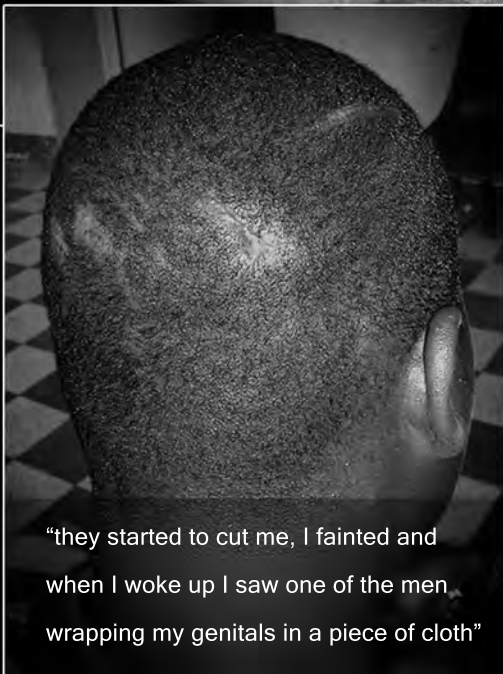


TRAFFICKING BODY PARTS IN MOZAMBIQUE AND SOUTH AFRICA



"Luis removed my eyes and another man cut off my genital organs"

"they cut my mouth, one held me and one cut me"



"they started to cut me, I fainted and when I woke up I saw one of the men wrapping my genitals in a piece of cloth"

Simon Fellows
Human Rights League in Mozambique
simonldh@yahoo.com
2010

Please Note

This report contains accounts that some people may find disturbing

Reproduction of any part of the text is authorised, except for commercial purposes, provided the author is acknowledged.

Cover design: Wayne Rowe - www.visioningimages.com

“How is it possible that ordinary people kill someone in cold blood and as if it wasn’t enough, they remove things from the body as if they were removing giblets from a chicken” (sister of victim, genital organs removed, Cabo Delgado, Mozambique¹)

“When they were digging her out of the toilet, [latrine, ed.] [...] the woman came out, with no arms, no eyes, no ears, smelling, and then insects coming out of her body [...] Her eyes were gouged out of her face.” (Relative of mutilated women, KwaZulu-Natal Province, South Africa²)

“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, Mozambique³)

“It is true that people become rich after a traditional treatment with human organs” (Traditional Healer, Manica Province, Mozambique⁴)

“I saw the child lying next to her [...] His private parts had been removed. [...] He was making sounds, he was still alive. his right hand had been cut off”. (Community member, North West Province, South Africa⁵)

“They say the treatments with genital organs only work if they are taken from a person alive and not dead” (Customs Official, Sofala province, Mozambique⁶)

“The genital organ was removed with a razor. [...] We even found it drying as if it was smoked meat or fish inside his hut [...]. He said it was to make a treatment so that her spirit wouldn’t follow him.” (Traditional Chief, Cabo Delgado Province, Mozambique⁷)

“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 border⁸)

¹ Interview code MZ2_CD_I_6

² Interview code SA2_KZN_I_12

³ Interview code MZ_Ni_I_3

⁴ Interview code MZ_MC_I_1

⁵ Interview code SA2_NW_I_2

⁶ Interview code MZ_B_GI_1

⁷ Interview code MZ2_CD_I_22

⁸ Interview code MZ_MPR_FG_1

TABLE OF CONTENTS	
ACKNOWLEDGEMENTS	3
ACRONYMS	4
SUMMARY	5
RATIONALE	7
HUMAN RIGHTS LEAGUE IN MOZAMBIQUE (LDH)	8
PROJECT DEFINITION OF TRAFFICKING BODY PARTS	8
TRAFFICKING IN PERSONS	8
TRAFFICKING BODY PARTS	9
PROJECT DEFINITION OF TRAFFICKING BODY PARTS	10
RESEARCH METHODOLOGY	11
RESEARCH TEAM	11
TRAINING THE RESEARCHERS	11
FIELD WORK	12
WORKSHOPS	12
SNOWBALLING AND REFERRALS	13
RELIABILITY AND VALIDITY OF THE INTERVIEWS	14
FINDINGS AND INTERVIEW SAMPLES	15
INCIDENCE AND PREVALENCE OF TRAFFICKING BODY PARTS IN MOZAMBIQUE AND SOUTH AFRICA	30
INCIDENCE	30
INCREASE IN INCIDENTS RELATING TO TRAFFICKING BODY PARTS	36
PREVALENCE	38
MACRO, INTERPERSONAL AND INDIVIDUAL FACTORS LEADING TO TRAFFICKING BODY PARTS	41
HISTORICAL, POLITICAL AND SOCIO-ECONOMIC SITUATION IN MOZAMBIQUE AND SOUTH AFRICA	42
Mozambique	42
South Africa	42
CULTURAL AND PSYCHOLOGICAL FACTORS	44
CONFESSIONS	49
The role of the Traditional Healer and so-called witchdoctor in issues relating to trafficking body parts	58
The effect on the community	60
The effect on surviving victims	61
EXISTING POLICIES AND PROGRAMMES TO COUNTER TRAFFICKING BODY PARTS	63
MOZAMBIQUE	64
SOUTH AFRICA	64
THE AUTHORITIES' RESPONSE TO TRAFFICKING BODY PARTS	67
MEDIA REPORTING ON ISSUES RELATING TO TRAFFICKING BODY PARTS	70
RECOMMENDATIONS FOR CIVIL SOCIETY AND GOVERNMENTS	72
CONCLUSION	73
BIBLIOGRAPHY	76

Acknowledgements

Project team:

Project Coordination - Susana Ferreira

Data management, translations and interview analysis - Ana do Rosário

Office Logistics and Assistance - Kátia Carlos and Leila Abdula

Thanks needs to be extended to all those informants who participated in the interviews on which this research is based.

This research project would not have been possible without the following researchers:

Book Sambo – Liga Moçambicana dos Direitos Humanos

Christina Sones – Liga Moçambicana dos Direitos Humanos

Matshidisho Ntsiua – Child Welfare, Bloemfontein, South Africa

Moises Mahumana – Liga Moçambicana dos Direitos Humanos

Nokuthula Msimango – Childline Mpumalanga, South Africa

Petunia Tsoetsi – Childline KZN, South Africa

Priscilla Molaudzi – Childline Limpopo, South Africa

Robert Nyakudya – Childline Mpumalanga, South Africa

Salva Revez – Liga Moçambicana dos Direitos Humanos

Sousa Shelle – Liga Moçambicana dos Direitos Humanos

Special thanks goes to:

The Royal Norwegian Embassy - Maputo, Mozambique for funding this research project

Childline South Africa for their partnership during this project including Dumisile Nala, Beauty Makhanya, Cheryl Morilly, Ricki Fransman

Maria Alice Mabota and Teresa de Sousa from Liga Moçambicana dos Direitos Humanos for all their help.

Ilundi Cabral; Ana Rita Veloso, Universidade Nova de Lisboa, Portugal; Irmãs Scalabrini, Ressano Garcia; Cremildo Nhabinde, Exército de Salvação; Manuela Aires do Nascimento, LDH Niassa; Manuel Catequeta, LDH Tete; Virgínia Maria de Jesus, LDH Cabo Delgado; Tarcísio Abibo, LDH Nampula; Rafael Mbaluco, LDH Nampula; Roberto Cristo, LDH Zambézia; Elder Momed Jafar, LDH Sofala; Manuel Mapendera, LDH Sofala; Izidro Ractone, LDH Manica; Alberto José Cumbe, LDH Inhambane; Naldo Costa, LDH Inhambane; Carlos Mula, LDH Gaza; Octávia Tivane, Linha Fala Criança.

Finally, sincere thanks go to all the victims of mutilations who participated in interviews and relived their traumatic experiences for the benefit of this research.

Acronyms

AIDS – Acquired Immune Deficiency Syndrome

AMETRAMO – Associação dos 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 in Mozambique)

MZ – Mozambique

MZN – New Mozambican Metical

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 – The United Nations Global Initiative to Fight Human Trafficking

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

This research into issues relating to trafficking body parts in Mozambique and South Africa, revised and updated in 2010 from the first publication in 2008, continues to be the only research into issues relating to trafficking body parts, not only in this region, but globally. All the research data and quotations contained in the report concerning specific mutilations or specific cases of trafficking body parts, comes from either Investigating Police Officers or firsthand eyewitness accounts from informants who have:

- seen a mutilated body with body parts, blood or tissue missing
- seen a body part, blood or tissue after it has been removed from a body
- themselves been attacked and body parts, tissue or blood have been removed or attempted to be removed
- admitted to using or removing body parts, blood or tissue for harmful traditional practices and other practices related to witchcraft
- confessed to killing a person/persons for the purpose of removing their body parts, blood or tissue

Prior to the first phase of the research undertaken in 2008, information on trafficking body parts had been based almost entirely on hearsay and was therefore easy for both Governments and Civil Society to claim it either did not occur or was so infrequent it did not merit any response or attention. The findings in this report however, show that regular mutilations occur both in Mozambique and South Africa and body parts, blood and tissue are forcibly removed from children and adults causing death or severe disability. Throughout the research period, informants shared personal experiences, which confirm that body parts are regularly trafficked across the borders from Mozambique to South Africa and Malawi.

During the 14-month fieldwork period from 2008 to 2010, 1,949 individuals attended workshops and focus groups and openly discussed issues relating to trafficking body parts. These workshops and focus groups, which took place in all provinces in Mozambique and South Africa resulted in 327 interviews. Of these 327 interviews, 213 contained firsthand incidents. Therefore, more than 65% of all interviews contained a personal, eyewitness account.

The report contains confessions from individuals who have been involved in mutilating bodies and removing body parts. These confessions include accounts, which confirm that specific body parts are actively sought from live victims in exchange for money and goods for the purpose of witchcraft and other harmful traditional practices. A number of interviews with victims who have survived mutilations help to shed light on the manner in which these body parts are removed.

During the 14-month research period there has been an average of two mutilations each month in Mozambique and South Africa where the research team have acquired firsthand interviews. These mutilations, which have been confirmed with firsthand eyewitness accounts, make it possible to establish a baseline for incidents relating to trafficking body parts.

This report documents a sharp increase in incidents concerning issues relating to trafficking body parts, from the first phase in 2008 to the second phase in 2009/2010. During the first four-month research phase in 2008, the research team acquired three firsthand accounts of mutilations. During the second 10-month research phase 2009/2010, the research team received firsthand eyewitness accounts documenting 26 separate mutilations.

This report documents that body parts are frequently trafficked in Mozambique and South Africa 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 Mozambique and South Africa 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. In Mozambique, the Police often do not report, document or conduct any follow-up on mutilations. On the occasion that authorities complete reports, no distinction is made when the death has been caused by a mutilation, which partly explains why the authorities are unable to provide accurate data on issues relating to trafficking body parts.

There is a general feeling within communities that the response from the authorities to issues relating to trafficking body parts is insufficient. This has, on occasion, led to communities taking matters into their own hands, murdering or badly beating suspects.

Interviews contained in this report illustrate the physical and psychological impact on victims of mutilations, those who discover a mutilated body and family members of a victim.

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.

A follow on project, undertaken by the Human Right's League in Mozambique, working alongside communities and Government, with the aim of reducing the supply and demand for body parts in Mozambique and South Africa, has recently commenced. Each province in Mozambique and South Africa, which participated in the first phase of the research into the incidence and prevalence of trafficking body parts, is currently participating in this project. All participating communities have condemned these mutilations, which have adversely affected their community and have engaged in designing and implementing activities to reduce the demand for body parts within their own communities.

Rationale

In 2007, Save the Children Norway, Mozambique Programme⁹, were informed by an eyewitness that a number of children's heads, appearing to be frozen and wrapped in plastic, were being taken by car across the Mozambican/South African 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 reports¹⁰ 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 (Liga Moçambicana dos Direitos Humanos), funded by the Norwegian Embassy in Mozambique, conducted four months of fieldwork from mid May to mid September 2008 (first phase), followed by a 10 month field work period from mid October 2009 to mid August 2010 (second phase), researching issues relating to 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 Mozambique and South Africa?
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.

⁹ Now called Save the Children in Mozambique

¹⁰ Police in Mozambique and South Africa were contacted to confirm if any reports had been made of this incident. Police in South Africa investigated 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 issues relating to 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, blood or tissue* been trafficked alone, separate from the body

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, blood or tissue alone, separate from the body, is not addressed in the UN Palermo Protocol. This was confirmed during the United Nations Global Initiative to Fight Human Trafficking's (UN.GIFT) Vienna Forum to Fight Human Trafficking in 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*”¹¹

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 Justice¹²: “*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*”.

¹¹ UN.GIFT The Vienna Forum to fight Human Trafficking 13-15 February 2008, Austria Center, Vienna Background Paper, page 5

¹² Fifteenth session Vienna, 24-28 April 2006 Item 6 (c) of the provisional agenda

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.

During dialogue with a number of international organisations and institutions including Amnesty International, Human Rights Watch, UNICEF and the US Department of State, 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, blood or tissue is used or sold in a different place from where it was taken from the body, movement of the body part, blood or tissue must have taken place.

Trafficking is the act of moving and trading something illegal¹³. As being in possession of body parts for trade is considered illegal¹⁴, this report argues that the movement of a body part, blood or tissue 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, blood or tissue, either across a border or within a country for the purpose of sale, commercial transaction or harmful traditional practice shall be deemed trafficking body parts.

¹³ Unlike smuggling which is the act of *moving* goods illegally.

¹⁴ 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)

Research Methodology

This report is based on a total of 14 months of fieldwork in Mozambique and South Africa. Initially, four months of fieldwork between May and September 2008 and a further 10 months between October 2009 and August 2010.

Qualitative and participatory regional research has been carried out in all provinces in Mozambique and South Africa.

Research Team

When carrying out research into an issue as sensitive as trafficking body parts, much consideration was required when selecting the researchers. 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 researchers with knowledge and a strong connection 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 four researchers from Mozambique working both full and part time and five from South Africa working part time. The difference in the number of researchers in Mozambique and South Africa 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 they researched. 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

429 individuals, who expressed a desire or a willingness to share either a particular account or a specific experience of issues relating to trafficking body parts, participated in interviews. The following groups were interviewed: Human Rights Organisations, Religious Organisations, Women's Organisations, Local Authorities, Media, Police (PRM and PIC from Mozambique and SAPS from South Africa), Police Commanders, Border Officials, District Administrators, District Agricultural Directors, District Attorneys, Municipality Councillors, Doctors, Health Technicians, South African Education Department, Neighbourhood Secretaries, Nurses, Teachers, Traditional Healers' Association (AMETRAMO), Traditional Healers, Community Members, Nuns, Pastors, Peasants, Stall Holders, Social Workers, Radio Station Employees, Fishermen, Customs Officials, Perpetrators, Perpetrators' Family members, Victims, Victims' Family members and individuals accused of committing mutilations¹⁵.

Research into issues relating to 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 the 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 facilitators 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, as far as possible, the workshop was an enjoyable interactive experience for all those participating. The workshop concept is popular in Mozambique and South Africa and ensuring a high level of attendance was rarely an issue, to the extent that numerous requests have been made for follow up workshops.

¹⁵ 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.

During the second phase of this research, the researchers were able to respond more consistently to media reports of issues relating to trafficking body parts.

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.

There have, however, been numerous opportunities to test firsthand accounts by interviewing other individuals who also had firsthand eyewitness information for the same incident. Out of the 208 firsthand incidents contained in this report concerning issues relating to trafficking body parts, 41 of these incidents have been confirmed by 2 or more firsthand eyewitness interviews, verifying the details of the initial interview. In some cases where the details were particularly unusual or where the accounts were influential to the findings of this report, further firsthand interviews were sought.

For example, the individual mentioned in the confession section of this report, who admitted to murdering and eating body parts of his relative, gave a very detailed account of this attack and the reasons he felt consuming his relative's blood and body parts would benefit him. The details of this interview, particularly the consuming of the relative, have been verified by eight further firsthand eyewitness accounts, including Police and community members who witnessed the confessor in the process of preparing, cooking and consuming these body parts. These additional interviews have assisted in gaining a better understanding of the confessor's belief that consuming body parts increases, renews and generates power.

