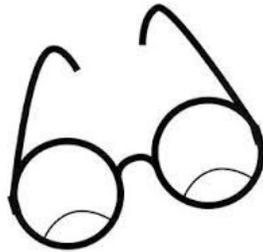
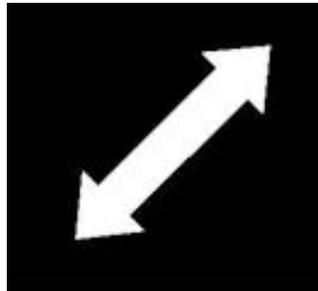


Alejandro B. Perez, Adrian Diaz, Josue Lopez

What relationships exist between people in poverty and powerful organizations that contribute to the conflict of organ trafficking?



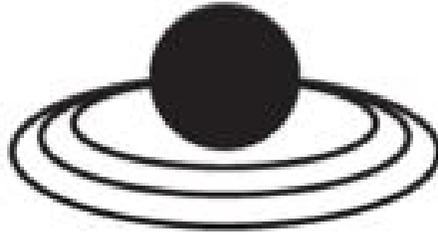
Multiple Perspectives



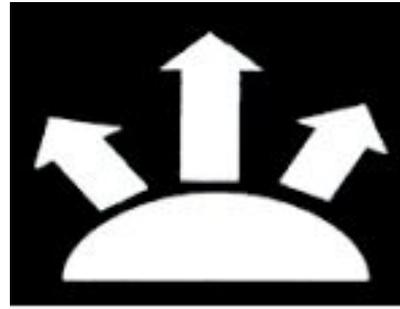
Paradox

Conflict is composed of opposing forces.

Humanitarians oppose organ trafficking while corrupt governments or powerful organizations who need this system to benefit financially from may support organ trafficking, or turn a blind eye. People in poverty turn to power organizations make profit of their organs. In the article named "How Poverty Exacerbates Illegal Organ Trading" the text reads, "Illegal organ trading is also prevalent in Bangladesh, where many poor citizens are faced with repaying loans from non-governmental organizations that they cannot afford." In other words, this quote means that people in poverty will sell their organs as a last resort to earn money. Although many humans oppose organ trafficking, people in poverty can favor this topic because they gain profit while others do not favor it since they can get kidnapped. Powerful Organizations certainly favor organ trafficking because they gain lots of profit just by selling organs to those in needs. The opposing sides often overlap in a complex relationship.



IMPACT



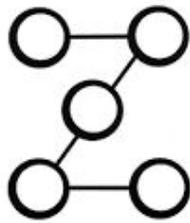
ORIGINS

Conflict may be natural or man-made.

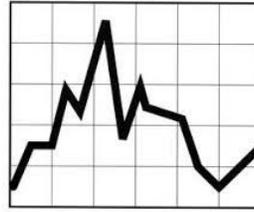
This conflict is man-made and natural,

Civilians created Organ Trafficking because some were in need of money while others were looking for a spare organ.

Organ Trafficking is a manmade conflict because people who were in need of money would sell their organs to powerful groups. In the article "Organ Trafficking and the Poor", it explains that this conflict is man-made because people started to sell their organs to gain money. Most of the time they did this to pay off their loans. It is also a natural conflict because many people need organs in order to live. Many people's organs fail due to diseases that some of the organs contain therefore needing substitutes. From this conflict, it cycles back to man-made where the high demand of organs begin.



Patterns

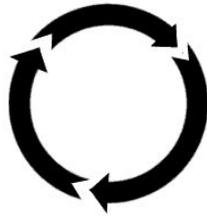


Trends

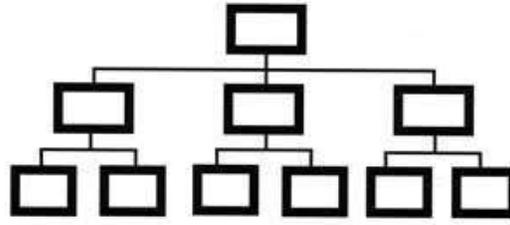
Conflict may be intentional or unintentional.

The Organ Trafficking Conflict is both Intentional and Unintentional. This conflict is unintentional because of the large demand for organs and the fact that people's organs fail. Later along the line, the topic became an Intentional conflict because organizations began kidnapping people in order to harvest their organs and profit out of it.

Our research proves that our conflict is created on purpose and not on purpose. According to Dafoh, "In some countries reports say that organs were removed from homeless people, in other cases those "donors" were offered a refund of a couple hundred dollars in exchange for a kidney donation." This is the case because organizations are kidnapping people in order to keep up with the large demand for organs. So this conflict was basically unintentional and intentional due to these reasons.



