

Caveat Donor

A street brawl in India brings down a global kidney-transplant ring

by Yudhijit Bhattacharjee

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1. In a country where 300 million people live on less than a dollar a day, Amit Kumar—nicknamed “Dr. Horror” by the Indian media after his arrest last winter for heading an illicit global kidney-transplant ring—had little trouble finding homegrown organ donors. One favorite hunting ground was a strip of restaurants, shops, and hovels near an Islamic shrine, or *dargah*, in Mahim, a predominantly Muslim precinct of Mumbai. Devotees of the *dargah*, which attracts people of all faiths, donate money to restaurants to help feed the beggars who cluster there. Last June, walking past one such restaurant whose kitchen extends to the sidewalk, I saw a dozen or so men huddled within scorching distance of giant cauldrons in which meat and potatoes simmered. Expressions glazed and clothing in tatters, the men watched, motionless and silent, their patience unwavering. I felt as if I were looking at a still photo.
2. Kumar, who’s now on trial, has told officials that he sent his agents to offer such men anywhere from \$500 to \$2,500 for a kidney. Elsewhere, in the fast-growing towns of states like Haryāna and Uttar Pradesh, Kumar’s ring also went after newly arrived migrant workers seeking jobs.
3. Most donors were keen to trade their kidneys for cash. Some were professional blood donors, such as Mahesh, who worked at a tea stall near a century-old clock tower with a shattered dial that rises above Meerut, a city in Uttar Pradesh, near Delhi. He, in turn, told me about Shahid, a rickshaw puller who joined Kumar’s group after having made a career out of finding men who would sell their blood to nursing homes. Leveraging his knowledge of blood sellers, Shahid became one of Kumar’s most successful kidney hunters. Then there was Gyasuddin, a boyish-looking migrant worker with a shock of hair who sold his kidney for \$1,000 and became another node in Kumar’s Meerut network.
4. Wandering through Meerut’s narrow streets, amid hundreds of cyclists, rickshaw pullers, three-wheelers, cars, and pedestrians, I asked shop owners and lemonade vendors where I could find other people who had sold their kidneys. They pointed me toward a rundown building across from the tower. Behind a tall iron gate, groups of men were playing cards in the shade of a tree, among them Rakesh, Mahesh, and Om Prakash—all of whom would later raise their shirts to show me long scars above the waist.
5. Thin as a rail, with some of his front teeth missing and the rest stained brown by tobacco, Prakash paints for a living. “I took the day off today,” he said as we sat down on an empty cart to talk. Nearby, Rakesh toasted a pellet of hash in a matchstick flame.
6. Sharing a joint, the two men told me that they were paid \$1,000 after their kidneys were taken, in 2006. Prakash said he had been lured by a man posing as a contractor who offered him a month-long painting job for \$4 a day. He was put up in a high-rise apartment in nearby Gurgaon with other workers. The next day, he was taken for an ultrasound and a blood test—and even though he found this puzzling, he went along for fear of losing the job. He was then tempted with more cash in exchange for his kidney. The surgery took place nine days later. With a sheepish grin, Prakash said he had spent all the money on alcohol and prostitutes.
7. The Indian government’s case against Kumar includes complaints from seven men who allege that they were cheated out of their kidneys. Their stories are similar: Gyasuddin or other agents of Kumar took them to Gurgaon on the pretext of employment as masons, waiters, or cooks. They were kept at safe houses and medically tested. Some were forced to undergo surgery; others were falsely diagnosed with ailments like gall stones that required surgical treatment.