A further example concerned an incident discussed during a focus group in Mozambique, where a Community Leader mentioned a stepfather mutilating his 5-year-old daughter to sell the body parts. The researcher verified this with an eyewitness interview, the Neighbourhood Secretary, who confirmed that he saw the child's body with teeth, eyes and genitalia removed. This then led to a further interview with the accused at the District Jail of Chiure in Mozambique, where he confessed and confirmed he sold the body parts for 50.000,00MZN (approximately US\$1.394)

The research team therefore 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

During the 14 months of fieldwork, there have been 29 mutilations in Mozambique and South Africa where we have been able to acquire at least one firsthand account. This number, more than two mutilations per month, gives an indication of the scale of the activity relating to trafficking body parts.

The following is a sample of some of the 29 incidents involving mutilations, which occurred during this 14-month research period from 2008-2010.

As mentioned previously, 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.

Interview Code: MZ2_Ni_I_1

Location: Lichinga Municipality, Niassa Province, Mozambique.

Interview Date: December 2009

Informant: Male Victim, 14 years old.

This interview was conducted with a 14-year-old male victim of a mutilation. The informant explained how he was grazing goats when he lost one. A guard from the local kindergarten, who had offered to help him find the goat, attacked him and two other men appeared. They hit the informant several times and when they started cutting him in the head, he fainted. When he regained consciousness, he saw one of the men wrapping his genitals in a piece of cloth before they ran away, leaving the informant bleeding. After two days, the informant managed to crawl to the road where he was found and taken to the hospital. When asked what he believed was the reason for the attack, the informant explained that the attackers would sell his genitals.

LDH: Tell us what you remember happening before you were attacked

Informant: One of the men who was a guard at the kindergarten offered to help me look for a goat that was lost, I am a shepherd. We went to the woods and then the man tied my hands using a shirt and then started beating me and that is when the other two arrived. They took the shirt off and put me on the floor and two of them took one arm each. I started to scream for help but no one came, they put mud in my nose and mouth and I felt some mud going into my throat. Then when they started to cut me, I fainted and when I woke up I saw one of the men wrapping my genitals in a piece of cloth and putting it inside a bag, then that man ran off, but I don't remember the other two leaving. [...] I think they thought I was dead. I must have fainted, then later I woke up. [...] A lot of blood was coming out of my head [...]. I was wet from the rain and I could not move and no one came to help me. [...] So I stayed there for two days without eating anything and then I crawled to the road [...] next to the Governor's house and slept on the

pavement. In the morning one of the Governor's guards saw me sleeping and came to check. The governor came to see me and ordered the guards to take me to the hospital. [...] My mother and father were looking for me in the bush but could not find me. My mother was crying a lot she thought that I was dead.

[...]

LDH: At the time of the attack, did they tell you what they were going to do?

Informant: They didn't say anything, they were just beating me and at the end they told me I was going to die.

[...]

LDH: Do you remember arriving at the hospital?

Informant: Yes, I do.

LDH: Who told you what those men had done to you?

Informant: I discovered alone what they had done to me.

LDH: How did you feel when you knew what they had done to you?

Informant: I am just sorry for knowing that I am no longer a man, I don't have organs.

LDH: What do you think they are going to do with those organs? Why did they want the organs?

Informant: They sell it to have money and cars, and they get rich.

LDH: Why do you think they attacked you?

Informant: They attacked me because they saw that I was a child and I couldn't do anything.

LDH: How old were the men who attacked you? How many were they? Do you know them?

Informant: They are already adults. There were three men. Yes, I know them.

LDH: Is it true that the men left some money with you in your pocket? How much? Why? Did they say anything about that? Did they explain to you why they were leaving that money?

Informant: Yes, They left 200 Meticaais [US\$6, ed.]. I don't know why. They didn't say anything.

LDH: How do you feel about that, about them leaving the money besides almost killing you?

Informant: I can only feel sorry. These men disgraced me.

[...]

LDH: Now, after this hospital where are you going to? [...]

Informant: The doctor said I'm going to Maputo later. They are going to put a tube in me. They are going to treat me until I get well.

[...]

LDH: Did you see the knife?

Informant: The knife was this big

LDH: How many men were there?

Informant: There were two men plus one who ran away. He wrapped it, put it in the bag and ran away and I was crying.

Interview Code: MZ2_Z_I_18

Location: Administrative Post of Licuari-Mariebe, Nicoadala District, Zambézia Province, Mozambique

Interview Date: 17 April 2010

Informant: Victim's aunt

This interview was conducted in Zambézia Province with the aunt of a 12-year-old female victim who was killed on 5 April 2010, in the Administrative Post of Licuari. The victim's cousin who is the informant's stepson, Mário, 23, had invited the victim to watch a video with him and his friends in a neighbour's house. Later that evening, Mário left the body of the victim on the floor in the informant's house and ran away. The informant discovered her niece's body and saw that her genital organs had been removed. The informant suspects her stepson and three of his friends are the perpetrators. The three friends were arrested but the stepson is still at large.

LDH: Can you tell me all the details of how it happened?

Informant: [...] at 8pm, the cousin came to the house and had dinner with a friend. Then, he invited the victim to go and watch a video. I tried to refuse because she was already asleep. But he insisted until she went. I was surprised when one hour later Mário brings her in his arms and leaves the victim in the straw mat next to the younger cousins, thinking that we were all sleeping. I saw and asked what he was leaving, because it was dark and I didn't realize that it was a body. He did not answer and ran away. Then, I approached and saw that it was my niece's body. I went to wake up my husband and he called the secretary, the family and the neighbours.

LDH: What was the cause of death?

Informant: She was killed, [...] with a blow on the neck so that they were able to work freely. [...] She presented two holes in the neck, one in each side with great depth, probably by using a nail or an iron. [...] After killing her, they removed her genital organ with a sharp object, and I don't know what type of object, because nothing was found here. [...] the wound was very deep. They cut the entire superficial part and the cut was very deep. [...] She had her eyes open and fixed on one point. [...] She was cold already. [...] She had grass around the neck and inside her vagina. [...] It was to not leave traces of blood on the way between the crime scene and the house. [...] After pulling the grass, a lot of blood came out. [...] She did not have signs of having been hit.

[...]

LDH: How do you feel regarding what happened?

Informant: The first feeling is guilt for taking the child to live with me; maybe she wouldn't have been the victim.

[...]

LDH: How old was she when she was attacked?

Informant: She was 12 years old.

[...]

LDH: When did this case happen?

R: 5 April 2010. [...] in Administrative Post of Licuari, Nicoadala District.

[...]

LDH: Were the body parts at the place or not?

Informant: They were not at the place. [...] They were not found.

[...]

LDH: Who saw that something was missing?

Informant: I saw. I was the first one to see. The doctor and the Police also saw when they arrived. The Secretary saw once again during the wash of the body. [...] The nurse observed the victim and went back.

[...]

LDH: What did they [Police, ed.] do at the place?

Informant: They only followed the movements of the doctor. [...] Then, they told us to search for the fugitive in the whole area. Also they wanted to know where the house where my stepson used to sleep was. [...] A relative took them and from there they went to the police station.

[...]

LDH: Do you suspect anyone?

Informant: Yes. We suspect of my stepson along with his 3 friends. [...] We don't have proof.

[...]

LDH: Were the attackers found?

Informant: Yes, except my stepson. [...] The Police went to their house to capture them.

[...]

LDH: Why do you think the attackers did that to the victim?

Informant: They had the facility to murder the victim with the tactics they had prepared. It would have been difficult to take a child from another house to watch the video.

[...]

LDH: What do other people feel regarding what happened?

Informant: Hatred for my stepson and fear of the criminals because a lot of times we leave the children home alone and we go to the plantations and we fear that someone will take advantage of that.

Interview Code: MZ2_Z_I_15

Location: Quelimane Municipality, Zambézia Province, Mozambique

Interview Date: 02 April 2010

Informant: Victim, 28

This interview was conducted at Quelimane hospital with a 28-year-old victim of mutilation. According to the victim he went to a stall on the night of 26 March 2010 to drink and he eventually fell asleep. He woke up being grabbed by two men who dragged him outside and started to prepare his genital area. Later, he woke up in a ditch, bleeding and without his entire genitalia. His screaming attracted attention and his sister eventually came to help. The informant explained how the body parts are sold and how Traditional Healers make medicines and treatments out of the body parts, as people believe this will make them rich.

LDH: Does it worry you to talk about these issues? And why?

Informant: Yes. Because I can't imagine how my life will be. How I will work and go to the bathroom.

[...]

LDH: Can you tell me what happened?

Informant: On Friday afternoon, after concluding my work, I received some money and went to Mr. John's stall to buy some pasta for my meal and went back home. Later, it was 8pm already I went back to the Stall to have fun. I don't know how but I got so drunk to the point that I didn't leave to go home, but at midnight, I heard the owner of the Stall calling two men to grab me and throw me out of the yard. They said 'We are going to finish you today'. They started preparing the genital area as it is done to a goat, soon I began feeling pain and I screamed. They left me and ran I don't know where to. When it was 4am, I woke up and I saw that I was in the ditch. I screamed, I screamed for my sister's name 'Maria' that lives near the Stall and soon a man showed up and saw me and said that he was going to call my family. After that he came with my sister.

[...]

LDH: What type of object were the criminals using?

Informant: I didn't see, I was crying from a lot of pain [...] There was a lot of blood [...] I screamed and the two men ran from that place.

[...]

LDH: Did you only recover after everything had happened?

Informant: They cut me in Mr. John's yard, then I don't remember anything else, when I woke up again feeling cold and with a lot of pain, I was already in the ditch.

[...]

LDH: Wasn't there a lot of movement in the area?

Informant: There was no one passing by, so I screamed and called for my sister.

LDH: And did she hear?

Informant: No, but the person who passed by and verified me went to call her [...] He pulled my pants and saw how I was.

[...]

LDH: What parts did they remove?

Informant: The entire penis and the testicles [...] I was screaming saying that I had been cut but only one man and my sister saw it.

[...]

LDH: And did the Police show up? How many were they?

Informant: Yes, they showed up [...] More than half an hour [after, ed.], [...] they were two police officers [...] the police came without a car, I waited for a ride that they were looking for [...] They [police, ed.] looked at me I told them that the culprit was Mr. John [...] He [John, ed.] said that I was lying, he turned his back and left the place.

[...]

LDH: How do you feel now?

Informant: Without a lot of pain, but I still can't lie down in other position, only on my back.

LDH: How do you do your physiological needs?

Informant: Through a tube that the doctor put in the area, but I can now manage to remove it, wash myself, and put it again. The problem is that the bag fills in quickly and the urine does not flow.

[...]

LDH: What do you think people do with those organs?

Informant: Business. They sell them. They go to the Traditional Healers and they ask for organs there [...], they make medicines and treatments [...] to get rich.

LDH: Do you know if he [stall owner, ed.] was arrested?

Informant: Yes, my family told me here in the hospital.

[...]

LDH: Do you think that people believe this makes the medicine stronger?

Informant: I think so, it must be because of that that they cut people. [...]

LDH: When do you expect to leave the hospital?

Informant: I don't know, I heard the doctors saying that I will spend a long time.

LDH: Would you like to ask any question?

Informant: My problem is, how will my life be.

Interview Code: MZ2_Z_I_26

Location: District Command of PRM (Police of the Republic of Mozambique) of the Morrumbala District, Zambézia Province, Mozambique

Interview Date: 1 June 2010

Informant: Accused who confessed to attacking a victim and removing his genital organs, 23 years old.

This interview was conducted at the District Command of PRM of Morrumbala District, with Luis, 23, who confessed having attacked his *12-year-old male neighbour*. Prior to the attack, the informant's accomplice had specified the age of the child, which body parts they needed and that the body parts should be extracted while the victim was still alive. On 5 May 2010, Luis took the child to the place of the attack, where his accomplice was waiting. The accomplice attacked the child and removed the eyes and Luis removed the genital organs. The informant was then told to carry the body parts across the border to Malawi and return to Mozambique where he would receive 40.000,00 Kwachas [approximately US\$262, 9.395MZN, ed.] upon delivery of the body parts. The victim survived and is currently receiving treatment in Mozambique.

[...]

LDH: Why were you arrested? What are you being accused of?

Informant: I was arrested for removing the genital organ and the eyes of João. [...] I committed that crime. [...] Because Francisco told me to.

[...]

LDH: Who planned everything?

Informant: I did the plan myself, but Francisco was the one who requested the product. [...] at the crime scene he was threatening me saying that if I did not collaborate he would kill me.

[...]

LDH: Who was the victim?

Informant: The victim was a 12-year-old male child. [...] He is my neighbour.

[...]

LDH: Can you describe what you did?

Informant: At 12 noon of 5 May 2010, Francisco showed up near my house. [...] I went to meet him and he told me he wanted to work with me on cutting some parts from a child, indicating the size of one [child, ed.] that was passing by and he promised that after I took the package and come back from Malawi he would pay me 40.000,00 Kwachas [US\$262; 9.395, ed.]. I knew about the existence of a child with those characteristics and I also wanted the money, I did not hesitate. He had biscuits with him to give to the victim that I would find. We arranged the time and place and that he would be the first to arrive. Moments after, I went to invite João [victim, ed.] for a walk and I offered him biscuits and he went eating them until we arrived at the place. When we arrived at the scene, Francisco immediately threw a big stone to the child's chest to make him faint and so that we could work freely. Next, Francisco hands me the knife and tells me to cut and remove the eyes threatening me not to give up or fear, for me not to think as a

human being and not to see the child as a person on that moment. [...] First he [Francisco, ed.] removed the eyes of the child, I removed the entire package of the genital organ of the child with the same knife. It was one knife.

Then he placed the body parts in a plastic bag and he handed it to me sending me to go to the other side, to Malawi, to take the package to the stall of Mr. Bill. He told me that I should return on the same day, he was then going to negotiate and pay me the amount that was promised. I crossed at 2:30PM to Malawi by canoe and Francisco stayed on the side of Mozambique. I arrived there, Mr. Bill was not there, only his wife. I told her that I was delivering a package that I was bringing from Mozambique and that I was sent by Francisco to hand it to Bill. That's where I created the problems, because she didn't know about the issue, when she received she saw the package, she was scared and told one of her employees to call the Police. A uniformed Police Officer showed up at the place and took me to the police station in the Mfumo Nhangá area.

[...]

LDH: What was the product composed of?

Informant: Two eyes, one penis and two testicles.

[...]

LDH: Why did you choose that victim?

Informant: Francisco said that it could only be a child that age, and the nearest child was my neighbour João.

[...]

LDH: After the action where did you leave the body?

Informant: We left it in the same place.

[...]

LDH: Who found the victim after what you did? How?

Informant: [...] after I was arrested in Malawi, the Police asked me who the victim was and where he was, I told them that he was among the banana trees, near his house. The Malawian Police came to Mozambique and together with the Police from the Border Guard, they went to the place and found him there where we had left him. [...] The victim was found alive.

[...]

LDH: And Mr. Bill was he called to the police station?

Informant: The Police called Mr. Bill, but he said that he wasn't near, he was in the capital and he only presented himself on the following day Thursday, 06 May 2010, at 8am. [...] They asked if Bill knew me and if he knew about the business, he answered that he was absent from his house and that he didn't know about the issue. Then, Bill was released and went back to his home and I remained detained for five days. On the fifth day two agents from the Mozambican Border Guard came [...] to take me to Mozambique.

[...]

LDH: Why didn't you kill him first? Wouldn't the operation be easier?

Informant: Francisco said that we should avoid killing, the body parts have to be extracted from a living person.

[...]

LDH: Are you the one who is going to use those body parts? Or is it another person that is going to use them?

Informant: The body parts were requested by Bill, he is the one who is going to use them.

[...]

LDH: Was it the first time you did this? What were the other times?

Informant: It was the first time.

LDH: And that person that told you to do this, was it the first time or does he usually tell people to do those things?

