

COFS

Briefing before the
Tom Lantos Human Rights Commission
United States Congress

HUMAN TRAFFICKING FOR
AN ORGAN REMOVAL (HTOR):
A CALL FOR PREVENTION,
PROTECTION,
INVESTIGATIONS
AND ACCOUNTABILITY

Dr. Debra Budiani-Saberi
Executive Director and Founder
of the Coalition for Organ-Failure Solutions,
Visiting Research Associate
Center for Bioethics, University of Pennsylvania

JANUARY 23, 2012



Recommendations

The United States government should:

1. add human trafficking for an organ removal (HTOR) to the Trafficking Victims Protection Act (TVPA).
2. extend the extraterritorial jurisdiction of the National Organ Transplant Act (NOTA) to ban U.S. citizens or legal residents from engaging in organ tourism.
3. encourage urgent action in key countries where HTOR continues to thrive including, but not limited to, Egypt and India.

Egypt

- urge the United Nations, potentially in cooperation with the International Criminal Court, to immediately authorize investigations or lend support and expertise to a credible investigation conducted by Egypt.

India

-urge the Government of India to continue to address the significant loopholes in the law on transplantation that enable the organ trade and to prosecute offenders.

4. support the development of further evidence-based investigations by NGOs and government bodies and support programs that provide assistance to victims of HTOR.

Summary

Human trafficking for an organ removal (HTOR) constitutes an egregious human rights abuse. The World Health Organization (WHO) estimates that illicit kidney removals for transplantation account for 5–10% of the approximately 65,000 kidney transplants performed annually throughout the world.

The *United Nations Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children* criminalizes human trafficking for sex, labor and the removal of an organ. The United States ratified this Convention in 2005 but has not yet addressed the component of HTOR. The Protocol's definition of human trafficking incorporates the variety of means that traffickers employ to traffic persons. While explicit threats or use of force or coercion for an organ removal are employed in some cases, the majority of cases involve implicit coercive measures and/or the more manipulative methods included in the Protocol's definition – namely fraud, deception, the giving of payments or benefits and the abuse of power or vulnerability for the removal of an organ.

COFS considers the hundreds of cases we have identified in the distinct contexts of Egypt, India, Nepal and various Gulf states as victims of HTOR. This briefing focuses on COFS' findings of Sudanese victims of organ trafficking in Egypt and on victims in India.

Recommendations are based on the principles and evidence addressed in this report and related findings on HTOR.

To view the full report referenced in this briefing, click on this title, [Sudanese Victims of Organ Trafficking in Egypt](#). For further information on this briefing or the Report, contact Debra Budiani-Saberi at debra@cofs.org

Distinguished Staff of the Tom Lantos Human Rights Commission:

It is an honor to participate in this briefing on human trafficking for an organ removal, what I refer to as HTOR. All of us dedicated to ending these practices commend the Commission's work to address human rights abuses.

This briefing is particularly timely as it follows the recent first prosecution for the illegal brokering of human organs in the United States under the National Organ Transplant Act (NOTA). Sentencing of the defendant, Rabbi Levy Izhak Rosenbaum, is scheduled for next week. He could face a fine and a five to 12 year prison sentence. This briefing also falls within the month that the Obama administration has proclaimed to be National Slavery and Human Trafficking Prevention month. With this, thank you for the special opportunity to brief you on this disturbing and distinctive form of human trafficking that involves the removal of organs.

By way of introduction, I am the Director and Founder of the Coalition for Organ-Failure Solutions (COFS). COFS is a non-profit international health and human rights organization with a mission to end organ trafficking and enhance organ donation through altruistic donations from healthy individuals and deceased donors within standardized, transparent, and accountable channels, consistent with principles of social justice and equity. COFS has provided assistance to hundreds of victims¹ of organ trafficking in the Middle East and Asia and that work serves as the bases for my statements in this briefing.

