

<https://www.decodedscience.org/organ-harvesting-human-trafficking-black-market/56966>

## Organ Harvesting and Human Trafficking

Organ harvesting has been tied to human trafficking and has become a booming business in the 21st century on a global scale.

It is a criminal offense to traffic body parts, or perform transplants from any source not legally affiliated with a hospital or other medical facility, but legality doesn't deter either side of these transactions.

Notably, quite a lot of illegally-trafficked body parts are harvested by any means necessary, and are gladly received, no-questions-asked, by the person willing to pay top dollar for a kidney, a heart, or a hip.

### Illegal Organs: Supply and Demand

According to the American Transplant Foundation, 123,000 people in the United States are on the waiting list to receive an organ. Every 12 minutes a new name is added to the list and an average of 21 persons per day die due to a lack of organ availability. Corneas, kidneys, liver, lung, intestines, bone marrow are the most common transplant needs.

The U.S. Department of Health & Human Services data of Organ Procurement and Transplantation Network reports 121,333 currently awaiting organ transplant of which 100,402 are waiting for a kidney. Only 30,970 transplants actually took place (legally) in 2015. According to the World Health Organization, America is one of many organ-importing countries and by the use of the web, patients can get transplant packages from \$70 to over \$160,000.00.

USA Today conducted an investigative report in 2006 and found that illegal body harvesting is very lucrative in the U.S. due to the high demand of body parts. The investigation revealed that from 1987-2006 (19 years), over 16,800 families had pursued lawsuits stating that their loved ones body parts were illegally sold for an estimated \$6 million dollars. That amount is based on figures obtained from federal and local investigators, public organizations and medical universities.

Where do the organs come from? Willing donors, in some cases. An NBC Chicago investigative reporter found that people even boldly advertise their kidneys for sale on Craigslist. The investigation revealed that hundreds of people in Illinois were willing to sell their kidney for a few thousand dollars. After discovering a Chicago area man who was offered \$30,000.00 for his kidney and received several hits in one month, they went undercover posing as a person willing to sell a kidney and exchanged emails from organ brokers as well as doctors who were willing to perform the transplant for a fee.

Unfortunately, many people become victims of the illegal organ trafficking industry as well

### Organ Trafficking Laws and Offenders

Organ trafficking is a form of human trafficking and is an organized crime. According to the UN Gift Hub, organ trafficking falls into three categories:

(1) Traffickers who trick the victim into giving up an organ for no cost, (2) Con artists who convince victims to sell their organs, but who do not pay or who pay less than they agreed to pay, and (3) Doctors

who treat people for ailments which may or may not exist, and remove the organs without the victim's knowledge.

The organ trafficking trade involves a host of offenders. As the UN Gift noted, there is a recruiter who seeks out the 'donor,' there is a transporter of the organs, there are staff of the hospital or clinic that receives the organs, and of course the medical practitioners who perform the transplants. There are also middlemen, contractors, buyers and the banks that store the organs/tissues.

Decoded Science interviewed a former transplant clinical researcher for a major hospital, who spoke with us under condition of anonymity. He stated he had encountered cases where people bought their organs from people willing to sell. He shared an experience of an elite Saudi Arabian who arrived at the hospital for a kidney transplant accompanied by a young man he claimed was his brother. Testing showed no genetic match. The researcher later found out that the Saudi elite had paid the young man \$50,000.00 in U.S. money for his kidney. Our source also noted that even though there is a waiting list for organs, favoritism does occur, and money can get someone moved up on the list fairly quickly.

Ann Cheney, author of *Body Brokers: Inside America's Underground Trade in Human Remains* stated *"Today we aren't robbing graves but we are violating corpses, we are failing to carry out donor wishes, and we are putting patients at risk- all because we have been disturbingly complacent about what happens to people's bodies when they die."*

### **Real Life Body Snatcher**

According to NBC New York, Levy Rosenbaum, known as the "Kidney Broker" was sentenced to 2 ½ years in prison and was the first proven case of organ trafficking. His indictment came from an FBI sting operation from the black market sale of 3 kidneys for a total of \$410,000.00. Rosenbaum recruited poor Israeli donors who sold him their kidneys for \$10,000.00 and re-sold the organs to Americans for over \$120,000.00 each. He told undercover FBI agents that he arranged for a lot of transplants and sold them to the Albert Einstein Medical Center and Hospital where he acted as a facilitator for donor matches for Israeli patients from 1999-2000.

### **Killing To Give Life**

In addition to con-artists and unscrupulous doctors, there are also extreme cases in which people are outright murdered for their organs. Every year, there are suspicious deaths, in which the victim had their organs removed.

2012 – Vance Anderson, 51 year old painter of Philadelphia, died at the Thomas Jefferson University Hospital in Philadelphia due to complications from a lung condition. By time he his mother was to claim his body for burial, his eyes, heart, brain and pancreas were removed. The explanation given was that the organs were "donated for education" – but this occurred without the family's consent. (Philly.com)

2013- Kendrick Johnson, 17 year old student of Georgia, was found dead inside of a mat at his school, the death was ruled an accident. When his parents demanded an independent investigation, a second autopsy revealed that his internal organs, brains, lungs, liver were missing, and the cavities were filled with newspaper. (WSBTV)

2014- Ryan Singleton, 24 year old of Georgia, went to California in pursuit of acting jobs. His body was discovered in Death Valley with multiple organs removed. (Eyes, heart, lung, liver, and kidney were

missing) The rest of his body remained intact. The investigators told his family that his organs may have been eaten by a wild animal. (WGNTV)

2015 – Nicholas Rodriguez, 24 year old California State Prison inmate was found after a 15 hour prison riot in a garbage can in the shower next to his cell. His body was almost cut in half and his abdominal and chest organs were removed. This mutilation occurred in a medium security prison with surveillance. (Huffington Post)

Highest Bidder Gets You...

The demand for kidneys has reached an epidemic level in the United States and people are willing to buy or sell through the “network” even though this is illegal and punishable by jail time plus a \$50,000.00 fine.

The FDA is the regulating body on the buying and sale of organs, body parts, however it is the FBI who has made many arrests. Who is protecting your body – or the body of your loved ones?

© Copyright 2016 Dianne Small-Jordan, All rights Reserved. Written For: [Decoded Science](#)

[https://www.naturalnews.com/036052\\_organ\\_harvesting\\_kidneys\\_black\\_market.html](https://www.naturalnews.com/036052_organ_harvesting_kidneys_black_market.html)

### **Global organ harvesting a booming black market business; a kidney harvested every hour**

(NaturalNews) In this age of instant, mass communication, it's hard to cover up virtually anything, and yet there's one story that has yet to be told on a wide scale - how organ trafficking has ballooned into a global business and that the practice is so widespread, one organ is sold every hour.

That's according to the *World Health Organization* (WHO), which said recently in a report that there are new fears the illegal organ trade may once again be rising.

Here's the way the process is supposed to work, at least in the U.S.:

According to the *OrganDonor.gov* Web site, which is operated by the *Department of Health and Human Services* (HHS), the first part is for people to actually enroll as donors, and this generally happens on the state level. "Most often this happens when obtaining or renewing a driver's license or by going on-line for those state registries that have an Internet registration capacity," the site says.

At some point the donor is admitted to a hospital; most donors are victims of severe head trauma. When donors are thought to be near death and all lifesaving techniques have been exhausted and the donor/patient is still not responding, "a physician will perform a series of tests, usually on multiple occasions, to determine if brain death has occurred," says the HHS site. That test is usually performed by a neurosurgeon who must follow both state law and accepted medical practice.

### **Regulated and safe - as long as you're working within the system**

Then, the hospital - in compliance with federal regulations - notifies a local organ procurement organization (OPO), giving the OPO information about the deceased to confirm his or her potential to be

**a donor.** "If the patient is a potential candidate for donation, an OPO representative immediately travels to the hospital," HHS says.

Next, **the OPO searches the state's donor database to see if the deceased signed up to become a donor** and if so, that will serve as consent. If the deceased had not signed up as a donor the OPO will contact the next-of-kin to obtain consent. "When consent is obtained, medical evaluation will continue, including obtaining the deceased's complete medical and social history from the family," said HHS.

After more testing does not rule out the deceased as a donor, **then the search begins for a recipient or, in many cases, recipients.** This is done on a national level through the *Organ Procurement and Transplantation Network*. When donors are found, the organs are transported to them, and surgeons transplant them.

Now, contrast that regulated, organized process with the illicit global [organ](#) trade, which has virtually no such protections and you can begin to see the health implications of operating outside the system.

Yet, many still do. According to **WHO, an estimated 10,000 organs a year are *not* handled in that way;** in fact, the organization says the rise in illicit organ trading comes on the back of a soaring rise in black-market kidney transplants.

### **Kidneys are in high demand**

**WHO says wealthy patients in developed nations are paying tens of thousands of dollars for a kidney to India-, China- and Pakistan-based gangs, who harvest them from desperate people for as little as a few hundred dollars.**

**Eastern Europe, the U.N.-based health organization says, is becoming fertile ground for black-market organs;** recently the Salvation Army said it rescued a woman who had been brought to the United Kingdom to have her organs harvested.

The illicit kidney trade makes up 75 percent of the black-market organ trade, [WHO](#) says; experts say that is likely due to the diseases of affluence such as diabetes, high blood pressure and heart problems.

And, since there is such disparity between wealthy and poor countries, there isn't much chance the illicit trade will end anytime soon.

"The stakes are so big, the profit that can be made so huge, that the temptation is out there," Dr. Luc Noel, an official with WHO, told Britain's *Guardian* newspaper.

The processes for the orderly transplantation of organs are methodical and regulated for a reason: to ensure the health of the organs themselves and the patients who receive them. But the [black market](#) trade completely bypasses those protections.

WHO officials say they don't know how many of the more than 106,000 known organ transplants last year took place using black-market organs, but Noel thinks that figure could be as high as 10 percent.

## Illegal organ trafficking has come to the U.S. as well

The United States, with its stringent organ transplant regulations, has not been completely immune from the vile business of illegal organ trafficking.

A New Jersey corruption probe in 2009 found that Levy Izhak Rosenbaum of Brooklyn "brokered the sale of black-market [kidneys](#), buying organs from vulnerable people from Israel for \$10,000 and selling them to desperate patients in the U.S. for as much as \$160,000," the *Associated Press* reported.

"I am what you call a matchmaker," Rosenbaum said during a conversation that was being secretly taped by authorities. When asked how many organs he had trafficked, he answered, "Quite a lot."

While trafficking is on the rise, so too is the condemnation of it.

"The people who gain are the rich transplant patients who can afford to buy a kidney, the doctors and hospital administrators, and the middlemen, the traffickers," said Jim Feehally, professor of renal medicine at *University Hospitals of Leicester NHS Trust*, who said the key issue was one of exploitation.

<https://www.psychologytoday.com/blog/reading-between-the-headlines/201311/body-snatchers-organ-harvesting-profit>

Dale Archer M.D. [Reading Between the \(Head\)Lines](#)

### Body Snatchers: Organ Harvesting For Profit

Kidneys and other organs are selling to the highest bidder on the black market.

Posted Nov 13, 2013

Recently in China, a missing [6-year-old boy](#) was found alone in a field, crying. Upon closer inspection, both eyes had been removed, presumably for the corneas.

In 2012, a [young African girl](#) was kidnapped and brought to the UK for the sole purpose of harvesting her organs. She was one of the lucky ones—rescued before she went under the knife. Authorities feel this is just the tip of the iceberg.

This isn't just an international occurrence. [Kendrick Johnson](#), a Georgia teen, died at school January 2013. The local sheriff quickly determined the death was a freak accident, that he suffocated after getting stuck in a rolled up mat in the school gym. Johnson's [parents](#) however, could not—would not—accept that. Six months after his death, they obtained a court order to have the body exhumed for an independent autopsy.

The pathologist was stunned when he found [the corpse stuffed with newspaper](#). The [brain](#), heart, lungs and liver were missing. He also discovered Johnson's death was due to blunt force [trauma](#) to the right side of his neck. The FBI is now involved in this disturbing case with potentially shattering reverberations.



[Nancy Scheper-Hughes](#) has spent over ten years studying the dark side of organ harvesting and trafficking which is driven by greedy middle men and desperate, wealthy recipients. **Black market organs are being transplanted in New York, Philadelphia, and Los Angeles at \$150,000 a pop.** She reports there are "broker-friendly" US hospitals, complete with surgeons who either don't know or don't care where the organs come from.

Organ donation is only possible if the organ in question has blood and oxygen flowing through it until the time of harvesting. A living donor can give a whole kidney, a portion of their liver, lung, intestine or pancreas. Otherwise, the donor must be declared brain dead while circulation and oxygenation remain intact.

Today, [120,771 people](#) are waiting for an organ, and 18 will die every day while waiting. **Just one donor has the ability to save up to 8 lives.** Where there's a demand, there's a way. And for the wealthy money is no object when it comes to a vitally needed body part.

Organ donation is strictly regulated in the US, yet a black market is alive and well. **Typically a broker will team up with a funeral home director, forging consent forms and a death certificate to harvest human tissue before the body is cremated or buried.** Sometimes organs are harvested from a living victim for compensation. In the worst case it involves **kidnapping for the purpose of organ harvesting.** Always at the end of the chain is a wealthy recipient, willing to pay big bucks with no questions asked.

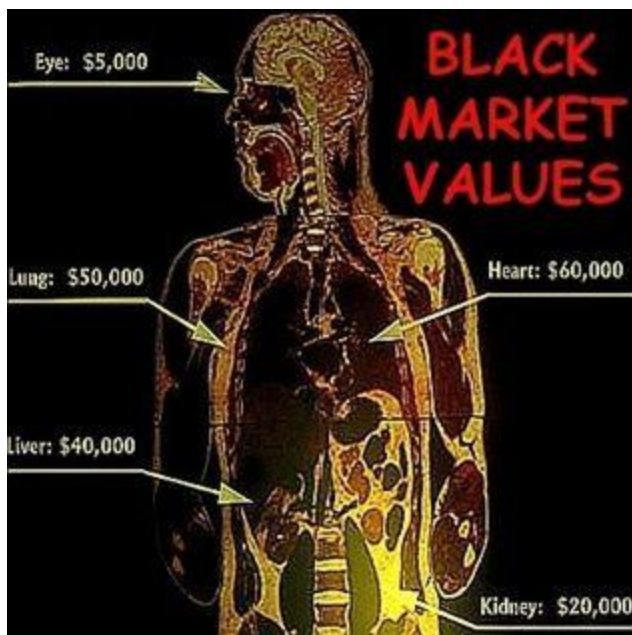


In some countries, impoverished villagers may sell an organ for several hundred dollars. In others, organ harvesting is tied to human trafficking. Children sold into slavery or a life of sexual [abuse](#) are also used for their organs.

There's a black market for hearts, lungs, and livers, but [the kidney](#) is the most sought after. According to the World [Health](#) Organization, [approximately 7,000 kidneys](#) are illegally harvested annually by traffickers worldwide and the prices vary widely by country.

The average buyer spends \$150,000 (though prices in excess of \$200,000 are common) while the [average donor gets \\$5,000](#). The big profits go to the middle men and "organ brokers". In the US [98,463 individuals](#) are waiting for a kidney as of October 25, 2013. Of those, about half will die before they receive one.

The profits are huge, and money is a temptation many brokers and doctors just cannot resist. In 2010 WHO estimated about 11,000 [organs were obtained on the black market](#). WHO also claims that an organ is sold every hour of every day, 365/7.



\$175,000

What is your kidney worth to you? A [broker located in China](#) openly advertised "Donate a kidney, buy a new iPad!" In addition, the donor would be compensated \$4,000 and it could be harvested quickly and easily in as little as 10 days.

There's an enormous demand for organs, and whenever there's gap between supply and demand desperate buyers and desperate sellers will dictate a black market. [Now organized crime is involved, sometimes leaving the poor victim without their organ and quite possibly without being paid.](#)

Even here in the U.S., there have been accusations (no proof) of allowing patients on life support to die in order to remove the organs while the heart is still beating. This is a multi-million dollar industry, and as the [wealth gap continues to widen](#), it's only expected to get worse.

## How Organ Donation Works

by [Tom Scheve](#)

The Organ Black Market



Alistair Cooke was among the victims of a tissue black market scam.

Central Press/[Getty Images](#)

Though the organ and tissue donation market are highly regulated in the United States, underhanded dealings between shadowy operators are not unheard of. It's illegal in the U.S., and most other nations, to offer or receive compensation for an organ donation. But a black market for human organs does exist.

Citizens of impoverished nations or regions are often tempted to sell one of their kidneys on the black market. In some cases, these entrepreneurial donors are recruited (or learn through word-of-mouth and volunteer) and flown to another nation, where the organ is removed in a makeshift operating room. In 2003, an illegal kidney-procurement network was uncovered in [South Africa](#). The donors were recruited mostly from the slums of [Brazil](#), flown to South Africa where the operation was performed, compensated between \$6,000 to \$10,000 and returned home [source: [Rohter](#)]. The South African middlemen were then able to sell the organs for as much as \$100,000 [source: [Handwerk](#)].

Villagers in a destitute part of India who sold their kidneys in a similar scheme received about \$800 for their organs [source: [Handwerk](#)]. At one time, Israeli organ brokers were obtaining kidneys from people in former Soviet-bloc nations and transplanting them into patients who traveled to Turkey for the operation. For the broker, there was money to be made -- one Israeli middleman in the organ trade made \$4 million before being caught [source: [Rohter](#)].

In the U.S., a black market for human tissue exists. It usually involves bodies about to be cremated. A black market broker may enter into a financial arrangement with a criminally minded funeral home



director and carve up the bodies before they're cremated. Falsified papers -- such as consent forms and death certificates -- are produced, and the tissue can then be sold to an American research facility. Sometimes, the tissue may be from a body with an infectious disease, but is sold with documents that claim a different cause of death or medical history. Illegally obtained tissue from just one cadaver has been known to reach 90 tissue recipients [source: [Bauer](#)].

In one high-profile case, Michael Mastromarino, an oral surgeon in New York, opened Biomedical Tissue Services with an embalmer, Joseph Nicelli, in 2000. For many years, they harvested human tissue from bodies provided by funeral homes and sold it to research facilities. One of the plundered bodies belonged to Alistair Cooke, host of "Masterpiece Theatre." The "body snatchers" were eventually arrested and charged with numerous crimes.

### Kidney Theft

While at first believed to be a true but surreal horror story (often involving the victim waking up in a bathtub full of bloody ice cubes), and then dismissed as an urban legend, kidney theft has been known to happen. A day laborer, Mohammad Salim Khan, who lived close to Delhi, India, was looking for a day's wages when he agreed to go to a house under the premise that he'd be paid \$4 a day for construction work. He was then held at gunpoint for several days, along with two other deceived day laborers. Eventually, they were taken to a hidden operating room, rendered unconscious by drugs and, when they later awoke in horrific pain, were informed that their kidneys had been removed. A medical examination of Khan showed that his kidney had, in fact, been removed [source: [Russo](#)].

<http://inpublicsafety.com/2014/04/the-rise-of-black-market-organ-trafficking/>

## The Rise of Black-Market Organ Trafficking

By Michelle Beshears, Faculty Member, [Criminal Justice](#) at American Military University

According to the Department of Health and Human Service (DHHS) more than 2,000 names are added to the national waiting list for organ donations every month, which already has a waiting list of over 100,000 patients.

The need far outweighs the current supply of legally obtained organs. In fact, it is estimated that approximately *18 people die each day* while waiting for an organ transplant in the United States alone. However, the issue of supply and demand for organs is not limited to the U.S. This is an international problem that stems from the fact that there are just not enough donors to supply people in dire need of a life-saving organ transplant.

The laws in the United States (as well as many countries around the globe) prohibit the sale of organs. However, these laws seem to only fuel profiteers in the black market organ trade. Many patients are willing to turn to the black market and pay big money for a life-saving organ. Why not?

In reality, the law provides little deterrent to a patient who will likely die without the organ. And, for those impoverished people around the world who are in desperate need for money, they see the selling of their organs as the answer to their prayers.

However, in reality, **the real profiteers in these situations are the brokers.** In many cases the organ donor is paid very little for their organ compared to what the broker makes. In addition, the facility and the professional and para-professional personnel who are involved in the harvesting of the organs make a lot of money as well.

In the United States, the National Organ Transplant Act of 1984, Pub. L. 98-507, forbids any sale of organs that affects interstate commerce with a penalty of five years imprisonment and/or a \$50,000 fine. In 2000, the Trafficking Victims Protection Act, Pub. L. 106-386, was first passed and was reauthorized in 2008. However, organ trafficking is not specifically included because the Act's primary focus is the illicit trade in sex and in illegal immigration.

The truth is that even though the U.S. Code characterizes trafficking as "a transnational crime with national implications," (22 U.S.C. § 7101(b)(24) (2010)), it is rare that trafficking is prosecuted in domestic courts. This is largely due to the fact that in most cases prosecutors do not desire to prosecute the recipients or the sellers. **The belief is that in most cases people selling their organs are coerced and forced to do so. However, in reality, they are often compelled to do so by their destitute circumstances.** Many of the sellers are so poor that they see this as their only way to earn much needed financial resources to survive.

However, the current supply shortage of organs may extend beyond an issue of the wealthy taking advantage of the poor and impoverished. **There have been recent reports of human trafficking and possible organ harvesting from unwilling victims in Mexico, the UK and China:**

[In March of 2014, a Mexican cartel henchman was arrested for killing children to harvest their organs.](#)

Atrocities committed by Mexican narcotics syndicates have reached a new low with the announcement that a henchman for the vicious Knights Templar has been arrested on suspicion of killing children by removing their internal organs.

Manuel Plancarte Gaspar, 34, **was captured last week in a stolen car that was also carrying crystal meth,** one of the cartel's top sellers in the international drug trade. He was captured in the western state of Michoacan, where the Knights Templar rule and terrorize the citizenry.

In an unusual series of Twitter posts, Michoacan's Public Safety Secretary Carlos Castellanos Becerra announced the arrest of Gaspar **"who belongs to a criminal group and is being investigated for the death of children, who drew their organs for sale."**

**The Knights Templar runs a network whose members identify people with certain physical characteristics, many of them children, and then kidnap them, Castellanos Becerra said at a news conference this week.**

**After being abducted, the victims were driven to rented houses, where their organs were removed to be sold on the black market.** An investigation into the organ-selling ring continues.

The Knights Templar is a quasi-religious crime syndicate prone to beheadings and other means of terrorizing citizens while controlling and exploiting a state rich in minerals and agriculture. For the last year, armed citizens groups have fought back, opening fire on cartel members and taking control of towns across Michoacan.

Gaspar's uncle is Enrique Plancarte Solis, aka El Kike, who is reputed to be the No. 2 man in the cartel's hierarchy.

Vigilante leader Dr. Jose Manuel Mireles said residents knew about the organ-stealing ring because they had liberated a van carrying kidnapped children in the town of Tepalcatepec.

Villagers and militia members had rescued several children from a refrigerated container that was inside the vehicle, Mireles said. The driver had been headed for Lazaro Cardenas, Mexico's biggest Pacific Ocean port, but took a wrong turn, he said.

"They were inside a refrigerated box, tightly wrapped blankets," the doctor said. All were from a Mexico City school and were on school trip to the beach when they were kidnapped, he said.

The children have been reunited with their parents.

In October of 2013, it was reported that a [young girl was smuggled out of Somalia and taken to the UK for the purpose of removing and selling her organs to the black market.](#)

The unnamed girl was brought to the UK from Somalia with the intention of removing her organs and selling them on to those desperate for a transplant.

Child protection charities warned that the case was unlikely to be an isolated incident as traffickers were likely to have smuggled a group of children into the country.

The case emerged in a government report which showed that the number of human trafficking victims in the UK has risen by more than 50 per cent last year and reached record levels.

A total of 371 children were exploited, with the majority of them being used as slaves or sexually abused. They included 95 children from Vietnam, 67 from Nigeria and 25 from China. Others hailed from Romania and Bangladesh.

The figures also detail how 20 British girls have been victims of human trafficking. It comes after a series of court cases in which British girls were raped and exploited by gangs of Asian men.

Child protection charities warned last night that criminal gangs were attempting to exploit the demand for organ transplants in Britain.

Bharti Patel, the chief executive of Ecpat UK, the child protection charity, said: "Traffickers are exploiting the demand for organs and the vulnerability of children. It's unlikely that a trafficker is going to take this risk and bring just one child into the UK. It is likely there was a group."

According to the World Health Organisation as many as 7,000 kidneys are illegally obtained by traffickers each year around the world.

While there is a black market for organs such as hearts, lungs and livers, kidneys are the most sought after organs because one can be removed from a patient without any ill effects.

The process involves a number of people including the recruiter who identifies the victim, the person who arranges their transport, the medical professionals who perform the operation and the salesman who trades the organ.

The government's report also found that there has been a rise in the number of adults trafficked to the UK, with the number of women rising by 12 per cent to 786 and the number of men by almost a third to 400. They include growing numbers of British men are being exploited for "paving or ground works" in this country or abroad.

Details of the scale of human trafficking in Britain were published as the government announced plans to give modern day slave drivers a maximum sentence.

Under the proposals, offenders who already have a conviction for a serious sexual or violent offence will receive an automatic life sentence. The current maximum custodial sentence for trafficking is 14 years.

James Brokenshire, crime and security minister, said: "Modern slavery is an appalling evil in our midst."

"All this is a good start, but we need everyone to play a part - government, law enforcement, business, charities - if we are to consign slavery to the history books where it belongs."

The Bill, which will be published this year in draft form for pre-legislative scrutiny, will pull together into a single act the offences used to prosecute slave drivers.

It will also introduce Trafficking Prevention Orders to restrict the activity and movement of convicted traffickers and stop them from committing further offences

In August, 2013 it was reported that a [6-year-old Chinese boy was drugged and his eyes removed for their corneas](#).

Bharti Patel, the chief executive of [ECPAT UK](#), the child protection charity organization, indicated that these are not isolated incidents. Rather, there are an increasing number of children being captured in groups for the purpose of organ harvesting.

This leads to the question of what can be done to help sto

p incidents of human trafficking for the purpose of illegal organ trade and/or the exploitation of impoverished people around the world?

The truth is, unless something is done the issue of a shortage of organs around the world is not going to disappear and so the market for the illegal trading of organs will continue to thrive.

**Should international law enforcement agencies take a tougher stance on current standing laws? Should laws be repealed to allow for the legalization of organ trade? Is there anything more that could be done to encourage the willingness of the public to donate freely, thus eliminating the large disparity currently seen in supply and demand?**

<https://steemit.com/pizzagate/@v4vapid/a-rough-guide-to-black-market-organ-harvesting>

Organs are big business on the black market. A harvested organ is worth 15 times more than it's original price.

Every reported case involving the illegal harvesting and sale of body parts is motivated by money.

Aside from the significant profit potential of organ harvesting, another powerful driving force is the increasing gap between supply and demand. The greatest demand for organs originates in the United States.

The most common type of organ transplant around the world is kidney transplants. It makes sense, since people can survive with just one functioning and healthy kidney. **Determining the exact price for a kidney may depend on one's geographic location and on an individual's socio-economic status.** The poor and those in financial crisis are far more likely to consider donating a kidney. Live kidney donors are more common these days than deceased kidney donors.

**According to Havocscope.com, the average price fetched for a kidney seller is \$5,000 USD while the average price paid by a buyer of a kidney is estimated somewhere around \$150,000 USD.**

Determining an accurate price guide for the black market in the organ trade is not an easy task, to say the least. However, the prices here were compiled from various organ trafficking cases worldwide.

Here is a rough price guide for both kidney buyers and sellers from different corners of the earth.

