10 year old male child was returning home and was thought to have been followed. The attacker killed him, extracted body parts and threw his body in the river. The Police arrested a suspect but the organs were never found. The Neighbourhood Secretary was called to the scene by community members who believed the body parts were bound for a church in South Africa.

**Interview with a Neighbourhood Secretary (N. Secretary) and Community Members (C. Member) in Magude District, Maputo Province**

***LDH: Did you see the body of the child?***

N. Secretary: Yes, I did. They cut the neck, took the head and also the kidneys.

C. Member: [...] found the body in the water [...] went to communicate it to the secretary and some other people. These went there and saw that the body was from a child and that it had the belly cut and had no genital organs and some other things. Then, they went to report it to the district command office, and so they came here and told some people to take the body out of the water.

***LDH: The accused, is he out of jail?***

N. Secretary: Yes, he is here. He was in Central Prison, and there they told he wasn't guilty. He even brought a release order.

***LDH: What do people do with those extracted organs?***

C. Member: It is a Protestant church in South Africa that is said that people take those organs to sell to that church. [...] It is a ZCC church.

**Interview with the Police Officer in Xinavane District, Maputo Province**

***LDH: We would like to talk about the child's case.***

Police: [...] they had found a body of a child in the Tsatsimbe River. [...] It was late afternoon. We had some difficulties like transportation, [...] we went there and [...] we saw that it was a body of a child. The body was taken from the water [...]. Then we tried to follow the story and we found out that it was a boy that was going to a house to watch a movie. When he went back home and entered his house, someone, who was already following him, grabbed him and pulled him out of the house. He killed him and threw his body into the water. [...]

***LDH: Was that when you arrived there to see the body?***

Police: Yes. [...] We saw that the body had been opened, didn't have the heart and didn't have almost all the organs. [...] Then the Police worked and managed to arrest a suspect.

**LDH2: Regarding the child's case, do you know the destiny of the organs? The reason why they extracted the organs?**

Police: No. We didn't find the organs. They were already gone.

**File Name:** MZ\_Na\_FG\_1

**Location:** Nampula District, Nampula Province, Mozambique

**Interview Date:** June, 2008

This group interview was conducted in Nampula with AMETRAMO (Traditional Healers' Association of Mozambique). According to these Traditional Healers (TH), a *"witchdoctor is the one who does the evil"*, they *"act by envy and vengeance, creating inexplicable diseases to people until these lose their life."* AMETRAMO called them *"second-rate"* Traditional Healers because *"they do not apply their knowledge of traditional healing as they should, in contrast with the first-rate Traditional Healers that investigate and deepen their knowledge to do good."* According to AMETRAMO, the witchdoctors *"can incite people to commit murders as a means of making them rich"*. They stated that *"truthful Traditional Healers do not need to do treatments with human organs"* and that the ones who do that *"are crooks, who are not Traditional Healers."* The Traditional Healers said that there are treatments performed by witchdoctors using human body parts that they could do without using the body parts, but using the *"strength of the spirits and God, without needing to kill anyone, that is done with the help of the roots."*

AMETRAMO members in Nampula said that the traditional medicine is not so good in Beira and in Maputo, *"and it is there that they find the ones who use genital organs."* They said that even though they are accused for this kind of treatments they are *"against the witchdoctors"*.

**LDH: Could you tell me the difference between a witchdoctor and a Traditional Healer?**

TH1: First of all, a Doctor is always a Doctor, in hospital or in AMETRAMO. A Doctor's role is always to do the good helping people. The witchdoctor is the one who does the evil. [...] The Traditional Healers are not witchdoctors, to be a witchdoctor depends on the heart of the person.

**LDH: A few years ago, here in Nampula, we followed some cases of deaths in the neighbourhoods, where people died and someone extracted their genital organs for example. [...] I would like to hear a little about your opinion on that.**

TH1: [...] There are ignorant people that deceive other by cruelty. [...] There are crooks, who are not Traditional Healers that commit several atrocities like the extraction of human organs, sometimes even after extracting the human organs they take the body of the victim to the railroad to simulate a running over by the train. What the truthful Traditional Healer does is to cure the problems of those who ask him without needing to extract their organs. For example what can happen and used to be frequent some time ago, is that if a person wants to get rich or to be promoted in the institution the person works in, the Traditional Healer may tell the person to have an incestuous sexual intercourse [...] as part of the magic to achieve such intentions. That is pure magic, but does not need to extract any organs. In the past times, there were some old men that knew well that magic. This is made with the knowledge transmitted by the spirits.

***LDH: In South Africa there is information saying that some people use magic with human organs to attract clients to their commercial facilities [...] Have you ever heard or followed similar cases here in Mozambique? [...]***

TH1: The ancient people were the ones who used to do that. There are people who also do that, as we have been following. But we can do that without using human organs. [...] This is a magic that also attracts people, but without needing to cut or kill someone. [...] There is a case that took place last year in which a peasant killed his son and cut his hand to sell. Then he finds the guard and says that he wants to speak with his boss, but the guard said no. Afterwards they discovered that the man was bringing that hand. When the guard went to talk with the boss, the boss ordered that that crook was taken to the squad because there was no agreement between the two. But that crook was deceived by someone else because he didn't even know how to do magic with such organs. [...] Traditional Healers don't extract organs it's the crooks who do that.

TH3: It is the criminals who don't know what they are doing, and then people say it is the Traditional Healers who do this.

***LDH: So, according to you, the ones who use human organ to do that kind of things are not the Traditional Healers, they are something else.***

All TH: It's the "second-hand" Traditional Healers, the witchdoctors.

TH4: The Traditional Healers do work very close to the modern medicine, but not for the witchcraft part.

***LDH: So the use of human organs is not used for curing?***

TH4: No, it is not used in cures. It is the witchdoctor, that doesn't like to do good.

***LDH: For example, in Beira city, I heard about some fishermen that use human organs to treat their nets when they want to catch a lot of fish.***

TH1: They are witchdoctors.

TH5: There are people that when they want treatments to get wealthy, besides coming to Nampula, they go to Beira or Maputo, where the traditional medicine is not so good, and it is there that they find the ones who use genital organs. Afterwards they come to Nampula to accuse the Traditional Healers. But we, the Traditional Healers, are against the witchdoctors. We are asking for an invitation from the Government to go to those places where people are suffering with the witchdoctors and bad spirits.

**File Name:** MZ\_Na\_GI\_1

**Location:** Nampula City, Nampula Province, Mozambique

**Interview Date:** 1<sup>st</sup> September, 2008

The Interview was conducted in Nampula City with the family of a victim. The victim, “Mary” disappeared on a Friday in March, 2007. Her family found her uniform and scarf hanging on a shrub and discovered her body in the bushes nearby. The body was severely mutilated and had started decaying. It is believed the killers grabbed her while she was walking on the road, carried her about 300 meters inside the bushes, cut her throat, opened her stomach and took her genital organs, eyes, heart, tongue and breasts. The family has no opinion about the motives for this murder.

***LDH1: We wanted to hear from you, how did that happened. So, I would like you to tell us a bit about the story.***

Victim’s Father: I left my home in the morning, went to work around 7am. When I arrived home, my daughter wasn’t there. I asked her brother: “where is your sister ‘Mary’?” He said that she had gone to her sister’s house.

***LDH3: The first house she went to after leaving here?***

Victim’s Father: Yes. This was on a Wednesday. She slept there from Wednesday to Thursday. Friday she did not go to school. Now, Friday, she did not arrive there or here. [...] Until Monday, I was very sad. I went out with my son-in-law, my brother, and my sons...to go and search for her. We entered the bushes, everywhere, I searched, and nothing. So, I entered on the other side and I found the uniform she was wearing, hanged, her scarf also hanged very far. [...] then my brother-in-law called me: “Come here and see this person that was killed here!” [...] she was lying under the sun [...] She changed her colour, she used to be so bright.

Victim’s Brother-in-Law: With that sun heat, she became dark. So the body was found there under the sun. Her uniform hanged in a shrub and when we tried to investigate, that’s when we found the body. [...] sorry for saying this, but she was completely rotten. They took her genital organs and everything [...] She disappeared on a Friday and we found her on a Monday.

***LDH1: Besides the genital organs, was anything else removed?***

Victim’s Brother-in-Law: Eyes, heart and everything, breasts also [...] The Police Station and the local structures gave orders to bury the body. Because there was no way of moving the body, a grave was dug there and the body was buried there.

***LDH1: And afterwards, did you have any information about the person that did that, was he or she caught??***

Victim’s Brother-in-Law: We had no information.

***LDH3: But was there a Doctor?***

Victim’s Brother-in-Law: Yes, the Police Team and the Health Team.

***LDH2: So, you said that they removed her eyes...did they open?***

Victim’s Brother-in-Law: They opened, removed the heart, in the stomach, genitals and also the breasts.

***LDH2: Was her throat cut?***

Victim’s Brother-in-Law: Yes. They also took her tongue.

**LDH2: And, did it seem like if the body had been dragged there?**

Victim's Brother-in-Law: No. She was walking on the road, so those persons caught the girl, carried her to that place and did what they wanted to do. Around maybe 300 meters.

