

Organ Trafficking

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Can the illicit trade be stopped?

By Sarah Glazer



Afghan men who sold kidneys to feed their families show the scars from their surgeries in Herat in February. The collapse of Afghanistan's economy and widespread hunger have made Herat a center for kidney sales. (AFP/Getty Images/Wakil Kohsar)

Although most countries ban the buying and selling of human organs, experts believe the black market for them is on the rise. The lost livelihoods and border closings in the wake of the coronavirus pandemic have left many migrants and refugees stranded, vulnerable to recruitment by organ traffickers promising money to pay their passage if they sell a kidney. Driving the market is the growing gap between patients waiting for a life-saving

transplant and available organs. Some economists have proposed legalizing payments to kidney donors as an incentive to donate. But medical groups say that would commodify body parts and exploit the poor. Human rights activists want more countries to ban transplant tourism. But bans in Egypt have made the trade more violent and secretive, some experts say. In the future, animal organs and technology could provide an alternative to human organs, reducing trafficking, but ethicists say these methods raise other ethical questions.



Surgeons perform a kidney transplant in Nice, France, in 2018. There is a growing gap between the number of people in the world who need organ transplants and the number of legally available organs, which experts say is a cause of illegal organ trafficking. (Getty Images/BSIP/Universal Images Group/Contributor)

The Issues

“I’m in pain, and weak.”

That was how 28-year-old construction worker Mir Gul Ataye described his condition to *The New York Times* in February 2021, three months after he had sold one of his kidneys in the Afghan city of Herat. Faced with about \$4,000 in accumulated debt, Ataye sold the organ for \$3,800 through a broker. ¹

Three months after the operation, Ataye, who is responsible for supporting 13 family members, said he could barely lift 10 pounds of weight, was still in debt and could not pay his rent and electricity bills. ²

“It was difficult, but I had no choice. Nobody wants to give up a part of his body to someone else,” he said. “It was very shameful for me.”

By contrast, a kidney recipient in the same city expressed satisfaction with his purchase. “No pain at all,” reported

Gulabuddin, a 36-year-old imam from Kabul, as he recovered from the operation. He said he paid about \$3,500 for his kidney, purchased from a “complete stranger” with an \$80 commission to the broker. ³

Although it is illegal to buy or sell a kidney in Afghanistan, as in virtually every other country except Iran, the collapse of the Afghan economy and widespread hunger have helped to make Herat a booming center for kidney sales. Notes are plastered on walls and lampposts advertising private organ sales. Three out of four patients recovering from receiving a kidney transplant in a Herat hospital told *The New York Times* they bought their kidney on the black market.

While kidney recipients recover in the comfort of the hospital, sellers are sent to unheated apartments after their operation, with barely any food and no medical care, according to *The Times*, and transplant surgeons turn a blind eye to the transactions.

The World Health Organization (WHO) has estimated that 5 percent to 10 percent of organ transplants worldwide take place with illegally acquired organs every year. The illicit trade is estimated to generate profits of up to \$1.7 billion annually. ⁴

And the number of people trafficked for their organs — coerced into giving up an organ to pay a debt to a smuggler, for example — is steadily increasing, according to the United Nations Office on Drugs and Crime (UNODC). North Africa has the highest share of victims the office has detected, followed by the Middle East. ⁵

However, it is difficult to come up with solid numbers on trafficking or even on illegal organ sales, as such purchases occur under the radar. The WHO’s estimate of 5 percent to 10 percent illegal transplants globally was published in 2007 as a one-time estimate based on other investigative reports, but has not been updated.

The main driver of illegal organ sales is the widening gap between the rising number of patients who need an organ and the limited number of organs available legally in their home country, many experts agree. That shortage, exacerbated during the COVID-19 pandemic by a reduction in routine transplant operations, has made undocumented migrants and refugees particularly vulnerable to illicit organ removal schemes, says Sanjay Nagral, a transplant surgeon in Mumbai, India. Nagral co-chaired a recent webinar on that trend for an international group of transplant

ORGAN TRAFFICKING

surgeons committed to combatting organ trafficking, known as the Declaration of Istanbul Custodian Group. ⁶

The organ trafficking crime often comes at the tail end of a people-smuggling operation: The trafficker tells the migrant that he or she must sell an organ to clear the debt for having been smuggled into a destination country. Refugees from Syria, as well as Libya and other North African countries, are among those caught in the smuggling web, experts at the symposium co-chaired by Nagral said, and Egypt is a major destination country for illegal transplants.



Syrian children take shelter in a refugee camp near Idlib in March. Refugees from Syria and other countries can become victims of organ traffickers who smuggle them into another country and then demand that they sell an organ to settle their debt. (Getty Images/Anadolu Agency/Izzeddin Kasim)

“The situation for exploitation is very ripe,” said Sylwia Gawronska, regional program adviser on human trafficking and migrant smuggling for Southeast Asia and the Pacific at the U.N. Office on Drugs and Crime, during the webinar. With the post-pandemic world reopening, “I believe that the cases will be rising of vulnerable people targeted by brokers,” she said.

The UNODC has reported more than 700 cases of illicit organ removal over the past 15 years, but the office believes the actual numbers are “much higher,” according to Gawronska. “We believe the small number reflects the fact that victims are afraid to come forward and report the crime,” she said.

Social media makes finding people who want to sell organs easy, especially if they are looking for passage to Europe, according to Gawronska and other experts. Advertisements placed on Facebook and other platforms by organ traffickers offer to arrange everything from travel to medical tests to doctors to perform the procedure. Recruiting through Facebook has become a common mode of finding kidney sellers in Egypt, Bangladesh and the Philippines, according to Interpol, the International Criminal Police Organization, which comprises 195 member countries, and other experts. ⁷

In illicit cases, a patient in need of a transplant may travel from a wealthy region with a long waiting list — such as the Arab Gulf states, Europe, Asia or North America — to a country where organ transplants can be bought more quickly and often more cheaply. Typically, such patients will tell the hospital that the organ donor is related to them and is donating the organ voluntarily — when in fact the donor has been paid.

This crossing of borders is described as transplant tourism. Destination countries have long included Bangladesh, Egypt, India and Pakistan. Recent cases have been reported in Afghanistan, Lebanon and Turkey. ⁸

Transplant tourism can be perfectly legal if the donation is truly voluntary, follows the nation's laws and ethical requirements — such as that the donor and recipient be related — and no money has changed hands between donor and recipient.

For example, patients from African countries and Burma, where transplant services are unavailable, come to India for legitimate transplants, says Nagral. “But there is some set of patients that come with donors where we really don't know if the donor is related or is paid. . . . The embassy very often will say ‘OK, they are related,’ and our hospitals take it at face value and do the transplant.”

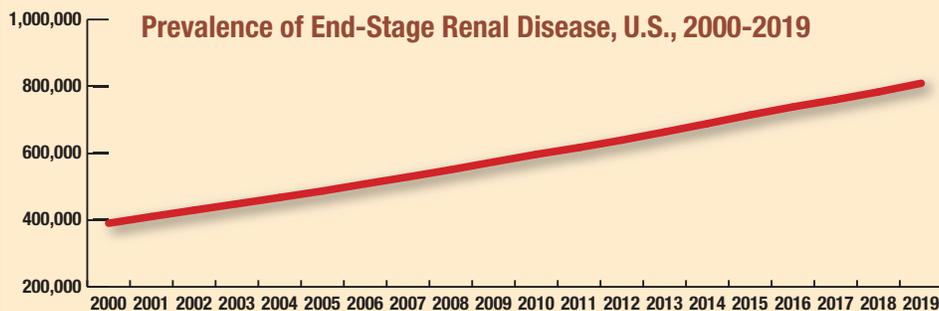
The United Nations' trafficking protocol says organ trafficking occurs whenever there is an act, such as recruitment, carried out by illicit means — such as force or coercion — to exploit a person in pursuit of profit. But in practice, these monetary relationships can run the gamut from voluntary arrangements to forced removal of organs backed up by violence, according to *Trading Life*, a 2020 book describing Egypt's organ trade by Seán Columb, a legal expert in organ trafficking at the University of Liverpool. ⁹

In many cases, Columb discovered, migrants from Sudan, Somalia and other parts of Africa were lured by people-smugglers to Cairo with offers of a job or further passage to Europe, then informed the only way they could pay their debt for being smuggled was by giving up a kidney. ¹⁰

Like other wealthy countries, the United States has been experiencing a widening gap between the number of patients who need an organ and the organs available. The number of people living with kidney failure has more than doubled over the last two decades, driven by increases in such conditions as diabetes and obesity, while the number of kidneys available for transplant remains a fraction of the need. ¹¹

Prevalence of Renal Disease in United States Increasing

The number of Americans living with end-stage renal disease — when a kidney permanently ceases to function — has more than doubled in the last two decades, from 390,330 in 2000 to 809,103 in 2019. Patients suffering from the disease are often waiting for a kidney transplant.



Source: "Incidence, Prevalence, Patient Characteristics, and Treatment Modalities," Figure 1.5, United States Renal Data System, 2021, <https://tinyurl.com/26s7h8hr>

Typically, more than 90,000 people in the United States are waiting for a kidney but only about one in four of them can expect to get one of the approximately 24,000 kidney transplants performed each year. ¹²

On average 17 people die every day while waiting for an organ transplant of any kind, including hearts, livers and lungs. Kidneys are the main organs sourced from living donors, although partial livers can also be donated; other organs, such as hearts, lungs and whole livers, must come from deceased donors. ¹³

In China, organ transplants have become a profitable and expanding business for hospitals, some experts say. Much of

the business appears to be aimed at transplant tourists from rich countries, judging from websites advertising organ transplants in both English and Arabic and transplant wards that look more like hotel suites than hospitals. In recent years, many South Korean patients chose to have a transplant in China, rather than wait years on the Korean waiting list, according to a South Korean TV documentary, which found the price of a transplant could be negotiated with a Chinese hospital to obtain a transplant quickly — in as little as a few weeks. ¹⁴

For years, human rights activists have accused China of harvesting organs by force from political prisoners — including followers of the spiritual practice Falun Gong and Uyghurs, a Muslim ethnic minority. Last year, U.N. human rights experts declared, “Forced organ harvesting in China appears to be targeting specific ethnic, linguistic or religious minorities held in detention.” ¹⁵

China has denied it is still taking organs from executed prisoners, a practice it says it stopped in 2015. Within the Western medical community, debate is ongoing about whether the practice is continuing — and also over whether China satisfies foreign patients’ demand with a kill-to-order procedure to obtain organs from prisoners, despite official Chinese denials of that as well. (*See Short Feature.*)

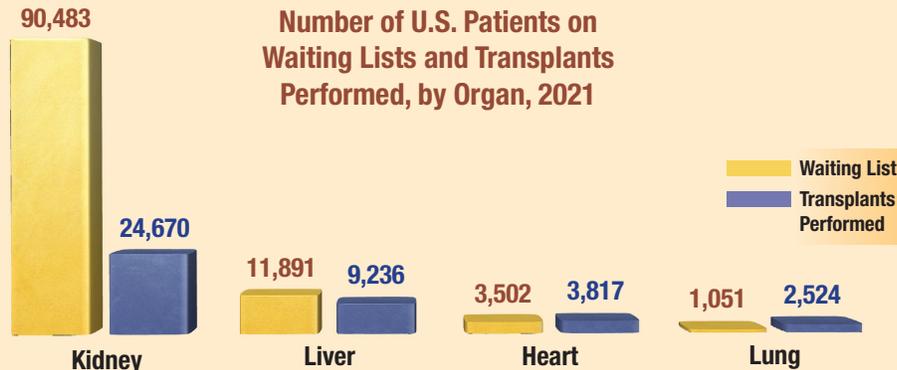
Recently the issue has been the subject of fresh concern. The European Parliament passed a resolution May 5 calling on Chinese authorities to respond to allegations of forced organ harvesting and to allow independent monitoring by human rights officials. A new law adopted by the United Kingdom in April makes it a crime for a British citizen to travel to another country for a transplant if the organ was obtained through force or a black market payment. The law adds Britain to the 18 other countries with similar laws. ¹⁶

U.K. Health Minister Edward Argar said the measure would “send an unambiguous signal that complicity in the abuses associated with the overseas organ trade will not be tolerated.” ¹⁷

Some human rights activists and medical societies strongly support such bans as a way of reducing demand for illicit organs. But other trafficking experts say such legal prohibitions can unfairly penalize those selling their organs under economic pressure or coercion and patients desperate for a life-saving transplant.