In this briefing, I will discuss the background and scope of this issue and the instruments developed to address it; present evidence-based, victim-centered findings I have gathered with the COFS team and make recommendations on steps the US government can take to address this issue.

Background

The modern era of organ transplantation began with the first successful kidney transplant conducted in Boston in 1954 followed by the transplantation of the liver, pancreas and heart in the 1960s, and lung and living-related lung and liver in the 1980s. The success of 1) tissue typing to match biological characteristics between the donor graft and the recipient and 2) the immunosuppressant drug cyclosporine paved the path to an era that donors and recipients no longer had to be relatives but could be biologically, socially and geographically distant. Thus following these developments in recent decades, transplant technologies advanced worldwide as did an explosion in the demand for organs, mostly kidneys. Transplantation in recent decades is not just a medical technology restricted to Western cities like Boston, London and Geneva but is a common procedure in much of the globe including

¹ COFS uses the term "victim" not to diminish the sense of agency of these individuals, but rather to emphasize that even in cases that do not involve outright theft, there are often enormous disparities in power, resources and access to information at play in the crime of HTOR.

urban centers such as Calcutta, Cairo, Manila, Shanghai, Singapore and Bogota.

In a growing number of developing countries, destitute individuals are the major or a significant source of organs used for transplant procedures. In March 2007, the World Health Organization (WHO) estimated that illicit kidney removals for transplantation account for 5–10% of the approximately 65,000 kidney transplants performed annually throughout the world. The WHO estimate is considered the most reliable, albeit conservative, estimate as the number of kidney transplants in China (from executed prisoners) alone in 2006, estimated at 8000, would have exceeded this estimate.²

This estimate is also based on credible information from countries where this information can be gathered and does not include figures in countries where allegations of kidney trafficking occur and where there is little transparency, reporting or regulation of transplant practices. It also does not include an estimate for trafficking for a partial liver for transplantation, still likely to be several thousand per year from China alone.

The long-lasting negative health, economic, psychological and social consequences for victims of HTOR have been documented in studies in Egypt, India, Pakistan, the Philippines and Iran.^{3 4 5 6}

Significant progress has been made in recent years to strengthen laws intended to curb organ trafficking in key countries that host the organ trade such as India, China, Pakistan, the Philippines and Egypt. However, in these and many other countries, renal failure is now reaching proportions similar to that of tuberculosis, in large part because the astounding growth in diabetes worldwide. With transplants as the preferred therapy for renal failure, demand for kidneys will continue to outpace supplies. Until nations can build transparent, reliable systems of organ donation through altruistic donations from healthy individuals and deceased donors, poor and vulnerable individuals are at risk for being targeted to supply organs to privileged patients.

² Budiani-Saberi DA, Delmonico FL. Organ Trafficking and Transplant Tourism: A commentary on the global realities. *American Journal of Transplantation* 2008; 8: 925–929.

³ Goyal M., Mehta RL, Schneiderman LJ, Sehgal A. Economic and health consequences of selling a kidney in India. *JAMA* 2002; 288: 1589.

⁴ Zargooshi J. Iranian kidney donors: Motivations and relations with recipients. *Journal of Urology* 2001; 165: 386.

⁵ Shimazono Y. What is Left Behind? Presentation at an Informal Consultation on Transplantations at the World Health Organization. Geneva: 2006.

⁶ Naqvi A. A socio-economic survey of kidney vendors in Pakistan. *Transplantation International* 2007; 20: 909.

**Terms and Instruments:
Human Trafficking for Organ Removal (HTOR)
and Organ Trafficking (OT)**

In order to describe the context in which we are working, a description of common instruments and concepts around HTOR follows.

The *United Nations Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children* was adopted by General Assembly resolution in 2000 and defines trafficking in persons as:

the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs.

This protocol criminalizes human trafficking, including for the removal of an organ. The United States ratified this Convention in 2005 but has not yet addressed the component of HTOR.

