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and kosher slaughter?**

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Organ trafficking

**Exposing the
brutal trade
in body parts**

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THE NEW INTERNATIONALIST workers' co-operative exists to report on the issues of world poverty and inequality; to focus attention on the unjust relationship between the powerful and powerless worldwide; to debate and campaign for the radical changes necessary to meet the basic needs of all; and to bring to life the people, the ideas and the action in the fight for global justice.

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Follow the bodies



In the early days of the Organs Watch project, when I was first looking into the rumours of 'body snatching' and 'organ stealing' among shantytown dwellers in northeast Brazil, my husband, then a clinical social worker at a large US paediatric hospital, returned home one evening elated and deeply moved. He had witnessed a paediatric transplant that had saved the life of a mortally ill youngster.

Michael was almost beside himself in sharing the miraculous event. Distracted, I looked up from my writing desk and replied: 'Really! Whose organ?' My husband's anger at my 'heartless' question, something only an oddball anthropologist would even think to ask, made me realize that, to the contrary, it was a question that had to be asked.

My naïve question and my equally naïve method – 'follow the bodies!' – brought me to police morgues, hospital mortuaries, medical-legal institutes, intensive care units, dialysis units, blood labs and organ banks all over the world. I traced the missing link – the 'blood diamond' of the organ trafficking world – the fresh kidneys, which came across borders safely packaged in their warm, living containers. I met the 'kidney mules', recruited by brokers in slums, refugee camps and mental institutions, and the outlaw surgeons and traffickers behind the illegal flow of human traffic. This edition of **New Internationalist** reveals the damage wreaked by the criminal organ trade, and looks at what it might take to combat it.

Elsewhere in the magazine, Amy Hall meets the activists suffering from post-traumatic stress disorder, and the Argument on banning religious methods of slaughter goes behind the clamour of the proposed Danish ban. ■

Nancy Scheper-Hughes

NANCY SCHEPER-HUGHES

This month's contributors include:



Amy Hall is a journalist and editor based in Brighton. She is the News Editor of the *Transition Free Press* newspaper, which grew out of the Transition movement, and also works as a freelance journalist.



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Victor Sonkin is an academic, journalist and translator working in Moscow. His guidebook to Ancient Rome recently won Russia's most prestigious award for non-fiction.

Coming next month

Speaking out for a multilingual world

The world's 7,000 languages are facing a decline more rapid than, and potentially as damaging as, the planet's endangered species. With the last speakers of up to half of the world's languages already alive today, linguists fear that within two centuries we could all be speaking one global tongue.

Yet language matters more than you might think: at the micro level (being a polyglot is good for the brain!) and at the macro level (the fate of our languages is inextricably linked to global

sustainability). The languages we speak shape who we are and how we see the world, and are a conduit for and repository of our history, culture, traditions and faith. Their power and importance are reflected in the pains taken by repressive and colonizing regimes over the centuries to silence them.

The decline in the world's languages must be reversed, and we all have a responsibility to join the fight. Next month's **New Internationalist** issues a call to arms – and tongues.



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Jessica Rimadli / Reuters

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Pat Rourke/AP/Press Association Images

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Front cover: Supertrooper / Depositphotos
Magazine designed by Alan Hughes and Juha Sorsa.
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Tim Gailey / Alamy

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Men from Baseco, a slum in the port area of Manila, the Philippines, show their scars from kidney sales in a photograph from 1999.



Perpetual scars

Secretive and ruthless, the human traffickers controlling the kidney trade thrive on the desperation of the poor and the sick. NANCY SCHEPER-HUGHES lays bare the ‘collateral damage’.

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’.¹ Today human trafficking for organs is a small, vibrant and extremely lucrative business that involves some 50 nations.²

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.

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

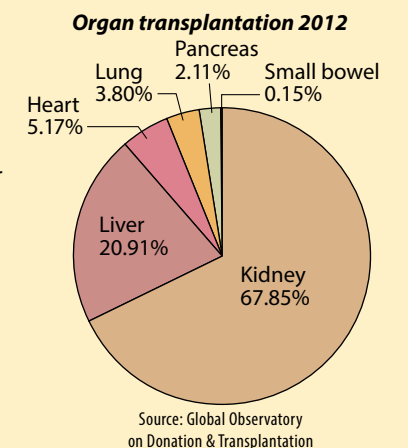
‘Kidney selling is no longer a strange or exotic act. It is normal, everyday, and entrenched’

The demand for organs outstrips supply

Advances in medicine that keep us alive longer, coupled with rising levels of type-2 diabetes and heart disease, mean that the pool of patients waiting for organs is growing. In any given year, fewer than 1 in 10 waiting for a donor organ will receive one.

At the same time, there are fewer organs from young, healthy people – who make the best deceased donors – due to the life-saving influence of car seat belts. Prolonged end-of-life medical care can also mean fewer usable organs upon death.

Nevertheless, the WHO believes national self-sufficiency through deceased donor organs is possible – efforts to retrieve usable organs from the deceased need to be maximized. Progress in stem cell research, the creation of workable artificial organs and xenotransplantation could help towards meeting the demand in the future.



*Names marked by an asterisk are pseudonyms.