Demand for Kidney Transplants Far Exceeds Supply

There were 90,483 Americans on a waiting list for a kidney transplant in 2021, but only 24,670 transplants were performed. Kidneys are the most needed organ transplants by a wide amount. For liver transplants, the disparity between the number on a waiting list and the number performed was smaller.



Source: "Organ Donation Statistics," Health Resources & Services Administration, March 2022, <https://tinyurl.com/28hfjh6n>

After Egypt banned organ sales in 2010, the organ trade went further underground, becoming more violent and secretive, according to Columb. Impoverished organ sellers, bilked out of their promised payment, were afraid they would be prosecuted if they went to the police, he reports. Organ brokers stepped in as intermediaries between doctors and kidney sellers, falsifying papers attesting the organ donation was voluntary.

"In many ways the law [banning organ sales] was protecting doctors performing the surgery and the brokers from scrutiny rather than protecting victims and organ sellers from exploitation," he says. "So the law hasn't worked in practice."

Several economists have proposed that the United States could solve its organ shortage by paying a financial incentive or reward to organ donors. If such a payment succeeded in eliminating the supply-demand gap, they argue, wealthy patients would have less motivation to go abroad to seek out illegal organs, thus starving the black market of customers. But such payments have long been opposed by bioethicists and transplant surgeons who view them as turning body parts into a market commodity. (*See Pro/Con.*)

Others see hope in new technologies to supply organs from nonhuman sources, such as pig organs, or artificial organs manufactured from human cells.

Here are some of the debates occurring among lawmakers, doctors and human rights activists:

Should it be legal to pay organ donors?

How many people would jump at an offer of \$15,000 for one of their kidneys? Enough people to end the waiting list, Nobel-winning economist Gary Becker and Julio J. Elias, also an economist, estimated in 2003.

If governments or health insurance companies could legally make such payments, it “would essentially knock out the black market,” argued Becker, who died in 2014. With an increased supply of organs stimulated by financial incentives, patients would no longer have to travel overseas for a transplant, Becker reasoned. ¹⁸

Since then, other economists have proposed a range of incentives aimed at reducing the shortage. Becker’s co-author, Elias, professor of economics at Universidad del CEMA in Argentina, calculates that, with inflation, a payment of \$15,000 to \$25,000 would be enough today to end the kidney shortage in the United States — at about 10 percent of the price of a kidney transplant operation.

“The legal system will be safer, and you don’t have to pay that much,” he says. Much the way ending Prohibition removed the criminal activity associated with selling bootleg alcohol, he adds, “The black-market business won’t be profitable anymore; there will be no incentive to do it under the table.”

“Incentivizing people to donate more is actually a way to starve black markets. . . . It’s a way to undermine them,” said Sally Satel, who is the recipient of her second transplanted kidney and a resident scholar at the American Enterprise Institute, a Washington-based free-market think tank. She has argued for a \$50,000 tax credit for organ donors or some other benefit, such as debt forgiveness or a tuition voucher. ¹⁹

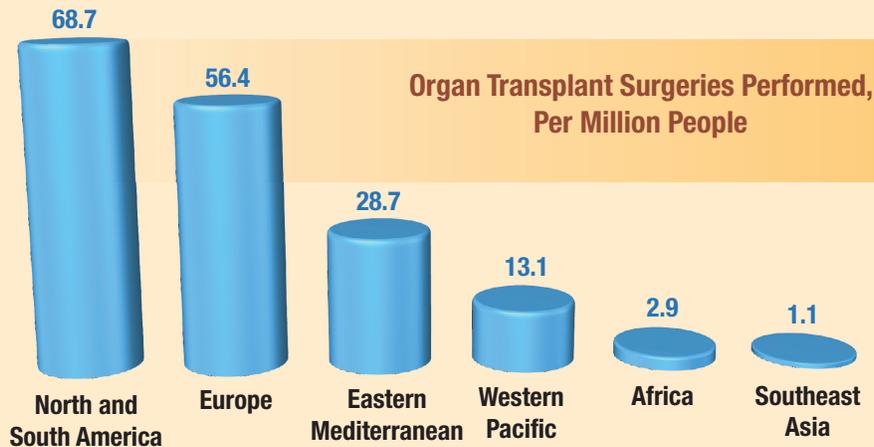
“If I were getting a kidney from a stranger, I’d be thrilled to know he or she were getting some kind of reward for it in addition to that good feeling that one derives from this,” says Satel, who points to letters she received during the 2007-09 financial crisis saying, “ ‘I’d love to give a kidney and help someone — and get my house out of foreclosure.’ ”

ORGAN TRAFFICKING

Two economists and three university-based doctors have argued that the U.S. government should remove “disincentives” to kidney donation, which they calculated at \$38,000 for everything from travel and hotel bills and loss of income while recovering from surgery to the donor’s likely pain and suffering from undergoing the operation. Currently, patients in need of a kidney wait an average of three to five years, while undergoing expensive dialysis to remove toxins from the blood, most of it paid for by government programs such as Medicare in the United States. Increasing transplants would result in net taxpayer savings of \$1.3 billion a year by avoiding the costs of dialysis, the authors calculated. ²⁰

Organ Transplants Most Common in the Americas

Organ transplants occur most frequently in the Western Hemisphere. Surgeons performed 68.7 organ transplants per 1 million people in the Americas in 2021. By comparison, in Europe, 56.4 organ transplants per 1 million people were performed. Transplants were less common in other regions of the world, such as Southeast Asia and Africa. (Within the Americas, the United States far exceeded all other countries in transplants performed.)



Source: “Chart,” Global Observatory on Donation and Transplantation, 2021, <https://tinyurl.com/y9hzhvp7>

“The average donor spends about \$4,000 to donate — that’s more savings than most Americans have,” says Josh Morrison, an organ donor and founder of WaitList Zero, a nonprofit advocating for organ donors. If the government saves \$145,000 in avoided dialysis costs for each new donor, as some economists calculate, the reward to donors “should be \$100,000 for doing something brave and good for society . . . not just the bare amount necessary,” Morrison argues. “Make it attractive so people do it.”

At a recent presentation at a University of Chicago symposium, retired Bank of America economist Frank McCormick, who co-authored the \$38,000 disincentive estimate, said a total compensation package of \$77,000 per kidney donor would be needed to induce enough kidney donations to end the shortage — \$38,000 in government payments to remove disincentives and another \$39,000 payment on top of that. He estimated this approach would increase the donor pool enough to save the lives of over 40,000 people a year who would otherwise die from kidney failure. ²¹

Would payments to donors boost the number of people willing to donate? Johns Hopkins University economist Mario Macis says that is not known: “There are no studies of this — no evidence — because it’s illegal to do that.” Federal law makes it illegal to experiment by paying for organ donations, beyond a few reimbursable expenses, with living people.

However, economists have tried to calculate the effect of incentives on supply. Economist Elias says he and Becker looked at how much pay is needed to attract workers to take risky jobs to come up with their estimate that a \$15,000 payment would motivate enough donors.

Paying for an organ is illegal in the United States under the National Organ Transplant Act of 1984 (NOTA). Paying donors for an organ beyond verifiable expenses such as travel and hotels would inevitably lead to the “commodification” of body parts, says UCLA nephrologist Gabriel Danovitch. He says transplant surgeons around the world have reached a consensus that donors should not be paid, a view expressed in the 2008 Declaration of Istanbul, a statement updated in 2018. International organizations, including the WHO and U.N., oppose paying for organs on moral grounds. ²²

Some ethicists, such as Harvard political philosopher Michael J. Sandel, have long argued against a market in kidneys, saying it is little different from selling one’s children. ²³

“Certain things money cannot buy and should not buy,” says Michigan State University medical anthropologist Monir Moniruzzaman, who has studied the organ trade in Bangladesh. “We cannot sell our babies. Particularly coming from the poor going to the affluent, it’s completely wrong; we need a system where the poor don’t have to sell their organs in the first place.”

Karen Maschke, a research scholar at the Hastings Center, a bioethics think tank in Garrison, N.Y., expresses a common concern among bioethicists: that a large payment for a kidney will create an “undue inducement” for someone to donate. Would \$50,000 “induce me to take a risk I wouldn’t ordinarily take without that financial support?” she asks. Currently, living donors undergo numerous interviews with transplant and ethical teams to make sure they are donating voluntarily. Some experts fear that impoverished would-be donors, in their eagerness to get the payment, might hide from the medical team important medical information that might disqualify them from donating an organ.

Responding to recent proposals to pay tax credits for organs, Harvard Professor of Surgery Francis Delmonico, a past president of The Transplantation Society, the Montreal-based international society of some 6,700 transplant surgeons and other specialists, says, “My problem is the example it sets for the rest of world. . . . It sets up the U.S. as a country of payments that will enable the poor countries’ destitute individuals to be victimized for their organs.”

Proponents of paying for organs often point out that it is already legal in the United States to pay for fertilized eggs, sperm and the pregnancy services of surrogate mothers — so why not kidneys? “I’m not sure whether a libertarian argument like that translates into the unequal world I live in,” says Mumbai surgeon Nagral, whose organization, the Declaration of Istanbul Custodian Group, encourages practices to combat organ trafficking. “In a country like the U.S., if there’s a highly regulated way of inducing donors with their full consent and transparency, that’s something I’m willing to recognize can be looked at. But globally, it’s a slippery slope.”

Countries with high levels of corruption, such as Bangladesh, would be another story, says Moniruzzaman. “Who will ensure that the donor is paid, that it’s the right price?” he asks. “Let’s say the price is justified; who is going to ensure the donor will get \$50,000? The middleman will scoop it out.”

