

Beginning in the early 1990s, stories of inebriated men waking up in hotel bathtubs full of ice, with surgical incisions on their sides and notes telling them their kidneys have been stolen, repeatedly surface in multiple cities. These occurrences are attributed to urban legend.

In 1999, a human kidney is posted for sale on eBay. Bids reach \$5.7 million before company officials pull the ad.

In 2004, the New York Times documents the sale of a kidney by a Brazilian slum dweller to an American woman. An Israeli organ trafficker brokers the sale. The illegal operation takes place in Durban, South Africa.

In 2009, Newsweek.com posts an article titled “Organ Trafficking is No Myth.” The article describes an international black market that recruits residents from the world’s poorest slums and guides them to “broker-friendly” hospitals where their organs can be transplanted into paying patients from the developed world.

Fate, indifferent to the suffering of men, had dealt Michael Smith a bad brain. But it was his fellow man who went beyond indifference into the realm of cruelty, who conspired against Michael without conscience, who stripped him of his humanity when they violated his body for their own gain and on a frozen January morning, discarded him as if he were a bag of trash. It was his fellow man who left him in a dark alley in Midtown Manhattan, left him to wake up alone, freezing under a wool blanket, a pain in his side, a severe pain he didn't have before.

Before what?

Before when?

He couldn't remember. He had lost a chunk of time somewhere.

He tried to sit up. A ripping sensation tore through him. He screamed, clenched his eyes tight and lay there, balled up like a fetus, wondering if he'd been stabbed. He fumbled with the zipper on his coat and felt his shirt.

Dry.

He went limp with relief. Probably a broken rib. He'd cracked one a year ago and it hurt like hell, but not this bad. Maybe he broke two. He put his hand on the ground and tried again to

push himself up, made it this time, sat against the wall with legs drawn up and breath held, tears streaming down his face. It felt as if someone had taken a swipe at him with a sword.

After several moments he relaxed, took a shallow breath, and another, then lifted his head and looked around. He was deep in the alley. To the right, a dead end. To the left, the open end. An overflowing Dumpster blocked his view of the street. He tried yelling for help but choked on the pain. He listened for cars passing or people talking but heard nothing. New York City was quiet—four a.m. quiet. He was on his own.

He carefully touched his ribs, feeling for a bulge. There *was* something there, but it was soft and didn't hurt. He blew into his hands, opened and closed them a few times and worked the buttons on his shirt, struggling with numb fingers. Not much light, but he could see a bandage taped to his side. White gauze. White and clean like the brightly lit room. He'd been strapped to a bed. For hours? For days? People in hooded baggy suits had done things to him, monitored him with instruments, mumbled but never spoke. He peered at the gauze with dread.

Wide strips of tape secured it in place. Using his thumbnail, he peeled up a corner and pulled. The skin tented up, felt like it was going to rip. He let go, rolled up more of the edge, pinched it tight and yanked.

He blinked, squinted, struggled to focus through the tears and murky light, and what he finally saw drew a wave of nausea up from the pit of his stomach. He shut his eyes and fought the urge to vomit. The pain caused by heaving would be unimaginable. His mind raced, tried to comprehend, but what he had just seen was incomprehensible. Staples. A line of them starting on his side and disappearing around his back. When he looked again, he saw a long cut stapled together the same way the ER doctors had fixed a gash on his leg some time ago.

Con Edison. They did this. They'd been following him for years, their blue vans and trucks parked all over the city, everywhere he went, watching him, the men in hardhats peeking out of manholes, cameras and listening devices hidden in their steam stacks. The baggy suits in the white room were blue like the Con Ed trucks. They had implanted a tracking device inside him. Now they'd be able to follow him without all that equipment. He had to get to Bellevue. Whatever Con Ed put into him, the Bellevue doctors would take it out. He buttoned his shirt and zipped his coat. If he could stand, he could get to the street. If he could get to the street, he'd find help, or help would find him. He shuffled his feet under him, put a hand on the cold ground, and, clutching his side, he stood.

He tried to stand up straight. Pain doubled him over. He teetered backward, his butt hitting the wall, then he felt dizzy and nearly toppled forward. He waited a moment for the dizziness to clear, then slowly straightened and took a step, then another. Every movement sent ripping jolts through his midsection, and after four or five steps he stopped, the pain intolerable, the shivering uncontrollable. He wanted to sit, but he'd never get up.

He made it to the mouth of the alley and leaned against the corner of the building. Except for a plume of steam rising from a manhole cover, the street was empty. No Con Ed trucks, no steam stacks. Lights were on in some apartments, but the buildings all had stoops. He tried yelling for help, but the effort was feeble. He looked up and down the block, to the avenues at either end, but he had nothing left. Time to give up.

He relaxed. The shivering eased. His eyelids drifted shut.

A clatter startled him awake. A flurry of yellow cabs passed through the intersection to his right, a hundred feet away. If he could just get there ...