Informant: I have heard that Francisco does those things of cutting and ordering to cut body parts. [...] On that day he assured me that he hasn't been having problems because it wasn't the first time that he removed body parts. [...] I knew that Francisco was a supplier, but this time he had problems for telling me to take the package, I failed in the tactics because it was the first time.

[...]

LDH: To where do these body parts go?

Informant: I only know that they go to Malawi.

[...]

Interview Code: MZ2_CD_I_6

Location: Muidumbe District, Cabo Delgado Province, Mozambique

Interview Date: 19 May 2010

Informant: Victim's sister

This interview was conducted in Cabo Delgado, Mozambique with the victim's sister. On a Saturday in September 2008, the victim [a fish seller, aged 37 ed.] went to the river to get fish for her business. Later, the informant was told that the body of a woman had been found in the river. The informant went to the scene with her husband and saw the body but did not immediately discover any missing body parts. It was only when she was preparing the body for the burial that she discovered that her genitalia had been removed. The informant explained how she is certain that the body parts were ordered by Traditional Healers and how people pay to receive treatment from these Traditional Healers in the belief that they will get rich. No one has been arrested.

LDH: I understand that it is not easy to remember this particular difficult moment in your life. But how did it happen?

Informant: It was on a Saturday that had rained a lot and I also told her not to go to the river to buy fish for her business because generally, when it rains a lot, too little fish are caught, but she told me that she already didn't have anything in her stall for the customers and that she had to go there at all costs. It seemed that I was guessing the bad luck that was coming.

[...]

LDH: And how did you come to know about the news?

Informant: A woman, also from the market, came to tell us that she heard on her way that a body of a woman that was murdered had been found without clothes on the way to the river. When she told me that, I immediately shivered and told my husband about the news. [...]

LDH: When you arrived there, did you see the body immediately?

Informant: I didn't have the courage to see the body right away because there were already too many people and some Police Officers from the village's police station. My husband and other men approached the body. I remained at a distance like from here to that orange tree [around 10m, ed.]. When he came to me, about five minutes later, I saw in his face that the things had happened. He only said: 'Do you have enough courage to see?'. I answered yes and told him that if the worst had happened and if in fact it was her, my sister, I had to see regardless of what had happened or how she was. [...] my feet started trembling and my voice was not coming out. Tears began to fall as the tap of the fountain [silence, ed.]. [...] I recognized the capulana [traditional cloth, ed.] that she had used that morning and I immediately fell over her already cold body. I had no more strength for anything else and began to cry without my voice coming out.

LDH: Besides the capulana didn't you notice anything else at the scene or in her body?

Informant: Blood. A lot of blood and it could be noticed that her murder had been recent. [...] At that moment I didn't see anything. In my head she had died and it was my fault because I failed to convince her not to go although I tried. Only two days later, when I was preparing the burial I saw the monstrosity that they had done to her. [...] I never thought that in my life I would see something like that. There are people who are not people in this world. Did the person that did that come out of a belly of a woman like me? I don't believe that.

LDH: But what was that thing which you are referring to with great sorrow?

Informant: How is it possible that ordinary people kill someone in cold blood and as if it wasn't enough they remove things from the body as if they were removing giblets from a chicken?

LDH: Did they also remove a part or organ from her body?

Informant: That's right my son. [...] The entire lower part of a woman that I can't even speak.

LDH: Are you referring to her intimate part, I mean, her genital organs?

Informant: Yes, that's right.

LDH: They didn't do anything else besides that?

Informant: Besides the throat that was cut, they hadn't removed anything else.

LDH: Were you able to guess what kind of instrument they used for the murder as well as for the extraction of her genital organs?

Informant: It couldn't have been blades. I think it was with a razor, since everyone here carries razors. [...] It is our culture among the Makondes to carry a razor. Also because a machete is big and it cannot make a cut as well done as the one they did to my sister.

LDH: Do the Police share that point of view?

Informant: Everyone who saw it concluded that it was a razor.

LDH: But why did they do that? Is there a motive behind this?

Informant: What is said is that there is a big business for the treatment of people that want to have a good life. [...] it is said that it is a business that gives a lot of money there in Tanzania.

LDH: So, you believe that there is a business of sale of human organs and body parts?

Informant: Before, I didn't believe, but people talk about that. Now I believe because it happened in my own family.

LDH: But, who promotes this kind of business that we call trafficking of body parts?

Informant: It is hard to say that it was this guy, but I can guarantee that it's the Traditional Healers and no one else.

LDH: How can you guarantee such information?

Informant: When people want to be treated they go to the Traditional Healer, right? And we have heard stories of people who are dead and their organs and other body parts were removed in Mueda and Mocimboa da Praia. If someone wants to kill only to kill, so they won't remove anything. Now, when they remove something it is because they have a concrete objective that is none other than to do those things of spells ordered by Traditional Healers.

[...]

LDH: And in what year did that happen?

Informant: It was in 2008, in September.

LDH: Do the Police already have clues about the killers?

Informant: No. They only say that they are working on the issue and they are not saying anything else good. What can we do? We are poor and the government is not interested in us.

[...]

Interview Code: SA2_KZN_I_8

Location: KwaMakutha, Amanzimtoti District, KwaZulu-Natal Province, South Africa

Interview Date: 25 March 2010

Informant: Victim, 23

This interview was conducted in KwaMakutha, South Africa with a 23-year-old woman that suffered an attack to remove her lips. The victim was walking on a road at night in June 2008, when four men dragged her into a car. They held her and started to cut her mouth on the sides with a knife. Some community members that were passing by witnessed the attack and came to help. The informant kicked the man who was restraining her and managed to escape from the car. The informant needed 34 stitches. She believes that they wanted to remove her lips for the purpose of delivering them to a Traditional Healer for him to use it for muti.

LDH: I've heard that you've had an experience with someone trying to cut you to remove body parts. Can you tell me about it?

Informant: I was going to the shop at night. I saw a car passing by. There were some men [...] four men [...] inside the car [...] They dragged me inside the car, while the car was still moving. Then some community members were passing by, and saw. They ran to try and rescue me. The people in the car had already cut my mouth. That is how I survived.

LDH: When was this?

*Informant: 2008 [...] June [...] It was quiet, it was about half past 7.
[...]*

LDH: When they pulled you into the car, did someone hold you down?

Informant: They held me with their arms, they cut my mouth. One held me and one cut me [...] It was a sharp knife [...] It was a sharp big knife.

LDH: How much did they cut? Around the sides, on the top?

Informant: On the sides

LDH: Was it bleeding?

*Informant: Yes [...] It was a lot, when I was at the hospital, it was better [...] I used a sponge to soak up the blood [...] I couldn't eat well, I would drink something, or use a teaspoon.
[...]*

LDH: Did you go to hospital after?

Informant: Yes I went to hospital

LDH: Did they use stitches, did they sew it up?

Informant: Yes, 34 stitches

LDH: When the community members came to help you, how many were there?

*Informant: There were five [...] the people that helped me were passing on the road. I kicked the man that was holding me out of the car. Then I got out. Then the car went, because they saw that the people were coming to help me. So they ran
[...]*

LDH: Why do you think they tried to cut you?

Informant: I thought that they were using my lips...there were people that were catching people for body parts of people. And take them to that Inyanga so he can use it for Muti

LDH: How did you feel after they tried to cut you?

Informant: I felt very bad because everyone would tease me about my cuts that happened on my mouth [...] I was scared and afraid of what might happened later

LDH: Do many people in this area believe that *Muti* made with human body parts works well, or better, or is more powerful?

Informant: Some say it is stronger than the ordinary Muti [...]

LDH: Do you know if those men were ever caught?

Informant: The Police were looking but they haven't found them [...]

Interview Code: MZ2_S_I_4 and MZ2_S_I_5

Location: Hoode, Chibabava District, Sofala Province, Mozambique

Interview Date: March 2009, 16 February 2010

Informant: Investigating Police, victim's father

The following two interview extracts refer to a 10-year-old girl who was murdered and found without her genital organs, tongue and teeth. The body was discovered in a well, near her house. The relatives had continued drinking the water for some days, without knowing the girl's mutilated body was there. The victim's father believed that the body parts were for the purpose of ensuring good business for the mill and that a Traditional Healer would prepare a treatment for this purpose. According to the Police Officer, it is a commonly held belief that body parts can be used to improve businesses.

Two men were arrested for the crime, one of which explained that his boss, the mill owner, had requested him to kill a child and remove the body parts.

Interview with the victim's father in Chibabava District, Sofala Province

LDH: Can you tell us how your daughter was killed?

Informant: When they killed my daughter, [...] she was 10 years old [...] my wife and I were not there, we had gone to the plantation and my daughter stayed washing her clothes when that murderer came and he squeezed here in the neck until she died [...] my daughter was cut in this lower part, they removed the tongue and the teeth [...] They cut with a knife.

LDH: Did you see your daughter's body?

Informant: I did see the body, when we took it out from the well.

[...]

LDH: What will they do with those body parts?

Informant: It is to work with them [...] on those things of business with grinding [...] They are going to take it to a Traditional Healer that will make a treatment to have a lot of deals in the grinding.

[...]

LDH: How do you know that it was him [Carlos, ed.] who killed?

Informant: Because when we arrived at the Police, he said by himself that he was the one who killed and that he was told to do it by Agostinho [...] It was him Agostinho that works in the grinding [...] and the boss was the one who told him to search for a child to kill and remove things.

[...]

Interview with the Investigating Police Officer in Chibabava District, Sofala Province

LDH: Where was the victim murdered?

Informant: The victim was murdered in her home, then taken to a bush in the area, where they cut the organs. [...] After they murdered they threw her in the well that had water, the relatives started looking but they didn't know that she was right there in the well of their house, they even kept drinking the water from that well even after the child was inside it, only after that is that one of the children that was going to get water saw the body floating and went to call the parents. [...]

LDH: What are the organs that were cut?

Informant: They cut the genital organ, the tongue and the teeth [...] . The minor was [...] 10 years old [...] They killed first [...] by means of strangulation.

LDH: How did they remove the organs?

Informant: They used knives. [...] The knives were found and are in the command of Chibabava, they are part of the process, they are part of the evidence.

LDH: Did you come to see the body?

Informant: No, when they came to inform me they were already performing the funeral, here there are no conditions to keep the bodies for a long time.

LDH: Who authorized to perform the burial?

Informant: The chief of the village.

LDH: Is it normal for the chief of the village to authorize a funeral without the Police seeing the body?

Informant: It is, because with no conditions to keep the body, to go to the station without means of transportation it is far, and for this case, the body was found after the third day after the death they could not wait. [...]

LDH: Who are those people [suspects, ed.]?

Informant: They are accused of having committed this crime [...] They are already with the Police and are incarcerated at the district jail of Chibabava. At this moment, I have my men in the field investigating the trail of their instigator [Joel, ed.]; so far we already know that he is in South Africa. I also have the information that he would come to Matchaze to bring the pieces for the grind/mill that is not working. We have already set up a scheme so that we can reach him as soon as he contacts with the person that is going to assemble the parts.

LDH: What is the name of the instigator?

Informant: The name of the instigator is Joel, he [...] has a grind/mill that according to these detainees, the organs they cut from the minor was to make that grind/mill work.

LDH: How were those organs going to work in a grind/mill?

Informant: Well, that I don't know, but according to the detainees and also what is said by a lot of people is that traditionally, these organs of people are used to treat so that the businesses can go well and have a lot of money.

[...]

LDH: How did you discover that these are the ones who killed the victim?

Informant: My men worked in the field until they found Carlos that had also been seen in that house, on that day by the brother [...] of the deceased and this [Carlos, ed.] indicated Agostinho [...] When we captured Agostinho, he said that his boss [grinding owner, ed.] was the one who had told him to do it.

[...]

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

As there were no studies or research on trafficking body parts in Mozambique and South Africa prior to the first phase of this research, there was 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 14-month field work period, a baseline for trafficking body parts has been established which is presented below.

Incidence

During the 14 months of fieldwork, 59 workshops and 48 focus groups were held in Mozambique and South Africa, covering all provinces. 1,949 individuals attended these workshops and focus groups. 429 people were interviewed as a result of the workshops, focus groups and referrals. These 429 individuals participated in 327 interviews (as some interviews involved more than one person). Out of these 327 interviews, 213 contained at least one firsthand account.

In this report, the term firsthand is defined as an informant who has:

- seen a mutilated body with body parts, blood or tissue missing,
- seen a body part, blood or tissue separate from a body,
- been exposed to an attack where body parts, blood or tissue have either been removed or attempted to be removed,
- used body parts, blood or tissue for harmful traditional practices,
- confessed to killing a person/persons for the purpose of removing their body parts, blood or tissue.

No hearsay accounts have been used in this report when referring to specific incidents where body parts, blood or tissue have been removed or trafficked.

People attending workshops/focus groups and number of interviews

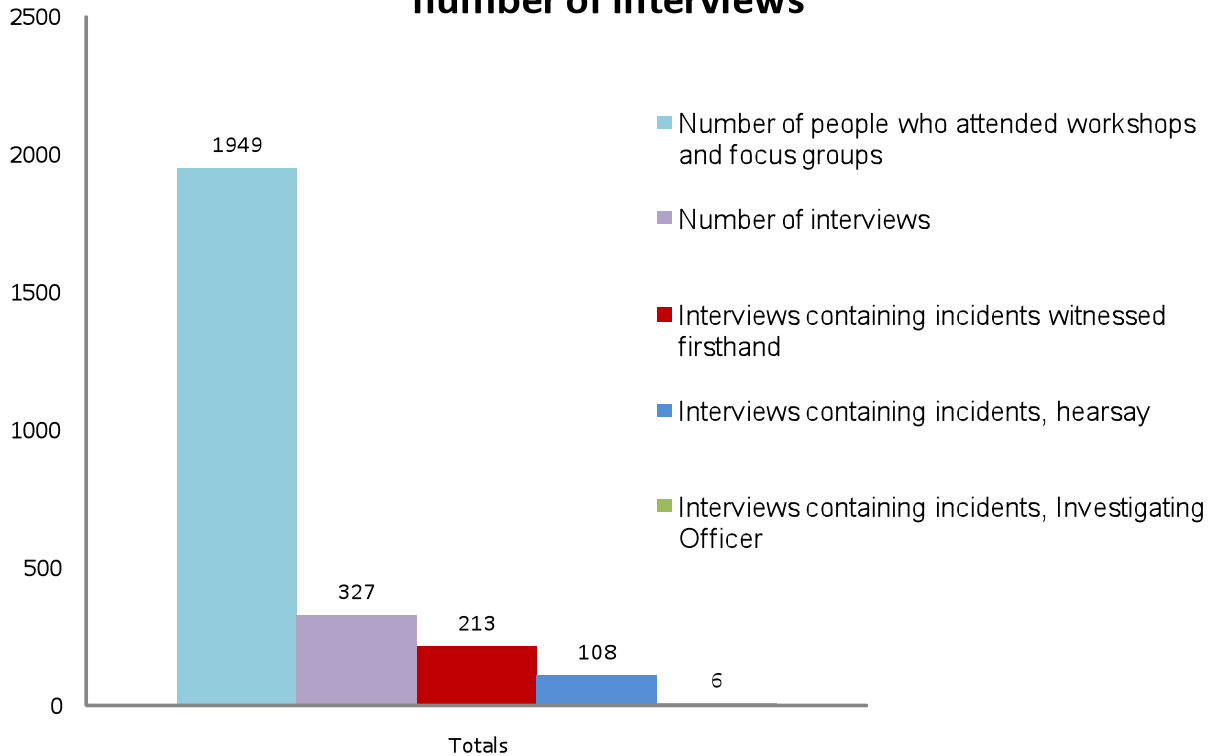


Fig. 1

Fig. 1 shows that more than 65% 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 that issues relating to trafficking body parts have adversely affected many individuals and communities.

Throughout numerous firsthand interviews, informants have expressed how common mutilations are in their community. An Investigating Police Officer working in KwaZulu-Natal, South Africa said “*we regularly find bodies with parts missing*” (SA2_KZN_I_5).