Some of these issues have played out in Iran, where it is legal for an organ recipient to pay a donor. The Iranian government has claimed it has eliminated its waiting list. Under the Iranian system, a government-appointed foundation negotiates a price between the donor and the recipient, which averaged around \$4,600 in 2017 — and has doubled today by some estimates. ²⁴

But a black market still persists in Iran, with would-be donors seeking even higher payments by advertising their kidneys in graffiti on walls near hospitals and brokers taking a cut, according to news reports and Iranian-American doctors interviewed for this report. ²⁵

Bahar Bastani, an Iranian-born professor of medicine and nephrology at the Saint Louis University School of Medicine, has interviewed kidney sellers in Iran. He sees nothing wrong with a poor person choosing to sell a kidney versus other worse alternatives, such as risking lung disease by working in a mine or risking death by joining the army. “Poor people have poor choices — it should be their choice,” he says.

But he suggests there would be fewer abuses if the payment came directly from the government, rather than the transplant recipient. Even after the transplant has been performed and the donor has been paid, the donor may say, “ ‘Now I feel sick, and I can’t find a job. Give me more money,’ That’s happened,” says Bastani.

Should more countries ban transplant tourism?

In April, the United Kingdom enacted a new law that makes it a crime for a British citizen to go abroad for an organ transplant if the organ has been obtained without the donor’s consent or through the black market.

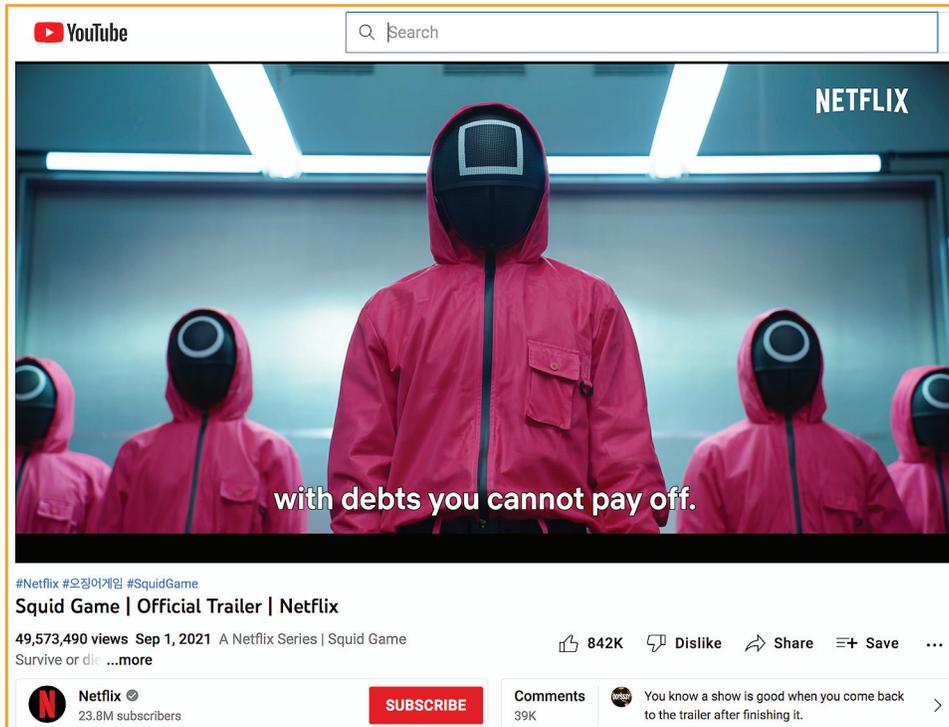
“This would protect U.K. citizens from complicity in forced organ harvesting, as it would no longer be legal to travel to China for organs that have been forcibly harvested from prisoners of conscience,” said Philip Hunt, a Labor Party member of the House of Lords who introduced an early version of the measure. ²⁶

Members of Parliament dubbed the measure the “Squid Game amendment,” after the *Daily Mail*, a British tabloid newspaper, compared forced organ harvesting in China to the popular South Korean Netflix horror series in which humans have their organs harvested and sold. The newspaper said a report by U.N. human rights experts last year “shed new light on the terrifying ‘kill to order’ market” in China, where it has been reported that patients can schedule a transplant within weeks — with an organ allegedly obtained from an executed prisoner. ²⁷

British government officials said the law would be applicable not just to China but to any country where an organ was obtained without the donor’s consent or where money was paid illegally for

ORGAN TRAFFICKING

the organ. The maximum penalty for a British citizen violating the law would be 12 months' imprisonment, a fine, or both. ²⁸



A new British law seeking to crack down on organ trafficking has been dubbed the "Squid Game amendment," after the popular Netflix horror series in which human organs are harvested and sold. (YouTube/Screenshot)

David Matas, an international human rights lawyer based in Winnipeg, Manitoba, who was nominated for a Nobel Peace Prize for his investigations into forced organ harvesting in China, says more nations should pass laws like this. "In every country, if a patient kills an organ source locally for their organs, that is a crime. It should be no different if they cross borders to engage in the killing," he says. To date, Matas counts 19 countries that have passed laws criminalizing transplant tourism.

Fourteen of those countries have enacted the laws in connection with their ratification of a 2015 convention on organ trafficking drafted by the Council of Europe, an international organization comprising 46 member countries that was founded in the wake of World War II to promote human rights, democracy and the rule of law. Under the convention, a ratifying country agrees to pass domestic laws making it a crime for one of its nationals to be involved in the removal of organs without the donor's informed consent or where either the donor or a third party has received "financial gain." ²⁹

Some ethicists and legal experts find such laws problematic because they can target impoverished sellers of kidneys and sick patients hoping for a life-saving organ. “You’re criminally charging the wrong people” with such laws, says Maschke of the Hastings Center, noting organ-seeking patients traveling abroad are often “desperate” because they could die while waiting for an organ at home. “We need better enforcement of the hospitals and surgeons that do this,” she says.

“Penalizing the donor and recipient is absolutely wrong,” agrees surgeon Nagral. In India, “often after racketeers are exposed, they [authorities] will go after the donor, recipient, often the middleman, but go soft on those higher up in the hierarchy. The doctors and hospital get a milder rap on the knuckle.” He points out that illicit transplants could not be performed in the first place without the cooperation of the doctor and the hospital.

Asked about these objections, Matas responds that “prosecutors have discretion not to prosecute even if there is a technical breach of the law.” But in practice, some legal experts say, it is often the coerced or desperate organ seller who is charged under laws that ban organ sales, organ trafficking and human trafficking because of the way prosecutors interpret these laws.

A person selling his kidney who is not recognized as a human trafficking victim risks prosecution. But “kidney sellers are rarely recognized” as trafficking victims, “nor do they recognize themselves as such,” writes Frederike Ambagtsheer, an organ trafficking researcher at Erasmus Medical Center Transplant Institute in Rotterdam, The Netherlands. ³⁰

“The way the law is written is, if you sell a kidney and you can’t prove you have been trafficked, you can be considered complicit in your own exploitation, which is a bit ridiculous. That’s happened in many cases,” says the University of Liverpool’s Columb.

“You look at legal cases around the world at the moment and a lot of times it’s the organ sellers who have been prosecuted,” he adds. “Because it’s much more difficult to prosecute and find evidence against the network involved, and there are a lot of commercial interests at stake and corruption as well.”

While most people assume illicit organ tourists come from rich countries, Columb says in Egypt “a lot of transplant tourists I spoke to were coming from countries where they had no access

to transplants and they did not have a lot of money,” often from sub-Saharan Africa.

A 2010 law banning organ selling in Egypt made the trade more violent and secretive, Columb concluded from on-the-ground interviews with sellers and brokers. Kidney sellers who were cheated out of the money promised or violently forced to give up a kidney by traffickers feared going to police because they could be prosecuted for the crime of organ selling, he says. “I think those prosecutions would be much more successful if the witnesses could come forward without fear of prosecution,” says Columb. To encourage organ sellers to cooperate with law enforcement, he favors decriminalizing the act of organ selling.

Dominique Martin, associate professor in bioethics and professionalism at Deakin University in Australia, was the lead author of an article by transplant specialists in 2016 urging countries to expand their laws to criminalize organ-transplant crimes committed by their citizens outside their borders. Today, she says, “I think it’s potentially a valuable strategy but not in itself likely to have a big impact on trafficking activities” without the will to enforce the laws. “If health care systems have a culture — usually with vested financial interests — of ignoring signs of trafficking, such as fake relationships between donors and recipients, the law does little to detect and prevent trafficking,” she says.

Indeed, despite bans on organ selling in most countries, “far fewer cases have been identified and prosecuted than would be expected based on estimates of the crime,” writes Ambagtsheer: Worldwide, only 14 convictions involving payments for organs have been reported and only four convictions for trafficking in human beings for the purpose of organ removal. ³¹

Organ trafficking crimes are difficult to prosecute because it requires prosecutors and law enforcement to cooperate across borders to find evidence within the inner sanctum of hospitals protected by confidentiality, says Ambagtsheer, who studied prosecutions in South Africa and Kosovo. In many countries, prosecutors seem reluctant to prosecute doctors, she adds, particularly if the medical and political elites are “closely intertwined.”

“It’s a hidden crime committed by the powerful,” she says. It’s also difficult to distinguish illegal transplant tourism from legal travel for medical care, she says, requiring an investigation of a financial paper trail that may appear aboveboard. “In the end you can’t

really stop patients from getting on a plane to buy organs. Yes, there might be a moral message in this ban, but I don't have a lot of faith in the efficacy of these laws.”

But supporters of these laws point to the dramatic reduction in transplant traffic to the Philippines — once a favorite destination for Israeli patients — immediately after both countries passed complementary laws. Israel banned organ sales in 2008 and forbade health insurers to reimburse Israelis getting transplants abroad. The Philippines banned transplants unless the living donor was a family member or someone “emotionally related” to the recipient, such as a boyfriend or girlfriend. The number of Israelis undergoing kidney transplants abroad dropped from a peak of 155 in 2006 to an all-time low of 35 in 2011, while in the Philippines the annual number of foreign transplant recipients fell from 531 in 2007 to two in 2011. ³²

Citing the Israel-Philippines example as a success, Wayne Jordash, a lawyer with the Hague-based human rights law firm Global Rights Compliance, says, “At the moment it's very difficult to argue the laws don't work. It's much easier to argue that the laws are not sufficiently comprehensive or are not sufficiently enforced.”

It is also not clear that such laws always have a lasting effect. According to more recent news reports, the black market in organs was once again thriving in the Philippines in 2019 in the months before the worldwide pandemic shutdown, serving both Filipino and foreign patients. The trade has been driven by widespread poverty — with online ads offering up to \$9,700 for a kidney — and a surge in kidney disease among Filipinos. ³³

Could future technologies to supply organs reduce organ trafficking?

For a long time, there has been hope that new methods, such as growing organs from human cells or transplanting organs from animals, could eventually obviate the need to obtain organs from people. “The solution in the long run is to come up with some other source rather than human organs,” says Arthur Caplan, director of the division of medical ethics at New York University. “Genetically engineered animals, possibly stem cells, artificially built organs; those are all places where you could get supply to meet demand.”