8. Dozens of other victims had been willing donors but they weren't paid what they had been promised. Because Kumar's agents had to pay for the ultrasound and other tests needed to match each donor to a recipient, they shortchanged many donors. The result was a bunch of disgruntled kidney sellers, some of whom complained to police in Jaipur and Mumbai.
9. On the morning of January 24, a climactic fight broke out between two men near a busy street-crossing in Morādābād, a town in Uttar Pradesh. A crowd gathered, and the already slow traffic of cars, scooters, and cycle-rickshaws came to a halt. One of the men was Gyasuddin, the donor-turned-agent from Meerut. The other was Vidya Prakash, who was accusing Gyasuddin of having stolen his kidney. A constable on street duty found the allegation so odd that instead of letting the men off with a warning, he took them to a nearby police station. And thus did Amit Kumar, India's self-taught and self-made kidney king, with clients from Europe, Asia, the United States, and the Middle East, and with homes and properties in Mumbai, Toronto, Hong Kong, and Australia, end up in a Haryāna prison.

Source: <http://www.theatlantic.com/doc/200812/organ-transplant-india>

Habeas Corpus

By Guoqi Wang
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1. [From testimony given in June 2001 by Wang Guoqi, formerly a doctor at a Chinese People's Liberation Army hospital, to the Subcommittee on International Operations and Human Rights of the U.S. House of Representatives. China has executed more than 5,000 people in the last year, more than all other countries combined, often for crimes such as tax evasion. Organs are routinely harvested from executed prisoners, and revenues from transplants are estimated to earn Chinese hospitals tens of millions of dollars annually. Dr. Wang, who works as a sushi chef in New Jersey, has applied for political asylum in the United States.]
2. My name is Wang Guoqi and I am a thirty-eight-year-old physician from the People's Republic of China. I received advanced degrees in surgery and human-tissue studies and consequently became a specialist in the burn unit at the Paramilitary Police Tianjin General Brigade Hospital. My work required me to remove skin and corneas from the corpses of over one hundred executed prisoners and, on a couple of occasions, victims of intentionally botched executions.
3. My involvement in harvesting skin from prisoners began while performing research on cadavers at the Surgeons Advanced Studies School, in Beijing's 304th Hospital. In order to secure a corpse from the execution grounds, security officers and court units were given "red envelopes" with cash amounting to anywhere between 200 [\$24] and 500 RMB [\$60] per corpse. Then, after the execution, the body would be rushed to the autopsy room, rather than the crematorium, and we would extract skin, kidneys, livers, bones, and corneas for research and experimental purposes. The skin was subsequently sold to burn victims for 10 RMB [\$1.20] per square centimeter.
4. Acquiring skin from executed prisoners usually took place around major holidays or during the government's Strike Hard campaigns, when prisoners were executed in groups. Section Chief Xing would notify us of upcoming executions. We would put an order in for the number of corpses we wanted to dissect, and I would give him 300 RMB [\$36] per cadaver. The money exchange took place at the Higher People's Court, and no receipts or evidence of the transaction would be exchanged.

