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Body Brokerage: Inside the Trafficking of Human Materials

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Abstract

*In 2011 Scott Carney, anthropologist and investigative journalist, introduced the public to the horrifying underworld of the Red Market, the illegal trade of human materials. Carney's book *The Red Market: On the Trail of the World's Organ Brokers, Bone Thieves, Blood Farmers, and Child Traffickers* (2011) deduces through ethnographic experiences that "[r]ed markets are the product of contradictions, aris[ing] when social taboos surrounding the human body collide with the individual urge to live a long, happy life" (5). The web behind this twisted niche of the black market is expansive and has a hold in many countries worldwide including the United States, China, and India. A closer analytical look at these countries and the type of illegal trade that occurs within them sheds light on how the Red Market thrives, unregulated and unmonitored by both national and international organizations. Fueled by human resilience and the desire to live, the red market is run by body brokers who prey on minority populations, profiting on exploitation, human rights violations, and our basic need for survival. This paper explores the existing literature on cultural ideologies of the body, scholarly studies on the role of corruption in government and health-care institutions, and the areas where a general lack of regulations have allowed the intricacies of the red market forge and flourish without opposition.*

Before we can begin to investigate red markets in the present, it is important to understand their centuries old origins of body snatching and grave robbing. Contrary to popular assumptions, the first humans to rob graves to obtain bodies not for wealth were most likely artists. According to Suzanne Shultz, the documentation of this age old tradition dates back to Antonio Pollaiuolo who is often credited for the first anatomical human painting in the 15th century (2005: 1). Later, other artists would be better known as art anatomists including Michelangelo Buonarroti and Leonardo da Vinci (1). Art and medicine have been closely linked by common curiosity motivated by the goal to produce medical texts (2). As medicine advanced, there came an increasing need for cadavers for dissection. According to Aaron A. Tward and Hugh Patterson (2002), the first case of human dissection recorded in the United States was in 1638. However, Tward and Patterson note that the increasing demand for human specimens does not occur until 1745 when the first course in human anatomy was taught at the University of Pennsylvania (2002). Until this point, American physicians sought out their education in Europe, many graduating from Edinburgh while others attended less well known medical schools in Germany and France (Shultz 2005: 5). Soon after, the United States was at the forefront of the medical world and medical schools started popping up across the country. Anatomy and dissection were viewed

in the United States and abroad as the foundation “of a sound medical education” (6). From an ethical point of view, using bodies for dissection was a new revolutionary idea and it was important to regulate what corpses were used and where they came from. Legally, cadavers could only come from executed criminals but these cadavers were not enough to satisfy the increasing demand (Tward and Patterson 2002). Many of the cadavers used for dissection were likely obtained through the illegal means of grave robbing both by anatomy instructors and their students (Tward and Patterson 2002). The first federal law passed in the United States related to the ethics of cadavers was not passed until 1790 which gave federal judges the right to add dissection to the sentence of death for murder” (Tward and Patterson 2002). This sentencing had a twofold purpose: to provide cadavers but also to deter murders because dissection was negatively viewed by the public. As the nineteenth century drew near, the demand for cadavers would rise exponentially.

The increasing demand for cadavers in medical schools within the United States left the door wide open for grave robbing. Despite the fact that grave robbing was illegal in many states, it still occurred regularly and caused riots within a hundred year span of 1765 (Tward and Patterson 2002). The New York Doctors’ Riot of 1788 is among the most famous. Multiple sources recount the events of the New York Doctors’ Riot as follows: a boy walking past the Hospital Society anatomy lab saw a doctor waving an arm of a cadaver through the window. The boy ran home and told his father what he had witnessed. When the family checked the recently deceased mother’s grave, they discovered it had been robbed and her body was missing. Blaming the Hospital Society anatomy lab for the desecration of their loved ones, rioters quickly organized and began to attack the lab. The laboratory was burned down by the mob and seven rioters were killed.

