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International Black-Market Organ Trade

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Abstract

The human organ trade is a global epidemic as citizens of developed-countries look to developing-countries to find organ donors, specifically exploiting the poor for their own personal gain. The impoverished organ donors are treated in an inhumane manner, as they are often left with serious medical complications and are not treated equally in the transaction.

Keywords

Organ, Organ Trade, Black Market, Transplant Tourism

Disciplines

Inequality and Stratification | Other Medicine and Health Sciences | Public Health | Social Control, Law, Crime, and Deviance

Comments

Written for FYS 150: Death and the Meaning of Life.

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In a world where technology has found a reliable solution to every challenge society has ever faced, it can be extremely difficult to accept fate when technology cannot intervene with a resolution to a serious problem. Even though it is the twenty-first century, there is still an unnervingly high death rate due to the lack of available organs for life-saving organ transplants. Organ donation rates vary from country to country, based on a variety of factors such as the dominant religion's beliefs, to basic geography. As developed countries such as the United States, experience limited organ donations, their citizens often turn to developing countries such as the Philippines and Mexico for organs through an illegal trade, known as the international black-market. Developing countries are the main targets for organ donors as they do not have the resources to educate their citizens on the negative effects of donating organs illicitly, as well as their higher rates of poverty, providing the desperate need for quick money. The desperate need for organs is a global epidemic, forcing people to turn to outside sources in order to live. Therefore, the flourishing organ trade is highly affected by religion, geography, and economic factors.

The black-market supplies those in need of an organ transplant with the desired organ, through an illegal process known as organ trafficking. Organ trafficking is the "recruitment, transport, transfer...of persons by means of force, fraud, coercion, abduction, positions of vulnerability and exploitation, with the purpose being the removal of their organs for transplantation" (Bowden 451), affecting many developing countries as there is less government

control and policies in place to protect their citizens. These lacks of restriction allow developed countries' citizens to participate in "transplant tourism", which involves wealthy foreigners traveling to developing countries in order to receive a life-saving organ transplant (Bowden 471). It has been estimated that twenty percent of the world's kidney transplants are performed illegally through the black-market trade, showing the prevalence of organ trafficking globally (Mendoza 255). Kidneys are the most common organ traded on the black market because the kidney can be procured from a living donor, as each human can live with one of the original two kidneys (Halstead and Wilson 2). With this extensive global trade comes various key players that work together to create an effective operation; which includes, desperate clients who are in need of a life saving transplant, impoverished, coerced, or kidnapped donors, medical professionals who break all the codes of morals and ethics, and organ brokers who find and match donors with buyers to make a substantial profit. Without all four categories, organ trafficking would fail to exist (Lal Punjabi 54).

The most essential position in the international black-market are the organ brokers, as they are the middlemen in the organ trade that coordinate all illegal activity. One portion of their job is to advertise their services in developed countries to find wealthy buyers in order to continue the trade and make a profit. However, in order to find someone willing to sell an organ, they enter deeply impoverished areas where a few thousand dollars will fulfill the needs of their lifestyle. The promise of the compensation attracts donors as they view the money as a way out of debt or food for their malnourished families. Unfortunately, the middlemen usually lie about the consequences of the operation, avoiding the truth about the recovery process and possible complications that may arise (Dalhoff). Donating a kidney as a live donor through the illegal trade can entail a lifetime of pain due to nerve damage, start of kidney failure, hepatitis B and C,

blood clots, pneumonia, and death, making the donation extremely risky(Cuda-Kroen)(Norton). These possible outcomes would deter numerous donors, hence why middlemen refuse to inform prospective donors about the medical complications that would only worsen their impoverished life. As the coordinators of the operation, these men must prepare for all possible roadblocks that may occur along the way, especially with interviews when crossing borders and finding a doctor. Professor Muhlbacher from Austria was involved in a black-market organ transplant unknowingly, as the middleman coached his patient and recipient prior to the operation. The duo passed psychological interviews, which typically detects any signs of acting and lying (Dahlhoff). Therefore, middlemen have perfected their schemes and beat the country's systems. Although some doctors enter the trade unknowingly, most medical physicians enter the operation with full awareness to the situation. When the doctor knowingly agrees to be involved, all the focus is on the buyers, leaving the donor to be pushed aside following the extraction of the organ (Bowden 475). Donors are ultimately denied necessary medical attention, prolonging their recovery and hindering their health. Overall, middlemen control the organ trade as they use their business skills to help the sick illegally by exploiting the poor.