5. Once notified of an execution, our section would prepare all necessary equipment and arrive at the Beicang Crematorium in plain clothes with all official license plates on our vehicles replaced with civilian ones.
6. We had to work quickly in the crematorium, and ten to twenty minutes was generally enough to remove all skin from a corpse. Whatever remained was passed over to the crematorium workers. Between five and eight times a year, the hospital sent a number of teams to execution sites to harvest skin. Each team could process up to four corpses. Because this system allowed us to treat so many burn victims, our department became the most reputable and profitable department in Tianjin.
7. Huge profits prompted our hospital to urge other departments to design similar programs. The urology department thus began its program of kidney-transplant surgeries. The complexity of the surgery called for a price of 120-150,000 RMB [\$14,500-18,000] per kidney.
8. With such high prices, only wealthy or high-ranking people were able to buy the kidneys. If they had the money, the first step was to find a donor-recipient match. In the first case of kidney transplantation, in August 1990, I accompanied the urology surgeon to the prison to collect blood samples from four death-row prisoners. The policeman escorting us told the prisoners that we were there to check their health conditions; the prisoners did not know the purpose of their blood samples or that their organs might be up for sale.
9. Once a donor was confirmed, our hospital held a joint meeting with the urology department, the burn department, and operating-room personnel. We made plans to prepare the recipient for the coming kidney and discussed issues of transportation and personnel. Two days before an execution, we received final confirmation from the court. The morning of the execution, the condemned prisoner received a heparin shot to prevent blood clotting and ease the organ-extraction process.
10. At the execution site, a colleague and I were responsible for carrying the stretcher. Once the handcuffed and leg-ironed prisoner had been shot, a bailiff removed the leg irons. We had fifteen seconds to bring the body to the waiting ambulance. Inside the ambulance, the best urology surgeons removed both kidneys and then rushed back to the waiting recipient at the hospital. Meanwhile, our burn-surgery department waited for the execution of the following three prisoners and followed their corpses to the crematorium, where we removed skin in a small room next to the furnaces. Since our director had business ties with the Tianjin Ophthalmologic Hospital, he instructed us to extract the corneas as well.
11. Although I performed this procedure nearly a hundred times in the following years, one incident in October 1995 has tortured my conscience to no end. We were sent to Hebei Province to extract kidneys and skin. We arrived one day before the execution of a man sentenced to death for robbery and the murder of a witness. Before the execution, I administered a shot of heparin to the prisoner to prevent blood clotting. A policeman told him it was a tranquilizer to prevent unnecessary suffering during the execution. The criminal responded by giving thanks to the government.
12. At the site, the execution commander gave the order, "Go!" and the prisoner was shot to the ground. Either because the executioner was nervous, aimed poorly, or intentionally misfired to keep the organs intact, the prisoner had not yet died but instead lay convulsing on the ground. We were ordered to take him to the ambulance anyway, where urologists extracted his kidneys quickly and precisely. When they finished, the prisoner was still breathing and his heart continued to beat. The execution commander asked if they might fire a second shot to finish him off, to which the county court staff replied, "Save that shot. With both kidneys out, there is no way he can survive." The urologists rushed back to the hospital with the kidneys, the staff and executioner left the scene, and eventually the paramilitary policemen disappeared as well. The burn surgeons remained inside the ambulance to harvest the skin. We could hear people outside

13. Since this incident, I have had horrible recurring nightmares. I have participated in a practice that serves the regime's political and economic goals far more than it benefits the patients. I have worked at execution sites over a dozen times, and I have taken the skin from over one hundred prisoners in crematoriums. Whatever impact I have had on the lives of burn victims and transplant patients does not excuse the unethical and immoral manner of extracting organs.
14. I resolved to quit the organ business, and my wife supported my decision. I submitted a written request for reassignment to another job. This request was flatly denied on the grounds that no other job matched my skills. I began to refuse to take part in outings to execution sites and crematoriums. I was forced to submit a pledge that I would never expose their practices of procuring organs and the process by which the organs and skin were preserved and sold for huge profits. They threatened me with severe consequences and began to train my replacement. The day I left China in the spring of 2000 they were still harvesting organs from execution sites.
15. I hereby expose all these terrible things to the light in the hope that this will help to put an end to this evil practice.

Source: <http://www.harpers.org/archive/2002/02/0079066>

The New Cannibalism

Chinese surgeons extracting vital organs from condemned prisoners. Indian villagers selling a kidney for a dowry. And all to feed the booming global traffic in human organs for transplant.

By Nancy Scheper-Hughes

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1. George Soros is best known as a world-class billionaire financier. But in a recent issue of *Atlantic Monthly* he finds himself analyzing some of the deficiencies of the global capitalist economy. It's a fairly elementary exercise but since it comes from someone in his position we tend to sit up and take notice.
2. What bothers Mr. Soros most is the erosion of social values in the face of anti-social, market values. Not that markets are to be blamed, of course. By their very nature markets are indiscriminate, promiscuous and inclined to reduce everything—including human beings, their labor and even their reproductive capacity—to the status of commodities.
3. But while a market economy is generally a good thing, says Mr. Soros, we cannot live by markets alone. And the real dilemma, he points out, is that the global market has far outstripped the development of a mediating global society.
4. Indeed, there is nothing stable or sacrosanct about the “commodity candidacy” of things. And nowhere is this more dramatically illustrated than in the booming market in human organs from both living and dead donors.