Human Organ Trafficking Prices	
Average paid by Kidney Buyer	\$150,000
Average paid to Seller of Kidney	\$5,000
Kidney broker in the Philippines	\$1,000 to \$1,500
Kidney broker in Yemen	\$60,000
Kidney buyer in China	\$47,500
Kidney buyer in Egypt	\$20,000
Kidney buyer in Israel	\$125,000 to \$135,000
Kidney buyer in Moldova	\$100,000 to \$250,000
Kidney buyer in Singapore	\$300,000
Kidney buyer in South Africa	\$200,000
Kidney buyer in Thailand	\$10,000
Kidney buyer in United States	\$120,000
Kidney buyers in Saudi Arabia	\$16,000
Kidney seller in Bangladesh	\$2,500
Kidney seller in China	\$15,000
Kidney seller in Costa Rica	\$20,000
Kidney seller in Egypt	\$2,000
Kidney seller in India	\$1,000
Kidney seller in Israel	\$10,000
Kidney seller in Kenya	\$650
Kidney seller in Moldova	\$2,500 to \$3,000
Kidney seller in Pakistan	\$10,000
Kidney seller in Peru	\$5,000
Kidney seller in Romania	\$2,700
Kidney seller in Thailand	\$3,000 to \$5,000
Kidney seller in the Philippines	\$2,000 to \$10,000
Kidney seller in Turkey	\$10,000
Kidney seller in Ukraine	\$200,000
Kidney seller in Vietnam	\$2,410
Kidney seller in Yemen	\$5,000
Kidney Traffickers in Turkey	\$10,000 profit
Kidney Transplant Operation – China	\$15,200
Kidney Transplant Operation – Europe	\$32,000
Liver buyer in China	\$21,900
Liver seller in China	\$3,660
Lung seller in Europe	Asking price of \$312,650

As we can see, prices vary considerably. One reason for the disparity is that the price may reflect just a single individual or specific case uncovered by investigators.

Europe provides a snapshot of the increasing demand for kidneys. It is estimated that over 120,000 people in Europe are on dialysis and 40,000 are awaiting a kidney transplant.

In Yemen, middle-men or 'brokers' receive large sums while the actual organ 'donors' are only paid a fraction.

Human Trafficking in Yemen  
in TRANSNATIONAL CRIME

According to security services in Yemen, human traffickers were paid \$1,000 per person for trafficking people from Yemen into Egypt. The victims then had their eyes and kidney taken by organ traffickers.

In a separate incident, an organ trafficker sold the kidney of a Yemeni farmer for \$5,000. It was previously reported that kidney brokers in Yemen can make up to \$60,000 brokering an organ transplant.

(More prices and profits from human trafficking.)

Source: "Yemen recognizes spread of human organ trafficking," Yemen Post, October 11, 2012.

Of course, kidneys are not the only organs that are in high demand. Hearts, livers, pancreas, eyes, lungs, blood marrow, tissue, stem cells and skin are also sought after for individual transplants. Not only that, but human organs, tissue, stem cells, tendons, skin, bones and more are also in demand from organizations in the medical and pharmaceutical fields.

From: International Trafficking of Human Organs (2012)

## American Harvests

As is commonly known, organ harvesting and trafficking is a global issue and the US is no exception. A particularly gruesome example of an organ harvesting operation involving a funeral home in Brooklyn, New York made headlines in 2005.

A company named [Biomedical Tissue Services]

([https://en.wikipedia.org/wiki/Biomedical\\_Tissue\\_Services](https://en.wikipedia.org/wiki/Biomedical_Tissue_Services)) secretly procured organs from the bodies of deceased individuals that were awaiting cremation. Nearly 10,000 bodies had been harvested for their parts by Dr. MastroMarino and his associates.

these disappearances and the illegal sale of human organs.

The pharmaceutical and medical industries, as already indicated, pay very well for a host of body parts including skin, scalps, fingernails, tendons, heart valves, skulls, and bones, which then find their way into research, drug manufacturing, and replacement surgery. Medical device and instrument manufacturers often use these harvested body parts in training seminars for doctors.

In 2004, Johnson & Johnson was named in court documents as having contracted with Nelson for certain human tissue samples.

One of the serious problems with this illegal trafficking is that it circumvents all screening and testing procedures set up and maintained to ensure recipients will not receive diseased or otherwise contaminated tissue or organs. With the possibility that dozens of unsuspecting patients could receive tissue or bone from a single diseased cadaver, the potential for a medical catastrophe cannot be minimized.

#### Trafficking in Body Parts

5

It was finally determined by prosecutors that Mastromarino had netted \$4.6 million in 3 years as a result of his work. He paid undertakers \$1,000 each for providing access to the dead, paid the assistant cutters \$300 to \$500 for extracting the most marketable parts, and according to his lawyer managed to take home up to \$7,000 per body. A former employee of Mastromarino contends that Mastromarino was actually making double that. The New York Police Department later interviewed the families of 1,077 people's bodies who were harvested for spines, bones, tendons, and other tissues. BTS had arranged with funeral homes in New York City and Rochester, New York, Philadelphia, Pennsylvania, and New Jersey to get these bodies.

The company's work was characterized as amateurish at best, and dangerous at worst. For families who planned an open-casket funeral, BTS cutters would patch up the corpses as best they could. Investigators found legs stuffed with PVC piping of the kind found in hardware stores. An employee said that he had used rolls of socks for the same purpose.

At the time the case finally came to the attention of the authorities, it was estimated that the organs from 10,000 people had been harvested by BTS. The principal individual involved in this case was a highly regarded dentist and oral surgeon who had lost his license to practice because of drug abuse. His name was Michael Mastromarino. At the conclusion of the investigation, it was estimated that Mastromarino did all the harvesting with a crew of assistant cutters. Many of the organs harvested were obtained without the permission of family members. The funeral directors who provided the bodies in many cases were paid \$1,000 per corpse. But when the bones and tissues were sold, they had a value of approximately \$13,000. They were sold to tissue-processing companies. In the process, Mastromarino had forged medical histories and causes of death, and in many cases the corpses were individuals who had died of hepatitis, cancer, HIV, and other highly contagious diseases. Federal regulations prohibit transplants from such corpses.<sup>1</sup>

Investigators believe that the Dr. Mastromarino, made millions from the illegal sale of human organs and parts. The secret operations went on for years before being revealed.

**Investigators found legs stuffed with PVC piping of the kind found in hardware stores. An employee said that he had used rolls of socks for the same purpose.**

**There is talk of an 'Organ Mafia' operating in and around the border of the United States and Mexico.**

It was suspected by children's rights groups in Mexico that these babies and young children were being abducted for their organs and transplantable tissues. They report that there are many children in the United States waiting for organs in order to survive. Therefore, dozens of Mexican midwives, nurses, doctors, lawyers, judges, and even clerics participate as accomplices in the theft of Mexican children from whom organs are harvested at clandestine clinics on the U.S.-Mexico border. The organs are then transplanted to the children of rich Americans. It is estimated that one baby can bring as much as \$10,000 and that corrupt government officials are known to take part in it. One of the largest rings is allegedly headed by a top Mexican government official. Attempts to prosecute him have failed because of his parliamentary immunity and his influence over the court system and its judges. The existence of a U.S.-Mexican "organ mafia" and threats by them have silenced journalists in Mexico, but one courageous member of the Mexican Congress, Hector Ramirez Cuellar, has stated he knows a child in his district who was kidnapped, had a kidney removed, and then was returned home with \$2,000. Mr. Cuellar said that he has information that points to a U.S.-Mexico connection and that the rings deal in children's livers, hearts, corneas, kidneys, pancreas, and other body parts. During the same period, it was verified by the president of the Geneva-based World Organization Against Torture that there are in fact international rings that kidnap children not only for illegal adoptions, pornographic activities, and child prostitution, but also for the purpose of trafficking in organs.<sup>5</sup>

## Chinese Harvest: Prisoner Organs

China is another country with a high demand for organ transplants. It is estimated that approximately 1.5 million people are awaiting new organs. Interestingly, due to the predominance of Buddhism and Confucianism in Chinese culture there are very few willing donors in China. In the Chinese belief system, the body must remain whole after death.

### Enter prisoner organ harvesting.

---

#### Transplants Using Prisoner's Organs in China

*in* TRANSNATIONAL CRIME

An estimated 10,000 organ transplants are believed to take place in China every year, according to various reports. Up to 7,000 organs used in those transplants are taken from executed prisoners.

The Chinese Government stated that by 2015 it plans to phase out the use of organs from prisoners.

China has up to 1.5 million people waiting for an organ donation.

(See [illegal organ trade prices](#).)

Source: Silke Ballweg, "Executed prisoners are still main source for organ transplants in China," Deutsche Welle, December 21, 2012.

---



## Organ Procurement of Executed Chinese Prisoners

---

In 1984, the Chinese Supreme People's Court, Supreme People's Procuratorate, Ministry of Public Security, Ministry of Justice, Ministry of Public Health, and Ministry of Civil Affairs established the Rules Concerning the Utilization of Corpses or Organs from the Corpses of Executed Prisoners, which allows the use of prisoner's bodies and organs for medical research and scientific studies.<sup>1</sup> The rules allow the use of dead bodies and organs *if and only if* they are "1) the uncollected dead bodies or the ones that family members refuse to collect; 2) those condemned criminals who volunteer to give their dead bodies or organs to medical institutions; 3) upon approval of the family members."<sup>2</sup> Essentially, the "uncollected" dead bodies stated in the first rule are prisoners left "unclaimed" or "unidentified" after execution. Many are left unclaimed by family members because they are often not informed until the day before execution, if at all, and thus are unable to either make the trip in time to refuse or have the finances to make it in time to claim the

Prisoner consent is a major point of contention in China. Prisoners, especially political prisoners, are commonly subjected to physical abuse and even torture. The very notion of a 'free' consent loses all meaning when consent could be obtained through the threat or use of violence against a prisoner or a prisoner's family. Many prisoners in China remain unidentified because they fear that their families will suffer severe repercussions or retaliation by the state. Prisoners are rarely in a position to make informed decision about their bodies. Again, this becomes problematic because, under Chinese law, these individuals become prime targets for harvesting in cases of prisoner executions. **Once an unidentified prisoner is executed, authorities can do as they please since the family is unaware or unable to claim the body.** In cases where family members are identified, they may receive cash compensation if they agree to give authorization of the body over to the government.

Another key point under Chinese law in regards to prisoner remains is that after death the bodies are mandated to be cremated. As a result, little evidence remains that would indicate organ extraction ever occurred.

**Prisoners who are on death row are especially vulnerable to becoming victims of organ harvesting. It is common for doctors to visit the prisoners ahead of time to conduct 'medical check ups' a few days before execution. Often times, a prisoner's donor suitability is being determined but medical staff are not permitted to inform the prisoner of the purpose of the tests.**

Medical staff coordinate with hospital staff concerning execution times so that preparations can be made with organ recipients and operating times. This coordination, is unsettling, as the purpose and focus of prison medical staff becomes perverse.

What is even more disturbing is that medical doctors even go so far as to keep the body "alive" after execution in order to remove the organs prior to death so that the transplantation of the prisoner's organ is more viable, since a kidney or a liver, for example, must be properly stored within minutes prior to the actual death of the prisoner.

The participation of medical workers is not simply relegated to China. Medical workers and legal experts are required to conduct activities such as child abductions on the US/Mexico border. Forged documents need to be produced along the way and medical staff willing with the skills needed to perform black market organ transplantations need to be recruited.

A final thought on the Chinese prisoner organ harvesting is that, a few years ago, there was an art exhibition called "Bodies Revealed" that toured the world. The exhibit displayed the complete anatomy of human figures displaying the human form minus the skin. I personally saw this exhibit and noted to a friend of mine that these figures all appeared to be of Asian descent.

It turned out that many believe that many people believe that the figures are actual human bodies purchased or obtained from Chinese prisons. It appears that the human trafficking is a lucrative market where the living and the dead, in whole or in parts are traded as commodities on the black market for financial gain.

<http://www.cbc.ca/news/canada/bodies-revealed-exhibit-may-be-using-executed-chinese-prisoners-says-rights-group-1.2757908>

**In conclusion, we often hear people ask "Where are the victims?" and "Where is the evidence?"**

Hopefully, some of the details provided in this post make people stop and consider some of the possibilities and implications.

In the Chinese prisoner example, we see that organs are harvested before the bodies are cremated, eliminating evidence. Many prisoners choose not to identify themselves so there is no record of who they are. In addition, society doesn't seem to care about the plight or treatment of those in incarceration. Furthermore, in the US we have evidence of harvesting that has occurred at funeral homes where random materials are placed inside of cadavers to cover up organ removal.

There's also increasing demand for all types of human body parts, tissue, tendons, bones and even blood that can be sold to medical institutions where there appears to be shortages. Finally, in the case of border abductions, we have what appears to be a network of people who conspire together to forge documents, creating new identities, or misrepresenting the identities of victims. All of the elements mentioned above contribute to there being a lack of physical evidence.

Of course, these are only partial explanations but as more information and evidence emerges the methods of concealment will also slowly be revealed.

government officials, the military, and then the wealthy. The official document states that the recipients of the organs extracted from prisoners to be used for transplantation should be “1) high ranking government officials; 2) members of the military; 3) wealthy Chinese and other foreigners; 4) the common citizen.”<sup>6</sup> The very fact that this has been ranked in a particular order indicates that the incentive to remove organs from prisoners is not necessarily to save the lives of the common folk, but only those who can afford to receive an organ or enhance research. In addition, what is most disturbing about the 1984 provisions is that they require secrecy during the *entire* process. “The use of the corpses or organs of executed criminals must be kept strictly secret, and attention must be paid to avoiding negative repercussions.... A surgical vehicle from the health department may be permitted to drive onto the execution grounds to remove the organs, but it is not permitted to use a vehicle bearing health department insignia or to wear white clothing. Guards must remain posted around the execution grounds while the operation for organ removals is going on.”<sup>7</sup>

### **Organ Procurement of Executed Chinese Prisoners**

---

In 1984, the Chinese Supreme People’s Court, Supreme People’s Procuratorate, Ministry of Public Security, Ministry of Justice, Ministry of Public Health, and Ministry of Civil Affairs established the Rules Concerning the Utilization of Corpses or Organs from the Corpses of Executed Prisoners, which allows the use of prisoner’s bodies and organs for medical research and scientific studies.<sup>1</sup> The rules allow the use of dead bodies and organs *if and only if* they are “1) the uncollected dead bodies or the ones that family members refuse to collect; 2) those condemned criminals who volunteer to give their dead bodies or organs to medical institutions; 3) upon approval of the family members.”<sup>2</sup> Essentially, the “uncollected” dead bodies stated in the first rule are prisoners left “unclaimed” or “unidentified” after execution. Many are left unclaimed by family members because they are often not informed until the day before execution, if at all, and thus are unable to either make the trip in time to refuse or have the finances to make it in time to claim the

<http://www.dailymail.co.uk/news/article-3031784/Inside-illegal-hospitals-performing-thousands-black-market-organ-transplants-year-200-000-time.html>

### Inside the illegal hospitals performing thousands of black market organ transplants every year for \$200,000 a time

- Desperate and vulnerable donors sell organs to gangs for just \$5,000 (£3k)
- Body parts sold for massive profits after risky surgeries in illegal hospitals
- Massive rise in kidney transplants driven by increase in diabetes globally

By [Simon Tomlinson for MailOnline](#)

Published: 07:28 EDT, 9 April 2015 | Updated: 08:10 EDT, 9 April 2015

It comes days after a documentary claimed that Chinese hospitals are harvesting up to 11,000 organs from political prisoners without anaesthetic every year.

Some patients were still alive as they were secretly placed into incinerators in hospital boiler rooms after parts of their bodies had been removed, it has been claimed.

One former medical student revealed how 'blood was still running' as he cut through a body while a health worker told how her husband, a surgeon, had removed corneas from 2,000 people while they were still alive.

The harrowing details were revealed in the SBS Dateline documentary [Human Harvest: China's Organ Trafficking](#) which charted an eight-year investigation in to what is said to be a multi-billion pound 'organs-on-demand' transplant programme.

It reveals Red Cross estimations that just 37 people are registered or organ donors in China, even though the country has the second highest rate of transplants in the world.

Human Rights lawyer and Nobel peace prize nominee David Matas told Leon Lee's documentary that political prisoners make up the huge difference in the figures – with the banned religious group, the Falun Gong, a key target.

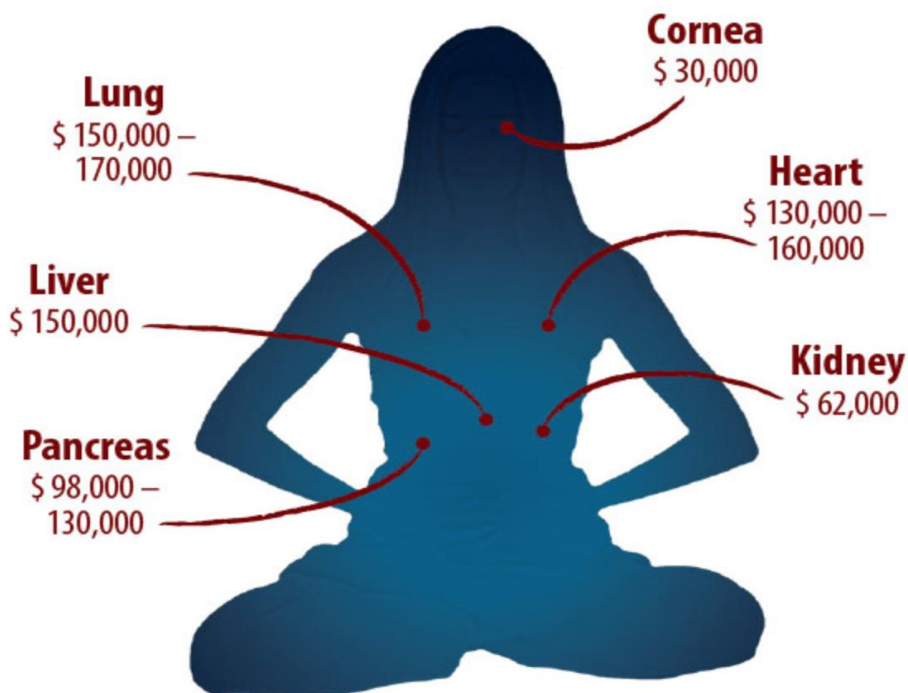
'Somebody's being killed for the organs. There's no other way to explain what's happening,' he said.

<http://bigthink.com/philip-perry/what-you-need-to-know-about-human-organ-trafficking>

There's that urban legend. You go to dinner with a good looking stranger, go back to their hotel room or yours, have a drink, and pass out. The next thing you know, you are in the bathtub, naked, covered in ice, with a poorly stitched side, and a phone nearby with a note attached. The note warns you to seek emergency medical care right away. According to medical anthropologist Nancy Scherper-Hughes, the truth is different, but is just as sinister and macabre, and tells us something about the state of global affairs [today](#).

Nancy Scherper-Hughes has been working on the problem of **human organ and tissue trafficking** for a full decade. Yes, it is real, and it's probably happening at a hospital near you. Encapsulated within is a travesty of justice, an argument over global equality, and the dark, secretive underbelly of medical science, which few of us have dared to peak at. Today, Scherper-Hughes is the director of Organ's Watch, a nonprofit that keeps track of global organ **trafficking**. She is also the chair of Berkeley's doctoral program in medical anthropology.

The truth is, organ trafficking is a reality in many parts of the world. Documented cases have shown up in **Indonesia, China, India, South Africa, Brazil**, and many other **countries**. The reason? The demand for organs is just so high. 123,000 men, women, and children are on the organ donor's list right now. An average of 25 will die each day. As a result, there is a huge scramble to find organs, legitimate or otherwise.



Source: Kilgour & Matas

11,000 organs were obtained on the black market in 2010, according to the **WHO**. That organization states that an organ is sold every hour, each day, every day of the year. Scherper-Hughes calls the demand for organs and tissues “insatiable.” According to her, it's easier to trade in human body parts once they have been dehumanized through the processes of organ and tissue harvesting.

This high demand has set up a depressing yet all too familiar dynamic: organs going from poor to rich in the United States, and global South to global **North**. **The poorest slums of the world supply kidneys, for**

instance, to donors in the U.S., Europe, Israel, and Canada. The UN is even looking into reports that ISIS, the wealthiest terrorist group ever, may be in the business of selling its victim's organs. UN special envoy Nickolay Mladenov said that the matter is being investigated. Meanwhile, Scherper-Hughes says organ trafficking in wartime, particularly in dirty wars or those with undisciplined armies, is not uncommon.

Her life reads like that of a secret agent's. The anthropologist has posed as a medical doctor in countries all over the world in order to investigate organ [trafficking](#). She says, some of the U.S.'s topmost medical facilities have been caught with illegally trafficked organs. Scherper-Hughes has tracked organs to hospitals and medical centers in New York, Los Angeles, and Philadelphia, among other places. At one point, she found herself across the table from a group of organ transplant surgeons at a top Philadelphia hospital. The 60 year-old showed these physicians a sixty page report of interviews from a labyrinthine trail of buyers, sellers, and middle men, stretching across the world, showing just where the kidneys these doctors were implanting came from. The WHO estimates that one-fifth of all transplanted kidneys, or 70,000 of them, are trafficked each year.

**Organized crime syndicates work behind the scenes.** Their methods are varied. Sometimes they trick the person into giving up the organ. For instance, there are cases where the so-called patient is treated for a sickness they don't have, and the traffickers make off with the organ. Or they force the person into giving it. But oftentimes, it is a cash payout that draws people out. There are cases where the person decides to sell their organ, say a kidney or a section of liver, but gets cheated, ending up with a much lower amount than what they were promised beforehand.

From there, the kidney, or whatever it is, goes to organ brokers, who can get \$150,000 per transplant or more. \$200,000 is not uncommon. Meanwhile, the donor usually only gets around \$5,000. These brokers cross international lines to find "broker-friendly" hospitals in the U.S. and other developed nations. Two surgeons in the room with Scherper-Hughes in Philadelphia were implicated. The meeting ended poorly. The medical anthropologist was tossed out. The follow-up internal investigation turned up nothing. Scherper-Hughes believes many doctors are either involved, ignore where the organ came from, don't ask questions, or are in denial. Let's look at a few documented cases of organ trafficking.

In China in 2006, a state run hospital was exposed for trafficking the organs of prisoners of [conscience](#). 10,000 transplantable organs are sold out of China each year, a market worth \$1 billion, despite the fact that few donors are on official lists. This has become the subject of a documentary: "Human Harvest: China's Organ Trafficking." International investigators cite evidence that tens of thousands have been killed in China to support illegal organ trafficking by the government.

*Al Jazeera*, in February of this year, helped break up a [three person trafficking ring in Indonesia](#). Here villagers in West Java, around 30 individuals, had sold their kidneys to the tune of \$5,000 apiece. Other stories include [a child in China who had his eyes cut out](#), possibly for the corneas, [an African girl who was kidnapped and rescued in the UK before her organs could be harvested](#), and in America, the dizzying case of Kendrick Johnson. His death was deemed a freak accident in the school gym — they said the boy suffocated in a rolled up gym mat. Loved ones remained skeptical, however. After a protracted

fight, his parents finally got a court order. They had the body exhumed and independently autopsied. During the autopsy, the medical examiner discovered something terrifying. The Georgia teen was found to have had all his organs removed and replaced with newspaper.

Though organ donation is regulated in the U.S., there are ways to beat the system. Corruptible funeral home directors forge death certificates and consent forms before the human remains are disposed of. In the developing world, people are kidnapped and used for their organs. Children sold into sexual slavery sometimes have their organs sold. And there are those in slums who give up their tissues, a piece of their liver, or their kidney, just to get their hands on a few hundred American dollars.

Scheper-Hughes has seen advertisements requesting organs in newspapers in Brazil, Moldova, and parts of Africa. She has also witnessed middlemen trawling the streets for donors in some countries holding wads of \$100 bills. In China, one ad stated a kidney would get you \$4,000 and a new iPad. **Organ transplant tourism is a growing field, and here black market organs are often supplied.**

The UN HUB or Global Initiative to Fight Human Trafficking, has listed the organ trade as one of their top priorities. **Someday 3D printed organs using stem cells will make donation obsolete.** But human organ trafficking will continue to be a serious, global problem as long as global inequality remains unchanged, desperate people of affluence and those just as desperate financially tight — tight regulations or not — believe there are huge profits to be had. The urban legend is scary, if not a bit melodramatic. The reality, however, as it often is, is in some sense even more horrifying.

<https://listverse.com/2016/10/04/10-black-market-organ-trafficking-rings/>

## 10 Black Market Organ Trafficking Rings

**ABRAHAM RINQUIST** OCTOBER 4, 2016

The black market for organs is booming. Demand far outweighs supply, and people are paying top dollar for human parts. A vast and mysterious underworld economy has developed to cash in on this lucrative trade. Most of these organizations are international in scope, making organ trafficking a global criminal plague. The stories are similar: The desperate and poor sell their organs to the rich through middlemen, who reap huge profits.

In 2008, the hammer came down on an organ trafficking ring based in **Kosovo**. The organization lured victims from Eastern Europe and ex-Soviet states with false promises of money for their organs. **They offered \$20,000 per kidney, but most people received nothing.** The racket sold organs for as much as \$200,000 to clientele in Canada, the United States, and Israel. The operation was based out of the Medicus clinic in Pristana, Kosovo's capital.

The Medicus scandal only scratched the surface of Kosovo's gruesome organ trade. In 2010, the Council of Europe released a report claiming **that Kosovo's prime minister ran a mafia-like organization dealing in heroin, guns, and black market human organs.** Prime Minister Hashim Thaci's Drenica group came to dominate the Kosovo Liberation Army (KLA) during the Kosovo war. **According to the report, the KLA smuggled Serb captives across the border to Albania, where they were killed for their kidneys.** Thaci denies these claims.

In Michoacan, Mexican authorities arrested a henchman belonging to the Knights Templar cartel (aka Los Caballeros Templarios) for kidnapping and killing children to harvest their organs. The quasi-religious crime syndicate runs a network that targets victims for organ harvesting—many of whom are children. The victims are abducted and transported to clandestine operating rooms, where their organs are harvested. The alleged perpetrator, Manuel Plancarte Gaspar, is the nephew of Enrique Plancarte Solis, who is reputedly number two in the Templar hierarchy.

Residents knew about the grisly trade because a local vigilante group intercepted a van transporting the child victims. The human cargo was kept inside a refrigerated box and wrapped in blankets. The Knights Templar once specialized in drug trafficking, but this is no longer the case. They've now diversified into illegal mining, logging, and extortion. Will [organ trafficking](#) become their new moneymaker?

Eritrea is in the midst of a crisis. Ruled by a tyrannical regime, the country is seeing a mass exodus. [Many attempt to make it to Europe, but migrants who can't pay are sold to Egyptian gangs, who kill them and harvest their organs.](#)

In 2014, a top smuggler named Nuredin Wehabrebi Atta broke ranks when he was granted witness protection by the Italian authorities. He revealed a vast criminal network dealing in drugs, arms, and migrants. [Those who couldn't pay were sold for about \\$23,000.](#) Atta's testimony led to 23 arrests and another 15 arrest warrants being issued. [The network had cells in Italy, North Africa, and Europe.](#)

Recently, a top-level human smuggler was extradited to Italy from Eritrea. Some claim they have the wrong man. According to the testimony of two refugees, the man in question is not the infamous Medhanie Yedhego Mered but rather Medhanie Tesfamariam Behre, who has no connection to the smuggling world.