The medical industry has always viewed grave robbing, body snatching, and illegal ways of ob-

taining human material as unavoidable but necessary evils. While grave robbing may seem like a thing of the past, body snatching is still a pressing issue within the United States. Investigative journalist, Emily Waltz, dove into the world surrounding body snatching and tissue trade. In her article, Waltz uncovers the story of 95 year-old Alistor Cooke whose family decided on cremation after his passing (2006). Cooke had passed away in 2004 of lung cancer in New York and in 2005 his family discovered that his body had been snatched and parts of it sold (Waltz 2006). Cooke was one of 1,000 bodies stolen by a New Jersey funeral home turned body brokerage company where medical records were falsified, body parts were stolen, and then sold for millions of dollars (Waltz 2006). What allows this area of the red market to flourish boils down to simple economics, supply and demand. Human cadavers, whether it be the full skeleton or tissue samples, are required for education, transplantation, and research. Real human skeletons are found around the world in biology and anatomy classrooms, most of which were supplied from India after the riots and laws passed in the United States. For decades, American medical students were required to buy a human skeleton for school. However, both demand and expenses were so high that now medical schools keep their own specimens and only replace them when they are damaged (Carney 2011: 52). In order to cut back even more, Stanford Medical School only supplies a student with half of a skeleton so that one skeleton can be given to two medical students (Carney 2011: 52). While these policies have helped decrease the demand of human skeletons from medical schools, there is still a demand for tissue, cadavers, and organs that cannot be fulfilled easily.

Body snatchers, therefore, enter the lucrative business and are able to sell human materials for about two hundred thousand US dollars per body (Waltz 2006). What body brokers do not sell to the medical industry and researchers, they are able to sell to artists or auction off on eBay (Waltz

2006). Though it seems impossible that the red market can slip through the cracks of government policy, it is not as difficult as one may think. The United States' Food and Drug Administration (FDA) monitors organs for transplant but not human materials used for education or research (Waltz 2006). While there are many ways to obtain tissue samples for research, such as donating one's body to science, it is obviously dependent on death itself. Waltz interviewed Eric Liu a researcher at the US National Institute of Diabetes, Digestive and Kidney Diseases who said simply, "[y]ou can't predict when people will die" (2006). Scientists, medical students, and researchers are extremely dependent on human materials and since bodies donated to science do not have a reliable turn over, they have to resort to less than legal ways to obtain their subjects. The red market thrives because a demand for human materials will always be present in our society. Though body snatching is far from glamorous, it is also extremely profitable. While adaptations of Mary Shelley's *Frankenstein* appear to be grotesque fiction, there are obvious seeds of truth regarding body snatching, the articulation of the monster, and the violent riots that followed.

The events of the New York Doctor's Riot caused New York to pass a law in 1789 forbidding grave robbing and instead allowing criminals to be used for dissection. In the eighteenth century, dissection quickly became associated with criminality. According to Shultz, the link between dissections and criminals can be traced back to Scotland where criminals that hung in the gallows were then dissected (2005: 8). It was viewed as a continuation of the sentencing and as surgeons and anatomists dissected the body, the public began to see it as a "religious sacrilege, a great indignity imposed upon social outcasts, and an extra punishment beyond death" (Shultz 2005: 8). This public view traveled across the world. Some states like Massachusetts, New York, and New Jersey, tried to use the criminality and the general public's disgust for dissection as a deterrent for

other illegal behavior like dueling and murder by allowing criminals once again to be used for dissection upon death. Though it can be debated as to whether these laws were successful, it is apparent that the using criminality as a means for providing cadavers was a common practice.

While there is still a demand for cadavers for anatomical dissection, it is trivial compared to the demand for transplantation organs. In fact, the demand is so high that countries like China relied on similar laws to that of the United States in the nineteenth century. To help ease some of the pressures for the increasing demand for organs, China adopted a policy to use "the organs of executed prisoners for transplantation" purposes (Diflo 2004: 30). In 1984, the United States established the United Network for Organ Sharing, which organized the distribution of organs across the world but according to Thomas Diflo, the Director of Renal Transplantation at NYU, "there aren't enough organs to go around" (2004: 30). With each year, the number of people waiting for an organ transplant increases at an alarming rate. Between 1990 and 1999 the number of people awaiting an organ increased by over 50,000 (Diflo 2004: 30). In attempt to help satisfy some of the organ demand, China legalized the use of organs from executed prisoners. Using a similar rationale to the United States in the nineteenth century, China thought that this policy would help curb organ demand but it would also help deter capital punishment crimes.