In the United States alone, over a hundred and fifteen thousand people are currently in need of a lifesaving organ transplant, adding another person to that list every ten minutes. Unfortunately, due to the limited resources, twenty people on average die each day waiting for an organ donor (UNOS). These limitations result from a multitude of factors ranging from a decrease in organ donation awareness to legalities. Although religious beliefs can affect organ donations, religion does not significantly improve organ donation rates in the United States. Christianity views organ donation as a positive act of healing, however with over seventy-five percent of adult Americans identifying with the Christian religion, organ donations continue to

be in high demand (Newport). However, a main reason for the decrease in donor participation has been linked to the “Opting-In System”, in which United States’ citizens opt into becoming an organ donor or the next of kin must consent (Thaler). Although many Americans may be willing to be an organ donor following their death, most will probably never get around to signing legal documentation confirming their consent. In addition, many doctors refuse to remove organs if the deceased patient is a registered organ donor without the consent of the next of kin or if the next of kin cannot be reached in time to harvest the organs, for fear of receiving a lawsuit (Hansen 156). This system has been proven to be less effective when compared to European countries, like Austria, who follows an “opting-out system”. In an “opting-out” system, everyone is automatically an organ donor unless they go through a legal process to opt-out of the organ donation process (Halstead and Wilson 6). Therefore, Austria has a ninety-nine percent registered organ-donor rate, ultimately increasing organ donations (Thaler 1). Economically, the United States has a large percentage of wealthy citizens, allowing those citizens to travel abroad as transplant tourists in order to purchase a life-saving organ. Furthermore, since the United States is a developed country, organ traffickers do not prey on American citizens as heavily as underdeveloped countries due to the lack of impoverished conditions that would spark the desperation to sell a vital organ. Consequently, since the United States cannot produce enough organ donations to compensate for the increasing demand, those who are desperate enough to extend their life turn to an illegal organ trade market in developing countries.

As developing countries experience impoverished conditions along with limited educational resources, they are automatically more vulnerable to exploitation of illegal organ-trafficking in order to earn more income. In 2015, the Philippines had over twenty-percent of the population living under the poverty line, exemplifying the hardships numerous Filipinos face in their

developing country. With these high statistics, the Philippines becomes exploited to organ trafficking making it one of the top five designations for organ commerce in the world with the lowest costs for kidneys internationally (Mendoza 101). Roger Mendoza conducted a study on kidney donations through the black market in the Philippines to form general concepts regarding the black-market trade and the overall effects. Mendoza revealed through his study that ninety-eight percent of the donors were male, averaging around thirty-one years of age and over ninety percent belonged to the lowest income classes. In addition, there was a significant increase in kidney vendors who had children, showing the financial need to support their families. Many of the men surveyed did not know there were laws against organ trafficking, or about the possible medical consequences (Mendoza 102). Mendoza's study in the Philippines truly illustrates how organ traffickers target those with limited knowledge and extreme desperation in order to obtain vital organs for a profit. Unfortunately, the Philippines do not place strict regulations upon their citizens to control and eradicate the trafficking involved in the black-market trade. Although the Philippine's health policies prohibit the donation of any kidneys to a person without familial relation, over ninety percent of the vendors reported their kidneys were sold to an unrelated recipient (Mendoza 103). In addition, not only are men of lower socioeconomic classes subjected to the inhumane trades of organ trafficking, but the Philippine National Bureau of Investigation reported that, "Filipino parents were selling their children for the harvesting of organs that were transplanted into patients from the Middle East" (Lal Panjabi 58). The desperation to live brings Filipinos to horrific decisions that are ultimately a crime against humanity. As the Philippines' few health policies and laws continue to be disregarded and unenforced, the Philippines remains one of the largest organ trafficking countries for kidneys globally.