ORGAN TRAFFICKING

Even with a massive effort to boost donation from living kidney donors, he says, “You’re still going to be short, and you haven’t solved anything about the rest of the organs” — other than kidneys — that now come from cadavers.



A surgeon rolls a portable refrigerator containing a donated human heart into a Spanish hospital in preparation for a transplant in 2021. Some experts have expressed hopes that new methods and techniques, including growing organs from human cells or transplanting organs from animals, can decrease reliance on scarce donated organs. (AFP/Getty Images/Javier Soriano)

In the past year, a flurry of firsts in transplanting pig organs to humans created excitement in the scientific and medical communities. In September, doctors at New York University Langone Medical Center attached a pig kidney to blood vessels in the leg of a brain-dead woman who was on a ventilator. The kidney began to function within 54 hours, producing urine. Another team at the University of Alabama at Birmingham implanted two genetically modified pig kidneys into the body of a man left brain-dead by a motorcycle accident. The new kidneys turned “beautiful and pink,” reported lead surgeon Jayme Locke. She said she hoped to offer pig kidney transplants in five years. ³⁴

Then in January, David Bennett, 57, a handyman from Hagerstown, Md., who had run out of options for his failing heart, became the first person to receive a heart transplant from a pig. Bennett, who had a history of not complying with medical instructions, was deemed ineligible for a human heart transplant, which requires strict use of immune-suppressing drugs. ³⁵

At first, Bennett appeared to be recovering. A video released from the hospital showed him watching the Super Bowl while working with a physical therapist. But Bennett died two months later. ³⁶

In May, new information emerged that the pig who supplied the heart was apparently infected with a porcine virus. The medical team that treated Bennett thinks the virus may have caused the heart to fail, according to an article in the magazine *MIT Technology Review*. The pig that supplied the organ had 10 of its genes altered through gene-editing to prevent the heart from attacking Bennett's immune system and to make it more adaptable to a human body, but the virus was apparently undetected. Experts said Bennett's death was not caused by rejection of the heart — a leading concern for scientists about using animal organs. ³⁷

In the wake of news about the virus, the Physicians Committee for Responsible Medicine, a Washington-based group advocating for ethical research and ending animal cruelty, condemned the use of animal hearts in humans as “dangerous and costly.” An editorial on its website said, “it's urgent that we reduce our exposure to zoonotic threats” — diseases transmitted from animals to humans. Many scientists believe that COVID-19 was caused by a zoonotic infection. ³⁸

If proved contagious, a zoonotic infection from a pig “could have a worldwide impact,” wrote John W. Entwistle, a surgeon at Thomas Jefferson University in Philadelphia, and two surgeons from the University of Michigan and the Medical University of South Carolina. Xenotransplantation — the use of animal organs in humans — must surmount some daunting scientific and ethical hurdles before it could begin to solve the shortfall in human organs, they wrote in a recent article reviewing the obstacles. ³⁹

The lack of uniformity among nations for regulating genetically modified animals increases the possibility of “xenotransplant tourism as patients travel to other countries seeking less expensive or more immediate treatment,” the surgeons warned. “Xenotourism,” they wrote, could thrive in countries using pigs with less robust genetic changes, thereby “increasing the risk of zoonotic infections.” ⁴⁰

Maschke of the Hastings Center agrees. “My concern is there may be a new black market for animal organs that have not been developed appropriately,” she says. “If we already have people who are trafficking in human organs and they hear that pig

organs work — and don't pay attention to the details" of how to genetically modify animals to make their organs safe, she asks, "Would there be a rush to start providing pig organs?"

As for solving the shortage, Maschke says, "To say this will solve the organ dilemma is not accurate; it may produce a reduction in demand, but I don't think it will go away." For example, even if the U.S. Food and Drug Administration approves pig kidneys for clinical use, there could still be a need for human organs if pig transplants fail in some patients, Maschke says.

"Not everyone will want a kidney from a pig," she adds. "They might have concerns it's genetically modified and say, 'I'll wait.' Some people have religious concerns," such as Muslims and Jews who do not eat pork. "Vegetarians and vegans may say, 'Absolutely no.' "

In 2016, scientists at the Wake Forest Institute for Regenerative Medicine in North Carolina created a human ear with the help of 3D printing, which they attached to a mouse. Their first efforts involved an inkjet desk printer in which cells were placed in the wells of the ink cartridge and the printer was programmed to print cells in a 3D shape. ⁴¹

Since then, scientists at the institute have created an artificial bladder grown with the help of the patient's own cells, which prevents the body from rejecting the organ, and implanted it in humans in clinical trials. Flat structures such as skin, tubular structures including blood vessels, and hollow organs such as bladders are the easiest to print, scientists say. ⁴²

However, so-called solid organs — including kidneys, livers and hearts for which thousands of patients are waiting — will be the last to be developed because their internal structures are more complex, according to Nancy King, codirector of the Center for Bioethics, Health, & Society at Wake Forest University. "Nobody is anywhere near a transplantable organ" of that type, she says. "Scientifically, I think it would be wildly optimistic to say that in 10 years we'd have something that was ready to be regarded as a clinical alternative to transplantation of human organs."

Anthony Atala, director of the Wake Forest Institute for Regenerative Medicine, explains: "Solid organs are composed of billions of cells, and we must find ways to supply adequate oxygen and nutrition until they integrate with the body."

Another avenue that may be available sooner involves preventive efforts. “Clinical trials are ongoing using the patient’s own kidney cells . . . to augment function by creating new tissue inside the organ,” Atala says. Scientists at the institute are also working to create a clump of pancreatic islet cells — which produce hormones to help control blood sugar — to inject into the failing pancreas of a diabetes patient, King says.

By slowing the progression of the disease, King notes, techniques such as these could avoid the need for an organ transplant. But she says this and other technological solutions to reduce the current demand for human organs in the United States would not affect organ trafficking “in a predictable way.”

Globally, these advances might merely shift the need for human organs to poorer countries, King says. Even if the demand for organs is substantially reduced in the United States, “there might be somewhere else where people need [human] organs,” she says. “The real solution to organ trafficking lies with the wealth gap in nations, where people are tempted to sell organs as the only way to get ahead.” ■

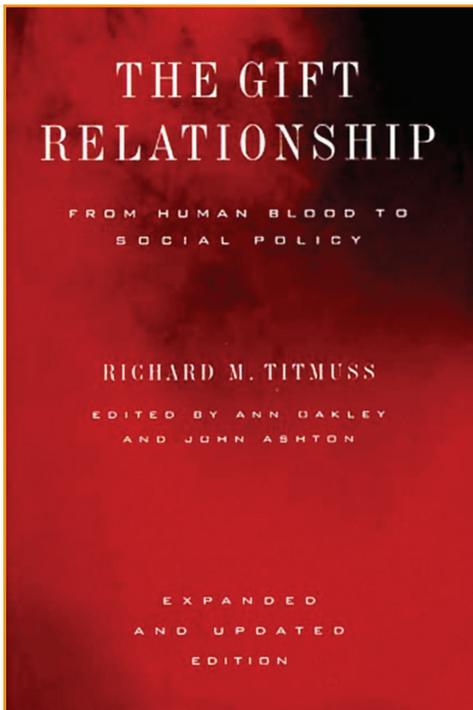
Background

Donations or Sales?

An unfettered market in human tissue and blood was both common and legal in the United States and other countries well into the middle of the 20th century. ⁴³

The discovery in 1901 of four separate blood types ushered in an era of blood transfusion, permitting more extensive surgeries. Selling blood was legal and increasingly in demand in the United States. ⁴⁴

This market approach changed radically with the publication in 1970 of a highly influential book by Richard M. Titmuss, a British social researcher and professor of social administration at the London School of Economics. In *The Gift Relationship: From Human Blood to Social Policy*, he argued that selling blood and human tissue is exploitative and that an “altruistic” approach, in



British scholar Richard M. Titmuss' influential 1970 book argues that selling blood and human tissue is exploitative. (Screenshot)

which people donate their blood, would yield a safer and more ample supply. ⁴⁵

When people can sell their blood, he argued, the desperately poor will lie about risk factors such as drug use or prostitution, and the supply will be vulnerable to blood-borne diseases. Based on a comparative study of blood supplies between England and the United States, he concluded that England, where most blood donations came from unpaid volunteers, had a safer supply than the United States. ⁴⁶

Titmuss' altruism concept eventually became the dominant ethical principle, not just for blood but also for organ distribution in the United States and most other Western countries.

The First Transplants

The first kidney transplant with long-term success was conducted on Dec. 23, 1954, in Boston, on two identical twins, and the first lung transplant in 1963 at the University of Mississippi. On Dec. 3, 1967, newspapers across the world splashed front-page headlines about the first successful heart transplant, in Cape Town, South Africa, by surgeon Christiaan Barnard. ⁴⁷

By 1971 all 50 U.S. states had adopted versions of the model Uniform Anatomical Gift Act, giving individuals the right to donate their organs after death with a simple document or donor card, and some states adopted provisions prohibiting organ sales. ⁴⁸

In 1983, the Food and Drug Administration's approval of cyclosporine, a revolutionary anti-rejection drug, promised improved transplant survival and sparked a huge increase in transplants. It also spurred concerns about how to distribute available organs, which fell short of demand.

In 1984, Al Gore, then a member of Congress from Tennessee, argued for a national law to forbid payments for organs, saying that “the body should not be a mere assemblage of spare parts.” ⁴⁹

That year, Congress passed the landmark National Organ Transplant Act, which makes it “unlawful for any person to knowingly acquire, receive or otherwise transfer” any human organ for “valuable consideration” — a vaguely defined term that has been the subject of legal debate. A violation is punishable by a \$50,000 fine, five years in prison or both. ⁵⁰

But the law exempts “reasonable payments” to donors to cover expenses incurred by the donation — such as travel, housing and lost wages.

It remains legal in the United States for donors to sell blood plasma, a product extracted from blood, because it does not go directly into another person: It is broken into many different protein products that will become pharmaceuticals. ⁵¹

In addition, many U.S. blood banks use economic incentives when there are blood shortages, such as Amazon gift cards during the summer, observes Macis, the Johns Hopkins economist. Macis has run experiments with the Red Cross using \$5, \$10 and \$15 gift cards as incentives and finds that the higher the value, the more blood donations go up. “I see it as a smart way to reward donors,” he says. ⁵²

As for Titmuss’ conclusion that paying for blood produced lower-quality supplies, Macis says “we wouldn’t use that evidence to decide policy today” because Titmuss’ study did not remove confounding factors. For example, he says, it compared blood from prisoners in the United States to that of nonprisoner donors in England, “so it’s not surprising there was a difference in quality between such different populations.” In his own studies, Macis finds “no difference in the quality of blood collected” when donors respond to monetary incentives.

Some states that passed laws providing incentives or compensation to organ donors have not been able to implement them, because of the prohibition in federal law on “valuable consideration.” For example, in 1993 a donor’s parents in Pennsylvania had trouble raising money to bury their son following the heart-liver transplant of Gov. Robert Casey. The state passed a law to reimburse funeral expenses to organ donors’ families.