5. These organs are used for transplant surgery, a business driven by the simple market calculus of supply and demand. With desperation built in on both sides of the equation—deathly ill “buyers” and desperately needy “sellers”—local and religious beliefs in the sanctity of the body have collapsed under the weight of market demands.
6. These demands are amplified by medical talk about the scarcity of organs. In the US, for example, there are close to 50,000 people currently on various organ waiting lists.
7. But the very idea of organ scarcity has to be questioned. It’s an artificially created need, invented by transplant technicians and dangled before the eyes of an ever-expanding sick, ageing, and dying population. And it’s a scarcity that can never under any circumstances be satisfied, for underlying the need is the quintessentially human denial and refusal of death.
8. Japanese sociologist T. Awaya describes the trend more bluntly: “We are now eyeing each others’ bodies greedily, as a potential source of detachable spare parts with which to extend our lives.” And he calls it a form of “social or ‘friendly’ cannibalism.”
9. While unwilling to condemn it outright, Awaya does want organ donors and recipients to face squarely just what kind of social exchange they are engaged in.

Global flow

10. Over the past 30 years, organ transplantation has developed from being an experimental procedure performed in a few advanced medical centers, to being a fairly common therapeutic one carried out in hospitals and clinics throughout the world.
11. Kidney transplantation is now conducted in the US, in most European and Asian countries, in several South American and Middle Eastern countries, and four African nations. Survival rates have increased markedly over the past decade, although rates of infection are higher in Brazil, India and China, which rely more on living donors, than in the US, Canada and Western Europe.
12. The gap between supply and demand is wider in countries where there are strong religious sanctions or cultural inhibitions with respect to “brain death” or the improper handling of the dead body. But sanctions in one country may stimulate organ sales in a neighboring one. Wealthy patients have shown willingness to travel great distances to secure a transplant, even in areas where survival rates are quite poor. And with the globalization of the economy, the circulation of bodies and body parts increasingly transcends national boundaries.
13. In general, the movement and flow of living donor organs—mostly kidneys—is from South to North, from poor to rich, from black and brown to white, and from female to male bodies. For many years desperate Japanese nationals have used intermediaries with connections to the underworld of organized crime—the so-called “body mafia”—to locate paid kidney donors in other countries. One ring of *yakuza* gangsters, operating through connections at a major medical center in Boston, US, was uncovered by journalists and broken up by police a decade ago.
14. More recently, Japanese kidney patients travelled to Taiwan and Singapore to purchase organs obtained—without consent—from executed prisoners. This practice was roundly condemned by the World Medical Association and prohibited in 1994.

China’s “killing machine”

15. But today, China stands alone in continuing to use organs of executed prisoners for transplant surgery. Because China enacted a rule in 1984 stipulating that “the use of corpses or organs of executed criminals must be kept strictly secret, and attention must be paid to avoid negative repercussions,” most doctors and public officials in China deny any knowledge of the practice.