In addition, the Philippines is the only Christian nation in Asia as eighty-six percent of the population practices Roman Catholicism (Miller). Even though the Vatican views organ donation as an act of love and charity, the Philippines continues to have low organ donation rates due to its poor economy as a developing nation, leaving many citizens to face poverty. Therefore, even though the religion should encourage more organ donations, the economy and geography lead Filipinos towards the black-market trade in hopes of financial gain.

As organ brokers exploit the poor to sell their kidneys consensually, other developing countries such as Mexico, experience organ trafficking rings that thrive off of violent murders in order to procure organs. Being an impoverished developing country, Mexico finds itself dealing with drug cartels and gang violence that also incorporate the proceeds of organ trafficking into their activities. Unfortunately, organ trafficking is prevalent throughout the country as it is seen as an opportunity to obtain large sums of money, especially when buyers are willing to pay exorbitant prices. Over the past twenty years, over six hundred young women were murdered in Juarez, Mexico, as their bodies were found throughout the deserts with organs extracted from their bodies. With limited authority and law enforcement to protect all of Mexico's citizens, young females are highly targeted for their organs (Bowden 461). In addition, children are another target for organ trafficking, specifically for the Mexican drug cartels. In 2014, members of the Knights Templar Cartel were arrested for conducting a child organ trafficking ring, in which children were kidnapped throughout Mexico and taken to rented homes where their organs were later extracted ("Child Organ Trafficking..."). Although authorities attempt to control the organ trafficking trade, the drug cartels are too powerful to be stopped. Even with a few members of the cartel being detained, cartels have colonized throughout numerous states, making

their dominant rule indestructible. Therefore, transplant tourism continues to thrive in Mexico and innocent lives continue to be murdered.

Similar to the Philippines, over eighty percent of Mexico's citizens identify as Roman Catholics (Palerm et al. 3). Although Catholicism approves of organ donations, the developing country's impoverished state leads to the economy taking over the religious aspect of organ donation due to many people facing financial hardships. Therefore, instead of donating organs as a live or deceased donor, those in need of financial assistance turn toward the black-market organ trade in order to obtain some extra cash.

Unlike the Philippines and Mexico, China takes a different approach to the organ trafficking as the Chinese government partakes in the foreign organ trade, ultimately encouraging the international black-market. China is the world's third largest economy, driving the nation's natural desire to grow and succeed in their own booming economy (Lal Panjabi 82). This statistic drives China's heavy involvement in organ trafficking as the government seeks to increase economic growth through any means necessary. Due to the intense secrecy of the Chinese government, limited statistics and data is available for international understanding. However, through Chinese officials and medical physicians who come to the United States, the truth beyond the borders is exposed. Between 1990 and 1999, over eighteen-thousand Chinese prisoners were executed and in 2008 alone, over seventeen-hundred prisoners were executed (Lal Punjabi 94). These unimaginable death rates are significantly larger than the average country that practices the death sentence, due to the fact that the Chinese government makes a profit off of the prisoners' dead bodies. The Chinese Deputy Minister of Health confirmed that over ninety-five percent of transplanted organs are from executed prisoners (Lal Punjabi 94). China removes organs from their prisoners without consent as they make a considerably high profit from foreign

buyers. The act of nonconsensual organ harvesting is seen as a positive, "...as the criminals are making use of their last virtue" (Halstead and Wilson 4). However, since China is focused on profit over ethics, prisoners are being executed at higher rates in order to produce more organs, exemplified in the execution rates. In 2006, China had over five-hundred organ transplant centers, conducting over eight thousand kidney transplants and four-thousand liver transplants from executed prisoners (Gey). Many countries globally have condemned and criticized China for their inhumane acts, resulting in numerous denials from Chinese government officials and promises of ethics committees that review each organ transplant case (Lal Punjabi 104). Unfortunately, China's unethical and immoral practices only encourage transplant tourism as they take the lives of prisoners to procure organs for a profit.

