

THE VALUABLE BODY.

BY SUSANNE LUNDIN

There is much activity on the website of Dialysis & Transplant City. Here, people with a special interest in transplantation meet. For example, someone with the signature "Lojackd" places the following advertisement: "I am a potential donor, contact me for arrangements." "Babybutterflyblue" is not selling, but rather looking for a kidney, and writes: "I have heard many people suggest looking for a kidney transplant overseas. Many suggested India or the Philippines. Does anyone have any information?" Other special offers can be found at www.liver4you.org, which promises kidneys at a price of between \$80,000 and \$110,000 – which includes both the operation and the fees of the surgeons, who are licensed in the U.S., Great Britain, or the Philippines.

The development of organ transplantation technology is an extraordinary achievement that has saved the lives of many, but which also has created an endless need for body parts. Globally, the need for transplanted organs is outstripping the availability of organs. In Europe alone, 60,000 people were waiting for a new kidney in 2007. It is to these people that www.liver4you.org and other intermediaries target their offers to bypass hospital waiting lists. Highly qualified care and complete legality are promised. The recurring guarantees about lawfulness should be seen in the context of the emerging market in organs. The market includes both a kind of organ trafficking where people sell their organs, which then, via so-called organ brokers, are sold to a third party, as well as what is known as medical tourism, which exists in a legal gray area.

According to the WHO, around 50,000 kidney transplants that can be traced to medical tourism take place each year, of which thousands are estimated to involve kidneys obtained via illegal trade¹. One of the more high profile cases in recent times is discussed in the report from 2006, by former Canadian Secretary of State, Asia-Pacific, David Kilgour, and Canadian lawyer David Matas, on a large scale theft of organs in China². The kidneys of imprisoned practitioners of Falun Gong were taken and sold at high prices. The WHO's ongoing survey of the global trade in organs indicates a rapid expansion of organ trafficking in Asia and South America. But, of course, trade in organs is not restricted by geographic boundaries but flourishes wherever economic misery and governmental corruption exist. In recent years, the WHO and others have received reports that the trade in organs is increasing primarily in the former Soviet states. It is this that is the focus of my article. My empirical starting point is Moldova – a republic which is one of Europe's poorest countries and which has been greatly affected by organ trade.³ In August 2008, I did fieldwork in Moldova that was part of a pilot study for a newly started project on trafficking in Eastern Europe. My data consists of interviews and discussions with people from the Renal Foundation, the Center for the Prevention of Human Trafficking, the Organization for Security and Co-operation in Europe (OSCE), the International Organization for Migration (IOM), as well as discussions with doctors at the transplant clinic in

the Moldovan capital, Chisinau. In addition, there were meetings with various others including teachers, police officers, and social workers in one of the Moldovan villages that is most affected by organ trafficking.

This article seeks to provide insight into the criminality surrounding one of the largest types of coveted commodities in short supply – cells, tissues, and various types of organs. Connected to the illegal activity and resulting destitution are basic ways of thinking that bear on how the organ trafficking takes place. It is these connections between people's sense of themselves, their ideas about the body, and social relations that are the focus of this discussion.

The trade in organs follows a clear pattern that can be described in terms of a social but also a geographical flow. Organs are retrieved from poor countries such as Argentina, Brazil, India, Moldova, and Russia to be transplanted into people from richer countries such as Israel, the United States, Germany, Great Britain, and Japan. The operations take place in yet other countries – for example in the Philippines, Turkey, or a country in South America. It is not surprising, then, that it is people from rich countries who buy the organs and people in poor countries who sell them. This structure becomes obvious after an examination of what takes place on Internet websites as well as in the "real" world. Some of these people – far from www.liver4you.org and the discussions on Dialysis & Transplant City – who have already sold or are about to sell organs are in Moldova. Moldova, which since 1991 has been an autonomous republic bordering Ukraine and Romania, was, in the Soviet era, the main supplier of wine, vegetables, and fruit to other Soviet republics. Today, the country is destitute, and of its approximately 4 million inhabitants, around 1 million have had to leave the country in order to find work.⁴ In many cases, the work done abroad involves illegal activities – black labor and prostitution, but also the selling of organs. People in the countryside, the agricultural regions that previously were relatively prosperous, are particularly affected. The countryside is also where organ brokers go to try to entice people to sell their kidneys. For it is largely kidneys that are the most internationally marketable biological commodity, the main reason being – and this is also one of the brokers' recruitment pitches – that people have two kidneys but can get by with just one.