**LDH2: At the time that happened, what did you think, what do you think they mutilated her body like that? What would be the reason?**

Victim's Brother-in-Law: There is no explanation.

**File Name:** MZ\_T\_I\_1

**Location:** Tete City, Tete Province, Mozambique

**Interview Date:** 9<sup>th</sup> August, 2008

The interview was conducted at Tete hospital with a victim (Victim) of a mutilation. According to the victim, on 5<sup>th</sup> August 2008, he was passing alone by a cemetery when he felt a knock on his head. When he woke up his complete genitalia had been removed and he was bleeding profusely. He started crying and some people who lived there (in Tsangano) came and took him to the local hospital. In the morning an ambulance took him to Tete hospital.

The victim stated that he had heard about identical cases and mentioned that in 2008, a man was murdered and his heart and genital organs were removed. In 2006, a similar case happened.

The victim said that people sell those organs and that the ones who buy them use them to make treatments for wealth and business.

**LDH: Can you tell us what happened?**

Victim: It happened on Tuesday (5<sup>th</sup> August, 2008, ed.). I went to the market. On my way back from the market, I passed by a cemetery and felt a knock on the head. I woke up on the floor. They had taken me to a corner and I was fainted. My genital organs had been removed. When I woke up because of the wind [...] I started to cry and people that live there came. The persons who heard me crying picked me up and took me. Someone climbed a tree and started calling other people. The ones who did it were close and so they started running when they heard people calling. So, I was taken to the hospital. In the morning they made a phone call, and an ambulance came and took me to the hospital.

**LDH: What time was it? More or less.**

Victim: At dusk.

**LDH: Were you alone?**

Victim: Yes, I was alone.

**LDH: Wasn't there any movement of people?**

Victim: No. There was no movement.

**LDH: So, you only woke up after everything had happened?**

Victim: Yes. I woke up after everything had happened.

**LDH: Did you manage to see who did this??**

Victim: No.

**LDH: What do you do there?**

Victim: I am a peasant.

**LDH: How old are you?**

Victim: 32

**LDH: This type of cases, are these frequent?**

Victim: I have heard about it other times. [...] The year before the last, another person died. Even now, that I am here (in hospital, ed), I heard that the same happened to another person.

**LDH: Those other cases, were they identical or did they remove other type of organs?**

Victim: This case now, they took the heart and the genital organs.

**LDH: And the case of the year before the last?**

Victim: They also took. Normally, they take the heart and the genital organs.

**LDH: In the case of the year before the last?**

Victim: Yes, they took the heart and the genital organs.

**LDH: What do you think they do with those organs?**

Victim: Business, they sell.

**LDH: The ones who buy, what do they do with those organs?**

Victim: They make treatments and medicine for wealth and business.

**LDH: Did they take your organs or they left them?**

Victim: They took them.

**LDH: Did they cut it completely?**

Victim: They cut it completely. They put a knife here, and then here and took the testicles and even. I have nothing now (the victim proceeded to show the male interviewer the wound).

**File Name:** MZ\_MPR\_FG\_1

**Location:** Ressano Garcia Village, Ressano Garcia District, Maputo Province

**Interview Date:** November 9<sup>th</sup>, 2008

This interview was conducted in Ressano Garcia Village with a woman who works at a "halfway house" (LN) for victims of trafficking in persons and a woman that works as a stall holder at the South African border (LB) but lives in Ressano Garcia in Mozambique.

LB spoke about the cases of trafficking body parts she witnessed while she was selling her products at the South African border. In September/October 2008, she witnessed 3 cases. In the first case, the Border Police caught a woman who was trying to cross the border carrying a bag with "male and female sexual organs from adults hidden in the middle of matapa leaves". In the second case, a woman "was caught carrying a head and the sexual organ of a male child", thought to be around 10 years old. The "material" was inside a plastic bag in the middle of ice and food. In the third case a man was caught "carrying meat inside a freezer bag" with "5 male genital organs from adult men" hidden at the bottom.

LB also spoke about a case of a woman who crossed the border in a car and was caught by the Police when they discovered "several children's heads inside plastic bags and she had covered them with capulanas" (traditional clothing). This incident is significant as it was also mentioned in the rationale and was the catalyst for this research.

**LDH: So, you saw some of these cases?**

LB: Yes, yes.

**LDH: Did you witness any cases last month?**

LB: Three cases.

**LDH: Can you tell me about those cases? Who was trying to cross, where to, what were they trying to take, where were they caught?**

LB: The first case happened at the beginning of October. The Police Border caught male and female sexual organs from adults hidden in the middle of Matapa leaves. A 40 something lady was carrying the bag with those inside.

**LDH: Was that on the South African side?**

LB: Yes, the 3 cases were at the South African side.

**LDH: [...] People that are walking and taking bags aren't searched at the Mozambican side also?**

LB: At the Mozambican side not all of them are searched. [...] they can cross easily without being bothered. But at the South African side they want to see everything, they don't want money (bribes, ed.) like those from this side.

**LDH: At the South African side, where do people get caught? Where are they searched?**

LB: They have a place there where they have to leave their bags while stamping the passport. If they are not searched in those little offices they will be searched at the out gate. There's where I see people getting caught.

**LDH: What about the second case?**

LB: The second case was in middle October. A lady with 40 something years old was caught carrying a head and the sexual organ of a male child with around 10 years old. She was carrying several bags with several things inside and she hid the material inside plastic bags with ice on the middle of the food. The third case, it was on the end of October, around 2 weeks ago. A man with around 27, 28 years old was carrying meat inside a freezer bag. At the bottom hid were 5 male genital organs from adult men. The Police Border opened the freezer bag and asked him where he was taking all that meat and started searching until he found that.

**LDH: And after they got caught what happened to them?**

LB: When they are caught the Police Border takes them right away because people try to kill them [...]. The Police take them to Moamba and from there they go to Maputo jail.

**LDH: So these three cases that you just told me about, did you see what happened, you saw what these people were carrying from Mozambique to South Africa?**

LB: Yes I did.

**LDH: So how many cases can you say that happen per year or month?**

LB: I can say that at least three to four cases per month. And it does get a lot worse at the end of November and in December. People want more money on these months. [...] In December there are a lot more people crossing and the control is much worse. [...] The people that cross these things have their schemes they know who is going to be working and at what time they will be working to let them cross. [...]



**LDH: I was talking a while ago with LN about a case in which a lady was found with children's heads in the trunk of the car. Did you witness that case? [...] Can you tell me what you saw?**

LB: That woman crossed the border and then the Police caught them and brought her back to the border. [...] She had several children heads inside plastic bags in the car trunk and she had covered with *capulanas* (traditional clothing, ed.). We saw those heads and people tried to kill her there in front of all those Policemen. So they took her right away.

**LDH: And at the Mozambican side? Did you witness any cases?**

LB: Yes. Two cases. One in February 2007 and other in September 2008. [...] In February 2007, I was working at the Mozambican border.[...] I saw the Police running after a couple [...]. They were caught. They were carrying 3 bags with veggies. Inside were the head and the genital organ of an adult man and the ribs also from an adult person. After they were caught they took them to the post right here. [...] I think he should be around 40 and she around 30.

**LDH: And from the post where did they take them?**

LB: I didn't see. But usually on these complicated cases they take them to Moamba and then to Maputo.

**LDH: What about that other case in September?**

LB: On September 2008, here at the first gate a Police Border wanted to search a lady. [...] She was carrying some bags of manioc with her and she started arguing with the Police Border because he was searching her bags [...] So the Police searched and found that she had genital organs of adult men. [...] I don't know how many exactly [...]. But they were from adult men, I saw them myself. [...]

**File Name:** SA\_T\_I\_5

**Location:** Bloemspruit South Africa

**Interview date:** August 2<sup>nd</sup> 2008

This interview was conducted in Bloemspruit with a woman who confirmed she was instructed by a "*Sangoma*" (Traditional Healer) to use children's fingers and penises, which she wore as a belt under her clothes to solve a problem she had with a pregnancy. Previous to the visit to the *Sangoma*, she appeared to be pregnant and then suffered a miscarriage. However, she seemed not prepared to accept this and despite visits to hospitals and clinics who confirmed she was not actually pregnant, she instead visited a *Sangoma* who made a belt for her. From the belt hung two fingers and three penises from children. She was also instructed to drink a concoction she believed contained human blood and fat and she was given a piece of flesh which she believed to be a human organ, perhaps a heart. She sliced small pieces from the flesh each night and fried them on a stove. She followed these instructions for about one month and became ill, burnt the items prescribed by the *Sangoma* and went to hospital.

**Interviewer: Have you ever used the Traditional Healers?**

Informant: Yes

**Interviewer: Do you mind telling us about your visit to the Traditional Healer?**

Informant: I went to that Sangoma and he gave me Muti to drink, a mixture of herbs. And another Muti that I had to burn at night.

**Interviewer: Can you say what kind of Muti did you have to burn at night?**

Informant: That Muti looked like a person's heart. You could see that it was like a heart from a person.

**Interviewer: So it was something for you to drink and then it was something for you to burn at night?**

Informant: That Muti to drink, it was three bottles. Those bottles when I was drinking that Muti, it looked like blood. I don't know what to say, because when I was drinking I wanted to vomit. I wanted to vomit that Muti. I was starting to be scared. I thought I cannot drink this.