From a cursory glance, it would seem that laws like this would help the increasing demand for organs, however, when looking at it ethically, there are massive flaws in this policy. According to Dr. Diflo, most governments only have several crimes that result in capital punishment/execution, like murder or treason, but "China classifies more than 68 offences as capital" (2004: 30). As a result, China executes twice the amount of criminals than the rest of the world combined (30). According to Dr. Diflo, while China discloses that it executes about 5,000 people annually, independent organi-

zations confirm that the number is much closer to 10,000 (30). Putting the ethics of capital punishment aside, in 1984, the Chinese government stipulated that executions were to be performed by a firing squad (30). Within the same policy, the government also established that organ harvesting would only be used if the prisoner and his family consented (31). However, there is no way to fact check the consent of the prisoner after death and since most prisoners are abandoned by their families due to “shame or fear of repercussions,” there is no one to demand that the body remain whole and buried after death (Diflo 2004: 31). Policies such as these allow the government to supply organs for transplantation while assuring that neither the public nor the family will not look into the ethics behind the supply as criminality already transgresses family honor.

Another ethical concern comes into focus when looking deeper at China’s executed prisoners’ policy. According to Sarah Stevens, a staff writer for the Harvard International Review, certain prisoner populations were more likely to be targeted for execution because they were a religious or ethnic minority like the Uighurs, Tibetans, Christians, and even those who practiced the banned Falun Gong spiritual movement (2017). The Chinese government was accused of forcing these minorities to undergo medical testing with their information then uploaded into the organ database to be matched with a recipient (Stevens 2017). In fact, the majority of organ transplants were from deceased donors and 90 percent were from executed prisoners, highlighting China’s dependency on this program (Stevens 2017). Human rights organizations such as Amnesty International and Human Rights Watch launched their own investigations of the prisoner organ system in China. Following worldwide calls against human right violations, China officially terminated harvesting organs from executed prisoners in 2014 and converted to a strictly “altruistic” donation system, which is the system used in the United States; nevertheless, some evidence

suggests that such executions continue (Stevens 2017). Since the repeal of the prisoner execution program, pressure to maintain the flow of organs that China has grown accustomed to has increased and is cited as likely the reason that the practice still happens behind closed doors. While an altruistic, volunteer-based organ donation system is an improvement, it can also be argued that it is still not the most effective model for organ donation.

Social anthropologist Richard Titmuss, who studied body markets in response to blood donation during World War II, introduced the altruistic-donation model (Carney 2011: 9). Blood drives originated in England where millions of people donated blood in order to contribute to the war effort without expecting to be paid (9). As Titmuss continued his research, he posited that the commercial market in the United States resulted in a worse quality blood supply attracting minority vulnerable populations (10). But is an organ and blood donation really a “free” donation?

In theory, the altruistic-donor system makes sense; upon closer examination, however, doctors, hospitals, nurses, lawyers, and administrators all profit from “donations” (11). A major failing in the system is that while the donor is not rewarded or compensated, hospitals, physicians, and other intermediaries make a profit for service and labor. As Carney put it, “[y]ou may not pay for a heart, but you definitely pay for a heart transplant” (11). Payment is just scratching the surface of the ethical debates revolving around the altruistic based donation system.

The more widely debated ethical flaw within altruistic-donation model directly involves the Health Insurance Portability and Accountability Act (HIPAA). The altruistic-donation system is based purely on anonymity, which depersonalizes the exchange both legally and illegally. The disassociation translates into obtaining units of blood or an organ without the understanding that both the blood and the organ were once parts of a person. Carney indicates that obscuring the source of raw material in any market is dangerous but ob-

scuring the source of bodily materials opens the door for criminals to further develop a black market (2011: 14). The altruistic-donation system created a disconnection between donor and recipient. The recipient does not ask and cannot know who donated the organ for transplantation. Therefore, the recipient does not question or think about the procedure that occurred before their own procedure. Because this disassociation already exists, the altruistic system lends itself to having the public think in terms of “units” instead of “parts of a body.” Thus, the black market can flourish under the already depersonalized trade. HIPAA regulations and legalities have already indoctrinated anonymity into mass culture, which has benefited the black market. After all, it is just good business for middlemen like body brokers to not let the recipients and donors negotiate directly (73). For the recipient, an illegal organ transplantation is no different from a legal transplantation. In fact the generalized public are conditioned not to ask where their kidney came from because of HIPAA regulations.