'My heart weeps inside me'



'Mother, you brought so much shame upon us. All the kids are talking about you, saying you sold your kidney'

The seller

C was 38 when she was taken to a hotel in Turkey from her village in Moldova. She was kept under constant supervision and tricked into surgery to remove her kidney. She took home \$2,500 for her organ. The recipient was an 80-year-old man from Israel.

We were always in hiding. It was obvious that the people we were involved with were like bandits. I wanted to escape, but I did not know the language, I did not even know where I was. There was a young man from our village who changed his mind and he managed to escape with some Romanians. They were young, they were part of a group. I was older, a woman, and alone. I began to weep, but what was the use? My passport was in their hands, and all I knew was that on the hotel key it was written 'Hotel Ali Baba'.

I did not know that I was going to Turkey to sell a kidney. N [the recruiter] told me they were going to find us work, maybe to bake bread or to sew leather jackets. Had I known, I would not have gone for anything on earth.

My heart weeps inside me. They tricked us; they cheated us. All because of that woman [the trafficker in Turkey]. Oh! She was the devil alright. She had a lover there and they were both into organ traffic, but also into trafficking girls. She was always looking for clean,

honest girls, young ones. She even asked me about my own girls. They wanted nice, healthy village girls. And she was willing to pay me \$3,000 for each of my girls. Can you imagine!

When I returned, I was a different person; I was hardly able to walk. I showed them the scar, and we all wept together. They started to reproach me, saying: 'Mother, you brought so much shame upon us, now we can't even go out to the disco to have a good time. All the kids are talking about you, saying that you sold your kidney.'

For that first week home I did not get out of the house. I was walking with difficulty, all bent over, so everybody could see me. And they would shake their heads. 'What some people would do just for money!' That's what they would say.

Because of what I did, I walk with my head bent down, not with it up, because when I run into a neighbour and we have any kind of disagreement they are likely to say, 'Shut up, you! What do you know? You sold your kidney!' I feel so stained by it all. I just hate it. They should stop this kind of thing, stop it completely.

I saw a doctor once because of my problems [chronic pain]. I didn't want to tell him about it, but he saw the scar and right away he said, 'This is not a surgery that took place in Moldova. Where did you go to have this butchery?'

Sometimes we argue, my husband and I. When I am angry I tell him, 'Look, I built you a house from my kidney money.' [They were able to carry out repairs on their unfinished house with the money.] And he answers back, 'Who the devil asked you to go there and do that?' I tell him that he is the man and *he* should have sold. He should have protected me because I am a woman. And he says, 'But who even knew you would go? You did this on your own.'

C continued to suffer from health problems and died before she was 50. The Moldovan police managed to stop the trafficking operations in her village.

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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', page 23), 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

Images: Harry Schepel-Hughes



Top: Nicolae, a father of three children, suffers from chronic hypertension. He fears he will not see them grow up. Middle: Vladumir, recruited at 18, died from post-surgical infection and kidney failure on return from botched surgery in Turkey. Bottom: Viorel is furious because his kidney was removed under duress. Both he and Vladumir were operated upon by the prolific Turkish outlaw surgeon Yusuf Sonmez.

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.

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

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

'There was no freedom of choice, it was blackmail'



The kidney buyer's daughter

In 2009, Ricky Shay's ailing father was on dialysis in Israel when he was approached by a broker who promised him a transplant in a modern university hospital in China. Her father later phoned her from his hospital bed, barely conscious, saying that he was dying and begging her to come to his rescue.

My father came back from China in a wheelchair. He was not the same man who walked on to that plane with a lot of hope and optimism. The kidney never functioned and so he had to go back on dialysis in a much weaker state than when he started out. He lived for a year and three months after the botched surgery in a filthy private clinic before dying of an infection.

The broker and his partner were not put on trial for what they did. They did not pay the price, which was my father's life and the life of an entire family. After my father's death my mother also died. The deepest injustice is that the people responsible were not charged, despite my complaints brought to all the officials, police, the State Attorney and the Attorney General.

His donor was a Chinese girl who was only 16 years old. Immediately after the surgery her condition was very, very severe and they transferred her to another hospital where we were told by her mother that she died. Her mother came back to the hospital when I was in the village trying to rescue my father but the broker's wife didn't want to let me speak with her. She was trying to warn me, she told me: 'You must also leave and go to another hospital.'

So, who was responsible? Many people, beginning with the bureaucracy that failed us, the organ broker who even sold the story to the media for money, and who was never punished because he has a lot of connections.

But I can also talk about my father's mistaken decision. My father took a risk so that he would have a chance to live. He didn't want to be in the same state as my mother who lost her legs to diabetes. But he regretted the death of his donor. He said that if he had known that girl was going to be his donor, he would not have taken it. But he was lied to about everything. The broker organized the seller who was paid only \$5,000 out of the \$100,000. This was pure exploitation.

I think the most important thing is freedom of choice. This means that a person is responsible for their body, for their organs. If there's a proposal, the buyer and the seller have to consider it without being forced into it; that means not out of necessity, not from a very suffocating place. To make a choice they have to feel free, inside themselves, to decide in relation to their body and to the circumstances. But in our case it was like blackmail. We were told by the broker: 'You buy a kidney, or you die' and the seller was told: 'You sell a kidney, or you die.' And, in the end that's what happened – both of them died. That's my story.

Ricky Shay has become a powerful advocate against transplant trafficking.

