Topic 002: Illegal Organ Trade

Introduction

Growing demand and monetary reward is fuelling increased illegal human trafficking of organs. The dimensions of this illegal trade draw comparisons to those of drugs and weapons, indicating a larger scope than is often unacknowledged by the international community, partly caused by the lack of reliable data on organ transplantation activity, but is nonetheless, suggested to be increasing. According to the World Health Organization (WHO), organ brokers charge between US$ 100 000 and US$ 200 000 to arrange transplants for wealthy patients; this business is an incredibly lucrative one.

The “servitude or the removal of organs” is defined as a form of trafficking exploitation by the UN Protocol to Prevent, Suppress, and Punish Trafficking in Persons, Especially Women and Children, which is also referred to as the Trafficking Protocol. This refers specifically to any time at which a third party “recruits, transports, transfers, harbours or receives a person, using threats (or use) of force, coercion, abduction, fraud, deception, or abuse of authority or a position of vulnerability” in order to remove said person’s organ(s). Regarding children, the act of removing an

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2 Ibid.
3 Ibid.
organ when it is facilitated by a third party is trafficking in and of itself; “there is no need for
deception or coercion.”

There is much debate on the extent to which illegal organ transportation and harvesting is a
real, tangible issue, in which resources should be invested. If accepted as such, however, it may be
concluded that the majority of organs in concern are kidneys, because nearly all other organs require
that the organ donor be deceased.

Origins of Illegal Trade

The growth of illegal trade has stemmed from the increasing scarcity of transplant material
available for waiting patients. For example, in 2004, there were approximately 80 000 patients wait
listed for organ transplants in the United States. Concurrently in Europe, there were approximately
40 000 patients on kidney transplant waiting lists and another 120 000 on dialysis treatment. At the
same time, the European Parliamentary Assembly estimated that by 2010, the waiting time for a
transplant would increase from 3 to 10 years. The increase in waiting time is an incentive for
acquiring an organ from any source.

The difficult logistics of obtaining organs may also be attributed in part to cultural practices
in different environments. In Asia, South America, and Africa, there is “widespread resistance” to
using organs from cadavers, because of cultural, personal and religious reasons, along with the
related high costs.

On the other side of the issue, many donors are impoverished and attracted to the prospect
of receiving monetary payment in exchange for an organ. They may be unaware of the risks that can
ensue from a transplant operation, or deceived by brokers or middle-men as to the amount of

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6 Ibid.
7 Ibid.
9 Ibid.
money or compensation they will ultimately receive. For example, donors in India received approximately US $800 per kidney, according to a special by National Geographic reporter Lisa Ling, who also noted that although this sum of money is a decent amount, “when it runs out they can't sell more organs.” Furthermore, any problems that the remaining kidney might be affected by, results in a higher risk for the donor – a risk that many impoverished individuals are not familiar with. Nor are they always aware beforehand, of the inherent dangers of operations, which may be fatal, or result in serious infections.

It is important to recognize that although poverty plays a role in eliciting a supply of organs, that supply can only be realized when there is a complimentary lack of legislation or enforced legislation in a region. In Tamil Nadu, India, researchers noted that a large part of the trade in human organs stemmed from the ambiguity of the Transplantation of Human Organs Act (1994), and the “low monitoring capacity of the regulatory authorities.”

**Economic Basis**

A price ceiling is created when the government sets a price limit on an item. This creates a shortage of the product because at the ceiling price, there will be greater quantity demanded and less quantity supplied than at the equilibrium price. In Figure 1, the point (P’,Q’) shows the amount P’ the consumer is willing to pay at quantity Q’, and yet because of the price ceiling at P*, the actual quantity demanded is much higher, resulting in a loss of economic efficiency between the two quantities, known as deadweight loss.