While there are concerns regarding the effectiveness of an altruistic, volunteer based organ donation model, one of the most obvious problems is religion. For China, issues involving consent often revolve around the concept of brain death (Diflo 2004: 31). Diflo discloses that China’s executed prisoner program had no requirement for brain death therefore, organs and blood could legally be extracted at any time (31). While the United States legally changed the criteria for death to “no cerebral or brain stem activity” in 1968, much of the world does not consider brain death as the equivalent to death (Joralemon 1995). Donald Joralemon, author of *Organ Wars: The Battle for Body Parts*, considers cultural rejection when analyzing the market trade for body parts. American medical professionals and organ procurement associations assumed that through the education of brain death, there would be a steep increase in organ donation (Joralemon 1995). Despite education in both the United States and worldwide, loved ones were

still unwilling to consider brain death as death and organ donations plateaued after a subtle increase (Joralemon 1995). Cultural rejection of organ donations are caused by multiple reasons including cultural traditions, body ideologies, and religion. The majority of China identifies as traditional Confucian and therefore share the common “view that people’s bodies should be kept intact after death” (Stevens 2017). Through the lens of traditional Confucianism, it becomes clear why China relied on their prisoners for organs. Since most prisoners were abandoned by their families, there was no one to demand that their body stayed intact after execution. Organ donation challenges the definition of self and questions who owns an individual’s body and its respective parts. While redefining death in theory was an excellent way to increase donation, re-conceptualizing the body and personhood has received global resistance.

Global rejection of organ donation, transplantation, and theft are perpetuated by the black market stories, which are cross-culturally considered violations of human rights. Rumors of Americans traveling to foreign countries to steal body parts are deeply imbedded within global cultures (Joralemon 1995). For centuries in Guatemala, Guatemalans have believed that Americans travel “abroad in search of babies for body parts” while in Japan, organ transplantation and surgery is highly debated in regards to brain activity and the biomedical understanding of body organs (Joralemon 1995). When looking at cultural rejection of organ donation from an anthropological perspective and taking into account Carney’s study on the depersonalization of human bodily trade, it is no wonder why these rumors exist. At the source of this cultural rejection are two opposing ideologies. Western civilization is indoctrinated to think of the human body in disconnection and therefore see body parts as separate entities without questioning their source. Other cultures do not have such disassociation and are repulsed by the idea of transplantation and donation; they believe that bodies must remain whole even if donation means a longer life.

Diflo stumbled upon the Chinese prisoner organ trade when talking to some of his patients who sought organs outside of the United States (2004: 30). According to Stevens, transplant tourism is a relatively common practice when those in need of transplant are wealthy enough travel to a foreign country for an organ (2017). Upon arrival, an organ can be harvested from a live donor, most likely from a desperate and vulnerable population, and transplanted with a higher success rate. Evidence of preying on vulnerable minority populations extends past Chinese prisoners and is proven once again proven in India, specifically, the kidney trade.

Desperate for income, poverty-stricken populations in India resort to selling a kidney in exchange for fast cash. Though this transaction is illegal, it remains unenforced and vulnerable populations are often left with no choice but to participate in order to survive another week. While these vulnerable populations certainly include the low to little income bracket, they almost exclusively refer to women. According to Lawrence Cohen, an anthropologist based at the University of California, Berkley, and author of *Where It Hurts: Indian Material for an Ethics of Organ Transplantation*, the majority of the people in Chennai who sell their kidneys are women (1999). During his interviews, Cohen discovered that there were two recurring patterns: those who sold their kidneys needed the money to survive and pay off some of their debts, and for those that already did so, if they could sell another kidney, they would (1999). Urban areas of Southern India, like Chennai, are hot spots for organ brokerage. The access to medical procedures in Southern India as well as the increasing demand for kidneys and substantial poverty has allowed kidney harvesting to thrive. To save as much money as possible, women in Southern India have already had “family planning procedures” such as tubal ligation to prevent unwanted pregnancies and in extension, another mouth to feed (Cohen 1999). Seeing as women are already electing to undergo unnecessary medical proce-

dures in an effort to save money, what is another time under the scalpel especially if there is fast money involved?

While Cohen’s research in Chennai in the Tamil Nadu province may be decades earlier than Carney’s research in 2011, later patterns seem to corroborate Cohen’s findings and suggest an intense growth since the publication of the Chennai study. Carney details multiple accounts of women selling their kidneys in order to get cash fast for a multitude of reasons, the most jarring of which is the story of Rani. When Rani’s husband lost his job, he began drinking considerably; without a steady income, Rani was unable to provide her daughter, Jaya, a dowry for marriage (Carney 2011: 68). Jaya’s new family abused her regularly to the point where Jaya attempted to take her own life by drinking pesticide (68). When Rani found her daughter, she carried her to the hospital where doctors were able to save her life but Jaya would need to stay in the hospital for more than a week, which Rani could not afford. (68). Rani went to a friend who had the kidney operation several years earlier and together they met a body broker who promised three thousand dollars for her kidney, giving her nine hundred upfront (69). While Rani was recovering from a sloppy surgery, the broker disappeared never paying Rani the full amount for her kidney (70). Unfortunately, Rani’s story is far from unique. Since organ transplantations are less risky from living donors, body brokers can fetch a higher profit for these organs. Carney precisely states that “[t]he ample supply of available organs in the third world and excruciating long waiting lists in the first world make organ brokering a profitable occupation” (2011: 65). For brokers, targeting vulnerable and desperate populations is smart business. Just like Rani’s broker, they can give a small amount of money upfront and then disappear after the surgery, and sell the kidney for a very inflated price without any consequences.