In 2008, Indian authorities raided the hospital of Dr. Amit Kumar in Gurgaon. [Kumar allegedly recruited homeless and impoverished victims with false promises of work. Organs were harvested without permission and transferred into wealthy patients, many of whom were foreign.](#) The unwilling donors were compensated around \$1,000. The organs sold for exponentially more—sometimes around \$38,000.

[Kumar used to advertise in foreign medical journals. He lured overseas clients with a full "medical tourism" package.](#) An Ayurvedic practitioner, Kumar was completely unqualified to perform transplants. He and his partner, Dr. Upender Dublesh, were [sentenced to ten years.](#)

India banned the sale of organs in 1994, so demand far outweighs supply. Illiteracy and poverty make people targets. [They are lured with promises of work.](#) Often, they wind up selling their organs at gunpoint. In 2007, an organ harvesting scandal involving fishermen whose livelihoods had been destroyed by the Indian Ocean tsunami came to light.



In 2003, police in Costa Rica brought down an illegal organ trafficking ring with vast international ties. The operation was headquartered out of San Jose's Calderon Guardia Hospital. Dr. Francisco Jose Mora, a leading doctor at the hospital, was arrested for coordinating the operation. A police officer and former patient of Dr. Mora's was also arrested for recruiting donors.

The operation preyed on economically disadvantaged individuals. They offered as much as \$20,000 for a kidney. These were later sold for as much as \$100,000, mostly to Israeli buyers.

Israel has been at the nexus of the international organ trafficking industry. Their health care system suffers from a chronic shortage of organs due to Orthodox Jewish prohibitions against mutilating the body. Since the fall of communism, Israel has seen a major migration from Eastern European countries—another nexus of the [organ trade](#).

In 2009, federal authorities launched a large-scale investigation into corruption in the state of New Jersey. They uncovered an illegal organ trafficking ring—the first of its kind discovered in the United States.

The head of the ring was Levy Izhak Rosenbaum, an Israeli native residing in Brooklyn. Rosenbaum bought organs from desperate and vulnerable individuals in Israel. He would then sell them for ten times as much in the US. In secretly recorded conversations with an informant, Rosenbaum dubbed himself "[the Matchmaker](#)."

Rosenbaum trafficked organs for a decade and netted millions of dollars. His defense claimed he was saving lives. Many revered members of the Orthodox community came to his support. Doctors involved in the case claimed that Rosenbaum always presented the organs as if they were legitimate. According to the Matchmaker, he needed to "schmear" (bribe) a lot of people for the business to work.

Allegations that Mumbai's poor were being solicited for their kidneys led investigators to discover "[The Great Indian Kidney Racket](#)" in August 2016.

The chief executive, the medical director, and three other doctors from the prestigious LH Huranandani Hospital were arrested for illegally harvesting and transplanting organs. The group lured poor to the facility with a promise of \$4,100 for a kidney. They were resold for exponentially higher. Their downfall started when a worker reported [suspicious paperwork](#) for a kidney donation.

This was the second case of organ trafficking from Indian hospitals that month. So far, ten people have been arrested in connection to an organ ring based in New Dehli. The operation was run out of the Apollo Hospitals Group and solicited victims from all over India. The demand for kidneys in India has skyrocketed due to a lack of donors and a high incidence of diabetes-related renal disease

In 2012, an Algerian woman in Valencia, Spain, alerted authorities that people were offering her money for her liver. They launched an investigation into Spain's first known organ trafficking ring. Five individuals were arrested.

The case revolved around finding a replacement liver for a 61-year-old Lebanese mayor who came to Spain for the operation. He was willing to pay \$55,000 for a suitable replacement. Many impoverished immigrants underwent testing to see if they were compatible matches. The screening process cost up to \$16,000.

One potential donor was found to be a perfect match, but the mayor turned her down when he discovered she was a woman. (Islamic law prohibits organ transfers between sexes.) The mayor ultimately received a legal transplant of part of his son's liver. His son wasn't cleared as a donor in Lebanon but was later approved in Barcelona.

In 2013, authorities discovered that a Somali girl had been smuggled into Britain so her organs could be harvested. This was the first time an incident like this occurred in the United Kingdom.

Child protection agencies warn that this case is not an isolated incidence. It is likely the girl was part of a larger group of children brought into the country for illicit purposes. Traffickers exploit the incredibly high demand for organs—and the vulnerability of children.

Britain has a problem with human slavery. Children are brought in mainly from Vietnam, China, Nigeria, Romania, and Bangladesh. The majority of them are used as slaves or sexually exploited. Even some British girls are falling victim to traffickers. As long as their practice remains profitable, British child smugglers will continue to operate.

In 2011, Chinese authorities arrested a man in Hebei province for illegally imprisoning victims and selling their organs. The government then decided to crack down on China's booming black market organ trade.

They began their focus on Hebei's capital city, Shijiazhuang. Their investigation rescued 127 victims from the black market organ trade. They arrested 137 individuals, including 18 doctors who spearheaded the operation. Their technique involved providing fake identities to hired donors.

Organ trafficking was banned in China in 2007. With 1.5 million people in need of a transplant, and only 10,000 performed legally per year, the trade continues in the shadows. According to Chinese tradition, the body must be left intact after death. Due to a lack of voluntary donors, organ traffickers have turned to a grisly source—executed prisoners. International human rights organizations have launched an effort to stop this gruesome practice.

<https://www.theguardian.com/world/2012/may/27/iran-legal-trade-kidney>

Kidneys for sale: poor Iranians compete to sell their organs

Marzieh's biggest challenge in life is to come up with money for her daughter's wedding. In Persian custom, it is the parents' duty to provide a dowry, known as *jahizieh*, and as a widow from north Iran, she feels it is important to fulfil her responsibility and protect the family's honour.

To achieve this, she is ready to sell one of her kidneys. If she is successful, she will travel to one of Tehran's kidney transplant centres and have it removed. She will have to cope with only one kidney from then on, but she will have performed her duties by her daughter.

"It is getting too late for my daughter to marry – her moment has already passed," she said.

Iran is the only country where the selling and buying of kidneys is legal. As a result, there is no shortage of the organs – but for those trying to sell a kidney, there is a lot of competition.

In order to advertise her kidney, Marzieh has written her blood type and her phone number on pieces of paper and has posted them along the street close to several of Tehran's major hospitals, home to the country's major kidney transplant centres.

Others have done the same. Some have written in big letters or in bright colours to attract attention; some have sprayed their information on the walls of public or even private properties.

"Kidney for sale," reads one ad, carrying the donor's blood type, O+, and a mobile number, with a note emphasising "urgent", insinuating that the donor is prepared to consider discounts. Another similar ad reads: "Attention, attention, a healthy kidney for sale, O+." Many are handwritten, though some have typed the ads to make them look better. "24 years old, kidney for sale," another reads. "Tested healthy."

Competition means that some ads have been torn down. Some have added their information to ads by other donors. Others have placed their ads on people's doors or simply written them in marker pen on trees where they think they will catch people's attention.

At the heart of the capital, near the Charity Association for the Support of Kidney Patients (CASKP), the number of ads has made the streets of Tehran into a sort of kidney eBay. "My six-month-old baby was paralysed after falling from the hands of my wife," said Ali, 28, from the northern city of Nur in the Iranian province of Mazandaran. "I have to find 20m rials [around £7,500] for my child's operation." He hopes he will get 12m rials for his kidney.

Iran's controversial kidney procurement system, which has been praised by many experts and criticised by others, allows people to sell and buy kidneys under the state-regulated surveillance of two non-profit organisations, the CASKP and the Charity Foundation for Special Diseases. These charities facilitate the process by finding potential vendors and introducing them to the recipients, and are charged with checking the compatibility of a possible donation and ensuring a fair trade.

After the transplant, the vendor is compensated by both the government and the recipient. In an interview with the semi-official Mehr news agency, the CASKP's director, Mostafa Ghassemi, estimated the total official price list to be around 7m rials, of which 1m is paid by the government. Iranians are not allowed to donate kidneys to non-citizens.

"In 2010, a total of 2,285 kidney transplants took place in the country, of which 1,690 kidneys were supplied from volunteers and 595 from those clinically brain-dead," he said. According to Mehr, the majority of people selling kidneys are aged 20-30. Despite the state control, bureaucracy and time-consuming procedures have left the door open for non-official direct negotiations, making the Iranian system more like a kidney market.

Dr Benjamin Hippen, a transplant nephrologist with the Carolinas medical centre in North Carolina, US, has studied successes, deficiencies and the ambiguities of the Iranian system.

Making a judgment about whether the 20-year-old system as a whole has been successful was complicated, he said. "The majority of those selling kidneys in Iran are disproportionately poor, and information about the long-term outcomes for sellers is quite limited. Too, it is increasingly clear that there are many different systems, rather than a single unified system in Iran.

"That said, Iran appears to have successfully addressed the shortage of organs, incentives for organs have not substantially attenuated the growth and development of organ procurement from deceased donors, and reported outcomes for recipients have been favourable."

Comparing Iran with Pakistan, where organ trafficking is nominally illegal but still occurs, Hippen, who is an associate editor of the American Journal of Transplantation, said: "It seems to me that if Iran had not developed a system of incentives, the situation there today would look very much like the state of affairs in countries such as Pakistan."

In the US, more than 100,000 people were estimated to be on the waiting list for kidney transplants in 2010 – waiting lists were eliminated in Iran in 1999.

Hippen has pointed out that "since 1999, more than 30,000 US patients with kidney failure have died waiting for an organ that never arrived".

Arguing in favour of allowing people to sell their kidneys, Sue Rabbitt Roff, a senior research fellow at the University of Dundee, said last year that it was time to "pilot paid provision of live kidneys in the UK under strict rules of access and equity".

<http://www.newsweek.com/organ-trafficking-no-myth-78079>

## **ORGAN TRAFFICKING IS NO MYTH**

BY **JENEEN INTERLANDI** ON 1/9/09 AT 7:00 PM

By the time her work brought her back to the United States, Nancy Scheper-Hughes had spent more than a decade tracking the illegal sale of human organs across the globe. Posing as a medical doctor in some places and a would-be kidney buyer in others, she had linked gangsters, clergymen and surgeons in a trail that led from South Africa, Brazil and other developing nations all the way back to some of her own country's best medical facilities. So it was that on an icy February afternoon in 2003, the anthropologist from the University of California, Berkeley, found herself sitting across from a group of transplant surgeons in a small conference room at a big Philadelphia hospital.

By accident or by design, she believed, surgeons in their unit had been transplanting black-market kidneys from residents of the world's most impoverished slums into the failing bodies of wealthy dialysis patients from Israel, Europe and the United States. According to Scheper-Hughes, the arrangements

were being negotiated by an elaborate network of criminals who kept most of the money themselves. For about \$150,000 per transplant, these organ brokers would reach across continents to connect buyers and sellers, whom they then guided to "broker-friendly" hospitals here in the United States (places where Scheper-Hughes says surgeons were either complicit in the scheme or willing to turn a blind eye). The brokers themselves often posed as or hired clergy to accompany their clients into the hospital and ensure that the process went smoothly. The organ sellers typically got a few thousand dollars for their troubles, plus the chance to see an American city.

As she made her case, Scheper-Hughes, a diminutive 60-something with splashes of pink in her short, grayish-brown hair, slid a bulky document across the table—nearly 60 pages of interviews she had conducted with buyers, sellers and brokers in virtually every corner of the world. "People all over were telling me that they didn't have to go to a Third World hospital, but could get the surgery done in New York, Philadelphia or Los Angeles," she says. "At top hospitals, with top surgeons." In interview after interview, former transplant patients had cited the Philadelphia hospital as a good place to go for brokered transplants. Two surgeons in the room had also been named repeatedly. Scheper-Hughes had no idea if those surgeons were aware that some of their patients had bought organs illegally. She had requested the meeting so that she could call the transgression to their attention, just in case.

### **Keep Up With This Story And More [By Subscribing Now](#)**

Hospital officials told NEWSWEEK that after meeting with Scheper-Hughes, they conducted an internal review of their transplant program. While they say they found no evidence of wrongdoing on the part of their surgeons, they did tighten some regulations, to ensure better oversight of foreign donors and recipients. "But that afternoon," Scheper-Hughes says, "they basically threw me out."

It's little wonder. The exchange of human organs for cash or any other "valuable consideration" (such as a car or a vacation) is illegal in every country except Iran. Nonetheless, international organ trafficking—mostly of kidneys, but also of half-livers, eyes, skin and blood—is flourishing; the World Health Organization estimates that one fifth of the 70,000 kidneys transplanted worldwide every year come from the black market. Most of that trade can be explained by the simple laws of supply and demand. Increasing life spans, better diagnosis of kidney failure and improved surgeries that can be safely performed on even the riskiest of patients have spurred unprecedented demand for human organs. In America, the number of people in need of a transplant has nearly tripled during the past decade, topping 100,000 for the first time last October. But despite numerous media campaigns urging more people to mark the backs of their driver's licenses, the number of traditional (deceased) organ donors has barely budged, hovering between 5,000 and 8,000 per year for the last 15 years.

In that decade and a half, a new and brutal calculus has emerged: we now know that a kidney from a living donor will keep you alive twice as long as one taken from a cadaver. And thanks to powerful antirejection drugs, that donor no longer needs to be an immediate family member (welcome news to those who would rather not risk the health of a loved one). In fact, surgeons say that a growing number of organ transplants are occurring between complete strangers. And, they acknowledge, not all those exchanges are altruistic. "Organ selling has become a global problem," says Frank Delmonico, a surgery professor at Harvard Medical School and adviser to the WHO. "And it's likely to get much worse unless we confront the challenges of policing it."

For Scheper-Hughes, the biggest challenge has been convincing people that the problem exists at all. "It used to be a joke that came up at conferences and between surgeons," she says. "In books and movies, you find these stories of people waking up in bathtubs full of ice with a scar where one of their kidneys used to be. People assumed it was just science fiction." That assumption has proved difficult to dismantle. In the mid-1980s, rumors that Americans were kidnapping children throughout Central America only to harvest their organs led to brutal attacks on American tourists in the region. When those stories proved false, the State Department classified organ-trafficking reports under "urban legend." Scheper-Hughes's evidence, which is largely anecdotal and comes in part from interviews with known criminals, has not convinced department officials otherwise. "It would be impossible to successfully conceal a clandestine organ-trafficking ring," Todd Leventhal, the department's counterintelligence officer, wrote in a 2004 report, adding that stories like the ones Scheper-Hughes tells are "irresponsible and totally unsubstantiated." In recent years, however, the WHO, Human Rights Watch and many transplant surgeons have broken with that view and acknowledged organ trafficking as a real problem.

At first, not even Scheper-Hughes believed the rumors. It was in the mid-1980s, during a study of infant mortality in the shantytowns of northern Brazil, that she initially caught wind of mythical "body snatcher" stories: vans of English-speaking foreigners would circle a village rounding up street kids whose bodies would later be found in trash bins removed of their livers, eyes, kidneys and hearts.

When colleagues in China, Africa and Colombia reported similar rumblings, Scheper-Hughes began poking around. Some stories—especially the ones about kidnapped children, stolen limbs and tourists murdered for organs—were clearly false. But it was also clear that slums throughout the developing world were full of AWOL soldiers, desperate parents and anxious teenage boys willing to part with a kidney or a slice of liver in exchange for cash and a chance to see the world—or at least to buy a car.

Before long, Scheper-Hughes had immersed herself in an underworld of surgeons, criminals and those eager to buy or sell whatever body parts could be spared. In Brazil, Africa and Moldova, newspapers advertised the sale and solicitation of human body parts while brokers trolled the streets with \$100 bills, easily recruiting young sellers. In Istanbul, Scheper-Hughes posed as an organ buyer and talked one would-be seller down to \$3,000 for his "best kidney." In some of these countries, as the WHO later quantified, 60 to 70 percent of all transplant surgeries involved the transfer of organs from those countries' citizens to "transplant tourists" who came from the developed world.

But not all organs flowed from poor countries to rich ones; Americans, for example, were both buyers and sellers in this global market. A Kentucky woman once contacted Scheper-Hughes looking to sell her kidney or part of her liver so that she could buy some desperately needed dentures. And a Brooklyn dialysis patient purchased his kidney from Nick Rosen, an Israeli man who wanted to visit America.

Unlike some organ sellers, who told of dingy basement hospitals with less equipment than a spartan kitchen, Rosen found an organ broker through a local paper in Tel Aviv who arranged to have the transplant done at Mount Sinai Medical Center in New York. An amateur filmmaker, Rosen documented a portion of his odyssey on camera and sent the film to Scheper-Hughes, whose research he had read about online. The video excerpt that NEWSWEEK viewed shows Rosen meeting his broker and buyer in a New York coffee shop where they haggle over price, then entering Mount Sinai and talking with surgeons—one of whom asks him to put the camera away. Finally, after displaying his post-surgery scars for the camera, Rosen is seen rolling across a hotel bed covered in \$20 bills; he says he was paid

\$15,000. (Brokers, on the other hand, typically net around \$50,000 per transplant, after travel and other expenses. In America, some insurance plans will cover at least a portion of the donor's medical expenses.)

The money changed hands outside the hospital's corridors, and Rosen says that he deliberately misled the Mount Sinai doctors, but that no one there challenged him. "One hospital in Maryland screened us out," he says. Tom Diflo, a transplant surgeon at New York University's Langone Medical Center, points out that many would-be donors do not pass the psychological screening, and that attempting to film the event would probably have set off an alarm bell or two. "But the doctors at Mount Sinai were not very curious about me," Rosen says. "We told them I was a close friend of the guy who I sold my kidney to, and that I was donating altruistically, and that was pretty much the end of it." Citing privacy laws, Mount Sinai officials declined to comment on the details of Rosen's case. But spokesperson Ian Michaels says that the hospital's screening process is rigorous and comprehensive, and assesses each donor's motivation. "All donors are clearly advised that it is against the law to receive money or gifts for being an organ donor," he says. "The pretransplant evaluation may not detect premeditated and skillful attempts to subvert and defraud the evaluation process."

Because many people do donate organs out of kindness, altruism provides an easy cover for those seeking to profit. And U.S. laws can be easy to circumvent, especially for foreign patients who may pay cash and are often gone in the space of a day. Diflo, who has worked in numerous transplant wards over the past two decades, says that while they are in the minority, hospitals that perform illegal transplants certainly exist in the United States. "There are a couple places around that have reputations for doing transplants with paid donors, and then some hospitals that have a 'don't ask, don't tell' policy," he says. "It's definitely happening, but it's difficult to ferret out."

Diflo became an outspoken advocate for reform several years ago, when he discovered that, rather than risk dying on the U.S. wait list, many of his wealthier dialysis patients had their transplants done in China. There they could purchase the kidneys of executed prisoners. In India, Lawrence Cohen, another UC Berkeley anthropologist, found that women were being forced by their husbands to sell organs to foreign buyers in order to contribute to the family's income, or to provide for the dowry of a daughter. But while the WHO estimates that organ-trafficking networks are widespread and growing, it says that reliable data are almost impossible to come by. "Nancy has done truly courageous work, literally risking her life to expose these networks," says Delmonico. "But anecdotes are impossible to quantify."

Scheper-Hughes acknowledges that in gathering these anecdotes she has frequently bumped up against the ethical boundaries of her own profession. While UC Berkeley (which funds most of her work) granted special permission for her to go undercover, she still takes heat from colleagues: misrepresenting oneself to research subjects violates a cardinal rule of academic research. "I expect my methods to be met with criticism," she says. "But being an anthropologist should not mean being a bystander to crimes against the vulnerable."

While Rosen has fared well since the surgery—he recovered quickly, used the money to travel and stays in touch with his kidney recipient via Facebook—most of the donors Scheper-Hughes and her colleagues have spoken with are not so lucky. Studies show that the health risks posed by donating a kidney are negligible, but those studies were all done in developed countries. "Recovery from surgery is much more difficult when you don't have clean water or decent food," says Scheper-Hughes. And research on the long-term effects of organ donation—in any country—is all but nonexistent.

Last May, Scheper-Hughes once again found herself sitting across from a group of transplant surgeons. This time they were not as incredulous. More than 100 of them had come from around the world to Istanbul for a global conference on organ trafficking. Together, they wrote and signed the Declaration of Istanbul, an international agreement vowing to stop the commodification of human organs. But unless their document is followed by action, it will be no match for the thriving organ market. Even as illegal trade is exposed, a roster of Web sites promising to match desperate dialysis patients with altruistic strangers continues to proliferate unchecked. These sites have some surgeons worried. "We have no way to tell if money is changing hands or not," says Diflo. "People who need transplants end up trying to sell themselves to potential donors, saying, 'I have a nice family, I go to church,' etc. Is that really how we want to allocate organs?"

Maybe not. But in the United States, the average wait time for a kidney is expected to increase to 10 years by 2010. Most dialysis patients die in half that time, and the desperate don't always play by the rules.

Could a legitimate system work as a safeguard? More likely, according to Moniruzzaman, legalising the trade in organs would actually coerce *more* people into selling off parts of themselves when times are hard, with the profits going to the same (now legitimised) groups and individuals as before.

"Most of the [organ sellers] don't know what a kidney is"

"This corruption and manipulation and trickery is not going to change with a market," he says. "They're going to exist in exactly the same form, but it's going to be legalised, so there are going to be more and more people trying to entice this vulnerable population [into selling their organs], by telling them that this is a legal thing... Moneylenders could force these poor people [to sell], by telling them, 'You can sell your organs. It's legal. So why don't you sell [one] and pay me my money back?'"

The syndicates are practiced at keeping their claws in donor communities. The money sellers rarely provides the kind of escape from poverty they're so desperately hoping for—something that syndicates on the lookout for new recruiters regularly take advantage of. The most harrowing results are sometimes referred to as "kidney villages": places where neighbours encourage each other to sell to the brokers until the telltale scar left from surgery becomes a community's defining feature. These villages are breeding grounds for new recruiters, and so the cycle continues.

"They're lied to, always, about how much they're going to get," says Professor Scheper-Hughes, of the sellers in the current system. "The people who made out better were not those who just sold their kidneys, but people who became part of the syndicate. People would come back and say, 'I got \$5,000 [for my organ], but it really didn't help get me out of my troubles with my family,' and then [the recruiters] would say, 'Then you can recruit other people [for us].'"

"Sellers are bargaining in terms of their immediate needs"



There is one country in the world where paying people for body parts is a regulated business, providing a dispiriting model of what legitimate global trade might look like: [Iran](#).

"The [Iranian] government has said, 'We're not allowing people to sell organs in Iran, we are simply giving you an honorarium,'" says Scheper-Hughes. "Some of the sellers see it as a kind of blood money. They say, 'OK, selling a kidney is like damaging somebody at work or a culpable accident. You can be paid for that. So what we're giving you is money to compensate for the loss of your organ. Or to pay for the pain that you've suffered.'"

But regulated or not, those poor and desperate people still face one of Moniruzzaman's "false choices".

"Sellers are bargaining in terms of their immediate needs," Scheper-Hughes continues. "But still people are trying to be kind to each other: one is saying, 'Look, my father is dying and we're not wealthy people, we can't really give you more than \$2,000.' And the [seller] says, 'But if I don't have \$3,000 I'm being thrown out of my apartment.'"

The idea of organs being bought and sold like second-hand cars—with both buyer and seller hashing out terms that suit their individual needs—might seem seductively simple at face value. But slough off the surface ideals of free trade and autonomy and you're left with poor people being dismembered for the benefit of the rich. Or, as Scheper-Hughes puts it, "a social tragedy."

"The moral question is, could we cut off the leg of a poor person and tell them that one leg is enough for them?" asks Moniruzzaman. "Or cut off a head of a poor person who is willing to sell that? There are poor people who are desperate to sell anything."

"I interviewed at least 70 people [in Bangladesh] who had sold their organs, including kidneys, liver [lobes] and in one case I found a seller who wanted to sell one of her corneas... Is that the right [system to have]?"

<https://www.law.utah.edu/organ-trafficking-more-than-just-a-myth/>

### **Organ Trafficking: More Than Just a Myth**

Posted on [November 11, 2014](#)

*By Lindsey Wagner for GlobalJusticeBlog.com.*



You may have heard the story before: a young man visits a foreign city, goes out for a night on the town drinking, and flirts with a beautiful woman. The next morning he wakes up in his hotel room in a bathtub full of ice and discovers a surgical scar; his kidney has just been stolen and will now be sold by an organ broker for thousands of dollars on the black market. While this story may be more myth than reality, the fact remains that organ harvesting otherwise known as organ trafficking, is a real and thriving industry.

Although many have traditionally associated human trafficking only with sexual exploitation, via forced prostitution, or forced labor it does in fact incorporate organ trafficking as well. Under the United Nations Convention Against Transnational Organized Crime, in particular the supplemental Protocol I, commonly known as the Palermo Protocol, organ trafficking is placed under the definition of human trafficking. The Protocol states that human trafficking is, “the recruitment, transportation, transfer, harboring 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. Exploitation shall include, at a minimum...the removal of organs.”<sup>[1]</sup>

The United Nations Global Initiative to Fight Human Trafficking, which organ trafficking is a part of, divides organ trafficking into three broad categories. The first category encompasses situations, like the oft-told story above, where traffickers force or deceive persons into giving up their organ. The second category, and perhaps the one under which most organ trafficking takes place, is where persons agree to sell their organ but they are either not paid at all for the organ or they are paid significantly less than they originally agreed upon. Finally, the third category is where vulnerable persons, including typically the poor and homeless, are treated for an ailment, which may or may not exist, and during that treatment their [good] organs are removed without the person’s knowledge.<sup>[2]</sup> The use of any of these categories requires a host of persons, from the recruiter who finds the “donors” to the brokers and the medical professionals who perform the surgery. Rarely are all the members of this process ever exposed so it is impossible to know just how large the trade may be.

So where does this problem come from and just what is driving the organ trafficking trade? As of September 2014, in the United States alone there were 123,175 people waiting for lifesaving organ transplants and approximately 101,170 of these people were waiting for kidney transplants.<sup>[3]</sup> To put

this further into perspective, in 2013 only 16,896 kidney transplants took place in the United States and 4,453 people died while waiting for a kidney transplant.<sup>[4]</sup> It is little wonder then that according to the World Health Organization (WHO) in 2010 approximately ten percent of all transplanted kidneys worldwide were illegally obtained and approximately 10,000 black market operations involving purchased organs take place annually.<sup>[5]</sup> People, mostly from wealthy developed countries, seeking donor organs will pay upwards of \$200,000 while the donors, mostly from poorer developing nations, themselves might if they are lucky receive less than \$5,000 of that.<sup>[6]</sup> With vast sums available to be made for organ traffickers and with supply and demand driving the black market, organ trafficking becomes an extremely difficult problem to deal with.

What then is being done to help stop organ trafficking? In most countries buying or selling organs is illegal. In the United States the sale of organs was banned under the National Organ Transplant Act of 1984 (NOTA). Yet, since the act's passage only one person has ever been prosecuted and convicted of organ trafficking. In 2011, Levy Izhak Rosenbaum, an Israeli citizen who lived in New York, admitted to brokering black market sales of kidneys to three Americans and making approximately \$410,000 in the process.<sup>[7]</sup> Interestingly, none of the Americans who received the trafficked organs were prosecuted.<sup>[8]</sup> The sale of organs may be illegal but the United States has chosen to do very little to stop organ trafficking under its current laws.

Further, although the United States and most other developed nations internationally have banned the sale of organs, the black market is robust and it could be argued that it has in fact helped it flourish. With such a high demand for organs and few legal ways to obtain them the black market sale of organs fills an ever-growing need for people who have the means. Perhaps if the United States and other countries were to legalize the sale of organs the darker aspects of organ trafficking could be avoided. While many people are willing to donate their organs merely for the altruistic aspect of helping a friend or family member it is not nearly enough to satisfy the need. If organ sales were legalized and overseen by the international community it might solve not only the supply and demand problems but also allow persons who want to sell their organs a safe and financially guaranteed way to do so, taking the sales out of the shadows. Obviously, this does still present the significant possibility of the poor being taken advantage of and organ traffickers scamming the needy out of their organs but it could at least work to eradicate a large aspect of the organ trade.