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11 Ibid.  
In the case of organs, the government has implemented a price ceiling of $0, resulting in a shortage of organs. It follows then that there is a segment of the population that would be willing to pay a higher price for an organ, but is unable to acquire one; it is in this environment that a black market is created. Some economists argue that the shortage could be reconciled by lifting bans and regulating organ trade. Others suggest that more incentives or an elimination of disincentives to donate organs must be established globally, in order to satisfy international demand for organs.\(^{14}\)

**Types of Organ Harvesting**

There are two types of organ harvesting that occur illegally. The first is harvesting from cadavers, which is currently a vague and under-substantiated area of study. Indeed, there is “little

conclusive evidence” supporting this practice as a legitimate enduring one, but reports of organ theft persist, especially in Latin America.\textsuperscript{15}

The more common practice is that of live donor transplants, which are said to produce better medical material than that which comes from deceased sources.\textsuperscript{16} Live donors may be involved illegally in one of two ways. The first is by deception, where an individual has their organ removed without their consent. Second, and more commonly, individuals are partially coerced or experience post-operation fraud. An example of the contrast might be seen between a person who is told that the operation is simple and harmless, versus one who does not receive compensation for their organ after it has been removed from their body.\textsuperscript{17}

Consequences of Harvesting

The first consequence of harvesting organs in a certain location is a phenomenon known as “transplant tourism,” whereby individuals travel to a specific destination in order to purchase a kidney from an underprivileged donor that is willing to sell.\textsuperscript{18} The process includes travelling overseas, interviewing potential donors and brokers, and having the transplant in that country for a cheaper, faster procedure than one would experience in their own country. Studies suggest that transplants received in this way are prone to a “greater risk of infection and higher rates of rejection and death.”\textsuperscript{19} In the same way, donors are not always aware of the risks of the procedure, nor are receivers who opt for this type of treatment.

Aside from transplant tourism, harvesting may potentially result in organ trade at an international level: smuggling rings are indeed becoming an increasingly lucrative business across the

world. A recent string of high-profile busts of international smuggling has increased awareness about the far-reaches of this practice. Rings have been identified in numerous countries, including Brazil, India, Israel and the United States.

**Possible Solutions**

There is a multitude of ways to approach this issue, but what strategists have concluded is that there is a severe lack of attention the problem. There is little study conducted specifically for this sector of trafficking, and it generally remains invisible as a target of anti-trafficking initiatives. This problem, potentially, would not be a difficult one to reconcile, especially in areas where organ trafficking has a great presence and there is at least an awareness as such.

It is important to keep in mind the context of this issue, specifically, that it stems from a severe shortage of organs for waiting patients. Potentially then, one method of approach would include increasing the number of cadaver organs used overall. Governments potentially, have a role in improving the legislation and practices regarding transplants, and streamlining the process for those waiting.

For victims, there is the idea of banning all buying and selling of organs, which has been practiced in numerous countries, but opponents argue that this only drives the market underground. One controversial strategy that has been suggested by analysts is the possibility of regulating the trade of organs as a way to make the process safer for donors and consumers, and to ensure proper compensation where necessary. However, this idea has also been criticized as morally questionable, while others state that it will not entirely eliminate the black market, and will lead to further exploitation of vulnerable persons.

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Non-governmental organizations and International-governmental organizations must undeniably include and assess needs related to illegal organ transplantations in different regions in a thorough manner. This includes pilot projects and education in areas where the problem is particularly pervasive in order to determine the necessity and effectiveness of direct approaches to organ transplants.

Conclusion

The ambiguity surrounding this issue is great, and makes any particular approach or opinion a difficult one to maintain. It is however, without question, a problem exists by taking advantage of the desperation of all types of people: the wealthy, impoverished and unaware. Any solution to illegal organ trading must take into account a variety of problems, and requires an innate understanding of its multi-faceted and complex nature.

Further Questions

1. What is the state of illegal organ trade occur in my country?
2. Is it necessary for my country to allocate limited resources towards this issue, as opposed to another one?
3. What is/are the root problem(s) of illegal organ trading in my country?
4. Is regulating the buying and selling of organs a viable approach to addressing illegal trade?
Works Cited


