

**Labyrinth of Violence in Organ Trafficking:
Briefing of
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before the
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Chairman McGovern, Chairman Wolf, and Members of the Tom Lantos Human Rights Commission, thank you for inviting me for the briefing on the growing practice of human organ trafficking.

It is a great pleasure and honor to share my findings in this important briefing, especially in front of the Tom Lantos Human Rights Commission, a dedicated platform to ensure rights and justice to humankind.

The advancement of transplant enterprise, the global commercialization of health care, and the increasing polarization between rich and poor have created conditions for an illegal trafficking in human organs, including kidneys, livers, and corneas. Trafficking organs, particularly from living bodies, raises serious questions about human rights and social justice, as transplant technology often advances a system for extending the lives of the “haves” over the lives of the “have nots.” Based on my challenging fieldwork with the victims of organ trafficking in Bangladesh, I document that such practices are seriously exploitative and highly unethical, as organs are deliberately extracted through a novel form of violence against the poor, and at a terrible cost of suffering to them.

A typical example of organ trafficking is Mehedi Hasan, a 23-year-old rickshaw puller from Joypurhat, a Northern district in Bangladesh, reveals how he “donates” a portion of his liver to pay off his debt and to get out of poverty. In a tea stall, Hasan notices a newspaper advertisement promoting “kidney donation.” He does not know what a kidney is, but he understood well that offering a body part could resolve his economic hardship. Nonetheless, Hasan does not contact the buyer, instead he worries about the health consequence of losing his kidney.

A village broker eventually preys on Hasan and tells him a story about the ‘sleeping kidney.’ The story goes like this: A person has two kidneys: one works and the other one sleeps. If one kidney is damaged, the other kidney will also be damaged, because of the polluted blood. Therefore, everyone can be healthy with only one kidney. In this manner, selling a kidney is presented as a win-win situation.

Once Hasan is persuaded, the village broker brings Hasan to Dhaka, the capital of Bangladesh, and arranges his blood and tissue tests for a possible match with a recipient. As tissue matching is extremely difficult, Hasan’s tissues do not match with the recipient. The village broker then connects Hasan with a major organ broker in Bangladesh. The kingpin promises Hasan to find a wealthy recipient immediately, however he also fails to

match the tissues in three months. One day, the broker shrewdly mentions that a desperate patient is looking for a liver donor, therefore he proposes, if Hasan “donates” his liver, he will be living in wealth. The broker also claims that liver donation is better than kidney donation because the liver regenerates, but a kidney once removed is gone forever. Still, Hasan is still worried about the liver removal and its impact on his body.

The broker deliberately introduces Hasan to the potential recipient. The recipient praises Hasan for saving his life, promises to support Hasan forever, and assures that the operation will be safe as Hasan will be under the hands of renowned medical specialists. Both recipient and broker then introduce Hasan to the liver surgeon, who also claims that liver replacement has become a routine procedure and assures that Hasan will get back his liver in three months as it regenerates speedily.

Hasan is convinced. The recipient and broker finally arrange medical tests, fix a contract, and acquire counterfeit documents, including a national card and notary certificates stating that Hasan is “donating” the liver to save his “uncle’s” life. The day before the operation, Hasan says he felt like a *kurbanir goru*, a sacrificial cow purchased for slaughtering on a religious day.

On the 8th of May 2011, Hasan’s operation was performed by a team of Bangladeshi and Indian liver specialists in a luxurious hospital in Dhaka. In the operating room, Hasan notices the CT-scan images of his liver; he imagines that his liver looks like *kochur pata*, a leaf from colocasia plant utilized as cheap vegetable in the Indian subcontinent. When Hasan wakes after the 14-hour long operation, he feels his body is like a tsunami wave. He experiences almost unbearably sharp pain and unsettling nausea. During the next week, he repeatedly vomits about 7 times a day. At last, Hasan is released from the hospital with a rough cut that is permanently stitched on his damaged body.

After returning home, Hasan’s wife faints at his horrific scar, his siblings consider that he has enacted the most humiliating thing a human can do; while they are grateful his parents are long buried and will not see his misery. Due to a police investigation, Hasan’s scar is exposed to his community; the villagers describe him as “the liver man.” Currently, Hasan is living in social isolation, shame, and suffering. He and his family members are also concerned realizing that the organ brokers could assault them as Hasan has disclosed their illicit businesses to media, government officials, and a researcher.

In addition, Hasan is experiencing serious adverse economic consequences, as his damaged body impedes his ability to return to work. He stated, “Three of my family members were depending on my income, and now I am done, and so are they.” Hasan received only 145,000 Taka (\$2,000), only a half of the payment that the broker has promised him. The money nearly ran dry and Hasan is living as a “defeated soldier.” Hasan said, “Its better for me to die today since I still have my funeral expenses, but if I die in few years who will take care of my corpse.”