Organs Watch

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.'



Life in Baseco, Manila, an area which provides easy pickings for kidney hunters.

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



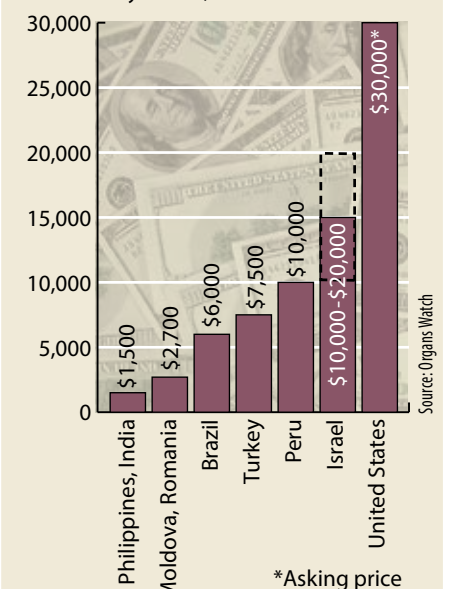
Nancy Scheper-Hughes

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

Nancy Scheper-Hughes with Alberty Alfonso da Silva, who was recruited from a Brazilian slum to provide an organ to an American woman from New York City.

Sum of the parts
Average amount (US\$) received by kidney sellers, select nationalities.



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

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

Kidney sellers are poor and vulnerable: the displaced, the disgraced or the dispossessed

boundaries between gift, commodity and theft are decidedly blurred.

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.

'I am a surgeon, not a detective'



The transplant surgeon

Spanish surgeon F was active in the kidney transplant field for 20 years in the US. He is now retired. He performed kidney procedures on unrelated pairs from both the US and Israel (who were part of a transplant tourism operation).

I do recall operating on some of the Israeli patients, maybe 10 or 12 pairs. When I was first presented with this idea, it felt reasonable to do it. We were doing a lot of kidney donations between unrelated

US citizens [late 1990s and after]. That was a big change in ethical thinking from the early 1990s when we wanted the donor and recipient to be related, biologically or emotionally.

Then by the mid to late 1990s we thought, 'Well, if it works with the emotionally related [spouses, for example] why not with somebody they met in church, or even somebody that they had just met at Starbucks next door to the hospital?' The idea that there might be some compensation going on was always a possibility. But many in my profession just don't see the difference between the selling of kidneys and the selling of sperm or eggs. What is the difference?

But, even so, if there was any suspicion that the donor and recipient had made a deal behind our backs then we ruled it out. So, we rejected at least two pairs from Israel because

the psychologist who screened the unrelated donors ruled them out. He thought that maybe the donor was being compensated or was under pressure. So, here we took the moral high ground, and then we learned that they went on to Los Angeles and found a transplant centre there. It didn't make any difference, and we lost out to a competitor.

I don't think it was such a great deal, financially, for the hospital. Maybe they charged \$5,000 or \$6,000 extra than what we would get from a Medicare [US state social insurance] transplant coverage. But I believe that it wasn't done [by the surgeons] just for money, nor was it done just out of humanitarian sentiments, it was done because it built up the reputation of the transplant unit as a place that attracted people from other countries, it built up our practice, it was good for the hospital. And yes, the foreign patients pay cash up front, no Medicare forms to file, insurance forms, etc.

There are always suspicions with unrelated donors. But I am not going to ask these questions. I am a surgeon, not a detective.

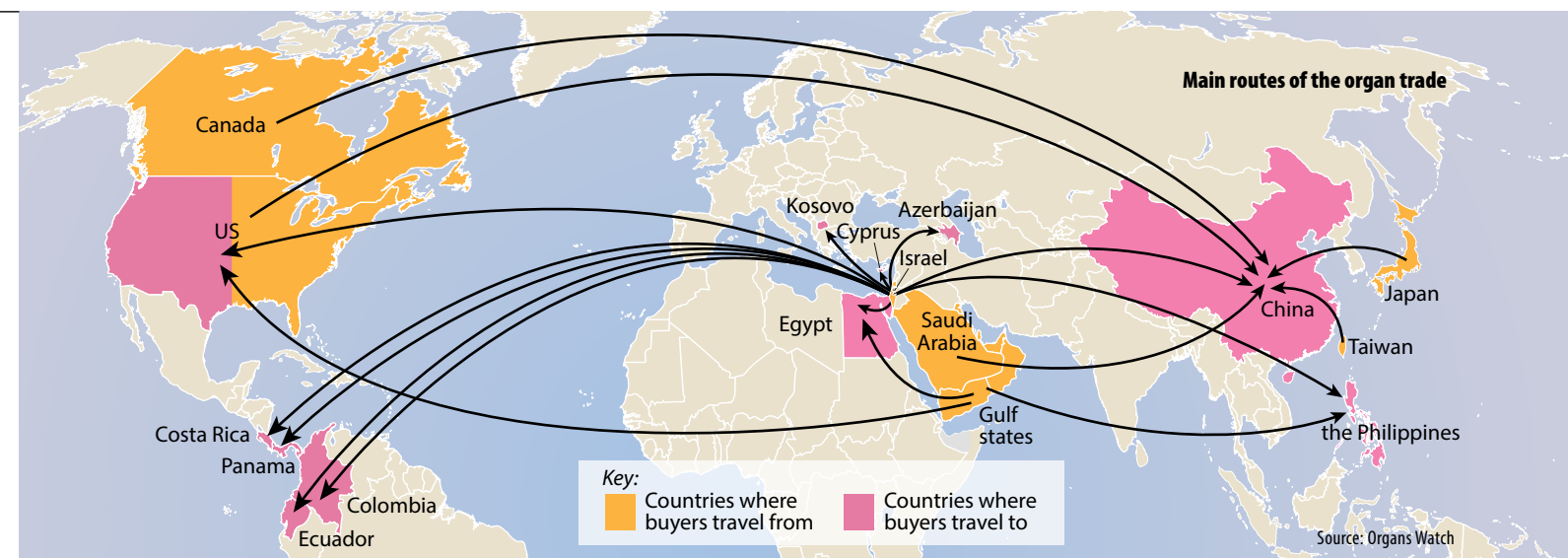
Some of the donors were less well-off economically, that was clear. The recipients tended to be wealthy and spoke good English for the most part, while the donors tended to be working class, and many did not speak English at all. I couldn't communicate with them.

