# Human organs: the next futures market?

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Recent advances in human tissue transplantation have created an exploding commercial industry for the purpose of supplying hospitals and clinics with transplantable human tissue. The business of processing and storing human tissue used to treat a myriad of medical problems operates largely outside of any governmental control.

According to the American Association of Tissue Banks (AATB), from 1995 to 2000, human tissue transplants doubled to 750,000, spurring an increase in the number of tissue banks. A report released last year by the Department of Health and Human Services claimed that the Food and Drug Administration (FDA) has inspected only 118 of the 350 tissue banks registered with the agency. Further, tissue banks are only required to test donated human tissue for HIV and hepatitis viruses.

The Canadian Broadcasting Corporation's investigative reporting program *The Fifth Estate* presented a two-part exposé entitled "Deadly Harvest—Parts for Sale." Broadcast on March 27, the first segment dealt with the connection between a German human tissue product, Lyodura, harvested from cadaver brains to seal surgical wounds, and Creutzfeldt-Jacob Disease (CJD), a fatal brain disorder. The second part, aired on April 3, targeted the mostly unregulated Canadian and international tissue banking industry.

In 1969 the German manufacturer B. Braun Melsungen AG developed Lyodura as a substitute for the harvesting of a patient's own tissue to patch surgical wounds. Lyodura was cultivated from the dura mater, the tough membrane covering the brain, obtained from cadavers. However, the company mixed the dura mater of different donors, virtually ensuring product contamination. Lyodura was on the international market from 1969 to 1996 and, although never approved by the FDA in the US, the material found its way into American hospitals through Canadian distributors.

In January 1987, Yale University doctors reported the first case of CJD linked to Lyodura—28 year-old Gayle Bourquin of Connecticut, who died in March of that year. Subsequently, both the US Food and Drug Administration and Health and Welfare Canada issued alerts to recommend the disposal of all units of Lyodura. However in 1992, Melsungen's official North American distributor, Tri Hawk International, was charged with illegally selling Lyodura in Canada and fined $2,151.36. That same year, Toronto horse trainer Giuseppe Armata died of CJD at age 39. It was the first officially reported case of CJD linked to Lyodura in Canada. To date, Health Canada reports four cases of CJD linked to Lyodura.

Last year an American consumer group, Public Citizen, cited 114 Lyodura-associated cases of CJD worldwide, with Japan registering the biggest outbreak by a large margin.

The second part of the CBC program dealt with the rapidly growing tissue industry, now estimated to be worth half a billion dollars. "Deadly Harvest—Parts for Sale" explained that while it is illegal to profit from the sale of body parts, charging for the collection, handling and processing of human tissue is permitted. Videl Herrera, a freelance autopsy technician in Los Angeles, explained how large tissue processors engage in a bidding war for the same body parts. He explained that a person who procures and sells human tissue could make anywhere from $80,000 to $200,000 per body. Arthur Caplan, an ethicist at the University of Pennsylvania, states that tissue is worth "more than diamonds, in some cases."

Although most tissue banks in the US are non-profit agencies, they are increasingly becoming "middlemen" for the large tissue processors. These banks also engage in misleading solicitations to individuals for organ donation. A California woman, Candace Steele, agreed to donate her son's heart two hours after he had died in a car accident when she was told that the organ could save the life of another young man. Two weeks later she learned there was no such recipient. Ms. Steele, who is now suing the tissue bank, said, "They had no right to lie to me, especially on the most horrible day of my life, and manipulate me just for their own profits."

The program described how tissue shortages in North America have forced processors to procure, through "body brokers," tissue from countries such as the Czech Republic, which is then sold to American hospitals. A Czech Republic government investigation last December found that 55 hospitals were taking tissue from corpses without permission

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from the families. Ethicist Arthur Caplan noted that there have been hundreds of documented cases of disease—from AIDS and Hepatitis to CJD—that have been spread from transplanted tissue. In Canada tissue banks are not licensed nor inspected and there is no central registry. “Deadly Harvest” ended by advocating individual physicians be more vigilant about the reliability of their suppliers.

