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Terrains of Terror and Modern Apparatuses of Destruction: Organ Transplantation, Markets, and the Commoditized Kidney

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Terrains of Terror and Modern Apparatuses of Destruction: Transplantation, Markets, and the
Commoditized Kidney

Father's New Kidney was the title of a 2006 *New York Times* piece in which a son anonymously detailed his conflicted feelings over his father's illegal purchase of a kidney from a foreign donor to *Times* ethicist Randy Cohen.¹ Desperation and frustration on a lengthy transplant waiting list propelled this father to participate in the questionable practice of organs trafficking. The cry of desperation from those suffering from end-stage renal disease is not unique as a similar story can be said for many in the throes of this disease in the US. However, to refract the lens of desperation at a different angle, certain parts of the world roam whole communities of people who have a single kidney, places known as 'kidney belts' in which the sale of their second kidney has become an opportunity of economic survival.² In light of these realities, interest in what precipitated the exchange of kidneys from body to body and for monetary compensation has garnered remarkable international attention in the last few decades.

The World Health Organization estimates that there is a kidney sold every hour illegally.³ The black market in kidneys that emerged as a result of the kidney 'shortage crisis' -- a crisis that transplant and medical communities constantly call attention to -- introduced new questions of bodies, of markets, and of ethics in both the scholarly and public realm. By looking closely at this particular market, tracing its emergence as well as the actors and conditions necessary to facilitate this trade, I argue that the black market in kidneys systematizes the deconstruction and destruction of the economic underclass; this market novelly disembodies poor seller bodies, rationalizing the fragmentation of these persons into transnationally portable, sellable, and

¹ Randy Cohen, "Fathers New Kidney", *New York Times*, March 26, 2006.

² Nancy Scheper-Hughes, "Rotten Trade: Millennial Capitalism, Human Values and Global Justice in Organs Trafficking," *Journal of Human Rights*, 2(2003):204.

³ Denise Campbell and Nicola Davidson, "Illegal Kidney Trade Booms as New Organ is 'Sold Every Hour'", *The Guardian*, May 27, 2012.

profitable parts to the economically privileged. This trade punishes the poor by way of medicine and technology. Medical anthropologist Monir Moniruzzaman recently coined this kind of exploitation and destruction through medical and technological apparatuses as *bioviolence*, which he defines as “an instrument to transform human bodies, either living or dead, either in whole or in parts, as sites of diverse exploitation through new medical technologies.”⁴ I employ this concept as means to problematize the axiom of medicine and technology being beneficial and equitable for all.

Additionally, the black market in kidneys advanced lively debate on whether or not a market in kidneys should be legal, in turn spurring questions of regulation or free-market flow of this new commodity. Ultimately, I argue that any market solution contingent on living donor populations to abate waiting-lists for kidneys values recipient needs over donors -- since the antisocial ethos of a market tacitly reduces persons and their parts to simply products and objects of consumption -- promotes the dismemberment of the poor, and does this by wielding the power of authority and trust of persons instrumental in making and implementing public policy.

Although destruction and exploitation is rife in the traffic of cadaveric donor kidneys, this essay focuses on living donor kidney procurement, traffic, and exploitation.

New Terrains of Destruction

To understand how destruction emerged in tandem with industrialized medical technologies and biomedicine against certain populations, an integral component in Moniruzzaman’s conception of *bioviolence*, it would be apt to grasp why these persons are perceived as expendable and disposable in the first place. Although Moniruzzaman does not cite this particular work, Achille

⁴ Monir Moniruzzaman, “Living Cadavers” in Bangladesh: Bioviolence in the Human Organ Bazaar,” *Medical Anthropology Quarterly*, 26:1(2012): 72.

Mbembe's *Necropolitics* provides a framework in understanding the means in which the "material destruction of human bodies and populations" has become a modern form of control and regulation for those in power.⁵ Mbembe articulates that certain populations deemed unworthy of preservation by the larger society, usually the racialized economic underclass, are relegated to a status of the *living dead*.⁶ Moniruzzaman does not use Mbembe's formulation directly, but *bioviolence* can be better understood within Mbembe's framework in analyzing how new forms of destruction against the underclass occur and can be deemed acceptable; the sovereign in this case though is the global medical community, equipped with modern tools of terror, wielding great trust, value, and clout in society. Put differently, the black market in kidneys is symptomatic of how modern forms of violence and destruction mutated insidiously into the realm medical technologies. But to understand the landscape in which violence against bodies was normalized, and the new ways in which bodies became expendable and disposable, I begin with a brief history of transplantation.