**Interviewer: Do you mean all three bottles were blood. Was it reddish in colour?**

Informant: Yes.

**Interviewer: And did you have to drink all three bottles?**

Informant: Yes.

**Interviewer: What were the orders of the Traditional Healer?**

Informant: He said I needed to finish all three bottles.

**Interviewer: How were you taking them?**

Informant: [...] in the morning, during the day and at night.

**Interviewer: And were you drinking it from a cup or out from the bottle.**

Informant: From a cup. Then the Traditional Healer, he gave me a belt with fingers and penises of children. It looked like a necklace with penises and fingers hanging.

**Interviewer: So, it was a finger and a penis, a finger and a penis and they were they all sewed to the belt?**

Informant: Yes.

**Interviewer: Were they dry or wet?**

Informant: Dry.

**Interviewer: Are you able to tell me how many fingers and how many penises were hanging from the belt?**

Informant: Two fingers and three penises.

**Interviewer: How could you say these fingers and penises were from children?**

Informant: They were very small, very small.

**Interviewer: Couldn't it be from animals?**

Informant: No, they were human. I know human penises.

**Interviewer: So according to the Traditional Healer you had three bottles to drink, the belt and something to burn at night and you had to finish the three bottles and you think it was blood because you always wanted to vomit after you drank it.**

Informant: And it stank

**Interviewer: And it was reddish?**

Informant: Yes.

**Interviewer: And how much did each bottle have?**

Informant: 750ml

**Interviewer: And this thing you suspect it was a human heart, when did you have to burn it?**

Informant: At night.

**Interviewer: So you burned each piece, or you burned the whole thing?**

Informant: Each piece.

**Interviewer: You had to cut from it every night and burn it?**

Informant: Yes.

**Interviewer: Do you feel that everything that the Traditional Healer gave you has helped?**

Informant: No.

**Interviewer: Can you tell me if the Traditional Healer charged you any price?**

Informant: R4000 in cash (approximately US\$ 400, ed.).

**Interviewer: Going back to the belt, can you describe it a bit more?**

Informant: It was a brown belt. On the front it had the penises and fingers hanged and on the back it had a pillow with needles.

**Interviewer: Did you ever take it out or were you wearing all the time?**

Informant: All the time. Always.

**Interviewer: How long were you using the belt and using this Muti?**

Informant: I used it only for one month.

**Interviewer: That time that the Traditional Healer gave you that Muti did you ask what was it? What was inside?**

Informant: No, I was so desperate.

**Interviewer: Can that be because you didn't want to know?**

Informant: I was so sick, so sick...that if someone told me to go to the toilet and eat I would do it.

**Interviewer: Where do you think those fingers and penises came from?**

Informant: They kill the babies.

# Incidence and prevalence of trafficking body parts in South Africa and Mozambique

As there are no studies or research on trafficking body parts in South Africa and Mozambique, there is no baseline with which to compare and establish an increase or decrease in trafficking body parts in this region. Furthermore, it is difficult to establish or conclude if there is indeed a large or small amount of this activity, as these conclusions would be based on comparisons with previous studies. Throughout the four month field work period, a baseline for trafficking body parts has been established which is presented below.

## Incidence

During the four months field work period, 22 workshops and eight focus groups were held. These were attended by 413 individuals. From the workshops and focus groups, 139 people were interviewed<sup>15</sup>. Of these 139 interviews, 31 shared one or more firsthand account. This has resulted in a total of 44 firsthand incidents being mentioned during this research.

Firsthand means the informant has either seen a mutilated body with body parts missing, seen a body part, been exposed to an attack where body parts have either been removed or attempted to be removed or has used body parts.

**People attending workshops/focus groups, number of interviews and number of reported incidents**

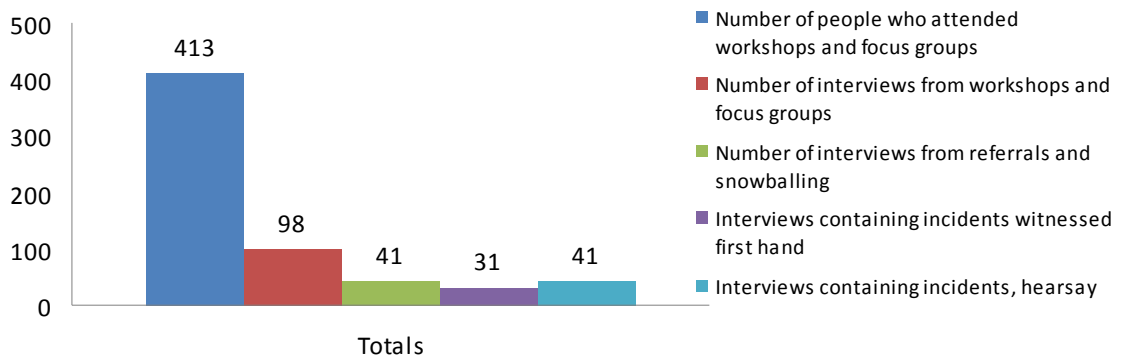


Fig. 1

Out of the 44 incidents mentioned above, five could be considered trafficking in persons, according to the United Nations Palermo Protocol definition of trafficking in Persons explained above. For example, an informant in South Africa spoke of a school girl taken by “four men driving in a red car [...] when she was coming from school” (SA\_N\_I\_4). She was still in her uniform when she was discovered a week later. Her “lips, fingers and private parts” had been removed. It appears that this girl had been taken for the purpose of removing body parts and would therefore be considered trafficked under the Palermo Protocol definition.

<sup>15</sup> 98 of these were individuals attending either a workshop or focus group and 41 came from referrals using the snowballing technique described in the methodology.

The remaining 39 accounts would be considered trafficking body parts alone, separate from the victim.

Fig. 1 shows that more than 22% of those willing to be interviewed have had a firsthand experience of seeing a mutilated body with body parts missing or a body part separate from a body. This percentage is far greater than expected and is supported by the general feeling amongst those attending the workshops and focus groups. As an informant in South Africa stated: *“Ritual killings are common here. It’s like a daily bread. We do not even get shocked when a person is missing and found dead with body parts removed [...] body parts sale is common here.”* (SA\_P\_FG\_2). The family of a victim in Nampula Province, Mozambique said *“Ehh, it happens a lot of times! We followed it...outside our family. Those are things that happen a lot of times”* (MZ\_NA\_GI\_1). Local organisations are aware of the frequency of mutilations such as a Human Rights Organisation in Niassa Province in Mozambique which stated *“There are lots of cases around here”* (MZ\_Ni\_I\_2). Another informant in Mozambique said *“That kind of things here in Mueda are happening more and more, but the Government says nothing about it”* (Mz\_CD\_I\_9).

Authorities consider this to be a deep rooted problem with no solution. A South Africa Border Police Official in Mpumalanga District said *“I can tell you that the problems of trafficking along this border of Mozambique and South Africa will never end and they do not only involve body parts of children, but even adults”* (SA\_N\_I\_8).

Through the interviews, it was established that many different body parts were discovered missing from mutilated bodies. A Police Officer in Mozambique stated *“We [...] went to the crime scene [...] they had cut her head and taken it to another place”* (MZ\_MPM\_FG\_1). In South Africa an informant said *“I was standing next to the body [...] I saw the body with missing body parts [...] breast and hands”* (SA\_N\_I\_1). A woman in Bloemfontein whose neighbour had been attacked said *“there was lots of blood, the body was facing up, the heart, lungs were missing. Her mouth was wide open as if she was screaming”* (SA\_T\_I\_5). In numerous interviews, the informant stated that they personally witnessed which body parts had been taken *“I did see the body with the hands tight and her breast were removed”* (SA\_P\_I\_10). A Police Officer who in 2007 witnessed a dead body of a man in a dam in Bloemfontein City with his *“Tongue and private parts”* removed stated *“Yes I had direct contact. I was on duty when we were called by the community members that there was a dead body of a man in the dam”* (SA\_T\_I\_4).

Male genitalia are the body parts mentioned most during the interviews. The two victims interviewed during this research were also both subject to attacks to remove their genitalia. As mentioned in the summaries above, one resulted in complete removal of his entire genitalia. The other was not successful, but left a large cut. When asked why he thought he was attacked, the second individual said *“Maybe he wanted to sell my genital organs”* (MZ\_Ni\_I\_3).

There have been 19 different body parts mentioned as missing from bodies in South Africa and Mozambique during the interviews. The two graphs below show which body parts have

been mentioned as missing from *bodies* in firsthand interviews, the first in Mozambique and the second in South Africa.

