“Organ Trafficking and the Ills of Late Capitalism”

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Introduction

In 1983, cyclosporin, an anti-rejection drug, was approved by the FDA. As a result, the success rate of organ transplants increased, making the practice more common and widespread. The organ transplant list grew, creating more demand for organs, and thus fueling an organ shortage crisis. This problem has persisted to this day: in the United States, there are about 114,000 people on the waiting list for organ transplants, and about 20 people die each day waiting for a transplant. Currently, the United States and other nations prohibit the sale of organs, with the exception of Iran, and they draw most of the supply from altruistic organ donation, often seen as the safer and more ethical method of supplying organs. Despite the ban on organ sales, an illegal market for organs has sprung up to satisfy the demand, drawing its supply from poor and developing nations. Experts have debated over this topic, each offering different solutions to curb the reach of organ trafficking. Some argue that organ donation should be extended further by imposing measures such as presumed consent, while others believe that altruistic donation should be discarded in favour of a regulated market for organs. Others have pointed out that the problem lies in the lack of law enforcement and in the ignorance of the dangers of the illegal organ market. I will be examining the causes for the existence of illegal organ trafficking and the possible solutions to this problem. The paper will attempt to answer the following question: Why does illegal trafficking exist and how can it be eliminated?

In this paper, I will first discuss the concept of neoliberalism, as defined by David Harvey, and how its tenets influence the systems that fuel illegal organ trafficking. I will use this concept to explain the current organ allocation system and how its flaws exacerbate the organ

shortage crisis. This will contribute to the understanding of what causes the demand that fuels organ trafficking. I will also use neoliberalism to discuss the situation of organ sellers and the causes that push them to participate in the organ trade. This will contribute to the understanding of how organ trafficking draws its supply. Lastly, I will discuss the cases of the Spanish model and the Iranian model, and I will identify the factors that have contributed to their success in limiting organ shortage. Through the discussions of these concepts and cases, I will come to the conclusion that illegal organ trafficking is caused by socioeconomic inequality, and that in order to limit it, policies must be put in place to ensure that inequality does not become an influence in organ transplants.

The Neoliberal View

According to David Harvey (2006), neoliberalism is "a theory of political economic practices which proposes that human well-being can best be advanced by the maximization of entrepreneurial freedoms within an institutional framework characterized by private property rights, individual liberty, free markets and free trade" (p. 145). Organ trafficking is related to neoliberalism in that neoliberalism causes the inequality that fuels the organ trade. Neoliberalism's main goal is "to achieve the restoration of class power to the richest strata in the population" (Harvey, 2006, p.148). No matter what intentions neoliberalist policies have, the end result will always be inequality. Moreover, the way neoliberalism is established is similar to the process in which inequality is established to fuel organ trafficking. In his text, Harvey identifies four elements that contribute to the establishment of neoliberalism: privatization, which consists of "the transfer of assets from the public and popular realms to the private and class-privileged domains" (Harvey, 2006, p. 153), financialization, which is the increase of the influence of the

financial sector, management and manipulation of crises, which ultimately leads to a rationalization of a financial system with the goal of redistribution, and state redistributions, which is when the government "becomes a prime agent of redistributive policies" (Harvey, 2006, p. 155). Ultimately, the neoliberal system becomes a cycle that redistributes wealth from the poor to the rich. Organs are treated like financial assets and become subject to the influences of the inequalities in class structure. The system that distributes the organs is made to seem like it's rational, and this flawed system is ultimately enforced by government organizations. The end result is the distribution of organs and wealth to those in higher socioeconomic status.

Demand: Organ Shortage

Organ shortage is what causes the demand for organs, thus allowing organ trafficking to continue existing. The main issue with organ shortage is that the policies that are in place exacerbate the problem. This is evident in the United States, where the division of the nation into 11 organ transplantation regions clearly affects the equal access to organs. The regions were established arbitrarily, without the consideration of population densities and other factors, and despite the implementation of the Final Rule, which demands that organs be allocated to the sickest first, disparities exist. Neoliberalism acts similarly in that it is established under the facade of its success despite it actually being a failure (Harvey, 2006, p.152). The fact that "patients with median incomes below $60 244 were more likely to die than those with incomes >$60 244" and "patients with Medicaid health insurance were significantly more likely to die on the waitlist than those with other forms of insurance" (Schwartz, Schiano, Kim-Schluger, & Florman, 2014, p. 1077) shows that the organ transplantation system is not fair and that the allocation of organs depends on someone's income and insurance. The difference between living

and dying depends on someone's resources. Similarly, this happens with ethnicity, as "referral rates for minorities are lower both for initial evaluation . . . and for placement on the transplant waitlist" (Higgins & Fishman, 2006, p. 2557). This means that minorities have less access to organs, especially because they are less likely to be given the option of organ transplantation. This suggests that the organ transplant system has inherent flaws that result in the inability to comply with the Final Rule. Moreover, this system is tipped in favour of those in higher socioeconomic status. Since people with more resources pursue multiple listings and get listed in regions with more organ availability, this results in problems such as the import of "organs with increased risk that are declined in regions where the risk of death is lower, despite additional risk resulting from longer cold ischemic times" (Axelrod, Vagefi, & Roberts, 2015, p. 225). This means that people with fewer resources often receive organs of lower quality, which can often result in more health complications and medical bills, and can also lead to a patient requiring a new organ, throwing them back into this cycle again. While it may be true that organ shortage is caused by a lack of organ donors, even if there were enough organs to satisfy the demand, there is no guarantee that they will be distributed fairly without regard to socioeconomic status. Ultimately, the system is designed to redistribute wealth to the richest, and in this case, in the form of organs, health, and actual wealth that end up in the hands of the powerful, compelling them to maintain the status quo that benefits them.