Two countries, Iran and the Philippines, are the only countries that have allowed for the legal sale of organs. **It should be noted though, that currently Iran is the only country that allows for the sale of organs.** In 2008, after international pressure and the passage of the Declaration of Istanbul, which dealt with issues of organ trafficking and transplant tourism, the Philippines banned the sale of organs.<sup>[9]</sup> Under both countries laws, when it was legal in the Philippines and currently in Iran, they allowed for the sale of organs so long as the donor and recipient were natives of the country. Presently, in Iran a system of free market and government control is used, where donors sell the organs to the government who pays them, typically for a kidney it ranges from \$2,000 to \$4,000, and gives them free health insurance, related to issues with the transplant, for a year and the recipients must work to pay for the cost of their organ.<sup>[10]</sup> In Iran and the organ market is thriving and in turn the waiting list for donors has been virtually eliminated.

Unfortunately, the horrific crimes of human trafficking, including organ trafficking, will continue no matter what actions the international community takes. That is just the nature of exploitation. That does not mean though that the trade itself cannot be minimized by merely taking notice and perhaps legalizing the sale of organs altogether.

*Lindsey Wagner is a JD Candidate, Class of 2015. Wagner's entry to the GlobalJusticeBlog is part of an assignment for the course International Criminal Law, taught by Professor Wayne McCormack.*

[1] United Nations Convention Against Transnational Organized Crime: Protocol to Prevent, Suppress, and Punish Trafficking in Persons, art. 3, Dec. 12, 2000.

[2] UN Global Initiative to Fight Human Trafficking, *Trafficking for Organ Trade*, <http://www.ungift.org/knowledgehub/en/about/trafficking-for-organ-trade.html>.

[3] National Kidney Foundation, *Organ Donation and Transplantation Statistics*, <https://www.kidney.org/news/newsroom/factsheets/Organ-Donation-and-Transplantation-Stats>.

[4] Id.

[5] The Guardian, *Illegal Kidney Trade Blooms as New Organ is 'Sold Every Hour'*, <http://www.theguardian.com/world/2012/may/27/kidney-trade-illegal-operations-who>.

[6] Id.

[7] David Glovin et al., *Kidney Broker Pleads Guilty in First U.S. Organ-Traffic Case*, Bloomberg News (Nov. 8, 2011), <http://www.businessweek.com/news/2011-11-08/kidney-broker-pleads-guilty-in-first-u-s-organ-traffic-case.html#p1>.

[8] Id.

[9] Denis Campbell & Nicola Davison, *Illegal Kidney Trade Blooms as New Organ is 'Sold Every Hour'*, The Guardian (May, 27, 2012) <http://www.theguardian.com/world/2012/may/27/kidney-trade-illegal-operations-who>.

[10] Allison Kushner, *Selling Organs in Iran*, Foreign Policy Association (May 16, 2013), <http://foreignpolicyblogs.com/2013/05/16/selling-organs-in-iran/>.

## Good Infor

I find that article... extremely implausible to say the least, at least the implication that US hospitals are involved in this. Organ transplantation is *incredibly* complex and there are medical limits to who qualifies for donation. You can't just harvest organs from someone who has suffered cardiac death, they won't be useful, so the overwhelming majority of people who die under any circumstances will not be useful for organ transplant- plus many people don't qualify as donors even if they suffer brain death with their cardiac function intact- their organs are already damaged or they have underlying conditions like contagious diseases that make them poor candidates, plus there needs to be some degree of physical and physiological compatibility between donor and recipient. There are also geographical/time limits to how far an organ can be transported between collection and transplant, so there must be a recipient and a transplant team ready to go within that range for the organ to be utilized.

Placement of organs happens through a formal system of notification in which the transplant coordinator, a professional with the state- organ procurement organization (all of which are overseen by the federally-established national organ sharing network) who is on-site with the potential donor and family, managing the medical stabilization of the donor's body (which is brain-dead but still functioning on a cardiac level, and which is reaaaaally medically fragile) and compiling the (huge) amount of necessary paperwork to present to transplant centers to see if they are interested in the organ(s) in

question, sends the info to the first transplant center on their list, and the center has a limited time (usually an hour) to consult with their surgeon and their waitlisted patients and see if there's a realistic match. If they turn it down, the offer goes to the next transplant center, and so on. This is how *all* organ donation except for voluntary live-donor situations like kidneys work. There is no room in the system for someone to show up with, say, a heart of unknown origin. So, so many people are involved with this process each step of the way, and there's a mountain of documentation as to where an organ originated and who approved it (ie, the donor themselves in life, or their next of kin after death).

Actual collection, especially of more than one organ, is an incredibly complex surgical procedure involving multiple specialized surgical teams and specialized equipment. And of course, the recipients and the receiving surgical team must be prepped and ready to go when the organ arrives, at one of just a few major medical centers equipped to handle that kind of transplant (even major transplant centers rarely handle all types of transplant).

Every organ transplant is a **delicately coordinated, time-limited procedure involving dozens to hundreds of people working together,** and in the US, it's very well-documented and involves a lot of transparency with the state, in large part to prevent the rise of commercial organ procurement (no matter how rich you are, your place on the waiting list is determined by health and time on the list, not by how much you can pay). The idea that organ procurement is functioning on a black market/conspiracy level in the United States is just... absurd. It would be a conspiracy involving thousands of people across every state who stand to gain nothing and who are largely devoted to the saving of lives and the giving of meaning to death through organ transplant.

And the idea that someone like Kendrick Johnson was used for his organs is ridiculous on the face of it—organs from a body that has suffered cardiac death are not useful. His organs were removed during autopsy. That they even bring this up in the article should put everything else in it in a very, very dim light.

There have been some shady cases involving postmortem collection of tissue (which is generally bone and tendon and very different from organs in terms of requirements) by unethical morticians and morgue workers, and I think that this has influenced public perception towards the idea that stealing organs from corpses is a. simple and b. useful. It's not. Tissue is valuable from a medical standpoint but it's *not* murder-somebody valuable (it's processed and used for orthopedic procedures, nobody is dying waiting for a tendon) and only *some* organs are ever useful to *some* people in *very* narrow circumstances that involve a huge number of transplant professionals and that never, ever involve taking those organs from somebody who isn't in an ICU getting specialized medical care to keep their braindead body circulating blood. You can't murder somebody and take their organs, they wouldn't be useful anymore.

I'm not saying it's impossible that somewhere in the world there are surgeons unethical enough and a country with law enforcement lax and corrupt enough that organs could potentially be stolen from the living in a form of extremely grotesque murder. But the idea that this is happening in US transplant

centers, or that collection teams, OPOs, and transplant teams are in collusion with US hospitals to do this, is some seriously tinfoil hat stuff.

Source: am a Donor Resource Nurse for my hospital, can tell you exactly how lengthy and detailed even the medical screening form for a potential donor case is.

<http://hopeforthesold.com/stolen-organs-how-human-traffickers-hunt-for-kidneys/>

Stolen Organs – How Human Traffickers Hunt for Kidneys

Mar 28, 2016 | By: [Michelle Brock](#)

I recently visited a [refugee camp in East Africa](#), where refugees and NGO staff told me about the [dangers of journeying through the desert](#). Some of the refugees from South Sudan, Eritrea, and Somalia who are

fleeing violence, conflict, and poverty attempt the risky passage from East Africa to Israel through the Sinai Desert. Others try to make it to Libya, where their goal is to take boats to Europe.

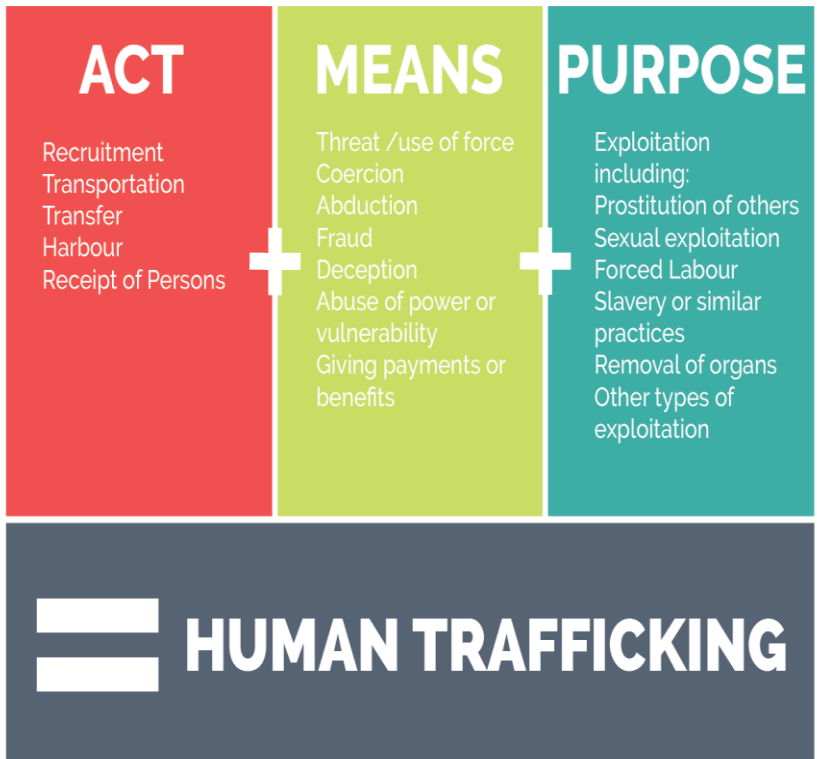
While I was already aware that females were at risk for sex trafficking en route, this was the first time I'd given more thought to a lesser-known form of trafficking: organ harvesting. While very little is known about the scope of human trafficking for the purposes of organ removal (known by the acronym THB/OR), stories from around the world are beginning to emerge.

Travelling across the wilderness is perilous and difficult, which is why many hire a smuggler to help get them to their destination. But this also has its risks. Smugglers sometimes turn out to be traffickers, and some refugees find themselves being held against their will in desert camps until their family is able to cough up a ransom payment for their release. In these camps refugees often experience torture and rape, and some have their organs removed. While some survive the ordeal, others succumb to their injuries.

Medical professionals with mobile clinics can store the organs for six to eight hours and resell them in places like Cairo.

Why is this happening? Because desperately ill people who have money are willing to pay for an organ on the black market. Traffickers will advertise to people who have been on organ waiting lists for a long time, taking advantage of their desire to get well. On the other side, they take advantage of poverty by convincing vulnerable people to give up an organ in exchange for money. Money they may never see.

Currently, the demand for organs – specifically kidneys – is much higher than the supply available for transplants. According to global estimates, the [number of transplants](#) may only cover about 10% of the global need. While some people willingly sell their organs on the black market (not considered human trafficking), some are coerced, forced, or deceived into doing so, which qualifies as human trafficking.



But the Sinai isn't the only place where trafficking networks operate for the purpose of organ removal. Countries where the practice has been identified most often include Brazil, Pakistan, India, China, the Philippines, Egypt, the Gulf States (Kuwait, Saudi Arabia, Bahrain, Oman and the United Arab Emirates), Israel, Turkey, Colombia, and Moldova.

What distinguishes THB/OR from other forms of trafficking is that it requires "white collar crime." An organ transplant has to be done by a medical professional, so an organized network has to be in place to facilitate the process. An [OSCE report](#) highlights the people involved in the process:





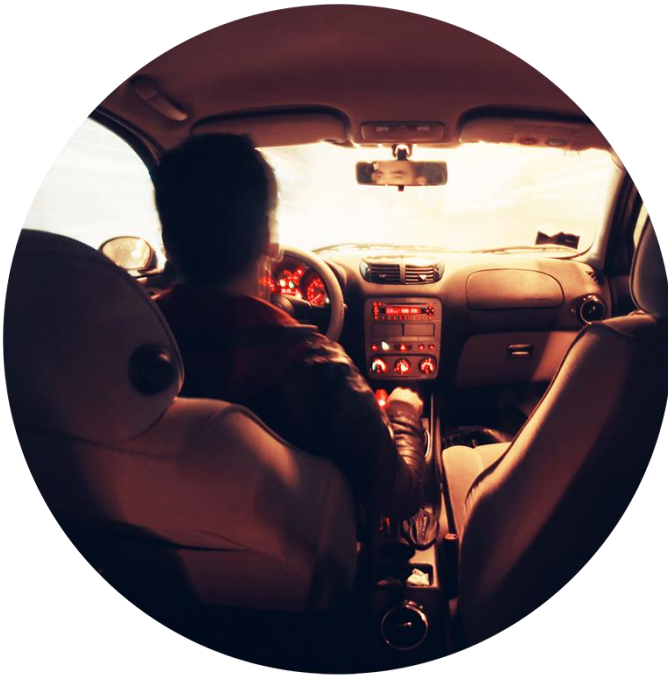
THE INTERNATIONAL BROKER

AKA the mastermind of the operation. They determine the target population from where to recruit victim-donors, scout out hospitals or private clinics where the surgery can take place, identify surgeons who are willing to perform the procedure, control the funding stream, and act as the point of contact for the organ recipient. They also set up a “fee-per-transplant” arrangement at a medical facility (which entices clinics that are strapped for cash).



THE LOCAL RECRUITER

Also referred to as “kidney hunters,” local recruiters go into communities to find victim-donors. Sometimes they are former donors themselves. They seek out people who are impoverished, unemployed, poorly educated, and have no travel experience. Those with no basic medical knowledge can easily be persuaded to donate an organ in exchange for money. No information is given about potential medical complications. Recruitment is done through word of mouth or internet ads.



THE MINDER

The minder travels with the victim-donor to the medical facility (which is often in a different country), providing guidance to the donors and recipients regarding the false statements, misrepresentation or other fraudulent actions necessary to clear immigration or other government controls. They are also responsible for ensuring that the donor goes through with the organ donation. If the person changes their mind, the minder may exert physical force and coerce them to sign the medical contract.



#### THE SURGICAL TEAM:

This can include transplant surgeons, anesthesiologists, nurses, and other medical staff. They are the ones who carry out the transplant surgery. They may also be involved in helping a prospective organ recipient to find an organ through illegal channels. While some doctors are intentionally complicit in the crime, others simply turn enough of a blind eye and don't ask questions so they can feign ignorance.

The donor typically doesn't get paid until after they return home. Some only receive a portion of what they were promised and some don't get paid at all. They're put on a plane within a few days of the surgery, with no follow up or post-op instructions. As a result of complications as well as the new reality of living without an organ, many victims are unable to work due to deteriorated health, plunging them into even deeper poverty than they experienced before.

The [CNN Freedom Project](#) covers the story of a Nepalese man who was told that if he let doctors cut a "chunk from his body," he would receive \$30,000 USD. Like many other victims, he never saw the money.

*"He assured me nothing would happen, and that the meat would grow back. Then I thought, 'If the meat will regrow again, and I get about \$30,000, why not?'"*

[VICTIM, CNN FREEDOM PROJECT](#)

Here's the breakdown how [one network](#) split the funds:

- Recipients paid between \$100,000 and \$150,000 (USD)
- Victim-donors were paid \$10,000
- The transplant surgeons were paid \$15,000 to \$20,000 per transplant

- The rest was used for other costs and trafficker profit

Solutions for this form of exploitation are in their infancy, due to the fact that human trafficking for organ removal is a fairly new phenomenon. But there are a few things that can be done.

### **INCREASE LEGAL, VOLUNTARY DONATIONS**

Since part of the problem is a shortage in organ donations, governments should encourage more people to become organ donors legally. In Wales, organ donation is now [opt-out versus and opt-in](#). As of December 2015, everyone who has not actively opted out of being a donor will be treated as having no objection to donating any of their organs. Here's the rationale:

*“Many people haven’t recorded their decision about donation or discussed it with their families. The UK has amongst the highest number of family refusals to organ donation in Europe. When families don’t know their loved one’s donation decision, they’re more likely to say no. This is why in Wales we’re bringing in a soft opt-out system for organ donation, to make it easier for people to become a donor.”*

[ORGAN DONATION WALES WEBSITE](#)

### **PUBLIC AWARENESS**

Awareness campaigns that provide information on the risks and potential consequences of selling an organ may help vulnerable individuals from being deceived. An awareness campaign targeted at healthcare professionals – covering ethics, risks, and potential fines or other consequences for engaging in illegal organ transplants – may also be helpful.

### **FOR MORE READING**

- [Organ snatchers of the Sinai desert: The doctors harvesting body parts stolen from live donors to sell to rich patients in Cairo](#) by *Daily Mail*
- [Selling desperate Syrian refugees’ body parts for profit: Israeli man arrested in Turkey for organ trafficking](#) by *Salon.com*
- [ISIS Might Be Harvesting Organs To Finance Operations, Iraqi Envoy Tells UN](#) by *International Business Times*
- [Nepal’s Organ Trail: How traffickers steal kidneys](#) by *CNN Freedom Project*
- [OSCE Trafficking in Human Beings for the Purpose of Organ Removal in the OSCE Region](#) (Report)

Organ snatchers of the Sinai desert: The doctors harvesting body parts stolen from live donors to sell to rich patients in Cairo

Read more: <http://www.dailymail.co.uk/news/article-2061410/Doctors-harvesting-body-parts-stolen-live-donors-sell-rich-patients-Cairo.html#ixzz4wkqziARB>

Follow us: [@MailOnline on Twitter](#) | [DailyMail on Facebook](#)

Desperate refugees trying to cross the Sinai Desert are having their organs snatched while they are still alive by ruthless doctors, it has emerged.

Medics travel from Cairo to camps in the heart of the vast sands to harvest kidneys, livers, corneas and corneas from the helpless donors.

They then transport the organs back to Egypt in mobile refrigeration units where patients are waiting to receive them.

Thousands of refugees are believed to have died as a result of the operations, their bodies bearing tell-tale scars which show where the organs have been removed.

The illegal trade – believed to be the second most lucrative in the region behind weapons smuggling – has been exposed in a CNN documentary.

Death In The Desert, part of the network's Freedom Project, reveals the plight of refugees from Sudan, Ethiopia and Eritrea crossing the Sinai in an attempt to reach Israel.

According to the report, refugees also face rape, extortion and slavery and are frequently held in labour camps in the lawless desert.

The Sinai Peninsula is under the control of Bedouin tribes, and police rarely ever venture into the area. Smuggling and contraband is the main economy and when refugees put their trust into smugglers to get them across the border, they are instead being sold to the Bedouins and taken to labour camps.

Instead of making it to the Israeli border, they are held by the tribes – including the Sawarka - who try to extort huge sums of money from relatives they might have overseas.

If no ransom is received, the women are frequently raped while the men are tortured. Both sexes are usually enslaved and may have to work on marijuana plantations in the depths of the desert.

They also face the terrible prospect of having their organs harvested.

'Doctors from Cairo call me and say they have a private case and they need this or that,' one Bedouin chief told CNN journalist Fred Pleitgen.

'It's like spare parts for a car. The doctors come with some sort of mobile fridge where the organs can be stored for six to eight hours and resold in Cairo or elsewhere.

'They deal directly with the Sawarka tribe and they buy the organs for anything from 1,000 to 20,000 dollars'

The documentary crew was shown photographs of dead bodies laced with the scars from surgery by Hamdy Al Azazy, the head of the New Generation for Human Rights.

'A few years ago I heard from one of the Bedouins about spare parts,' he said.

But I couldn't accept at that time, whether it is true or not. It is not logical for me because the spare body parts need high technology and special clinics.

'But I didn't know the technology has become very easy now because of mobile clinics.'

A forensic doctor who later examined the pictures said that the nature of the scars suggested the bodies were operated on while still alive.

He had no doubt that the organs were taken while the person was still alive.

Pleitgen said that the extent of the trade that the team had uncovered was staggering.

'We'd actually gone to Sinai to do a completely different report,' he said.

'And then we were told that organ trafficking was going on. The trade is run by the tribes and the doctors are based in Cairo.'

The team attended a burial carried out by human rights workers while they were in Egypt. The bodies had simply been dumped with no clue to their identity.

'The two guys were completely unknown,' he said. 'The cemetery was bleak, next to a garbage dump. Dogs have dug bodies up in the past.'

The documentary is part of the network's Freedom Project, which was launched in March.

It is part of a global news initiative to expose and raise awareness of sex trafficking and slavery around the world.

## **A Desperate Economy: Illegal Organ Trafficking**

Charlie Zachariades

*The medical community worried an unregulated market would make the rich the only ones who could afford organs. NOTA responded and banned human organ sales, and as with many commodities made illegal, the market went underground and abroad.*

**Every day in the United States, 18 people die while waiting to receive an organ transplant** (1). Kidneys demonstrate the desperation and economics of this situation, for as the demand for kidneys has risen, the number of donors has remained stagnant in comparison (3). With over 100,000 patients on the waiting list in the United States each year, 70% of which are looking for a kidney, many have to wait years to receive a transplant (4). Additionally, costs are altogether prohibitive. The average cost for the first 90 days of care can be upwards of \$100,000, but this is still cheaper in the long run than the \$80,000 a year it costs to be on dialysis (2). In a life-or-death situation, sidestepping the legal process and turning to the underground organ trade is often the only option to survive.

### **History of Organ Transplants**

**The first successful kidney transplant on a human was performed in 1954** between two identical twins at Boston's Peter Bent Brigham Hospital, an operation which subsequently received the Nobel Prize in medicine (4). Since then, transplants have been performed with increasing success rates and with organs that previously would not have been suitable for transplantation, as with deceased donor organs. The Organ Procurement and Transplantation Network's most recent study indicates success rates for deceased-donor kidney recipients of 94% for one year survival and 82% for five year survival. This is drastically higher than the success rates of less than 50% that transplant surgeries had in their infancy.

Among living-donor transplants the prognosis is even more promising with 98% of patients living at least one year and 90% living at least five years after their surgeries (5).

Numerous pieces of legislation allow for these transplants to occur. In 1968 the Uniform Anatomical Gift Act allowed for organ donation after one's death. The law has since been revised numerous times, first to conform to other laws which outlawed the trade of organs, and most recently in 2007 to make it easier to become a donor by simply checking a box at the DMV when getting your driver's license (6). Previous to this legislative change, transplant surgeries were exceedingly rare due to the resources needed and risks involved. Yet as these transplants became more commonplace and demand for organs increased, a system was needed to organize the organ transplant network and eliminate the corresponding increases in illegal organ trade. Spearheaded by Al Gore, The National Organ Transplant Act of 1984 (NOTA) established the Task Force on Organ Transplantation and the Organ Procurement and Transplantation Network to increase organ availability from deceased individuals and to coordinate the donation process on a nationwide level (7). NOTA also specified how organ, bone marrow, and blood donors could and could not be compensated for their donations.

However, a new drug called Cyclosporine A came on the market the same time this act was passed. Cyclosporine A drastically decreases organ rejections by acting as a powerful immunosuppressant, and the increased assurance in transplant success that it provides was one of the most significant catalysts for doubling the number of organ transplants between 1988 and 2006 (4). This drastic growth in transplant success and availability, coupled with little regulation, proved to be an appealing investment opportunity, and the market for legal organ sales started to take shape.

At this time, the medical community, along with voicing ethical concerns about legally selling organs, worried that a relatively unregulated market would result in the rich being the only ones who could afford organs (3). NOTA answered these issues by banning the sale of human organs and making it illegal to compensate donors in other ways. Transplants must instead rely on donated organs and recipients are selected from a waitlist, the order of which is determined by a number of factors, including relative need, age, transplant prognosis, and length of time on the waitlist (8).

### **Desperate Times Call for Desperate Measures**

**As with many commodities that are made illegal, the market went underground** and abroad. A 2005 World Health Organization study estimated that 1 in 10 kidneys are sold illegally. These kidneys can cost up to **\$200,000 out of pocket, double what a legal transplant can cost, yet for people without insurance, years of expensive dialysis plus the costs of a legal transplant can make a \$200,000 kidney look like a decent financial decision.** Additionally, an illegal kidney exchange bypasses the average 3-5 years on the waitlist (in some cases upwards of 10 years). Many even see it as the only option to avoid being one of the roughly 5,000 Americans who die each year waiting for a suitable kidney (9). The unfortunate result is that around the world, there is a growing need for transplant organs, and desperate people are enabling the illegal organ trade to thrive.

**The primary cause of this increased demand and consequential black market growth is twofold. Better anti-rejection medications have the unintended consequence of increasing illegal transplants. By decreasing the risk of rejection and recovery time, organ transplants are easier to perform, aren't as risky, and allow for more doctors to take on the risks of an illegal transplant.** Furthermore, these medications enable people to donate to recipients who in the past would have been incompatible. This not only allows more patients to be on the waitlist, driving up demand, but also makes it easier for black market brokers to find suitable donors. However, since these drugs inhibit the entire immune system, they also leave patients much more vulnerable to complications and infections after surgery. Especially in the third-world countries where many of these donors are recruited from, limited access to antibiotics causes many donors to develop health complications (9).

**The second reason for the increase in demand is the dramatically increased rates of obesity and diabetes, both of which are closely tied to renal failure.** Between 1980 and 2011 the number of Americans diagnosed with diabetes has more than tripled (from 5.6 million to 20.9 million) (10). In addition, life expectancy has increased over the years. This has led not only to more elderly people with failing kidneys, but also to more young recipients needing another kidney later in life. This is because transplant kidneys usually only last for around 25 years if they come from living donors and 15 years from deceased donors (4, 11). Thus the kidney waitlist increased 6-fold between 1988 and 2006 to over 100,000 people (4).

### **The Illegal Trade Worldwide**



**Aside from the few developed countries with active organ transplant systems**, the majority of the world has developed a robust black market to respond to organ need. Increased international pressure from the human rights community has led to most countries technically banning the organ trade, but most governments do little to actively combat it. Currently Iran is the only country where it is legal to sell organs, but even there it is restricted to Iranian citizens and highly corrupt (12).

China was historically one of the main providers of illegal kidneys for foreigners. Even though selling organs for profit is illegal, laws allowed government officials to harvest and resell the organs of executed prisoners. International backlash became significant, as China's practices involved organ harvesting before prisoners actually died and insignificant efforts to elicit donations from healthy persons. The system gave an incentive to execute prisoners in order to harvest their organs, and numerous families of executed prisoners claimed they were coerced into signing donor agreement forms. In 2007, China passed the Human Transplantation Act, banning this practice and standardizing the organ collection process, and in 2011, China changed its laws to specifically ban the forced removal of organs.

With the increased regulations in China, brokers for illegal organs moved to other developing countries with little to no enforcement of transplant laws. Brazil, Pakistan, India, Israel, and Turkey have all seen increases in organ trafficking, and Moldova, a small eastern European country, became particularly notorious as a hub for the illegal kidney trade. There, the black market is a thriving enterprise run by organized crime which takes advantage of the Moldovan citizens' willingness to sell one of their kidneys. The organ brokers entice the impoverished, offering them a few hundred to a few thousand dollars to donate their kidney (9). Most of these people are not made aware of the actual risks involved, including the fact that people who have donated a kidney on the black market are at a much higher risk for kidney failure later in life. In addition to voluntary donation, men are often tricked into donating by brokers who offer them work in Istanbul. With the high unemployment rate, many people accept this offer, only to be told once there that that they must donate a kidney (15). For those that decline the offer for work and do not want to voluntarily donate, walking away is not simple. Brokers will come back numerous times trying to recruit people and will often turn to intimidation and threats to get people to donate. Although little is known about these statistics, it is thought that large portions of the Moldovans who donate are coerced into doing so (9).