Although the CBC special touched on the international trade of human organs, the program did not elaborate on the expansion and proliferation of this quasi-legal enterprise, which preys upon the most vulnerable and poorest sections of the world’s population. Nancy Scheper-Hughes, a professor of anthropology at the University of California, Berkeley, has written extensively on the human organ trade.

In an article “The Global Traffic in Human Organs” she writes: “In general, the flow of organs follows the modern routes of capital: from South to North, from Third to First World, from poor to rich, from black and brown to white and from female to male.” In another article, “The New Cannibalism,” she writes: “Indeed, there is nothing stable or sacrosanct about the ‘commodity candidacy’ of things. And nowhere is this more dramatically illustrated than in the booming market in human organs from both living and dead donors. These organs are used for transplant surgery, a business driven by the simple market calculus of supply and demand. With desperation built in on both sides of the equation—deathly ill ‘buyers’ and desperately needy ‘sellers’—local and religious beliefs in the sanctity of the body have collapsed under the weight of market demands.”

Both articles describe chilling examples of the “body parts bazaar” in countries such as China, where an increase in the number of people being executed—“among them petty thieves and tax cheaters”—has been linked to the escalating practice of extracting organs from executed prisoners. When a law was passed last year in India prohibiting the widespread business of selling live donor organs, underground mafia trade expanded from heroin to organs. Increasingly, live organ donations are used to cancel debts and other desperate needs, while villagers fulfill dowry requirements by selling “spare” organs.

In “The Global Traffic in Human Organs,” Scheper-Hughes points out, “It is important to note the geo-political mapping and the timing of ... [t]he body- and organ-stealing rumors of the 1980s and 1990s.... They spoke to the ontological insecurity of poor people to whom almost anything could be done, reflecting everyday threats to bodily security, urban violence, police terror, social anarchy, theft, loss and fragmentation.... In Brazil, Argentina, Guatemala, El Salvador and South Africa the organ stealing rumors have arisen within a specific political context and following a recent history of military regimes, police states, civil wars, and ‘dirty wars’ in which abductions, ‘disappearances,’ mutilations and deaths were commonplace.”

The Transplantation Society, which describes itself as the “principal international forum for the advancement of both basic and clinical transplantation science throughout the world,” argues on its web site that “organs and tissues should be freely given without commercial consideration or financial profit.” This, unfortunately, is a cry in the wind, ignoring the realities of the capitalist market and the worldwide growth of poverty and social inequality.

Ms. Scheper-Hughes reports that the American Medical Association is considering options that include a “futures market” for cadaver organs that would operate through contracts. The pervasiveness of this grisly commodification of body parts leads Scheper-Hughes to pessimistically conclude that “the very idea of organ scarcity has to be questioned. It’s an artificially created need, invented by transplant technicians and dangled before the eyes of an ever-expanding sick, aging, and dying population. And it’s a scarcity that can never under any circumstances be satisfied, for underlying the need is the quintessentially human denial and refusal of death.”

This is a misanthropic argument which sees only the limitations of the existing circumstances; circumstances which arise, according to Scheper-Hughes, from the dilemma that a “global market has far outstripped the development of a mediating global society.” (She credits this observation to “world-class” billionaire financier George Soros.)

In Luddite fashion, Scheper-Hughes admonishes technological innovations, only to accept as an eternal given the “mediating global society”—that is, global capitalism with for-profit medicine. Scarcity can be satisfied, but not within the present reality in which a wealthy elite uses science and technology to exploit and pauperize the vast majority. A case in point: in August 2001 the Bush administration banned federal funding for most forms of embryonic stem cell research, which could potentially offer a limitless source of cells and tissue.

It is not humanity’s overblown aspirations nor its misguided scientific discoveries that wreak havoc, but a social order that physically and spiritually annihilates these aspirations in the process of using science—not to eliminate scarcity—but to commodify every aspect of existence.

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