He staggered up the sidewalk, his legs heavy, then heavy legs became dead weight, and black curtains lowered over his eyes. As he fell, he reached for the rail at the base of a stoop. He missed, smashing his face into the steps.

The ambulance pulled away from the all-night diner and drove south on Lexington. Traffic was light—garbage trucks, delivery trucks, taxicabs. Paramedic Tom Burnett steadied two cups of coffee as his partner, Freddy Ramirez, maneuvered the box-shaped vehicle around the potholes at 34th and Lexington. They were headed for Bellevue Hospital, their home base.

They turned left onto East 26th Street, then crossed Third Avenue. As Burnett sipped his coffee something caught his eye. He snapped his head to the right, but parked cars blocked his view. He spun to look out the rear windows, but the glass dripped with condensation. “Did you see that?” he asked Freddy as they crossed Second Avenue.

“See what?”

“A body on the sidewalk.”

“Probably a homeless dude sleeping one off.”

“Doubt it. When it’s this cold, homeless dudes find a shelter or die. Besides, he’s facedown with nothing covering him.”

Freddy switched on the flashing lights and circled back. Moments later they were inching along East 26th.

Burnett pointed. “There, by the trash cans.” He radioed their status as Freddy parked, then they hopped out, unloaded the gurney and equipment, and trotted up the sidewalk.

The man seemed homeless—ratty clothes, tangled hair—but he wasn’t sleeping one off. His arms and legs were splayed as though he’d lost consciousness first, then fallen. Freddy dropped to his knee and pressed his fingers into the man’s neck. “Weak pulse. Let’s logroll him.”

They pulled on latex gloves and tucked the man’s arms by his sides. Freddy crouched above the head and held it like a basketball. Burnett knelt down and grasped the shoulder and hip. The move required perfect coordination. If they rotated the torso before the head, or the head before the torso, a fractured cervical spine could slice through the spinal cord. They had no idea what had happened, so they had to assume spinal injury until proven otherwise.

Freddy counted, and on three they rolled the man onto his back. Congealed blood covered his face. A jagged laceration extended from the left eyebrow to the hairline. They’d worry about that later. Right now, the ABCs of trauma resuscitation—airway, breathing, circulation—had priority.

Freddy unzipped the man’s jacket and put a stethoscope on his chest. “He’s breathing, but his respirations are agonal.”

Burnett opened the equipment box, handed his partner a laryngoscope and an endotracheal tube. On his first try, Freddy slid the plastic tube between the vocal cords and into the trachea. He inflated the seal, attached the oxygen bag, and started squeezing.

Burnett slipped the man’s arm out of his jacket and checked his blood pressure. “Sixty systolic. We need to get some fluids going.” He tied a tourniquet above the elbow and tapped the fold of the arm. No veins, the dim light not helping. He stabbed blindly with a large-bore IV needle. Nothing. Changed the angle and tried again, and a third time. There, a red drop from the

end of the needle. He advanced the catheter into the vein, connected the tubing, and started the IV fluid wide open.

Once the endotracheal tube and IV catheter were secured, Burnett checked the pressure. “Ninety systolic. He likes the fluid. I’m gonna hang another liter and we should scoop and run.”

“No primary assessment?” Freddy asked.

“We’re a block away. Let the ER docs do it.”

With the ABCs established—the patient had a stable airway, Freddy was helping him breathe, the blood pressure was rising—immobilization and transportation was now the priority. Burnett placed a C-collar around the neck to immobilize the cervical spine, then strapped the man to a backboard to stabilize the thoracic and lumbar spines. Using the backboard, they lifted him onto the gurney, pushed the gurney to the ambulance, and loaded him inside. Burnett climbed in, attached the heart monitor, and took over the oxygen bag. Freddy jumped in the driver’s seat and headed for Bellevue, lights flashing and siren blaring.

Burnett bagged with one hand while patting the man’s pockets with the other. No wallet. No surprise there, but in the left front, something hard and flat. He slipped a finger into the pocket, hooked a ring, and pulled it out. Burnett braced himself as Freddy laid on the horn and turned sharply onto First Avenue. Once the ride settled, he opened his hand to find a piece of plastic, about two inches square, a key ring with no keys. Inside the plastic, a head-and-shoulders photo of a young girl. She appeared to be eight or nine, had pigtails, a missing tooth, and wore a frilly dress with a lacy bow tied at the neck. On the back it said, “Third Grade, October ’99.” Given to her father at a time when he needed a key ring. Burnett thought of the trinkets and keepsakes his young daughter had given him, and now, the dirty and feculent-smelling man was no longer human waste. He was somebody. He was a father.

They wheeled the man into the ER. The waiting area overflowed with homeless people, many faking illness to get out of the cold. More lay on stretchers lining the hallway. As they passed the triage desk the nurse hollered, "Trauma One, guys. Any ID?"

"A John Doe," Burnett said.