New Frontiers of the Body

The kidney, an organ that functions primarily to purify the blood by excreting waste products through the urine, is found in pairs in most healthy individuals. But the kidney had no particular use or exchange value outside of one's body until very recently. The use-value of a 'thing' does not just "dangle in mid-air" but must satisfy particular wants and needs of society.⁷ Thus, the transfer of a kidney from one body to another was not an exchange that was possible until drastic

⁵ Achille Mbembe, "Necropolitics", *Public Culture*, trans. Libby Mentjies, 15:1(2003):14.

⁶ *ibid*, p.40.

⁷ George Hodgson, *Capitalism, Value and Exploitation: A Radical Theory* (Oxford: Martin Robertson Ltd., 1982), 40.

transformations within medical procedures to reconfigure body values could solve, in this particular case, the problem of patients suffering from renal disease.

The world changed with transplantation. The emergence of cyclosporine in 1975 marked a shift in the landscape of biomedicine; this immunosuppressant was able to quell the body's natural instinct of rejecting foreign objects, subsequently opening up donor populations, possibilities, and desires for transplant technicians.⁸ The criteria in which a surgeon could operate no longer predicated on the recognition of difference of bodily boundaries but on suppression, which drastically simplified a patient's operability.⁹ The use of cyclosporine directly increased the success of transplantation rates. Institutions offering the drug, bolstered by the 1980's spirit of new private and corporate interests in clinical services in the US,¹⁰ saw cyclosporine go global.¹¹ This transformation was vital in restructuring the way donor populations were viewed by industrial, state, and patient associations.¹² As Lawrence Cohen details, industrialized transplantation "marked the (market) modernity in which the kidney could become a resource of value".¹³ With these changes, the kidney took on new meanings; in a living donor, the kidney was now envisaged as a surplus object, an object that could serve wider uses for others and it could be acquired from the living (one) or the dead (both) and function adequately outside of the person it was procured from. In sum, once powerful

⁸ Lawrence Cohen, "The Other Kidney: Biopolitics Beyond Recognition", *Body and Society*, 7:3(2001):10.

⁹ *ibid*, p. 9-10.

¹⁰ Nicholas Tilney, *Transplant: From Myth to Reality* (New Haven: Yale University Press, 2003), 244.

¹¹ Lawrence Cohen, "The Other Kidney: Biopolitics Beyond Recognition", *Body and Society*, 7:3 (2001):10.

¹² *ibid*, p.10.

¹³ Lawrence Cohen, "Where It Hurts: Indian Material for an Ethics of Organ Transplantation", *Daedalus* 128:4(1999):156.

immunosuppression drugs became more and more available and transplantation industrialized, a new chapter in the life history of the kidney was marked; its ‘commodity candidacy’ was realized.¹⁴

New Corporeal Desires

With rising rates of diabetes, high blood pressure, and heart problems, in conjunction with discussion of increasing success rates of kidney transplantation streaming into public consciousness, the demand for kidneys from those suffering from end-stage renal disease soared. Just as donor populations opened up with the emergence of cyclosporine, the pool of recipients grew as well; persons and other groups dubbed ‘high risk’ were now candidates for transplantation.¹⁵

Though voracious demand for kidneys in a black market, like the kidneys use-value, did not just sprout overnight, the kidney needed to become an object of economic desire.¹⁶ Medical technicians, scientists, and other interest groups quickly realized the possibilities of transplantation in eliminating the suffering of their patients. Because of these high stakes, what immediately followed the increase of transplants undertaken across the US were fears of the potential monetary exchange for kidneys. Informed by the crisis of blood seen earlier in the US and in the UK a precedent for new policy was set.¹⁷ The National Organs Transplantation Act

¹⁴ Arjun Appadurai, “Introduction: Commodities and the Politics of Value” in *The Social Life of Things*, ed. Arjun Appadurai (Cambridge: Cambridge University Press, 1986), 14.

