



NUMUN

Northwestern University Model United Nations

Group of Eight Plus Five

Topic B: International cooperation in the fight
against the international trafficking of organs in

Western countries

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Introduction

International organ trafficking, mostly of kidneys and livers, is a problem with a long history that has seen a disturbing upswing in recent years; according to the World Health Organization (WHO), as many as one fifth of the 70,000 kidneys transplanted annually come from the black market. The main driving force behind trafficking is the increase in demand for organs; as health care improves around the world, organ transplants are becoming a viable option for extending healthy life spans for a greater proportion of the world's population. Organs are typically trafficked from the impoverished slums of the world, especially in Latin America, India and Pakistan, into the bodies of wealthy people who can "afford" an organ, mainly in developed countries. The emergence of organ "brokers" has made the process of trafficking much easier. These brokers connect the buyers and sellers (for a fee, of course). In the past fifteen years particularly, the rise of the internet has made brokers' jobs even easier and facilitated rapid growth of the illicit organ trafficking industry.

Trafficking of organs is so poorly controlled, even in developed countries, that the entire legal framework surrounding this trafficking must be addressed. The WTO estimates that only 10% of those who needed a kidney transplant in 2005 received one; such desperate shortages only make the prospect of trafficking more enticing. WTO estimates place the cost of a kidney on the black market at anywhere between \$700 and \$30,000, mainly depending on the country in which the organ is sold.

Although organ trafficking is illegal in all UN member states (except Iran), the problem continues to grow. What can we, as developed and rapidly developing countries, do to ensure that organs are not illegally trafficked across borders? What can we do to ensure that children in impoverished countries are not under the threat of being kidnapped for the sole purpose of organ



harvesting (a relatively common occurrence in organ trafficking cases involving children)? It is our responsibility to put an end to this dilemma.

Background

Thirty years ago, the idea of organ trafficking was largely dismissed as rumor or urban legend; however, in the early 1980's, it was recognized that such a crime is indeed quite real. Since then, a number of countries (Brazil, South Africa, India, Moldova) have taken decisive steps to prosecute traffickers, criminalize the trade in human organs, or ban transplants from living donors. Nonetheless, this has come at the risk of driving the trade entirely underground, or shifting it to other countries. Today organ trafficking is known as the “body tax on the poor” and is recognized as a medical human rights abuse.

Organ trafficking is politically defined as “occurring where a third party recruits, transports, transfers, harbors or receives a person, using threats (or use) of force, coercion, abduction, fraud, deception, or abuse of authority or a position of vulnerability for the purpose of removing that person’s organs.” The sale of human organs, whether from a living person or a cadaver, is against the law in almost every country. However, worldwide demand for live transplants is rapidly increasing; the trading business is rapidly expanding, as it is controlled by brokers who are skilled at avoiding detection and facilitated by inadequate national legislation. Aside from the fact that this issue seems to be very low on some countries’ national agendas, these practices are mainly due to the lack of public awareness of the organ trafficking issue.

Kidneys are the most frequently trafficked organs because they are in greatest demand and because they are the only major organs that can be wholly transplanted with relatively few risks to the living



donor. “Organ trafficking accounts for around 10 per cent of the nearly 70,000 kidney transplants performed worldwide annually, although as many as 15,000 kidneys could be trafficked each year.”

Organ trafficking is most prevalent in developing countries, where treatments for kidney disease, such as blood dialysis, are far beyond the financial means of the vast majority of the population. In the long run, therefore, it is typically cheaper for kidney disease patients to pay for an illegally trafficked kidney, receive a kidney from a living person and live longer. In many cases, the financial incentive is just as strong for the donor; like prostitution or sweatshop labor, donation to the illegal organ market is often considered nothing more than an expedient means of supporting one’s famil.

China, India, Pakistan, Egypt, Brazil, the Philippines, Moldova, and Romania are among the world's leading providers of trafficked organs. In China, organs are routinely harvested from incarcerated convicts. Trafficked organs are either sold domestically, or exported to be transplanted into patients from the US, Europe, the United Arab Emirates, Saudi Arabia, and Israel.

In 1984 the United States passed the National Organ Transplant Act, which calls for as much as a \$50,000 fine and five years in prison if a person is convicted of buying or selling human organs.

There is, in fact, a positive aspect to the purchase of organs from healthy donors: contrary to common perception in the United States and other developed countries, there is a global surplus of donated kidneys and other organs. Patients in the developed are often made to put their names on a waiting list for these organs, while sellers in India and Iraq literally line up at hospitals, often willing to part with a kidney for less than \$1,000 out of poverty. In the United States, there is no national transplant screening board. Instead, every hospital has its own committee; facilities running tight on money or in poorer areas appear to employ a type of “don't ask, don't tell” policy when it comes to



transplant surgeries on foreigners who come to the US for their operations. Brokers are familiar with these hospitals and bribe doctors to perform these transplants. Indeed, only a relatively small portion of the sale price goes to the donor, with most of the proceeds given to the broker and the doctor or lost to travel costs.