## Finding a Solution

In 2008, the Transplantation Society and the International Society for Nephrology held the first International Summit on Transplant Tourism and Organ Trafficking in Turkey. The landmark conference involved organizations from over 70 countries to specifically address the commercialism of the organ trade and the exploitation of poor populations for the purpose of harvesting organs for sale. In result, the conference produced the Declaration of Istanbul, which condemns “victimizing the world’s poor as the source of organs for the rich” and seeks to “preserve the nobility of organ donation” by combating the threat to “the legacy of transplantation...by the organ trafficking and transplant tourism” (16). The Declaration also suggested a ban on advertising for illegal organ donors, called for legal repercussions for illegal organ trade brokers and solicitors, asked developing countries to establish organ donor registries, and asked countries with long waitlists for organs to create incentives for organ donation.

Based on these recommendations over 100 countries have reformed their legislation on organ trafficking, but there is still much room for more progress. Currently, the strongest action has developed out of international organizations (17). The 2009 joint UN and Council of Europe task force created a comprehensive examination of organ trafficking since its origins and called for the creation of new laws to combat the black market. In particular they suggested numerous changes to the organization of government bodies in order to resolve discrepancies between pieces of legislature. This would increase the efficiency of the international community by standardizing practices. The task force also discovered that tackling the organ trade head on may not be the best approach. Instead, addressing the demand for more donors through efforts to incentivize living and deceased donation would collaterally strike a blow to the illegal organ trade (4).

In the U.S. the main problem regarding the organ trade is “transplant tourism,” in which the wealthy travel abroad, typically to poor countries where trafficking is rampant, in order to receive a transplant.

But there have also been numerous accusations of illegal operations taking place domestically. In 2011, Nancy Scheper-Hughes, a UC Berkeley anthropologist, was the first to investigate and expose of an international ring of organ sellers led by Isaac Rosenbaum. An Israeli citizen living in Brooklyn, N.Y, Rosenbaum became the first person convicted of brokering an organ transplant in the U.S under the aforementioned National Organ Transplant Act. For over a decade, Rosenbaum’s network of organ

traffickers in the U.S. and Israel recruited Israeli sellers and brought them to the U.S. Rosenbaum used his connections in prestigious hospitals including Mount Sinai, John Hopkins, and Albert Einstein to bypass the typical organ screening process and pay off doctors to perform the surgeries (9, 18).

Following further convictions like Rosenbaum's, many have pushed for a regulated organ trade like that of Iran. Proponents of this idea believe that commercializing the organ market will not only instantly eliminate the black market for organs, but will also drive the price of organs down and nearly eliminate the waiting list. One of the primary arguments of this view is that as an autonomous being you own your organs, and it should therefore be your human right to do with them what you want as long as it does not harm others (19). The primary issue is that as seen in Iran, regulating the organ trade would lead to corruption and exploitation, where the poor would inevitably end up being the sellers and the rich the buyers. And there is precedent for this in the U.S in blood transfusions. In the early days of transfusions, hospitals bought blood from people regularly, but with increased demand the government turned to a population eager to give blood in exchange for money, prisoners. Coercion and corruption was soon rampant as donors would often lie about diseases they had in order to donate while officials accepted tainted supplies to increase sales. While purchased blood is still technically legal today, hospitals almost exclusively use donated blood. Additionally, organ donation has many more complications than giving blood or plasma. A legal organ trade would incentivize the downplaying of these risks and cause people to donate when they are not healthy enough to live on one kidney, exchanging one person's medical problems for another's.

However, there are possibilities for other incentives. When Al Gore spearheaded NOTA he suggested "a voucher system or a tax credit to a donor's estate" could be instituted if "efforts to improve voluntary donation are unsuccessful" (18). This could be instituted with deceased donors similar to how a life insurance policy works, providing a major incentive to donate with much less risk of corruption. Another policy that has recently been gaining ground due to its success in Europe is a change from the opt-in structure the U.S. has today to an opt-out one. In this system the health care providers relinquish the burden of recruiting donors and gives implied consent to harvest organs. If individuals do not consent they simply go through the process to opt-out of donating. Studies have shown that an opt-out system, as in Germany, has led to an increase in organ donation by as much as 30% (3).

In addition to policy changes, advances in medical technology seek to bypass the donor process altogether. Although still experimental, xenotransplantation is a promising practice that may eliminate the need for donors entirely. By transplanting organs obtained from another animal or grown ex vivo through the implantation of human genes into animal tissue via stem cells, petri dish organs can be grown for everyone in need of an organ (21).

However we address the problem of organ transplants, it is clear that there is an urgent need. As the waitlist continues to grow and black market brokers thrive, experts agree that the best way to combat the illegal organ trade is to fix the legal system regulating it. Cooperation from the international community along with incentives for social altruism, tax breaks, opt-out systems, xenotransplantation, or a combination therein seem to provide the best hope to save the thousands of people who will die each year waiting for an organ.

### References

"The Need Is Real: Data." Organdonor.gov. U.S Department of Health and Human Services, n.d. Web. 25 Mar. 2014.

Englesbe, M. J., J. B. Dimick, Z. Fan, O. Baser, and J. D. Birkmeyer. "Case Mix, Quality and High-Cost Kidney Transplant Patients." *American Journal of Transplantation* 9.5 (2009): 1108-114. The National Center for Biotechnology Information. US National Library of Medicine, National Institutes of Health. Web. 1 Apr. 2014.

Orentliche, David. "Presumed Consent to Organ Donation: Its Rise and Fall in the United States." *Rutgers Law Review* 61.2 (2009): 296-329. Rutgers.edu. Indiana University - Robert H. McKinney School of Law, 6 Aug. 2008. Web. 7 Apr. 2014.

Caplan, Arthur, Beatriz Domínguez-Gil, and Rafael Matesanz. Trafficking in Organs, Tissues and Cells and Trafficking in Human Beings for the Purpose of the Removal of Organs. Council of Europe. Joint Council of Europe, United Nations, 2009. Web. 25 Feb. 2014.

Staff. "Kidney Transplant Results." Mayo Clinic. Organ Procurement and Transplantation Network, 2 Nov. 2011. Web. 3 Apr. 2014. <<http://www.mayoclinic.org/tests-procedures/kidney-transplant/basics/results/prc-20014007>>.

"Uniform Anatomical Gift Act." The National Conference on Commissioners of Uniform State Laws. The National Conference on Commissioners of Uniform State Laws, n.d. Web. 04 Apr. 2014. <[http://uniformlaws.org/Act.aspx?title=Anatomical+Gift+Act+\(2006\)](http://uniformlaws.org/Act.aspx?title=Anatomical+Gift+Act+(2006))>.

Duda, Laura. "National Organ Allocation Policy: The Final Rule." Virtual Mentor 7.9 (2005): n. pag. Virtual Mentor. American Medical Association Journal of Ethics, Sept. 2005. Web. 5 Apr. 2014.

Mayes, Gwen. "Buying and Selling Organs for Transplantation in the United States: National Organ Transplant Act of 1984 (NOTA) Bans Buying and Selling." Medscape Education 4, no. 3 (2003): 1-4.

Dan Rather's Report- Kidney Pirates. Prod. David Small. HDnet. N.p., 12 Jan. 2010. Web. 25 Feb. 2014. <<http://blip.tv/hdnet-news-and-documentaries/dan-rather-reports-kidney-pirates-5455011>>.

"Number (in Millions) of Civilian, Noninstitutionalized Persons with Diagnosed Diabetes, United States, 1980–2011." Centers for Disease Control and Prevention. Centers for Disease Control and Prevention, 28 Mar. 2013. Web. 04 Apr. 2014. <<http://www.cdc.gov/diabetes/statistics/prev/national/figpersons.htm>>.

"Living Donors." National Kidney Registry. N.p., n.d. Web. 05 Apr. 2014. <[http://www.kidneyregistry.org/living\\_donors.php?cookie=1](http://www.kidneyregistry.org/living_donors.php?cookie=1)>.

Ghods, A. J., and S. Savaj. "Iranian Model of Paid and Regulated Living-Unrelated Kidney Donation." Clinical Journal of the American Society of Nephrology 1.6 (2006): 1136-145. Clinical Journal of the American Society of Nephrology. American Society of Nephrology, Oct. 2006. Web. 5 Apr. 2014.

Bradsher, Keith. "China Moves to Stop Transplants of Organs After Executions." *The New York Times*. The New York Times, 23 Mar. 2012. Web. 05 Apr. 2014.

Scheper-Hughes, Nancy. "The Global Traffic in Human Organs." *Current Anthropology* 41.2 (2000): 191-224. JSTOR. Web. 2 Apr. 2014.

Scheper-Hughes, Nancy. "Keeping an Eye on the Global Traffic in Human Organs." *The Lancet* 361.9369 (2003): 1645-648. Science Direct. Web. 25 Mar. 2014.

"The Declaration of Istanbul on Organ Trafficking and Transplant Tourism." *Clinical Journal of the American Society of Nephrology* 3.5 (2008): 1227-231. The American Society of Nephrology. Web. 25 Feb. 2014.

Danovitch, Gabriel M., and Mustafa Al-Mousawi. "The Declaration of Istanbul—early Impact and Future Potential." *Nature Reviews Nephrology* 8.6 (2012): 358-61. Nature. Web. 6 Apr. 2014.

Satel, Sally. "About That New Jersey Organ Scandal." *The Wall Street Journal*. Dow Jones & Company, 26 July 2009. Web. 04 Apr. 2014.

Kishore, R. R. "Human Organs, Scarcities, and Sale: Morality Revisited." *Journal of Medical Ethics* 31.6 (2005): 362-65. JSTOR. Web. 25 Feb. 2014. <<http://www.jstor.org/stable/27719422>>.

Abumrad, Jad. "Blood." Radiolab. National Public Radio, n.d. Web. 07 Apr. 2014.

"Xenotransplantation." *Vaccines, Blood & Biologics*. Food and Drug Administration, n.d. Web. 06 Apr. 2014.

<https://newint.org/features/2014/05/01/organ-trafficking-keynote>

Human traffic: exposing the brutal organ trade

1 May 2014

Health

Trade

Secretive and ruthless, the traffickers controlling the kidney trade thrive on the desperation of the poor and the sick. **Nancy Scheper-Hughes** lays bare the 'collateral damage'.

*Men from Baseco, a slum in the port area of Manila*

The slide on the screen showed several skinny, dark Filipino men lined up, displaying their sacred wound, the kidney scar, long as a sabre slice across their convex torsos. More than 150 representatives of scientific and medical bodies from 78 countries stared solemnly at the photo during the Istanbul Summit of 2008, the defining moment in the global recognition of human trafficking for 'fresh' kidneys. 'Is this why we began as transplant surgeons?' one of the convenors, US surgeon Francis Delmonico, asked. 'Are we comfortable with this? Is this fair? Do we want to participate in this?'

The man sitting next to me, a Hindu surgeon in white robes, reminiscent of Hippocrates, was moved. When I asked what he was thinking, he replied: 'This is too late. Kidney selling is no longer a strange or exotic act. It is normal, everyday, and entrenched. We in the South can agree that it is a tragic turn of events, but the demand comes from outside.'

In the early 1980s a new form of human trafficking, a global trade in kidneys from living persons to supply the needs and demands of 'transplant tourists', emerged in the Middle East, Latin America and Asia. The first scientific report on the phenomenon, published in *The Lancet* in 1990, documented the transplant odysseys of 131 renal patients from three dialysis units in the United Arab Emirates and Oman. They travelled with their private doctors to Bombay (now Mumbai), India, where they were transplanted with kidneys from living 'suppliers' organized by local brokers trolling slums and shantytowns. The sellers were paid between \$2,000 and \$3,000 for a 'spare' organ. On return, these transplant tourists suffered an alarming rate of post-operative complications and mortalities resulting from mismatched organs, and infections including HIV and Hepatitis C. There was no data on, or discussion of, the possible adverse effects on the kidney sellers, who were still an invisible population of anonymous supplier bodies, similar to deceased donors.

In 1997, I co-founded Organs Watch, specifically to draw attention to the then invisible population of kidney 'suppliers'.<sup>1</sup> Today human trafficking for organs is a small, vibrant and extremely lucrative business that involves some 50 nations.<sup>2</sup>

### **No cadavers wanted**

In the summer of 2009 I received a phone call that unnerved me.

‘Are you the Organs Lady?’ a young man I’ll call Jim Deal\* asked me with a slight tremor in his voice.

‘Perhaps,’ I replied. ‘How can I help you?’

‘I just found out that my kidneys are failing and my doctor wants me to start dialysis immediately.’

‘Yes?’

‘Well, I can’t attach myself to a machine three days a week. I’ve just started a new company and I can’t lose a minute. I need a kidney now. Where can I go to get one? I have the resources. Money is not an object.’

My suggestions to ask his relatives (which included several siblings) were rejected – they were all busy with their careers and families. Would he be willing to take the ‘Steve Jobs option’, registering in multiple transplant centres in different regions of the US, increasing the possibility that his number would be called – Bingo!

‘No cadavers,’ Jim said. It would have to be a kidney purchased from a living stranger. Could I recommend a surgeon or a broker who could help? Given his family genealogy, which included a grandparent from Iran, I told Jim that he might be in luck. Iran had the only legalized and regulated kidney selling programme, but it was reserved for Iranian citizens and diaspora.

‘I’m not going to go to Iran, if that’s what you are saying,’ Jim countered. ‘I want First World medicine.’

There was no use trying to convince Jim that Iran had ‘First World’ surgeons. Some weeks later he called to tell me that his family had found several local, willing kidney providers online through Craigslist. He chose the least expensive ‘option’: a kidney from 19-year-old community college student Ji-Hun\*, an immigrant from South Korea who could not afford his tuition, books, room and board, and who feared deportation if he dropped out.

The deal was secured for \$20,000. The night before the transplant, two very nervous Korean brothers met with Jim’s relatives in an upscale suburb of Los Angeles to count the kidney loot in crisp one hundred dollar bills. An armed guard oversaw the encounter. The seller requested half in advance. The family refused, but they agreed to hand over the money to the seller’s older brother as soon as both parties were under anaesthesia but before they knew the outcome of the organ transfer.

*‘Kidney selling is no longer a strange or exotic act. It is normal, everyday, and entrenched’*

By the time I arrived at the famous ‘hospital for the Hollywood stars’ in Beverly Hills, the surgery was over and Jim was out of the recovery room and surrounded by well-wishers. His private room was festive with flowers, gifts, smiles and prayers for Jim’s recovery. Nurses popped their heads in and out to see if everything was going well.



It took some sleuthing to locate Ji-Hun, who was tucked away in a corner room several flights above the regular post-op recovery rooms. He was a delicate young man, weighing no more than 55 kilos. He was doubled over with pain, and blushed with shame when I introduced myself to him as an informal 'kidney donor' advocate. The nurses tittered anxiously when I presented my calling card with its Organs Watch logo. They told me that Ji-Hun would be released that same day, although he had not yet seen a doctor following his kidney removal. He was worried about returning to his one-room bedsitter apartment in a dodgy section of Los Angeles. Before leaving the hospital Ji-Hun gave me his cell-phone number.

A few days later Ji-Hun reported that he was still in bed, immobilized with pain, and unable to eat, urinate or defecate. His older brother, a surly young man who worked as a dish washer in a fast-food restaurant, was angry with him. He had no medical insurance, and the \$20,000, which had been handed over to his brother in a public toilet on the surgical ward, was already all but gone after settling unpaid bills along with student tuition and remittances for their parents in Korea. After a few brief calls, Ji-Hun's phone went dead.

Jim, anxious about disclosure, emigrated to another country and on last report was married and able to work. The head of the surgical staff of the complicit hospital refused to discuss the case, citing patient confidentiality. The consulting nephrologist who worked shifts at the private hospital contacted me to say that he had seen many other instances of bartered kidneys, but was loath to be a 'whistleblower'.

While most illicit kidney transplants take place in the so-called developing world – India, Pakistan, Bangladesh, Egypt, the Philippines, and more recently Central Asia and Central America – future transactions are likely to resemble the above story. Facilitated by the internet, organ 'suppliers' will be drawn locally from the large pool of new immigrants, refugees and undocumented workers. The transplants will be arranged in private hospitals where the transactions are reported as altruistic, emotionally related donations.

### **Organized crime**

That is the future. For now, transplant tours are more usual. They can bring together actors from as many as four or five different countries, with a buyer from one place, the brokers from two other countries, the mobile surgeons travelling from one nation to another where the kidney operations actually take place. In these instances, and the case of a private clinic in Kosovo is perhaps the best example (see 'The Medicus affair'), the participants appear and disappear quickly, with the guilty parties, including the surgeons, taking with them any incriminating data. When the police finally arrive at the scene, they discover the bloody remains of a black-market clinic, with traces of forensic evidence, but the key players long since disappeared.

Over the course of more than 17 years of dogged field research, my Organs Watch colleagues and I had realized that we were not dealing with a question of medical ethics. Rather, we had gained entry into the world of international organized crime. Following fieldwork in Turkey, Moldova, the US, Israel, Brazil, Argentina, the Philippines and South Africa, it became apparent that organ brokers were human traffickers involved in cut-throat deals that were enforced with violence, if needed. Many of the 'kidney hunters' who seek out new candidates in poor localities are former sellers, recruited by crime bosses.

The transplant and organ procurement traffic is far-flung, sophisticated and extremely lucrative. Although trafficking in human organs is illegal in almost every nation, the specifics of the laws differ, making prosecutions that can involve three or more nations a judicial nightmare. In some countries it is illegal to sell a kidney but not to purchase one. In others it is illegal to buy and sell within the country but not to buy and/or sell abroad.

Organ trafficking made its début as a much-contested add-on to the 2000 United Nations Palermo Protocol on Human Trafficking, which recognizes that even willing participants in underworld illicit kidney schemes can be counted as victims. Indeed, most are coerced by need, not physical threats or force. Some even pay significant amounts of money to be trafficked.

As it is covert behaviour, it is difficult to know with any degree of certainty how many people are actually trafficked for their kidneys, but a conservative estimate, based on original research by Organs Watch, is that at least 10,000 kidneys are sold each year. Human trafficking for organs is a relatively small and contained problem, one that could be dealt with efficiently with the political will to do so.

### **Complex co-ordination**

Unlike other forms of trafficking that unite people from shady backgrounds, the organ trade involves those at the highest – or at least middle-class – levels of society: surgeons, doctors, laboratory technicians, travel agents, as well as criminals and outcasts from the lowest.

*Unlike other forms of trafficking that unite people from shady backgrounds, the organ trade involves those at the highest levels of society, like surgeons*

Transplant professionals are reluctant to 'name and shame' those of their colleagues involved in the trade, thereby creating a screen that conceals and even protects the human traffickers who supply the surgeons. And because trafficking living donors for organs is a traffic in 'goods' (life-saving 'fresh kidneys') not traffic in 'bads' (drugs or guns) there is reluctance, even on the part of the justice system, to recognize the 'collateral damage' it inflicts on vulnerable bodies – and the harm to society and the profession of medicine itself.

Organ brokers are the linchpins of these criminal networks, which handle an onerous feat of logistics. They co-ordinate three key populations: (1) kidney patients willing to travel great distances and face considerable risk and insecurity; (2) kidney sellers recruited and trafficked from the urban slums and collapsed villages of the poor world; (3) outlaw surgeons willing to break the law and violate professional codes of ethics. Well-connected brokers have access to the necessary infrastructure such as hospitals, transplant centres and medical insurance companies, as well as to local kidney hunters, and

brutal enforcers who make sure that 'willing' sellers actually get up on the operating table once they realize what the operation actually entails. They can count on both government indifference and police protection.

The complicit medical professionals perform expert teamwork – technicians in the blood and tissue laboratories, dual surgical teams working in tandem, nephrologists and post-operative nurses.

There are 'transplant tour agencies' that can organize travel, passports and visas.

In the Middle East and in the US, religious organizations, charitable trusts and patient advocacy groups are often fronts for such international networks.

### **Tactics of persuasion**

Some brokers in Moldova used underhand tactics that had already been honed in recruiting naïve Moldovan women into sex work. They offered the opportunity of work abroad to unemployed youth, or household heads in debt or in need of cash to support sick spouses or children.

On arrival, the young men were kept in safe houses, had their passports confiscated, and were reduced to total dependency on the brokers (women were exceptions, see 'My heart weeps inside me'). A few days later, the brokers would break the news that it was not painting or ironing trousers that was needed from the illegal 'guest workers' but their kidneys. Those who refused outright were threatened or beaten. One young man, Vladimir\*, explained the stark 'choice' that faced him in Istanbul: 'If I hadn't given up my kidney to that dog of a surgeon, my body would be floating somewhere in the Bosphorus Strait.'

*Nancy Scheper-Hughes with Alberty Alf*

Most brokers, however, offer themselves as altruistic intermediaries promising a better life to donors and recipients. The commonest scenario is of vulnerable individuals easily recruited and convinced to participate in the trade. The pressures are subtle; the coercion hidden.

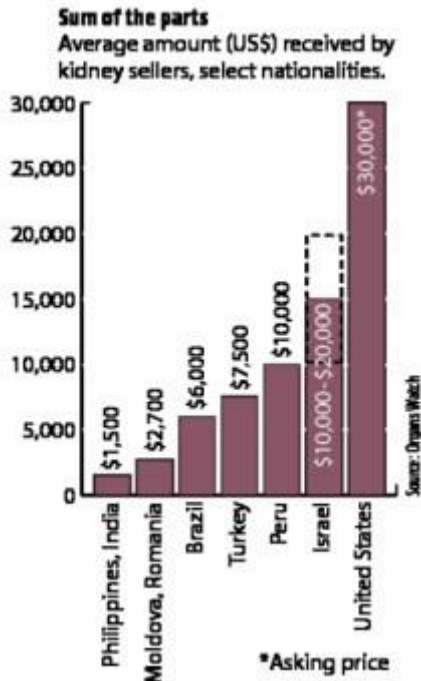
In Baseco, a dockside slum and notorious 'kidney-ville' in Manila, brokers recruit young men (and a small number of women) who are distant kin, related by blood or marriage or informal fosterage.

Ray Arcella, a famous broker from the area, could often be seen with his arm slung loosely around the shoulders of his young recruits, some of whom referred to Ray as their uncle or their godfather. Ray's less than avuncular advice to his many 'cousins' and 'nephews' was that kidney selling was the best way of helping out one's family – since mechanized containers had rendered dock work, once Baseco's main source of employment, obsolete.

Brokers will hire local kidney hunters – often former sellers – to do the dirty work of recruiting their neighbours and extended family members. In these seemingly consensual transactions, controlling behaviour, fraud and manipulation are well hidden.

## The sellers

Kidney sellers are predictably poor and vulnerable: the displaced, the disgraced or the dispossessed. They are the debtors, ex-prisoners or mental patients, the stranded Eastern European peasants, the Turkish junk dealers, Palestinian refugees, runaway soldiers from Iraq and Afghanistan, Afro-Brazilians from the *favelas* and slums of northeast Brazil, and Andean Indians.



Most enter willingly into a 'transaction' in which they agree to the terms, which are verbal, but only realize later how they have been deceived, defrauded or cheated. Few are informed enough to give consent. They do not understand the seriousness of the surgery, the conditions under which they will be detained before and after the operation, or what they are likely to face with respect to the discomfort or immediate inability to resume their normally physically demanding jobs.

Some in the slums of Manila, as in the slums of Brazil, were underage teens who were counselled by brokers to fabricate names and add a few years to their age to make them 'acceptable' to the surgeons. Many of those trafficked deny the 'sale', saying that what they were paid was too small to constitute a sale for something as 'priceless' as a non-renewable body part. In these unconventional transactions, the boundaries between gift, commodity and theft are decidedly blurred.

*'If I hadn't given up my kidney to that dog of a surgeon, my body would be floating somewhere in the sea'*

Male kidney sellers tend to minimize the trauma they experienced to protect their pride. But their reserve often crumbles under gentle but probing questioning of how their lives have been affected. Some male sellers in Moldova denied that they were 'trafficked' because the language of trafficking made them sound like female 'prostitutes', a stigma they could not live with. Others become obsessed

with the kidney sale and attribute all the misfortunes that occurred before or since to that one act of 'stupidity'.

Among a group of 40 Moldovan kidney sellers we followed from 2001 to 2009, there were deaths from suicide, failure of the remaining kidney, and even from battering by angry villagers who felt that the sellers had disgraced their village. Some were banished from their homes and disappeared.

### **The brokers**

The brokers, who may be transplant surgeons, or organized crime figures, co-ordinate transplant tour junkets that bring together relatively affluent kidney patients from Japan, Italy, Israel, Canada, Taiwan, the United States and Saudi Arabia with the impoverished sellers of healthy organs.

Transplant brokers and organ traffickers are ever more sophisticated, changing their modus operandi, realizing that their engagements with public and private hospitals in foreign locations are severely time-limited. Israeli brokers, for example, recently confided that they either have to pay to gain access to deceased donor pools in Russia or Latin America (Colombia, Peru and Panama in particular), or they have to set up new temporary sites and locations (Cyprus, Azerbaijan and Costa Rica) for facilitating illicit transplants quickly and for a short period of time, already anticipating police, government and/or international interventions. They are always prepared to move quickly to new locations where they have established links to clandestine transplant units, some of them no more sophisticated than a walk-in medical clinic or a rented ward in a public hospital.

### **The buyers**

Transplant tourists are a varied but determined and risk-taking population, willing to travel to 'parts unknown' to purchase a stranger's kidney. They pay for a package deal; they do not know – nor do they want to know – the exact price that will be paid to the person who will deliver their fresh kidney. They *do* want to know whether the purchased organ will come from a healthy person, an educated person, a person of acceptable race and ethnicity. (Ethnicity matters to them because it might signify a 'closer' or a 'better' match.) They want a kidney that has not had to work hard for a living, and they want their surgeon to make sure they get access to the seller's healthiest kidney.

There is a preference for male donors between the ages of 20-30 years. Transplant tourists are asked to pay a great deal of money – normally somewhere between \$100,000 and \$180,000 – of which the sellers receive a mere fraction.



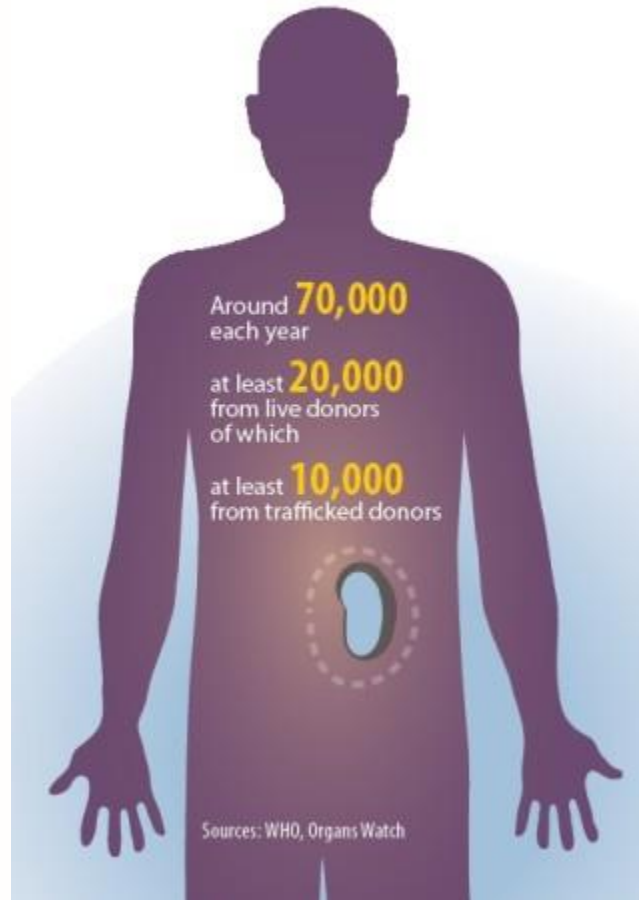
Some buyers refuse kidneys from women, expressing a kind of old-fashioned chivalry, others an old-fashioned sexism. **Men are by far the greatest purchasers.**

In 2010, I was paid a visit by a sixty-something man from southern California who insisted on setting me straight on certain matters. David\* wanted me to know what it felt like to be in his shoes. ‘Dialysis is like a living death,’ he said. ‘You get cataracts, problems in your gut, you can hardly eat. You lose your libido, you lose the ability to relieve yourself until finally you stop urinating altogether. You lose your energy, you become anaemic, and you are cold all the time. You get deeply depressed.’