Experts on organ removals for commercial transplants established a definition of “organ trafficking” in 2008 in the *Istanbul Declaration on Organ Trafficking and Transplant Tourism* that is derived from Article 3a of the UN Protocol on Human Trafficking and states:

Organ trafficking is the recruitment, transport, transfer, harboring, or receipt of living or deceased persons or their organs by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability, or of the giving to, or the receiving by, a third party of payments or benefits to achieve the transfer of control over the potential donor, for the purpose of exploitation by the removal of organs for transplantation.⁷

The Istanbul definition thus does not exclusively refer to trafficking of organs independent of persons.⁸ Although tissues and cells remain viable for longer periods and commonly travel independent of their donors, organs are largely not transported independent of persons in commercial transplants. Upon removal, they are transplanted. Thus most abuses occur when an organ is removed from a victim within a location where the recipient awaits and the transplant is performed.

⁷ International Summit On Transplant Tourism and Organ Trafficking. The declaration of Istanbul on organ trafficking and transplant tourism. *Clin J Am Soc Nephrol*: CJASN 2008; 3: 1227.

⁸ This definition does not make exclusive the purpose of removing an organ for transplantation and does not include other the removal of an organ for other purposes such as for witchcraft.

However, preservation techniques certainly make the independent transporting of organs possible presently and this practice is likely to increase across the globe in the future. Even if organs are transported independently in countries where there is insufficient regulation on organ donation, a human may have been trafficked in order to remove that organ and thus should still be considered a case of HTOR, whether or not that organ moved independently after the removal.⁹

While explicit threats or use of force or coercion for an organ removal are employed in some cases, clever traffickers do not use violence and force but rather more manipulative methods to obtain an organ. The majority of cases thus involve implicit coercive measures and/or the variety of other means included in these definitions – namely fraud, deception, the giving of payments or benefits and the abuse of power or vulnerability for the removal of an organ. For example, Sudanese asylum seekers in Egypt are put into situations in which smugglers who assisted them to cross the border later provide food and housing for them in Cairo and then demand exorbitant sums for this assistance. Smugglers collaborate with kidney traffickers to suggest the idea of a kidney sale as a way to remedy the financial problem. Debt collectors in India who suggest a kidney sale to settle a debt also often suggest that the indebted target would “want to see that their family remains safe.” Organ traffickers typically do not explain risks and often do not complete (or make) the payment after the kidney removal.

In all cases we have encountered in which “consent” is claimed, the individual’s vulnerability has been exploited; that is, traffickers have convinced individuals to agree to something they would not have otherwise. As in other forms of human trafficking, consent in cases of HTOR is not a matter of free will but rather a result of the manipulation of vulnerable, often desperate persons. Consent does not signify that the victim had a clear understanding of the consequences of the procedure. Often the victims are intentionally defrauded (i.e. duped, deceived, misled, given false information). Under most legal systems that cannot constitute consent and may even run afoul of criminal laws.

The UN Protocol stipulates that the receipt of payments or benefits in exchange for an organ does not exclude cases from being considered HTOR. Just as an individual trafficked for domestic servitude may get paid and still be considered a victim of human trafficking, it is not the payment or the amount of money that is relevant, but rather an individual’s position of vulnerability that is manipulated and controlled for the purpose of labor and in other cases, for sex or an organ. Additionally, the sale of organs is in fact illegal in every country except for Iran, regardless of whether “consent” was obtained. This is important to recognize. Unfortunately, one of the few statements on HTOR in a TIP Report (2009)

⁹ The terms human trafficking for organ removal and organ trafficking are thus largely harmonious and laws on organ trafficking established in recent years in countries such as China, Pakistan and Egypt, are also largely based on the definition used in the Istanbul Declaration. Further, hundreds of medical societies have endorsed the Istanbul Declaration based on this definition. Thus the cases that are generally considered in discussions on organ trafficking are within the definition of the UN Protocol on human trafficking for the purpose of an organ removal.