Supply: Organ Vending

Organ trafficking draws its supply from the most vulnerable. In Scheper-Hughes's (2014) text, she maintains that kidney sellers "are the debtors, ex-prisoners or mental patients, the stranded Eastern European peasants, the Turkish junk dealers, Palestinian refugees, runaway

soldiers from Iraq and Afghanistan, Afro-Brazilians from the favelas and slums of northeast Brazil, and Andean Indians" (para. 32). This suggests that organ sellers are the most vulnerable and have little protection, which forces them to turn to more extreme and dangerous ways to earn money and survive. This can also be seen when the doctors surveyed the kidney vendors in Pakistan regarding their reasons for selling their organs, "the most common words they [the vendors] used were *majboori* (a word that arises from the root *jabr*, which means a state that is beyond one's control) and *ghurbat* (extreme poverty)" (Moazam, Zaman, & Jafarey, 2009, p. 35). The vendors sold their kidneys because they needed the money to survive, and according to their own views, they did it because they had no control over their circumstances. As a result, they are forced to enter the organ trade reluctantly, thrusting them into an endless cycle of manipulation and abuse that makes their situation more vulnerable.

The vulnerability of the kidney vendors is a result of conformism, which pushes poor people to participate in the organ trade. Organ trafficking relies on the manipulation of organ sellers, which bears similarities to the way neoliberalism becomes accepted through misinformation and "propaganda emanating from the neoliberal think-tanks" (Harvey, 2006, p. 152). Organ sellers are often uneducated and are taken advantage of. For instance, none of the Pakistani vendors "reported receiving the total amount they had been promised, and almost all had to pay Rs. 10,000 to Rs. 20,000 to the middleman" (Moazam, Zaman, & Jafarey, 2009, p. 33). Vendors sell their organs under the false promise that they will be able to get enough money to pay off debts and support their families. In reality, not only do they not get the amount of money they are promised, but they also have to deal with other expenses such as paying the middleman and health issues related to the operation. Scheper-Hughes (2014) explains that

brokers "offer themselves as altruistic intermediaries promising a better life to donors and recipients," easily recruiting and convincing vulnerable individuals to participate in the trade (para. 28). This shows that brokers purposefully seek desperate individuals in order to convince them to sell their organs and thus profit off of them. Due to their vulnerability, organ sellers can't denounce brokers, and are left with more problems and regret.

Moreover, organ trafficking benefits from society's misinformation of organ sellers' situation, often contributing to the vulnerability of these people. When asked about the situation of kidney sellers, the people living around the area told researchers that "'these people waste the money' they receive from selling their kidneys by using it for cell phones, extravagant weddings, and large dinners celebrating circumcision ceremonies for their sons" (Moazam, Zaman, & Jafarey, 2009, p. 41). This illustrates the extent to which people don't understand the situation of the kidney vendors; they aren't aware of the abuses the vendors are subject to. This way, the miseries of the vendors are blamed on them and not on their vulnerable situation or on the brokers that take advantage of them. This view resonates in law enforcement and in the justice system, as showcased in the trial of Levy Izhak Rosenbaum, an organ trafficker. Despite the testimony of Elhan Quick, who was forced to sell his kidney despite changing his mind, "she [the judge] argued that Elhan Quick had not been defrauded; he was paid what he was promised. 'Everyone,' she said, 'got something out of this deal'" (Scheper-Hughes, 2014, para. 55). This shows how authorities are so unaware of the dangers of organ selling, often believing that the trade benefits all parts, that they become complicit. The misinformation is very deep-rooted and it only contributes to the maintenance of the status quo since it seems that there is no problem at all. Organ sellers are put in a more vulnerable position since they are not given the help and

protection they need, and, in turn, this vulnerability pushes them to be subject to even more abuses, and often, to enter the organ market again.

Some may maintain that the organ market is the only way for the poor to raise themselves out of poverty. However, the illegal organ market ultimately serves to redistribute wealth back to the rich. Despite being the ones getting paid, vendors often end up with more problems. As Scheper-Hughes (2014) maintains, “the organ trade is one of the more egregious examples of late capitalism where poor bodies are on the market in the service of rich bodies” (para. 59). The ones benefiting are the buyers, who receive an organ to save their lives, and the brokers, who manage the whole operation and profit the most at the expense of the poor. In the end, wealth ends up in the hands of the powerful. Clearly, the illegal organ trade is not the solution to the poverty of organ vendors.