China may also feel the need to supply organs to their citizens due to the naturally low organ donation rates that correspond to the dominant religions. The majority of Chinese citizens practice Buddhism, Taoism, or Confucianism. Those who practice Confucianism will never become a living organ donor nor register to be an organ donor post-mortem. Confucians believe strongly in filial piety, and any act of altering the complete body their parents provided them with, would be an act of disrespect and disgrace. In addition, those who practice Taoism are often conflicted with religious beliefs. Taoism believes in naturalism and anything going against nature, such as donating organs, can conflict with the religion. Fortunately, Taoist scholars have agreed that the body acts as a shelter to the meaningful aspects; thus, organ donation would not be conflicting with the religion's beliefs (Oliver, et al. 441). Furthermore, Buddhism also experiences great conflict with the religion's beliefs on organ donation. Buddhism prides itself on generosity and selfless acts, making organ donation appear as a positive. However, Buddhists believe, "the spiritual 'consciousness' may remain in the body for days after the breath has

stopped... and the body must remain undisturbed until then” (Oliver, et al. 441). Therefore, organ procurement could alter the transition into the next life for the Buddhist, turning the idea of organ donation into a negative for those who practice Buddhism. With numerous conflicting views on organ donation with the dominant religions in China, organ donation rates are naturally low due to the citizens’ religious beliefs. Thus, without a reliable supply of organs, China finds their citizens in desperate need of organs, causing them to turn to their prisoners.

Another Asian country with strong ties to the international black-market is India, as it is home to one-third of the world’s impoverished people, and holds over two million undernourished citizens (Lal Panjabi 62). As many Indians find themselves on the brink of starvation, they are truly willing to pay all costs to afford food and shelter. The donation of kidneys to foreigners is too close to a normal and common event, as it is estimated that over two thousand kidneys are sold per year, labeling the country as a, “great organ bazaar” (Lal Panjabi 68). With the substantial flow of transplant tourism, comes a significant economic gain. From 1997 to 2002, over thirty million dollars was collected from the organ trade and the Confederation of Indian Industry estimated medical tourism to be worth over two billion dollars by 2012 (Lal Panjabi 67, 68). Unfortunately, donors will receive only a fraction of the promised payment averaging around five hundred dollars, and a lifetime of medical complications and physical limitations. Due to these unforeseen complications, an estimated eighty-six percent of donors are unable to work and accumulate medical expenses, only furthering their debt and increasing their poverty. (Lal Punjabi 54). Foreigners and kidney brokers prey on the poverty-stricken rural communities as they understand the desperation of the lower class, allowing them to be easy targets as it turns donors into, “biological machines” (Lal Panjabi 43). Although poverty-stricken rural areas appear to be common areas of human trafficking, children are also

swept into the organ trafficking trade ring. In Andhra Pradesh, India, “a blind orphan girl was rescued from an adoption center after reports surfaced that her corneas had allegedly been surgically removed” (Lal Panjabi 75). This unethical and inhumane use of children for rich foreigners once again shows a crime against humanity, yet countries are unable to stop the exploding trade due to the fact it is done globally and through secrecy.

In addition, India has the lowest organ donation rates globally, with twenty-six hundredths organ donations per million people. With these astronomically low organ donation rates, over five-hundred thousand people are currently on India’s organ waiting lists (Organ India). Although India’s dominant religion, Hinduism, approves of organ donations, it has not increased the organ donation rates. As stated above, the majority of organ transplants go through the international black-market due to the compensation provided to donors, that is desperately needed for those living in impoverished areas. Unfortunately, as India’s own organ donation rates are extremely low, their own citizens are not only involved as the organ donors, but the wealthier citizens on the waiting lists also have the desperation to result to transplant tourism.

As Iran’s government is an Islamic Republic, their laws and policies are based off of the Islamic religion. Therefore, as the Qu’ran states, “whosoever saves the life of one person it would be as if he saved the life of all mankind”, exemplifying the Islamic religion’s approval and support of organ donation as it saves the lives of others (Oliver, et al. 438). Due to the Islamic belief, Iran is currently the only country in the world where the buying and selling of kidneys is legal, but one does not pay for the organ itself, but instead the payment is seen as “compensated giving” (Bagheri 269). Similar to any normal kidney donation, donors must register through an organization and obtain the proper medical screenings before being matched with a recipient. Once matched with a recipient and a kidney transplant is performed, the donor receives a fixed