He was put into contact with a surgeon and his broker in Tel Aviv, who required him to settle the entire package – \$150,000 – in advance for a transplant at an undisclosed location. Putting his fate in their hands, David travelled to Israel, and following cursory medical exams, he flew with the Israeli surgeon and his broker on to Istanbul where they picked up a second surgeon. ‘One takes out and the other puts in,’ was the simple explanation. Only in Istanbul was David told that his transplant would take place in Kosovo, a country he knew nothing about. The day before flying there, the broker announced that police had broken into the Medicus Clinic in Pristina, and that the planned transplant there was now unavailable. However, he was willing to offer, at a cut-price rate, another option that had opened up in Baku, Azerbaijan. And that is where David finally received his kidney, from a seller from Central Asia.

### The new generation

Following the Istanbul Summit in 2008, the Declaration of Istanbul Custodian Group was instituted. For the last eight years, it has been working closely with The Transplantation Society, the World Health Organization (WHO), and a vast network of transplant professionals to negotiate with public health and other government officials to create new laws to encourage deceased donor programmes, promote transplant self-sufficiency within nations, and discourage transplant tourism. It has also exerted pressure on hospitals to stop sheltering the outlier surgeons who perform transplants involving foreign patients and trafficked kidney suppliers.



But illicit transplant trafficking schemes remain robust, exceedingly mobile, resilient and generally one step ahead of the game.

The new generation of organ traffickers is also more ruthless. During the Beijing Olympics, brokers had their supply cut off after foreign access to organs harvested from executed Chinese prisoners was shut down. Undeterred, they began to pursue transplants from living donors, some of them trafficked Vietnamese, others naïve villagers in parts of China where blood-selling programmes had groomed people to accept kidney selling as another possibility.

The sites of illicit transplants have expanded within Asia, the Middle East, Central Asia, Eastern Europe, Central and Latin America, Europe and the United States. As for the recruitment of kidney sellers, they can be found in almost any nation. One crisis after another has supplied the market with countless political and economic refugees who fall like ripe, low-hanging fruit into the hands of the human traffickers.

Prosecutions are difficult. In most instances a few culprits, usually lower-ranking brokers and kidney sellers, are convicted. The surgeons, without whom no organ trafficking crimes can be facilitated, and the hospital administrators often escape, pleading ignorance.



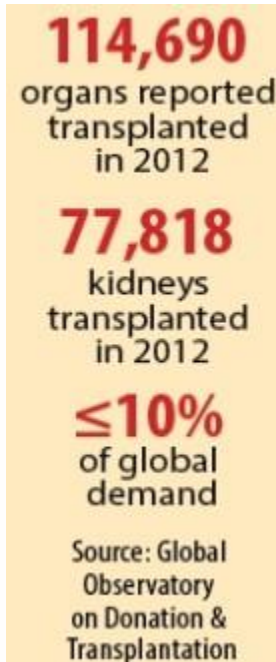
The famous Netcare case in Durban, South Africa, is a case in point. A total of 109 illicit transplants were performed at Saint Augustine's Hospital, including five in which the donors were minors. A police sting resulted in several plea bargains from various brokers and their accomplices. Netcare, the largest medical corporation in South Africa, pleaded guilty to having facilitated the transplants. The immediate result was the plummeting of Netcare stocks.

The four surgeons and two transplant co-ordinators who were indicted held fast to their not-guilty plea. Their defence was that they had been deceived by the company and its lawyers, who had stated these international surgeries were legal. In December 2012, they were given a permanent stay of prosecution and the state was ordered to pay their legal costs. It is fair to state that rogue transplant surgeons operate with considerable immunity. This is unfortunate because they constitute the primary link in the transplant-trafficking business.

### **A victimless crime?**

Because human trafficking for organs is seen to benefit some very sick people at the expense of other, less visible or dispensable people, some prosecutors and judges have treated it as a victimless crime.





When New Jersey federal agents caught Levy Izhak Rosenbaum, a hyperactive international kidney trafficker who had sold transplant packages for upwards of \$180,000, the FBI had no idea what a 'kidney salesman' was. The prosecutors could not believe that prestigious US hospitals and surgeons had been complicit with the scheme, or that the trafficked sellers had been deceived and at times coerced. The federal case ended in a plea bargain in 2011 in which Rosenbaum admitted guilt for just three incidents of brokering kidneys for payment, although he acknowledged having been in the business for over a decade.

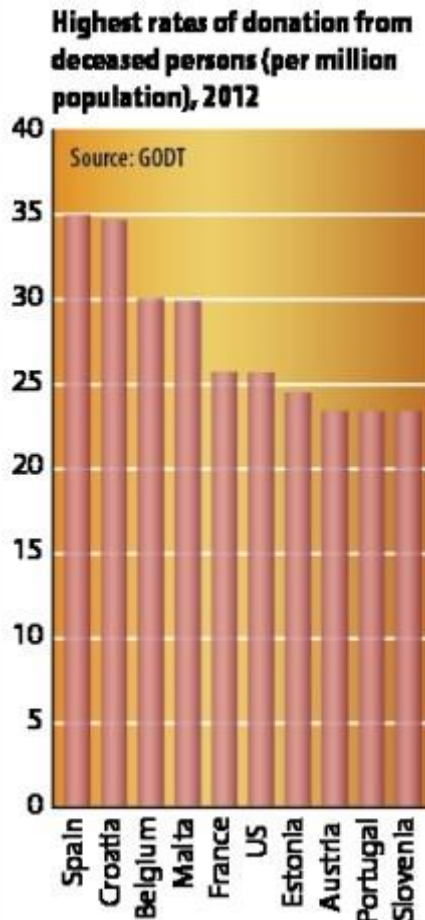
At the sentencing in July 2012, the judge was impressed by the powerful show of support from the transplant patients who arrived to praise the trafficker and beg that he be shown mercy. The one kidney-selling victim, Elhan Quick, presented as a surprise witness by the prosecution, was a young black Israeli, who had been recruited to travel to a hospital in Minnesota to sell his kidney to a 70-year-old man from Brooklyn. Although Mr Cohen had 11 adult children, not one was disposed to donate a life-saving organ to their father. They were, however, willing to pay \$20,000 to a stranger.

*Transplant tourists are a varied but determined and risk-taking population, willing to travel to 'parts unknown' to purchase a stranger's kidney*

Quick testified that he agreed to the donation because he was unemployed at the time, alienated from his community and hoped to do a meritorious act that would improve his social standing. On arrival at the transplant unit, however, he had misgivings and asked his 'minder', Ito, the Israeli enforcer for the trafficking network, if he could get out of the deal as he had changed his mind. These were the last words he uttered before going under anaesthesia.

His testimony had no impact. The judge concluded that it was a sorry case. She hated to send Rosenbaum to a low-security prison in New Jersey for two-and-a-half years as she was convinced that deep down he was a 'good man'. She argued that Elhan Quick had not been defrauded; he was paid what he was promised. 'Everyone,' she said, 'got something out of this deal.'

## Closing down the networks



Convicted brokers and their kidney hunters are easily replaced by other criminals – the rewards of their crimes ensure that. Prosecuting transplant professionals, on the other hand, would definitely interrupt the networks. Professional sanctions – such as loss of licence to practice – could be very effective. Outlaw surgeons and their colleagues co-operate within a code of silence equal to that of the Vatican. International bodies like the UN and the EU need to take concerted action on the legal framework in order to prosecute these international crimes.

Prosecutors look kindly on kidney buyers because they are sick and looking to save their lives. But buyers have no qualms about taking a kidney from deprived persons without any medical insurance, any future, and sometimes no home. They have to be made accountable.

Until we can revolutionize the practice of transplantation, a case needs to be made for a more modest medicine that realizes our lives are not limitless. This is a difficult message to convey when transplant patient advocacy groups and religious organizations have sprung up demanding unobstructed access to transplants and to the life-saving 'spare' organs of 'the other', as if this were a moral crusade.

The kidney is the blood diamond of our times. The organ trade is one of the more egregious examples of late capitalism where poor bodies are on the market in the service of rich bodies.

**Nancy Scheper-Hughes** is Professor of Medical Anthropology at the University of California, Berkeley, and an activist in many social movements. Her classic 1993 study *Death without Weeping: the Violence of Everyday Life in Brazil* was the basis, 20 years ago, for an edition of **New Internationalist**.

\* Names marked by an asterisk are pseudonyms.

1. *Organs Watch* was co-founded with Lawrence Cohen. They are both professors of medical anthropology at the University of California, Berkeley, who had made initial anthropological forays into the various sites where illicit transplant operations were arranged. Over the years they have been joined by a number of independent medical human rights activists from the countries in which they have worked. ↩

<https://www.pri.org/stories/2014-08-19/how-costa-rica-became-epicenter-black-market-kidneys>

his year in the United States, 100,000 people are on the list for kidney transplant. And many of them — more than 4,000 every year — will die waiting. That's because there's a huge imbalance between the global need for kidney transplants and the tiny supply of them, which the World Health Organization says amounts to "maybe a tenth of the worldwide need."

"That adds up to tens of thousands of people every year who are on dialysis, on waiting lists and have no prospect, really, of getting a transplant any time soon," says Kevin Sack, a national correspondent for *The New York Times*. That shortage prompts many people to buy kidneys illegally on the black market, which Sack has been investigating for the past year.

He focused on a particular case that began in Israel, where a mixture of religious law and cultural practices have led many to reject organ donation. The result is a desperate market of patients who will do anything for a transplantable organ.

Israelis and people from other countries who need a kidney get in touch with brokers, who pass them on to nephrologists — doctors who specialize in kidney problems. Those doctors are willing to do the transplants and, crucially, have the connections to find transplantable kidneys.

Sack's reporting in this case led him to a Dr. Mora, a well-known nephrologist in Costa Rica. If Israel is a key source of demand for kidneys, Sack says, Costa Rica has become an epicenter of illegal supply. "Costa Rica has developed a really sophisticated medical tourism industry over the last decade," he explains.

That's because of two powerful economic incentives. One is the fact that doctors in the country work at public hospitals and earn fairly low salaries, but they're also allowed to moonlight at private hospitals. "There they're paid by the case. So the more foreign patients they bring into those hospitals, the more they make." The other is general poverty, which means there are ample number of people who are "almost always in some sort of significant economic distress" and can be convinced to give up a kidney.

Mora finds those "donors" using at least two recruiters. One, named Ms. Cordero, "was a police officer and a taxi driver by night, and, yes, she would occasionally solicit fares in her cab to become donors."

It might seem like a win-win: Vitally-needed organs in exchange for vitally-needed cash. "Certainly the brokers all argue ... that they are saving lives, that they're filling unmet need," Sack says. "That said, they're making huge amounts of money. They're motivated at least equally by greed as by any good intentions."

That's because the going rate for a black-market kidney transplant is anywhere from \$100,000 to \$200,000 — or even higher. "We actually found a gentleman from Texas who had arranged to pay \$330,000 for a transplant," Sack says. But, of course, "the amount that goes to the donor, the quote-unquote donor, is a small fraction of that."

They also may get a small fraction of the medical information they need. "There is oftentimes very little discussion of the medical risk they would face, there's very little discussion of the after-care they need," Sacks says. "It's painful and there is, as with any significant surgery, a risk of death and injury. And typically folks do not know much about that ... They obviously go in with their eyes partially open — but only partially."

Efforts to crack down on the trade aren't going particularly well. Prosecutors in Israel are looking into brokers, Sack says, and he expects indictments in Costa Rica soon. But he cautions that "it's very difficult to make these cases and there have really only been a handful — over the last decade, decade-and-a-half — of significant prosecutions."

And even when they do happen, Sacks says prosecutions can be like an "impossible" game of Whack-a-Mole: "Typically when one country cracks down, the brokers find another one that's willing take them. There's too much money involved for them not to find a place to go."

<http://www.aljazeera.com/indepth/features/2015/10/kidney-worlds-biggest-organ-market-151007074725022.html>

Need a kidney? Inside the world's biggest organ market

by Nishtha Chugh  
8 Oct 2015

**Chennai, India** - Three years ago, Vikas was a school dropout helping his father till the family farm near the northern Indian city of Kanpur - a job he despised.

But today, his fortunes have changed. The 26-year-old is earning much more money working as one of the hundreds of kidney brokers across the Indian subcontinent, fuelling an ever-expanding multimillion-dollar black market for the sought-after human organ.

"If you have the money and want it fast, you come here. I will find you a donor and you can go home with a new kidney in a month," Vikas told Al Jazeera, speaking on the condition that his real name not be published.

According to the World Health Organisation (WHO), South Asia is now the leading [transplant tourism](#) hub globally, with India among the top kidney exporters. Each year more than 2,000 Indians sell their kidneys, with many of them going to foreigners.

## Indian Hospital Revisited

[RELATED: Arrests made in China kidney-for-iPhone case](#)

Aadarsh, a Mumbai-based agent who also demanded anonymity to protect against police reprisals, said "his kidneys" have gone to recipients from Canada, Israel, Britain, Saudi Arabia, the United Arab Emirates and Bahrain, although more and more buyers were now coming from within India.

An alarming surge in renal diseases, diabetes and high blood pressure is driving the global demand for kidneys, which greatly exceeds supply. The near-universal ban on the sale of human organs, coupled with a widespread reluctance in many cultures to donate kidneys even after death, means that patients often must spend years hooked up to dialysis machines - unless they can find a willing donor.

This gaping hole between demand and the legal supply of kidneys is being filled by what may be the world's biggest black market for organs, which criss-crosses India, Nepal, Bangladesh, Pakistan, Sri Lanka and Iran.

However, in recent years, Sri Lanka's capital Colombo has become the new nerve centre of this network, where most transplant operations are carried out. In recent years, Sri Lanka has attracted kidney buyers from as far afield as Israel and the United States.

This development came after India tightened its rules on organ exchanges in 2008, following the arrest of a "[kidney kingpin](#)" running one of the world's largest kidney trafficking rings. Many donors are also taken to Iran, the only country in the world where selling kidneys is legal, though not to foreigners.

Anurag, one of the top names in brokering circles, told Al Jazeera that many agents in India and Bangladesh were working at the behest of individual doctors or hospitals based in Colombo who offered "complete packages" to foreign recipients, with prices ranging from \$53,000 to \$122,000.

"It covers everything - hospital bill, doctor's fee, payment to the donor, his travel and accommodation cost, and, of course, broker's commission. This is the best way because it saves everybody time and hassle," Anurag - who also wanted his real name withheld to avoid trouble - told Al Jazeera from Sri Lanka.

## Social media's role

Although the illicit racket has flourished since the 1990s, social media has catapulted the trade into a new dimension. Brokers like Vikas and Aadarsh are openly lurking on dozens of Facebook pages fashioned as kidney and transplant support groups.

Once the demand for a particular match is relayed to the broker, all it takes is a single post promising monetary compensation in exchange for a healthy kidney. The messages often look like as if they are posted by a "distressed relative" who is urgently looking for a particular blood-match donor, suggesting a quick transaction.

Vikas was masquerading as a young woman called Priyanka Singh on several forums when Al Jazeera first contacted him.

"They always trust a young, nice-looking woman more. When anybody calls, I tell them she is my sister. In the past, I have also used English names. People think they are dealing with foreigners and, therefore, will get more money," he said.

But operating on social media comes with a strict set of rules, too. "I create new aliases every five to six weeks and discard all the mobile numbers used with it. I avoid meeting anyone until I am sure it's not a trap. Also, I never respond to people who have contacted me once before. You won't be able to find me next month," Vikas explained.

The brokers told Al Jazeera they mostly target healthy and non-smoking donors in their 20s or early 30s, preferably men, since they can more easily travel abroad alone. Those who already have passports are given preference. Once trust is established, the potential donor is then sent for pre-arranged blood tests and a tissue-typing test in chosen pathology laboratories across New Delhi and Uttar Pradesh.

Those in the southwest of the country are usually sent to a large, private speciality hospital based in Chennai. Some of the doctors there are part of the Colombo network and help to speed up the process.

"The labs send me the test reports, but in some instances, they send them directly to the doctors in Colombo. Someone based in Chennai pays for the tests. If the match is good, I make arrangements for the donor's travel to Colombo," said Vikas. "I get all the documents ready, including the passport if required. I have contacts who can arrange things within days."

### **Big money**

Vikas is often required to escort the donors to Mumbai. He usually arranges to meet them, sometimes for the first time, at the New Delhi railway station, from where they take the train to Mumbai. "If the donor is from a poor family, has no education or exposure, they are reluctant to travel alone," he said.

"I am instructed to drop them at hotels or guesthouses at fixed locations. My money is always left at the reception. Sometimes I have also dropped them at ISD phone shops and walked away without looking back, as per instructions. I take my commission and never see the donor again. The donor goes to Colombo with another agent for the operation," Vikas said.

His first donor earned him a commission of 25,000 rupees (\$380) three years ago, but now he makes 50,000 to 80,000 rupees (\$757-\$1,211) per donor. Last year he made eight deals, earning more than half a million rupees (\$7,700).

According to the brokers, donors who already possess passports are paid roughly 400,000 rupees (\$6,000), part of which is paid two days before the operation. Others whose passports are arranged by the brokers receive up to 300,000 rupees (\$4,500).

Both the donor and broker usually stay at a luxury apartment complex in Colombo only a kilometre away from one of the three hospitals openly catering to "international clients". The donors normally return home in 18-25 days.

### **Mystery kidney disease kills Nicaraguans**

"A surgeon once told me he was getting 300,000 Sri Lankan rupees [\$2,160] per operation. Senior consultants can ask for even higher amounts. The private hospitals also regularly pay immigration officials at the airport for a 'no-questions-asked' entry into the country. They know people travelling with me are donors when they ask for a tourist visa on arrival," Aadarsh said.

In 2011, Sri Lanka banned its nationals from donating kidneys to foreigners after the allegations surfaced that illegal kidney transplants were taking place.

But foreigners can still opt to have transplants performed on the island nation if they bring in their own donors. Even though Sri Lanka's health ministry insists that both donor and recipient must be from the same country, its top bureaucrats [conceded](#) that it was very difficult to enforce that rule and ascertain that "no money was changing hands".

Repeated requests for comment from the Sri Lankan government went unanswered.

Although the brokers mainly work for the well-oiled and sophisticated network in Sri Lanka, they claimed other smaller rings could offer cheaper transplants too.

"If your budget is tight, you can get a kidney for 1.7m rupees (\$25,700) in West Bengal. There are local agents who get their supply [donors] from Nepal or Bangladesh. But I don't do that deal because I want more money," Vikas said.

So why doesn't he go to Sri Lanka like other brokers to earn a higher commission?

"I will never go there. They pay me well, but I don't trust them. Look at me, I would be an ideal donor. What if they took out my kidney?"

When she first heard about the organ thieves, the anthropologist Nancy Scheper-Hughes was doing fieldwork in northeastern Brazil. It was 1987, and a rumor circulating around the shantytown of Alto do Cruzeiro, overlooking the town of Timbaúba, in a sugarcane farming region of Pernambuco, told of foreigners who traveled the dirt roads in yellow vans, looking for unattended children to snatch up and kill for their transplantable organs. Later, it was said, the children's bodies would turn up in roadside ditches or in hospital dumpsters.

Scheper-Hughes, then an up-and-coming professor at the University of California-Berkeley, had good reason to be skeptical. As part of her study of poverty and motherhood in the shantytown, she had interviewed the area's coffin makers and the government clerks who kept the death records. The rate of child mortality there was appalling, but surgically eviscerated bodies were nowhere to be found. "Bah, these are stories invented by the poor and illiterate," the manager of the municipal cemetery told her.

And yet, while Scheper-Hughes doubted the literal truth of the tales, she was unwilling to dismiss the rumors. She subscribed to an academic school of thought that swore off imposing Western notions of absolute or objective truth. As much as she wanted to show solidarity with the beliefs of her sources, she struggled with how to present the rumors in her 1992 book, *Death Without Weeping: The Violence of Everyday Life in Brazil*.

In the end, she argued that the organ stealing stories could only be understood in light of all the bodily threats faced by this impoverished population. In addition to pervasive hunger and thirst, the locals also



faced mistreatment at the hands of employers, the military, and law enforcement. The medical care available, she suggested, often did more harm than good. Local health care workers and pharmacists gave the malnourished and chronically ill locals the catchall diagnosis of *nervos* and prescribed tranquilizers, sleeping pills, vitamins, and elixirs. The locals were well aware that wealthier people in their country and abroad had access to better medical care—including exotic procedures like tissue and organ transplants.

“The people of the Alto can all too easily imagine that their bodies may be eyed longingly as a reservoir of spare parts by those with money,” Scheper-Hughes wrote in *Death Without Weeping*. The stories of transplant teams murdering local children and harvesting their organs persisted, she wrote, “because the ‘misinformed’ shantytown residents are onto something. They are on the right track and are refusing to give up on their intuitive sense that something is seriously amiss.” The book, which was widely praised and nominated for the National Book Critics Circle Award, solidified her reputation as one of the leading anthropologists of her generation.

In 1995, Scheper-Hughes was the sole anthropologist invited to speak at a medical conference on the practice of organ trafficking held in Bellagio, Italy. Although there remained no solid evidence that people were being murdered for viable organs, rumors similar to the ones Scheper-Hughes had documented in Brazil had now spread from South America to Sweden, Italy, Romania, and Albania. In France, one popular story told of children being abducted from Euro Disney for their kidneys. The conference organizers asked Scheper-Hughes to explain the persistence of this gruesome meme.

**THE TRADE IN KIDNEYS PARTICULARLY FASCINATED HER. UNLIKE THE TRADE IN HEART VALVES OR CORNEAS, KIDNEYS WERE BEING SHIPPED FROM COUNTRY TO COUNTRY INSIDE THE LIVING BODIES OF SENTIENT INDIVIDUALS.**

If the other participants at the conference, who were mainly transplant surgeons, were hoping to learn from Scheper-Hughes what was factual and what was false among these rumors, they were likely disappointed. She told them the stories were “true at that indeterminate level between fact and metaphor,” as she’d later write. Looking back, she feels certain that the surgeons—whom she thinks of as bright and skilled, like fighter pilots, but not very intellectual—didn’t really understand her more theoretical analyses. “We were speaking different languages,” she told me.

Still, Scheper-Hughes made the best of her time among the doctors. In Bellagio, she decided to do some on-the-fly ethnographic research into the current practices of transplant surgeons. As she spoke with them during boat rides on Lake Como or while touring the olive groves of Villa Serbelloni, the doctors answered her questions candidly. One surgeon told her that he knew of patients who had traveled to India to purchase kidneys. She remembers an Israeli surgeon telling her that Palestinian laborers were “very generous” with their kidneys, and often donated to strangers in exchange for “a small honorarium.” A heart surgeon from Eastern Europe admitted his concern that medical tourism would encourage doctors from his country to harvest organs from brain-dead donors who were “not quite as dead as we might like them to be.” In these new practices, Scheper-Hughes began to understand, human organs and tissue generally moved from south to north, from the poor to the rich, and from brown-skinned to lighter-skinned people.

While none of the surgeons' accounts confirmed the kidnapping-for-organs rumors, Scheper-Hughes came to believe that the "really real" traffic in human body parts, as she has called it, was ripe for further study. "There were so many unanswered questions," she recalls. "How were patients finding out about available organs in other countries? Who were the poor people who were selling their body parts? Nobody had gone into the trenches to find out."

Scheper-Hughes' investigation of the organ trade would be a test case for a new kind of anthropology. This would be the study not of an isolated, exotic culture, but of a globalized, interconnected black market—one that crossed classes, cultures, and borders, linking impoverished paid donors to the highest-status individuals and institutions in the modern world. For Scheper-Hughes, the project presented an opportunity to show how an anthropologist could have a meaningful, real-time, and forceful impact on an ongoing injustice. "There is a joke in our discipline that goes, 'If you want to keep something a secret, publish it in an anthropology journal,'" she once told me. "We are perceived as benign, amusing characters." Scheper-Hughes had grander ambitions. She decided it was time, as she puts it, to stop following the rumors and start following bodies.

**IN HER WRITING,** SCHEPER-Hughes has described her years of research into the international black market for organs as a disorienting "descent into Hades." When she discusses the topic in person, she is animated and energetic. At 69, Scheper-Hughes presents a brassy mix of grandmother and urban hipster. On the winter day when I visited her home near the U.C. Berkeley campus, her hair was short, spiked, and highlighted with streaks of magenta, and she wore a short-sleeved shirt that revealed a stylized tattoo of a turtle—a gift, she said, from her son for her 60th birthday. As she talked about her dozens of international journeys to interview surgeons, donors, recipients, and various intermediaries, she showed me her office, which had formerly been the home's garage. Inside were thousands of files, stored in dozens of large plastic bins and black file cabinets, along with drawers full of cassette tapes and field notebooks.

Since the mid-1990s, Scheper-Hughes has published some 50 articles and book chapters about the organ trade, and she is currently in the process of synthesizing that material into a book, tentatively titled *A World Cut in Two*. Over the years, she has had an outsize impact on the intellectual trends in her field, and her study of the organ trade is likely to be her last major statement on the meaning and value of the discipline to which she has devoted her life. Whether this body of work represents a triumph of anthropological research or a cautionary tale about scholarly vigilantism is already a hotly disputed question among her colleagues.

When Scheper-Hughes began to focus on the organ trade in the 1990s, she was a leading voice in a contentious debate about the future of anthropology, which was then in the midst of a long-brewing identity crisis. In the 1940s and 1950s, anthropologists had carried the banner of science into the field. Back in those days, a graduate student heading out to complete an ethnography of some far-flung people could be expected to carry with him a copy of George Murdock's *Outline of Cultural Materials*, which lists more than 500 categories, cultural institutions, and behaviors under headings like "family," "religious practices," "agriculture," and so on. Anthropologists were expected to document kinship relations and answer straightforward questions like: How is food stored and preserved? Are farm crops grown for animal fodder? Does the groom move in with the bride's family after marriage, or vice versa? Because everyone was collecting the same types of information, the data could be replicated and

updated, and cultures large and small could be classified and compared. Anthropologists of the era sought to create a taxonomy of human social behavior, and the doggedness and objectivity of the researcher were prized.

Scholars who came of age in the political tumult of the 1960s rejected this model. Scheper-Hughes was among a cohort of anthropologists who suggested that the scientific, taxonomic approach was just imperialism in another form, and that any claims of objectivity or literal truth were ultimately illusory or, worse, an excuse for exploitation and violence.

Of course, there remained a question: If not just collecting and cataloging facts about other cultures, what *should* anthropologists be doing? In a 1995 debate with the anthropologist Roy D'Andrade in the pages of *Current Anthropology*, Scheper-Hughes argued for what she called a "militant anthropology," in which practitioners would become traitors to their class and nation by joining political battles arm in arm with their subjects. The job of the anthropologist wasn't simply to document the quotidian but to strip away appearances and reveal the hidden forces and ideologies that leave people dominated and oppressed. To do this, she suggested throwing off the traditional guise of the academic—in "the spirit of the Brazilian 'carnavalesque'"—and joining the powerless in their fight against bourgeois institutions like hospitals and universities.