While the importation and exportation of human tissue is prohibited under India’s the national

Import/Export Control Act, which passed in 1985, there are ways around it, which are exploited by body brokers. Waiting for a kidney on the transplant list can take weeks, months, or years in the United States but finding a body broker abroad is not only cost effective but relatively easy (Carney 2001: 66). The system leads to opportunities for equally desperate first world families in need of a kidney to travel to countries like India and receive a kidney from a living donor for a fraction of the price. In fact, it is so economically efficient that several insurance agencies encourage kidney transplantations abroad creating a close networking relationship with hospitals in India, Pakistan, and Egypt (67). The relationship between the organ “donor” and organ recipient is perpetuated by the desperation of both parties. An organ recipient may not have months to wait for a kidney match and is therefore desperate for that kidney with a serious sense of urgency and an organ “donor” is desperate for any cash he or she can make off of a kidney, even if there is a risk of never receiving the full amount promised.

An obvious solution to this cyclical relationship would be the introduction of laws acting as a checks and balances system. However, these laws already exist in India but loopholes are exploited and these laws are rarely enforced. Rani, for example, was forced to go in front of the Transplant Authorization Committee, whose sole purpose is to make sure organ donors are in fact altruistically donating their organs and not being paid to do so (Carney 2011: 69). “Donors” like Rani are coached by body brokers in the correct and acceptable responses to the committee’s questions so that the committee can claim that they did their job in preventing any illegal transplantations to the best of their abilities (69). Carney states that the committee “routinely approves illegal transplants through brokers” and since they operate under an air of authority, the committee can continue to receive bribes while stating that they are upholding the law (2011: 69). Ethics committees like the Transplant Authorization Committee are only ef-

fective if they morally believe in the ethical principles that they are trusted to uphold. Legality, in this case, is just a formality while illegal deals are brokered between hospitals, buyers, sellers, and even ethics committees.

While the roots of red markets stem from grave robbing, it has grown into a situational perfect storm perpetuated by desperation to meet an unobtainable need for organs, blood, and other human materials. Countries like the United States that use an altruistic based donation system enable the market by creating a disassociation between people and “parts,” training us to never ask questions about where this heart, kidney, cornea, or blood came from. The indoctrination of a capitalist culture pressures us to find the cheapest solution, and sometimes that solution, is overseas. The desire and desperation to live ensure a secure and lucrative red market for body brokers because desperate, vulnerable populations on both sides will always exist. Whether it be punitive, such as by execution, or from purely economic motivation, there will be a supply of human materials to sell to the highest bidder. Body brokers utilize supply and demand, bribe ethics committees, and still turn a massive profit. As countries like the United States, China, and India pass laws to ensure human rights in contexts as broad as medical records, executions, import and export trades, and medical ethical committees, they remain relatively unenforced allowing global red markets to thrive. Body brokers continue to prey on underrepresented and vulnerable populations. Grave robbing and body snatching exploit the recently deceased, who are unable to have a voice to defend themselves and their rights. The Chinese government has sold human materials from minorities within the prison system to satisfy organ demand and presumably continues to tolerate the practice; cultural norms of dishonor and abandonment do not allow this population to have a defense, a voice, or family to demand a body after death. Kidneys from India are sourced from desperate women who need whatever money they can

make off of their organs despite the looming consequences of illegal and often botched surgery. All of these circumstances are permitted to continue because the altruistic system engrained in modern donation practices indoctrinates entire cultures to never ask questions, and to disassociate the parts from the whole. As the demand for organs, skeletons, and tissues unceasingly rise, it will be supplied unethically through body brokers and their red markets. Until the world can stop seeing body parts as “units” and start seeing them as a human, the red market will continue to flourish and body brokers will continue to make a substantial profit in the unethical trade.

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