

# Selling Life

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The global organs trade and the part played by Brazilian slum-dwellers



(Photo credit: Scheper-Hughes, 2005)

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Tales of stolen kidneys are commonly heard throughout the Global North, often told as narratives to prevent wayward youth from travelling to foreign locations perceived as dangerous, full of temptation, or lawless (Campion-Vincent, 2002). A regular character in the various versions is the tourist who wakes from a blackout to find a line of hasty stitches across their flank and an organ missing. The culprits are usually anonymous middlemen, with their benefactors varying based on geopolitical relationships, but it is not uncommon for member states (or individual citizens) of the Global North to play this role. Several factors fuel these rumors' perceived likelihood: The improvement of the techniques and technology of transplantation, a sensationalistic media system, and a recent string of films depicting organ theft (among them *Hostel*, *Turistas*, and *Crank: High Voltage*). While the tourist story may never be fully proven, there is definitive evidence that organ theft does exist in Brazil, but with a different main actor: deceased paupers. Under Brazil's "presumed consent" universal donation laws, only the well-to-do (and thereby, powerful) are able to dissuade a doctor from viewing a brain-dead patient as a donation, while the poor stand helplessly by as their family member is taken away for organ harvest (Scheper-Hughes, 2000). However, while these represent "normal" donations, a far larger number of donors go under the knife by consent, though for reasons other than familial duty or altruism.

The sale of organs by the poor, hoping to receive enough money—often over US\$1000—to relieve debt or better their market situation, is so rampant within Brazil that there exist geographic "kidney zones", sectors of cities where organ brokers see a peak in donors (Scheper-Hughes, 2000; Rothman, 2002). Thus far, the international coverage and debate of the phenomenon of a global organ market has centred on the lawfulness and ethics of the "transaction". Many in the debate (including all authors cited here) agree that this is not an act of simple greed to add some extra money to one's pocket, but it is in fact only the very poor that are donating organs for cash, and the suggestion of legalizing the practice is gaining supporters as a means to relieve poverty where it is feasible. Outlawing organ sales, as many states in the Global North have done, would only "leave [the poor] worse off (by denying them the opportunity to receive compensation) . . . thereby exacerbating their poverty" (Rothman, 2002). However, this is obviously not a sustainable mode of development. By focusing only on donors' reasoning and the lawfulness or ethicalness of the situation, we ignore the conditions that brought about such desperation in the first place. The violence of the kidney-theft tale is a metaphor for the real-life structural violence (Farmer et al., 2004) slum-dwellers live with daily.

To illustrate this growing phenomenon, we will look at a textbook post-colonial urban slum in Brazil. The *favelas* in Salvador da Bahia, Brazil are typical of slums in the Global South. 60% of the city's 2.6 million inhabitants reside in favelas, almost all in substandard living conditions such that most of the city hospitals' preventable disease cases arise from these areas, including Chaga's disease (Riley, Ko, Unger, & Reis, 2007). Furthermore, the subaltern Bahian slum dweller carries a heavily-entrenched stigma that even improved conditions cannot purge. The interconnection of politics, (perceived) ethnicity, and religion deposits *negras*, the largest minority in Bahia and by far the largest in the slums, into a lower socioeconomic caste. Members of this ethnic group have a hard time gaining employment or moving on to higher education after high school, perpetuating the divisive cycle of inequality when the despondent graduates give up, while the

elite *moreno* “seem upset that they have to ‘put up’ with so many poor, black people” (Reiter, 2009). Indeed, the kidney-theft rumors, when spoken by the poor in the Global South, have been interpreted to signal a state of constant emergency in their lives (Scheper-Hughes, 2000).

While at first glance this phenomenon may appear to be limited as a local problem, one must take into account several factors of globalization. First, there exists a networked marketplace that spans the globe in which the World Health Organization estimates consists of 5–10% of transplants worldwide (Budiani Saberi & Delmonico, 2008). Second, technology developments over the last 50 years have stimulated this global market, including transplantation techniques, transportation, and transfer of information and money, which are all indicators of a networked society as laid out by Castells (2010). The supply for organs was not being met by the bureaucratic, government-sanctioned system, so the operators of this marketplace took it upon themselves to find donors. Third, there is a direct, international effect on the localized poor when they can take part in this system. Donors can be from anywhere since their wealthy recipients can fly to the nearest large medical center to perform the operation. This is not an operation that can be extinguished by enacting and enforcing laws in a single country, but is a global issue. Instead of trying to deal with the organ-sales problem as a new, incoming evil, we should devote more attention toward eliminating the ingrained inequalities within Brazilian society, and indeed those throughout the Global South. There has been much research done on the relationships of poverty, ethnicity and other social factors in Brazilian slums, but very little in the way of practical policy recommendation. Fixing the problems from the bottom-up is a much more effective approach to solving the needs of the poor. Cohen (1999) reported that almost every informant he spoke to regretted selling an organ—despite the injection of much-needed money—and suffered much more medical attention, chronic weakness, and depression after donating than before. I would hate for more people to have to go through this painful process senselessly.

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