Facts about organ trafficking

1. Most donated organs are taken forcibly, without the consent of the donor. This is especially common among incarcerated populations, particularly in China.
2. Organs from children are especially sought after by brokers.
3. The price of kidneys has recently risen, mainly due to an increase in demand while supply has remained relatively constant. 2003 estimates from the World Health Organization report that the price of a trafficked kidney ranges from \$700 in South Africa to over \$30,000 in the US, with most other countries paying between \$1,000 and \$10,000 for a kidney. Recent news reports surrounding a corruption scandal in New Jersey indicate that a broker was asking \$160,000 for a kidney from a “recipient” who was in fact an undercover FBI agent.
4. Brokers frequently deprive sellers of any monetary return and offer little or nothing in the way of post-operative care. Many sellers, especially children, die of exsanguination or infection soon after the operation.
5. This act is not only made by choice or kidnapping; some people have their organs harvested by unscrupulous physicians, ostensibly as part of a routine checkup. This method has been particularly common in Egypt.
6. The only country with a legal organ market is Iran; all organ sales and purchases are closely monitored by the government to ensure that certain standards are met.



Statistics on organ trafficking

- Brokers reportedly charge as much as \$200,000 to organize a transplant for wealthy patients. A total fee of about \$5,000 is more typical, though some brokers do business for as little as \$1,000. (WHO)
- In India alone, an estimated 2,000 people per year sell an organ. (Naim)
- After kidneys, livers are the second most trafficked organs; corneas are third. (Naim)

Current Status

The WHO

The international trade in human organs is on the increase, fuelled by growing demand and increasingly sophisticated brokers. This rising trend has prompted a serious reappraisal of current legislation, while the WHO has called for more protection for the most vulnerable people who might be tempted to sell a kidney for as little as \$1,000. A resolution adopted at this year's World Health Assembly (WHA) voiced "concern at the growing insufficiency of available human material for transplantation to meet patient needs," and urged Member States to "extend the use of living kidney donations when possible, in addition to donations from deceased donors." It also urged governments "to take measures to protect the poorest and most vulnerable groups from 'transplant tourism' and the sale of tissues and organs, including attention to the wider problem of international trafficking in human tissues and organs."

Earlier this year, police broke up an international organ trafficking ring which arranged for Israelis to receive kidneys from poor Brazilians at a clinic in the South African port city of Durban. Such high-profile busts, however, are both rare and insufficient. Countries such as Brazil, India and Moldova



— well-known sources of donors — have all banned the organ trade. But this has come at the risk of driving the trade completely underground, making it even harder to combat effectively.

Behind the growth in trafficking lies the increasing demand for transplant organs. In Europe alone, there are currently 120,000 patients on dialysis treatment and about 40,000 people waiting for a kidney, according to a 2008 report by the European Parliamentary Assembly. It warned that the waiting list for a transplant, which stood at about three years in early 2008, could increase (to as much as ten years) by the end of 2010, and with it the death rate from the shortage of organs.

In Asia, South America and Africa, there is widespread resistance — for cultural and personal reasons as well as due to the high cost — to using cadaveric organs, or those from dead bodies. Thus, the majority of transplanted organs come from live, often unrelated, donors. Even in the United States, the number of renal or kidney transplants from live donors exceeded those from deceased donors for the first time in 2001.

The United Nations

The United Nations has recognized that a new treaty is needed to prevent the trafficking in organs, tissues and cells (OTC). The victims are usually citizens of very impoverished countries who have few other legitimate prospects. The UN has been in consultation with the Council of Europe to draft a new treaty to fight human trafficking.

This treaty calls for the prohibition of financial gain from the human body or its parts as the basis of all legislation on organ transplants, adding that organ donation should be promoted to increase availability, with preference given to OTC donation from the deceased. The UN/CoE group mentioned that:



The poor person is usually illiterate, not given any choice in the sense that they have no other job or occupation to make the sale, they wind up sicker, they wind up with no one paying attention to them, they sometimes wind up dead, they usually wind up regretting from the studies that we've seen that they did the sale because they have no follow-up...What looks like perhaps a chance to take somebody out of poverty winds up being a situation in which the deeply impoverished are exploited for the sale, because there is no other way for them to make a living, they can only do it once, and the people who deal with the sellers don't care about them...Then it violates medical ethics to be involved in practices where you harm people just so they can sell a body part.

Other facts from the UN/CoE report:

- Trafficking in OTC should be distinguished from trafficking in humans for the purpose of removal of organs
- A huge proportion of the incidences of both types of trafficking go completely unreported
- 5% to 10% of kidney transplants performed annually around the world are the result of trafficking

The UN/CoE report strongly advocates that national and local governments promote legal, voluntary organ donation as an alternative to trafficking. While excellent in theory, this strategy encounters practical obstacles; not only do most developing nations lack the resources to maintain a supply of legally donated organs, but other restrictions, both societal and legal, prevent voluntary donation in many cases. In Japan, the Middle East, Muslim-majority nations, and the United States, large proportions of the population object to organ donation on religious and moral grounds, and



some countries, such as Egypt, have passed laws prohibiting the procurement of organs from non-living donors.

Questions to Consider

1. How can the poor in developing nations be protected against involuntary or coercive organ trafficking practices?
2. How does international cooperation help with this issue, and what manner of cooperation would be most effective?
3. Are we as individuals responsible for combating organ trafficking? How can we help?
4. What can the G8+5 and the governments of its member states, in conjunction with supranational bodies such as the UN, do to make sure organs are not transported between countries?
5. How can awareness become a significant factor in decreasing the risk of organ trafficking?

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