"The new cadre of 'barefoot anthropologists' that I envision," she wrote, "must become alarmists and shock troopers—the producers of politically complicated and morally demanding texts and images capable of sinking through the layers of acceptance, complicity, and bad faith that allow the suffering and the deaths to continue."

D'Andrade and others saw grave danger for the discipline in Scheper-Hughes' call to the barricades (or to the carnival). D'Andrade believed that Scheper-Hughes and her intellectual allies were leading the field away from an objective science and toward what he called a "moral model" based on the simplistic duality of the oppressed and the oppressor. Her militant style of anthropology, he feared, would turn a once promising discipline into an exercise in "moralistic pamphleteering."

"With the moral model, the truth ain't exactly the thing that everyone strives for," D'Andrade, who is now retired and living in Northern California, told me. "What you strive for is a denunciation of a real evil." I asked him who prevailed in his public debate with Scheper-Hughes. "I believed that after the kerfuffle that people would get back to asking, 'How do you know something is true or not?' But in the end, the moral model swept the country and cultural anthropology stopped being anything that a self-respecting social scientist would call a science. The hegemony of the Scheper-Hughes position became total."

Another loose consensus that emerged out of the debates of the 1990s was a widely shared belief that cultural anthropology's focus on far-away, exotic societies had run its course: Why shouldn't anthropologists turn their gaze on institutions that have real power in the modern world—banks, multinational corporations, courts, and governmental agencies? Or, for that matter, transplant units in major hospitals?

At the time, there were only a handful of papers in the medical literature addressing the rise of the global organ market. Since the 1970s, live organ transplants had changed from experimental procedures to a common practice in the United States, most European and Asian countries, half a dozen South American nations, and four countries in Africa. In 1983, the introduction of the immunosuppressant drug cyclosporine dramatically increased the potential donor pool for any given patient. By the mid-1990s, there were hints in the medical literature of the rise of a new phenomenon: transplant tourism. In 1989, a small article had appeared in *The Lancet* reporting an inquiry into allegations that four Turks had been brought to Humana Hospital Wellington, in London, to sell their kidneys. Other research suggested that the selling of kidneys from living donors was rapidly growing in India, and that in China human organs were being harvested from the bodies of executed prisoners.

In 1998, while Schepers-Hughes was still writing up her first major papers on her field research, she and her collaborators met at a Starbucks in Tokyo during a medical ethics conference to compare notes. The material they were turning up seemed so remarkable that they brainstormed starting an organization called Organs Watch, which would serve as a repository for information on global transplant activity and a center for future research. By 1999, they had secured a \$230,000 grant from the Open Society Institute, along with a commitment from the University of California, to help create the new organization.

**AS SHE GATHERED MORE INFORMATION ON ROSENBAUM AND HIS TIES TO MULTIPLE AMERICAN HOSPITALS, SCHEPER-HUGHES MADE ANOTHER UNUSUAL DECISION FOR AN ANTHROPOLOGIST: SHE BEGAN TO SHARE HER FINDINGS WITH U.S. LAW ENFORCEMENT.**

But the collaboration between the Rothmans and Schepers-Hughes was short-lived. Schepers-Hughes' first major article on the organ trade, which she published in April 2000 in *Current Anthropology*, chronicled her findings in the morgues and hospitals in Brazil and South Africa; it was also so impassioned that it sounded, at times, like the setup for a horror movie. "Global capitalism and advanced biotechnology have together released new medically incited 'tastes' for human bodies, living and dead, for the skin and bones, flesh and blood, tissue, marrow, and genetic material of 'the other,'" she wrote. She called organ and tissue transplant a "post-modern form of human sacrifice" and accused transplant surgeons of conspiring to invent an "artificially created need ... for an ever-expanding sick, aging, and dying population."

Some anthropologists saw the paper as groundbreaking. Elliott Leyton, of Memorial University of Newfoundland, wrote that the paper was nothing less than the "beginning of a long-awaited moral vindication of much of modern anthropology, lost for so long in the contemplation of its own navel." Other anthropologists, however, felt that Schepers-Hughes played fast and loose with source identification, and that her writing came off more like muckraking journalism than anthropology.

To her collaborator David Rothman, Schepers-Hughes' rhetoric didn't seem like scholarship at all. He was particularly taken aback by her contention that doctors were intentionally creating the demand for transplants. Rothman remembers traveling with his wife (and co-collaborator) to Berkeley in November of 1999 to attend the public launch of Organs Watch. "When Sheila and I saw the website that had been created, we were—let me see if I can get the right word—disturbed," Rothman said. "It was sensationalistic, emotive, and provocative, with pictures of bodies but no charts. We realized that we

operated in very different ways from Nancy.” After a heated argument, the Rothmans cut ties with Scheper-Hughes and ended their work with Organs Watch. But Scheper-Hughes was just getting started.

**AS SOON AS ORGANS** Watch went public in 1999, Scheper-Hughes began to receive hundreds of leads through emails and phone calls from people who claimed behind-the-scenes knowledge of the tissue and organ trade. She began to personally track down many of the stories. “I was traveling in a blur, like a whirling dervish,” she said.

She also began to push what she acknowledged were the accepted ethical boundaries of anthropological research. On her trips, as she wrote in a 2006 paper published in the *Annals of Transplantation*, she sometimes posed as a patient seeking a transplant or as someone looking to purchase a kidney for a sick family member. On a visit to Turkey, she pretended to be shopping for a kidney for a sick husband at a flea market near a minibus station in Askaray, a poor immigrant neighborhood of Istanbul. She found an unemployed baker who said he was willing to sell one of his kidneys, and she went so far as to sit with him at a local cafe to negotiate a price. At other times, she wrote, she’d simply walk into hospitals or clinics to confront a surgeon or an administrator or to learn what she could from patients. When stopped or questioned by staff or security, she would identify herself as “Dr. Scheper-Hughes,” knowing that the questioner wouldn’t likely suspect that she was referring to her doctorate in anthropology. Faced with what she called an international “organs Mafia,” Scheper-Hughes argued in a 2009 article for *Anthropology News* that she had no choice but to abandon many accepted rules of her profession. “When one researches organized, structured and largely invisible violence,” she wrote, “there are times one must ask if it is more important to strictly follow a professional code or to intervene.”

Her research during this period yielded a wealth of information and insight into the illicit networks of organ brokers. The trade in kidneys particularly fascinated her. Unlike the trade in cadaveric heart valves or corneas, kidneys were being shipped from country to country inside the living bodies of sentient individuals. In the Philippines, kidney sellers she interviewed often pulled up their shirts, displaying their nephrectomy scars with evident pride. They spoke of the surgery as a sacrifice made for their families, and members of their community sometimes compared their abdominal incisions to the lance wounds Christ received on the cross. In Moldova, as she reported in a 2003 paper published in the *Journal of Human Rights*, people who had sold their kidneys were considered so morally and physically compromised that they were treated as social pariahs. “That son of a bitch left me an invalid,” one Moldovan paid donor said of his surgeon. Young Brazilian men who had been flown to South Africa to sell their kidneys described to Scheper-Hughes how the experience had gained them a pass into the world of tourism and medical marvels. One told her that his main regret was not having spent more time in the hospital. “There were clean sheets, hot showers, lots of food,” he recalled. As he recovered, he went down to the hospital courtyard and bought himself his first cappuccino. “It was like ambrosia,” he said. “I really felt like a big tourist.” In the end, some attested that they would make the deal again, and some regretted the decision. “They treated me OK until they got what they wanted,” another seller told her. “Then I was thrown away like garbage.”

In her travels, Scheper-Hughes was also able to develop some relationships with kidney brokers, the middlemen who sought out donors in poor countries and neighborhoods. One convicted broker, Gadalya “Gaddy” Tauber, gave her lengthy interviews while serving out his sentence in Henrique Dias

military prison in Recife, Brazil. Tauber, she learned, had facilitated a trafficking scheme that sent poor Brazilians to a private medical center in South Africa to supply kidneys for Israeli transplant tourists. He employed a number of “kidney hunters,” some of whom were young men who had already donated their kidneys, to find new recruits. In the end, it wasn’t difficult. Once the first young men came back from surgery centers in South Africa showing off their thick rolls of cash, Tauber and his associates had more willing donors than they needed. They began to drop the price they offered to donors from \$10,000 to \$6,000 and then to \$3,000, Scheper-Hughes reported in a 2007 profile of Tauber.

Scheper-Hughes’ portrayals of organ donors, recipients, and even brokers like Tauber show a great deal of nuance and empathy. At other times, however—particularly when she writes about transplant doctors, bioethicists, or members of the “transplant establishment”—her writing turns markedly more strident.

“Transplant surgeons vie only with the Vatican and its cardinals with respect to their assumption of privilege, irrefutability and of a kind of ‘divine election’ that seems to place them above (or outside) the mundane laws that govern ordinary mortals,” she wrote in one article. “Like child-molesting priests among Catholic clergy, these outlaw surgeons are protected by the corporate transplant professionals hierarchy.”

As Scheper-Hughes began to present her findings to doctors and transplant professionals, she experienced a series of harsh rebuffs and rejections. She remembers being called a liar by a senior pathologist at a 1999 medical ethics meeting in Cape Town. In 2002, at a special meeting on organ trafficking in Bucharest, she was shouted down by delegates in the audience: “Who invited this person? Why should we believe this slander?”

Scheper-Hughes recounts these confrontations as proof that she was telling truths that those in the “transplant establishment” were unwilling to face. Her conclusion at the time, as she wrote me in an email, was that “nobody, absolutely nobody cares about this topic.” This suggestion, however, is somewhat hard to square with what was going on around her. A number of international meetings—events that Scheper-Hughes attended—had been called to address the growing illicit market in human organs and tissue, and they were producing unambiguous recommendations and declarations to curtail the trade. In October of 2000, the World Medical Association condemned the sale of human organs and tissue, and urged countries to adopt laws to prevent such abuses. The next month, the United Nations General Assembly adopted the Palermo protocols, which, among other things, defined coercive organ sales and coercive donation as a type of human trafficking.

Colleagues have suggested that, in large part, the medical establishment reacted negatively to Scheper-Hughes not because of her facts but because of her rhetorical style and penchant for confrontation. “I think it’s fair to say that Nancy has a suspicion, bordering on hostility, of the medical enterprise,” says David Rothman, her former collaborator. (“I have used strong language at times—a phrase like *neo-cannibalism* isn’t going to make me any friends,” Scheper-Hughes said after I related Rothman’s criticism. “This is how the interpretive anthropologist works. We work with language and subtext.”)

A few of Scheper-Hughes' colleagues have told me that she seems to become most energized when embattled. And indeed, discomfiting members of the medical establishment—rather than cultivating a collegial influence among them—may have been her plan all along. Although she rejects Rothman's contention that she is hostile to doctors, Scheper-Hughes has long argued that it is her job to investigate an insulated surgical profession prone to self-glorification. She felt obligated to challenge doctors who talked of "saving lives"—as if the benefits to organ recipients trumped all other concerns. She saw bioethicists who argued for a regulated market in kidneys as "handmaidens of free-market medicine." And she likewise criticized tame, "clinically applied" medical anthropologists who work closely with doctors to provide the spoonful of cultural knowledge that helps the Western medicine go down.

Back in 1990, she argued that the job of a medical anthropologist was to question, even ridicule, Western medicine. "Let us play the court jester, that small, sometimes mocking, sometimes ironic, but always mischievous voice from the sidelines," she wrote in a prominent journal. "To the young, up-and-coming medical anthropologist I would say: 'Take off that white jacket, immediately! Hang it up, and put on the white face of the harlequin.'" She warned even then that there would be a cost to those who assumed such a contentious stance. If your goal was to gain the respect of doctors, or to avoid "derision within conventional academic circles," she wrote, the work of the militant anthropologist was not for you.

**"IT BECAME LIKE DETECTIVE WORK," SHE TOLD ME. "I USED A SIMPLE SNOWBALLING TECHNIQUE. I'D GO TO A MORGUE OR A TRANSPLANT WARD AND I'D GET ONE PERSON TO TELL ME SOMETHING— AND THEN ASK, 'WHERE DO I GO FROM HERE?'"**

**IN THE EARLY 2000s**, as she was trying to piece together a more complete picture of the brokers, kidney hunters, and networks that made up the international kidney trade, Scheper-Hughes made a breakthrough—one that appeared to connect the global organ market to major U.S. hospitals. Research informants in Israel had told her in the late 1990s that a man named Levy Izhak Rosenbaum was a big player in international "kidney matchmaking." Then, a few years later, in the summer of 2002, Scheper-Hughes began receiving emails from a man asking for her help in extricating himself from an organization—called United Lifeline, and headed by Rosenbaum—that he described as "the link between Israel and the United States in the illegal kidney trafficking business."

As she gathered more information on Rosenbaum and his ties to multiple American hospitals across the country, Scheper-Hughes took the information directly to the surgeons and the hospitals implicated. In 2002, she set up a meeting with the surgeons at Albert Einstein hospital in Philadelphia, so that she could confront them in person with what she was discovering about transplants there that had been arranged by Rosenbaum. "I was very nervous," she recalls. "I was thinking, What am I doing being madam prosecutor? But I felt that if I was going to publish this material I needed to inform them."

Around the same time, Scheper-Hughes also made another unusual decision for an anthropologist: She began to share her findings with U.S. law enforcement, including officials from the FBI, the Food and Drug Administration, and the State Department's visa fraud unit. Her information appeared to spark little interest and less action. She recalls one particularly frustrating meeting with an agent from the FBI in 2003. "I could see that the guy's mind was elsewhere," she recounted. "He didn't seem to understand

that this was a major crime.” Frustrated, she found herself thinking, “Look, I can do this. Give me a badge and I’ll go make an arrest,” she told me.

Scheper-Hughes acknowledges that other anthropologists consider turning over information to law enforcement to be crossing an ethical line, but counters that, given what she was documenting, she was more than justified. “I don’t care if some anthropologists think that we have an absolute vow of secrecy to our subjects,” she told me. “I think that kind of purity stinks to high heaven.”

For Scheper-Hughes, the apparent disinterest of U.S. authorities stood in sharp contrast to her reception by law enforcement officials elsewhere. In 2004, she was invited to brief police investigators and state prosecutors in South Africa regarding their investigation into illegal transplants involving Brazilian donors at several prominent hospitals in Durban, Johannesburg, and Cape Town. She shared with a mustachioed police captain named Louis Helberg the names and contact information of brokers, surgeons, organ recipients, and donors in Brazil and Israel, as well as the names of hospitals she believed were involved in the trade. In return, Helberg gave Scheper-Hughes access to confiscated hospital files and billing records, which she helped sift through and decipher. With Scheper-Hughes’ help and advice, Helberg eventually retraced the steps of her international investigation, traveling to Brazil and Israel and meeting with many of her sources. As a result of the investigation, South Africa’s largest hospital group, Netcare, admitted to more than a hundred illegal transplants and agreed to pay substantial fines. The story, when it broke, was front-page news in South Africa. One nephrologist there pled guilty to 90 counts of contravening the country’s Human Tissue Act. Four other Netcare surgeons and two hospital staffers were charged with various offenses (although the charges were later dropped).

In the U.S., however, it wasn’t until the summer of 2009—some seven years after she began sharing her information with the FBI—that federal prosecutors called Scheper-Hughes to tell her they had arrested Rosenbaum. He had been swept up as a minor player in New Jersey’s largest-ever political corruption and money laundering sting, which included the arrest of 44 people. Now that they were building a case against Rosenbaum, federal prosecutors were finally very interested in Scheper-Hughes’ research, and they met with her on several occasions. She offered to testify at trial, but in October 2011 Rosenbaum pleaded guilty to brokering three illegal kidney transplants and conspiring to broker an illegal transplant.

So far, his is the only successful prosecution for organ trafficking under the 1984 National Organ Transplant Act. Scheper-Hughes had hoped that the Rosenbaum case would herald the beginning of many investigations and prosecutions, but it wasn’t to be. “Why is he standing alone in the Trenton courtroom?” she wrote me in an email after Rosenbaum pleaded guilty to conspiracy. “Where are the ones he conspired with?” Frustrated with the U.S. investigators’ seeming unwillingness to take these crimes seriously, open new prosecutions, or pursue the surgeons and hospitals without whom the organ trade could not function, Scheper-Hughes continued her own investigation.

**ONE DAY IN JANUARY** of 2012, Scheper-Hughes called me to say that she might be on the verge of another breakthrough: A retired doctor, formerly a transplant surgeon at a major East Coast hospital, had agreed to a face-to-face interview, and Scheper-Hughes invited me to come along to witness the encounter. She and I met at the Institute for Advanced Study in Princeton, New Jersey, where she was spending the year working furiously to finish her book on the organ trade. She handed me the keys to



drive: She gets anxious on highways, she said. She also gets claustrophobic on airplanes and in elevators, and has difficulty reading maps, she told me. After just a bit of traveling with her, I found the serial globe-trotting that has defined her professional life all the more remarkable.

THE ROVING SCHOLAR: In the late 1990s, Scheper-Hughes traveled widely in South America and Africa, interviewing surgeons, nurses, pathologists, workers at morgues, and public officials to piece together an early picture of the organ trade. (Photo: Viviane Moos)

As night fell, we arrived at a Holiday Inn. The retired surgeon, a dapper man, met us in the hotel bar. Scheper-Hughes called the waitress over, asked her to lower the volume of the basketball game, and encouraged the doctor to order a drink. She then asked him open-ended questions about his personal and professional history. Her body language was friendly and intimate. She laughed at his jokes and shook her head empathetically at his stories of battling hospital bureaucracy.

The surgeon volunteered that he had conducted transplants later revealed to have been set up by Rosenbaum, but said that he had no direct knowledge that the donors had been paid. "In the back of my mind there is always the possibility that there is some incentive, but you can't control it. Personally, I don't see anything wrong with it." Then he added: "I know it is illegal. We have a protocol."

Scheper-Hughes then told him that others had fingered him as the ringleader. "You have been identified ... as having been the person who set this whole thing up," she said, referring to the Rosenbaum-brokered transplants. "I have to tell you that. I didn't believe it, but that is what they said. You were accused of being the one who set it all up."

"I didn't set anything up," he said, shaking his head. Alternatively cajoling and asking pointed questions, Scheper-Hughes pressed on. The doctor said that some of the transplants set up by Rosenbaum seemed "fishy." "Some of the recipients were from New York, and it did feel a little strange that they found this donor from Israel." He went on to suggest that it was likely that everyone involved at the hospital had good reason to be suspicious. "There is no question that everyone in the program felt that it would be very possible that there was some kind of incentive there. I didn't feel that I had to be the police. As long as I don't know and as long as I don't have any evidence, I'm not going to deny the transplant just because I have the suspicion," he said.

Scheper-Hughes had heard that same argument from surgeons around the world, and I could see her tensing up. When the surgeon suggested that all of his patients did well, her tone turned stern. "I want to tell you something," she said. "Your patients didn't all do so well—the donors didn't all do well," she said, adding, "There is no dependable aftercare. They go thousands of miles away and you don't know what happened to them. So you don't know who dies." The doctor seemed momentarily chastened, but he maintained that he had improved the health of patients who needed transplants and that he had done nothing wrong.

The next week, Scheper-Hughes had a phone conversation with assistant U.S. attorney Mark McCarren, one of the lead investigators on the Rosenbaum case, and she shared some of the information she had

gleaned from her meeting with the retired surgeon. McCarren told me that he was grateful for her help: "She had a lot more information than I needed. I don't think there is any question that she has a lot of guts and courage in the way that she has pursued this iss

THE ACTIVIST: In Brazil, Scheper-Hughes testified about what she calls the "international organs mafia." In public, she is often outspoken about what she regards as the medical establishment's complicity in illegal trafficking. (Photo: Organs Watch)

Scheper-Hughes was less generous in describing McCarren's efforts. She told me repeatedly that she was deeply concerned that McCarren and the prosecution team didn't understand the full gravity of the crimes being committed. Why, she wanted to know, hadn't prosecutors more aggressively investigated surgeons in the American hospitals connected to Rosenbaum? (Beyond what's in court records, McCarren wouldn't comment on who he included in his investigation.) After all, at the end of the day, Scheper-Hughes has told me on more than one occasion, it is the surgeons who hold the knives.

**IN THE U.S., THE** waiting list for a kidney now stretches past 100,000 people, while the rate of donations has remained relatively flat for the past decade or so. Recent data from the World Health Organization suggests that, in 2010, the 107,000 organ transplants carried out in the organization's 95 member countries satisfied just 10 percent of the global need. The WHO estimates that one in 10 of all those transplanted organs was procured on the black market.

What impact Scheper-Hughes has had on transplant practices is an open question. Organs Watch still exists. Though she doesn't have an office staff, Scheper-Hughes still trains graduate students and postdocs to do international fieldwork. The organization's website contains only the following sentence: "The Organs Watch Web Site is currently under reconstruction and will be moved to a new address in August 2009." Scheper-Hughes says she had to hurriedly take down the site after an organ broker told her she had been using information there to locate populations of the cheapest and most willing donors.

In anthropology, the kind of radical political advocacy and "militancy" that Scheper-Hughes championed in the 1990s has become less fashionable. "She is notorious in the field; she both attracts and alienates our professional colleagues," says Arthur Kleinman, a prominent medical anthropologist at Harvard. "I admire her responsible, even blunt, honesty, but I'm troubled by her provocative and accusatory stances."

She still has her fans in the discipline, among them the well-known anthropologist Paul Farmer. "The challenge she has taken up is: How can you be an advocate when everything is pulling you towards an ivory-tower model of disengagement?" he told me. "She is pushing the boundaries of social engagement, and she has gone beyond all parameters for an academic. She is doing what she and a lot of us think is right."

In the medical community, despite her record of antagonization, many transplant surgeons give Scheper-Hughes credit for bringing widespread abuses to light, and for revealing the voices of donors and middlemen in the transplant trade. "She's pointed out that underground illegal markets really do

exist,” says Arthur Matas, the director of the Renal Transplant Program at the University of Minnesota. While most transplant surgeons like to think that their community would never participate in such a black market, Matas says, Scheper-Hughes has made it clear that they do—“sometimes unknowingly and sometimes knowingly.”

### **IN THE PHILIPPINES, KIDNEY SELLERS SHE INTERVIEWED OFTEN PULLED UP THEIR SHIRTS, DISPLAYING THEIR NEPHRECTOMY SCARS WITH EVIDENT PRIDE.**

By and large, however, Scheper-Hughes is still eyed warily by many in the transplant world, in part for glossing over what many see as critical degrees of culpability. Organ brokers like Rosenbaum can go to great lengths to make recruited donors seem legitimate to doctors, who may be fooled into proceeding with a transplant. “Participating knowingly and unknowingly are two different categories,” Matas says. “You have to be very careful when you cast wide blame.”

But in Scheper-Hughes' view, surgeons either participate in illegal transplants with full volition, or they cultivate a willful blindness to their participation. As her writing shows, she prefers to focus on a larger thesis, which has not varied much since her time in northeastern Brazil: that Western medicine is often a weapon of violence used on the bodies of the poor or otherwise disempowered.

Rumors about people being murdered for their body parts still circulate in parts of the world. In 2009 a journalist named Donald Boström wrote an article in the Swedish newspaper *Aftonbladet* headlined “Our Sons Are Plundered of Their Organs.” The article suggested that Palestinian casualties in conflicts in the West Bank were being used as unwilling organ donors. Amid statistics about intense Israeli demand for kidneys and livers, Boström recounted that he had met “parents who told of how their sons had been deprived of organs before being killed.” The article caused an international rift between Sweden and Israel and was condemned as baseless “blood libel” by Israeli Prime Minister Benjamin Netanyahu.

Scheper-Hughes came to Boström’s defense in *Counter-Punch*, presenting what she called a “smoking gun” to back up the claims in his article. Her evidence was an interview she had conducted with an Israeli pathologist named Yehuda Hiss, the director of the the Abu Kabir Forensic Institute, Israel's central facility for conducting autopsies. In the interview, which Scheper-Hughes had recorded in 2000 but had not previously written about, Hiss made the remarkable admission that his institute had, without family permission, taken corneas, skin, bone, and other tissues from the dead bodies of Palestinians, as well as from the dead bodies of Israel Defense Forces soldiers and other cadavers that came through his morgue

. The organs and tissues were used for medical training and research, and for skin and cornea transplants. (After the tape was released, Hiss denied any wrongdoing.)

Scheper-Hughes’ interview with Hiss was a testament to her extraordinary knack for obtaining access to sensitive information and making an impact. Hiss has since been removed from his post at Abu Kabir. The repercussions of the controversy, legal and otherwise, will likely be felt for many years.

But given the extraordinary political tensions that persist between Israelis and Palestinians, this would seem to be a case where it's especially important to clearly delineate rumors from facts. As horrifying as Hiss' taped admissions were, they did not confirm the stories circulating among Palestinian families, and reported by Boström, that their sons' organs were being harvested while the young men were still alive. In a 2013 essay about the controversy that she co-wrote with Boström, Scheper-Hughes criticized the international media for construing the *Aftonbladet* story as claiming that "Israeli soldiers were deliberately hunting young Palestinians in order to cut out their organs." She wrote that this was a "distortion" of Boström's reporting, one that distracted from the issue of transplant practices. While it's true that the original article stops short of making precisely this claim about "hunting," it does uncritically report the perception that Palestinian victims were still breathing when they disappeared from their villages. It's not surprising that international audiences would find this a morally salient detail.

When I suggested that there seemed to be an important difference between the charges repeated in the Boström article and the revelations from her interview with Hiss about cadaveric tissue-harvesting, Scheper-Hughes became frustrated that I wasn't seeing the big picture. "The distinctions you are making are just getting into obfuscation," she said. "It is true that the dead don't care what happens to their body—but the living do care. Those Palestinian families care. It isn't that I don't understand the difference."

"Does my interview with Hiss support the Boström article? Absolutely. It's not that different," she said. "If you miss that point, you are missing what I'm all about. I care about the body, alive or dead. That is what medical anthropologists are good at. We're guardians of the body."

THE BROKER: Gadalya "Gaddy" Tauber described to Scheper-Hughes how he facilitated a trafficking scheme that sent poor Brazilians to clinics in South Africa to supply kidneys for Israeli transplant tourists. (Photo: Nancy Scheper-Hughes)

Other medical anthropologists, however, argue that Scheper-Hughes does not paint the world of the illegal organ trade in enough shades of gray. "She is not a scholar at heart," Kleinman told me, "for good and bad. She always begins with a partisan position and a sensibility of outrage at injustices. She lumps rather than splits. The details of the argument are less important than the advocacy, the lobbying."

**IN THE SUMMER OF 2012**, I met up with Scheper-Hughes on the steps of the federal courthouse in Trenton, New Jersey, for the sentencing hearing for Rosenbaum. In the fourth-floor courtroom, Scheper-Hughes took a seat in the front row where she could see Rosenbaum's bearded and portly profile. Arguing for a stiff sentence, prosecutor McCarren called four witnesses. He questioned an administrator from Albert Einstein hospital and a surgeon who worked there while Rosenbaum was running his kidney trade business. He called to the stand a middle-aged woman named Beckie Cohen, who tearfully described how grateful she was that her family had been able to pay Rosenbaum \$150,000 to arrange a kidney transplant in a Minneapolis hospital for her ailing father, Max Cohen. McCarren also questioned Elahn Quick, a young man born in Israel of American parents, who was paid about \$25,000 to donate one of his kidneys to Mr. Cohen.

In describing his dealings with Rosenbaum, Quick told of no overt pressure or threats. In the end he said he felt used and somewhat victimized by the transaction, but he didn't regret the operation. "I wanted to do something meaningful," Quick said. "I'm still holding on to the fact that I saved a life." At this point Scheper-Hughes leaned to me and said that this refrain about "saving a life" was bunk: "These people that get transplants are mostly just old."