monetary gift of one thousand and ninety dollars to show an appreciation for their sacrifice and to help cover any extra costs related to the procedure (Bagheri 271). The compensation program was created in 1997 in hopes of increasing donation rates and improving the lives of those with end-stage renal disease, due to the increasing numbers of those with the kidney disease. On average, thirty-percent of those on the waitlist would receive a kidney, leaving the remaining seventy percent to continue dialysis treatment or die. By 1999, Iran's wait list for kidney donations was eliminated through the compensation program. (Bagheri, 271) In addition, the wealthy are not prioritized over the poor as seen in a study that analyzed five-hundred kidney recipients involved in the compensation program, which showed that 50.4 percent of the recipients were of lower income, 36.2 percent recipients were in the middle class, and 13.4 percent recipients were in the upper class (Bagheri 276). Therefore, the allocation of donated organs is not prioritized based on social class since the majority of donated organs were given to the lower income class, showing the waiting list is based on need rather than a socioeconomic hierarchy. Furthermore, to ensure the country did not appear to be involved in an international organ trafficking operation, Iran placed a regulation in the program which prohibits the donation of a kidney to another with a different nationality. Thus, non-Iranian citizens cannot partake in the living unrelated donation and compensation program (Bagheri 275). Therefore, strict regulations are enforced so every procedure is documented and registered to avoid illegal transplants, allowing the program to remain fair to all of their citizens. Overall, Iran's compensation program has eliminated a need to engage in organ trafficking for kidneys as there is no longer a waiting list or a fear of dying due to end-stage renal disease. Unfortunately, other main organs such as hearts and lungs cannot be donated through a living donor, leaving other organ trafficking problems unresolved.

Israel used to have one of the lowest organ donation rates in the world, leaving many patients on the waitlist to die or travel abroad in hopes of a viable organ through the black-market (Ofri). Since Israel is predominantly Jewish, the Judaic religion was the main cause for limited organ donations since, “Jewish law proscribes desecration of the dead, which has been interpreted by many to mean that Judaism prohibits organ donation”, ultimately turning Israel’s citizens away from signing up to become registered organ donors. Due to the tremendously low donor registrations, Israel adopted a new policy, becoming the first country in the world to have nonmedical criteria as a priority on the organ waitlist. If a patient is a registered organ donor or their family donated an organ in the past, they are automatically priority on an organ waitlist of their own. Within ten weeks of the new program, over seventy-thousand Israelites registered to become organ donors (Ofri). Due to the overwhelming increase in registered donors, organ transplants also increased sixty-percent that year. In addition to the priority aspect, the law also grants compensation which covers lost wages and any other medical expenses acquired through the donation (Ofri). Furthermore, Israel’s economy has been expanding over the past five years, as seen in 2016 when the gross domestic product reached over three hundred and eighteen billion dollars, a nineteen billion dollar increase from 2015 (Israel’s GDP). Therefore, as Israel’s economy remains strong, organ trafficking for potential donors is not as prevalent due to the lack of financial distress. Overall, as the number of organ donors increase, waiting lists decrease, ultimately decreasing Israel’s participation in organ trafficking. Therefore, this new law truly did help end crime against humanity through decreasing the need to engage in the black-market organ trade.

Organ trafficking does have economical gains, but there are numerous detrimental effects that leave donors to become victims. When middlemen approach desperate people living in