¹⁵ Nicholas Tilney, *Transplant*, p.257.

¹⁶ Lesley A. Sharp, “The Commodification of the Body and its Parts”, *Annual Review of Anthropology*, 29(2000): 292.

¹⁷ Richard M. Titmuss, *The Gift Relationship: From Blood to Social Policy* (London: George Allen & Unwin Ltd., 1970), 13-14.

(NOTA) enacted in 1984¹⁸ was an attempt to keep the kidney singularized, outside of the commodity sphere of exchange in the US.¹⁹ But as the topic of transplantation garnered increasing attention in public realm, and with the altruistic program still not quelling demand both in the US and abroad, it became more and more difficult to keep the kidney out of the commodity sphere of exchange globally. Rapid dissemination of advanced technologies and medicine to different parts of the world, impatient patients, and clinical interests stimulated “new tastes and desires for the skin, bone, blood, organs, tissue and reproductive and genetic material of others”.²⁰ Fomenting these new desires and demand is what Lesley Sharp calls the “biologization of donated organs”, a means to normalize the reduction of human wholeness into disassembled parts by the medical and transplant community.²¹ In this clinical landscape, “the medicalized body” abstracts a person from their parts and made the distancing of the material body from the ‘self’ quotidian.²² The conceptual and medical division of the body that neatly tucked away the awful realities of dismemberment transplantation engenders was salient in creating the kidney as an object of opportunity to extend *certain* lives.²³

These new understandings of the body, especially the rhetoric of surplus of one’s other kidney, were quickly normalized and mobilized within medical and patient communities. With

¹⁸ Michele Goodwin, *Black Markets: The Supply and Demand of Body Parts* (Cambridge: Cambridge University Press, 2006), 7.

¹⁹Igor Kopytoff, “The Cultural Biography of Things: Commoditization as Process”, in *The Social Life of Things*, ed. Arjun Appadurai (Cambridge: Cambridge University Press, 1986), 73.

²⁰ Nancy Scheper-Hughes, “Rotten Trade: Millennial Capitalism, Human Values and Global Justice in Organs Trafficking”, *Journal of Human Rights*, 2(2003):197.

²¹ Lesley A. Sharp, “The Commodification of the Body and its Parts”, *Annual Review of Anthropology*, 29(2000): 306.

²² *ibid*, p.298.

²³ Nancy Scheper-Hughes, “Commodity Fetishism in Organs Trafficking” in *Commodifying Bodies*, eds. Nancy Scheper-Hughes and Loic Waquant, (London: Sage, 2002): 45.

transplantation, the living donor's other kidney was no longer seen as useful to them, but rather of better use elsewhere -- in the body of a critically ill patient. Nancy Scheper-Hughes details that demand in kidneys rely heavily on the idea of shortage of supply and scarcity echoed by the medical community to the sick, the dying, and the aged.²⁴ But these newly constructed needs put immense pressure on doctors. Unable to ease their plight, some doctors were telling their critically ill patients to get a kidney by any means or suffer the fate of mortality.²⁵ The limits of altruism made alternative means to procure kidneys intensify.

Further, with more data revealed on the success rates of cadaveric versus living donations vigorously being published and garnering attention from doctors and patients alike, the spectrum of value of the kidney changed; no longer were all kidneys seen as equal. Median survival rates of those who were transplanted with a living donor kidney (21.6 years) compared to rates from cadaveric donations (13.6 years) set up a hierarchy.²⁶ The 'fresh' living donor kidney was now a fetishized object that patently marooned cadaveric donor kidneys as possibilities for potential recipients who wanted the best chance at survival and with financial means to do so outside of the altruistic donation systems in place. The living donor's kidney was becoming a rich site of opportunity in which incentives to would-be sellers were needed.

New Resources?

With demand on the rise, lengthy waiting lists indicated that the newly constructed 'need' of would-be recipients were not being met through altruistic programs that most nations employed.