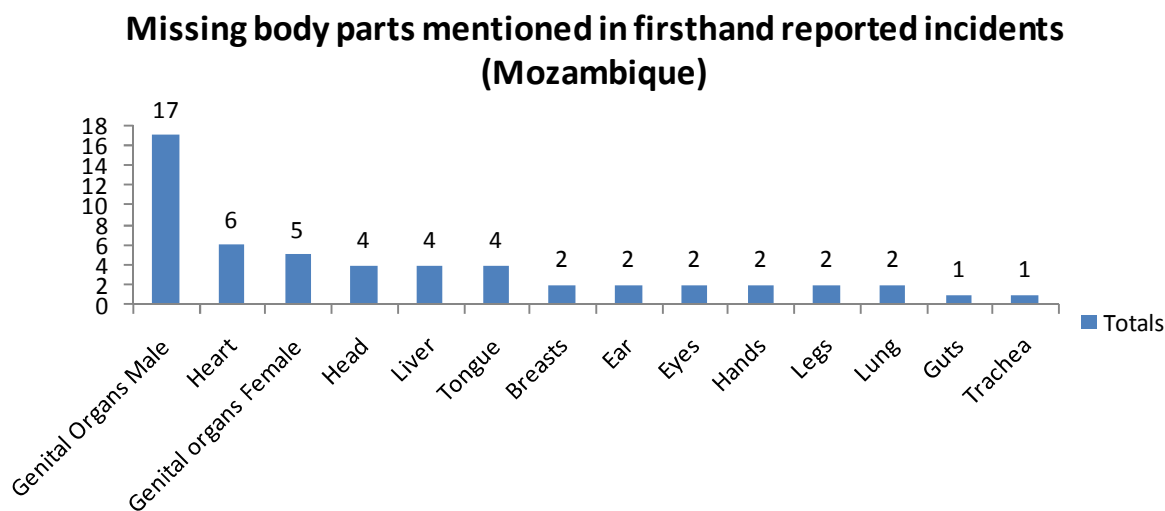


Fig. 2

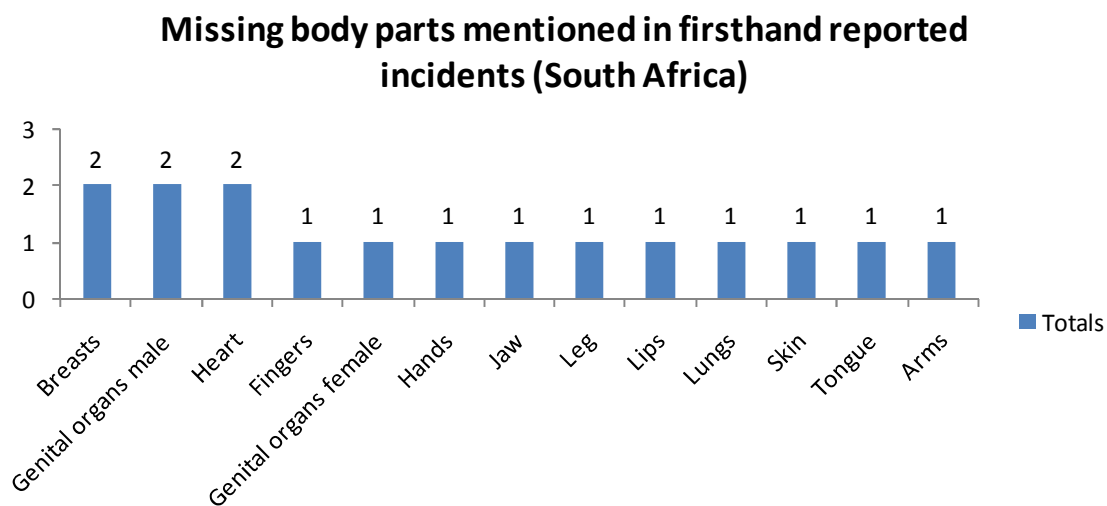


Fig. 3

There have also been a number of reports of body parts being seen firsthand, *separate* from the body. An individual who attended a workshop in Schoemansdal, South Africa said “*there was a head in the fridge, it was inside plastic*” (SA\_N\_I\_3). An elder of the Traditional Healers in South Africa stated “*I was inside the house (of another Traditional Healer ed.) next to the refrigerator when I saw the tongue inside a plastic bag*” (SA\_N\_I\_2). An informant who was working at the Administrator’s Office of the Health Inspector in Maleboho, South Africa said “*I went to see what was happening together with the Police. [...] the male parts inside the pot where a woman cooked food she sold to people at the taxi rank [...] the parts were inside the pot*” (SA\_P\_I\_3). A woman working as a stall holder on the South African side of the border said “*I saw a human head on top of some vegetables that were inside those big bags they use to carry goods [...] It was the head of a child [...] someone was trying to take*

the head from Mozambique to South Africa. When we come from Mozambique, they don't search us" (Mz\_Mpr\_I\_3).

The two graphs below show which body parts were witnessed firsthand, separate from a body.

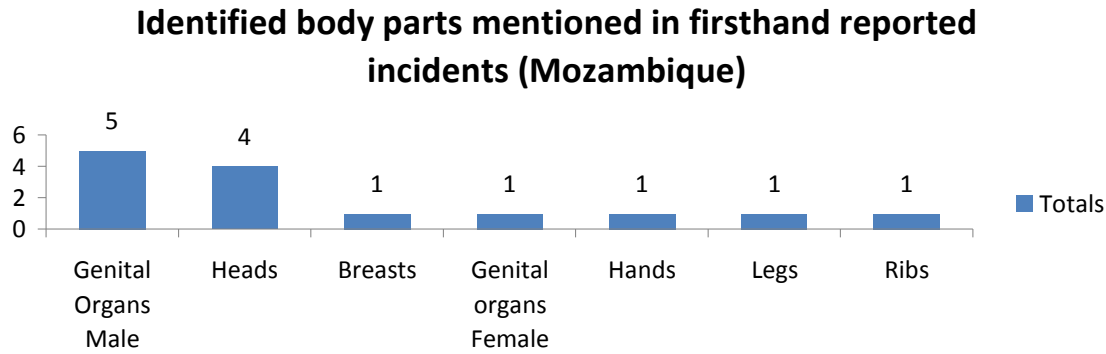


Fig. 4

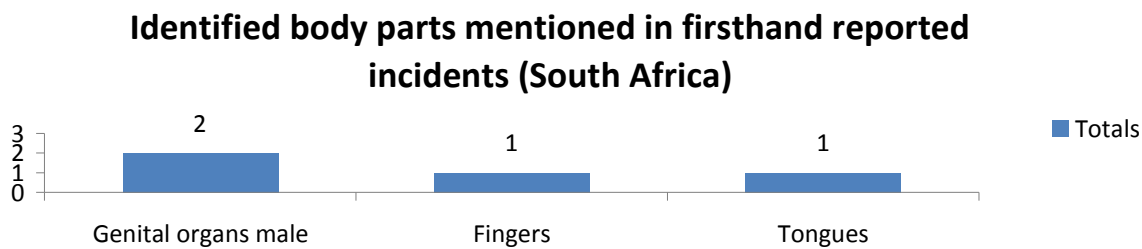


Fig. 5

The graphs (fig. 2, 3, 4 and 5) show the numbers of accounts, not the numbers of body parts<sup>16</sup>.

## Prevalence

Based on the interviews conducted for this research project, there are clear indications that both mutilations and the movement of body parts are widespread within South Africa and Mozambique. A Police Officer from Nampula, Mozambique stated *"It has been happening almost a little everywhere [...] Sometimes bodies are found in the public road, sometimes in the cemetery, in several places."* (MZ\_Na\_I\_4). A Community Member from the Mopani District in South Africa commented *"These killings happen anywhere when we least expect"* (SA\_P\_I\_7) and a School Teacher in South Africa said *"because it is happening all over"* (SA\_P\_I\_9).

<sup>16</sup> In fig. 4, for example, it mentions four heads having been seen firsthand. However, the total number of heads is greater than this as some accounts witnessed a number of heads being trafficked, such as the stall holder at the Mozambique/South African border who witnessed *"several children heads"* (summary interview above).

It is suggested from the interviews that a number of people feel the situation is getting worse. A Community Member from Mueda, Mozambique commented, *“that kind of things here in Mueda are happening more and more”* (MZ\_CD\_I\_9). A teacher from Capricorn District in South Africa stated *“All of a sudden the Muti thing [...] which was there in the past but it was moving in a very slight way but now it has gone out of hand”* (SA\_P\_I\_9).

It appears, based on the interviews, that there is also a belief that trafficking body parts is linked to business opportunities. *“With the World Cup (Football World Cup, South Africa 2010, ed.) coming, more people will be killed to ensure that their business grows”* (SA\_P\_FG\_2). One informant expressed a concern that there is an increase at certain holiday periods *“It does get a lot worse on the end of November and in December. People want more money on those months”*. The informant added that the situation gets *“a lot worse at the end of the year when a lot more people cross and the (border ed.) control is not as efficient”* (MZ\_MPR\_FG\_1). When asked if they felt this crime was on the increase, a retired SAPS Official said *“yes... now almost every week there is a report in the newspaper about this”* (SA\_S\_I\_1).

The following graphs show the number of reported incidents in each province visited by the project. All provinces visited reported an incident and eight out of eleven included a firsthand report relating to trafficking body parts.

