

A photograph showing a human skull, several bullets, and stacks of money (including US dollar bills and coins) scattered on a surface. The skull is the central focus, with a crack on its forehead. The money includes a \$100 bill and several coins. The overall scene suggests a connection between organ trafficking, violence, and commerce.

ORGAN COMMERCIALISM

In 2008, the flash video “Charlie the Unicorn” by animator FilmCow was uploaded to YouTube. The video follows a unicorn named Charlie with two of his “friends” who urge him to go to Candy Mountain with them in kooky voices. Charlie resists but ultimately goes along and wakes up at the end of the video disgruntled and alone. The video was presented in an uncomfortable but funny way with the punchline of “They took my kidney!” being a startling and unexpected twist.

Unfortunately, organ trafficking is a very real phenomenon, and kidneys are the number one organ trafficked on the black market. Kidney transplants account for half of all transplant operations. According to the World Health Organization, one out of 10 organ transplants involve a trafficked human organ.

“They took my kidney!”

Organ transplantation was developed in the 1950s, and as techniques and technologies improved, the de-

mand for this new treatment began to exceed organ availability.

The purchase and sale of organs is illegal in most countries, including Canada and the US. In Canada, about half of all organ donors are the donees’ spouses, friends, or neighbors. Transplant centers screen living donors to ensure they are not being coerced or being paid for their donation.

Success rates for live organ transplants are higher, but require tests for compatibility and medical aftercare for both donor and recipient. Post-mortem organ donations also require testing for compatibility and aftercare for the recipient to ensure the body doesn’t reject the new organ.

Unfortunately, whether the donor is living or deceased, the demand for organs is still drastically higher than the supply. Canadian kidney recipients often live on dialysis and must wait 4 years for a kidney donation. Thousands of people die every year waiting for transplant procedures.

This extreme demand has led to a very lucrative and transnational criminal enterprise that exploits desperate people worldwide. Organ recipients traveling abroad typically do so out of desperation due to declining health and poor prospects of obtaining a legitimate organ transplant in their home country. Organ donors often donate out of financial desperation, coercion, or under duress.

Articles regarding the rise of the organ black market date to the early 2000s. The organ black market is estimated to bring in around \$1 billion USD per year. There are a host of offenders involved in organ trafficking: recruiters, transporters, the staff of hospitals and medical centers who host the operation, medical professionals who perform the illegal surgery, middlemen and contractors, buyers, and the banks that store the organs.

Kidneys are the most commonly traded organ, followed by hearts, livers, pancreases, corneas, and human tissue.

Transplant Tourism

The most common way to trade organs across national borders is called “transplant tourism.” Recipients purchase all-inclusive transplant packages and travel abroad to undergo organ transplants. Organs can cost between \$30,000-\$300,000 out of pocket for recipients. Recipients are most commonly from developed countries such as Canada, the US, Australia, the UK,



Israel, and Japan. There is no law in Canada banning Canadians from taking part in transplant tourism, however many of these transplanted organs are trafficked ones.

Studies show that donors typically come from impoverished nations, such as countries in South America, Asia, and Africa. Organ sales are intended to pay off loans and take care of families, but the donors see very little of the sale. The network pays off the broker, recruiter, medical professionals, and hospitals first. Donors may only see \$300-\$4,000 of the sale and often develop chronic medical complications afterward.

Exploiting the Most Vulnerable

Selling an organ for financial compensation may not sound so bad at first, but in practice it means the people who do sell their organs are financially desperate and vulnerable to exploitation. The secrecy of the black market means that there is no oversight to ensure that donors receive the agreed upon amounts or adequate care after surgery. Horror stories involving fraud and scams, forced surgeries, poor recoveries, or even death are common.

One woman was hired for an amazing job in New Delhi, and the recruiter told her that her new employers required a medical check for the job. At the hospital, she overheard staff describing her as a kidney donor. She received threats, but went to the police.