On a sweltering morning in August, I am with the Moldovan association, the Renal Foundation, in a village in Orhei, about 60 kilometers from the capital, Chisinau, to participate in a discussion with teachers, doctors, the head of the post office, police, and others from the region.⁵ The Renal Foundation organizes regular meetings with key people in rural areas in order to prevent organ trafficking, but also to provide help for those already affected via their "victim program".

ORGAN TRAFFICKING IN EASTERN EUROPE.

The meeting that morning is rather intense, and the participants sometimes interrupt one another in order to get their views across. From my partner in the Renal Foundation, who is interpreting for me, I learn that the participants at the meeting agree that a great many people in the village have sold a kidney. For many of them, what happened was the following: They were contacted by an organ broker who promised large sums of money and described the operation as routine, and with no risk for medical complications. The operations are carried out in Turkey, and after approximately two days, the organ sellers return to Moldova. They earn on average \$2,500, or much less, since the promised sum is often reduced, and, moreover, they must live for the rest of their lives with the sequelae that result from the absence of follow-up care. Other examples are men who have been enticed to Istanbul with the promise of a job by so-called agents. Over several weeks, they are held under lock and key, and in the end learn that there is, in fact, no job waiting for them. However, getting home is not so easy, since the agent demands money for travel and living expenses. Payment is made in the form of a kidney.⁶ This pattern is confirmed by the experience that the Renal Foundation, as well as the IOM, has had in other villages. It turns out that many of these people, the sellers, also fall victim to depression and alcoholism. The complications of the operation are apparently not only physical: the individual's self-image and basic sense of self are also affected.

Towards the end of the meeting, there is some commotion. Through my interpreter, I learn that the group has decided to ask one of the organ sellers to contact the Renal Foundation and their Victim Program and the boisterous discussions concern whether it will be possible to persuade this person to come to the meeting. "Everyone in the village knows", as my partner in Renal Foundation says, "who the ones are who have sold a kidney, but they also know that these people do not want to make themselves known".⁷

The villagers – as well as my contacts at the Renal Foundation, the IOM, and the OECD – agree that it is primarily men who sell their organs. These are poor men, aged 18 to 30, who are trying to create an economically tolerable life for themselves and their families. Instead, they are deceived in two ways: they receive a lifelong blow to their health, and the economic gain proves to be insignificant. To have fallen victim to a twofold deception of this sort makes the men feel ashamed – which ultimately results in their not wanting to talk about what happened to them. There is much evidence to suggest that these feelings of humiliation involve not only material and physical vulnerability, but also a sense of there having been an attack on their gender identity.

One of my contacts at the IOM, a psychologist who has met many victims of both sexual trafficking and organ trafficking, points out that it is often easier for women who have become sexual commodities to see

themselves as victims than men in the same situation.⁸ Men – be it men who were sexually exploited or men who were deceived by organ brokers – try not to end up taking on the role of the victim, a role that leads to very different experiences of humiliation than those experienced by women. Some of the male organ sellers say they see themselves as "worse than prostitutes, since we can never get back what we have sold"⁹.

In order to get an understanding of how the perception of the individual – male or female – can have different implications for organ trafficking, it is useful to compare other affected areas. It turns out that in the Philippines, just like in Moldova, certain parts of villages or cities have become "organ seller regions" and that the trade occurs because family members share their contacts.¹⁰ In contrast to Moldova however, male organ sellers in the Philippines don't hesitate to talk about their experiences. One can speculate about whether the historical experiences of belonging to a culture marked by colonial domination and oppression leads people – regardless of gender – to identify more readily with the role of the victim than those in societies with a different history. One of my contacts at the IOM says that "in our minds, we are all still Soviets

here in Moldova, and still believe, though we know it's no longer true, that the State shall provide us with that which is our right, such as calling us in for our regular check-ups, giving us work, telling us it is time to go on vacation".¹¹ Perhaps it is these supposed rights of the individual that – regardless of the repression exercised by the Soviet dictatorship – contribute to the reluctance of Moldovan men who sell their organs to let themselves be defined as victims. Ultimately, these feelings of shame and unwillingness to be identified make it difficult to understand how widespread organ brokers' networks and activities really are.¹²