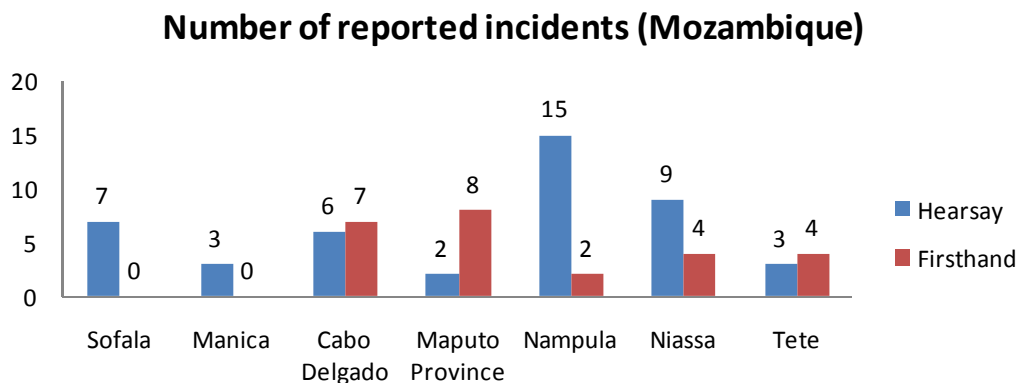


Fig. 6

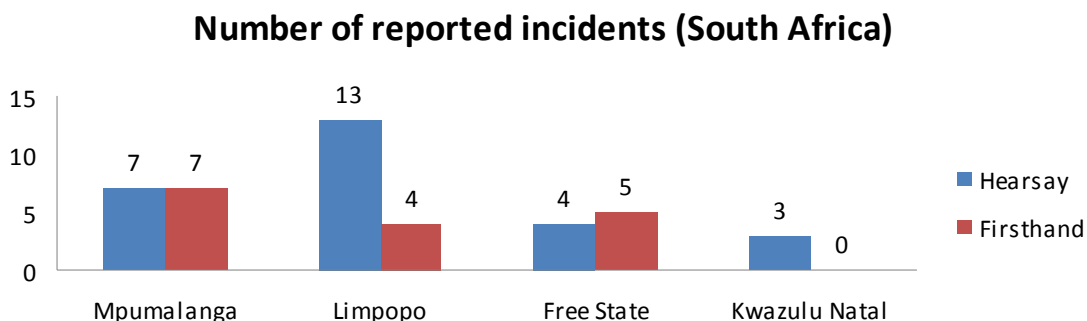


Fig. 7



## **Macro, interpersonal and individual factors leading to trafficking body parts**

When it comes to trafficking human body parts there are two main types: 1) Trafficking organs for organ transplants 2) Trafficking organs and body parts in connection to harmful traditional practices, and more specifically witchcraft.

It is clear from this research that body parts are not trafficked for transplant purposes between Mozambique to South Africa. There are numerous interviews within this research where informants have witnessed body parts being transported in bags, wrapped in leaves, hidden in boxes of meat, in the boot of a car, inside a pot in a taxi rank, to name a few. None of these transportation methods are conducive to transplants. One informant, who works with trafficking issues at the border between Mozambique and South Africa, summed this up *“There is no way we can know what were they going to do with those organs, or what happened to the victims’ bodies. One thing we know for sure, it is not for transplants”* (MZ\_Na\_I\_2).

This chapter will be concerned only with trafficking organs and body parts in connection to harmful traditional practices, as this research project found a bulk of evidence pointing to the use of body parts in connection with witchcraft practices. In the following, the term body parts will be used, as this term also incorporates organs.

The informants interviewed in this research, when giving an example of an incident where body parts had either been taken or found, were asked what they thought the body part would be used for. Of the 62 informants who chose to answer this question, 93% believed they were either to be sold or used for activities relating to witchcraft and Muti.

The objective of using body parts in the so-called ‘medicine murder’ or ‘Muti murder’ is to create powerful traditional medicine based partly on human body parts. Traditional medicine has a wide range of purposes, for instance to heal illnesses, aid economic advancement or hurt enemies.

Social anthropological ethnographies have documented anecdotes of Muti murder in southern Africa since the 1800’s, and research has shown that incidences of Muti murder increase in times of political and economic stress. The practice is commonly associated with witchcraft. Muti murders are widely acknowledged to occur in southern Africa, although no country has issued accurate reports of the practice (Scheper-Hughes 2002).

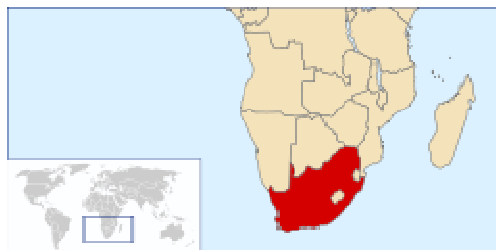
Historical, socio-economic, political, financial and psychological factors are closely interlinked in a complex social system, causing trafficking body parts. This chapter will envisage shedding light on root causes of trafficking body parts.

## Historical, political and socio-economic situation in Mozambique and South Africa

Mozambique and South Africa are two very different countries in many ways. However, there are also many similarities in terms of populations and life conditions.

### South Africa

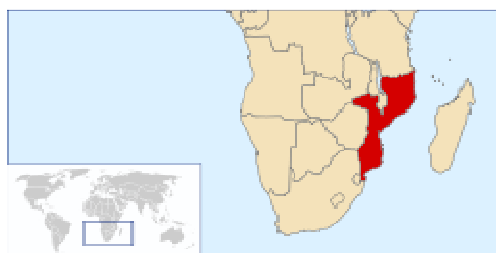
By UN classification South Africa is a middle-income country with an abundant supply of resources, well-developed financial, legal, communications, energy, and transport sectors. South Africa is ranked 27th in the world in terms of GDP as of 2007 (CIA World Fact Book 2007).



Advanced development is significantly localised around four economic centres: Cape Town, Port Elizabeth, Durban, and Pretoria/Johannesburg. Beyond these, development is marginal and poverty is still prevalent despite Government efforts. Consequently the vast majority of South Africans are poor. A decade of continual economic growth has helped to lower unemployment, but major economic and social problems remain. Even though South Africa has the seventh highest per capita income in Africa, South Africa has one of the highest rates of income inequality in the world. As for racial inequality, whites still have a significantly higher income compared to blacks and other races. However, the affirmative action policies have seen a rise in black economic wealth and an emerging black middle class. Other problems include crime, corruption, and HIV/AIDS. The HIV/AIDS pandemic caused South Africa to drop 35 places on the UNDP Human development ranking in 2008, which underlines the socio-economic and health issues faced by a large proportion of the population (UNDP Human development Report 2008, fact sheet for South Africa).

### Mozambique

Mozambique is one of the poorest countries in the world, ranked 172 out of 177 countries in the UN human development index in 2007/08. Mozambique has historically suffered from civil war and financial instability, but in the 1990 constitution Mozambique became a multiparty democracy. Since the beginning of the 2000's Mozambique has experienced economic stability and financial growth, yet the Government faces severe challenges in terms of providing education to the population. The vast majority of the population have minimum access to quality education and paid work. The adult literacy rate is 38.7 % (UNDP Human development report 2007/08, fact sheet for Mozambique).



In South Africa and Mozambique, poverty and poor life opportunities is a reality for the vast majority of the population. The interviews conducted for this research project confirmed that poverty is a strong driver when it comes to people consulting witchdoctors. Individuals are

desperately trying to evade poverty and the frustrations and poor life conditions associated with it. They are therefore susceptible to the witchdoctors' offers of improved health and/or financial situation. As one informant stated (people go to witchdoctors, ed.) "[...] *to get rich and to be healed*" (SA\_T\_I\_5).

Scheper-Hughes (2002) provides information that witchcraft has been experiencing resurgence in South Africa since the fall of apartheid, because of the longings and expectations of poor South Africans for improved life chances, such as land, employment, housing and a fair share in the material wealth. This informant from South Africa supported Scheper-Hughes' statements by explaining how in South Africa it continues to be a difficult transition to democracy "*people no longer want to work, worry about how they get rich because of the new democracy [...] for people to transit into (democracy, ed.), most people become confused*" (Sa\_P\_I\_9). Labuschagne adds that times of political unrest and periods of competition for resources have all been associated with increased incidence of Muti murder all over South Africa (Labuschagne 2004).

Based on the interviews conducted for this research project, there are clear indications of a so-called 'Muti-trade' taking place. It is clear that many people will seek out a witchdoctor to alleviate various problems. It appears, based on the interviews that an actual trade of body parts occurs to meet the demand "*someone has been killed for their body parts to be sold*" (SA\_P\_I\_7). One informant described a woman who sold food at a taxi rank in Limpopo Province, South Africa. Beside the food in the pot were male genital organs "*She wanted customers to buy from her all the time*" (SA\_P\_I\_3).

Several reported that body parts are being trafficked inside the country and across the border between South Africa and Mozambique, or to other countries such as this informant from Mozambique "*Organs are taken to be exported to Malawi, RSA and Zimbabwe*" (MZ\_B\_FG\_1). Several informants confirm this trend, "*She said that she wanted to sell the organs in Malawi*" (MZ\_Ni\_I\_2).