²⁴ Nancy Scheper-Hughes, "The Global Traffic in Human Organs" *Current Anthropology* 41:2(2000); 198

²⁵ Larry Rother, "The Organ Trade: A Global Black Market; Tracking the Sale of a Kidney on a Path of Poverty and Hope", *New York Times*, May 23, 2004.

²⁶ Nancy Scheper-Hughes, "Rotten Trade: Millennial Capitalism, Human Values and Global Justice in Organs Trafficking", *Journal of Human Rights*, 2(2003):212.

As a result, the belief that offering monetary compensation for the living donor could be a sufficient means of procurement. The kidney, an object that became increasingly relevant for those critically ill, an object that was only exchanged as a ‘gift’ in most places, was now being eyed as a commercial good -- a commodity. Here I employ Igor Kopytoff’s definition of a commodity as a “thing that has use value and that can be exchanged in a discrete transaction for a counterpart, the very fact of exchange indicating that the counterpart has, in the immediate context, an equivalent value.”²⁷ With this, where would these transactions take place?

The first black market in kidneys was said to have emerged in the 1980’s in the Gulf of the Middle East.²⁸ Particularities of its origin remain elusive, but doctors were finding that (largely poor) patients were coming from these regions to be treated for their post-transplantation wounds, making it apparent that people were selling their kidneys.²⁹ In places where bazaars are common, an environment where commodity flows are encouraged, the commoditized kidney could stream fluidly in places like the Gulf or in South East Asia more seamlessly than in the US or Europe.³⁰ In addition, nations that lagged behind in enacting legal policy against the sale of kidneys -- in India the sale of organs was not made illegal until 1994, 10 years after the US -- made ‘logical’ certain areas of exchange.³¹ With materials for dialysis remaining in scarce supply and extremely expensive in many parts of the world still, a sizable population of patients

²⁷ Igor Kopytoff, “The Cultural Biography of Things: Commoditization as Process”, in *The Social Life of Things*, ed. Arjun Appadurai (Cambridge: Cambridge University Press, 1986), 68.

²⁸ Nancy Scheper-Hughes, “Commodity Fetishism in Organs Trafficking” in *Commodifying Bodies*, eds. Nancy Scheper-Hughes and Loic Waquant, (London: Sage, 2002): 39,

²⁹ *ibid.*, p. 39.

³⁰ Arjun Appadurai, “Introduction: Commodities and the Politics of Value”, in *The Social Life of Things*, eds. Arjun Appadurai (Cambridge: Cambridge University Press, 1986), 15.

³¹ “Illegal Kidney Transplants” *Economic and Political Weekly*, 43:5 (2008), 6

suffering from end-stage renal disease and sizable populations of remarkably impoverished populations, the black markets in organs can thrive.³²

But why these populations in particular? Kalindi Vora argues that the expendability of populations and persons is directly linked to their labour use-value; those who fail to be significant economic actors in the dominant society are not as useful as those who are.³³ This formulation is apt, as many who go to the market to sell a kidney most times are poor, rural jobseekers lured in by promises of big payouts; in India a seller can obtain around \$500 to \$4000 for their kidney.³⁴ Albeit not much to many, those on both the economic and regional fringes easily become places of procurement. Regions in India like Kerala and Chennai quickly became ‘renal-storehouses’ as primary health care and medical innovation led to greater access of those with renal disease who could afford transplantation, and the underclasses who could be swayed into selling their kidney for cash, to converge.³⁵

In this particular formulation, coercion operates covertly. Although vendors seemingly go to the market by ‘choice’, dire economic constraints is the most important factor in why massive populations were now willing to alienate a portion of them self to survive; this is what makes this particular market destructive. Resource extraction from the Global South is not novel but an integral characteristic in industrial capitalism. If we are to put resource depletion in historical context, one cannot forget the resounding legacies of environmental and human depletion and

³² Deborah Josefson, “Selling a Kidney Fails to Rescue Indians from Poverty” *British Medical Journal* 325:7368(2003) 795.

³³ Kalindi Vora, “Others’ Organs -- South Asian Domestic Labor and the Kidney Trade,” *Post Modern Culture* 19:1(2008), 12.