However, Pennsylvania has never implemented the program because of concern it would be barred by the federal law. ⁵³



Pennsylvania Gov. Robert Casey Sr. and his wife, Ellen Casey, talk with reporters after a checkup in 1995, two years after he underwent a heart-liver transplant. The donor's parents had difficulty raising money to bury their son because of a federal law barring such payments. (AP Photo/Gene J. Puskar)

In 2003, the first tax incentive to encourage organ donation was adopted in Wisconsin, allowing donors to claim a \$10,000 state tax deduction to cover lost wages and expenses for travel, lodging and medical care. At least 25 states plus the District of Columbia have passed similar tax benefits. ⁵⁴

International Action

The World Health Organization condemned payments for organs in a 1987 resolution. Payment is “likely to take unfair advantage of the poorest and most vulnerable groups, undermines altruistic donation, and leads to profiteering and human trafficking,” the WHO elaborated in 1991. Countries have been passing laws

against organ trafficking ever since the WHO resolution, and today almost all countries ban payment for organs. ⁵⁵

In 2000, the U.N. prohibited “trafficking in human beings for the purpose of organ removal” in its trafficking protocol, also known as the Palermo Protocol. Under the protocol, organ trade becomes human trafficking if a person is coerced, deceived or otherwise exploited for the removal of organs. More than 100 countries recognize organ removal as a form of human trafficking in their anti-trafficking laws. ⁵⁶

However, most countries did not codify this definition into their national statutes until after 2010, and “many of these laws remain untested,” writes trafficking researcher Ambagtsheer. The United States, Venezuela and China have not included organ removal in their anti-trafficking laws. ⁵⁷

In 2008, the Transplantation Society and the International Society of Nephrology, representing transplant specialists, adopted the Declaration of Istanbul on Organ Trafficking and Transplant Tourism, which condemned policies “in which an organ is treated as a commodity, including by being bought or sold or used for material gain.” The declaration was updated in 2015 to urge governments and health professionals to take steps to prevent the citizens of their countries from engaging in transplant tourism. ⁵⁸

Since the 2008 declaration, countries including Israel, Egypt, the Philippines and Pakistan passed new laws or strengthened existing ones against organ trading. ⁵⁹

Bans on organ-selling enacted between 1994 and 2010 in countries such as India (1994), China (2007), Pakistan and Egypt (both in 2010) may have accounted for more activity occurring under the radar. For example, India’s ban caused a drop in the number of foreign recipients but apparently spurred more foreigners seeking transplants to head to Pakistan or the Philippines. And after the ban was in effect for a few years, the underground market in India appeared to bounce back, with about 2,000 Indians selling a kidney every year, according to the Voluntary Health Association of India, a federation of 24 state health associations in India. ⁶⁰

In June, the Indian press reported that police had broken up a kidney-selling racket in Delhi, arresting 10 people including two doctors for allegedly targeting homeless people and illegally selling

their kidneys to patients — for 10 to 25 times the price paid to the “donors.” ⁶¹

Today in India, the relatively low price of a transplant attracts a steady stream of foreigners, says Mumbai surgeon Nagral, even though the cost is out of reach for the average Indian. Only about 5 percent of Indians waiting for a kidney will get one. ⁶²

“In the private sector there’s much more money if you transplant a foreigner — the charge to a foreigner is about three to four times the cost charged to an Indian,” he says.

The year 2008 was a turning point for Israel: it passed a law banning organ sales and the government forbade health insurers from paying for transplants overseas. Before then, Israeli patients and doctors had played a major role in the international organ trade, first traveling to Eastern Europe and later to Azerbaijan, Cyprus, Kosovo, the United States, Costa Rica, Panama, Ecuador and Colombia, according to a 2015 report by the European Parliament. By 2015, the organ trade had shifted from its former hubs in Israel, Pakistan and the Philippines to new countries, including Costa Rica, Colombia, Egypt, Vietnam and Lebanon, according to the report. ⁶³

In 2015, the Council of Europe opened its Convention against Trafficking in Human Organs for countries’ signatures, including bans on obtaining organs illicitly overseas. It has since been ratified by 14 countries. Another five countries have passed laws explicitly criminalizing their citizens who travel abroad for an illicit organ, defined as one obtained through coercion or on the black market. They include Israel, Taiwan, South Korea, Italy and the United Kingdom. However, some European countries that have not signed the protocol, such as the Netherlands, ban illicit transplant tourism in their existing laws, according to Ambagtsheer. ⁶⁴

Few Convictions

National laws vary widely on penalties for selling an organ or organ trafficking, ranging from a few months in some countries to a life sentence in Egypt. ⁶⁵

The combination of bans and trafficking laws has led to surprisingly few convictions: only 14 for payment for organs and only four for trafficking for removal of organs have been reported to international organizations, Ambagtsheer noted in an article published last year. ⁶⁶

In addition, it is extremely difficult to collect evidence and nail a conviction in the confidentiality-screened world of doctors, experts say. “These cases go on for years back and forth collecting appeals,” says Columb, citing prominent cases in South Africa, Turkey and Israel. “And maybe someone is prosecuted, but they never go to jail because they get a plea agreement. It’s a mess.”

In Egypt, Columb found the government’s introduction of criminal penalties against organ sales pushed the market further underground, reducing the bargaining position of organ sellers and increasing the power of brokers. The ban increased brokers’ costs, the need for secrecy and the level of violence. To maintain profits, brokers withheld payments from kidney sellers and sometimes took organs by force. The need for secrecy also meant that some sellers were operated on “in poorly equipped premises” outside of major cities. ⁶⁷

In an effort to stem organ trafficking, many countries have required some form of relationship between the donor and recipient. In Egypt, for example, organ transplantation for foreign patients is banned except for cases of marital relationships. Nevertheless, organized crime groups “manage to disguise false relationships . . . by forging official documents,” Interpol reported in 2021. ⁶⁸

“One of the most recent brokers I spoke to in Cairo told me he was seeing between 20-30 kidney donors a week and could see more if he wanted to,” Columb says. Many of the kidney sellers, he says, are refugees from Africa who have lost faith that the U.N. resettlement system will work for them, are facing COVID-related border restrictions and are desperate for a way to pay smugglers for passage to Libya or Egypt and on to Europe.

Bangladesh passed a law in 1999 banning trade in organs. But “the law on the books and in practice are two different things,” says Michigan State anthropologist Moniruzzaman.

The first case was not prosecuted until August 2011, when local police revealed an organ trafficking racket in the northern district of Joypurhat. Nearly 50 villagers had sold their kidneys and lobes of their livers on the black market. The police arrested 10 brokers who had recruited impoverished villagers and then sold their organs for a sizeable profit. The brokers were let out on bail after five months in custody, an example of the widespread corruption in law enforcement and the courts in Bangladesh, according to Moniruzzaman. ⁶⁹

Eleven years later, the case is still unresolved in the courts. The brokers “are still working and recruiting poor people from different villages. Their network has expanded, and other networks are operating in different parts of the country,” according to Moniruzzaman. “It’s business as usual.”



Levy Izhak Rosenbaum, left, and his lawyers arrive for his sentencing in federal court in Trenton, N.J., in 2012. Rosenbaum pled guilty to brokering three kidney transplants in exchange for at least \$120,000 in payments. (AP Photo/Mel Evans)

Other landmark cases in illicit organ trade include:

- The first person convicted in U.S. federal court of profiting from illegal organ selling: Levy Izhak Rosenbaum, an Israeli citizen living in Brooklyn, N.Y. In 2012 he was sentenced to 2 1/2 years in prison after pleading guilty to brokering three kidney transplants for New Jersey-based customers in exchange for payments of at least \$120,000. He was released in 2014. ⁷⁰

Rosenbaum admitted he typically located individuals in Israel willing to be paid to give up their kidney and brought them to the United States for the transplant surgery. ⁷¹ He was among more than 40 people arrested along with politicians and rabbis in New Jersey and Brooklyn in a wide-ranging FBI investigation that involved money laundering and political corruption. ⁷²

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- The world's first case of a group of doctors and brokers convicted of organized crime and trafficking for removal of organs. ⁷³

Two Kosovar doctors were convicted for a second time in 2018 of involvement in an organ trafficking ring that performed transplants at the Medicus clinic near the country's capital of Pristina. The defendants had been convicted in 2013, but a higher court ordered a retrial in 2016. Individuals from Turkey, Israel and former Soviet republics, such as Ukraine and Belarus, were promised \$30,000 for their kidney, while recipients, mainly Israelis, paid up to \$108,000 for the transplant. The director of the clinic, urologist Lutfi Dervishi, received a sentence of 7 1/2 years, while anesthetist Sokol Hajdini received 1 year. ⁷⁴

- The first hospital to be convicted and fined on organ trafficking charges — Netcare, a hospital network in South Africa. The 2010 conviction involved facilitating over 100 illegal kidney transplants between 2001 and 2003. Kidney sellers from Israel, Romania and Brazil were paid to donate to Israeli patients. The prospective recipients paid an Israeli broker up to \$120,000. Brazilian kidney sellers received between \$3,000 and \$8,000, while Israelis and Romanians received about \$20,000. ⁷⁵

Most experts agree that trafficking is being driven by the increasing demand for organs and the inability to supply that need. With a growing number of people suffering from diabetes and vascular disease, the number of people with kidney failure is surging. About 10 percent of the world's population suffers from kidney failure and about 200,000 people worldwide are registered on waiting lists. Only about a third of these receive a kidney each year. The total number of transplants globally is estimated to be less than 10 percent of worldwide need. ⁷⁶ ■

Current Situation

International

In May, Slovenia became the 14th country to sign the Council of Europe's 2015 convention against trafficking in human organs. ⁷⁷

That is a disappointingly low take-up rate, considering there are 195 countries, says human rights lawyer Matas, co-founder of the International Coalition to End Transplant Abuse in China, which advocates bans on transplant tourism as a way to help starve the market for forced organ harvesting in China. The convention is open for signature to countries inside and outside Europe, but only one non-European country, Costa Rica, has ratified it. ⁷⁸

A major obstacle to persuading lawmakers, Matas says, is his inability to answer their question about the magnitude of overseas transplants, because most countries lack a registry reporting how many citizens engage in transplant tourism. “In country after country, they don’t enact legislation because they don’t have a registry and don’t know the size of the problem,” he reports.

For example, in the United States, between 2017 and the end of last year, 187 U.S. citizens were removed from the transplant waiting list because they went abroad for an organ transplant, according to the United Network for Organ Sharing (UNOS), which coordinates U.S. organ transplants. The top four destination countries were the Philippines (40), India (28), China (22) and Mexico (22). However, that number is likely an underestimate. “If someone just goes to another country for a transplant, and they weren’t on the waiting list here, we would not know about that,” says UNOS spokesperson Anne Paschke.