Labuschagne states the witchdoctor will not himself engage in ritual murders or killings, but will send a third party to do it (Labuschagne 2004). This is partially supported by the evidence in this research project, where a number of persons described this phenomenon. As one informant expressed "*I do not think the healer himself will go out to kill. Instead some will send people who are very poor and promise them a lot of money on completion of the work. At times the healer will tell the person who needs Muti to bring a certain body part for the Muti to work. Some will kill their relatives while a person send by the healer will kill anyone because for him it is about money*" (SA\_P\_I\_9).

Others explained that the witchdoctor will indeed do the killing himself, but will not do the actual 'hunting' of victims. As one informant explains "*the person who needs the parts normally does not do the killings, but will lure the person to be killed to the direction of the Traditional Healer, who will kill the person and cut the parts they need*" (SA\_P\_I\_6).

The Police stated that there are several cases of bodies being found missing body parts, however according to these informants, the parts are never found "*But there are lots of cases*

*in which the human organs are extracted but never found [...] We find many times bodies without organs or body parts” (MZ\_Na\_GI\_2).* A number of interviews confirmed that the witchdoctor or his/her ‘assistant’ often acquires the body parts far from their community to reduce the risk of being recognized and reported.

### Cultural and psychological factors

The concept culture refers to a dynamic system of rules harboured by groups and units. Culture is the attitudes, beliefs, values, norms and behaviours of a group or unit. Culture exists at multiple levels (in a business, in a community, etc.) and basically ensures survival. Culture creates the boundaries of socially acceptable actions thus keeping order in a community or society (Matsumoto 2004).

Culture is harboured differently by each specific unit – each individual harbours the cultural values to different degrees, and there is also a difference in the way the individual adheres to his/her culture. Culture is relatively stable over generations, but has the potential to change. Individuals are constructed by culture, but can also shape culture. When defining who we are, we also define ourselves as what we are not. This is a natural process for humans to survive, belong and develop a healthy identity. At the same time, it is important to be aware of the prejudices that come along with it (Matsumoto 2004).

Historically, the peoples of southern Africa have used Traditional Healers to aid them in terms of health and to help them improve their life situation in various ways, which is confirmed in this research project. Access to Government health services and ‘Western’ medicine remains low in many areas, and the use of Traditional Healers is widespread and for many it remains a first choice. It has been documented that Traditional Healers have developed many remedies using herbs and plants which alleviate their patients’ problems, although it is often dismissed by Western medicine. WHO challenges this, and calls for an integration of traditional medicine into the national health care system by assisting Member States to develop their own national policies on traditional medicine. WHO also wants to promote the proper use of traditional medicine by developing and providing international standards, technical guidelines and methodologies (WHO, 2002).

WHO defines traditional medicine as follows *“Traditional medicine as including diverse health practices, approaches, knowledge and beliefs incorporating plant, animal, and/or mineral based medicines, spiritual therapies, manual techniques and exercises applied singularly or in combination to maintain well-being, as well as to treat, diagnose or prevent illness”* (WHO, 2002).

As seen in the WHO definition of traditional medicine, the use of human body parts are not considered part of traditional medicine. Rather, the use of body parts can be considered witchcraft and a harmful traditional practice. Yet, in practice, the terms witchdoctor and Traditional Healer are sometimes used interchangeably. ‘Witchcraft’ typically refers to malevolent or harmful magic, and is often considered to be a cultural ideology (Klaniczay, 2006). Some informants in this research project made a clear distinction between Traditional Healers and witchdoctors practising Muti murder. It seems, based on a number of interviews,

that Muti-killings are associated with witchcraft and harmful magic, whereas the so-called Traditional Healers are not. As one informant in Nampula, Mozambique, a member of AMETRAMO, the Association of Traditional Healers in Mozambique claimed, *“The witchdoctor is the one that does the evil”*. When asked the difference between a Traditional Healer and a witchdoctor they replied *“That is like the difference between Doctors and diseases”* (MZ\_B\_FG\_1). Another stated *“A Traditional Healer, who intends to do harm, is called a witchdoctor”* (MZ\_CD\_FG\_1).

Muti (also spelt Muthi) is a term for traditional medicine in southern Africa. The word Muti is derived from the Zulu word for tree, of which the root is -thi. African traditional medicine makes use of various natural products, many of which are derived from trees. For this reason, medicine generally is known as Muti, but it is also applied to formulations used in traditional medical dispensing. In southern Africa, the word Muti is widespread in most indigenous African languages, as well as in South African English and Afrikaans, where it is sometimes used as slang word for medicine in general (Ashforth, 2005).

As part of Muti practices, some witchdoctors make use of the so-called ‘medicine murder’ or ‘Muti murder’, where body parts are removed from the bodies of living persons. The intention is not to kill the victims as such, but it is expected that they will die due to the damage inflicted (Ashforth, 2005). Muti-murder is difficult to describe concisely, as it has changed over time, involving an ever-greater variety of perpetrator, victim, method and motive. In the interviews conducted as part of this research project, it is also clear that the informants’ impressions and experiences varied somewhat, documenting that Muti using body parts is used widely and for many purposes.

Ashforth defines Muti as a substance fabricated with parts from plants, animals or minerals by an expert person possessing secret knowledge to achieve healing or witchcraft substances. He mentions that both Healers and witches use supernatural forces, but they use it for different ends. He says that witchcraft is considered the act of malicious persons who use harmful substances (poison) and that Traditional Healers administer aid to patients, and almost always dispense substances (medicine), but both substances are known generically as Muti. He further states that witches using Muti are said to be able to cause every disease and misfortune and a number of Healers claim to be able to cure every disease (including AIDS) and to remedy every misfortune (Ashforth, 2005). This is supported by an interview with a Traditional Healer in Nampula, Mozambique, a member of AMETRAMO, the Traditional Healers’ Association in Mozambique, *“AIDS does have a cure [...] It is probable that, mentally a Traditional Healer can cure AIDS according to his or her information”* (MZ\_Na\_I\_1). However, another informant, also a member of the same organisation, but from Beira, a different province in Mozambique, stated *“Who can heal someone with AIDS in this world? Nobody! Until today there is no medicine”* (MZ\_B\_FG\_1).

Ashforth’s report mentions that Muti substances can enter the body through the mouth, lungs, skin, sexual intercourse and anus, thus anyone who eats, drinks, breathes or puts the body in contact with other persons or substances needs to be careful. Also Muti is said to work over long distances, without needing any direct contact between witch and victim and can even work through the medium of a dream (Ashforth 2005). Muti has a strong hold on

many, as one informant in Mozambique stated *“People have a deep belief in it”* (MZ\_CD\_I\_3). Another informant in South Africa stated *“It is the belief that you must have Muti for the business to work. The sad part is that they no longer use Muti as we knew it but body parts”* (SA\_P\_I\_3). This belief is further confirmed by other informants from South Africa *“It is working because some people who are associated with the use of the parts are untouchable”* (SA\_P\_I\_7), *“People believe body parts can be utilized as Muti to call customers or to attract customers to buy more in their businesses”* (SA\_P\_I\_8).

As part of this research project, approximately half of the workshop participants were asked whether they themselves believed that body parts can make traditional medicine more effective. 6% in Mozambique claimed to believe this and 24% in South Africa. The other half of the group were asked whether people in general believed that traditional medicine using body parts would make it more effective. Above 70% of the participants in both South Africa and Mozambique answered that people believe that body parts will enhance traditional medicine. Although this is a much generalized question, it does indicate that the belief holds strong in the general population.

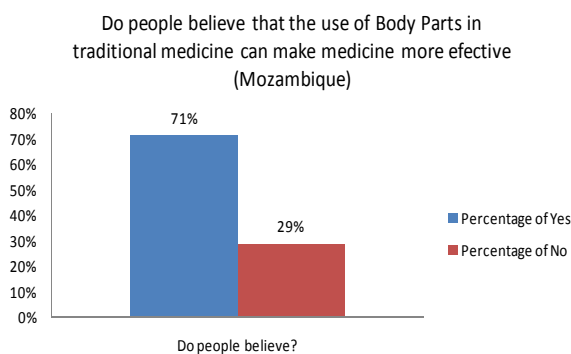


Fig. 8

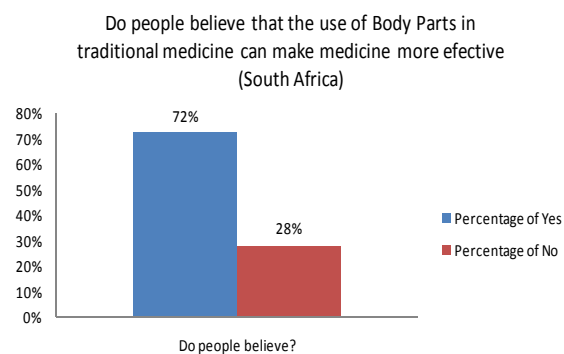


Fig. 9

Turrell (2001) provides an explanation by Harriet Ngubane, an Anthropologist, about Muti murder, in which she says that normally evil was removed by the slaughter of an animal which would open up contact between the living and the dead and its body would be an offering to the ancestors. However, sometimes the need for the evil to be removed and the good to be obtained was so great that the use of animals was not enough and only a human would do. Turrell goes on to explain that the ritual killing of a human was required for the acquisition of extraordinary power and this was necessary to win advantages between the chiefs. Turrell then adds that ritual murders became more common and out of the chiefly control and became available for ambitious commoners. Turrell also provides Ngubane’s explanation that ritual murder is neither an act of immoral wickedness nor of cruelty and she even questions the use of the word ‘murder’ when referring to these killings, as murder carries the implication of malice, where in fact she argues that ritual killings are malice free, and should rather be understood as sacrifices from members of the community, ‘the sacrifice of life’.