Scheper-Hughes spent most of the hearing rapidly writing in her notebook, but she made clear, in whispered asides, her disapproval of the proceedings. When the judge mentioned that she had been moved by the letters of support for Rosenbaum sent by recipients of organ transplants he had arranged, Scheper-Hughes sighed and said, "Oh, Jesus Christ." When Beckie Cohen teared up recounting her family's distress over her father's illness, which led them to pay Rosenbaum to arrange for a kidney seller, Scheper-Hughes leaned to me and said: "She could have given him her kidney." When a doctor from Albert Einstein hospital testified that he had no certain knowledge in the early 2000s that the donors were being paid by Rosenbaum, Scheper-Hughes whispered: "McCarren is not a very good questioner. I could do better." During the course of the long hearing, Scheper-Hughes had a sharp comment for every player in the courtroom: the doctor, the donor, the recipient's daughter, McCarren, the defense attorneys, and the judge. She had become, almost literally, the court jester she describes in her writing, a mocking, dissenting voice from the sidelines.

After the hearing, Scheper-Hughes and I had an early dinner at a nearby Cuban restaurant. She hadn't eaten all day and her energy was flagging. She told me she was satisfied with the sentence Rosenbaum received at the end of the hearing—two and a half years in federal prison—but said that she hadn't seen or heard anything that day that might change her perceptions of Rosenbaum or of the kidney trade that she had tracked to American shores.

I asked her about one scene described on the stand by Elahn Quick, the donor. Quick remembered that when he woke up after the operation, the family of Max Cohen had gathered around his hospital bed and applauded his sacrifice. I thought it was a poignant moment, one that suggested that Quick wasn't just an anonymous donor to the Cohen family, but something more. Scheper-Hughes waved away the scene. "What I can't stand is false emotion," she said, reminding me that Quick ultimately felt betrayed and kicked aside. "It makes my hair stand up. I can smell it like a rat."

*This post originally appeared in the [July/August 2014 print issue of Pacific Standard](#) as "The Organ Detective." [Subscribe to our bimonthly magazine for more coverage of the science of society.](#)*

## **One doctor's war against global organ trafficking**

World May 29, 2017 5:18 PM EDT

In late 2016, Dr. Francis Delmonico saw an unknown number coming up on his phone. The Vatican was calling.

“One minute please for the foreign minister,” said the voice on the other end of the line.

A controversy was brewing. Delmonico, a leading voice on ethical organ transplantation, had planned a February 2017 summit in Rome for representatives of more than 40 countries to discuss the ethics of transplanting organs and to sign a pledge to uphold high standards.

But there was a hitch: A key invitee to the forum was Dr. Jiefu Huang, who has led reform of China’s organ donation practices. Critics, including some in the Vatican, wanted at the summit no representatives of China, which for years sold and transplanted organs from executed prisoners.

Delmonico, however, saw the Chinese presence as a good thing. It was “an opportunity for them to proclaim a new day and be accountable” that the practice has stopped, he said. In fact, some of the Chinese old guard have attacked Huang because of his efforts to stamp out unethical and corrupt methods of obtaining organs.

#### **WATCH: Has China really stopped obtaining organs from executed prisoners?**

The Catholic Church’s foreign minister, Archbishop Paul Gallagher, was calling for an explanation.

“Here’s an opportunity to do something that no one has been able to do thus far,” Delmonico recalls telling Gallagher. It was a chance to get China to sign a statement saying it is wrong to use executed prisoners’ organs.

**At the hospital where Jatav was to have his kidney removed, he was told by three doctors that donating a kidney is “no different than giving blood.”**

“They are part of the problem, but they are also part of the solution,” Delmonico said.

““Okay Frank, have your meeting,” Delmonico remembers Gallagher saying. “The pope knows you’re here.””

Pope Francis did not attend, but Marcelo Sánchez Sorondo, the chancellor of the Pontifical Academy of Sciences did. In a significant development, China signed the **summit’s statement** condemning the use of organs from prisoners and advocating the creation of national laws to prosecute transplant-related crimes. Beijing’s two delegates were joined by 75 other signatories representing more than 50 institutions and more than 40 nations at the conference. Delmonico called it a “seminal event” in the fight for global reform.

Delmonico, a Harvard Medical School professor, has spent more than a decade focusing on China. At the same time, he has led the fight to establish global ethics principles that now govern how human organs

are obtained and transplanted. The reforms have affected scores of countries on six continents. Still, organ trafficking is spiking in countries like Egypt and Pakistan, presenting new challenges to Delmonico and his colleagues.

At the Vatican conference, participants heard a number of stories about poor individuals whose efforts to sell their kidneys went awry. Los Angeles Times South Asia Correspondent Shashank Bengali **told the story about a migrant laborer** named Sundar Singh Jatav. Jatav, 23, was from a village in Northern India. He went to Mumbai, India, looking for work. In 2015, his boss told him he could make money selling his kidney and introduced him to an organ broker. Jatav was offered \$10,000, enough to pay off his family's debts. At the hospital where Jatav was to have his kidney removed, he was told by three doctors that donating a kidney is "no different than giving blood." His kidney was removed in March 2016.

But Jatav was never paid, so he leaked part of the forged transplant application, which stated, incorrectly, that he and the recipient of his kidney are relatives, as required by law in India.

According to LA Times reporter Shashank, the Indian police raided the hospital and stopped the recipient from receiving the kidney.

Jatav "fears retaliation by the 'organ mafia' and has requested police protection," according to Shashank. "His appetite has diminished, he has bouts of dizziness, and he cannot walk for more than a few minutes without fatigue — symptoms he blames on the kidney procedure, even though such complications are rare. He does not have money to see a doctor," Shashank reports.

The story of Jatav is not an isolated case. The organ traffickers who never paid him were arrested.

By bringing the stories of organ trafficking victims to the Vatican, Delmonico sought to mobilize the assembled transplant doctors from around the world and empower them to address the recent rise in trafficking.

Dr. Jiefu Huang and his colleagues bow as they pay a silent tribute to a deceased patient who was willing to donate her organs, at a hospital in Guangzhou, Guangdong province in November 2012. Photo by REUTERS/Stringer

### **Delmonico's Declaration**

Starting in the mid-1990s, the world saw an increase in a practice called "transplant tourism," a form of organ trafficking in which an individual travels to a country such as China or India and pays for an organ

transplant in cash. Typically, the purpose is to circumvent wait lists in both the individual's home country and in the country where the transplant is performed.

In many cases, transplant tourism marginalizes poor individuals in those countries who are pressured into selling organs. Those individuals are usually paid very little and receive inadequate follow-up medical care.

Organ trafficking had been on the radar of the World Health Organization for years. The agency had issued guidance on the purchase and sale of human organs at the World Health Assembly conference in 1987. But "WHO did not follow-up," said WHO Clinical Procedures Coordinator Dr. Luc Noel.

By 2005, transplant tourism had grown to account for more than 10 percent of the world's more than 90,000 annual kidney, heart and liver transplants. The rise worried the WHO and global experts, a situation one doctor described as "chaos."

**By 2005, transplant tourism had grown to account for more than 10 percent of the world's more than 90,000 annual kidney, heart and liver transplants.**

At the same time there was a split among medical professional organizations about whether organ trafficking was seen as a problem, Noel said. For example, in 2006, the International Society of Nephrology (ISN) had a questionnaire on their web site, polling its members on whether or not it would be permissible to buy and sell kidneys. To Dr. Noel, this reflected an ambiguous approach to organ trafficking. "You don't carry a poll about should kidneys be sold or not, if you have clear [ethical] views" on the matter, he told the NewsHour.

Some transplant professionals saw organ trafficking as their responsibility to eliminate.

"The people who are engaged in this activity all went to medical school and they all got training," said UCLA's Danovitch. "They're surgeons and physicians, and they're nurses, and they're anesthesiologists, and they're hospital administrators."

"It's our problem to deal with it," he added in an interview. "It's our black mark."

Delmonico feared the ISN questionnaire would be a setback to the cause. He called Dr. Mohamed Sayegh, who had been president of the American Society of Transplantation and worked closely with the ISN leadership.

"Mo, what can we do about this?," he asked.



Delmonico and Sayegh met at the Four Seasons Hotel in Boston. They decided to convene a conference of doctors and professional medical associations, laying the grounds for what would become the 2008 Declaration of Istanbul.

**The Istanbul declaration**, now translated into 14 languages and endorsed by more than 100 organizations, laid out an international consensus for organ transplant ethics and denounced organ trafficking, transplant tourism and transplant commercialism. The Declaration brought together 78 of the 90 countries with an organ transplantation system.

The Istanbul conference also established a so-called “Custodian Group”: a network of doctors around the world that report to each other whenever there is a case of organ trafficking. The group also monitors the laws and policies of governments and medical institutions.

**“It’s our problem to deal with it. It’s our black mark.”**

The principles enshrined in Istanbul “made it very clear...what our standards are,” said Jeremy Chapman, former president of the Transplantation Society and the editor-in-chief of the group’s journal, *Transplantation*. “There could be no doubt about the profession’s disapproval of unethical forms of organ donation,” Chapman said.

Before the declaration, organ trafficking and transplant tourism were “a total mess,” said Dr. Jacob Lavee, founder of Israel’s largest heart transplant unit. Frank Delmonico, he said, was the driving force behind the improvements in global practices.

It was “Frank’s personal achievement to recruit, in almost every country in the world, key figures among the transplant world willing to cooperate and implement the declaration,” Lavee said.

Delmonico, 71, retired from performing surgeries about four years ago, and his role since then is more as a diplomat than a medical doctor. He has traveled to more than 70 countries and, by his estimates, has logged more than 700,000 airline miles in his years fighting organ trafficking and building ethical organ transplant policies around the world.

“This guy lives in a plane, lives in a suitcase,” Sayegh said. “He is maniacally driven for a cause.”

Delmonico passed up a more tranquil retirement for a grueling travel schedule and says he has no regrets. He recently traveled to eight countries in three months.

“In your lifetime, you get a chance to contribute,” Delmonico said during a Skype interview with the PBS *NewsHour* from a library at the Vatican, during a March trip to Rome. “Here’s a chance to contribute.”

Delmonico, who considered the priesthood as a young man, sees his work as a calling. Medicine for him is about “the whole dimension of the individual, not just a matter of organ or some organ problem, but the whole of the person. The spiritual side of the person as well.”

“That’s what made me become a doctor,” he said.

### **A bloody history**

Dr. Jiefu Huang, director of China’s National Organ Donation and Transplantation Committee, attends a news conference in Beijing, China in October 2016. While Huang wanted reform, some Chinese doctors were worried they would lose their sole source of organs for transplants. Photo by Jason Lee/Reuters

Delmonico’s work with China began in 2005 when he received a call from Huang who asked him to help with a problem. Huang at the time was China’s vice-minister of health. Delmonico was an advisor to the World Health Organization (WHO), a position he still holds today.

Huang told Delmonico that people from around the world were coming to China for transplants and that the organs were from executed prisoners, a practice the Chinese physician said he wanted to end. The international community condemns the practice as unethical. Delmonico agreed to work with China to develop a transplantation system based on voluntary live donations or from people who die in hospitals, rather than from executed prisoners.

While Huang wanted reform, some Chinese doctors were worried they would lose their sole source of organs for transplants. Other doctors and officials were making money by selling organs from executed prisoners and did not want the lucrative practice stopped, Delmonico said. Chinese hospital websites **advertised kidney transplants** for \$62,000, and a heart transplant between \$130,000 and \$160,000.

To discourage organ profiteering, Delmonico and other Western doctors agreed to boycott all papers from China that relied on data involving organs from executed prisoners. Delmonico and his colleagues also penned an open letter to Chinese President Xi Jinping calling for the practice to stop as a way “**to rid Chinese society of corruption.**”

In December 2014, Huang declared on behalf of the Chinese government that starting on January 1, 2015, his nation would no longer use organs from executed prisoners.

### **Has China turned a corner?**

Today, China is looking to expand its volunteer donor base for the estimated 300,000 Chinese patients on the organ transplant waiting list. Chinese volunteers now number just over 4,000, which is still low by

international standards. But some experts say the transition from hardly any volunteer donors to the current number is a concrete sign of reform.

At issue is how the Chinese government defines legal death.

For many years, the government only accepted donation after circulatory death (DCD), which occurs when the heart stops beating. China did not believe in brain death. However, taking organs after circulatory death is less desirable, because once the heart stops beating, organs start to decay and there is little time to transplant them. That limits the number of available organs.

**Chinese hospital websites advertised kidney transplants for \$62,000, and a heart transplant between \$130,000 and \$160,000.**

Delmonico pioneered the concept of donation after brain death and circulatory death (DBCD), which occurs when all circulation to the brain stops and consciousness is permanently lost. While legally dead, the donor still has a heartbeat, which gives doctors more time to find a match and complete the transplant.

“Frank helped us create a Chinese classification of organ donation, melding between brain death and cardiac death to overcome the cultural barrier of organ donation in China,” Huang told the NewsHour in an interview.

“Frank came in and helped us to revisit every step and help[ed] us find a way that [was] technically and ethically acceptable in China and the international community,” said Wang, the head of China’s organ transplant response system.

But critics say Delmonico’s declaration that China has turned the corner on using organs from executed prisoners could be jumping the gun, lacking firmer evidence of reform.

“Why rush to integrate China in the international transplant community without investigating on three decades of transplant abuse?” Dr. Torsten Trey, a founding member and executive director of Doctors Against Forced Organ Harvesting, wrote in an email to NewsHour. Trey also condemned China’s inclusion in the Vatican conference.

Also at issue is who was being abused. Dr. Jacob Lavee, President of Israel Society of Transplantation, says while China has admitted to using organs from executed inmates, it has not admitted that many of the prisoners were actually prisoners of conscience—political dissidents, ethnic minorities such as the

Uighurs, and practitioners of Falun Gong, a form of Chinese meditation and exercise with a spiritual underpinning, among others.

The NewsHour spoke to Chinese practitioners of Falun Gong who were arrested and detained several times between 1999 and 2009. Wang Chunying, a nurse from Liaoning Province, described one incident in which she was forced to give blood. She suspected the purpose of the blood draw was to determine if she would be a good match for organ donation.

“The atmosphere was very tense and horrific,” she said. She resisted, she said, but was pinned down by nine policemen as they drew blood from her leg. Wang said the policemen claimed they were checking the prisoners to make sure they did not have infections, But she said since prisoners were treated badly, it did not make sense that detention officials would care if the prisoners were sick. “The living conditions were terrible in the reeducation camp. They didn’t care about whether we live or die. One of us got his finger cut through by the needle when working on sewing machines. The unit guard simply pulled out the needle, opened the case of the machine, put some oil from the sewing machine to the injured finger and then told her to go back to work.”

Lavee says because of stories like this, the boycott on China should continue until the country allows international inspections to verify that organs are not coming from executed prisoners.

“Frank is simply willing right now to close one of his eyes and be blind to what continues to go on while celebrating the fact that there has been some reform in China,” Lavee said.

Delmonico, who has visited China nearly a dozen times and toured transplant clinics, concludes China has made dramatic strides in reforming its transplantation processes. But he suspects that the practice of obtaining organs from executed prisoners continues, at least in part .

“I can say to you [transplant tourism is] markedly reduced,” Delmonico said. “But can I assure you or the rest of the world that it’s completely stopped? I can’t.”

### **A new form of slavery**

Reflecting from a library in the Vatican in late March, Delmonico conceded he was disappointed in some ways with the Rome conference in February.

“It’s a great disappointment that [Pope Francis] didn’t come...to the conference,” Delmonico said, “and he didn’t come because of the Chinese problem.”

Delmonico said he anticipated the potential controversy but didn't foresee its magnitude. Still, if he had it to do over, he would lead the conference the same way, including Huang and Wang as participants.

"I wouldn't have the meeting without them," Delmonico said.

A number of doctors who attended the conference said the pope's endorsement of its mission not only added the Vatican's moral authority that Delmonico sought, but the conference statement has become a tool to spur further action.

Newly energized, many of the more than 60 doctors that met in Rome have returned home, seeking endorsements for the Vatican summit's principles and working to create new laws and regulations making it illegal to engage in organ trafficking.

In 2016, Pope Francis listed organ trafficking as one of the "new forms of slavery" and "true crimes against humanity." The conference's program included a handwritten note from the pope. It would be a good idea, he wrote, to "examine human trafficking and modern slavery."

*Left:* The Istanbul declaration, now translated into 14 languages and endorsed by more than 100 organizations, laid out an international consensus for organ transplant ethics and denounced organ trafficking and transplant tourism. Photo by Pierre-Philippe Marcou/AFP/ Getty Images

#### Go Deeper

---

- [china](#)
  - [organ trafficking](#)
  - [pope francis](#)
  - [the vatican](#)
  - [transplant tourism](#)
- 

By —

**Ryan Connelly Holmes**

Doctors and nurses suspected of operating in a "large criminal network specialised in trading human organs" were detained by Egyptian authorities alongside 12 others, according to the interior ministry earlier this week.

According to a statement by the interior ministry the network allegedly agreed with Egyptians to transfer some of their organs to foreign patients in exchange for large sums of money and by doing so "exploited people's financial need," the interior ministry said, noting three doctors, four nurses, three hospital workers and two agents were detained.

The doctors and nurses that were detained were reportedly arrested "while they were carrying out an operation to remove the kidneys and part of the liver of a citizen in a private hospital" in the Giza province of Cairo.

**Read more: [Organ trafficking 'booming' in Lebanon as desperate Syrians sell kidneys, eyes](#)**

According to the ministry the man sold his organs for \$10,000. The hospital has been closed pending an investigation.

The organ black market has become increasingly popular for many [Egyptians living in abject poverty](#) who often sell their kidneys or livers in a desperate move just to be able to pay for food or pay off their debts, according to the United Nations. Earlier this year [two Saudi brothers were detained in Egypt](#) after they were arrested for their involvement in the country's organ black market. One of the brothers was reportedly in Egypt for a kidney transplant after paying \$75,000 for the kidney from a donor in a deal approved by the Saudi embassy in Cairo despite kidney purchases being illegal in Egypt. Despite this, kidneys on the black market can cost up to to \$100,000 and are often obtained from donors or migrants trafficked into the country who desperately want to reach Europe.

Egypt was ranked amongst the top five countries in illegal organ trade according to the World Health Organisation. In the same year Cairo approved a law that year banning commercial trade in organs as well as transplants between Egyptians and foreigners with the exception of transplants between husbands and wives.

Trade in illegal organs is a booming business in Lebanon as desperate Syrian refugees resort to selling body parts to support themselves and their families, according to an investigation by the *BBC*. A trafficker who brokers deals from a coffee shop in Beirut, identified as Abu Jaafar, said while he knew his "booming" business was illegal, he saw it as helping people in need.

He spoke to the *BBC* journalist Alex Forsyth from his base in a dilapidated building covered by a plastic tarpaulin in a southern Beirut suburb.

"I exploit people, that's what I do," Jaafar told Forsyth.

*I know what I'm doing is illegal but I'm helping people, that's how I see it. Some of my clients would have died anyway.*

Since the Syrian conflict erupted in 2011, at least 1.5 million people have poured into Lebanon, where they make up around a quarter of the country's population.

Many have no legal right to work, and families are forced to find other ways to pay for food, shelter and healthcare.

According to a report published in June, some 70 percent of refugees in Lebanon are living below the poverty line.

**Read: [10,000 Syrian refugees to be forced out of Lebanon's Bekaa valley, UN](#)**

"Those who are not registered as refugees are struggling," Jaafar said in a report aired on *BBC* television late on Tuesday.

"What can they do? They are desperate and they have no other means to survive but to sell their organs."

Jaafar said in the last three years he had arranged the sale of organs from some 30 refugees.

"They usually ask for kidneys, yet I can still find and facilitate other organs," he said.

“They once asked for an eye, and I was able to acquire a client willing to sell his eye.”

The Middle East is becoming a “hot spot” in international organ trade, where the influx of refugees desperate to earn money is providing a new market for brokers, shifting focus from China and the Philippines, Forsyth said, citing experts.

The journalist said despite difficulties organs could be exported to buyers around the world, while sometimes refugees were being flown to nearby countries for surgery using fake papers.

Jaafar said he drives blindfolded people who agreed to sell their organs to a hidden location on a designated day, where prior to surgery they undergo basic blood tests.

Sometimes the doctors operate in rented houses that are transformed into a temporary clinic.

“Once the operation is done I bring them back,” Jaafar said.

“I keep looking after them for almost a week until they remove the stitches. The moment they lose the stitches we don’t care what happens to them any longer.”

*I don’t really care if the client dies as long as I got what I wanted. It’s not my problem what happens next as long as the client gets paid.*

Jaafar’s most recent client, a 17-year-old Syrian boy had sold his kidney for 6,500 pounds (\$8,300) to pay off debts and support his mother and five sisters.

Two days later, lying in the back room of a coffee shop he said he’s in constant pain.

“I already regret it but what can I do,” the teenager said. “I didn’t want to do this but I’m desperate. I had no other choice.”

## **Pakistan: 2 doctors, 3 paramedics arrested in organ trade racket**

**Lahore:** Two senior doctors and three paramedics have been arrested in Pakistan for allegedly running a major organ trade racket since 2009 involving recipients from Gulf countries.

The two doctors of public hospitals were taken into custody during a raid at a posh locality here. Two donors and many foreign recipients have been shifted to a nearby hospital for treatment.

"Besides arresting two senior doctors Fawad Mumtaz and Altamash Kheral of Lahore General Hospital and three paramedics - we have taken four Omani nationals into custody who had come here for organ transplant.

This racket has been operating in the country since 2009 and exploiting a number of people here to oblige its clients in Gulf countries," Federal Investigation Agency (FIA) investigator Jamil Ahmed Khan said.

He said both doctors during interrogation revealed that they have been looking for clients in the Gulf countries through an agent stationed in Oman since 2009.

"They along with their other accomplices are also operating in Rawalpindi and Pakistan occupied Kashmir. They would charge an average 6 million Pakistani rupees to 7 million Pakistani rupees from a foreign client (recipient of a kidney) and pay just over 100,000 Pakistani rupees to a poor donor," he said, adding the doctors have made a windfall in this illegal business of organ transplant.

Talking about the plight of the donors, the FIA official said 20-year-old Nahid Akhtar and rickshaw driver Muhammad Aamir were operated upon by the doctors in an operation theatre set up at a small rented house in the private housing society.

"Nahid's kidney was removed but the doctors failed to transplant it into an Omani national, because of excessive bleeding. Both women were semi-conscious when the FIA raided the house. Similarly, both doctors had taken out Aamir's kidney and were performing procedure on another Omani national. We called ambulances and shifted them to the Mayo Hospital where they are stable now," the official said.

The doctors had paid only 125,000 Pakistani rupees and 130,000 Pakistani rupees to Nahid and Aamir, respectively, while they (doctors) received over 5 million Pakistani rupees from each Omani recipient, he added.

"My family was to pay debt that forced me to sell my kidney to arrange the amount. Extreme poverty made me to do so," Nahid said. Aamir also had the similar story.

The FIA has booked both doctors and three paramedics under Punjab Human Organs and Tissues Act (amended) 2012 and Pakistan Penal Code. The doctors would face up to 10 years of imprisonment with fine up to 10 million rupee

By Rafael Matesanz

Nephrologist, director of Spain's National Transplant Organization

The Spanish model promoted by the National Transplant Organization (NTO) since 1989 has allowed us to maintain global leadership for 25 years, with the greatest chances of receiving a transplant in a service that is public, universal and without discrimination.



This position of privilege contrasts brutally with a widespread international situation of scarcity. The numbers are outrageous. The annual demand for transplants is estimated to be between 2-2.5 million patients while the transplant process does not exceed 127,000 operations: only 5-6 percent of those who need a transplant get one. On the other hand, in Spain more than 90 percent of these patients get one in time.

These differences shine a spotlight on us for people around the world who aspire to get transplants in our country. And here comes the problem: there are not enough organs for everyone and competition for those available affects the possibilities for transplants for our patients. Spain collaborates with many countries to improve their systems and many lives are saved in this way, but our 4,800 annual transplants cannot satisfy this demand. It is called transplant tourism due to the fact that a person travels to another country for the sole purpose of getting a transplant done, obviously because in their place of residency they do not find the right conditions.

First of all, let's clarify concepts. Spanish nationality is not required to get a transplant in our country. Up to 9.25 percent of those who received one in 2016 (446 of 4,818) were born abroad, in no less than 62 different countries, but most of them had been living in Spain for many years and had the same rights and duties as those born here (with or without papers: no one has been denied a transplant for not having them), or it was a vital emergency that required immediate treatment. There is no discussion on these cases. Similarly, 11.7 percent of donors in Spain were not born here. It is not a problem where someone is born but where they live and which province they belong to for all intents and purposes.

Attempts to access our waiting lists from other countries have been a constant in these 25 years of leadership, by well-intentioned people but who did not know or did not pause to think that despite our high rates of donation, we will never cover all the demand. Between 6-10 percent of patients on the waiting lists for heart, liver or lung transplants die each year without obtaining the savior organ. Each transplant for someone coming from abroad means that someone on our waiting list, Spanish or not, will die or stay on dialysis, even if their identity does not come to light. Evidently.

The systematic refusal of the NTO of these attempts has been generally well understood, although it has not earned us many friends. Access to transplant patients from outside (why yes to some and no to others?) is not a gracious concession of the doctor, nor of any non-profit, nor of the one making the recommendation (usually a politician), nor even the NTO: it would be the patient

who at the end of the waiting list does not arrive in time for their transplantation and it is most doubtful given that knowing the conditions, he/she or their family would be giving their approval. To this must be added the real risk of the local population refusing to donate organs if they end up mostly in patients from outside the country and almost always with money in between. This is something that has already happened in countries like France or Belgium in the 1980s, when Italian patients flooded their waiting lists, with great deterioration of the credibility of their systems by mixing irrevocably spurious interests in the admission of patients.

The 2012 European Union Cross-Border Care Directive excluded the transplants from deceased organ donors, which already prevented a flood of patients from the European Union to Spain (Germany has a quarter of the donors than Spain, the United Kingdom has half, and countries like Bulgaria have 20 times less).

But it did not eliminate the problem. Transplant tourism is probably the biggest threat looming over our system in the near future. The case of Bulgarians who in 2015 traveled to Spain with false work contracts to access dialysis and transplants in Madrid, within what the Civil Guard called Operation RENIBUS, was only the tip of the iceberg that allowed us to detect similar cases among different nationalities in other communities.

The threat of transplant tourism comes from both isolated cases of people with resources or influence, and ? above all ? from waves of people coming in like the Bulgarians: well advised people who tend to look for loopholes in the legislation to fraudulently access waiting lists. Recently, the director of the autonomous organization of Catalonia exposed a number of cases in his community despite the filters applied throughout the state, and the same could be said of other places such as Madrid or Andalusia, where the pressure is rising.

The only way to stop this growing phenomenon is legislation that establishes a minimum residency period in Spain to be able to access the waiting lists: perhaps 2-3 years, except for emergencies. This law, which would be endorsed by all the international recommendations (WHO, the Council of Europe and the Ibero-American Council of Donation and Transplantation have already agreed on this), was not developed at that time by the prolonged period of rule by the caretaker government. But now it is necessary to seriously raise the issue and look for a consensus that allows a law of this kind to be carried out. Both the lives of many of our patients and the very future credibility of the system will depend on it. Looking the other way is not an option.

Disclaimer: This article is part of an Agencia EFE service which brings opinion-makers to its readers and relies on the contributions of diverse eminent figures, and solely reflects the opinions and points of view of its author.