Overtime



Rule

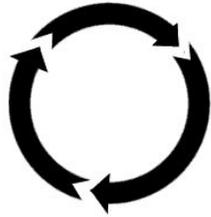
Conflict may allow for synthesis and change.

Some countries have passed stricter laws on regulating organ transplants and prohibiting organ trafficking. In the article “Global Organ Trafficking” the information below is given:

- Israel: There are laws that restrict organ trafficking in place in Israel. But many organ trafficking rings have profited largely in this region. Many people are paid as little as \$2,000.00.
- Bangladesh: Organ removal is outlawed in Bangladesh. But many people find a way around this law in order to earn money. Just like Pakistan, Bangladesh is a third world country. And just like Pakistan people in poverty sell their organs to pay of their debts or to make extra money.
- China: China uses executed prisoners in order to harvest organs. But recent laws and international laws have somewhat stopped that process but it is still one of the countries were organ trafficking is at its highest.
- The Philippines: In 2008, the Philippines banned transplant tourism. But that action has not stopped the booming organ trade that takes place in that country. In fact, in the last decade the Philippines gained an international reputation as a hub for illegal human organ trafficking.
- Iran: Iran is the only country were organ trade is legal. In Iran there is no shortage in organs. But Iran banned organ tourism to foreigners.
- Pakistan: Pakistan is considered a third world country. Most people in this country have debts that they have to pay off. But for many people they tend to sell their most valuable items, their organs. Many people tend to sell their kidneys for about \$3,000.00.
- India: India is developing country. Many people in this country are

poor, and for some in order to make money they have to sell their organs. India has a world wide reputation were it is easily to buy and sell organs.

The conflict of organ trafficking may allow for synthesis and change. Synthesis means when new ideas are created by combining other ideas. This conflict is changing in a good way and in a bad way at the same time. It is changing in a good way because of the laws many countries are passing, which makes it even harder for organ smugglers to bring organs. But it is changing in a bad way because there are new techniques being invented that smugglers are using to bring in organs into other countries. These changes are important because they determine the future of this unethical business. From the interview we are using we can tell that there are many ways that authorities are trying to get rid of this business.



Overtime

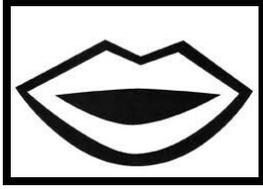


Process

Conflict is progressive.

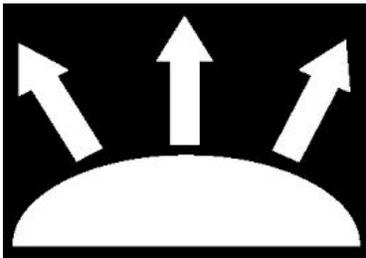
Organ Trafficking will always be an issue and progress in power.

As time passes, new technological advances in the medical field are constantly being added. Organ trafficking grows due to these new inventions. (how does tech help and harm this industry?) The conflict of organ trafficking is progressive because of the rising amount of people who need organs. The amount of people who have organ failure and need organs are rising. This keeps our conflict changing over time because the organ trafficking business is getting bigger due to the demand. Yes this problem changes in different environments. This problem changes in different environments because many countries have little or no rules against organ trafficking. This also helps the organ trafficking business because those are the areas were they mostly target. The conflict does change in newer situations because the organ traffickers adapt to the laws that are placed against them, but they find a way.



LANGUAGE OF THE DISCIPLINE

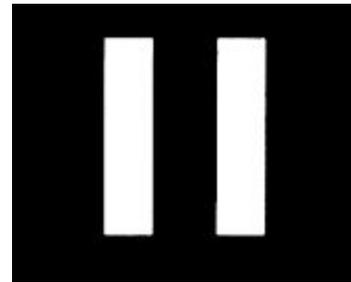
Organ trafficking: is a crime action that is done when a person illegally obtains inner organs and trades them, later used for transplants. Experts in this field use terms such as human trafficking to describe the people being affected. Words that are significant for a person to understand this topic are powerful organizations and people in poverty. These words are significant to understand because these a groups are the main part of this topic. People in poverty can be described as socioeconomically disadvantaged people while powerful organizations can be described as corrupt agencies.