Further, selling a liver has numerous negative health consequences, both physically and mentally. Hasan is too feeble to walk long distances, talk loudly, or breathe quickly. He is

suffering from persistent pain, weakness, energy loss, and frequent headaches. He can no longer pull rickshaw, lift heavy weight, or play cricket. Besides, Hasan is experiencing serious psychological issues, such as anxiety, insomnia, sadness, chest pain, and remorse. Often, he thought of hanging himself, or taking poison, or living like a Bengali *baul*, the mystic minstrels who die unknown.

The narratives of Hasan and 33 other Bangladeshi victims of organ trafficking whom I interviewed in my fieldwork, reveal the violence, suffering, and exploitation caused by organ removal from marginalized populations. As I have documented, the buyers (both brokers and recipients) create a desire for the poor, who do not understand the functions of organs, but are tempted to “donate” because of the buyers’ fraudulent claim that organ “donation” is a safe, lucrative, and noble act. Once the vulnerable are induced, buyers exploit them through the use of deception, fraud, manipulation, coercion, and misinformed consent – a clear evidence of the violation of the United Nations’ resolution on human trafficking.

While it is often argued that the poor make an autonomous decision to sell their body parts, altruism is “utterly fictitious” in the realities of organ trafficking. Evidently, the victims are subject to widespread violence and are induced to make tragic choices. For example, victim Sodrul was beaten up, assaulted, and forced by an organ broker to go to the operating room when he asked to break the contract. Many victims, who went abroad for transplant surgery, stated that the buyers seized their passports, therefore they could not return to Bangladesh without relinquishing their kidneys. While Mofiz was held captive by three bodyguards at the recipient’s house and was unable to attend his sister’s funeral due to going abroad for the surgery. Two female villagers also admitted that their husbands pressured them to sell their kidneys and later took the money to open businesses and buy cellphones. All “donors” (except one) were unaware that if the buyer had paid \$200 more, the surgeons could have used laparoscopic surgery, which requires an incision as small as four inches. Meanwhile, Hiru underwent circumcision against his Hindu religious beliefs, as his Muslim recipient demanded in order to establish their commodified kinship before the hospital review board. The violence in organ trafficking and the suffering of the victims are deeply disturbing, which gives considerable reason to cease this criminal activity immediately.

Surely, organ trafficking gravely exploits and disproportionately strikes the vulnerable. While the poor are at a high risk of organ maladies, they usually die without receiving an organ transplant, let alone dialysis. At the same time, their organs are deliberately extracted from their malnourished bodies to prolong the lives of the affluent few. In this exploitation, those who benefit are recipients, brokers, doctors, and businessmen, while the poor become mere suppliers of body parts. Organ trafficking is a violation of the Universal Declaration of Human Rights that states in the Article 3, “everyone has the right to life, liberty, and security of person.” As the current situation of organ shortage can be resolved through other viable means, such as cadaveric organ donation, living altruistic donation, xenotransplantation, stem cells, and bioengineering, we must ensure justice to the poor, who have every right to keep their organs inside their bodies, which is essential for their physical survival.

My recommendations to combat organ trafficking are herein:

- **Global Governance:** The US Department of State must play an active role to put pressure on foreign governments to acknowledge organ trafficking within their jurisdictions and to insist periodic crackdowns on brokers, recipients, doctors, and businessmen involved in this trade.
- **Awareness:** US Embassies should promote and support raising greater awareness on organ trafficking, clearly stating that it is a criminal, exploitative, and repugnant act.
- **Legal Enforcement:** The US Department of State should monitor the Organ Transplant Act that is currently being enacted in most countries, but needs to be carefully revised, clearly defined, and strictly enforced.
- **Transparency and Accountability:** The US State Department must take necessary steps to ensure that all medical centers have a transplantation registry that includes detailed information of recipients and donors. Also, a hospital authorization committee consists of various professional groups and respectable citizens must verify the relationship between recipients and donors. The germane personnel should have access to this data.
- **Collaboration:** The Congressional Committees on Human Rights should seek collaboration, coalition, and solidarity among local, regional, and global organizations to combat human trafficking
- **Cadaveric Donation:** The United States needs to offer foreign aids to establish, expand, and encourage cadaveric organ donation through educational institutions, news media, and religious centers.
- **Victims' Support:** We all must offer our supports and services to the victims who cannot afford the post-operative organ-care, often not even one appointment.

Lets be realistic that we might not eliminate organ trafficking entirely, but with our collaborative efforts we can significantly reduce this gross violation of human rights.

Thank you, Chairman McGovern and Chairman Wolf.