Successful Models

The Spanish model and the Iranian model are two models that have been considered the most successful in reducing organ shortage. The Spanish model is based on the idea of “presumed consent”, in which the organs of the deceased are extracted for organ transplantation unless the person has opted out. The Iranian model is based on the idea of compensated organ donation, in which organ donors are given monetary compensation and other benefits for donating an organ. At first glance, it may seem that the successes of these two models are based on the approach that has been taken, but in reality, there is more to it: the system and the policies surrounding these models are the main contributors to the success of these models.

The Spanish model has many policies that contribute to its success. Most notably, “unlike external coordinators from Organ Procurement Organizations in countries such as the USA and

Canada, Spanish professionals are mostly ICU doctors or anesthesiologists who work part-time as in-hospital transplant coordinators" (Rodríguez-Arias, Wright, & Paredes, 2010, p. 1109). This means that the system to find organs functions due to the knowledge of medical professionals within the hospital. There are no external actors or influences. This is similar to the way the Iranian model operates, where "there is no role for a broker or an agency in this program" (Ghods & Savaj, 2006, p. 1137) and the rewarding gift is "arranged and defined by DATPA before transplantation" (Ghods & Savaj, 2006, p. 1138). In both of these cases, the intervening organisms are not looking to profit but rather to serve in the most efficient way. Both of these systems rely on the knowledge of the medical community and are not influenced by politics or socioeconomic factors. The way these models are managed are key in the success of these models, and the organization and structure of these are probably more important than the approach of presumed consent and compensated donation.

The two models are a rebuttal to the neoliberal view, which would emphasize a model in which organs are sold according to market forces. In the Spanish model, doctors are very involved in the process: they participate in the treatment of the patient and they are in contact with the families, which promotes trust (Rodríguez-Arias, Wright, & Paredes, 2010, p. 1109). In the Iranian model, monetary compensation and health insurance are the rewards for organ donation (Ghods & Savaj, 2006, p. 1137). The financial compensation is set by DATPA and it's usually not large enough to have "life-changing potential" and "long-term compensatory effect" (Ghods & Savaj, 2006, p. 1141). There is a larger involvement from the authorities, and the end result is not wealth distribution since profit is not the objective of these models. This means that

we must rid organ donation and organ trafficking of the objective of profit. By eliminating the neoliberal elements in these systems, we can limit the influence of socioeconomic inequality.

Conclusion

The discussion of the theoretical framework and various case studies have led to the conclusion that illegal organ trafficking is caused by socioeconomic inequalities. David Harvey's "Neo-Liberalism as Creative Destruction" shows how neoliberalism leads to inequality through the redistribution of wealth. The description of the American organ donation system provided by "The Evolution of Organ Allocation for Liver Transplantation: Tackling Geographic Disparity Through Broader Sharing", "Geographic disparity: the dilemma of lower socioeconomic status, multiple listing, and death on the liver transplant waiting list. Clinical Transplantation", and "Disparities in Solid Organ Transplantation for Ethnic Minorities: Facts and Solutions" illustrate how those in higher socioeconomic status have advantages in the organ donation system, and how these disparities reinforce inequalities. Similarly, "Conversations with Kidney Vendors in Pakistan: An Ethnographic Study" and Nancy Sheper-Hughes' "Human traffic: exposing the brutal organ trade" show how inequality fuels the organ trade and how it heightens the disparities between the rich and the poor. The discussion of the Spanish model and the Iranian model provides a solution for the problem of organ trafficking, coming down to the conclusion that policies that tackle socioeconomic inequalities (especifically neoliberal elements and policies) are the most effective way to limit illegal organ trafficking.

Illegal organ trafficking's demand stems from the organ shortage crisis, which is exacerbated by existing inequalities. The organ shortage in the United States is worsened by the priority given to those in higher socioeconomic status, thus creating an unequal distribution of

organs. This results in more demand: those with less resources have access to organs that are less healthy, which can lead to a myriad of health problems that can result in the need for a new transplant. This in turn creates a dynamic where resources end in the hands of the powerful, just as Harvey's explanation of neoliberalism predicted. Inequality is also essential in supplying organs to illegal organ trafficking. This inequality stems from the lack of protections for those in lower socioeconomic status, and this situation is made worse by society's complicity to ignore the problems faced by organ vendors, thus enacting a form of conformism around the issue. In the cases of the Spanish model and the Iranian model, the policies surrounding these models contribute to the success of these programs by eliminating external influences that plague the organ donation system and the illegal organ trade. These policies are focused on patient care and efficiency, not on profit, which demonstrates that eliminating illegal organ trafficking would require addressing socioeconomic inequalities.

Illegal organ trafficking is a pressing issue that affects various groups of people across different nations. This paper is focused on the socioethical aspect of this issue, which means that there other ways to address this issue by focusing on technological and medical advancements, healthcare, international and local politics, economics, etc. The discussion of this issue may be of relevance to these fields and the debates taking place in these fields. Particularly, the discussion of organ trafficking is relevant in today's landscape as hundreds of people's lives are at risk due to organ shortage or to the existence of the organ trade. But most importantly, this issue makes us consider the influence of neoliberalism on our lives and how it affects the way we place value on our bodies, and by extension, our lives.

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