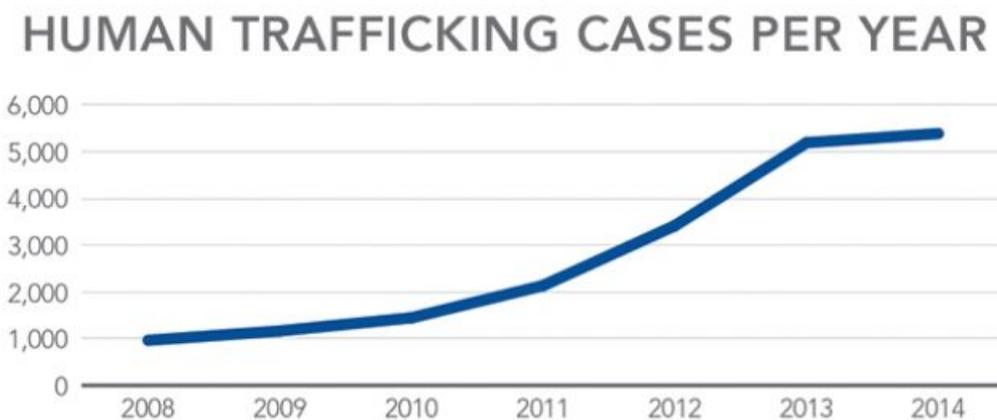
ORIGIN

The origin of Organ Trafficking wasn't necessarily a bad thing when it was originally founded. The first successful organ transplant was in 1954, on identical twins by Dr. Joseph Murray and Dr. David Hume. But by the 1960's Liver, Heart, and the Pancreas were being transplanted. And from there advancements in organ transplantations have rose. But this medical miracle was the start of something unethical. Throughout the years the Black Market has been booming for the trade of organs. In which the Black Market exploits the poor for this lucrative business.

PARALLE L



Organ Trafficking exists in other topics as well. Human Trafficking and organ trafficking are parallel due to it both having to do with illegal trade. This similarity affects our **personal** lives because fear can merge making people more insecure of the people around them. It also affects our **community** because people in poverty like the homeless are being affected the most. Organ trafficking and human trafficking are affecting the **world** due to its high demand of people wanting more. As these topics become more of a problem, it will become harder to take control of and as time passes, technology will advance therefore making both conflicts a major threat and unstoppable. These conflicts are also parallel because a person can profit out of it through the black market.



OVERTIME



Overtime, organ trafficking has become too much of a problem that countries are passing greater laws to lower the chances of it from happening. Though countries try to stop organ trafficking, this conflict is unstoppable as it will always grow and cause more deaths. The amount of people who also catch diseases from infected organs can increase over time causing greater death tolls. Also powerful organizations that take control over low class citizens can increase in power making the more of a threat.

STUDENT-LED RESEARCH - OUR METHOD

Our student led research was conducting an interview. We chose to do our research this way because it fit best with our topic. If we chose to do a survey, some people who take the survey wouldn't know information about our topic. As we do an interview, we can choose to interview and question specific people who are very intellectual on our topic. This connects to our driving question because we are gathering information on our topic, organ trafficking. We also did a previously recorded interview because this topic contains very small experts in the field. It would be very hard to contact and conduct an interview on and expert.

INTERVIEWING AN EXPERT

Dhweeja Dasarathy interviewed a medical professional named Dr. Francis L. Delmonico. This is an expert in the medical field and has contributed to his field by becoming an chief medical officer at New England Organ bank. Dr. Francis L. Delmonico served as the President of The Transplantation Society. The Transplantation Society practices organ donation and transplantation. The questions that Dhweeja Dasarathy asked Dr. Francis L. Delmonico are provided below.

“Organ Trafficking: An Interview with Dr. Francis L. Delmonico”

Dasarathy, Dhweeja. Interview with Dr. Francis L. Delmonico. *Harvard Health Policy Review*, 2017, pp 1-1.

Dhweeja Dasarathy (DD): Since the United States is facing an acute organ crisis, is it possible for desperate recipients to travel to other countries to receive an organ transplant?

Dr. Francis L. Delmonico (Dr. FLD): It’s conceivable, but I don’t think it happens very often. It is a very encouraging time for organ transplantation in the U.S. There is a large increase in organ transplantations in the past five years to approximately 34,000 in 2017 and we have increased the number of deceased donors to the greatest number ever, to exceed 10,000. Nevertheless, I don’t think many patients travel to foreign countries for organ transplants, because of the unreliable quality of transplantation and more importantly the need for sophisticated post transplantation follow-up close to where patients reside.

DD: What are your thoughts about whether one should be allowed to sell his/her kidneys or other organs?

Dr. FLD: Congress has not been disposed to rescind the 1984 National Organ Transplant Act (NOTA) that prohibits individuals buying or selling organs. That policy has been most effective as a model for the rest of the world with the only exception being Iran. The Declaration of Istanbul and the Principles of the World Health Organization adopted by all Member States the World Health Assembly in 2010 prohibits individuals from selling organs.

DD: Iran currently has a legal market for selling organs. Does that system work? How does it help reduce the organ crisis?