incorrectly holds that, “The UN TIP Protocol does not cover this voluntary sale of organs for money, which is considered lawful in most countries.”¹⁰

Additionally, within a list of topics of special interest in the 2010 TIP report, there is another disturbing half-truth:

The trade in human organs – such as kidneys – is not in itself a form of human trafficking. The international trade in organs is substantial and demand appears to be growing. Some victims in developing countries are exploited as their kidneys are purchased for low prices. Such practices are prohibited under the Palermo Protocol, for example when traffickers use coercive means, such as force or threats of force to secure the removal of the victim’s organs.¹¹

To the contrary, as discussed above, almost all organ removals for commercial transplants do not involve the independent movement of an organ. Second, even if an organ moves independently, a human may have been trafficked to remove that organ. Finally, the UN Protocol recognizes traffickers’ variety of methods and includes other means besides that of just explicit coercion.

Finally, according to the UN definition on human trafficking, an individual may also be “received” for the purpose of an organ removal. That is, they may have been recruited indirectly such as by a newspaper ad or via another victim.

Dismissal of these points enables HTOR to flourish without response.

Evidence- based, Victim-Centered Findings

On these bases, COFS considers hundreds of cases we have identified in the distinct contexts of Egypt, India, Nepal and various Gulf states as victims of HTOR. COFS’ grass roots outreach programs enable us to develop long-term relationships with victims of organ trafficking and an in-depth understanding of their circumstances and experiences around the commercial organ removal. Every case we have handled has been that of a destitute individual who a trafficker exploited for the purpose of removing an organ for transplant. We have never encountered a case of an individual who had an organ removed free of will or felt she/he had much of a choice in the matter. In this briefing, I focus on COFS’ findings of Sudanese victims of organ trafficking in Egypt and briefly on our findings on victims in India.

Sudanese Victims of Organ Trafficking in Egypt

Despite the recent law that prohibits organ trafficking in Egypt, transplants are not given the requisite oversight. Transplant practices have resulted in thousands of

¹⁰ Trafficking in Persons Report, June 2009. Available at: <http://www.state.gov/documents/organization/123360.pdf> Accessed January 17, 2012.

¹¹ Trafficking in Persons Report, 10th Edition, June 2010. Available at: <http://www.state.gov/g/tip/rls/tiprpt/2010/index.htm> Accessed January 17, 2012.

victims of HTOR in Egypt. Most of these victims are Egyptian (hundreds of whom are COFS' beneficiaries and we have documented their cases elsewhere¹²) and COFS estimates that there are likely to be hundreds more Sudanese as well as many more victims from Jordan, Eritrea, Ethiopia, Somalia, Iraq, and Syria.

In the evidence-based, victim-centered report released last month¹³, COFS documented its findings of Sudanese victims of organ trafficking in Egypt. We accumulated compelling evidence that organ traffickers have exploited and are continuing to exploit Sudanese refugees and asylum-seekers in Egypt. In some cases, sex trafficking was associated with incidents of organ removal. Many of the victims came to Egypt seeking refuge from the genocide and armed conflict in their homeland.

In more detail, COFS-Egypt identified 57 Sudanese refugees and asylum seekers in Egypt who said they were victims of organ trafficking. Each case involved the removal of a kidney. COFS-Egypt conducted in-depth interviews with 12 of these individuals who described their experiences in compelling detail. We also arranged ultrasounds and physical exams for five of the victims as part of its follow-up care outreach services. These medical exams confirmed that kidneys had been removed in all five cases. Four victims also showed COFS' field researchers documents from the hospitals where their nephrectomies and the transplants occurred; the documents included their respective identifiers.

