



Sudanese Victims of Organ Trafficking in Egypt

A Preliminary Evidence-Based, Victim-Centered Report
by the Coalition for Organ Failure Solutions (COFS)



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About the Coalition for Organ Failure Solutions (COFS),

Based in Egypt, India, and the United States, **COFS** is a non-profit international health and human rights organization with a mission to end organ trafficking and enhance altruistic and deceased organ donation within standardized, transparent, and accountable channels based on social justice and equity. COFS combines prevention, policy advocacy, and survivor support.

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SUMMARY

COFS-Egypt has accumulated compelling evidence that organ traffickers have exploited and are continuing to exploit Sudanese refugees and asylum-seekers in Egypt. These abuses include removing kidneys either by inducing consent, coercion, or outright theft. In some cases, sex trafficking was associated with incidents of organ removal. The victims include men, women, and children. Many of the victims came to Egypt seeking refuge from the genocide and armed conflict in their homeland.

Based on its ongoing fieldwork, COFS-Egypt identified 57 Sudanese refugees and asylum seekers in Egypt who said they were victims of organ trafficking. Each case involved the removal of a kidney. COFS-Egypt has conducted in-depth interviews with 12 of these individuals who described their experiences in compelling detail. COFS-Egypt arranged ultrasounds and physical exams for five of the victims as part of its follow-up care outreach services. These medical exams confirmed that kidneys had been removed in all five cases. Arrangements to interview and provide this care for the other victims are ongoing. Four victims also showed COFS' field researchers documents from the hospitals where their nephrectomies and the transplants occurred; the documents included their respective identifiers.

Of the 57 victims identified, 39 (68%) are from Darfur, 26 (46%) are female and 5(9%) are children. The twelve victims COFS interviewed ranged in age from 11-36 years with an average of 23.5 years; four (33%) of the victims were 18 years old or younger; and five (42%) were female. Three of the interviewed victims said people smugglers/traffickers helped them to enter Egypt and worked directly with the organ traffickers who arranged their kidney removal. Statements by some of the victims interviewed indicated that some women and girls are simultaneously being trafficked for sex and organs (9 possible cases in the sample of 57), and that the actual number of females in general may far exceed that of males. Thus, women and children are of special concern.ⁱ

Three of the victims interviewed held official "refugee" status from the United Nations High Commissioner for Refugees (UNHCR). One victim's application for refugee status was under review; another had filed an application; and seven others were illegal and had not yet applied to UNHCR at the time that they said organ traffickers victimized them.

One victim told COFS' researchers that they were imprisoned in an effort to prevent them from reporting their claims of organ theft; this victim escaped during the January 25, 2011 revolution. Four of the victims said they had met the patients who had received their kidneys. Seven of the victims said they knew the nationality of the recipient. These victims reported that three recipients were from Sudan, one was from

Jordan, one was from Libya, and two were from countries of the Persian Gulf. Interviewed victims also reported theft of money by the broker.

All of the victims interviewed said they had experienced a deterioration of their health in addition to negative social, economic and psychological consequences as a result of the experience.

COFS has prepared a video clip of corroborated evidence of four victims' testimonies, ultrasounds and some documentation from transplant centers. The video can be viewed at: <http://www.youtube.com/watch?v=dvJu8R0kJsA>

COFS estimates that there are at least hundreds of Sudanese victims of organ trafficking in Egypt as well as numerous others from Jordan, Eritrea, Ethiopia, Somalia, Iraq and Syria. The total number of victims of organ trafficking in Egypt is estimated to be in the thousands.

The findings presented in this report include only living victim-survivors of the organ trade that COFS was able to identify. This report does not speak to claims of people death as a result of a commercial organ removal. This has special significance considering recent reports about the kidnapping and abuse of sub-Saharan African migrants smuggled into the Sinai Peninsula en route to Israel. The reports include claims of torture and removal of organs that have resulted in death.

In light of the findings presented here, COFS calls upon the medical professional community in Egypt, the transitional and future Government of Egypt, the United Nations, including the UN Human Rights Council, UNHCR, UNICEF, UNIFEM, and other organizations that provide assistance to refugees and asylum seekers in Egypt, as well as human rights organizations to recognize the recommendations in this report to bring an end to organ trafficking in Egypt and elsewhere. The present instability in Egypt and the region presents conditions conducive to all forms human trafficking. It is therefore urgent that these matters receive urgent attention.

The preliminary findings in this report are a result of COFS' extended outreach project now underway for organ-trafficking victims in asylum-seeker and refugee communities in Egypt. COFS is in the process of obtaining sufficient resources to complete a comprehensive report on organ trafficking in Egypt.

RECOMMENDATIONS

To the medical professional community of Egypt

The *Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children* (2000) (ratified by Egypt in 2004), the World Health Organization (WHO), the international Transplantation Society (TTS), and the *Law on Human Organ Transplantation* in Egypt condemn organ trafficking. Organ trafficking requires the participation of transplant professionals and supporting staff. To this end, the medical professional community of Egypt should:

- Enforce its responsibilities as laid out in the *Law on Human Organ Transplantation* established in February 2010 to protect vulnerable persons from organ trafficking.
- Cease participation in transplant surgeries that involve commercial or other exploitative arrangements of the organ donor.
- Hold medical professionals accountable for involvement in surgeries with commercial organ donor victims of organ trafficking as laid out in the Egyptian law on transplantation.

To the transitional and future Government of Egypt

COFS calls upon the current transitional military government and the future elected Government of Egypt, as well as upon the country's pertinent law enforcement agencies, to take steps to further investigate and halt the ongoing, systematic organ trafficking within the country's borders.

This includes:

- Enforcing Egypt's national *Law on Human Organ Transplantation*, which outlaws organ trafficking;
- Enforcing Egypt's law on *Combating Trafficking in Persons* law, which outlaws trafficking in persons and guarantees certain rights to victims;
- Abiding by the *UN Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children*, which Egypt ratified in March 2004 and which includes the prohibition of organ trafficking; and
- Abiding by the *Convention on the Rights of the Child*, ratified by Egypt in 1990, which includes requirements to protect children from violence, exploitation, and abuse.

To the United Nations and the UN Human Rights Council

The recent commitments to investigate allegations of kidnappings and organ trafficking in Kosovo and Albania are commendable. COFS calls upon the United Nations and the UN Human Rights Council to:

- Establish coordinated, independent, international investigations on organ

- trafficking, including the operations and networks of organ traffickers in Egypt and other key countries. Such investigations must pay special attention to particularly at-risk groups, including asylum seekers, refugees, and, especially, women and children; and
- Call upon the Government of Egypt to implement the above-mentioned recommendations.
 - Assist in the development and implementation of accountability mechanisms for the perpetrators of the crime of organ trafficking.

To UNHCR and other organizations that provide assistance to refugees and asylum seekers in Egypt

COFS calls upon the UNCHR in Cairo and other organizations that provide assistance to refugees/ asylum seekers in Egypt to:

- Recognize that perpetrators target individuals from these particularly vulnerable communities;
- