



WORLD HEALTH ORGANIZATION

COMMITTEE DESCRIPTION

The World Health Organization (WHO), established in 1948, is the United Nations' central coordinating agency for matters concerning international public health. All UN member states are able to join the WHO. Currently, the body has 193 states as members (all UN member-states save Lichtenstein). The body is funded by donations from member-states as well as by other non-state groups and individuals. Non-state territories and entities are also able to join the organization as 'associate members' and 'observers,' respectively. Reflecting its mandate, the WHO recently passed a measure banning smokers from working for the organization in to promote the theme of non-smoking.

MEDICAL TOURISM AND THE ILLICIT TRAFFICKING OF HUMAN ORGANS

INTRODUCTION

With the growing demand for human organs in many developed countries and the willingness to pay upwards of \$100,000 for organ transplants, increasing numbers of people in developing countries who are in desperate need of money are having their organs removed and sold on the black market.ⁱ This dangerous trend is not only putting people's lives in physical danger, but it is making those whose organs are removed more susceptible to bribery and theft.



These men sold their kidneys for money.

<http://gussyupz.globalwhelming.com/wp-content/uploads/2008/05/omg0.jpg>

The World Health Organization, a leading researcher of the trafficking of human organs, has identified five "hotspots" where **organ trafficking** is done in large numbers. These countries are: Pakistan, China, the Philippines, Colombia and Egypt. Other countries, such as Nigeria, Brazil and Iran, have also had strong ties to traffickers of organs. In Iran alone, there are 137 agencies and 23 legal clinics devoted to kidney transplants. More and more, people are deciding to sell their kidneys in exchange for money to pay off debts.ⁱⁱ



The growing black market organ trend has become known as “transplant tourism.” Transplant tourism is when patients in need of organ transplants travel to other countries (mostly developing ones), and are then matched with an organ donor that is their perfect blood type. Often times, this comes with a hefty price for both the patient and the donor.

According to a study done by the 2006 World Transplant Congress, the patients involved in receiving transplants from outside of their home country, experienced a “litany of infectious and surgical complications, including opportunistic infections in 52%, **pyelonephritis** (including multi-drug resistant *E. coli* infections) in 38%, **cytomegalovirus** in 23%, fungal infections in 19%, tuberculosis in 14%, cerebral and spinal abscesses (5% each), wound infections in 25%, **allograft nephrectomy** (10%), **wound dehiscence** (10%), **lymphocele** (10%), plus **obstructive hydronephrosis**, urine leak, and **metastatic cancer** (5% each).”ⁱⁱⁱ

BACKGROUND

Due to a growing organ shortage and the unpopular reputation of using **cadaverous organs**, organs which are procured from dead bodies, the illicit human organ trade has grown quite popular around the world. Many living in poverty in developing countries are using the organ trade as an opportunity to make up to \$20,000 from one operation.^{iv}

Most of the people who are seeking out illegal organ traders requiring organ transplants are persons from developed countries, hoping for reduced medical costs and a much shorter waiting period. This process bypasses the normal organ waiting period. Usually, organ brokers require those in need of a transplant to pay a one time cost of up to \$120,000, and may include a roundtrip flight to a developing country, a stay in a private hospital and the promise of a safe organ transplant.^v

On the other hand, those who are willing to give up their organs for cash are oftentimes promised much more money than the broker will actually deliver. In many instances, people selling their organs are also denied proper medical care after the operation. Due to the risky nature of the trade, and the fact that it is illegal, organ donors can be promised money, but when it is not received, they do not have a law to ensure their payment. In addition, many organ brokers use the market in their favor, and claim that in times when there is a high surplus of donors, they can lower the amount of money promised to organ donors.^{vi}



A fifth of people in some villages have sold a kidney.

Source: “Nepal’s Trade of Doom,” BBC News

CRITICAL THINKING

*Can developed countries be doing more to stop transplant tourism?
Specifically, what can be done?
Would your solution be politically and economically acceptable to
developed nations?*



Stories from the Organ Black Market

“Put your self in my shoes,” says donor Alberty da Silva, a semiliterate Brazilian laborer in his late 30s from the slum of Areas near Recife’s international airport. After he tucks his children in to sleep on a piece of foam on the floor of his mud shack, Alberty steps outside into the garbage-strewn and sewage-leaking front “yard” where he stretches out to sleep under the stars.

Alberty grew up hard as a child. His mother was forced into sex work to feed her 11 children, and as a small child Alberty knew both hunger and humiliation: “My mother had to sell her own flesh to keep us alive, but her sacrifice made us all into outcasts. I never forgot it and I didn't want my own children to suffer the way I had.” When he first heard the rumors circulating in the bars and market stalls of Areas that you could sign up to sell a kidney for \$10,000, Alberty sought out the organ brokers: a retired and alcoholic military police captain, Ivan Bonefacio, and his lean and nasty sidekick, Gadalya “Gaddy” Tauber, retired from the Israeli defense force.

“Can it work that way?” Alberty asked Captain Ivan. Ivan assured him that there would be no problem, because “under the skin, all men are brothers.” Ivan first offered Alberty \$10,000 (payable after the surgery, with \$200 in cash up front). Alberty would get a free trip to South Africa, be kept in a good hotel, receive the best medical care at a private luxury hospital, and might even get to do a little touring afterwards.

“Ivan told me that only one kidney works while the other one sleeps. The doctors would take out my sleepy kidney and leave me with the good one. So I said, ‘Okay, I’m in. Sign me up.’”

By the time Alberty’s blood was tested at a local clinic in Recife and his passport and visa procured by Gaddy, the payment for a fresh kidney had decreased to just \$6,000. Competition among “wait-listed” kidney sellers was so keen that the organ brokers could afford to be choosy.”

“Black Market Organs: Inside the Trans-Atlantic Transplant Tourism Trade,” Lip Magazine, 24, October 2008, <http://www.lipmagazine.org/articles/featscheperhughes.htm>



Ethical Dilemmas of the Organ Trade

Despite the risky costs of traveling abroad for vital surgery, the idea of impoverished people donating organs to lift themselves out of debt and afterwards becoming more marginalized by their health condition is a huge ethical dilemma within the medical tourism industry. Many people who seek the services that the medical tourism industry provides will never meet their donor and know anything about that person's post-operation physical recovery. Some claim that this industry is just that: an industry that operates to make profit, without focusing on the healthcare of the donor and the receiver. One person provides the service and the other pays for it, end of story.

Due to the widespread de-regulation of medical tourism in developing countries, it is becoming an alarming health and legal concern for the donor, the receiver and the medical practitioners doing the surgeries. People who travel outside of their country for surgery are not protected by their own legal system. If something goes terribly wrong, the patient must learn how to find justice through a foreign legal system, often extremely difficult as patients are rarely knowledgeable of the foreign legal system in which they are trying to navigate. Moreover, because the foreign patient is not considered a citizen, there may be no protection for them in that system.

STUDY DONE IN TAMIL NADU, INDIA REVEALS GROSS INEQUALITIES OF THE ORGAN TRADE

“Ninety six percent of participants sold their kidneys to pay off debts. The average amount received was \$1,070. Most of the money received was spent on debts, food, and clothing. Average family income declined by one third after the nephrectomy...and the number of participants living below the poverty line increased. Three fourths of participants were still in debt at the time of the survey. About 86 percent of participants reported deterioration of their health status after nephrectomy. Seventy-nine percent would not recommend that others sell a kidney.

“Working Towards Ethical Organ Transplants,” by Sunil Shroff, Indian Journal of Medical Ethics: April-June 2007.

Why People Go Abroad to Seek Healthcare

With an estimated 40 million Americans living without healthcare in the U.S., the international healthcare system can look very appealing to many who are in need of life-saving surgeries, and those who wish to have inexpensive cosmetic surgeries.^{viii} Given the increasing severity of the current global financial crisis, the appeal of less costly medical procedures is likely to increase.

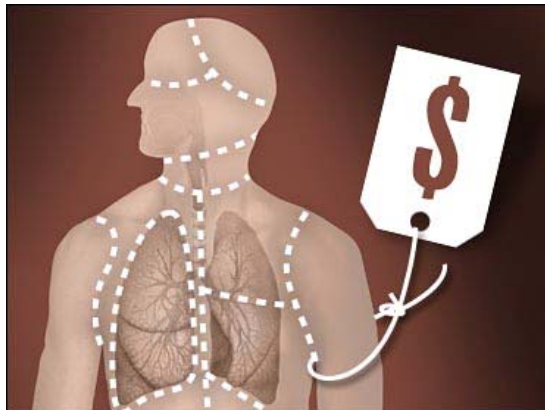


"It's much nicer than any [hospital] that I've ever stayed in the United States," said Kim Atwater who received an eyelift at a hospital while vacationing in Thailand.