Of the 57 victims identified, 39 (68%) are from Darfur, 26 (46%) are female and 5(9%) are children. The twelve victims COFS interviewed ranged in age from 11-36 years with an average of 23.5 years; four (33%) of the victims were 18 years old or younger; and five (42%) were female. Three of the interviewed victims said people smugglers/ traffickers helped them to enter Egypt and worked directly with the organ traffickers who arranged their kidney removal. Coffee shops (ahaawi) and other meeting places on the streets of Cairo were common assessment arenas for brokers to identify the most destitute and isolated individuals. Statements by some of the victims interviewed indicated that some women and girls are simultaneously being trafficked for sex and organs (9 possible cases in the sample of 57), and that the actual number of females in general may far exceed that of males. Thus, women and children are of special concern.

A law on transplants and trafficking was established in Egypt in February 2010 that has not yet been enforced to protect vulnerable persons from HTOR. Prior to the passing of this law, a loosely monitored law existed that required a donor and recipient to be the same nationality. Accordingly, the vast majority of victims of organ trafficking in Egypt are Egyptian for Egyptian patients. Four of the victims said they had met the patients who had received their kidneys. Seven of the victims said they knew the nationality of the recipient. These victims reported that three recipients were from Sudan, one was from Jordan, one was from Libya, and two

12 Budiani-Saberi, D. and Mostafa, A. Care for Commercial Living Donors: the experience of an NGO's outreach in Egypt. *Transplantation International* 2011; 24(4):317-23.

13 Coalition for Organ-Failure Solutions (COFS), *Sudanese Victims of Organ Trafficking in Egypt: A Preliminary Evidence-Based, Victim-Centered Report*. December 2011. Available at: http://www.cofs.org/english_report_summary_dec_11_2011.pdf Accessed January 17, 2012.

were from countries of the Persian Gulf.

[Video clip of a victim's testimony](#)

(Case #4 in COFS video clip of four testimonies and corroborating evidence that accompanies the Report)

Muhammed explains that he was tricked when he thought he was getting treated for pain he had on his side. After he found out that his kidney was removed, he complained to his traffickers who then framed him for theft of money and imprisoned him from 2007 until he escaped during the January revolution 2011.

[Video clip of a victim's testimony](#)

(Case #1 in COFS video clip of four testimonies and corroborating evidence that accompanies the Report)

Dawoud explains that he was smuggled through Egypt with the promise to go to Israel. After being taken to Cairo, he was housed and fed by a friend of the smuggler and then told he had accumulated a debt he must pay in order to be smuggled the rest of the way to Israel. Dawood was told about the option to sell a kidney to clear these debts, was never told about the risks involved and knew no other way to get out of the situation while displaced in Cairo. He never received the full payment and was robbed of the payment he did receive.

These victims of HTOR were deceived, defrauded and exploited based on their position of vulnerability. They did not have an understanding of the risks necessary to give an informed consent to a nephrectomy.

Each of the victims in our study had little or no support network in Egypt. And Sudanese victims were more likely to become brokers than was the case with Egyptian victims. This in part accounts for the greater number of child victims of HTOR we identified amongst Sudanese in Egypt. Some of those children were without parents or close relatives. In the case of an 11-year old boy we call Abdul however, his mother brokered the removal of his kidney for a commercial transplant. She was a victim-made-broker who was threatened to pay further debts. She was told that there were no risks to her child in a kidney removal. Abdul told us that his mother is now also organizing a commercial nephrectomy for his elder brother and sister.

COFS' arrangements to interview and provide this care for other Sudanese victims are ongoing. Since the release of the report, COFS-Egypt field researchers have leads to 13 more recent cases of Sudanese victims. We have confirmed two more by ultrasound. We identified one of them several weeks ago -- a Sudanese woman we will call Fatma, who testified to a COFS field researcher/ victim advocate that she was abducted while with her 1 year-old daughter, lab tests were performed and her kidney was removed. The traffickers returned Fatma to her neighborhood where a neighbor helped her to return to her family. Abductions for an organ removal are almost unheard of in Egypt, and yet we verified the removal of her kidney via the ultrasound as part of COFS' follow-up care.