And many of those trips could be perfectly legitimate. For example, one study found that organ recipients traveling from the United States were more likely to identify as Asian or Hispanic, and the top destination countries were those that aligned with their ethnic background where they may still have health insurance and feel more comfortable with the medical care. ⁷⁹

On a global basis, between 1971 and 2013, 6,002 patients were reported to have travelled to another country for transplantation, and of these, 1,238 (21 percent) were reported to have paid for their organ transplants — to donors, brokers, hospitals and private companies, according to trafficking researcher Ambagtsheer. But those numbers are not collected in a central database; she counted all the instances she could find in a one-time review of the literature. ⁸⁰

In the past couple of months, politicians around the world have expressed renewed concern about allegations that China is engaged in forced organ harvesting from political prisoners. The European Parliament on May 5 called for an independent

investigation, and the British government cited the allegations in announcing its new law to criminalize transplant tourism, enacted in April. Members in both the British and European parliaments cited the 2019 conclusion from an independent panel convened by human rights activists known as the China Tribunal that “forced organ harvesting has been committed for years throughout China on a significant scale” and a similar finding from U.N. human rights experts last year. The Chinese government has denied the allegations. ⁸¹ (*See Short Feature.*)

Canada’s Parliament is considering a bill that would authorize the government to bar residents or foreign nationals from the country if they have engaged in trafficking in human organs. ⁸²

United States

Experts and advocates have long argued that the United States is remarkably stingy in the way it reimburses living donors for their expenses. Lower-income patients are less likely to receive a kidney, as most organ donations come from a relative or friend. “It is costly and difficult to be a living donor. Having a donor in your social network who could get time off from work for the medical workup and recovery from surgery is a challenge,” says Keren Ladin, director of research on aging, ethics and community health at Tufts University.

Following an executive order by President Donald Trump in 2020, the federal Health Resources and Services Administration revised its regulations in September of that year to add lost wages, childcare and eldercare as reimbursable expenses for living organ donors. ⁸³

While some hailed this expansion, other advocates said it did not go far enough to help living donors or encourage donation.

Morrison, the head of the WaitList Zero organ donor group, says Congress did not budget enough money for it. A federal program, the National Living Donor Assistance Center, will now be able to reimburse lower-income donors for these recently added expenses. But the program only reaches 8 percent of living donors, and the average grant has typically been less than half the \$4,000 most donors spend. ⁸⁴

“Donors are not getting reimbursed the way we should,” Morrison says. “Kidney donors should have the best health care money can buy — stipends for follow-up care and generous reimbursement.”

He points to Israel, where living kidney donations have more than tripled since that country started paying a generous package including health and life insurance and a week's vacation. (*See Short Feature.*)

Morrison's group supports a bill sponsored by Democratic state Sen. Gustavo Rivera that has been passed by the New York Legislature, the Living Donor Support Act, which would reimburse New Yorkers for costs associated with a kidney donation, including childcare, eldercare, lost wages, travel and lodging, and medications. ⁸⁵

Leonard Achan, president and CEO of LiveOnNY, the organ procurement organization for the greater metropolitan New York region, argued that although the state already provides a \$10,000 tax deduction for expenses for organ donors, only high-income taxpayers can take advantage of it, so the average benefit is only about \$600. ⁸⁶

Although many states provide tax credits or deductions, New York would be the first state to directly reimburse donors for costs, according to Morrison.



U.S. Rep. Matt Cartwright, D-Pa., seen here at a 2021 press conference, is co-sponsoring a bill that would allow experiments to test how noncash payments affect people's willingness to donate an organ. Such payments are currently illegal under federal law. (Getty Images/CQ-Roll Call, Inc./Caroline Brehman)

Georgia expanded benefits for donors with the passage of a law May 2 that would increase tax credits for living donors up to \$25,000 and prevent health insurers from denying or cancelling coverage of living organ donors. According to the American Kidney Fund, a Rockville, Md., nonprofit that financially assists transplant patients, Georgia is the 26th state in recent years to enact protections for living donors, such as barring insurance discrimination, providing job-protected leave and tax benefits. ⁸⁷

A bill in Congress introduced by Reps. Matt Cartwright, D-Pa., and Joe Wilson, R-S.C., proposes pilot experiments to test out how noncash payments — such as health insurance, tuition vouchers or funeral expenses to families of deceased donors — would affect people’s willingness to donate an organ. Under federal law barring organ-buying, it currently would be illegal to test payments like these. ⁸⁸

In a statement for *CQ Researcher*, Cartwright said that “measures to enhance the donor pool to meet the needs of the organ donor shortage will act as a strong deterrent to the proliferation of organ trafficking and transplant tourism. Such socially responsible programs should be tested, which is what the Organ Donation Clarification Act intends to do: test the efficacy of providing noncash benefits to encourage donation.”

A bipartisan bill in Congress backed by human rights groups concerned about forced harvesting in China — the Stop Forced Organ Harvesting Act — would authorize the U.S. government to deny or revoke passports for illegal organ purchase, mandate annual reporting by the State Department on forced organ harvesting in foreign countries and impose sanctions on foreign officials who engage in or support forced organ harvesting.

“This bill will identify and punish CCP [Chinese Communist Party] members involved in forced organ harvesting,” said Sen. Tom Cotton of Arkansas, the lead Republican sponsor. “It’s past time to hold Beijing responsible for these heinous acts.” ⁸⁹ ■

Outlook

Technology and Accountability

Despite efforts to outlaw the organ trade, on-the-ground reports from Egypt, India and Bangladesh indicate the black market is not going away anytime soon. The rising incidence of kidney disease in both wealthy and poorer nations will continue to exert pressure to come up with more kidneys — illegally, many experts agree.

According to Interpol, unemployed young adults from North and West Africa, refugees and migrants are already the most likely victims of organ trafficking. The impact of lost livelihoods because of COVID-19 shutdowns will probably fuel future organ trafficking, making it easier for brokers to coerce these vulnerable people to sell an organ to improve their economic status, Interpol said. ⁹⁰

While some economists and donor activists continue to push for economic incentives to encourage more organ donations, no political traction for such a proposal has emerged in Congress. Any such proposal is likely to face fierce opposition from medical societies and religious groups.

Polls show that a slight majority of Americans favor compensating donors, but Americans remain sharply polarized over the issue, often because of moral repugnance at the idea of paying for body parts, according to Johns Hopkins economist Macis. ⁹¹

In a survey he conducted, about 18 percent of respondents changed their mind toward favoring payments when presented with a hypothetical situation where such payments would increase donations enough to satisfy 100 percent of demand. That switch boosted those in favor of a paid-donor system from 57 percent to 70 percent. Those surveyed were also more favorable if they knew a government agency would hand out the payments. ⁹²

“What Americans really dislike is the idea of an unregulated market where people can buy and sell an organ,” Macis says. “Where we find stronger support by a majority is for a system where a public agency is the intermediary.”

But New York University ethicist Caplan says the idea of payments, which he opposes on moral grounds, is “politically dead” after more than two decades of debate.

“The government is not going to be the middleman,” he says, noting that popular resistance to COVID-19 vaccines and other government-recommended precautions against the virus have already demonstrated a widespread suspicion of government on health matters. “Organized religion, which has a lot of say these days in Congress, hates markets for religious reasons. They don’t believe you own your body, God does; you can’t sell it. It’s something that’s going to take steam out of any serious government-moderated market.”

Some experts are banking on new technologies, including xenotransplantation, to ease the organ supply shortage. “Ten years from now I can see these technological advances having a real definable impact on the transplant system in this country,” says David Klassen, the chief medical officer of the United Network for Organ Sharing. He also cites efforts in the pipeline to preserve organs longer, noting that organs are often discarded if the right recipient cannot be found in time.

But to affect organ trafficking right now, many experts agree that doctors will have to be more accountable for the people on whom they operate for transplants and will have to ask donors how they got there.

“The medical profession will need to decide what is their moral compass: Are we just technicians and will do the transplant as surgeons but not really get into why someone is donating — what is the incentivization or social situation?” asks Mumbai-based surgeon Nagral. “Or should we go beyond our narrow confines and look at whether there is coercion or perverse incentives?” ■

Notes

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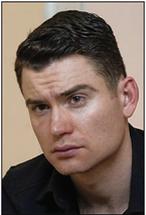
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At Issue:

Should it be legal to pay organ donors?

Yes



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WRITTEN FOR CQ RESEARCHER, JUNE 2022

Despite an almost universal ban on organ sales, reports suggest that illicit organ removal is on the rise. Indeed, available evidence indicates that the existing prohibitionist response is not only inadequate; it can also prove harmful.

Rather than deterring organ sales, sanctions have been used by criminal groups to silence their victims. Alia [not her real name], a young Sudanese woman I spoke with in Cairo in 2018, sold her kidney to support her children. She was paid \$3,000, \$2,000 less than what she was promised. She was threatened with arrest for “selling her kidney” if she went to the Egyptian police.

Alternatively, a regulated market in organs would allow for a more controlled environment, guaranteeing a standard fee for paid donors and minimizing the risk of poor medical outcomes. However, as the Iranian model, which permits payments to donors, demonstrates, paid organ donation does not alleviate the personal circumstances that compel people to sell a kidney. Moreover, a regulated market may foreclose the possibility of more progressive reforms (e.g., enhancing labor protections or developing accessible health care systems) required to reduce demand for commercial transplants.

So, should it be legal to sell a kidney? It should not be illegal. No one should be in a position where they have to consider selling a kidney to support themselves or their family. Neither should they be incriminated for doing so.

Yet, for many, selling an organ has become a feature of economic survival. Their struggle to survive is, however, largely absent from the prevailing law enforcement approach that seeks to control illicit behavior through punitive means alone. As Alia’s experience illustrates, an overreliance on criminalization can do more harm than good, reorientating critical attention away from the social determinants behind organ sales toward a narrow pursuit of criminal justice.

A move to decriminalize the sale or purchase of organs could provide an opportunity to recenter legal reform, bringing into focus the structural arrangements that leave people vulnerable to exploitation. In the short term, removing the criminal stigma attached to selling a kidney could encourage the cooperation of key witnesses (organ sellers and recipients) needed

to support criminal investigations into the activities of organ brokers and hospitals who would remain subject to criminal sanction.

Looking forward, prioritizing investment into impoverished communities and developing equitable transplant services would go a long way in reducing the commercial incentive for illegal transplants.

No



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The **2008 Declaration of Istanbul on Organ Trafficking and Transplant Tourism** and the guiding principles endorsed by the World Health Organization (WHO) have helped to reduce the exploitation of organ donors intrinsic to organ trafficking. The widespread international endorsement of these pronouncements represents an unprecedented consensus against all forms of organ trafficking. Paid donation places the burden of donation on the poor and vulnerable, undermines the development of ethically sound and effective organ donation practice and endangers the health of both organ donors and their recipients. Trust and transparency, critical components of organ transplant practice, are undermined when the motivation for donation is financial.

Though organ trafficking still occurs, progress has been made in countries previously designated as “hot spots” by the WHO. The Philippines and Colombia are no longer regarded as sources of purchased organs. There have been repeated, troubling reports from Afghanistan of exploitation of impoverished individual for their kidneys in the face of political instability, and Tajikistan has emerged as a new destination for transplant “tourists.” Egypt, Sri Lanka and Pakistan remain as destinations despite attempts to put an end to the practice.