I met them before the surgery and tried to speak with them, but it was more difficult with the donors. I did not want to get into their feelings. That's not what I do.

For sure, I knew that some of the donors were paid. But the answer is regulation. In the end, I don't really think that anyone was harmed by this. Never did we have any complaints from the kidney 'donors'. They left and that was it. Never heard from again.

We rejected at least two pairs from Israel... We took the moral high ground, and then we learned that they went on to Los Angeles and found a transplant centre there

Organs Watch



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

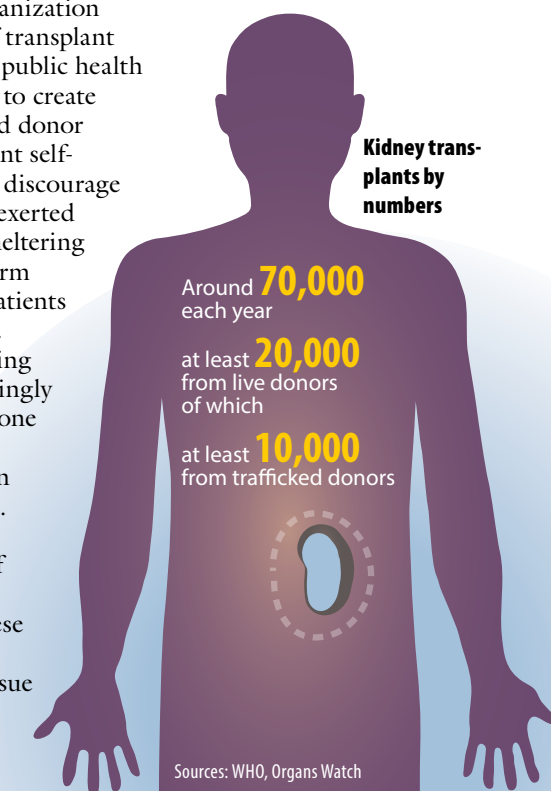
picked up a second surgeon. 'One takes out and the other puts in,' was the simple explanation. Only in Istanbul was David told that his transplant would take place in Kosovo, a country he knew nothing about. The day before flying there, the broker announced that police had broken into the Medicus Clinic 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



'Most kidney sellers are scum'



The broker

G was an extremely active broker, arranging paid kidney donor transplants within Israel and internationally. She also operated in Moldova, Russia and South Africa. After being detained by police in Israel a few years ago, she moved with her family to Bulgaria.

I developed a second sense, to see if people are serious. This one guy changed his mind twice, his decision to sell, two hours before the surgery. But he finally went ahead and did it because he needed the money. I lost sleep over it because I'm responsible for finding a kidney donor. I would always be afraid that the patient or the donor would back out.

There were always patients, the word spread through word of mouth. When people sat together in the dialysis wards, they would talk about me. One patient brings another.

After the surgery, we would completely disengage. Out of 200 patients I assisted I'm only still in touch with five, and these are really special cases. They have some shame about what they did. I also have to disconnect so they don't blackmail me. As soon as the donors [kidney sellers] went through with the surgery, I saw the shame they experienced as well. It fell heaviest on them.

I worked with another woman for several years, we were the biggest in Israel, we had the best name. She would take care of finding and grooming the donors, which was the part that I hated, and I would take care of the transplant patients. When two older women approach a client about this kind of thing, it makes it look more believable, less frightening.

I understand all the [moral] issues, but before you shut us out, come up with another solution. There are people on the other side that need to live, not just improve their lives, but live. Those who work against paid sellers are both judge and executioner.

Look, most of the kidney sellers are scum. They'd try to exploit and squeeze me, they're generally mentally unstable, because whoever comes to me and they're in *that* condition to do this, they're a certain type of person. People who want quick money, because most of them are heavy gamblers or in debt to loan sharks.

On the other hand, I felt terribly sorry for them, with economic hardship and the like, I sort of pitied them. One donor, when I asked him to dress well for the ethical screening committees, looked at me as if I was speaking Chinese. He had none! So I went out with him and bought him clothes, even underwear. I never made them feel unwanted. I never told them what I really think: 'Goddamn, you're a poor excuse for a human being!'