³⁴ K.M Seethi, “Kidney Trade: Ambiguous Response of Medical Community” *British Medical Journal*, 37:49 (2002): 4898.

³⁵ Lawrence Cohen, “Where It Hurts: Indian Material for an Ethics of Organ Transplantation”, *Daedalus* 128:4(1999):139.

exploitation through colonization and imperialism.³⁶ What marks the shift that materialized with the emergence of the black market was the changing nature of resources extracted, the ‘surplus’ kidney, through an increasingly global system that facilitates this trade. Extracted is another resource from the poor, mostly racialized, and destitute populations of the world. Though in order to execute the consumption of the kidney, there needed to be fixed structures in place to make trade possible.

New Trajectories: The Strange Career of the Illegal Kidney

With legal strictures enacted in more and more countries to stifle the trade of kidneys for profit, its movement was limited. Yet voracious demand and new incentives for sellers that were unleashed could not be suppressed. Driven by the complexities of transplantation and the clandestine fashion in which black markets operate, a concomitant medical phenomena emerged to facilitate the movement of the kidney as a commodity transnationally. Transplant tourism, defined as “the purchase of a transplant organ abroad that includes access to an organ while bypassing laws, rules, or processes of any or all countries involved”,³⁷ became the typical means of organ traffic. With transplantation now operating in a transnational space, this appended market in the commercial traffic of living donors and their kidneys saw a tertiary element emerge that mediated exchange between sellers and recipients: the body broker.³⁸ It suffices to say that a ‘broker’ need not be limited to just individuals: organized crime, doctors, medical technicians,

³⁶ Monir Moniruzzaman, “Living Cadavers” in Bangladesh: Bioviolence in the Human Organ Bazaar”, *Medical Anthropology Quarterly*, 26:1(2012):70

³⁷ D.A. Budiani-Saberi and F.L Delmonico,” Organs Trafficking and Transplant Tourism: A Commentary on the Global Realities” *American Journal of Transplantation*, 8(2008):926.

³⁸ibid, p.927.

border control, and even complicit state bodies can all be considered brokers. Though here I focus on the individual, non-state or medical, broker.

Characteristic of the vigor within the black market is how brokers, recipients, and sellers can all find places to trade goods. Intermediaries need to coerce both sellers and buyers, in addition to cultivating vast networks with actors at both the national and international level to traverse and usurp geopolitical and territorial boundaries of nation states,³⁹ a phenomena very similar to the brokers that precipitate the traffic of whole persons (sex workers, migrant labourers) in modern forms of slavery.⁴⁰ If successful, the impunity in which these intermediaries operate with is unprecedented. This is part in parcel due to their detailed understanding of how the market works, exploiting the high the stakes of survival for both sellers and buyers, and capitalizing on the lucrative nature of the trade; in some places body brokers can sell a kidney for up to 15-20 times what they pay, without the buyer and seller really knowing how much profit was up for grabs.⁴¹ In the context of the illegal kidney trade there is an important relationship between power and sight; actors conferred with optimal visibility wield unprecedented power.⁴² The body broker is granted this power of ‘sight’ in their mediation of these high stake transactions.

Furthermore, spatial distance and division between a would-be seller and a would-be recipient is just as salient in precipitating the trade. In the space of a five-star transplant hospital/

³⁹ Monir Moniruzzaman, “Living Cadavers” in Bangladesh: Bioviolence in the Human Organ Bazaar”, *Medical Anthropology Quarterly*, 26:1(2012):86.

⁴⁰ Kevin Bales, “Because She Looks like a Child” in *Global Woman: Nannies, Maids, and Sex Workers in the New Economy*, eds. Barbara Ehrenreich and Arlie Russell Hochschild (New York: Metropolitan Books, 2004), 217.

⁴¹ Michael Smith, Daryna Krasnolutska & David Glovin, “Organ Gangs Force Poor to Sell to Desperate Israelis” *Bloomberg*, November 1, 2011.