Countries that traditionally have “exported” transplant tourists have taken measures to reduce the trade. Japan passed laws that enable it to start addressing its citizens’ transplant needs. Israel prohibited insurance reimbursements for citizens who travel abroad for transplants; a gratifying increase in local unpaid kidney donation has ensued. After concerted international pressure, the horrific practice of removal of organs from executed prisoners in China appears to have stopped, although questions remain over China’s deceased donor practices.

In the United States, the United Network for Organ Sharing (UNOS) remains under federal government contract for the recovery and distribution of organs for transplantation. In 2012 new citizenship categories were introduced, including one of noncitizen/nonresident, which serves to identify those who come for the purpose of organ transplantation. The number

is fortunately very small and accounts for approximately 0.5 percent of individuals receiving kidneys from deceased donors.

A consensus has been reached in the professional transplant community regarding payments to organ donors. It is based on the principle of “financial neutrality,” which implies that living kidney donors should neither gain nor lose financially from their donation. Expenses for travel, hotel, lost work, dependent care and other expenses related to the donation can, and should, be reimbursed. In the United States, the [National Living Donor Assistance Center](#) (NLDAC), administered through the federal Health Resources & Services Administration, is authorized to provide such reimbursement.

Discussion Questions

Here are some issues to consider regarding organ trafficking:

- Why is it so difficult to track illegal organ sales?
- How did the COVID-19 pandemic affect international organ trafficking?
- What role does social media play in illegal organ sales?
- What is “transplant tourism”? Do you believe banning it is an effective strategy to combat organ trafficking? Why or why not?
- Since Israel passed its 2008 law boosting reimbursement for organ donation, the country has seen a rise in organ donors. Should other countries follow this model? Why or why not?
- Do you believe growing organs from human cells or transplanting organs from animals will solve the shortfall in human organs in the future? What ethical issues could arise from these methods?
- In your opinion, should it be legal to pay organ donors? Why or why not? ■

Activists Allege China Still Harvests Organs from Prisoners, Despite Denials

Reports raise questions about the ethical manner of China's organ transplants.

Prisoners rounded up from detention camps. Surgeons forcibly removing their organs. All done under a cloak of government secrecy. "It sounds like science fiction," a British Medical Association article commented, assessing allegations of forced organ harvesting in China. ¹

But it is not fiction, according to United Nations experts and human rights advocates.

Chinese government officials admitted in 2005 that they used executed prisoners to supply 95 percent of the country's organ transplants. Then, the government announced it was ending the practice and would rely entirely on voluntary donations, starting Jan. 1, 2015. ²

But did it?



This facility near the city of Hotan in China's Xinjiang region is part of a network of sites where members of the Uyghur ethnic group are detained. Human rights activists and U.N. experts accuse China of harvesting organs from detainees, an accusation the Chinese government denies. (AFP/Getty Images/Xinjiang-Media-Rights-Press/Focus by Eva Xiao/Greg Baker)

Highly unlikely, concluded an independent tribunal convened by the International Coalition to End Transplant Abuse in China, an advocacy group. In 2019, the tribunal declared that “forced organ harvesting from prisoners of conscience has been practiced for a substantial period of time involving a very substantial number of victims.” ³

Considering that China has been conducting 60,000 to 90,000 transplants a year, according to an estimate by human rights activists, the government’s reports that it receives only about 6,000 organs yearly from voluntary donors opens an “incomprehensible” gap, the tribunal said. That must have been filled by an alternative source — most likely prisoners of conscience, it concluded. ⁴

Practitioners of the Falun Gong religious movement, which China has outlawed, have been the main source of the organ supply, the tribunal said. The persecution and medical testing of Uyghurs, a Muslim ethnic minority, may be evidence that they have been another source, according to the tribunal. ⁵

For years, foreign patients have reportedly been able to schedule a transplant in China within weeks. Human rights activists offer a dark explanation for this speed: It is most likely made possible by finding a prisoner whose blood type is compatible with the waiting patient and killing that prisoner to provide the patient’s organ. Yet the Chinese government claims it now supplies organs mainly from car accident victims.

“We know people can book a transplant in advance. But you can’t book an accident in advance. So it’s a source, but it can’t explain the volumes,” says David Matas, a human rights lawyer in Winnipeg, Manitoba, who co-authored the report with the estimate of 60,000 to 90,000 transplants yearly. When the Chinese government withdrew financial support from the country’s health care system in the transition to capitalism, he says, “the health sector became dependent on selling organs to keep the doors open; they’re addicted to it.” ⁶

Matas points to a 2017 South Korean television documentary that describes Korean and Middle Eastern patients getting transplants in wards that look more like hotels than hospitals. Hidden cameras documented a South Korean reporter negotiating a higher price to get a transplant within weeks. ⁷

Last year, U.N. human rights experts affirmed the tribunal’s finding. “Forced organ harvesting in China appears to be targeting specific ethnic, linguistic or religious minorities held in detention,” the U.N.

experts said, citing Uyghurs, Falun Gong practitioners, Tibetans and Christians. ⁸

Experts have estimated that more than 1 million Uyghurs and other Muslim minorities are held in detention camps in the Xinjiang region of western China, where many Uyghurs live. China has denied the U.N. and tribunal reports, saying witnesses testifying to atrocities there were “actors” falsely depicting as a “prison camp” the sprawling network of facilities in Xinjiang that have been captured in satellite photos by western researchers. ⁹

China has maintained that these facilities are vocational training and education centers and are a necessary measure against terrorism following separatist violence in Xinjiang. Medical examinations on admittance to detention facilities are “among the lawful rights that detained people enjoy,” the Chinese government said in its formal response to the U.N. China has in the past justified its arrest of Uyghurs as part of its “struggle against terrorism”; but that effort “in no way targets any particular ethnic group or religion,” its statement said. ¹⁰

In May, a cache of files hacked from Xinjiang police records revealed photos of thousands of detained people and shoot-to-kill orders for prisoners who tried to escape. The files were published by Adrian Zenz, a senior fellow at the Victims of Communism Memorial Foundation, a research group in Washington. ¹¹

The Foundation’s published report does not mention forced organ removal. But Ethan Gutmann, another fellow at the Foundation, estimates that 25,000 to 50,000 people disappear annually from the Uyghur camps for involuntary organ removal. He says his estimates are based on interviews with individuals who spent time in some 20 different camps.

“People describe the exact same process” — prisoners, usually 28 to 29 years old, would disappear in the middle of the night within a week of getting a blood test, says Gutmann.

However, some prominent transplant surgeons in the United States say they believe the Chinese government’s assertion that it has changed tack since 2015. “We have reason to believe that in organ donation there have been dramatic improvements. They’re not using executed prisoners; we’re pretty sure that’s not happening anymore,” says Gabriel Danovitch, a transplant surgeon at Ronald Reagan Medical Center at UCLA and an outspoken

opponent of organ trafficking, who has spoken to Chinese doctors and officials.

Francis Delmonico, a professor of surgery at Harvard Medical School and past president of the international Transplantation Society, a Montreal-based professional society of some 6,700 transplant specialists, says he met in China with the health minister and doctors in 2019 and “we were assured” that organs were not being sold to foreign patients. “Can I assure you that there isn’t organ trafficking taking place in China? I can’t,” says Delmonico, because he has not been in China for two years. But he thinks China’s law banning organ sales is “a sufficient deterrent” for doctors.

According to one analysis, the number of South Koreans traveling to China fell from a peak of several hundred annually in 2005 to single digits by 2015, after China banned organ sales in 2007 and added penalties on forced organ removal and trafficking in 2011. ¹²

Sophie Richardson, China director for the watchdog group Human Rights Watch, says that “we’re a long way from a credible investigation that would allay all these concerns.” She points to a recent article in the *American Journal of Transplantation*, which concluded that in 71 cases from 1980 to 2015, Chinese doctors removed hearts from patients in the operating room before they were officially brain-dead. The article’s authors suggest the patients were likely prisoners. ¹³

Both Delmonico and Danovitch express skepticism about that conclusion and its relevance today, because it predates China’s 2015 announced turn away from harvesting prisoners’ organs.

But Richardson says the journal article still raises questions about whether China is transplanting organs in an ethical manner: “Would you pursue an organ transplant there and feel OK about it? In the absence of built-in protections, that commitment from the government is of highly dubious value.”

— **Sarah Glazer**

¹ Keith Cooper, “At What Price?” British Medical Association, April 9, 2020, <https://tinyurl.com/mre2y59c>.

² Hyung Joon Ahn *et al.*, “Changing Patterns of Foreigner Transplants in Korea and Overseas Organ Transplants Among Koreans,” *Transplantation*, February 2018, <https://tinyurl.com/ytsymhfc>; Didi Kirsten Tatlow, “China Bends Vow on

Using Prisoners' Organs for Transplants," *The New York Times*, Nov. 16, 2015, <https://tinyurl.com/3m8zd9hc>.

³ "Short Form Conclusion of the China Tribunal's Judgment," China Tribunal — Independent Tribunal into Forced Organ Harvesting from Prisoners of Conscience in China, June 2019, <https://tinyurl.com/5t52fa79>.

⁴ *Ibid.*, David Kilgour, Ethan Gutmann and David Matas, "Bloody Harvest/The Slaughter," revised April 30, 2017, <https://tinyurl.com/5n8ant5n>.

⁵ Cooper, *op. cit.*; Kilgour, *ibid.*

⁶ *Ibid.*

⁷ "South Korean TV Documentary Confirms Organ Harvesting Still Occurring in China," Vimeo, November 2017, <https://tinyurl.com/4w9788ny>.

⁸ "China: UN human rights experts alarmed by 'organ harvesting' allegations," press release, United Nations Office of the High Commissioner for Human Rights, June 14, 2021, <https://tinyurl.com/bdf4sb8j>; John Sudworth, "The faces from China's Uyghur detention camps," *BBC News*, May 24, 2022, <https://tinyurl.com/2p8edum8>.

⁹ "Reply from China dated 9 August 2021 to OHCHR joint communication," Permanent Mission of the People's Republic of China, Aug. 9, 2021, <https://tinyurl.com/ymw2544c>; Vincent Ni, "Thousands of detained Uyghurs pictured in Xinjiang police files," *The Guardian*, May 24, 2022, <https://tinyurl.com/2edpvrrd>; and "China's Disappeared Uyghurs: What Satellite Images Reveal," RAND, April 29, 2021, <https://tinyurl.com/ymkfjpea>.

¹⁰ "Xinjiang: China defends 'education' camps," *BBC News*, Sept. 17, 2020, <https://tinyurl.com/47tkemyx>; "Reply from China," *op. cit.*

¹¹ Ni, *op. cit.*; Adrian Zenz, "The Xinjiang Police Files: Re-Education Camp Security and Political Paranoia in the Xinjiang Uyghur Autonomous Region," *The Journal of the European Association for Chinese Studies*, May 2022, <https://tinyurl.com/4tsvuuj8>.

¹² Hyung Joon Ahn *et al.*, *op. cit.*

¹³ Matthew P. Robertson and Jacob Lavee, "Execution by organ procurement: Breaching the dead donor rule in China," *American Journal of Transplantation*, April 4, 2022, <https://tinyurl.com/a4nsrd4d>; Matthew Robertson, Twitter post, April 5, 2022, <https://tinyurl.com/y2pjax6d>.