16. David Rothman, head of the Bellagio Task Force now investigating allegations of traffic in organs worldwide, visited major hospitals in Beijing and Shanghai in 1995. There he interviewed surgeons and others about the technical and the social dimensions of transplant surgery as practiced at their units.
17. While the surgeons and hospital administrators answered the technical questions freely and accurately they responded with blank stares to inquiries such as: “Where do donated organs come from?”, “How many foreigners come to the medical institutions seeking transplants?”, “How much do the hospitals charge for various transplant operations?” No one would break the official code of silence on this delicate topic.
18. But Mr. Lin of San Francisco, California tells a disturbing story—one that is repeated by many other recent Chinese immigrants to the US. Just before coming to live in California two years ago he visited a friend at the same medical center in Shanghai visited by Professor Rothman. In the bed next to his friend was a wealthy and politically well-situated professional man who told Mr. Lin that he was waiting for a kidney transplant later that day. His new kidney would arrive, he said, as soon as a prisoner was executed that morning. Minutes after the condemned prisoner was shot in the head, doctors present at the execution would quickly extract his kidneys and rush them to the hospital where two transplant-surgery teams would be assembled and waiting.
19. Human-rights activists report that in China the state systematically takes kidneys, cornea, liver tissue and heart valves from executed prisoners. While these precious organs are sometimes given to reward politically well-connected Chinese, often they are sold to medical “visitors” from Hong Kong, Taiwan or Singapore who will pay up to \$30,000 for an organ.
20. Harry Wu, the Chinese human-rights activist, was among the first to reveal this. At a conference at Berkeley’s Department of Anthropology Wu said: “I interviewed a doctor who routinely participated in removing kidneys from condemned prisoners. In one case she said, breaking down in the telling, that she had even participated in a surgery in which two kidneys were removed from a living, anaesthetized prisoner late at night. The following morning the prisoner was executed by a bullet to the head.”
21. In this chilling case, brain death followed, rather than preceded, the harvesting of vital organs. Wu and others claim that the Chinese Government takes organs from 2,000 executed prisoners each year. That number is growing because the list of capital crimes in China has been expanded to accommodate the demand for organs. Amnesty International has recently reported that a new “strike hard” anti-crime campaign has led to a sharp increase in the number of people executed, among them petty thieves and tax cheaters. In 1996 alone at least 6,100 death sentences were handed out and at least 4,367 confirmed executions took place.
22. David Rothman, among others, believes that what lies behind the draconian anti-crime campaign is a “thriving medical business” that relies on prisoners’ organs. The state is sponsoring, he says, an “insatiable killing machine,” driven by the rapacious need for fresh and healthy organs.

Organs bazaar

23. But nowhere more openly and flagrantly than in India has the “shortage” encouraged a sale of kidneys. There a veritable organs bazaar is operated out of private clinics, especially in Bombay and Madras.
24. Until a new law last year prohibited the sale of living donor organs, patients from the Gulf States—Kuwait, Saudi Arabia, Oman and the United Arab Emirates—travelled to India to purchase a kidney. Now that market has been driven underground. Recent reports by human-rights activists, journalists and medical anthropologists indicate that the international kidney trade has declined but left in its wake an even larger underground market controlled and organized by cash-rich crime gangs expanding out from the heroin trade into the organs trade.

25. In some cases they have the backing of local political leaders. Organ “donors” are recruited by “agents” to sell a spare organ in order to cancel crippling debts, to pay for a necessary operation, or to cover large family expenses. And where there is an illegal market there are likely to be other criminal practices as well.
26. Professor Veena Das of the University of New Delhi has come across stories, from reliable sources, of “organ theft.” She told the story of a young woman with stomach pains who went to a small clinic where she was told by the doctor: “It looks like you have a bladder stone and we had better remove it.” But in fact the doctor used it as a pretext to operate and remove a kidney which he had contracted to deliver to an intermediary for an undisclosed third party.
27. Lawrence Cohen, a medical anthropologist from Berkeley who has worked in the south and western regions of India, reports that in a very brief period the idea of trading “a kidney for a dowry” has caught on and become a fairly common strategy for poor parents. Cohen notes that ten years ago, when villagers and townspeople first heard through newspaper reports of kidney sales occurring in the big cities of Bombay and Madras, they responded with predictable alarm and revulsion. Today, some of these same villagers speak matter-of-factly about when it might be necessary to sell a “spare” organ. Some village parents say they can no longer complain about the fate of a dowry-less daughter. “Haven’t you got a spare kidney?” one unsympathetic neighbor or another is likely to respond.