Some of the other victims we recently identified are said to have had an organ removed in the Sinai and others while in detention centers at various locations

throughout Egypt. COFS has not yet independently confirmed these cases. These stories involve some of the most abusive methods we have yet encountered in Egypt and demand a response.

Indian victims of organ trafficking

In response to the thriving organ trade that has flourished in India since the 1970s, the Transplantation of Human Organs Act (THO) was established in 1994 to prohibit the sale of organs. While this law and the prosecutions of offenders worked to drastically reduce the organ trade in India, kidney trade scandals continue to be regularly reported in the Indian media.

COFS-India has identified 1500 victims of organ trafficking in Chennai and Erode, India. In consideration of the active kidney market in Chennai, Calcutta and Bangalore, this figure represents the tip of the iceberg. There are hundreds (if not thousands) more in Chennai alone and thousands more throughout India. It is possible to go to neighborhood in Chennai, as COFS-India field researchers have gone, where almost every woman has had a kidney removed for commercial purposes.

COFS-India is preparing to complete a report on our findings in India later this year and has thus far completed interviews and medical follow-up services (including ultrasound) for 111 of these victims. Although circumstances of victims in India are quite distinct from Sudanese in Egypt, the threats and actual violence employed by debt collectors involve similarly coercive elements.

Demographic information on victims of HTOR across the globe indicate that the vast majority are men, except in India. Our findings in India thus far indicate that 73 percent of the victims we have identified are female and that 94 percent reported that debt drove them to resort to a kidney sale.¹⁴ These victims shared similar fears of the threats and violence of debt collectors.

Shilpa, a woman I met last month in Chennai, became a victim of HTOR four weeks before we met. She showed me her fresh scar and shared that her husband was an alcoholic, he and her son were ailing and required medicines that created a looming debt for her family. Her domestic work in two homes did not enable her earn enough for paying that debt and the exorbitant interest rate was far beyond her reach. Shilpa feared that debt collectors would threaten and humiliate her, dispose household belongings and ultimately take it upon themselves to evict her and her family from their small apartment.

Like Shilpa, none of the victims in the cases we have interviewed in India wanted to lose a kidney. None was given information about risks associated with the procedures. None was paid the full amount brokers/ traffickers promised them. We are still gaining a better understanding of the portion of recipients in India that

¹⁴ A study conducted 11 years ago and published in the Journal of the American Medical Association (JAMA) reported that 71 percent of their subjects were female and that 96 percent resorted to selling a kidney to pay off a debt. Goyal M., Mehta RL, Schneiderman LJ, Sehgal A. Economic and health consequences of selling a kidney in India. JAMA 2002; 288: 1589.

are foreign but for certain Americans are among the recipients of victims of HTOR in India. A woman from New York is reported to have recently returned to the U.S. with a kidney she purchased and received in Calcutta where there were few barriers for her to make this arrangement.¹⁵

Recommendations

The following recommendations are based on the principles and evidence addressed in this report and related findings on HTOR.

1. To fulfill the obligation the United States has to address the component on human trafficking for an organ removal of the UN Protocol on human trafficking, the **United States government should add human trafficking for an organ removal (HTOR) to the Trafficking Victims Protection Act (TVPA).**¹⁶

This approach would enable the existing structure of prevention, protection and prosecution measures as well as investigations, reporting, and monitoring of sex and labor trafficking to be appropriately extended to include HTOR.

Namely, the TVPA should extend prevention activities to authorize the TIP report to gather extensive research about global patterns of HTOR and increase public knowledge and awareness about this human rights abuse. The TVPA could also establish a global standard for all countries dealing with HTOR to be included in the annual TIP report.

Protection services offered to victims of other forms of human trafficking should be extended to victims of HTOR including temporary visas, permanent residency, healthcare, housing and rehabilitative services, and witness protection program eligibility for victims who are willing to aid in the prosecution of human trafficking.