impoverished, developing countries, they often are on the brink of starvation or becoming homeless, feeling as though they have no other option. This targeting specifically exploits the poor (Hansen 158). Those in the lower class do not have the education to understand the severity of the major medical operation they are agreeing to undergo. They also do not have the strong healthcare systems to ensure proper surgical techniques and medications are being provided, ultimately hindering their bodies and health. The negative effects of surgery can leave donors out of work for weeks, resulting in a loss of pay. In addition, if there was a complication during or after the operation, the donor can enter deeper into their debt as they acquire more medical bills, loss of work, and possibly death (Mendoza 102, 104). Limited knowledge on the risks of an organ donation, legitimate healthcare providers, and extreme desperation lead to true victimization of developing countries' lower-class organ donors. In the end, the donors usually do not receive the money they were originally promised, causing them to have lost an organ for a few hundred dollars when the recipient paid the middle-man thousands, exemplifying how donors are taken advantage of due to their desperate situations (Bowden 477). Furthermore, numerous middle-men and gangs kidnap people globally to acquire kidneys. Not only are these victims forced against their will to give up a vital organ, they are typically murdered to ensure their kidnappers are untouchable and to procure more organs (Bowden 461). Areas of extreme poverty and limited authority are targets to kidnapping and murder for the procurement of organs. As discussed previously, children are frequent victims of organ trafficking as organs from children twelve years of age and older are eligible to be transplanted into adults (Fasting, et al. 519). Whether it be through a parent selling their own flesh and blood for a profit to be murdered for numerous kidneys, children kidnapped from their hometowns, or orphans with no

parental care, all instances are easy targets for middle-men as they only wish to make a profit off of defenseless children.

Although recipients are seen as the villain in the organ trafficking operations as they take away vital organs without a care as to where it came from, they too can be victims in the organ trade. Since these operations are occurring illegally, there is the potential risk for fraudulent information regarding the organ. Therefore, when a recipient pays for an organ and receives an organ with HIV, one with a differing blood type, or a procedure that was done incorrectly or with poor sanitization, they are the victims of fraud. (Halstead and Wilson 5). Fraud for the recipient can lead to death or severe medical complications, causing their one wish of surviving to be rejected, ultimately shortening their life.

The international black-market organ trade will continue to prosper as long as organs are in need and countries continue to turn a blind eye to the serious trafficking occurring in their homeland. If countries were to adopt similar systems such as Iran's "compensated giving" or Israel's nonmedical criteria for prioritizing, waitlists could be eradicated or shortened significantly. When the organ waitlists are eliminated, the need for the black-market will cease. The United States and other developed countries must make a change not only to protect and improve the lives of their citizens, but to also protect the lives of those living in poverty in developing countries. Parents should not have to fear their children being kidnapped for their kidneys nor should parents have to decide between selling a vital organ and providing food for their family. Organ donors are being considered as "biological machines" and no longer humans, dehumanizing society and those living in poverty. Overall, the international black-market is a global epidemic that violates human rights, and the world must come together to stop these acts of violence against humanity.

Works Cited

- Bagheri, A. "Compensated Kidney Donation: An Ethical Review of the Iranian Model." *Kennedy Institute of Ethics Journal*, vol. 16 no. 3, 2006, pp. 269-282. EBSCOhost, ezpro.cc.gettysburg.edu:2048/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=phl&AN=PHL2094500&site=eds-live.
- "Child organ trafficking ring busted by Mexican police." *CBC World News*, Associated Press, 17 March 2014, <http://www.cbc.ca/news/world/child-organ-trafficking-ring-busted-by-mexican-police-1.2576492>. Accessed 15 November 2017.
- "Cost of ERSD." *United States Renal Data System*, vol. 2, no. 11, 2012. https://www.usrds.org/2012/view/v2_11.aspx
- Cuda-Kroen, Gretchen. "Organ Donation Has Consequences Some Donors Aren't Prepared For." *Health News From NPR*, 2 July 2012. <https://www.npr.org/sections/health-shots/2012/07/02/155979681/organ-donation-has-consequences-some-donors-arent-prepared-for>. Accessed 10 November 2017.
- Dalhoff, Anja. "Kidney on Ice." *Journeyman Pictures*, 2008. Engineering case studies online (video). EBSCOhost, ezpro.cc.gettysburg.edu:2048/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=cat00074a&AN=muscat.b2604934x&site=eds-live.
- Hansen, Brian. "Organ Shortage." *CQ Press*, vol. 13, no. 7, 21 February 2003, pp.153-176. ezpro.cc.gettysburg.edu:2048/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=cat00074a&AN=muscat.b19965084&site=eds-live.
- Fasting, U., Christensen, J., Glending, S. "Children Sold for Transplants: Medical and Legal Aspects." *Nursing Ethics*, vol. 5, no. 6, Nov. 1998, p. 518-526. EBSCOhost, ezpro.cc.gettysburg.edu:2048/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=edb&AN=4093541&site=eds-live.
- "Israel's GDP (current US\$)." *World Bank*. <https://data.worldbank.org/indicator/NY.GDP.MKTP.CD?locations=IL>. Accessed 19 November 2017.
- Gey, Laurent. "Discussion at French National Assembly: Organ Trafficking and Transplant Tourism." *The EPOCH Times*, 11 December 2013, https://www.theepochtimes.com/discussion-at-french-national-assembly-organ-trafficking-and-transplant-tourism_393409.html. Accessed 12 November 2017.
- Halstead, Boronia and Wilson, Paul. "Body Crime: Human Organ Procurement and Alternatives to the International Black Market." *Australian Institute of Criminology: Trends and Issues in Crime and Criminal Justice*, no. 30, March 1991, pp. 1-8. EBSCOhost, ezpro.cc.gettysburg.edu:2048/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=edo&AN=57210294&site=eds-live.