“Compensated gifting”

28. Meanwhile, in Brazil, there are over 100 medically certified centers for kidney transplant, 21 centers for heart transplant and 13 centers for liver transplant. The medical demand for organs to keep these clinics operating has meant tolerance toward various unofficial incentives to encourage donation.
29. Rather than rampant commercialism the more ambiguous concept of “compensated gifting” is passively accepted by many transplant surgeons as an ethically “neutral” practice.
30. As one Rio doctor explained: “I don’t want to know what kinds of private exchanges have taken place between my [kidney] patients and their [living] donors. But obviously you do have to suspect something when the patient is a wealthy Rio socialite and her ‘donor’ is a poor, barefoot ‘cousin’ from the country.”
31. The compensations can be modest—a lump sum of \$1,000 for example—or extravagant. In one incident a niece agreed to donate a kidney to her wealthy uncle in exchange for a suburban house complete with amenities. Even though the operation failed the niece still got her part of the bargain. “Wouldn’t you say that was a fair deal?” the surgeon asked.
32. These sentiments are shared with transplant surgeons and bioethicists in other countries. Labor is sold, sex is sold, sperm and ova are sold, even babies are sold in international adoption. “What makes kidneys so special, so exempt?” asks Dr Abdullah Daar from Oman.
33. Meanwhile, the American Medical Association is currently considering financial incentives to enable people to bequeath organs to their heirs or to charity. One proposal is for a “futures market” in cadaveric organs that would operate through contracts. These would provide that if, at the time of the seller’s death, organs are successfully transplanted a substantial sum would be paid to the seller’s designee. A sum of \$5,000 per major organ utilized is suggested. The proposal is based on the idea that pure gifting can be expected among family members, but financial inducements might be necessary to provide organs for strangers.
34. At present the AMA is exploring several options. One is a fixed price per organ. Another is to let market forces—supply and demand—set the price. The idea still makes a lot of doctors in the US uncomfortable but the AMA is pushing to get a state-run pilot project off the ground this year.

35. While some “transplant surgeons” are not alarmed by such commercial exchanges, in Brazil a large coalition of civil-rights activists, lawyers and public officials are. They have mobilized support in passing a radical new law which went into effect on 1 January this year. The ruling—similar to laws in Belgium and Spain—makes all Brazilian adults into universal organ-donors at death unless the individual officially declares themselves a “non-donor.” Behind the law, I was told by key legislators, was the desire to eliminate any possibility of “organ trafficking” in Brazil, by mass producing a surfeit of freely available organs for transplant surgery.
36. The law was also intended to “educate” the poor who had, for many years, been terrorized by rumors of kidnapping and murder with the aim of extracting organs. “If everyone is a potential donor we have the basis for building a truly democratic society,” said one academic bioethicist.
37. But to the “average” man and woman on the streets of Rio, Recife and Salvador the new law was yet another unwelcome bureaucratic assault on their bodies. The only way to exempt oneself was for adults to request new identity cards or drivers licenses stamped with the logo: “I am not a donor of organs or tissues.”
38. Last August I visited various civil offices in large and small cities where long lines of anxious people, most of them poor and from Brazil’s notorious *favelas*, were seeking to opt out of compulsory donation before the law came into force. “God forbid,” whispered Rosa, a young Black school-cafeteria assistant who had taken her own lunch break to get the stamp that, as she saw it, would save her body from greedy doctors or over-zealous mortuary police wanting to transfer her young organs to some “wealthy old so-and-so.”
39. Variants of the same story were repeated up and down the line of those waiting at the Felix Pacheco institute in LeBlon, Rio, not far from Copacabana Beach. House-painter and pedestrian Seu Jose said: “Now we are doubly afraid of being hit by a car. We were always afraid of crazy drivers. Now we have to worry about ambulance workers who may be paid on the side to declare us ‘dead’ before our time is really up.”
40. Since August the momentum against the new law is growing, evidenced in angry television talk-shows, tabloid editorials, radio reports and on-the-spot interviews with frightened residents of Brazil’s giant urban shantytowns.
41. While to transplant surgeons an organ is just an organ, a heart is just a pump and a kidney is just a filter, a thing, a commodity better used than wasted, to vast numbers of ordinary people an organ is something else—a lively, animate, spiritualized part of the self that most would still like to take with them when they die.

Nancy Scheper-Hughes is an anthropologist and a member and co-author of the Bellagio Task Force Report on Transplantation, Bodily Integrity and the International Traffic in Organs, 1997.

Source: <http://www.newint.org/issue300/trade.html>