On the international stage, there is consensus that the exploitation of the body is something that cannot be permitted. There are a number of recommendations and statutory prohibitions against all forms of trafficking in body parts. For example, the European Council decided that, in light of the massive demand for organs, there is an obvious need to "defend the rights and freedom of individuals as well as thwart the commercialization of body parts".¹³ Furthermore, in 2008, the Transplantation Society and the International Society of Nephrology drafted a directive to combat the trade in organs.¹⁴ The directive has been accepted



PHOTO: SUSANNE LUNDIN

Everyone knows but few want to be known. Negative fame.

by the WHO and is expected to be significant internationally. Nonetheless, there is much to suggest that directives of this kind are not enough. One reason is that the criminal networks and the different links in the process – seller, broker, the one performing the operation, and buyer – are extremely difficult to map out. Another is that the directive, as well as the international consensus that exists, is marked by differing, particular perspectives on the body that can hamper the fight against organ trafficking.

As we have seen, there are cultural differences and individual ways of thinking about how the trade in organs is perceived in different countries. Thus, for example, the degree of shame felt by the organ seller can affect the possibility of gaining insight into the extent of the criminal activity. In a somewhat different way, the connections between the perception of the body and societal practices such as organ transplantation can also have an impact on the trade in organs. Different historical periods, cultures, and religions can have greatly different ways of defining the body, which means that the body can be seen as anything from an individual, indivisible unity to a sort of de-personalized cog in the machinery of nature – or as a biological construction kit, which is a predominant image in today's biomedical communities. In all cases, these different perspectives have implications for the acceptability of different medical interventions.¹⁵ The idea of organ transplantation for example rests on the idea that human beings consist of exchangeable body parts that move among different individuals – like resources in medical treatment.

This means that the objectification of the body is something that characterizes not only the organ trade but all kinds of transplantation. When organs can be transplanted to the ill, they are transformed from the self-evident body parts of an individual to life-saving and thus extremely valuable objects for other individuals. This way of setting a price or value on body parts clashes with one of the more significant Western systems of norms, which is based on the idea that people must never become an object of utility for others.¹⁶ One way to balance the clash of norms between the integ-

rity of individuals and the objectification of the human body is to legislate that transplants shall be based on altruism. In Sweden, as in most other countries, financial compensation for organs is thus prohibited.¹⁷ Transplants may only be performed using donated organs.

When organs are not just resources which can be made use of within established health care systems, but become goods beyond the pale of the law, donors are transformed into sellers, and recipients are transformed into buyers. This means that the fundamental idea about how the organ transplants should be handled – altruistically – is brought to a head in organ trafficking. The view of the body as a biological object, however, is more or less the same regardless of the legality of its treatment. It is this so-called commodification, the phenomenon where body parts become goods, that is expressed by the people at Dialysis & Transplant City in their attempts to buy or sell organs. It is also this perspective that, to a certain degree, permeates the trade in organs in general, a perspective that makes vulnerable people, like the poor in Moldova, see their kidneys as tickets to a better life. And it is precisely this commodification – the combination of the symbolically and materially valuable body – that merits attention in the fight against organ trafficking. How the body and the individual are perceived is without question one of several important components in an understanding of the workings of the criminal activity surrounding organ trafficking. ❌

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- ⁵ The Renal Foundation was created in 2006 and is a non-governmental organization which seeks to promote the prevention of kidney disease, but also the prevention of organ trafficking and the ill treatment of kidney donors.
- ⁶ See Sheper Hughes, Vermont-Magold.
- ⁷ Author's field notes, 2008.08.25.
- ⁸ As Beatriz Lindqvist shows, it is not a given that female prostitutes see themselves as victims, however, Western gender discourse is characterized more by feminine weakness / submission than by male. B. Lindqvist "Migrant Women in Ambiguous Business – Examining Sex Work across National Borders in the Baltic Sea Region", in Erik Berggren et al (eds.) *Irregular migration, informal labour and community: A challenge for Europe*, Maastricht 2007.
- ⁹ Cited in Sheper-Hughes (p. 53), "We (kidney sellers) are worse than prostitutes because we can never get back what we have sold."
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- ¹¹ IOM, interview, August 25, 2008.
- ¹² On top of that, there is the threat posed by the law – for selling one's organs is a punishable crime.
- ¹³ Council of Europe 2002.
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- ¹⁷ Iran is the only country in the world where trade in organs is organized via governmental bodies.