Organs Watch

When people sat together in the dialysis wards, they would talk about me. One patient brings another

10-15 years
life span of a kidney from a deceased donor

15-20 years
life span of a kidney from a living donor

Source: Explore Transplant

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

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

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.

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

114,690
organs reported transplanted in 2012

77,818
kidneys transplanted in 2012

≤10%
of global demand

Source: Global Observatory on Donation & Transplantation

South African Police Captain Louis Helberg, who cracked open the Netcare case and confiscated the Saint Augustine Hospital transplant files.



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.

'The doctors are just after money'



The activist

Amihan Abueva fights against human trafficking and for child protection in the Philippines. She served as regional director for the NGO Asia Against Child Trafficking (Asia ACTs) which closed in 2013 due to lack of funding.

I have worked on child protection since the late 1980s. In 2001, the issue of trafficking for the sale of organs cropped up. I realized there are parallels with child sex trafficking and tourism in the sense that the buyers

are both foreign and local, and the sellers are local.

The estimated package deal is around \$60,000, of which the hospital cost would be roughly \$20,000. The seller would get \$1,000 to \$2,000. The surgeon would get around \$27,000. He gets the bulk of the money and organizes his own [medical] team.

For the donors, the benefits are short-lived. The money runs out but the long-term effects linger. Many don't know that they have to quit smoking and drinking; they don't go for check-ups. The doctors are really just after money.

With the information we gathered, we worked with the government, the police and the church to stop the trade. So we put pressure locally and internationally. Eventually, we got some results.

The DOH [Philippines' Department of Health] seemed unaware that there is an Anti-Trafficking Law [in the Philippines] forbidding the sale of organs, that there's criminal liability. So we put pressure locally and internationally.

The DOH disallowed foreigners from getting transplants in the Philippines. However, it did not stop the internal trafficking of poor people to wealthy people, including diasporic Filipinos returning for a transplant.

A hospital ethics committee should now make sure this does not happen but it's frustrating because there were many hospitals involved. As an NGO, we have to co-operate with the authorities. Sometimes the police just lose the case despite the evidence that we gathered.

There were people who did not like what I was doing. When I was in Istanbul at an international conference on organ transplants [in 2008], one of the participants came to me and said 'Don't you know that more than half of the people here stand to lose millions because of the work you're doing?'

For now, things look a bit quiet but it's not yet over. In 2012, Asia ACTs tried to hook up potential donors with local governments so that they can provide alternative sources of funding [welfare and work schemes as an alternative to selling organs]. The Department of Social Welfare and Development has promised to provide projects. With our contacts in the hospitals, we still keep an eye on what's happening. The [illicit] network is still there.

As for me, I really got burned out and when that happens, one just has to stop to regain one's energy.

As told to **Iris Gonzales**.

Sometimes the police just lose the case despite the evidence that we gathered

'A breach of contract'



The lawyer

Israeli lawyer S claims his job is to 'defend all the slavers', whether sex traffickers or organ dealers and their enforcers. He thinks kidney sellers are prone to exaggeration.

One guy said he was coerced when he tried to back out of the deal. No problem. Sellers can

get out of the deal, but they have to pay back all the expenses. This is a serious thing. It is all explained to them: You have a man who needs a kidney. You agree? OK, you agree. You understand the circumstances? You sure you still want to do it? You want to go there, to travel abroad, you will give your kidney, and you will suffer pain after the operation. You understand all this? Yes, I do. And you are still willing to travel? Yes, I am. You will have pain, you will not be able to work right away? You understand? Yes. You realize that I have to set everything up. It's a big operation. It is not an easy thing to arrange. I have to pay everyone. It costs a lot of money. I have to pay the hospitals, the doctors, the airfares, the hotels, the translators. A big deal.

You get it? Yes, I'm ready for it. So, OK, let's go. I'll set up the tests, I'll get your visa, I'll get the airplane tickets, I'll contract the doctors, I'll get the patient prepared. Oh – then suddenly

the guy says, 'You know what? I changed my mind. I don't want to do it.' What do you mean changed your mind? That's a breach of contract, right?

The dealers just say, 'No, you can't go back on this. Because if you do we will find you and we will take our money back, everything that it cost us to arrange this. It is our money, it was a deal, and we will get it back from you'.

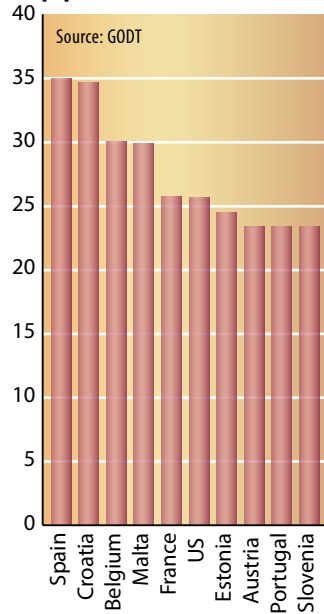
The kidney sellers take advantage of the situation to sell their pathetic stories. But this is just a business. People want and need prostitutes. People want and need kidneys. So the brokers find a match for them. There are hundreds of sellers who are happy that they sold [a kidney], who got, tax free, gifts of \$20,000-\$25,000. Meanwhile hundreds of people are alive today thanks to them.