Israel's Kidney Donations Surge After Boost in Reimbursement

Advocates in the U.S. cite approach as a model.

After months of waiting for the chance to donate a kidney, Hadar Koplovich, an Israeli mother of five, checked into a hospital on a summer morning in 2018 so that she could give her kidney to a person she had never met. ¹

Koplovich is one of the growing number of religiously observant Jews in Israel who have donated a kidney, helping Israel to more than triple the number of transplants from living donors since the passage of an influential 2008 law.

Under that law, living kidney donors receive a generous package of reimbursements. It includes compensation for lost wages for 40 workdays, travel costs, free basic health insurance for three years, disability and life insurance, a recuperative vacation in a hotel for seven nights and five psychological therapy sessions. ²

After the government started payments under the law in 2010, there was a 64 percent surge in the number of living kidney donors in Israel the following year. The number of transplants from living donors has approximately tripled since then, according to Matnat Chaim, the Israeli nonprofit that matches donors with recipients. ³

U.S. advocates for compensating donors more generously have pointed to Israel's growth in donors as evidence that such payments could have a similar effect in the United States.

"I don't think we would have had much success without the transplant law," says Judy Singer, vice president of Matnat Chaim, which is responsible for more than three-fourths of Israel's kidney transplants from living donors. "Many people cannot afford to take a month off work and not get paid for it. Or they are not interested in using up all vacation and sick leave. No matter how much you want to help somebody, if you're going to create severe financial distress for yourself, you will think about it twice."



The website of the Israeli nonprofit Matnat Chaim solicits voluntary organ donations for transplants. The number of transplants from living donors in Israel has tripled since 2010, when the country began reimbursing donors with a package of benefits. (Matnat Chaim/Screenshot)

Other cultural and legal changes since 2008 most likely contributed to the rise in donations, Singer and other experts say. In 2009, Israel had very few altruistic donations, with most donations happening within families, and some questioned whether Jewish religious law allowed organ donations. But within a couple of years of the new law's passage, TV coverage of an ultra-Orthodox member of parliament, whose 12 children were fighting over the privilege of donating a kidney to him, "got the conversation going," Singer says.

Today, "almost all rabbis agree that organ donation while you're still alive is perfectly OK," says Singer. Within the Orthodox community, donating a kidney is viewed as a "huge *mitzvah*" — a good deed. In addition, she says, "It's a little bit of a fad; it's gotten to be very fashionable in some circles to donate a kidney." Her organization typically seeks donors within the religious, social and work circles of people in need of a kidney.

The majority of religious and ultra-Orthodox Jews in Israel know someone personally who has donated a kidney, according to Singer. For example, Koplovich said she was inspired to donate a kidney after her brother did. ⁴

However, up to 85 percent of donations are not directed to a specific person, so recipients look more like the overall Israeli Jewish population, including many nonreligious recipients, Singer says. Donors are allowed to state a preference as to the characteristics of the recipient, such as only to a Jew or only to an Arab, Singer says.

A 2019 article by journalist Sara Toth Stub in the online magazine *Tablet* reported that the more than 700 kidney transplants facilitated by Matnat Chaim included only a few Arabs, because most Jewish donors choose to donate to a fellow Jew. In general, the number of Jews in Israel receiving kidneys from living donors far exceeds the number of Arab recipients, not only because most donations through Matnat Chaim go to Jews but also because there is less awareness about living donation in the Arab population, according to the *Tablet* article. Most Arabs in Israel rely on the government-run waiting list, which does not take religious preference or any other kinds of preferences into account, the article said. ⁵

Some experts attribute the rise in donations to other aspects of the 2008 law, particularly its prohibition on Israelis obtaining black market transplants overseas and its ban on health insurers reimbursing Israelis for such procedures, a ban that took effect immediately upon the law's passage. The annual number of Israeli patients who underwent kidney transplantation abroad decreased from a peak of 155 in 2006 to 35 in 2011, the same year that the number of kidney transplants from living donors started to surge. ⁶

In an article evaluating the effect of the 2008 law, transplant doctors from Israel, the United States and the Philippines concluded, "It is hard to ascertain whether the increase in local living donation was the result of the dwindling opportunities to receive a kidney abroad or due to the removal of disincentives for local living donation" through Israel's reimbursement package. The Philippines, a favorite organ transplant destination for Israelis, also imposed restrictions on foreigners around the same time. ⁷

However, Israel's waiting list for kidneys has continued to grow, with wait times on the national list averaging 5 to 7 years for a kidney (mainly from deceased donors) and around two years on Matnat Chaim's list for a living kidney donor, according to Singer. She attributes much of that growth to the doubling of kidney disease cases over the past two decades.

The 2008 law has not eliminated illegal transplant tourism, Singer says. She points to recent news stories about a Russian-born broker wanted for investigation by Israeli authorities. He allegedly promised to obtain immediate organ transplants in Tajikistan and South America for Israelis who have spent years on the waiting list — if they were willing to pay up to \$215,000 for a transplant.⁸

— **Sarah Glazer**

¹ Sara Toth Stub, “To Save a Stranger’s Life,” *Tablet*, Oct. 28, 2019, <https://tinyurl.com/mus2x5y9>.

² “Kidney donor entitlements,” *Matnat Chaim*, <https://tinyurl.com/yymmxcyeu>.

³ Dan Even, “Dramatic Increase in Organ Transplants Recorded in 2011,” *Haaretz*, Jan. 12, 2012, <https://tinyurl.com/ycxac3e2>.

⁴ Stub, *op. cit.*

⁵ *Ibid.*

⁶ Benita Padilla, Gabriel M. Danovitch and Jacob Lavee, “Impact of legal measures prevent transplant tourism: the interrelated experience of the Philippines and Israel,” *Medicine, Health Care and Philosophy*, November 2013, <https://tinyurl.com/3yw8uejv>.

⁷ *Ibid.*

⁸ Daniel Elazar and Sivan Sisai, “Without the kidney, and without the money: the sting of the Israeli transplant,” *Israeli Public Broadcasting Corporation*, May 8, 2022, <https://tinyurl.com/3k8h5f5d>.

Chronology

1900s-1950s Sale of blood and organs is legal in many countries.

1901

Discovery of four blood groups allows transfusion-aided surgery.

1954

Doctors in Boston perform first kidney transplant with lasting success.

1960s-1970s First lung, heart transplanted; some states specify organ donation after death as a “gift.”

1963

First lung transplant performed, in Jackson, Miss.

1967

First heart transplanted, in South Africa.

1970

British social researcher Richard Titmuss publishes *The Gift Relationship*, urging altruism as the basis of blood donation in the United States and the United Kingdom — later adopted as the dominant principle for organ donation.

1971

All 50 U.S. states have adopted the Uniform Anatomical Gift Act, giving individuals the right to donate their organs after death with a simple document or donor card.

1980s-1990s New immunosuppressive drug makes transplants safer, spurring rise in demand, raising concern about organ distribution; U.S. bans organ sales.

1983

Anti-rejection drug cyclosporine is approved in the United States.

1984

Congress passes National Organ Transplant Act banning organ sales.

1988

Iranian government permits patients to pay living donors for their organs.

1994

India bans organ sales, but illegal trade continues.

2000-2018 Doctors, international organizations condemn organ trafficking; trafficking continues in Egypt, Bangladesh despite arrests.

2000

U.N. protocol prohibits trafficking in humans to remove organs.

2006

Two Canadian human rights lawyers report China is harvesting organs from prisoners belonging to Falun Gong religious movement.

2007

World Health Organization estimates 5 percent to 10 percent of organ transplants are illegal. . . . China bans organ sales.

2008

Declaration of Istanbul condemns organ selling. . . . Israel bans illicit transplant tourism.

2010

Pakistan and Egypt ban organ sales. . . . First hospital, Netcare in South Africa, is convicted and fined for conducting over 100 illegal kidney transplants for Israeli patients from 2001 to 2003.

2011

Ten brokers arrested in Bangladesh district where nearly 50 villagers sold kidneys. The case remains unresolved in the courts, allegedly due to corruption, and the brokers continue to recruit sellers.

2012

First person convicted in U.S. federal court of selling organs, Israeli-born Levy Izhak Rosenbaum, is sentenced to 2 1/2 years in prison after pleading guilty to brokering kidney sales to New Jersey customers.

2015

Council of Europe convention banning organ trafficking opens for signature. China says it will stop harvesting organs from executed prisoners, but human rights activists are skeptical.

2018

Two Kosovar doctors convicted of involvement in organ trafficking ring that performed transplants in Kosovo, mainly for Israeli patients.

2019-Present China faces new allegations of organ harvesting from prisoners.

2019

Independent China Tribunal, convened by human rights activists, issues report finding “forced organ harvesting has been committed for years throughout China on a significant scale.”

2021

U.N. human rights experts declare forced organ harvesting in China appears to be targeting ethnic and religious minorities, including Uyghurs, Tibetans, Christians and Falun Gong members held in detention camps.

2022

United Kingdom enacts law criminalizing illicit transplant tourism by its citizens (April). . . . Slovenia becomes 14th country to ratify 2015 Council of Europe convention against organ trafficking (May). . . . Georgia becomes 26th U.S. state to expand protections for living kidney donors (May). . . . European Parliament calls on China to answer allegations of forced organ harvesting of prisoners (May). . . . Police files released from Xinjiang, China, show thousands of Uyghurs in detention camps. . . . New York Legislature passes bill to reimburse living organ donors for travel, lost wages, medication (June).

For More Information

Declaration of Istanbul Custodian Group, The Transplantation Society, International Headquarters, 740 Notre-Dame Ouest, Suite 1245, Montréal, QC, H3C 3X6, Canada; 1-514-874-1717; declarationofistanbul.org. Website providing news and webinars about organ trafficking hosted by signers of the 2008 Declaration of Istanbul, a proclamation issued by transplant specialists condemning organ selling.

Global Observatory on Donation and Transplantation, transplant-observatory.org. Website hosted by the World Health Organization and the Spanish National Transplant Organization that tracks news and data on organ transplantation activities worldwide.

The Hastings Center, 21 Malcolm Gordon Road, Garrison, NY 10524; 845-424-4040; thehastingscenter.org. Bioethics research center that publishes reports and articles about ethical issues in health, science and technology.

The International Coalition to End Transplant Abuse in China, endtransplantabuse.org; info@endtransplantabuse.com. Coalition of human rights advocates, medical professionals and ethicists dedicated to ending forced organ harvesting in China.

The Transplantation Society, International Headquarters, 740 Notre-Dame Ouest, Suite 1245, Montréal, QC, H3C 3X6, Canada; 514-874-1717; tts.org. International group providing global leadership in transplantation.

United Network for Organ Sharing, 700 N. 4th St., Richmond, VA 23219; 804-782-8400; unos.org/. Nonprofit serving as the U.S. system for coordinating organ transplants, under contract with the federal government.

Victims of Communism Memorial Foundation, 900 15th St., N.W., Washington, DC 20005; 202-629-9500; victimsofcommunism.org. Nonprofit research organization established by Congress that has released recent studies about Chinese organ transplant practices and Uyghur detention camps.

About the Author



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