⁴² Timothy Pachirat, *Every Twelve Seconds: Industrialized Slaughter and the Politics of Sight* (New Haven: Yale University Press, 2011), 9.

hotel where all three ‘actors’ converge, the donor and recipient never meet.⁴³ Kidney traffic hinges on division of both the body and of the space in which the body is fragmented. No longer a ‘gift’, the commercialized kidney renders social relationships through exchange irrelevant. With the division of space which renders donors anonymous, there can be mindful distance of the recipient taking one’s kidney for their own use; this mindful distance is bolstered by the act of monetary compensation to the seller as well as keeps the broker relevant.

New Policy: The Iranian Model and the Dangers of Precedent

As the growing realities of the black market surfaced, medical experts and scholars began arguing that a legal, regulated market in kidneys would provide the strictures needed to properly facilitate an equitable trade. Transparency, by eliminating shadowy brokers, and the hope of alleviating the ‘shortage’ of kidneys by allowing the choice of would-be sellers to sell legally, seemed a better option than the current realities of the black market. But was that the case? Iran, the only country in the world that has implemented a state regulated legal trade in kidneys is then an important site of investigation.

The Islamic Republic of Iran sanctioned its legal trade in kidneys as a response to the high rates of renal disease, scarce and expensive materials for dialysis, and growing income disparity amongst classes; its first organs bank appeared in 1998.⁴⁴ In this system, kidneys are procured from three sources: living related donors (LRD), living unrelated donors (LUD), and cadaveric donors (CD), yet the consistent kind of donor is the LUD.⁴⁵ Compensation for living

⁴³Nancy Scheper-Hughes, “Commodity Fetishism in Organs Trafficking” in *Commodifying Bodies*, eds. Nancy Scheper-Hughes and Loic Waquant (London: Sage, 2002), 46.

⁴⁴ Diane Tober, “Kidneys and Controversies in the Islamic Republic of Iran: The Case of Organ Sale” *Body and Society*, 13:151(2007): 158.

⁴⁵ *ibid*, p.157.

related and unrelated donors is critical in precipitating this procurement system yet kidneys from cadaveric donors (i.e, families of the loved one) are not compensated by the government.⁴⁶ This poses a problem. With compensation only being offered to living donor populations, cadaveric donation systems are undermined. In addition, although financial incentives are offered for those family members who decide to give their kidney to a loved one, why put a loved one at risk of invasive surgery if you can simply receive a kidney from a donor in which you have no social ties to? This state implemented organ procurement strategy legitimates the hierarchization and fetishization of the LUD kidney.

Further, Iran merits special international attention as it was recently said that their waiting list for kidneys has been eliminated. Widely read media outlets like *The Economist* published stories in 2006 on the country's innovation and logical system to procure kidneys,⁴⁷ citing Dr. Ahad J. Ghods 2002 study in which he claimed Iran elimination of their waiting lists through a government facilitated trade should be applied in the US.⁴⁸ Although praised by many as being in the vanguard of eliminating the suffering of those in the throes of renal disease, while 'adequately' compensating donors, new scholarship detailed that this idyllic situation may not be the reality on the ground. Anne Griffin recently detailed the dubious parameters in the criteria used to define the waiting list as 'eliminated' in Ghods's study. Griffin described that poor patients, who largely have to wait for cadaveric donation, since they cannot afford to compensate LRD or LUD's, were still waiting on kidney transplants; the wait was only over for those with fiscal

⁴⁶ Diane Tober, "Kidneys and Controversies in the Islamic Republic of Iran: The Case of Organ Sale" *Body and Society*, 13:151(2007): 157.

⁴⁷ "Psst, Wanna Buy a Kidney?" *The Economist*, November 16, 2006.

⁴⁸ AJ Ghods "Changing Ethics in Renal Transplantation: Presentation of Iran Model" *Transplant Proceedings*, 36(2004),13.

means.⁴⁹ In addition, the market solution to the growing problem of income disparity between classes in Iran is troubling. If the waiting list is indeed eliminated, it is indicative of the desperation in which people are willing to sell their kidneys for compensation. In Iran, supply far outpaces demand in which has spurred fierce competition amongst would-be donors, with sellers willing to drive down the price of their kidney to seem more marketable to would-be recipients, has become remarkably common.⁵⁰