You know how the police found these whiners [plaintiffs in a case against a high-level broker who S was defending]? The police went to the Russian TV station [in Israel, Channel 9] asking for the names of all the people who sold their kidney and are not happy about it... So now all the weirdos come forward. They complain that they were forced, that they were beaten. They were threatened. There was extortion. So suddenly one of these poor guys sits up and says, 'Oh my God, look what happened to me! I was trafficked!' So, what was this guy thinking for all that time before he came to the police?

Organs Watch

The kidney sellers take advantage of the situation to sell their pathetic stories

Highest rates of donation from deceased persons (per million population), 2012



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**.

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. **2** As identified by Organs Watch, WHO, The UN Office on Drugs and Crime and the Declaration of Istanbul Custodian Group.

The Big Story ORGAN TRAFFICKING

The Medicus affair

When an international organ trafficking gang in Kosovo was exposed, it was the local players that got caught. Nevertheless, as SELVIJE BAJRAMI reports from Pristina, it was a landmark case – the first in which doctors were jailed.

When Yilman Altun, who had been writhing in pain, lost consciousness at Pristina International Airport while waiting for his return flight to Turkey in November 2008, it set in motion a chain of events that made legal history.

Altun was an unlikely visitor to the newest country in Europe. Kosovo had declared its independence from Serbia just nine months earlier and was not exactly a happening tourist destination. The 23-year-old Turk, who was in desperate need of money, was no tourist.

A doctor who was called in to examine him at the airport found a fresh wound on his abdomen – his left kidney had been removed.

Altun had been trafficked to Kosovo through a broker in Istanbul with the promise of a \$20,000 payoff. The Medicus clinic on the outskirts of Pristina did not have a licence to conduct transplants and the surgeons Yusuf Somnez, of Istanbul, and his partner, Zaki Shapira, of Tel Aviv, were flown in to conduct the surgeries, aided by two other doctors, Lutfi Dervishi, a Kosovar urologist, and Kenan Dermirkol (also from Turkey).

Seventy-four-year-old Bezalel Shafran, who had travelled from Israel, went under the knife to receive Altun's freshly excised kidney. Just a few days later, Altun was told to return to his country with the promise that the money would be transferred to his bank account.

Shafran and Altun had signed a declaration that the kidney transplant had occurred of their free will, an altruistic act by Altun rather than a commercial transaction. Later investigations of banking records would reveal that Shafran's daughter had paid Moshe Harel, the Israeli recruiter and fixer of the organ-trafficking gang, \$125,000 in October.

A few days later police raided the clinic and closed it down. By this time Yusuf Somnez had escaped, taking with him all his patient files. What was left behind were the blood-matching files which enabled investigators to outline the illegal trade in human kidneys. In the short

space of January to 4 November 2008, 23 illegal transplants could be documented. It is suspected twice as many were actually performed. Lutfi Dervishi, the owner of the clinic, was placed under arrest.

Tortuous and complex

The investigation and court hearings were tortuous. After initial investigation by the police, prosecutor Jonathan Ratel took over the case in March 2010, working for EULEX, the European Union Rule of Law

Top: A signpost for the clinic that was the hub for criminal activity.

Below: Dr Lutfi Dervishi, foreground right, and his son, Arban (on the steps), outside court after one of the hearings of the case.

Bottom: Surgeon Yusuf Somnez, aka Dr Vulture, during a local court appearance in Turkey. He remains at large – and wanted.



Visar Kroyeti/AP/Press Association Images



Visar Kroyeti/AP/Press Association Images



Ibrahim Usta/AP/Press Association Images

He was dumped at the airport without the cash and minus his kidney

Doughty prosecutor Jonathan Ratel.

Mission in Kosovo. EULEX had been invited to Kosovo after independence in order to strengthen the rule of law in this fragile state.

'We had to find evidence in foreign jurisdictions, 17 in all, including the US, Germany, Israel, Britain, Canada, the Russian Federation, Moldova, Kazakhstan...' recalls Ratel. 'So it was a complex investigation with serious technical issues.' During the trial 'there were 85 witnesses in total, 26 of whom were heard by international video link.'

Yilman Altun, however, was not to be found. Ratel suspects that he might be dead. At least one Israeli recipient died soon after returning to Israel. Among the donors who testified was a Ukrainian man who had been lured by an internet advertisement promising \$30,000 for a kidney. He was dumped at the airport without the cash and minus his kidney. Many of the recipients (who came from Israel, Canada, Germany, Poland, Ukraine and Turkey) also gave evidence.

'It is unusual for crime to take place in a clinical setting; you don't usually think that doctors can be involved in organized crime,' says Ratel. 'But we were able to prove to the court that this clinic was the crime scene, and that doctors were part of the conspiracy to engage in organ trafficking.'

What the investigation also revealed was that 'the Medicus clinic was one clinic in a constellation of clinics,' according to Ratel, with two common links, the notorious Turkish surgeon Yusuf Somnez (dubbed variously Dr Vampire, Dr Vulture and Dr Frankenstein in the press) and Moshe Harel, the Israeli strongman of Turkish origin.