Source: "Vacation, Adventure and Surgery?", CBS 60 Minutes

Hospitals in India and Thailand, for example, have been constructed to serve the healthcare needs of Westerners while providing a first-class experience that makes them feel like they are staying in a fancy resort or spa, and not recovering in a hospital. Kim Atwater's surgery reportedly only cost her \$1,500, whereas the same operation in the U.S. could have cost up to \$6,000, and would not have included a private room to recover in.^{viii} In fact, most cosmetic surgeries and other minor surgeries performed in the U.S. are termed "outpatient" surgeries, which refers to the fact that the patient leaves the hospital the same day that they came in for surgery, and is expected to recover at home.

Abolition vs. Regulation



Medical research points to the fact that if people were required or even given the option of donating their organs when registering for their driver's license (as in the U.S.) in countries like India where there is no option available to them, the business boom of organ trafficking would decrease significantly. In addition to this, educating more people about the importance of the usage of **cadaverous organs** in saving lives is vital to ending the abuses of the trade.

governments to sign the UN Convention

To people many, organ trafficking is a "violation of human dignity."

Source: <http://www.cbsnews.com/stories/2003/06/13/health/main558664.shtml>

In addition to providing better education, many believe that NGO's should also take more action to inform Against Transnational Organized Crime (2000), which ultimately protects humans or their organs from being trafficked. Governments should also make an effort to educate all people about the organ trade and the harms associated with being involved in it.^{ix}

On the other side of the debate, some health professionals believe that the organ transplantation process should be formally legalized, so it can be regulated internationally. Those in favor of legalizing the organ trade believe that this measure will make the process much safer, and will prevent dangerous underground networks from operating for large profits.

An important part of this debate is regulating the "north-south exchange," and making sure poor people from the geographic south are not being exploited for the benefit of rich northerners. This could possibly involve setting up laws that make it illegal to travel outside of one's own country for surgical operations involving organ donation. These types of laws, however, could be extremely hard to enforce, and this may lead to a separate black market organ trade within countries' borders.



PAST INTERNATIONAL ACTION

In addition to the UN Protocol on Trafficking, which includes organ trafficking, the World Health Organization states that “the commercialization of human organs is a violation of human rights and human dignity.” The WHO also stipulates that the transfer of human organs should only take place when there is informed consent, there is a positive tissue and blood match as well as a genetic relationship, and that cadaverous organs should be used if they’re available above any living donation.^x

The European Convention on Human Rights and Biomedicine of 1997 also states that no situation should arise where there is financial gain from the use, sale or trade of body parts.

The World Medical Association (WMA) states that, “Transplant surgeons should attempt to ensure that the organs they transplant have been obtained in accordance with the provisions of this policy and shall refrain from transplanting organs that they know or suspect have not been procured in a legal and ethical manner.”^{xi}

While there are many national laws that prohibit organ trafficking, much of the activity goes unregulated by law, due to underground networks and the fear in some countries that donors will also be prosecuted along with brokers.

RECOMMENDATIONS FOR CREATING A RESOLUTION

When addressing the issue of medical tourism and organ trafficking, delegates must understand the economic, political, and ethical implications of the trade.

- The committee may promote the implementation of tougher measures on those who are involved in the illegal organ trade.
- The committee may suggest better monitoring of hospitals and health facilities in their country.
- The committee may address the need for human rights campaigns focusing on the sanctity of bodily parts to be implemented in their country.
- The committee may suggest ways to educate developing countries and the poor about the risks that are implicated in the organ trade.



QUESTIONS TO CONSIDER

1. How does the organ trade manipulate poor people in your country and put them at risk?
2. What are the dangers that come with medical tourism and how does this relate to international jurisdiction?
3. What can your country do to protect vulnerable people from the organ trade?

TERMS AND CONCEPTS

Organ Trafficking: the buying and selling of human organs for the purpose of profit. Often includes business deals that require travel to other countries.

Pylonephritis: bacterial growth within the kidney.

Cytomegalovirus: a viral infection that is often transmitted from mother to baby. It is a member of the herpes family.

Allograft Nephrectomy: the chronic rejection of a kidney transplant.

Wound Dehiscence: the premature bursting open of a wound along a surgical suture.

Lymphocele: an abnormal collection of lymphatic fluid that is most commonly seen after a kidney transplant.

Obstructive Hydronephrosis: when the kidney becomes distended or swollen with urine due to a blocked or narrowed ureter.

Metastatic Cancer: cancer that has spread beyond the primary organ it developed in in the body.

Cadaverous Organs: organs that are taken from a dead body and are still working, often used for transplants in living patients.

SOURCES FOR FURTHER RESEARCH

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The World Medical Association (WMA) www.wma.org



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