The TVPA should also be extended to establish or escalate charges of HTOR, depending on the nature of the crime.

2. To recognize the participation that U.S. citizens or legal residents of the U.S. have in the chain of demand in HTOR practices, the **United States government should extend the extraterritorial jurisdiction of the National Organ Transplant Act (NOTA)** to ban U.S. citizens or legal residents to engage in organ tourism.

¹⁵ The Great Kidney Bazaar. Telegraph India. November 13, 2011. Available at: http://www.telegraphindia.com/1111113/jsp/7days/story_14743553.jsp Accessed January 17, 2012.

¹⁶ Elizabeth Pugliese also made this recommendation in 2007. Pugliese, E. Comment: Organ Trafficking and the TVPA: Why one word makes a difference in international enforcement efforts. *Journal of Contemporary Health Law & Policy* 2007; 24:181.

Such an extension could be based on the model of U.S. law on Child Sex Tourism in which U.S. citizens and legal residents are held accountable for engagement in illicit sex, according to the U.S. legal definition of illicit sex, even if it occurs in a foreign country. Similarly, it should be illegal for U.S. citizens or legal residents to engage in organ tourism. For example, it should not be acceptable or legal for patients in America to go to Mexico to buy an organ.

3. The **United States government should encourage urgent action in key client countries where HTOR continues to thrive** including but not limited to Egypt and India.

Egypt

COFS has recently alerted the **United Nations** Office of the High Commissioner for Human Rights (OHCHR) and the United Nations High Commissioner for Refugees (UNHCR) of the findings described in its Report, *Sudanese Victims of Organ Trafficking in Egypt*. COFS has called for urgent investigations of these abuses as well as alleged abuses of organ trafficking of Sudanese and other African migrants in the Sinai.

With urgent concern for the abuses of HTOR in Egypt, the **United States Government** should also urge the **United Nations**, potentially in cooperation with the International Criminal Court, to immediately authorize investigations or lend support and expertise to a credible investigation conducted by Egypt.

The **United States Government** and the international community should also urge the **transitional and future Government of Egypt** to enforce its laws on organ and human trafficking, commitments to the UN Protocol on Human Trafficking and Convention on Rights of the Child to take steps to prevent HTOR, protect vulnerable persons, victims and witnesses, prosecute the multiple levels of perpetrators involved in the ongoing, systematic HTOR within or through the country's borders and conduct or facilitate credible investigations of the abuses of Egyptian (as the largest in number of victims) and Sudanese victims of HTOR in Egypt as well as alleged other victims including Jordanians, Eritreans, Ethiopians, Somalis, Iraqis, and Syrians.

As we approach the first anniversary of the Egyptian revolution on 25 January, 2012, countries engaged with Egypt need to call on the Supreme Council of the Armed Forces (SCAF), to immediately end the harassment of NGOs, especially those committed to addressing human rights concerns.

India

The **United States Government** should urge the **Government of India** to continue to address the significant loopholes in the law on transplantation that enable the organ trade and to prosecute offenders.

4. The **United States Government** should support the development of further evidence-based investigations by NGOs and government bodies and should support programs that provide assistance to victims of HTOR.

In closing, as with human trafficking for sex and labor, human trafficking for an organ removal constitutes egregious violations of human rights and is understood as such in the UN Protocol on human trafficking.

There must be greater accountability measures for the removal of a human organ.

I again express my gratitude to the staff of the Tom Lantos Human Rights Commission for the opportunity to brief you today on this important issue and to the Commission's ongoing commitment to protecting and defending human rights.

COFS Contact and Acknowledgments

For further information on this briefing and the referenced report on Sudanese victims, please contact Debra Budiani-Saberi at debra@cofs.org

Ann Jordan, Nina Bang-Jenson, Milbert Shin, Francis Delmonico, Elizabeth Pugliese, Kevin Bales and Kabir Karim made key contributions to the formulation of this statement.