Employing Mbembe's concept of *necropower*, the means in which the sovereign employs the destruction of certain populations⁵¹, suffices immensely in this context; here state sanctioned violence against its largely impoverished subjects is legitimated through state policy. Although the intentions of facilitating this trade was meant to help both donor and recipients, studies of kidney vendors in Iran demonstrated that vendors typically never see their profits make any real impact on their lives.⁵² This state authorized destruction, by integrating and ultimately justifying this systematic violence and fragmentation of bodies via kidney transplantation, is extremely problematic and irresponsible, particularly since there remains a lack of longitudinal studies of the psychological and social impacts of nephrectomy on sellers. Further, the precedent that the Iranian model set internationally has subsequently given traction to those echoing the need of a legal market for kidneys, and organs more generally, to keep up with the 'shortages'.

⁴⁹ Anne Griffin, "Kidneys on Demand", *British Medical Journal*, 334:7592(2007): 505.

⁵⁰ Saeed Kamali Dehghan, "Kidneys For Sale: Poor Iranians Compete to Sell their Organs", *The Guardian*, May 27, 2012.

⁵¹ Mbembe, "Necropolitics", p. 40.

⁵² Javaad Zargooshi, "Iranian Kidney Donor Motivations and Relations With Recipients" *Journal of Urology*, 165(2001):390.

New Debate

The shifting paradigms within the life sciences that markedly informed new modes of seeing and understandings of the body directly impacted discourse surrounding the legal/illegal, regulated/unregulated market in kidneys in both the scholarly and public realm.⁵³ The sale of humans is largely considered morally abhorrent and illegal, but the notion of legalizing the sale of organs quickly gained momentum in medical communities. As Scheper-Hughes details, publications in prominent medical journals like *The Lancet* and the *Journal of the American Medical Association* saw more experts arguing for a market in kidneys over the years.⁵⁴ Why? Again, transplantations ability to literally fragment the body, transforming its old meanings and ascribing it new ones, has made this exchange palatable and less morally repugnant to more and more people in realms such as economics, bioethics, and the transplant community. Further, as Moniruzzaman articulates, “with vested interests, the neoliberal market economy turns many medical specialists into a “three-in-one man” (a businessman, politician, and doctor).”⁵⁵

Mostly, proponents argue that incentives for kidney procurement are needed in order to solicit more kidneys. It is argued that this form of sale should no longer be perceived as repugnant. The repugnance has now shifted to the “sad reality of patients dying and suffering while waiting for a kidney” which is considered unnecessary.⁵⁶ Most interestingly in this debate was the reluctant surrender of Robert Veatch, a medical ethicist, former anti-market stance to procure kidneys. In arguing that liberals should now become proponents of the market solution

⁵³ Judith Butler, *Frames of War: When Is Life Grievable?* (London:Verso, 2009), 16.

⁵⁴ Scheper-Hughes, “Rotten Trade” p.204.

⁵⁵ Moniruzzaman, “Living Cadavers”, p.85.

⁵⁶ Arthur J. Matas, “Should We Pay Donors to Increase the Supply of Organs for Transplantation? Yes”, *British Medical Journal*, 223:7657 (2008):1342.

to renal failure, Veatch's details that his perspective shifted as the growing failures of social policy in the US drastically increased stratification of economic classes.⁵⁷ Because of this failure, Veatch believes the opportunity to sell one's kidney to become a visible economic actor should no longer be illegal, since social policy will never be equitable.

Disturbing is this advocacy of prominent experts who have clout in (re)formulating policy. Especially in the wake of publications from medical and ethnographic studies of kidney vendors in India⁵⁸, Bangladesh⁵⁹, Iran⁶⁰, and Moldova,⁶¹ variations of the same story were told: selling a kidney never made any significant impact on donor's economic lives, despite what many economists, bioethicists, and medical professionals claim. What vendors did experience were lost wages, from the post-operative pain and sickness many vendors felt, feelings of deep regret, and societal expulsion in some grave cases.⁶² Thus, to promote the dismemberment of the economic underclass as a means of being economically 'visible' is both ethically and morally irresponsible. Moreover, rarely mentioned in literature advocating legalized markets (regulated and unregulated) are the risks of nephrectomy to donors or strategies focused on prevention of renal disease.⁶³ These gaps perpetuate idyllic understandings of the grim realities of post-transplantation success. Realities of the long term impact and costs of anti-rejection medication

⁵⁷ Robert M. Veatch, "Why Liberals Should Accept Financial Incentives for Organ Procurement", *Kennedy Institute of Ethics Journal*, 13.1(2003), 30-32.