An Investigating Officer, who was also the victim’s sister in law, witnessed her relative tied to a tree next to a river with eyes, nipples, clitoris and tongue removed. She said “*this thing has happened to the neighbouring locality. The females were targeted and the bodies were cut the same way with this one of my sister. I think about five people, about five people were done the very same thing, the very same thing and these are a problem for even the Local Police [...] now it’s happening so often [...] you don’t even know who is next because this thing is just all over*” (SA2_KZN_I_6).

A Neighbourhood Secretary who was called to witness the mutilated body of a 20-year-old woman who was discovered by her children in her home with her eyes removed, said *“That is very frequent here”* (MZ2_CD_I_13). Another Neighbourhood Secretary witnessed a woman without her head, discovered in her garden *“It is the third time happening, this type of case”* (MZ2_M_I_11).

A Traditional Healer from AMETRAMO said *“It is a fact that occurs in several localities of Milange, including the village as it was the case of the woman that was murdered last month [...] we often follow some cases of deaths that have been occurring in the neighbourhoods and communities, where people kill the victims and then remove their genital organs, tongue, eyes and ears”* (MZ2_Z_I_8).

A woman aged 23 was attacked in June 2008 by four men who attempted to remove her lips with a knife. Commenting on the general situation of mutilations in her area she said *“it is something that happens around [...] they used to cut body parts of people for the Inyanga for muti.”* (SA2_KZN_I_8). Another victim who survived an attack to remove her ears in February 2007 said *“It has just started to be a normal thing within the community, because there was a number of people who had been cut before me”* (SA2_KZN_I_9).

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).

Out of the 213 firsthand interviews mentioned above, a small number 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 schoolgirl 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 abducted for the purpose of removing body parts and would therefore be considered trafficked under the Palermo Protocol definition.

The vast majority of the incidents mentioned in the firsthand interviews, however, would be considered trafficking body parts alone, separate from the victim.

According to some authorities, this is a deep-rooted problem with no obvious 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 numerous firsthand interviews, it has been 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).* 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).* A Police Commander in Tete, Mozambique who witnessed a mutilated body said *“they removed the ear, skinned the skin of the face and removed the tongue through the neck of the victim. [...] In the place of the extracted ear there was a wound that led us to conclude that the ear was removed with a knife. The skin of the face was also removed with a knife leaving a wound on the entire face and the eyes farther out.” (MZ2_T_I_5).* The father of a 5-year-old boy who was mutilated said *“I went there and saw him in a ditch filled with water. My boy was lying there facing up, I could see that both his eyes had been removed. There was a tight wire around his neck” (SA2_EC_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).* The mother of a 4-year-old victim in Gauteng Province, South Africa explained *“It took my husband a while to see if it was her because of the way they cutted her and everything [crying], it was only by the clothes she was wearing, there was no nose, no eyelids, the lips, the upper lips and the lower lips, and some ears”, (SA2_G_I_10).* A Block Secretary in Zambézia Province in Mozambique who assisted a victim of an attack where his entire genitalia were removed said *“I was the one who pulled his pants down to see if it was true what he was saying. And I saw that his genital organs had been removed. [...] He was bleeding a lot” (MZ2_Z_I_16).*

There has been a total of 303 body parts mentioned as missing from bodies in Mozambique and South Africa from firsthand eyewitness interviews contained in this research. Male genitalia is the body part mentioned most during the interviews. In addition to male genitalia, a further 38 different body parts were mentioned as missing. 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.

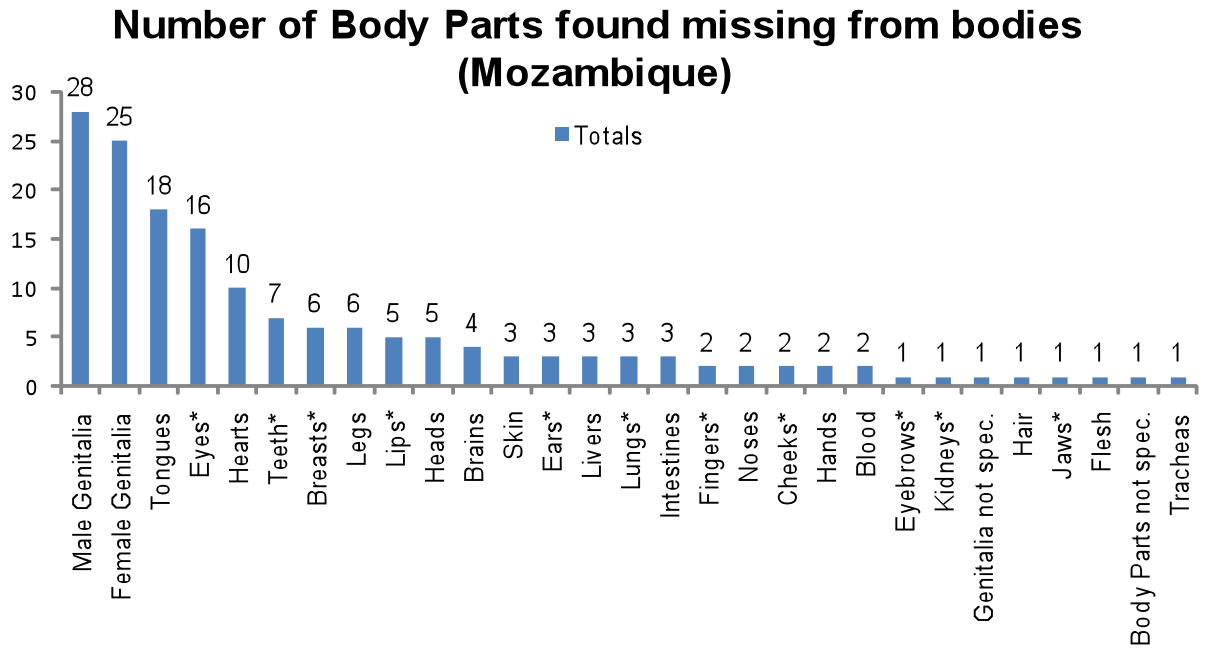


Fig. 2

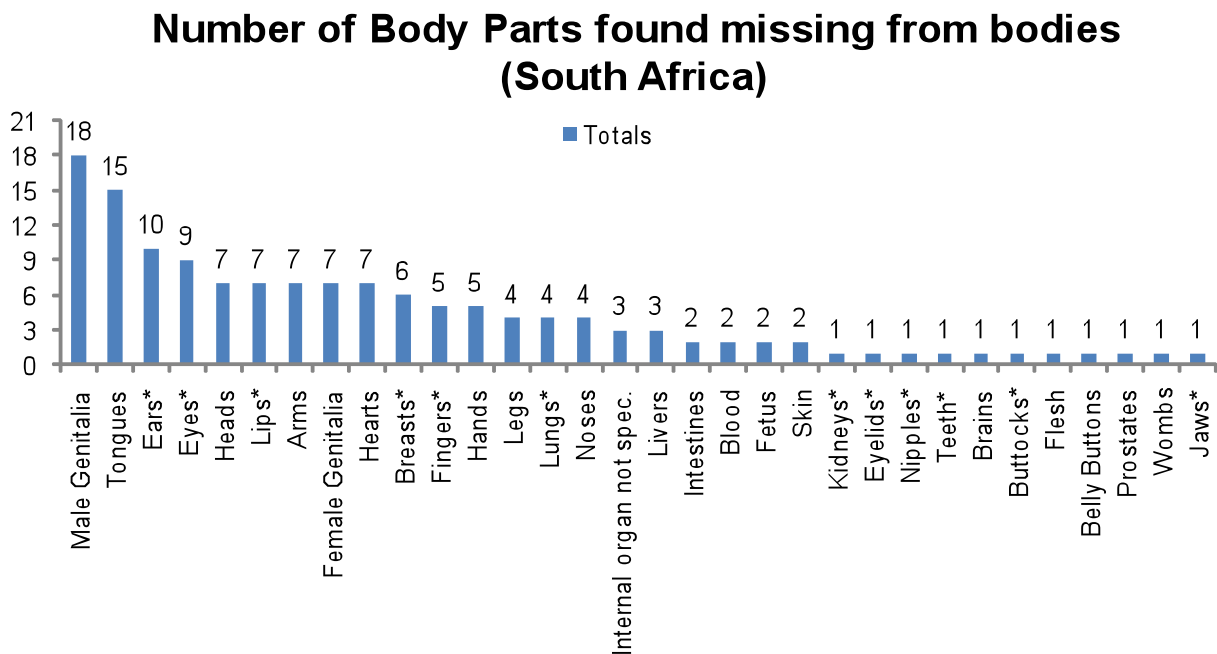


Fig. 3

There have also been a number of reports of body parts being seen firsthand, separate from the body. An individual who attended a focus group in Gaza, Mozambique said *“the shepherd was found with magonas [containers used by Traditional Healers containing medicines, ed.] containing body parts [...] some bones and children’s hands”* (MZ2_G_I_7). Another informant

attending a focus group in Zambézia Province, Mozambique said “*Here in the market we found a head without eyes.*” (MZ2_Z_I_10). 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.

Number of Body Parts found separate from the body (Mozambique)

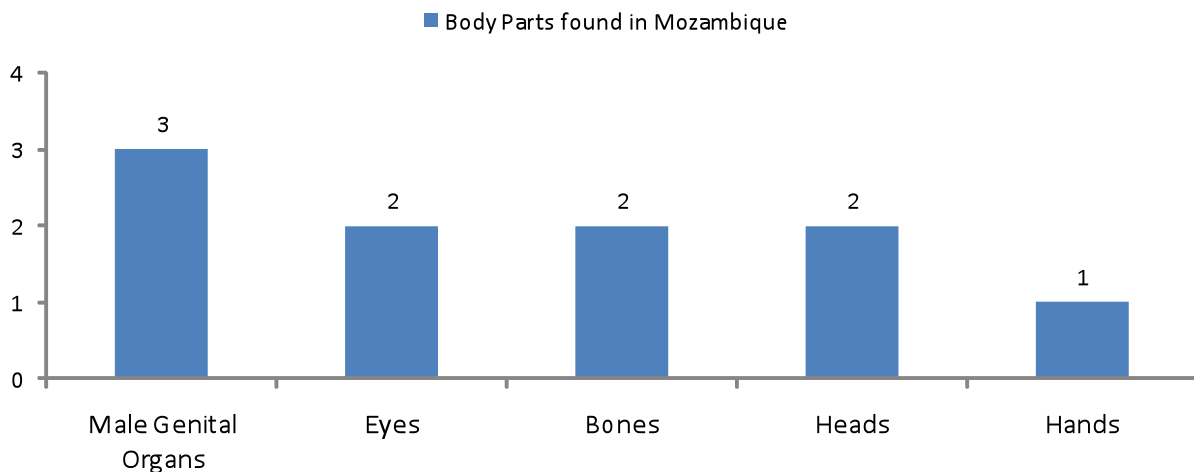


Fig. 4

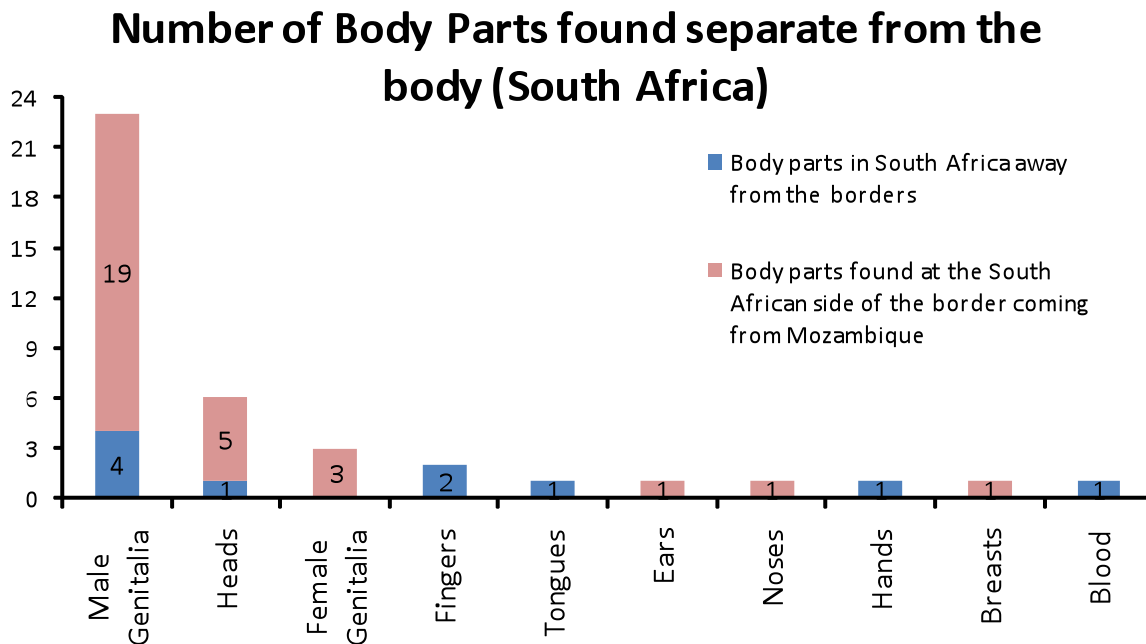


Fig. 5

Notes about graphs 2-5:

- Number of female genitalia include cases in which only the clitoris was removed
- Any mention of number of penis and testicles were included in male genitalia.
- Each case was only counted once, regardless of how many interviews for this incident.
- For cases in which the informant did not mention the specific amount of body parts that were seen separate from the body, that body part counted as one.
- Eyes, breasts, nipples, buttocks, ears, bones, lungs, kidneys, blood, flesh, skin, teeth and fingers have been counted as one even if more than one has been extracted.

Increase in incidents relating to trafficking body parts

During the first four-month research phase in 2008, the research team acquired three firsthand accounts of mutilations. During the second 10-month research phase in 2009/2010, the research team received firsthand eyewitness accounts documenting 26 mutilations. This sharp increase may be partly due to the availability of information on issues relating to trafficking body parts and a willingness to discuss and share accounts of issues relating to trafficking body parts, which has been apparent since the launch of the initial research report in 2008. Furthermore, LDH's trafficking in body parts team has significantly increased the capacity to respond to reports.

However, an important finding which was evident throughout the research was that people believe that mutilations and trafficking body parts have increased dramatically over the past

years. Through interviews, workshops and focus groups, communities have voiced their feelings that the number of mutilations has risen. A Police Officer investigating a mutilation in 2009 in Kokstad, KwaZulu-Natal, South Africa said *“I think it is happening more lately [...] now it’s happening so often”* (SA2_KZN_I_6). 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).

Informants expressed concern that there is an increase during 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 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). A retired SAPS Official said *“now almost every week there is a report in the newspaper about this”* (SA_S_I_1).

The following graph shows the total number of incidents per year over the past 15 years. Only firsthand eyewitness accounts have been included in this data.

The graph Fig. 6 confirms the general feeling that the number of mutilations and the movement of body parts in Mozambique and South Africa is on the increase. It should be noted that the research concluded in August 2010. Therefore on this graph, 2010 has been averaged out for the remainder of the year and this section is shaded differently to highlight this estimation.

This graph is not claiming to be a comprehensive total of incidents of issues relating to trafficking body parts in Mozambique and South Africa over the last 15 years, but rather data received firsthand from those interviewed during the 14-month research period.