It is possible that the witchdoctors, their clients and the body part hunters may justify their actions with similar terms. However, none of those interviewed in this research project confirmed 'the sacrifice of life' as being legitimate. Rather, it was clear that the informants believed the witchdoctors and the body part 'hunters' (the ones helping the witchdoctors get the body parts) ruthless and uncaring. According to one informant from Mozambique *"The witchdoctors are not worried about the others; they are only concerned in gaining money."* (MZ\_CD\_FG\_1). Another informant in South Africa stated *"The man arrested is very cold. One woman went to court crying asking him to just tell her where to find her child even if she is dead so that she can have closure. He just looked at her and laughed"* (SA\_P\_I\_2). Several interviews claimed that the witchdoctors are greedy *"Traditional Healers nowadays do not do a good job as in the past. Now they are after money, and they do not care who gets hurt in the process"* (SA\_P\_I\_5).

According to some reports, such as Griffin *et al.* and Labuschagne, the witchdoctors use body parts in the preparation of Muti medicines which *"many local people use to bring success in business and love"*. An informant stated, when asked who uses Muti medicine, *"People who want to get rich and people who are sick and desperately want to get healed"* (SA\_T\_I\_5). It is a deep founded belief of the witchdoctors that the body parts are necessary for the Muti to work and it is required that the victims are dismembered while they are still alive. The screams of the victims are believed to make the medicine more powerful by waking the spirits and empowering them, thus resulting in victims being mutilated alive (Griffin *et al* 2004, Labuschagne 2004). This research found some accounts where the victim was alive when the body parts were extracted, however a number of victims mentioned in this research were murdered and the body parts were removed post-mortem. The interview with the Doctor in Mozambique summarised earlier in this report stated *"The genital was removed with a very precise cut, or probably two cuts, one from each side removing the genitals. And the cuts were made after the person was dead [...] no sign of bleeding. It means she was dead when the injuries were done"* (MZ\_MC\_I\_2).

Griffin's report adds that most Muti victims are children, probably because they are weaker and defenceless and also, it is believed that due to their young age, they have used up very little of their good luck and health. However, Labuschagne (2004) in contrast says that victims can range in age from a newborn infant to an adult and that it is not completely clear what makes one person become a victim in preference of another. In this research it is clear that children are often specifically targeted *"When the treatments are done with the organs of a child, the treatment has long lasting effects [...] that is why people prefer to be treated with minors' organs"* (MZ\_MC\_I\_1). It is also a belief that some children's body parts are more effective for certain situations. A woman working for a Human Rights Organisation in Lichinga in Mozambique stated *"He wanted the children's belly buttons and he said he wanted it so he could do medicine to catch more fish"* (MZ\_Ni\_I\_2). The belief that children's body parts are more powerful than those from adults is also evident from some informants *"These people target children who have never had sex before because they believe their parts are powerful as compared to those who are sexually active"* (SA\_P\_I\_3).

Often, the person seeking the witchdoctor's assistance will have to make important sacrifices. The interviews showed that the person would sometimes have to sacrifice not only money, but family members, including one's own wife or children. As one informant described "(the husband, ed.) *is the one who killed the wife and took the body parts so that his business will bring more money*" (SA\_N\_I\_1).

Labuschagne's paper states that the term Muti murder has been substituted incorrectly with the terms ritual or sacrificial murder, as there are differences between the terms. He states that "*although muti murder may be ritualised in that it is done in a certain way*" it is not a sacrificial act as the aim is only to obtain body parts for medicines and not to appease a "*god or deity*". He then explains that a ritual murder or sacrificial murder, both terms used to refer to the same thing by lay-people, occur in a variety of "*belief systems such as Satanism, voodoo, or other African beliefs*" and are intended "*to offer the life of an individual to appease or win favour with a deity*" (Labuschagne 2004).

As many people deeply believe in the practice, they will resort to a witchdoctor practising Muti murder for a variety of reasons. As mentioned above, Muti can allegedly alleviate or assist a person with a variety of problems, ranging from health problems to financial issues. One informant from Mozambique expressed how the poor life opportunities in the country is a strong driver in terms of people resorting to Muti "*People with bad life conditions start to hate each other and cast spells*" (MZ\_B\_FG\_1). Poverty is evidently an underlying push factor, when it comes to Muti murder. As another informant explains, the Traditional Healer may "*make treatments so that you recover your job or post*", and another mentions "*people want to get rich*" (SA\_P\_I\_12). A significant number of informants mentioned greed as being an important driver "*I think this tradition comes from greed*" (SA\_P\_I\_9).

In the communities there is often a code of silence, as many community members are afraid of speaking out about these issues. Several of the people interviewed were very worried about becoming targets themselves or worried about their families, in particular their children. As explained by an informant "*we never talk about such in this community, if you talk about it, you might put your life in danger*" (SA\_N\_I\_1). Another expressed "*If people know that I talked about it, I might be killed. We all know it happens [...] but no one wants to talk about it*" (SA\_N\_I\_2). A grandmother expressed "*I am always thinking that my grand children can also be abducted one day and be killed for ritual healing*" (SA\_P\_I\_4). Several informants expressed similar statements. It was clear that many would cover up for the witchdoctors out of fear "*someone knows them (the witchdoctors, ed.), but is not saying anything*" (SA\_P\_I\_2). Another stated "*what makes me sad is that we never openly talk about it, though it happens right under our nose*" (SA\_N\_I\_3). One informant stated how fear and the code of silence play a central role in sustaining the Muti murders "*It is all silenced. People are afraid to talk*" (MZ\_MPR\_I\_3). This code of silence extends to protecting those that order the mutilations, as one informant stated "*If a Traditional Healer does a treatment and orders someone to kill because of that, if he tells to another person he did it he will also die. So they always deny it, they never say that they did it*" (MZ\_B\_GI\_1).



## Existing policies and programmes to counter trafficking body parts

If someone is found in possession of a body part in South Africa or Mozambique and there is no way to trace the body part to a victim, it is difficult, under current legislation, for Police to prosecute. There are numerous accounts contained in this research where individuals are caught in possession of body parts; however the research has not been able to find any example or account of sentencing relating to possession of body parts when the mutilated body has not been located. Informants stated on a number of occasions that arrests appear to be made when people have been found in possession of body parts. The “*Sangoma (Traditional Healer, ed.) that lives in our neighbourhood was arrested because the Police found the body parts in his house*” (SA\_T\_I\_1). The interviewer was informed that the Sangoma was later released from jail and is still practicing in the community. It is apparent from a number of interviews that arrests may have been made and those arrested have been removed from the scene by Police, often for their own protection<sup>17</sup>. However, this research has not found any information about charges made against anyone in possession of a body part when the mutilated body has not been located.

Due to lack of sophisticated investigative methods in this region, such as DNA testing, it is difficult for Police to establish where a body part has come from. As mentioned, without being able to trace the body part to a victim, prosecution is difficult. It is apparent from this research that when body parts are trafficked, they are often transported some distance away from the mutilated body. This research has found that people caught in possession of body parts are often not local to the area where they are caught, particularly at the borders<sup>18</sup>, making it even more difficult to trace a body part back to a body.

An internationally recognised definition of trafficking body parts is essential if trafficking body parts is to be countered. As stated by a District Attorney in Mozambique “*When someone is killed for his organs, the case is judged as a homicide. Trafficking implies moving the victim around, and when these practices are associated to practices magical-religious rituals this movement (of the person, ed.) doesn't happen*” (MZ\_Na\_GI\_1). However, from the findings of this research it has been established that the movement of the body parts does occur.

This research has been unable to find any existing policies or programmes specifically targeted towards countering trafficking body parts in South Africa and Mozambique. This is not surprising as there is no internationally recognised definition of trafficking body parts. However, the following examines legislation, which might be used to assist in countering trafficking body parts.

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<sup>17</sup> “*The Community Members were very angry, they wanted to burn him but the Police came and rescued him*” (SA\_N\_I\_2)

<sup>18</sup> When asked where the body parts and those trafficking them came from, a Nun working at the border between South Africa and Mozambique responded “*they're coming from outside [...] not from around here*” (MZ\_Na\_I\_2).

## South Africa

According to a retired Senior Police Official, working with SAPS for a number of years on issues relating to trafficking body parts, there are no specific policies and programmes in place to counter the trafficking of body parts in South Africa. This is consistent with the findings of this research. Except for the South African Human Tissue Act 65 of 1983, there appears to be no legislation in place to control the procurement and use of body parts. The Human Tissue Act controls the use and forbids the sale of any human tissue, including organs. The Act states that *“No tissue, blood or gamete shall be removed from the body of a living person except in accordance with the prescribed conditions and unless written consent has been granted”* and that *“No person other than a person to whom the Director-General has issued a permit may import or export any tissue, blood, blood product or gamete”*, thus condemning any person who harvests body parts from a person and is in possession of them without permission.