⁵⁸ Madhav Goyal et al., "Economic and Health Consequences of Selling a Kidney in India" *JAMA*, 288:13(2002): 1592.

⁵⁹ Moniruzzman, "Living Cadavers", p.79.

⁶⁰ Javaad Zargooshi, "Quality of Life of Iranian Kidney "Donors" *Journal of Urology*, 166(2001): 1796.

⁶¹ Nancy Scheper-Hughes, "Rotten Trade", pp. 200-201.

⁶² Javaad Zargooshi, "Quality of Life of Iranian Kidney "Donors"" *Journal of Urology*, 166(2001): 1796.

⁶³ Donald Joralemon and Philip Cox, "Body Values: The Case Against Compensating for Transplant Organs" *The Hastings Center Report*, 33:1(2003),31.

and bleak survival rates from when the kidney is purchased and transplanted is remarkably understated.⁶⁴

Same Story

In the global narrative of resource allocation, the growing entitlement and rapaciousness of those with fiscal means and privilege is not new in the history of industrial capitalism; the black market in kidneys is no different. What is novel in the case of the illegal kidney trade is the kind of resource that is being depleted from those less fortunate, through the extension of transplantation and biomedicine, by the globalization of industrial capitalism. By looking at kidneys and markets I argue that terrains of terror and violence that transplantation inherently promote is increasingly seen as an acceptable traffic of persons in bits and parts. These apparatuses compromise the corporeal security of those of economic disenfranchised underclasses. Interestingly, Frantz Fanon argues compellingly that “medicine [was] one of the most tragic features of the colonial situation”.⁶⁵ With the domination of Western medicine, technologies, and clinical procedures, as well proponents for legal, unregulated markets in kidneys like philosopher James Stacey Taylor’s recent advocacy of more Western doctors and Western-style hospitals in the Global South to “provide a well-run and market disciplined-place for potential buyers and sellers to transact”,⁶⁶ one can see how this new situation is neo-colonial in flavour; credence is given to the hegemonic rule of Western technologies and medical epistemologies.

⁶⁴ Donald Joralemon and Philip Cox, ““Body Values: The Case Against Compensating for Transplant Organs” *The Hastings Center Report*, 33:1(2003): 31.

⁶⁵ Frantz Fanon, *A Dying Colonialism* (New York: Grove Press, 1965), 121.

⁶⁶ James Stacey Taylor, interview with Jeanne Hoffman, *Kosmos Online*, September 2, 2011.

Ultimately, any market solution to renal disease abstracts the hidden costs of this inherently exploitative trade. It promotes unrealistic patient demands by giving hope to the sick that these donor pools can be filled, feeding the fetish of fresh kidneys and of life itself.⁶⁷ Those who extol the market as potential win-win situation (as means to acquire kidneys while simultaneously increasing the ability of the economically dispossessed to become participants in the global economy) fail to attend to the complexities of why such drastic disparity and illness exist. Thus, the focus must shift to critical analysis of how growing economic disparities, and the system with which it is accepted in, engender such extreme economic conditions in which selling a body part to survive has become an option. As Donald Joralemon and Phil Cox aptly state, “if society has a moral duty to rescue, the obligation surely is not limited to rescuing those of means.”⁶⁸ Idyllic would be to stick solely to altruistic donations since the social relationships produced through this method is less exploitive. Although, probably naive is the idea that once the kidney became a commodity and the voracious supply and demand that it unleashed, can ever be restrained again.

⁶⁷ Scheper-Hughes, “Commodity Fetishism”, p. 45.

⁶⁸ Donald Joralemon and Philip Cox, “Body Values: The Case Against Compensating for Transplant Organs” *The Hastings Center Report*, 33:1(2003):32.

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