Number of incidents with firsthand accounts over 15 years in Mozambique and South Africa

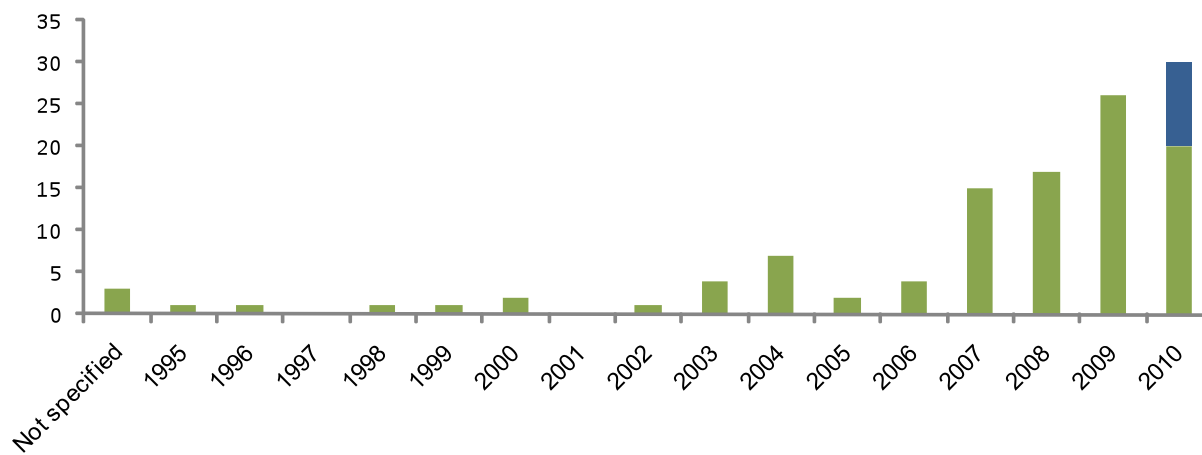


Fig 6

During the first phase of research a number of informants expressed concern for the upcoming football World Cup in South Africa, *“With the World Cup coming more people will be killed to ensure that their business grows”* (SA_P_FG_2). Since the World Cup has concluded, it has been a challenge to establish if there had been an increase or decrease in activity relating to trafficking body parts during or leading up to this event. One informant who works as a stallholder at the Mozambique/South Africa border said *“now during the World Cup, I believe it got worse because we started hearing more about these cases. People tell what they saw and what they heard. That people are passing the border with body parts. That happens more and more”* (MZ2_MPR_I_1). However, other than this informant, this research has no data to suggest that more body parts were trafficked because of the World Cup in South Africa.

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 Mozambique and South Africa. 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).

The following graphs show the number of interviews acquired in each province in Mozambique and South Africa during the 14-month research period. All provinces, except one, produced a firsthand interview where an individual was prepared to share a firsthand account of issues relating to trafficking body parts.

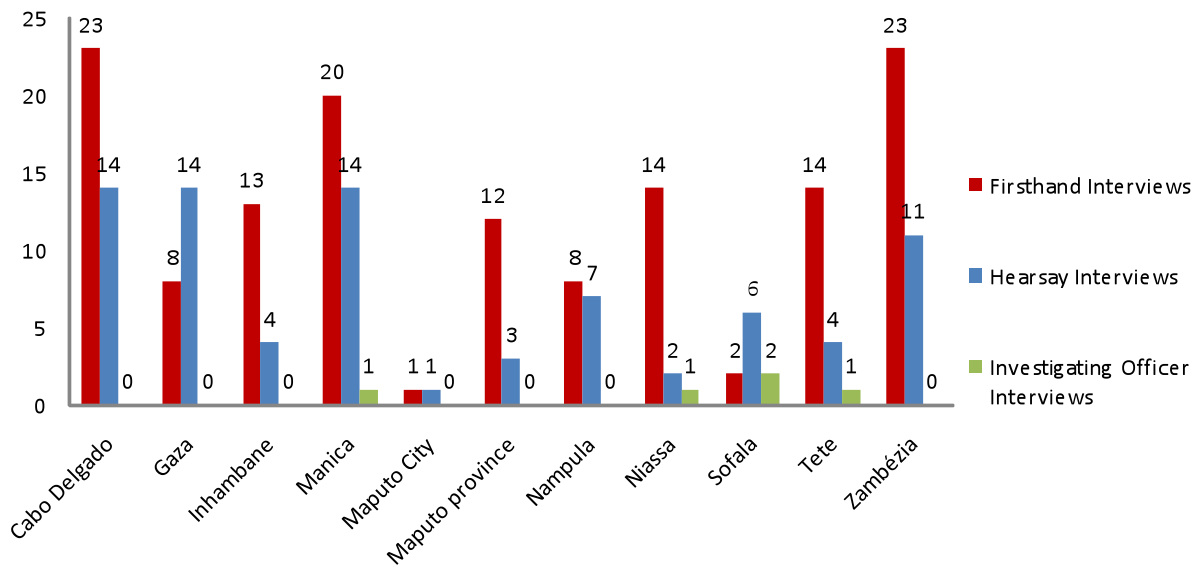


Fig. 7

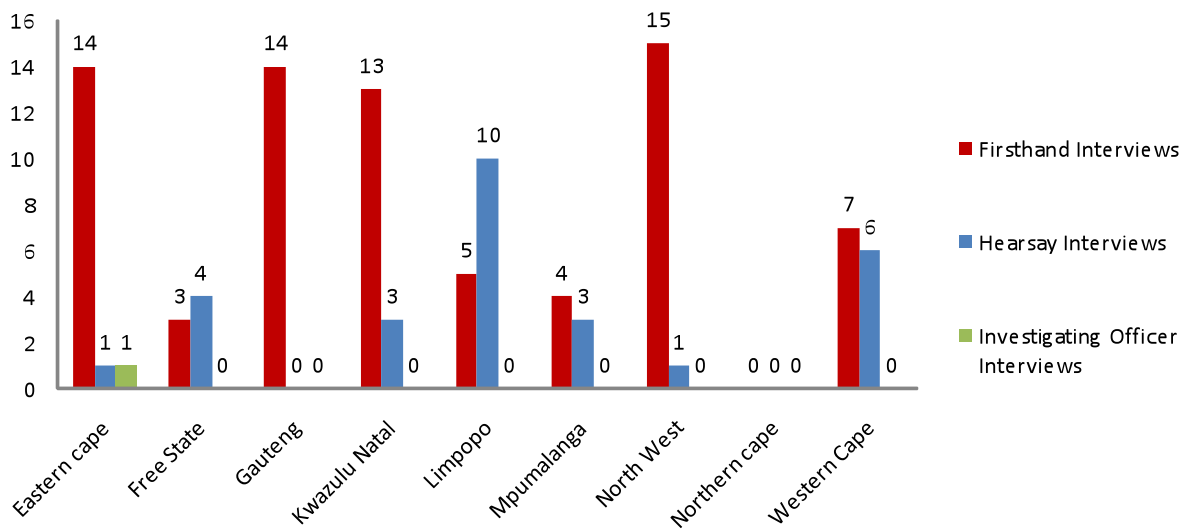


Fig. 8

Northern Cape is the only province that did not produce a firsthand or hearsay interview. It appears that issues relating to trafficking body parts have not affected this province as a number of workshops and focus groups did not generate any information. This finding is also supported by Gerard Labuschagne, Commander of SAPS Investigative Psychology Unit in South Africa and one of the leading experts in so-called “Muti Murder”, who confirmed he was not aware of any cases of so-called “Muti Murder” in this province.

The following graph shows the total number of firsthand, hearsay and Investigating Officer interviews.

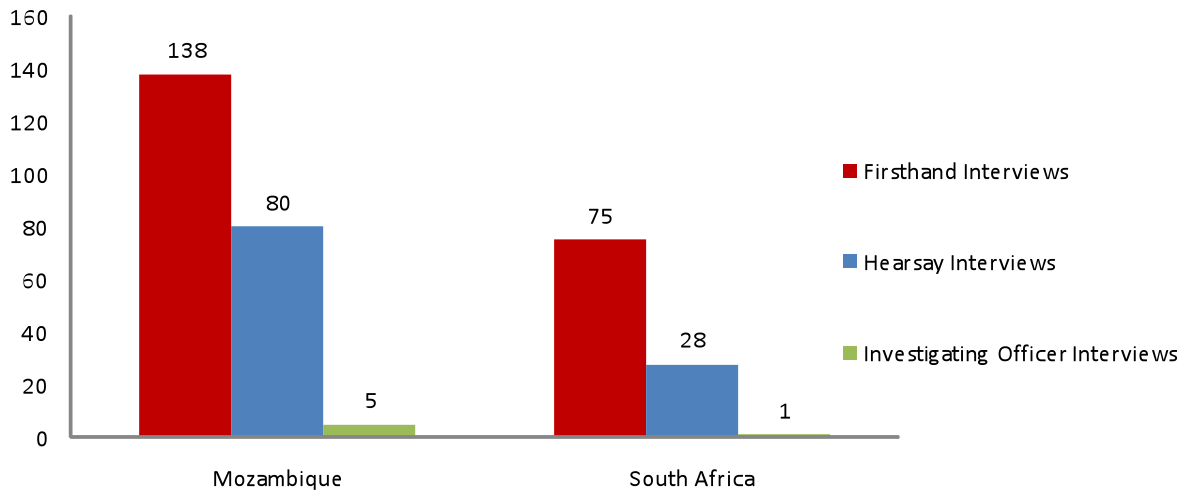


Fig 9

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. 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 at 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 they were 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.

A number of informants interviewed in this research, when sharing an account of an incident where body parts had either been taken or found, expressed an opinion of what the body part would be used for. Of the 187 informants expressing an opinion, 96% believed they were either to be sold or used for activities relating to witchcraft, Muti or harmful traditional practices.

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 incidents 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, contributing to issues relating to 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.

Mozambique

Mozambique is one of the poorest countries in the world, ranked 172 out of 182 countries on the UN human development index in 2009. In the past 50 years, Mozambique has suffered through 27 years of war, with a war of independence from Portugal and a civil war. The civil war ended with a peace deal in 1992 and since then Mozambique has struggled to rebuild. The years of war destroyed the country's infrastructure and killed a million people, leaving lasting effects on the population. Massive floods in 2000 and 2001 also caused much destruction in parts of the country.



Since the beginning of the 2000's Mozambique has experienced significant financial growth, yet the Government faces severe challenges in terms of providing education and employment to the population. 70% of Mozambicans live below the poverty line (CIA World Factbook) and the vast majority of the population have minimum access to quality education and paid work. Less than 500,000 Mozambicans have formal employment, out of a labour force of nearly 10 million people (Royal Norwegian Embassy, Corporate Social Responsibility Country Profile-Mozambique, November 2009). The majority of the total labour force works in subsistence agriculture and other informal employment. The adult literacy rate is 38.7% (UNDP Human development report 2007/08, fact sheet for Mozambique).

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 26th in the world in terms of GDP as of 2009 and 50% of the population lives below the poverty line (CIA World Fact Book 2009).



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 and the lingering effects of apartheid, 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). South Africa is ranked 129 out of 182 countries on the UN human development index for 2009.

In Mozambique and South Africa, poverty and poor life opportunities are 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 a 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 incidents 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 "*I sold them to Sangomas [...] They would tell me which part they needed and I would get it for them [...] They would say they need a head or eyes or blood from a young boy and I would get it for them*" (SA2_L_I_1). One informant described a woman who sold food at a taxi rank in Limpopo Province, South Africa. Inside 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 Mozambique and South Africa, 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, "*They take it to Malawi, others to South Africa*". (MZ2_M_I_15), "*I wanted to take the organs to Zambia*" (MZ2_T_I_1).

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, 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. The 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. The WHO also wants to promote the proper use of traditional medicine by developing and providing international standards, technical guidelines and methodologies (WHO, 2002).

The 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 is 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 practicing Muti murder. It seems, based on a number of interviews, that Muti killings are associated with witchcraft and harmful magic, whereas 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 Mutu 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 Mutu. He further states that witches using Mutu 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, "*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 Sofala, 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 Mutu 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 Mutu 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). Mutu has a strong hold on many, as one informant in South Africa stated "*It is the belief that you must have Mutu for the business to work. The sad part is that they no longer use Mutu as we knew it but body parts*" (SA_P_I_3). This belief is further confirmed by a number of other informants "*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 Mutu 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. One in five people in Mozambique who attended a workshop or focus group claimed to believe this and more than one in four people 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 60% of the participants in both Mozambique and South Africa 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.

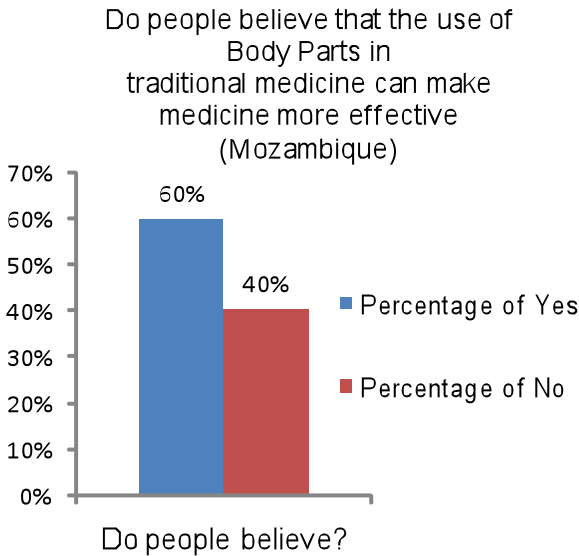


Fig. 10

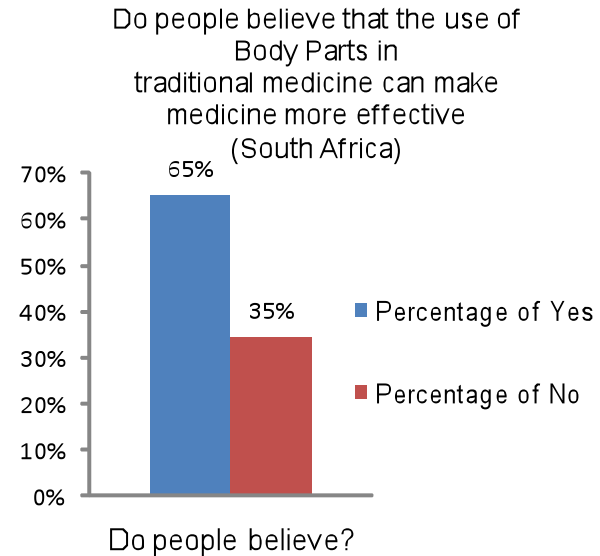


Fig. 11

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 those who acquire the body parts 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' 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 many incidents 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. A Doctor in Mozambique who visited the crime scene and witnessed a woman who was mutilated for her genitalia said *“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. An Investigating Police Officer in South Africa said *“Especially when they killed a young boy, when he’s still young, it means to them they are going to ‘perform’ that like young boy”* (SA2_G_I_4). 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 grandchildren 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).

Confessions

During the second phase of fieldwork, the research team conducted a number of interviews containing confessions of mutilations. At the onset of the research in 2008, it proved difficult to obtain confessions. However, as the amount of firsthand interviews contained in this research clearly indicates, once the interview environment was appropriate and the researcher prepared, people were willing to share their accounts of mutilations in great detail. Locating the people who attacked victims and removed body parts however was more challenging and getting them to talk even more so. Despite this challenge, nine confessions were obtained during this research.

These confessions provide a valuable insight into how and why body parts are taken and they give a clearer indication of the process of removing and using body parts. Through interviewing people who had been convicted of murdering and the removal of body parts, it became evident that there was a clear link between the offender and the Traditional Healers and/or the witchdoctors.

Extracts from the interviews have been included below to highlight the manner in which the informants described their reasoning behind these acts.

Confession 1 and 2

In the following two confessions, the informants explain how they were given specific instructions to remove the body parts while their victims were alive. In the first interview the informant was approached by the Traditional Healer or so-called witchdoctor who ordered the body parts in exchange for money. Both informants knew the exact amounts they were to receive for the body parts. For both confessions, the offender attacked the victim and removed the body parts while the victim was alive, thereafter transporting the body parts to a different location. This confirms the findings of this research that in the majority of cases, the body parts, rather than the body is transported.

Offender convicted to 7 life sentences for multiple murders:

Interview conducted at Kuthama Sintumule Maximum-Security prison in South Africa on 8 October 2010. Through this confession it is apparent that there is a link between the informant and Sangomas (Traditional Healers) and so-called witchdoctors. The informant was requested to supply human body parts for money. This is a unique interview as the informant was prepared to disclose exactly what the body parts were to be used for.

LDH: What are you in here for?

Informant: I killed 51 people for their body parts.

LDH: What's your sentence?

Informant: 7 life.

LDH: How many years is that?

Informant: 175.

LDH: What were the body parts for?

Informant: I sold them to Sangomas.

LDH: What did they want the body parts for?