Most victims aren't so lucky. In one poverty-stricken area of Nepal known as "kidney valley", a then 18-year old man left home to seek work as a migrant, was hired for a job in New Delhi, was then illegally trafficked to India, and ultimately taken to a hospital in Kolkata where doctors conducted the illegal surgery that removed his kidney. He had no idea what was happening but woke up with stomach pains and a large cut on his stomach. He was handed a bunch of money, sent back to Nepal, and was bedridden for several weeks. He healed poorly and has difficulty walking and bending. The high rates of human trafficking in Nepal (including organ trafficking) are related to years of isolation and the failure of governments and humanitarian agencies to pay attention or provide support to villages.

In China, a young man sold his kidney to pay off gambling debts. The sale was arranged online, then he was taken to a hospital for tests. He was kept in a hotel, blindfolded, and taken to a surgical theatre in a farmhouse. He said the recipient was there with her family and they did not speak to each other.

In China, donor rates are among the lowest in the world. Many Chinese believe the body is sacred and should be buried intact. Unfortunately in 2015 there were an estimated 300,000 people requiring organ transplants in China, but only 12,000 transplants were approved. For years China had harvested the organs of executed prisoners to help meet demand, but Beijing says it ended that practice in early 2015.



Some say the practice continues.

Many donors in "organ commercialism" are victims of human trafficking. "Donors" may be tricked or scammed into selling an organ, or duped into believing they need an operation and the organ is then removed without their knowledge. They may be abducted and forced to give up an organ in an organ or blood farm. More commonly though, they may reluctantly agree to sell an organ out of dire financial straits and/or systemic poverty.

Sales may be conducted online using social media platforms or using recruiters and brokers that negotiate between the donor, the medical team, and the recipient. The donors and recipients may be brought to the same medical facility for the operation, or the organ itself may be transported to its end destination.

Trafficked organs can be dangerous for recipients as well. Recipients may not be screened properly or matched properly with new organs, and are more likely to experience health complications, such as infections or organ rejection. In one story, a Canadian woman endured years of dialysis waiting for a kidney transplant. She paid \$10,000 to buy a kidney in Pakistan. After she returned to Canada, the kidney began to fail and she had pneumonia and a fever. She was lucky and bought a second kidney in Pakistan, which took and is functioning well.

People who undergo an overseas transplant are of-



ten already sick by the time they are sent back home. They frequently come straight into the emergency room requiring hospitalization.

International Challenges

International law generally prohibits human trafficking, including any transplantation where the organ donor receives financial gain or comparable advantage from the transaction. As with other kinds of scams and organized crime in general, the international component of organ trafficking makes it very difficult to catch, report, and prosecute. It's also difficult to know the rates of organ trafficking, as it requires doctors to report cases - something that obviously will not happen in the illegal organ business.

In response, there are a few major initiatives to regulate organ transplantation and to combat organ trafficking. The most notable of these is the Declaration of Istanbul on Organ Trafficking and Transplant Tourism. The Declaration of Istanbul is a 2008 statement against global organ exploitation agreed to by almost 100 nations. Groups monitor reports of black market activity reported by hospital specialists who treat patients with end-stage kidney failure who survive on dialysis, and by surgeons who operate

on those lucky enough to get a new kidney. The Declaration of Istanbul is a guide for governmental and professional bodies in the field of organ transplantation, and it is endorsed by transplant organizations around the world. It states that trafficking and transplant tourism violate principles of equity, justice, and respect for human dignity and should be prohibited. It also makes a distinction between travel for transplantation and transplant tourism.

Another challenge is legislation. Most countries have legislation banning organ sales within the country's jurisdiction. Some proponents have advocated for either the legalization of or explicit criminalization of organ sales, so that police can investigate cases, donors can pursue legal action, and/or actual numbers can be monitored. Others argue that legalization will simply make it easier to exploit victims by increasing the accessibility to brokers and the inherent competition market that will follow. Unfortunately, the more effort spent trying to crack down on it, the further underground the black market goes, which is more dangerous for both recipients and donors.

There is no law in Canada specifically banning Canadians from taking part in transplant tourism, and

in fact, Canada is one of the top countries of origin for patients seeking organs abroad.