Dr. FLD: The key question here is, “Is it ethically proper to buy and sell organs whether Iran or not?” It is exploitation of those who sell themselves in need of money. The money that is provided by the government for the exchange of the organ is not the final amount of money that may be transacted. The dynamic becomes, “I need more money from the vendor seller, I can’t give you more money from the buyer, with the potential conclusion from the vendor, then you find yourself another donor etc.” “Under the table” aspects of this bartering prevent it from being regulated or monitored and it becomes a black market. Iran is not the model for the U.S. or elsewhere in the world.

DD: How can we improve ethical organ donation and ensure equity in transplant access in developing nations?

Dr. FLD: By ensuring transparency and recording every transplant performed. The identity of donor for every recipient is known and recorded. A system is in place that generates a computerized list that is used for the selection of the recipient, a list that is developed by medical criteria of the candidate, and not by the social status or ethnicity. That is the approach that the WHO brings to all member states regarding transplantation. Transparency is everything!

DD: Do you think part of the problem is the commercialization of medicine now that market forces and supply demand are driving an organ black market?

Dr. FLD: The impact of commercialization on organ transplantation has been limited by the system of organ allocation that we have adopted. We have people in need of money for whom there are no other options other than sell their organs. There are members of each transplant selection team who specifically evaluate if any form of pressure is applied, it does not have to be necessarily a financial incentive, though that is what comes most often to reality.

Commercialization is one aspect that affects priority listing. Commercialism and markets are not really the drivers of potential incentivization of donors.

Ultimately commercialization does not drive the need of organs, rather it is the need for organs and organ shortages that drives the commercialization.

DD: With Australia and Singapore legalizing monetary compensation for donors, is there potential for abuse in those and other developed countries since economic disparities exist even in such countries?

Dr. FLD: It’s a context of the compensation. If compensation is provided so that it removes a financial burden from the donor, the compensation provided by Singapore or any other in the world, is to take away that disadvantage that someone is not at a monetary loss to be a living donor. The compensation should be processed in a regulated way to know that it is distinguished from enabling a

monetary gain. In both Australia and Singapore – the intention is financial neutrality – no loss but no gain.

DD: Is there a concern for murder for organs as a criminal activity. Criminal and racketeering organizations have adapted to market needs and if illegal drugs support criminal enterprise, do you think the next unexplored arena is organ trafficking. What can countries or the UN do to tackle this?

Dr. FLD: You have seen reports in the press that individuals in Sinai are murdered for the organs. I am unaware of a transplant doctor that is a murderer. There are very specific scientific circumstances that are required for successful organ transplantation not accomplished surrounding the claims that were made about the Sinai. Sinai – evidently there were investigations; but nothing was proven. There were individuals in China who were executed as a capital punishment — and organ were being taken from them – but the International community strongly objected – and that practice has virtually stopped.

DD: Everywhere in the world, stories about organ trafficking are heartbreaking. In developing countries, how does the law protect the civilian from kidney trafficking? As an advisor to the WHO, what is your take on it?

Dr. FLD: Governments have a responsibility as organ transplant programs are emerging in Kenya, Ethiopia, and Nigeria. The Ministry of Health must authorize transplant centers and there should be an agency that oversees the practice. The information to be monitored includes: Who is the donor? Who is the recipient? Date of outcomes; the distribution of the deceased organs for transplantation, what is the outcome for the living donor? The elements are clearly presented in the WHO Guiding Principles. From the WHO standpoint, in an underdeveloped country, we suggest that the Ministry follow the principles of the WHO. I am hoping that we can develop a task force of the WHO that is available to the governments for these principles to be implemented.

DD: What is your final comment on organ transplantation?

Dr. FLD: Organ transplantation is the microcosm of the society: referable to our common humanity. It is a noble act, but it is subject to abuse. There is a need for social justice that we do not rely on poor indigent individuals, to be the source of a deceased donor, or be a living donor.

Social justice says if you can be a donor, you should be able to be a recipient. Similarly, if you can be a recipient, then there should be no cultural or societal objections to your being a donor. If a living person is willing to be a donor at the time of death, then no society or culture should have an objection to that decision.

Dhweeja Dasarathy asked these questions because he wanted to explore the conflict of organ trafficking further. They relate to our driving question since it helps us gather more information in this topic from an actual professional. This interview helps us understand our conflict because it talks about how the low class face problems with student loans. One idea or resolution that came out of this interview is if legal organ transplantation allowed donors to get paid for selling their organs. Some profit can go towards powerful organizations while another portion goes towards low class civilians as a boost to “help them”. This interview helped us formulate a possible resolution that is how it is `safe to sell your organs to a stranger. In other words, will it create conflicts if a person sold their organs to an unreliable person.