Informant: For Muti.

LDH: How many Sangomas did you do business with?

Informant: About 14, Sangomas and witchdoctors.

LDH: How did it work? Did they ask you for a specific body part?

Informant: They would tell me which part they needed and I would get it for them.

LDH: Did they tell you how to get it and the age and gender of the person you needed to get it from?

Informant: Yes. They would say they need a head or eyes or blood from a young boy and I would get it for them.

LDH: Were your victims always alive when you took the parts?

Informant: Yes, always.

LDH: Were you told specifically by the Sangomas and witchdoctors to take the parts from a person who is alive?

Informant: Yes.

LDH: Why?

Informant: The parts are more powerful when the victim is alive.

LDH: Were you told what to do with the body after you took the parts?

Informant: No, that was up to me.

LDH: So, what did you do with the body?

Informant: I usually took other parts to different Sangomas and sold them. I buried the body.

LDH: How do you find your victims?

Informant: I usually went to a shebeen [bar, ed.] and kidnap somebody and took them to a place, like the bush, where my associate was waiting, he held them while I did the cutting.

LDH: How much were you paid for a body part... can you give some examples?

Informant: Head 25.000 [US\$3.677; 130.750MZN, ed.], tongue 8.000 [US\$1.177; 41,840MZN, ed.], hand 5.000 [US\$735; 26.150MZN, ed.].

LDH: Who paid more, Sangomas or witchdoctors?

Informant: [smirking] Witchdoctors.

LDH: What's the difference between a Sangoma and a witchdoctor?

Informant: Some Sangomas take the body parts to witchdoctors to mix, but some Sangomas mix themselves.

LDH: Were you ever asked to remove blood?

Informant: Yes.

LDH: How did you do that?

Informant: I cut him here [signing a cut to the side of the neck, ed.] and held him over a bucket. I had one, a five litre one and could fill it.

LDH: How big would the cut need to be?

Informant: [gestures about 10 centimetres, ed.].

LDH: Have you ever used Muti?

Informant: I used to have Muti here [gesturing a necklace] but the Police took all the Muti I had with body parts. I drank blood also.

LDH: Out of the 51 people you killed, how many were children?

Informant: [paused while counting, ed.] About 16.

LDH: How old was the youngest you killed?

Informant: 6 or 7.

LDH: And the oldest?

Informant: mid 30.

LDH: What's the most unusual request you have had from a Sangoma or witchdoctor?

Informant: I was asked to remove flesh from a man, to cook it and take them the fat.

Accused assisted in mutilating a 10-year-old boy (MZ2 M I 33)

Interview conducted on 22 December 2009 at the Agricultural Penitentiary of Chimoio, Mozambique with two detainees. In this confession the commercial element of trafficking body parts is again highlighted with a specific monetary amount being given for providing body parts. This confession also confirms that body parts were removed while the victim was alive.

LDH: Why are you here?

Informant 1: I am here because in 1999 I met [name removed, ed.], it was when he asked me if I could get human organs.

LDH: Where did you meet him?

Informant 1: In Manica, Manica District. [...] He would come and exchange dollars with me when he was going to Zimbabwe, that's where we talked about that. [...] I was money exchanger and he became my friend.

LDH: But how did it start?

Informant 1: He asked me: 'Are you able to get me genital organs?' I said 'I am going to think, I will give you the result afterwards'. [...] in early 2003, he asked me again and he informed me 'you have not given me a result'.

LDH: What did you answer?

Informant 1: Two weeks from now I will give you the result.

LDH: What did you tell your friends?

Informant 1: There is a man who wants genital organs, he is promising a KB [Isuzu car, ed.] and 160.000,00 MZN [approximately US\$4.462 ed.], he only wants genital organs'. [...] They said 'no problem we can get it'.

LDH: And then?

Informant 1: Then, [name removed, ed.] went to Mafuia Comercial [City, ed.] to get a child. [...] The child was 10 years old. [...] It was a boy [...] That child was really dirty. I took the child and

told him that it was to sell ice, [...] Then we said 'that child has to take a bath. If we want the money this is the child, we can only do the job'. Then I asked 'where are we going to do this job?' [...] Then he [name removed, ed.] said that we could do it on the way to Khau.

LDH: Didn't the child suspect of anything?

Informant 1: That child started suspecting, so he [name removed, ed.] hit the child with the elbow, the child fell and said 'aiii', then he [name removed, ed.] started doing the work with the knife.

LDH: Then, when the child fell what did you do?

Informant 1: When the child fell, he cut the genital organs expecting the child would die.

LDH: Where did you leave the organs?

Informant 2: When he made the cut he left the organs on the side in a plastic bag. [...] He [name removed, ed.] took the plastic bag that he was carrying. The boss was afraid we were going to take the organs from people that had died a long time ago.

Confession 3

Throughout the research informants have shared accounts showing that body parts have been forcibly removed and used for Muti containing body parts or other harmful traditional practices. Through the following confession from a Traditional Healer, further insight was gained into how the body parts are prepared and used. Furthermore, the belief that body parts make Muti stronger and more powerful is explained.

Traditional Healer who exhumed a body from a cemetery (MZ2 | | 18)

Interview conducted at the informant's house in Inhambane, Mozambique on 9 April 2010. The informant highlights the belief that traditional medicine is stronger when mixed with body parts and provides a clear example of how the body parts are prepared.

LDH: What happened and in what year?

Informant: In 1998, between April and May. [...] I went to remove a person because I was deceived by a person in South Africa called [name removed, ed.], who said that when I found a person I should remove the tongue and the feet.

LDH: Can you explain in more detail how it was?

Informant: I found a knife and a hoe and went to the cemetery [...] I dug a hole to unbury. [...] I dug until I reached the person. [...] I removed the tongue and the foot.

LDH: When you dug, what did you find first?

Informant: I started with the foot and then the tongue [...] I removed the sand and put on the side, I found the foot, I cut it off, then I cut off the tongue.

LDH: When you found the feet, did you cut off both or just one? Which one?

Informant: I cut off one, I don't know if it is the left or the right.

LDH: From where did you cut off the foot?

Informant: From the ankle down.

LDH: Did you cut it that way because it had to be like that or just happened that way?

Informant: It had to be that way according to what [name removed, ed.] told me, that I had to cut the foot and put it together with the tongue [...] [name removed, ed.] told me that it was for me to use it together with my traditional healing. [name removed, ed.] told me to put the things together with my gourds [traditional pots], and then it will make my traditional healing treatments stronger [...] To make it strong, is to burn it to ashes, next mix it with the medicines, then put it in the new gourds [traditional pots] to put them together with the others.

Confession 4 and 5

The deep-rooted belief that body parts give power or make Muti stronger and more powerful is documented throughout the report. The following confessions demonstrate this belief explicitly. The first confession illustrates the belief that body parts from a corpse when prepared by a Traditional Healer can increase and revitalise powers. The second confession exemplifies this belief to its extreme; the belief that body parts and blood alone, without the need for preparation or a Traditional Healer or so-called witchdoctor, can give power and courage when consumed.

A self-proclaimed prophet confessed to exhuming the body of 1 or 2 week old infant and removing body parts (MZ2 T I 1)

Interview conducted in the Preventive Prison Unit of the Samora Machel's Neighborhood, Tete City, Mozambique on 7 April 2010. In this confession the informant states that it is his belief that body parts will increase his powers and that a Traditional Healer instructed him to acquire specific body parts from an infant corpse.

LDH: Can you describe everything you did?

Informant: It was on the 28 March 2010, around 11pm that I went to a traditional cemetery in Samora Machel Neighbourhood, in Tete City, to exhume the body newly buried. I went to the place where children's bodies have been buried and I saw signs of a recent burial, that is when I dug with my hands and removed the entire body, I put it in a plastic bag and took it home where, together with my wife, we took the upper and lower limbs, then I went to leave the body in the shores of a stream.

LDH: How did you dig up the body?

Informant: I went alone to the cemetery and I dug up the body with my hands, I took the body and closed back the grave without leaving any trace.

LDH: Who did that body belong to?

Informant: I don't know to who the body belonged to, I only know that it was a male and with more or less one or two weeks of life.

LDH: When had the body been buried?

Informant: The body had just been buried, on the same day that I went to dig up, 28 March 2010.

LDH: Why did you commit that crime?

Informant: I committed that crime to strengthen my powers of prophecy.

LDH: Did anyone tell you to do this or you decided to do it?

Informant: I wanted to take the organs to Zambia, where there is a Traditional Healer that would revitalize my powers as a prophet, he was the one who advised me to bring the limbs of a corpse [...] with these powers I would be able to see the spirits or evils in my clients' houses.

Community member who confessed to killing, mutilating and eating body parts of his cousin (SA2 NW I 14)

Interview conducted on 19 July 2010 at Atamelang Prison, South Africa. This confession illustrates the informant's belief that drinking the victim's blood would give him courage to follow through with this mutilation. This confession is somewhat unique as the informant prepared and ate the body parts himself, without having them prepared by a third party, as has been found in the vast majority of cases in this research. The informant stated his intention to sell the victim's foreskin to a Traditional Healer.

LDH: Why are you in jail?

Informant: I'm in jail because I fought with my relative [...] I stabbed him on the right side of his neck and he jumped then I drank his blood so that I could be courageous. [...] He tried to fight me off but I pressed him down with my hands and knees. [...] I kept stabbing him on the same place until he died because I would have died had he survived [...] I cooked the heart, brain, liver and lungs [...] I cut the ribs with a knife and ate them raw [...] My aim was to finish him off by eating him bit by bit

LDH: Was there a part that you had not intended to eat?

R: I wanted to sell the foreskin to the Traditional Healers. I had taken it out for safety but I was arrested before I could sell it.

To support this confession, several firsthand accounts have been acquired from community members who witnessed the accused in the process of eating his relative. Two extracts from two separate firsthand eyewitness accounts follow:

"I saw community members going into his house and I followed them. A lady was screaming. I saw a pot and a man in the house eating even when the Police arrived he was eating. [...] It was [name removed, ed.]. [...] I only saw him eating the liver [...] I saw him live, eating the liver in the house. The intestines were in a bowl and I saw him taking the arms out of the bag".
(SA2_NW_I_4)

"I only saw the head. [...] It was attached to the neck, the right side was open. He was holding it up taking it out of the no problem bag. There was no brain, it was empty". (SA2_NW_I_5)

Confession 6

The following confession illustrates how a community member is willing to accept that others will kill and mutilate in order that she receives the treatment she believes will solve her problem.

Community member who admits to using human body parts in an attempt to solve a pregnancy issue (SA T I 5)

Interview conducted on 2nd August 2008 in Bloemspruit, South Africa. The female informant 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 pregnancy-related issue. The interview illustrates that this community member was willing to accept the advice of a Traditional Healer and use human body parts as part of her treatment, even though she was aware that the children may have been murdered to acquire these body parts. When asked where she thought these children's body parts came from, she replied, *"they kill babies."*

LDH: Have you ever used the Traditional Healers?

Informant: Yes

LDH: 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

LDH: 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

LDH: 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.

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

Informant: Yes.

LDH: And did you have to drink all three bottles?

Informant: Yes

LDH: What were the orders of the Traditional Healer?

Informant: He said I needed to finish all three bottles

LDH: How were you taking them?

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

LDH: 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

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

Informant: Yes

LDH: Were they dry or wet?

Informant: Dry.

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

Informant: Two fingers and three penises.

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

Informant: They were very small, very small.

LDH: Couldn't it be from animals?

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

LDH: 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

LDH: And how much did each bottle have?

Informant: 750ml

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

Informant: At night.

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

Informant: Each piece.

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

Informant: Yes.

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

Informant: No.

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

Informant: R4000 in cash [approximately US\$588; 20.920MZN, ed.].

LDH: 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.

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

Informant: All the time. Always.

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

Informant: I used it only for one month.

LDH: 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.

LDH: 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.

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

Informant: They kill the babies.

While each confession provides a varying insight into issues relating to trafficking body parts, demonstrates the different methods used to extract body parts and the exact purpose of the body part, there is one notable thread which links each confession: the belief that body parts, either worn or consumed directly or after preparation by a Traditional Healers or so-called witchdoctors in the form of Muti, will increase powers or strength or can help with medical issues. This deep-rooted belief is confirmed throughout the research.

The role of the Traditional Healer and so-called witchdoctor in issues relating to trafficking body parts

As previously shown, body parts are actively sought by Traditional Healers and so-called witchdoctors to use in Muti and for so-called witchcraft and other harmful traditional practices.

Through numerous firsthand eyewitness accounts, it has been demonstrated that detailed instructions are given to those who acquire the body parts. These instructions include the specific body parts needed, the age and gender of the person and also precise instructions on whether the part should be taken while the victim is alive.

Specific body parts are often requested for specific purposes as explained by an informant who witnessed her uncle mutilated "*he [offender, ed.] said that a Traditional Healer told him to find eyes to produce more in the plantation and fishing*" (MZ2_I_I_15).

Victim's age and gender in firsthand incidents, which occurred during the 14-month research period in Mozambique and South Africa

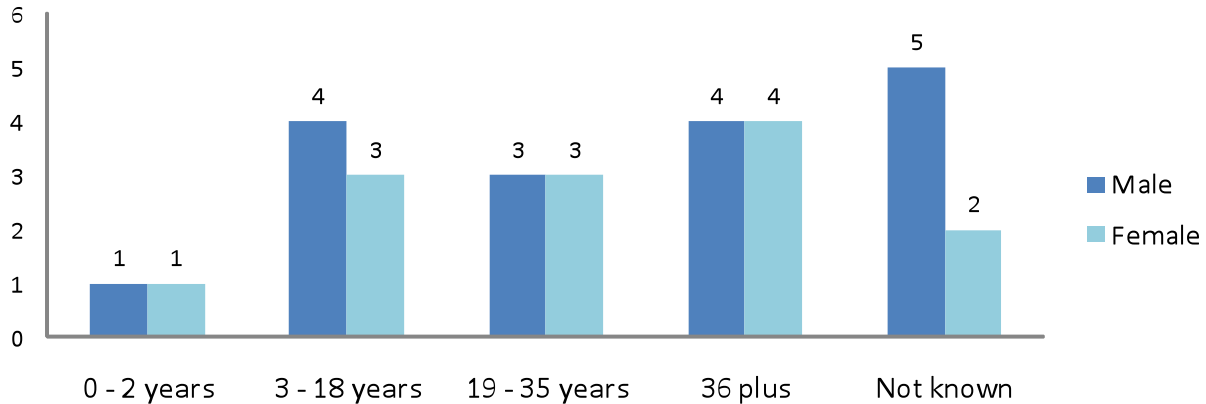


Fig. 12

The age of the person to be mutilated is also specified. An informant who confessed to a mutilation explained... *“I went to meet him and he told me he wanted to work with me on cutting some parts from a child, indicating the size of one [child, ed.] that was passing by. [...] [name removed, ed.] said that it could only be a child that age”* (MZ2_Z_I_26).

Also specific requests have been documented as to whether the victim of the mutilation should be alive *“[name removed, ed.] said that we should avoid killing, the body parts have to be extracted from a living person”* (MZ2_Z_I_26). *“The boss was afraid we were going to take the organs from people that had died a long time ago”* (MZ2_M_I_33).

Details of how Traditional Healers and so-called witchdoctors use body parts in their treatments to overcome specific problems have also been obtained. A Traditional Healer in Mozambique spoke about one such incident *“Besides asking the Traditional Healer about the causes of losing his wife to another man, he also asked for a medicine that would bring his wife back. [...] As a solution to the problem, [...] he would have to accept to make a great sacrifice, which was to take care of his mother and remove her genital organ as a coin of exchange for the spirits of the dead”* (MZ2_CD_I_8).

An Investigating Officer in South Africa investigating a recent mutilation case confirms *“she was advised by other Inyangas [Traditional Healers ed.] to kill her own daughter. If she took the heart and the blood, she mix with some herbs, the clients will come to her [...] They believe that the ancestors they need your own blood”* (SA2_G_I_4).