According to Nancy Schepers-Hughes who followed Somnez from 2001, he has been active in illicit transplants since the 1990s, though he always made the trafficked kidney sellers sign consent forms claiming they were altruistic donors. He had been arrested four times in Turkey and banned from working in the public-health sector there. However, this had not stopped him hopping from clinic to clinic in different countries – he claims to have performed close to 2,400 'legal' transplants.

The Turkish authorities, while providing co-operation, had their hands legally tied when it came to the matter of extraditing Somnez. Forewarned, Somnez was on the run the day before police raided the Medicus clinic. It is likely he is moving between South Africa and Azerbaijan, where he was back in business trafficking in transplants with kidney sellers from Jordan and Central Asia, according to Schepers-Hughes.

Harel was arrested in 2009 in Kosovo and spent three months in jail, but was released on bail on the grounds that he had to return to Israel to conduct the mourning of the death of his mother. The court ruled that he had to pay €20,000 (\$27,600) and ordered him to return to Kosovo within a month. He has never been back since. Both Somnez and Harel are still wanted by Interpol.

Case not yet closed

The case in Kosovo wound down in April 2013, after more than 100 court hearings and a 13,000-page dossier of evidence. Lutfi Dervishi defended his innocence to the last and addressed the court before the verdict: 'My goal has been to provide service to my people. Despite the fictional events and media campaigns, I have not lost the confidence of patients, colleagues and my people.'

He was sentenced to eight years in prison and a €10,000 (\$14,000) fine for organized crime and human trafficking. His son, Arban Dervishi, who had managed the Medicus clinic and enabled the transportation of the victims to and from Kosovo, was sentenced to seven years and three months and a fine of €2,500. Father and son were also ordered to pay seven of their victims €15,000 each as compensation.

Lutfi Dervishi's conviction also included the charge of serious bodily injury. On this same charge, anaesthesiologist Sokol Hajdini was sentenced to three years in prison, while two other anaesthesiologists, Islam Bytyqi and Sulejman Dulla, received suspended sentences of two years each.

The linchpins, Somnez and Harel, may remain at large, but the case sent the first legal signal that medical professionals are part of the illegal network of organized crime and are not immune to such charges.

Ratel points to the 'huge profit' to be made. 'If, for instance, organized crime has traditionally been involved in trafficking sex slaves or narcotics or weapons, it is because there are profits. But instead of thousands of euros for trafficking persons for sex or for labour, you can talk about profits in tens or a hundred thousand for an organ.'

During the lengthy investigation and the trial, much fresh evidence emerged and a new investigation is now underway into a further eight individuals 'for the criminal offences of organized crime, trafficking in persons, grievous bodily harm, abusing official position of authority, fraud and trading in influence', according to EULEX. ■

Selviye Bajrami is a Pristina-based journalist working for the news daily *Zëri*. In 2010 and 2013 she was declared best print journalist for anti-corruption reporting by the UNDP in Kosovo.

- 1 All humans have the right to bodily integrity.
- 2 Organ harvesting should be considered in terms of a post-Cartesian notion of the person. Not 'I think therefore I am' but 'I am self-consciously embodied, therefore I am'.
- 3 Recognize organs as one's birthright, one's bodily inheritance.
- 4 Recognize that there are no 'spare' organs.
- 5 Green donation (deceased donors) should be the default system. Red donation (living donors) should be viewed as the exception, not the rule. Living donation should be acknowledged as a major sacrifice and not as a moral imperative.
- 6 Establish safeguards that recognize the existence of vulnerable donor populations – young people, the unemployed, prisoners, the mentally ill, guest workers, the uninsured, economic and political refugees, those in debt.
- 7 Establish a principle of solidarity with the weak, the frail, the sick and the existentially shaken, both kidney patients and kidney sellers.
- 8 Recognize that the consequences and scars of kidney selling are often hidden. Living unrelated donors – paid or unpaid, altruistic and family members – can feel used and ignored, deprived and worthless and empty, following kidney removal and partial liver donation.
- 9 While altruistic living donation is permissible and ethical, an independent donor advocate should represent the living donor.
- 10 No living organ donation by persons without medical insurance.

Proposed by **Organs Watch**

A living donor Bill of Rights

Read Hanneke Hagenaar's account of working with soon-to-be-bereaved families in her job as a transplant co-ordinator for deceased organ donors on our website: nin.tl/1fznRPI

Dear Potential Organ Buyer...

Kidney patients deserve our compassion and the best possible care. But is it at all possible to create an ethical and regulated trade in organs? An open letter from NANCY SCHEPER-HUGHES.

If you are thinking of paying a person you do not know, a total stranger from another corner of the world, to pull you from the queue of those patiently waiting for a deceased donor organ, or from the onus of asking a relative or close friend to rescue you from dialysis, you should know that you are entering a moral, social and political grey zone. Be aware of the collateral damage – to the families of kidney sellers and to the economically battered communities where kidney brokering and selling has destroyed trust and livelihoods and has broken homes. In hard-hit villages and slums from Latin America to Eastern Europe to Asia, the obligation to sell a kidney to save the family is being passed down from the father to his wife to oldest sons and even to underage children.