The Canadian Criminal Code prohibits Canadian citizens and permanent residents from exploiting someone outside of Canada to have an organ or tissue removed, which relates to human trafficking as an indictable offense. In the meantime, attempts to amend the Code to deal more explicitly with trafficking of human organs have not been successful.

In 2009, Brooklyn Rabbi Levi Izhak Rosenbaum was accused of trafficking in human kidneys. This case was the first of its kind in the US and gave insight into how organ trafficking works. Rosenbaum was an international broker linked to an extensive and international trafficking network that originated in Israel. Eight years prior, Latin American refugees living in Toronto had tried to sell their organs for transplants for \$50,000 plus travel expenses.

In 2009, legislation in the Philippines prohibited the sales of organs to foreign nationals. This led to a significant decrease in transplant tourism to the country. India has struggled with organ trafficking for years. Recipients coming home have often not been properly screened resulting in mismatched organs and infections such as HIV and Hep-C, etc.

Iran is the only country that has legalized organ commercialism. Sales are closely monitored. Reportedly, the practice has eliminated the wait list for kidney transplants and provided an increase in post-mortem donations.

As is true with fighting other scam operations, combatting organ trafficking will require better systems for monitoring and tracking organ donations across national borders, as well as more funding for research, prevention, and investigation. The socio-economic impact of COVID-19 is expected to fuel trafficking for organs. Coercion is easier with higher poverty rates, and the pandemic led to a decrease in legal organ donations.

Supply and Demand

There are two challenges that need to be addressed



in order to end organ trafficking: how to increase legal organ supply, and how to reduce predatory networks. Both questions are complex and involve social and cultural awareness, governmental and organizational support, and ethical innovations from science and technology.

Increasing legal supply means that recipients who need new organs won't need to turn to the black market to survive. Screening and matching procedures will prevent ineffective operations, and both donors and recipients will receive adequate medical aftercare.



The question mainly is how to increase legal supply ethically. Relying on donations alone is not working. Commercializing organs is too exploitative for vulnerable people. Harvesting organs from executed prisoners is also unethical. Focusing on improvements to population health to prevent the need for organ transplants is complex and difficult, and ultimately places blame on patients instead of addressing the problem.

Fortunately, bioengineers have been working on different ways to produce artificial organs, such as pacemakers and artificial hearts. Considering the high number of kidney transplants needed and the interruptions to life that come with dialysis, some research programs are focusing on developing a universal artificial kidney.

The Kidney Project (University of California San Francisco, Vanderbilt University) has been working on an artificial kidney since 1998. This year they reported that designs for bio-artificial kidneys are now about 4-5 years away from clinical trials. After multiple rounds of clinical trials, they will then need to be



approved for widespread use. The goal is to have a device commercially available by 2030. The project is a long-term effort by multiple universities and is funded by grants, investors, industry partners, and donations.

Getting rid of predatory networks will require similar long-term efforts. Victims are exploited due to poverty, so efforts to combat poverty will also help combat organ trafficking. When

considering the demographics of organ donors in the black market, special attention should be given to those in developing countries. Refugees and migrant workers are also particularly vulnerable to organ trafficking predation. Education, job opportunities, medical support, and secure housing will all help reduce the need to turn to the black market for financial opportunities.

Health care professionals need to maintain preventative measures and be thorough in their screenings to prevent the exploitation of potential donors. Raising general public awareness of the illegal organ trade and human trafficking will help. The identification of and outreach to populations at risk can help to reduce vulnerability to recruitment.

Just as knowing how online scams work can reduce the damage, knowing how organ trafficking works can help support the development of legal supply and reduce the number of victims coerced into organ sales. Who knows? If Charlie the Unicorn had known about kidney donation and had access to proper medical care, maybe he would have wanted to donate his kidney.

Health Canada began an initiative in 2018 called the Organ Donation and Transplantation Collaborative. The Collaborative's goal is to improve the Canadian health system and ensure Canadians have timely and effective access to quality donation and transplantation services. This will reduce the demand for organ trafficking and transplant tourism.

To find out more about local initiatives or how you can help, contact Canadian Blood Services and/or reach out to your provincial Organ and Tissue Donation Registry.