The Act adds that *“Any tissue, blood, or gamete removed from the body of a living person shall only be used for medical or dental purposes including; the use of transplanting in the body of another living person, or the production of a therapeutic, diagnostic or prophylactic substance, and in the case of blood, the administering to another living person or the production of a blood product”*. Therefore, any use of body parts for the purpose of harmful traditional practices may be forbidden by law. However, there appears to be a loophole as the Act allows the use for production of therapeutic substance, which could include Muti.

The Act appears to have another loophole when it states that *“The magistrate of the district [...] may grant written authority that an institution or a person may remove specific tissue or conduct a post-mortem examination [...] If a body has not within 24 hours after the death been buried or claimed for burial the person in charge of the institution concerned, shall direct a notice stating the prescribed particulars to the inspector of anatomy concerned”* who then *“may [...] direct that the body concerned be handed over to a specific institution”*, thus hospital authorities may be granted the right to remove body parts, without consent, from unclaimed bodies for medical use.

Finally, the Act adds that only an authorized institution or importer *“may receive any payment in respect of the import, acquisition or supply of any tissue, blood, blood product or gamete for or to another person [...] These provisions shall not prevent a medical practitioner or dentist from receiving remuneration for professional services rendered”*. It appears that this statement allows some people to receive a payment for body parts.

Although the Human Tissue Act may help in some aspects of controlling trafficking body parts, the penalties are dated. The Act states that any person who has contravened or failed to comply with any provision of the Act *“shall be guilty of an offence and liable on conviction to a fine not exceeding R2.000 (approximately 200USD, ed.) or to imprisonment for a period not exceeding one year or to both the fine and imprisonment”*. As this Act is 25 years old and the maximum fine has not been amended to reflect the effects of inflation, it offers little to deter a potential trafficker on financial grounds.

A South African Commander commented, *“afterbirths and [...] the placentas and those kinds of things that are used in the Muti industry, those are discarded human tissue, and there is no life to it, the Act (Human Tissues Act, ed.) is very clear in this respect of that, where [...] the charges that can be brought against him is in possession of human tissue, and not body parts, and because these are not live body parts that are harvested, these are expelled body parts, like the placenta, and that kind of thing, so the person gets away with a fine [...] because it’s not living tissue”*. He added that *“the thing is that legislation is far from reality at the moment [...] I am not satisfied with the existing legislation, it does not cover the issue of expelled tissue”* (SA\_L\_I\_2). This research has not received any reports about discarded tissue such as the placentas being used for Muti, although a number of reports mention its use.

According to another Senior South African Police Officer, if a person is arrested with body parts *“the perpetrator is arrested for unlawful possession of body parts and tempering or interfering with a dead body not trafficking because it is not an offence”* (SA\_N\_I\_11).

## Mozambique

This research has not found any legislation, programmes or Tissue Act in place specifically to counter trafficking body parts in Mozambique.

If during an investigation an individual, in possession of a body part, is found not to have any connection to the mutilation or to the extraction of the body part, it appears the individual cannot be punished by law.

The overall legal framework in both Mozambique and South Africa is currently not adequate to counter trafficking body parts. While in South Africa a Tissue Act exists, it was written specifically for medical and transplant purposes. It does not consider the potential exploitation and Human Rights abuses connected with trafficking body parts.

## Recommendations for Civil Society and Governments

For programmes to be developed, there firstly needs to be an acknowledgement from both Civil Society and Governments that regular mutilations occur and that body parts are removed from victims and trafficked on an ongoing basis in South Africa and Mozambique. It is hoped that this research report will assist in this transition.

Without an internationally recognised definition for trafficking body parts it will be difficult to develop programmes. Therefore, it is recommended that State and non State actors initiate discussions on a definition. Once a definition has been agreed upon, there will be an opportunity to lobby for legislation to counter trafficking body parts.

There are no reliable figures of mutilations or trafficking body parts in South Africa and Mozambique. Deaths and the cause of death appear not to be consistently registered in parts of this region. For instance the girl “Mary” mentioned in the interview summary, according to her family, was buried without a medical examination or autopsy and therefore it appears no record of the cause of her death exists. Without this information it is difficult to establish the incidence and prevalence of mutilations in this region and therefore more difficult to respond to this issue. It is recommended that a system be put in place to consistently register deaths and cause of death. It is also recommended that a focal point for information on trafficking body parts is established to monitor and record reports of trafficking body parts.

Local communities affected by this phenomenon are often reluctant to speak out. The fear and mystery surrounding trafficking body parts needs to be removed by the community themselves. As highlighted during this research, once a safe environment is created, open and honest dialogue follows. There are numerous State and non State actors who have been willing, under the right circumstances, to share openly and acknowledge this issue as a problem which needs immediate attention. It is recommended that this research be used as a springboard for further discussion leading to action to combat trafficking body parts. Awareness raising programmes need to be designed and implemented in South Africa and Mozambique, especially in rural areas.

While it is clear there is fear and in some circumstances, a reluctance to talk about this issue, there is also anger and outrage in response to these mutilations, especially those involving children. A number of informants have specifically mentioned the response of those in the vicinity when someone is found either to have mutilated a child or in possession of body parts from children. An informant in South Africa stated a *“five year old living in our neighbourhood went missing. [...] She was found in the third house from their house with the body parts missing, already dead. The lady that took her was arrested and her house burned down by the community members”* (SA\_T\_I\_2). An informant working near the border in Mozambique stated *“When they are caught, the Border Police takes them right away because people try to kill them”* (MZ\_MPR\_FG\_1). Another informant during a group interview in Beira, Mozambique said, *“When they caught him, all the population wanted to burn him [...] But the Police put him in the car and run away to protect him”* (MZ\_B\_GI\_2). It is recommended that a follow up is made, particularly with the communities that have voiced outrage, with a view to building their capacity to respond to the issue of mutilations and trafficking body parts. This

response should focus on reducing the demand for body parts through awareness raising activities, highlighting the consequences of involvement in harmful traditional practices.

As mentioned in this report, there is a clear link between Muti and business. A number of informants have voiced concern over the Football World Cup in South Africa in 2010, *“Maybe they will kill and cut body parts so visitors can come and buy in their shops”* (Sa\_P\_I\_6) Another informant in South Africa states *“With the World Cup coming more people will be killed to ensure that their business grows”* (SA\_P\_FG\_2). With the conclusion that trafficking body parts is part of the supply and demand business of Muti, it is essential that there is a rapid response to the findings of this report and efforts to counter this activity are made as soon as possible in readiness for South Africa’s largest ever business opportunity.

## Conclusion

The objective of this research was to create a suitable environment and platform for discussion with the aim of achieving a better understanding of the incidence and prevalence of trafficking body parts in South Africa and Mozambique. This has been achieved through 30 workshops and focus groups, attended by 413 individuals from many different sectors of society; both State and non State, where the issue of trafficking body parts has been openly discussed.

This research shows that body parts are trafficked on a regular basis in South Africa and Mozambique. It documents that body parts are taken from victims, either while they are still alive or directly after they have been murdered. More than one in five of the 139 individuals interviewed during this research has experienced a firsthand account of an incident relating directly to trafficking body parts. This figure exemplifies how widespread and prevalent this problem is.

During this research, no informant shared a firsthand account where body parts have been extracted from a body that died of natural causes or circumstances not related to the extraction of the body parts. Therefore, when body parts have been trafficked, children and adults have been murdered and mutilated. It is clear that the body parts mentioned in this report were not trafficked for transplant purposes. None of the 72 accounts relating to trafficking body parts, mentioned in this research, could have resulted in a transplant.

Both children and adults are victims of mutilations for the removal of body parts. There is no evidence that adults are specifically targeted for their body parts, however there are a number accounts in this research where children have been specifically targeted.

The findings of this research show that it is a commonly held belief in South Africa and Mozambique that when traditional medicine contains body parts, it is stronger and more powerful. Trafficking and selling body parts in some areas of South Africa and Mozambique is considered a common occurrence, like *"daily bread"* as one informant observed. Of the 62 informants who expressed an opinion as to why body parts were removed, 93% believed they were either to be sold or used for activities relating to witchcraft and Muti.

Muti practices are prevalent in South Africa and Mozambique. Muti is a term for traditional medicine. It is a deep founded cultural belief that body parts will make the medicine more effective and that it can solve any problem, ranging from poverty to health issues. The interviews show that so-called witchdoctors have a firm belief themselves that human body parts are needed for strong Muti. Witchdoctors, usually through a third party, actively seek human body parts from live victims. Trafficking body parts is part of a complex supply and demand business and the business it supplies is Muti.

Muti murders seem to be associated with a code of silence, where people are fearful of speaking out, thus allowing the practice to continue with little or no consequence for the perpetrators.

The policies and programmes in place to counter trafficking body parts are practically nonexistent. The limited policies that could be used to counter this activity, such as the Tissue Act in South Africa, are out of date and not generally enforced.

While there is no internationally recognised definition of trafficking body parts, any attempt to counter this activity will be impaired and these Human Rights violations will continue unabated.

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**Annex**

See enclosed CD