The kidney is not a 'spare' organ, despite what you may have heard from some surgeons or transplant brokers. If you were able to talk to kidney sellers the world over, you would find that even years after the operation, many are still suffering from its effects on their bodies, minds, social status, intimate relations and working lives. Medical journals do not report on the largely invisible long-term consequences of kidney selling, which include: decreased physical and mental wellbeing, weakness, chronic pain, depression and suicide, self-hatred, distorted body image ('half-person'), anger, social rejection, stigma and isolation. There are new psycho-social syndromes that will never appear in the latest revision of the Diagnostic and Statistical Manual of Mental Disorders: phantom

kidneys, kidney regret, kidney impotence, bodily emptiness ('the body without organs'), chronic pain at the site of the surgical scar, burning, itching spaces, floating organs, 'strangled' kidney, and the attribution of all subsequent life troubles to the 'missing organ'.

Social-science and medical surveys have confirmed that virtually all kidney sellers describe themselves as physically and financially 'worse off' after the event. Because most are poorly educated, unskilled labourers who rely on the strength of their bodies, they are frequently excluded from work that requires them to lift heavy objects, to leap and jump, to climb and cling, and to be unconcerned about the effects of ordinarily rigorous work demands on their (as they see it) diminished, depleted, evacuated body.

Kidney sellers fear premature death, due to a combination of guilt, shame, fear and misinformation. If kidney recipients often refer to their transplants as the day they were reborn, kidney sellers in Bangladesh refer to their nephrectomies as 'the day I died', referring to their economic, psychological, spiritual and social death.

The rational solution?

Buying, selling or brokering a kidney is against the law in most countries today. Underground markets run by outlaw surgeons, brokers and kidney hunters trawling poor communities exploit the desperation of both buyers and sellers. If your reply is, 'Don't criticize, legalize',

and you see the sale of organs as the rational solution, then we need a few things first.

Transplantation must be based on the values of fairness, dignity, solidarity and transparency. Nations should strive for organ self-sufficiency and not look to poor nations to supply the fresh organs that cannot be found at home. Kidney transplants between living non-blood relatives should be contained within national borders to prevent the tragedy of human trafficking for organ procurement.

If compensated kidney donation is something a nation's population can live with, then each state must create its own regulated system (similar to that of Iran) in which living, unrelated organ providers are compensated for an act of kindness and solidarity for another citizen. The system should be aware of vulnerable individuals who should be screened out of selling: the homeless, the mentally fragile or incompetent, the black sheep of the family or community looking for validation, the hopeless, the hapless and the unhappy, as well as those who have been trafficked from abroad or are political refugees, new immigrants or guest workers.

The compensated donors should be treated with respect and receive proper medical surveillance before, during and after surgery. There needs to be an organ providers' bill of rights.

Sellers need to be informed of the long-term risks – medical, social, economic and psychological – they may face. They need to be protected from being treated like living cadavers, as containers of recyclable biological and medical material and energy to be siphoned off to the highest bidder.

Even a regulated system will have to rely on 'matchmakers' and intermediaries. Hospitals and transplant teams should not be the organ brokers in the legally mandated paid donation of living people's organs. Transplant teams in the US have failed to identify cases in which force, coercion and fraud have motivated seemingly willing and informed consent to forfeit an organ. Public committees should carry the burden of approving compensated kidney donors following strict government guidelines.

Beyond that, paid kidney providers need independent advocates as guardians of their bodies. These advocates should have nothing to do with the medical or financial aspects of the organ transplants, and can verify that the compensation is equitable, just, voluntary and that there are no other social, material or psychological reasons for prohibiting the sale.

Kidney sellers constitute the poorest, weakest and most vulnerable people on the face of the earth with little or no bargaining power. They need unions and collective bargaining. They will all require adequate medical insurance – for the rest of their lives.

If, in the meantime, you are still determined to pay someone for a kidney (or for a liver lobe) then, before looking to a stranger from a foreign land, look closer to home and pay someone you know, someone you care about, someone who you will be in contact with should their health fail and, turning the tables, they need you to give them a helping hand.

You cannot put a price on life, but you can exchange money within a regulated system that acknowledges the need for mutual trust and care. People do this all the time within their families and friendships. Anthropologists call it open-ended reciprocity and it is what makes social life possible and meaningful.

It is not money that is the culprit, it is the reduction of the donor from a life-sharer or life-saver to a commodity, a living body reduced to a sack of spare parts.

Present options and futures

A present option is universal donation of organs and tissues at death unless one actively opts out – with a guarantee that the poor are as likely as the solidly middle class and affluent to receive this gift. This 'green' option requires re-imagining the deceased body as a commons, a site of compassionate social solidarity that has been trampled over by the dominant market-oriented view of the body as commodity.

What else can we hope for? Stem-cell research that will lead to the development of artificial kidneys, for one. Xenotransplantation – kidneys from pigs, unsuccessful so far – for another. Experimental new biotechnologies that could one day realize the possibility of artificial, 3-D copy kidneys.

The real answer to kidney disease is a strong public health system that identifies and provides early intervention for diseases like type-2 diabetes that are simultaneously 'epidemic' and preventable. Providing support in the poor parts of the Majority World, where kidney disease is caused by polluted water supplies, contact with toxic waste, and environmental degradation. Clean water is a primary necessity for healthy kidneys, as is universal healthcare and early diagnosis.

Kidney buyers have it right – kidneys are a valuable human resource without which the end-stage kidney patient is adrift in an existential hell. They deserve our compassion and the best medical care available. Transplantation is a valuable, but last resort treatment. ■

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