An informant who confessed to exhuming the body of a newborn baby, extracting the upper and lower limbs, explained: *“I wanted to take the organs to Zambia, where there is a Traditional*

Healer that would revitalize my powers as a prophet, he was the one who advised me to bring the limbs of a corpse” (MZ2_T_I_1).

The effect on the community

Numerous communities have been adversely affected by issues relating to trafficking body parts. Through interviews it has been established that discovering a mutilated body within a community has long lasting adverse effects, both on the individual who discovers the body and the community as a whole.

A female community member who assisted in washing the body of a victim after an attack said *“You can’t imagine how her body was, my son, it was horrible what I saw with these eyes of mine that God one day will take [...] it was so bad the women that should wash and prepare the body for the burial didn’t have enough courage to face that reality [...] Look, my son. It is very hard to describe, but I must confess that her entire genital organ was removed. It was a hole...let’s stop here, please [...] The head was attached to the body, but her throat had been slit, like a chicken. Ish. I won’t forget that. You know, I wasn’t able to sleep for months and months” (MZ2_CD_I_5).*

A community member who witnessed the body of a 7-year-old boy, whose tongue and genitalia had been removed said *“we went there and saw a thing that horrified us from the toes to the hair. For almost two weeks I couldn’t sleep well because of that situation.” (MZ2_CD_I_16)*

A Traditional Chief, locally known as a Regulus, witnessed a woman of 30 years who was found dead with her left breast and genitalia removed, said *“It was a situation that shocked us all here in the village [...] It was horrible, because they had removed the left breast and opened a big hole between the legs removing everything” (MZ2_CD_I_15).*

In October 2009, a community member witnessed a woman’s body with her genitalia removed. He said *“when we removed the branches and the leaves from the body, we saw that horrible thing that even today when the images come to me it only makes me want to vomit” (MZ2_CD_I_21).*

A woman who witnessed a 16-year-old boy with his genitals removed said *“it worries me because all of us are at risk, we no longer live safely, especially at night. We live in terror in this village” (MZ2_Z_I_5).*

The mother of a 13-year-old girl described her daughter when she was found mutilated and the effect this has had on her *“Her hands were tied from behind and her internal organs were removed [...] This has really crushed my spirit [...] I am trying to throw this entire trauma behind me. I’m the shadow of my former self” (SA2_EC_I_4).*

Some community members who discovered mutilated bodies have suffered traumas, which they believe, have had a long lasting impact. A female community member describes her experience,

“As I was walking I saw a trail of blood and I just thought that they had stolen a lamb from the nearby farm and slaughtered it.” She followed the trail and discovered a mother and 13-month-old son mutilated. She explained, “One breast was missing and the child was lying on the other breast next to the mother. The mother’s ear and nose were removed. [...] Her head was tilted to the left so it was the right ear. I could not see if the left ear was there or not. Her mouth was cut off [...] I saw the child lying next to her. He did not have pants on and they were not even on the scene. His private parts had been removed. [...] he was still alive. His right hand had been cut off. [...] People usually say that it is the right hand that calls customers to buy. [...] I screamed for help and fainted [...] I only woke up in the hospital after two days. When my child was born with short breath and asthma and he spent the first three months of his life in hospital. The doctors said it was because of the shock I experienced during this incident” (SA2_NW_I_2).

The effect on surviving victims

The majority of those attacked for their body parts do not survive and die as a result of blood loss. However, occasionally victims survive these mutilations. The surgeon of one such victim, who survived a mutilation resulting in the loss of his entire genitalia, said *“He survived because he is still young. I would expect that 1 or 2 out of 10 people would survive this type of attack”* (MZ2_Ni_I_14, Hospital Central de Maputo).

Interviews contained in this report show that many of those who survive an attack face a lifelong struggle to deal with their ordeal. Many surviving victims face both physical and psychological challenges. One victim, aged 14 who suffered an attack which resulted in the complete removal of his genitalia, said *“I am just sorry for knowing that I am no longer a man, I don’t have organs [...] I can only feel sorry. These men disgraced me”* (MZ2_Ni_I_1). In addition to this boy’s psychological needs, the boy’s doctor at the Hospital Central de Maputo explains *“[name removed, ed.] will need to get injections of masculine hormones for the rest of his life so he can develop the male characteristics”*. Also in order to urinate, a tube needs to be inserted. This however, is not always a suitable long-term solution as another surgeon at the Hospital Provincial de Lichinga, treating the same boy explained, *“Once the wound was clean, it closed and I operated to put a tube [catheter, ed.] so he could urinate [...] They sent him to Maputo to treat him, he needs artificial sexual organs so he can urinate, as he is so young he can’t just have a tube, I am not sure if they can do that operation in Mozambique”* (MZ2_Ni_I_2).

Another victim, a woman aged 53 from South Africa who was brutally attacked by three men attempting to remove her ears said *“sometimes I feel a painful headache, most of the time, and I easily forget. My mind is not stable”* (SA2_KZN_I_9). The physical after effects of an attack were also described by a 48-year-old woman who was dragged into a river where her attackers tried to remove her ears. *“At this moment, I am feeling great pain for losing a body part [...] Now, I don’t hear well when someone calls or talks to me, they have to be close. Before, I used to hear people there on the road, but now I don’t hear”* (MZ2_M_I_34).

The psychological effect on victims has been highlighted in a number of interviews. A 39-year old-woman who is a counsellor by profession was attacked while waiting for a bus. The perpetrators attempted to remove her breasts, the left breast was severely mutilated, however the attackers fled as they were interrupted during the attack, she said *“I was so traumatized by the incident that I only left my yard on the first of April [5 months after the attack, ed.]”* (SA2_EC_I_16). A woman in South Africa who was attacked and her lips partially removed said *“I felt very bad because everyone would tease me about my cuts that happened on my mouth”* (SA2_KZN_I_9). A 28-year-old man in Mozambique who survived an attack where his complete genitalia were removed said *“I can’t imagine how my life will be. How I will work and go to the bathroom [...] My problem is, how will my life be”* (MZ2_Z_I_15).

Some victims found it challenging to describe their attack and the researcher did not press them on how this attack might affect them in the future.

The following interview extract with the 9-year-old boy mentioned previously in this report is an example of where it was decided to only ask details about the attack, rather than the long term effect of this attack. The victim was only nine years old and was being interviewed only days after the attack, in hospital

LDH: Can you tell me what these men did to you?

RVic: A man grabbed me, Luis removed my eyes and another man cut off my genital organs.

LDH: And what did the other person do?

RVic: He cut me as well.

LDH: So, who extracted your eyes?

RVic: Luis is the one who cut off my eyes.

LDH: And what did the other do?

RVic: He cut off my penis and testicles.

The researcher then spoke to the boy’s nurse at the Queen Elizabeth Central Hospital, Blantyre, Malawi to ask about the longer-term effects. She explained *“This is going to affect in case of lack of psychological support or follow up, as well as the education because he does not have the chance of seeing again. Also, he won’t be able to enjoy the satisfaction of intimate needs. It is not known yet if he will use a catheter forever or not”* (MZ2_Z_I_29).

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 authorities 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. As one informant stated “*The Community Members were very angry, they wanted to burn him but the Police came and rescued him*” (SA_N_I_2). 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. When asked where the body parts and those who 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), 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 with 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 Mozambique and South Africa. 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.

Mozambique

This research has not found any legislation, programmes or Tissue Act in place to specifically counter trafficking body parts in Mozambique, with the exception of the programme to reduce the supply and demand for body parts, recently undertaken by LDH, mentioned below.

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.

However, if a connection to the mutilation or to the extraction of a body part is established, prosecutors may make use of the Mozambican Penal Code. While the Code cannot be used to interpret trafficking body parts as a crime, it may be used to penalize those who have committed crimes or been involved in activities relating to trafficking body parts.

The Penal Code therefore gives the prosecutor some tools that can be used in the absence of specific legislation, only when a link can be made between the extracted body part and the mutilated body. Depending on each particular case the following Articles may be used:

- 247 ° - Violation of a tomb and lack of respect for the dead;
- 328 ° - Captivity;
- 329 ° - Physical coercion;
- 330 ° - Unlawful imprisonment;
- 342 ° to 344 ° - Violent or fraudulent Abduction of a Minor under seven years old;
- 347° - Unlawful surrender of children under seven year old;
- 351° - Qualified homicide;
- 359 °, 360 °, 361 °, 365 ° - Physical offences;
- 366 ° - Castration;
- 389 ° - Concealment of a corpse;
- 395 ° - Violent or fraudulent kidnapping.

In the majority of the incidents mentioned in this research, a link has not been made between the extracted body part and the mutilated body. Therefore, in these cases the Penal Code could not be used to prosecute those who extracted or used the body parts.

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 US\$294; 10.460MZN, 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).

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.

LDH has recently undertaken a programme to reduce the supply and demand for body parts in Mozambique and South Africa. The project aims to work with communities and the Government to support them in bringing about behaviour change.

Each province in Mozambique and South Africa, which participated in the first phase of research into the incidence and prevalence of trafficking body parts is currently being revisited by LDH and their partners, with the intention of reducing the demand for body parts.

Workshops, in which the community has the opportunity to voice any concerns about issues relating to trafficking body parts are being held. During these workshops community members are initially given an opportunity to share if issues relating to trafficking body parts are affecting them. Thus far, every community visited has confirmed that this is an issue which concerns them. During the workshops they are then asked what action they would take, if they had the opportunity, to reduce the demand for body parts. So far, every community visited has delivered a detailed list of suggestions. At the conclusion of the workshop, the facilitator challenges the community to put these suggestions into practice and offers to work alongside them to offer support, both financial and organisational. The ideas are designed and implemented by the community, LDH and their partners simply assist wherever they are able.

Although this programme is in the early stages, the response so far has been outstanding. Every community visited has shown a desire to bring about change and chosen to work towards a solution to reduce the demand for body parts.

An important component of the programme to reduce the supply and demand for body parts is the partnership with AMETRAMO, Mozambique’s Traditional Healers’ Association, who have been instrumental in their work with their members to stop the use of human body parts in traditional medicine. Their new code of conduct from 2010 states *“AMETRAMO forbids the use of human organs, body parts, tissues and blood for the practice of traditional healing and treatments for patients or entities”*. AMETRAMO is committed to exposing so-called witchdoctors who are using the AMETRAMO name in order to supply clients with treatments containing body parts.

LDH's programme to reduce the supply and demand for body parts, mentioned above, appears therefore to be the only programme in place specifically targeted at issues relating to trafficking body parts.

The authorities' response to trafficking body parts

There is a general feeling of dissatisfaction among a number of communities regarding the response from the authorities to issues relating to trafficking body parts. One informant who witnessed the mutilated body of her sister and 2-year-old niece explained that the attackers *"removed the genital organs and the brain from my sister, and the heart and the teeth from both of them [...] we notified the Police and so far the health department and the Police have not come here to see the bodies or even to do any investigation"* (MZ2_T_I_11).

The community, on occasion, have been instructed to investigate and report back to the Police themselves. A Community Leader and Regulus (traditional chief) who witnessed a community member mutilated with her lips and tongue removed said *"we sent information to communicate the occurrence to the Police District Command. We stayed there waiting for the Police to arrive [...] The Command told us to look for clues and after obtaining information or locating the body we should go and inform them again"* (MZ2_Z_I_7).

Community members have also found resistance from the authorities when reporting crimes relating to trafficking body parts. A stall holder working on the South Africa side of the Ressano Garcia border who witnessed a food container containing male genitalia, said *"I took that container and went with it to the Police and he said: 'close that, close that, let that lady go'. And he let her go and did not want to see what she was taking. I didn't do anything. I gave the container back to the lady and she said thank you"* (MZ2_MPR_I_1).

On a number of occasions the authorities have not visited the scene or the family of victims, many of whom have witnessed the mutilated body of a relative. The father of a 9-year-old boy who was attacked and had his genitalia removed said *"no Police showed up, only Liga [LDH, ed.] came"* (MZ2_M_I_32). Another informant who witnessed a man with his genital organs, eyes and tongue removed, when commenting on their request for the Police to visit the scene said they were instructed to bury the body themselves *"they didn't come [...] the Police responded that they were tired"* (MZ2_Na_I_7).

When the Police have visited the scene, there is on occasion an expectation for the community to respond, rather than the authorities. An informant who discovered the body of a 12-year-old girl with her eyes and genitalia removed said *"the worst was the lack of support from the Police, they didn't even provide transportation, they only went away with the words 'go bury'"* (MZ2_Na_I_7¹⁶).

¹⁶ Interview MZ2_Na_I_7 contains three separate firsthand eyewitness incidents.

Police recording and reporting on issues relating to trafficking body parts

The lack of reporting and documenting mutilations in Mozambique has become evident during this research.

An informant in Mozambique who witnessed the mutilated body of his neighbour, a six-year-old girl, with her genitalia and liver removed, was asked whether the Police or authorities had visited the scene, she said *“No, the Police nor the health people, because the nearest police station and hospital are more or less 12km away. So we buried the body and only after we told the Police”* (MZ2_MPR_I_6). There are numerous examples of instances when the Police have ordered a body to be buried without any inspection taking place. A Community Leader who witnessed the body of a 23-year-old male found without his eyes and genitalia, when commenting on the Police reporting said *“They didn’t do anything. They only asked who did that and said that we could bury it and we buried it there.”* (MZ2_I_I_8).

There are a number of interviews throughout this report where it is evident that no report or autopsy has been completed, this is particularly evident when those discovering a body are instructed by the Police to bury the body. As mentioned previously, the informant who witnessed the young girl with eyes and genitalia removed, said *“They didn’t do anything, they were only there and then told the deceased’s mother to take off her capulana [traditional cloth, ed.] to cover the body and take it”* (MZ2_Na_I_7). The sister of a victim who was mutilated also explains *“we notified the Police and so far the health department and the Police have not come here to see the bodies or even to do any investigation”* (MZ2_T_I_11).

A family member who discovered his relative, a 14-year-old schoolgirl explained, *“we found the body. [...] sorry for saying this, but she was completely rotten. They took her genital organs and everything [...] Eyes, heart and everything, breasts also [...] They also took her tongue.[...] 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”* (MZ_Na_GI_1).

The Police in Mozambique acknowledge this lack of reporting. An Investigating Police Officer in Tete said *“The body was not examined because there is no medical centre in that area [...] [the victim’s widow, ed.] has not yet been questioned [...] due to our lack of means nothing has been done yet.”* The Police concede *“Neither the person that I replaced, nor me or my colleagues of the station that filed the police report went to the scene, because it was on an island 30km away from Doa, in the village of Samica and we did not have any means of transport to get there. No investigation has been carried out yet and the complaint has not been heard”* (MZ2_T_I_14).

An interview with the Chief of Police, referring to the case of a 10-year-old girl who was mutilated for her genitalia was asked if he had gone to see the body, *“No, when they came to inform me they were already performing the funeral, here there are no conditions to keep the bodies for a long time”*. When commenting on whether this is normal practice, he said *“It is, because with no conditions to keep the body, to go to the station without means of*

transportation it is far, and for this case, the body was found after the third day after the death they could not wait” (MZ2_S_I_4).

Without adequate reporting of mutilations, the authorities are not able to monitor the situation. As the authorities in Mozambique are regularly not witnessing mutilated bodies and therefore are not accurately recording which body parts have been removed, it is a challenge for them to have a clear indication of the scale of this problem. A family member of a victim said *“the Police said that we should search for whoever did this, and they left”*. When asked if the Police documented or recorded anything, they explained, *“Nothing, they didn’t write” (MZ2_Na_I_5).*

However, there have been a number of instances where the Police have made reports. Nevertheless, it has become evident during this research that in Mozambique the authorities do not have any form of register for a murder specifically connected to a mutilation, thus, the authorities have no figures on mutilated bodies or which body parts have been removed. The Commandant from the first PRM police station in Chimoio, said *“There is no difference in the way we register those cases. The same forms of notice are used for normal homicide and for the mutilation cases”*.

A senior PRM Police Officer in Quelimane, Zambézia Province confirmed this, *“we use the same form because those last cases are not very frequent”*. The officer was referring to mutilations and this opinion that these *“last cases”* are infrequent is contrary to the findings of this research. However, as mentioned above, if these mutilations are not specifically recorded, it would be a challenge for an official to know the frequency of the mutilations.