- Lal Panjabi, Raneer Khooshie. "The Sum of a Human's Parts: Global Organ Trafficking in the Twenty-First Century." *Pace Environmental Law Review*, vol. 28, no. 1, Sept. 2010, pp. 1-144. EBSCOhost, ezpro.cc.gettysburg.edu:2048/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=eih&AN=66571054&site=eds-live.
- Mendoza, Roger Lee. "Kidney Black Markets and Legal Transplants: Are They Opposite Sides of the Same Coin." *Health Policy*, vol. 94, 2010, pp. 255-265. EBSCOhost, doi:10.1016/j.healthpol.2009.10.005.
- Mendoza, Roger Lee. "Price Deflation and the Underground Organ Economy in the Philippines." *Journal of Public Health*, vol. 33, no. 1, March 2010, pp. 101-107. EBSCOhost, ezpro.cc.gettysburg.edu:2048/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=edb&AN=58768408&site=eds-live.
- Miller, Jack. "Religion in the Philippines." *Asia Society*, <http://asiasociety.org/education/religion-philippines>. Accessed 10 November 2017.
- Newport, Frank. "Christianity Remains Dominant Religion in the United States." *Gallup News*, 23 December 2011, <http://news.gallup.com/poll/151760/christianity-remains-dominant-religion-united-states.aspx>. Accessed 14 November 2017.
- Norton, Amy. "Kidney Transplant 'Tourism' Comes With Risks." *WebMD*, 6 November 2015, <https://www.webmd.com/a-to-z-guides/news/20151106/kidney-transplant-tourism-comes-with-risks-study#1>. Accessed 19 November 2017.
- Ofri, Danielle. "In Israel, a New Approach to Organ Donation." *The New York Times*, 16 February 2012, <https://well.blogs.nytimes.com/2012/02/16/in-israel-a-new-approach-to-organ-donation/>. Accessed 12 November 2017.
- Oliver, M., Woywodt, A., Ahmed, A., Saif, I. "Organ donation, transplantation and religion." *Nephrology Dialysis Transplantation*, Volume 26, Issue 2, 1 February 2011, Pages 437-444, <https://doi.org/10.1093/ndt/gfq628>
- Organ India*. Parashar Foundation, <http://www.organindia.org/make-a-pledge/>. Accessed 19 November 2017.
- Palerm, A., Griffin, E., Wiley, G., Parkes, H., Cline, H., Bernstein, M., Meyer, M. "Mexico." *Encyclopædia Britannica*, Encyclopædia Britannica, inc., 25 October 2017, pp.1-13. <https://www.britannica.com/place/Mexico>. Accessed 14 November 2017.
- "Poverty Headcount Ratio at National Poverty Lines (% of Population)." *World Bank*, <https://data.worldbank.org/indicator/SI.POV.NAHC?locations=PH>. Accessed 12 November 2017.
- Thaler, Richard H. "Opting in vs. Opting Out." *The New York Times*, 26 September 2009, <http://www.nytimes.com/2009/09/27/business/economy/27view.html>. Accessed 14 November 2017.

UNOS. United Network for Organ Sharing, <https://unos.org/data/>. Accessed 14 November 2017.