The capacity of the authorities

During a number of interviews, the capacity of the authorities to respond to mutilations has also been brought into question. A neighbour who witnessed the body of a 27-year-old woman with her eyes removed, when commenting on the authorities said *“When they arrived, they asked some questions about who lived in that house and then they ordered us to take the body to the district hospital in the car of the neighbour because they said they didn’t have transportation” (MZ2_CD_I_25).* Another informant, the sister of a male victim who was found in a ditch after a mutilation where his entire genitalia were removed said *“the Police has its car broken down, we just waited for a neighbour that was asked by the Secretary” (MZ2_Z_I_14).*

In South Africa, the feelings of a number of community members are similar to those in Mozambique. The father of a 5-year-old boy who witnessed his son’s body with both eyes removed said *“The Police came but I never heard from them ever since, despite telling them that there was a guy who had been seen with my son on the day he went missing [...] It hurts me that they never came back [...] The Police never bothered to keep us up to date regarding the murder case [...] never heard anything from the Police since then” (SA2_EC_I_5).*

A mother whose daughter was a victim of mutilation having her nose, eyelids, lips, part of her ears, two fingers and breasts removed said *“I tried to call the Police again, seeing as the Police were not arriving yet. They promised to come, they promised to send the flying squad, and all those things. I kept on waiting, but to no avail”* (SA2_G_I_10).

Communities taking the law into their own hands

This research contains numerous instances where the community have taken the law into their own hands and have both judged and punished a suspect. A Traditional Healer, speaking about a suspect who allegedly killed his mother and removed her genitalia said *“a group of men from the village here, grabbed him and started beating him with sticks and kicks”* (MZ2_CD_I_8). Another incident was highlighted by a Traditional Healer who was called to an incident as a representative of AMETRAMO. A suspected witchdoctor was found to have bones and children’s hands inside pots used by Traditional Healers. *“After the suspicion that he was an evil witchdoctor Traditional Healer and also a shepherd, the population did a forced search to confirm what was previously suspected and then beat him to death”* (MZ2_G_I_7). The cousin of a victim who had his genitalia removed, when describing the community’s response to the suspect said *“we gathered with him near a tree and because the population was angry they started beating him. [...] they beat him up on the way back to the Police where he remained while dying. [...] He died after one week. [...] The Police did not manage to stop the population. There were a lot of people”* (MZ2_I_I_16).

A Community Leader in Mozambique appeared to sum up the general feeling when he said, *“a person that does that deserves to go straight to hell [...] The Government must punish these people. I think he who kills should die as well and in front of everyone to call the attention of those that might also want to follow the same path.”* (MZ2_CD_I_23).

The mother of a 13-year-old girl in South Africa, who died as a result of her internal organs being removed, when referring to the perpetrator, said *“People were shouting that they have nailed him down. Some came to knock at our door saying we should come and see. I stepped outside and I saw that [name removed, ed.] was on fire [...] I thank God for all the people who murdered [name removed, ed.] because this translates to the fact that they shared in my pain [...] My wish is that if only I had killed him myself”* (SA2_EC_I_4).

Media Reporting on issues relating to trafficking body parts

Analyzing the response of the media on issues relating to trafficking body parts is not one of the aims of this project. However, over a two-month period in 2010, to assist our researchers in finding out more about information being shared with the public on this issue, eight newspapers were monitored for reports relating to trafficking body parts. While this is by no means a comprehensive media analysis, the findings are somewhat revealing. The graph below, Fig.13 shows that during the two-month period, four South African newspapers reported stories relating to trafficking body parts on 16 different occasions. During the same two-month period, four

Mozambican newspapers reported on four different occasions. As can be seen in Fig.9, Mozambique produced a wealth of informants who were prepared to discuss issues relating to trafficking body parts, almost twice as many as in South Africa. It is therefore worth noting that in the four newspapers selected, the Mozambican media was responsible for only four out of a total of 20 reports on issues relating to trafficking body parts. It is hoped that this report will help to raise awareness on issues relating to trafficking body parts in communities, with Governments and within the media. The press in both Mozambique and South Africa has an important role to play in disseminating information on these issues.

Number of relevant news articles mentioning issues relating to trafficking body parts

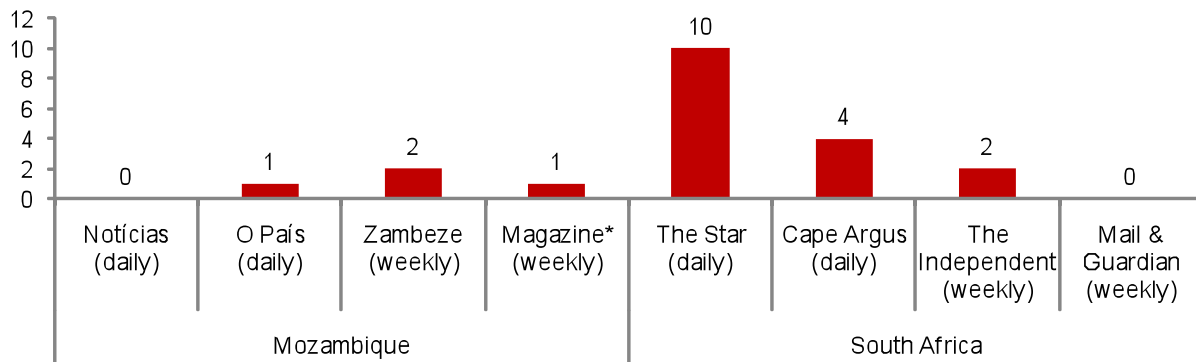


Fig. 13

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 Mozambique and South Africa. 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 Mozambique and South Africa. Deaths and the cause of death appear not to be consistently registered in parts of this region. As mentioned above, there are numerous examples of mutilated bodies being buried without any form of inspection or documentation. It is recommended that a system be put in place to consistently register deaths and cause of death. It is also recommended that the focal point for information on trafficking body parts, established for this project to monitor and record reports of trafficking body parts, continues when this research project concludes.

In Mozambique, Police reporting on issues relating to trafficking body parts is sporadic. On the occasion that authorities complete reports, no distinction is made when the death has been caused by a mutilation. The authorities in Mozambique have no records relating specifically to mutilations and are therefore unable to provide accurate data on issues relating to trafficking body parts. It is recommended that programmes to work with the Police on reporting and recording information on trafficking body parts are developed and implemented.

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 developed and implemented throughout all of Mozambique and South Africa, especially in rural areas, where this research has found issues relating to trafficking body parts.

The programme to reduce the supply and demand for body parts in Mozambique and South Africa currently covers approximately half of the provinces in each country. The positive response by communities to develop and implement activities clearly indicates the need to expand this programme to all provinces in Mozambique and South Africa where this research shows trafficking body parts affects the community.

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 Mozambique and South Africa. This has been achieved through 107 workshops and focus groups, attended by 1,949 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 Mozambique and South Africa. It documents that body parts are taken from victims, often while they are still alive or directly after they have been murdered. Almost two thirds of the 327 interviews conducted during this research contain a firsthand eyewitness account of an incident relating directly to trafficking body parts. This figure exemplifies how widespread and prevalent this situation is.

This project has offered communities the first opportunity to openly discuss issues relating to trafficking body parts. The findings clearly show how numerous communities in Mozambique and South Africa have been adversely affected by issues relating to trafficking body parts.

There are 199 firsthand eyewitness incidents contained in this report of bodies being seen without body parts. Only two of these 199 mutilations involved a body that died of natural causes. Therefore, 197 cases in the report involve an attack on a live victim with the sole purpose of removing a body part, blood or tissue. The research therefore draws the conclusion that on the vast majority of occasions, when body parts have been trafficked, children and adults have been murdered. It is clear that the body parts mentioned in this report were not trafficked for transplant purposes. None of the 208 incidents 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 Mozambique and South Africa that when traditional medicine contains body parts, it is stronger and more powerful. Trafficking and selling body parts in some areas of Mozambique and South Africa is considered a common occurrence. Of the 187 informants who expressed an opinion as to why body parts are removed, 96% believed they were either to be sold or used for activities relating to witchcraft, Muti or harmful traditional practices.

Muti practices are prevalent in Mozambique and South Africa. 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.

During the 14-month fieldwork period there has been an average of one mutilation every two weeks in Mozambique and South Africa where this research has acquired at least one firsthand account. The vast majority of these mutilations, 89%, were witnessed in Mozambique. However, 75% of body parts seen separate from a body have been seen in South Africa. More than two thirds were seen on the South African side of the Mozambican/South African border. This gives a clear indication that body parts are being extracted from victims in Mozambique and trafficked across the border to South Africa.

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.

In Mozambique, Police often do not report, document or conduct any follow-up on mutilations. On the occasion that authorities complete reports, no distinction is made when the death has been caused by a mutilation, which partly explains why the authorities are unable to provide accurate data on issues relating to trafficking body parts.

Communities generally feel that the response from the authorities to issues relating to trafficking body parts is insufficient and not effective. They have, on a number of occasions, taken matters into their own hands and delivered both the judgement and the punishment to suspects, often resulting in the death of the suspect.

Victims of mutilations, who have survived an attack, have shared the devastating impact these attacks have had on their daily lives. Parents who discovered their children's mutilated bodies, have shared their outrage at what has become a common occurrence in many communities in Mozambique and South Africa.

Until there is an internationally recognised definition of trafficking body parts, any attempt to counter this activity will be impaired and these Human Rights violations will continue unabated.

LDH has recently undertaken a programme to reduce the supply and demand for body parts in Mozambique and South Africa. The project aims to work with communities and the Government to support them in bringing about behaviour change. Each province in Mozambique and South Africa, which participated in the first phase of research into the incidence and prevalence of trafficking body parts is currently being revisited by LDH and their partners, with the intention of reducing the demand for body parts. Although this programme is in the early stages, the response so far has been outstanding. Every community visited has shown a desire to bring about change and chosen to work towards a solution to reduce the demand for body parts. It is recommended that this project to reduce the supply and demand for body part in Mozambique

and South Africa be rolled out to all provinces where this research has shown that trafficking body parts occurs.

Bibliography

- **Ashforth, Adam. 2005.** Muthi, Medicine and Witchcraft: Regulating 'African Science' in Post-Apartheid South Africa? In *Social Dynamics*, Vol 31:2, pp. 211-242
- **Asia Task Force on Organ Trafficking. 2008.** Recommendations on the Prohibition, Prevention and Elimination of Organ Trafficking in Asia: Taipei Recommendations.
- **Bass, D. 2005.** Kidneys for cash and egg safaris – can we allow 'transplant tourism' to flourish in South Africa? Cape Town. Vol.95, (1).
- **CIA World Fact Book 2009**
- **Eye on Human Trafficking. 2008.** Mozambique passes first anti-trafficking law in the region. Issue 18. IOM South Africa.
- **Fundação para o Desenvolvimento da Comunidade (FDC). 2008.** Violência Contra Menores em Moçambique, Revisão de Literatura. Mozambique.
- **Gastrow, P. & Mosse, M. 2002.** Mozambique: Threats posed by the penetration of criminal networks. Organised crime, corruption and governance in the SADC Region. ISS Regional Seminar.
- **Geis, G. & Brown, G. C. 2008.** The Transnational Traffic in Human Body Parts. *Journal of Contemporary Criminal Justice*, Vol 24 (3), pp212 – 224.
- **Government Gazette. 2008.** Traditional Health Practitioners Act No. 22, 2007. www.polity.org.za/attachment.php?aa_id=11034
- **Griffin, M. et al. 2004.** Muthi Medicine. *Five Minutes to Midnight*, Vol 2 (12).
- **Jafarey, A. et al. 2007.** Asia's organ farms. *Indian Journal of Medical Ethics*, Vol IV No 2, editorial. <http://www.issuesinmedicalethics.org/152ed52.html>
- **Labuschagne, Gerard. 2004.** Features and Investigative Implications of Muthi Murder in South Africa. *Journal of Investigative Psychology and Offender Profiling*, 1: 191-206.
- **Liga Moçambicana dos Direitos Humanos (LDH). 2006.** Relatório anual sobre Direitos Humanos de 2004. Pp.12—34. Moçambique.
- Mozambican Penal Code http://www.amoproc.org.mz/downloads/codigo_penal_1.pdf
- Mpumalanga Witchcraft Suppression Bill. 2007 (draft version)
- **Royal Norwegian Embassy,** Corporate Social Responsibility Country Profile - Mozambique, November 2009
- **Participants in the International Summit on Transplant Tourism and Organ Trafficking Convened by The Transplantation Society and International Society of Nephrology in Istanbul, Turkey, April 30 through May 2, 2008.** The Declaration of Istanbul on Organ Trafficking and Transplant Tourism. *Clinical Journal of the American Society of Nephrology*, 3: 1227–1231.
- **Pearson, Elaine. 2004.** Coercion in the Kidney Trade? A background study on trafficking in human organs worldwide. *Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ)*. Eschborn.
- **República de Moçambique. 2004.** Política da Medicina Tradicional e Estratégia da sua Implementação.

- **Rothman, D.J. et al. 1997.**The Bellagio Task Force Report on Transplantation, Bodily Integrity, and the International Traffic in Organs. Extract from Transplantation Proceedings Vol. 29, 2739-45: <http://www.icrc.org/Web/Eng/siteeng0.nsf/iwpList302/87DC95FCA3C3D63EC1256B66005B3F6C>
- **Scheper-Hughes, Nancy. 2002.** The Global Traffic in Human Organs. In Anthropology of Globalization. Edited by Jonathan Xavier and Renato Rosaldo, pp. 270—308. Blackwell Publishing.
- **Serra, Carlos. 2006.** Tatá, Papá, Tatá Mamã: Tráfico de Menores em Moçambique. Imprensa Universitária. Universidade Eduardo Mondlane. Moçambique.
- **Sindicato Nacional de Jornalistas (SNJ). 2005.** Tráfico de Menores: Será um facto em Moçambique?. Terre des Hommes Alemã.
- **Turrell, Rob. 2001.** Muti Ritual Murder in Natal: From Chiefs to Commoners (1900-1930). South African Historical Journal 44, 21-39.
- **UNESCO & Intersectoral Programme Poverty Eradication. 2007.** Human Trafficking in South Africa: Root Causes and Recommendations. Policy Paper. Poverty Series No14.5 (E). Paris.
- **UNICEF Innocenti Research Centre. 2005.** Trafficking in Human Beings, Especially Women and Children, in Africa. UNICEF: Florence, Italy.
- **United Nations (UN). 2000.** Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, Supplementing the United Nations Convention Against Transnational Organized Crime.
- **United Nations (UN). 2006.** Preventing, combating and punishing trafficking in human organs, Report of the Secretary-General. Vienna
- **UNDP Human development Report 2008, fact sheet for South Africa**
- **UNDP Human development report 2007/08, fact sheet for Mozambique**
- **United Nations - Global Initiative to Fight Human Trafficking (UN.GIFT). 2008.** The Vienna Forum to fight Human Trafficking. Background Paper. Austria
- **The United Nations Office on Drugs and Crime (UNODC) and the Southern African Development Community (SADC). 2007.** Combating Trafficking In Persons: A 2005 Assessment of the Laws and Measures Relevant to Human Trafficking in selected SADC countries – Malawi, Mozambique, South Africa and Zambia. UNODC.
- **Watson, Calinka. 2006.** The Organised Crime Of Organ Trafficking. Magister legume thesis, Department of Criminal and Medical Law, University of the Free State, Bloemfontein, South Africa.
- **Whitten, David O. 2005.** Corpse Abuse and the Body-Parts Market. Essays in Economic Business History XXIII, pp. 140—52.
- **World Health Organization. 1991.** Human organ transplantation: A report of developments under the auspices of WHO (1987-1991). Geneva, Switzerland.
- **World Health Organization (WHO). 2002.** Traditional Medicine Strategy 2002-2005. Geneva Switzerland: Author.
- **World Health Organization (WHO). 2003.** Human organ and tissue transplantation: Report by the Secretariat, 113th Session, Provisional agenda item 3.17, EB113/14.

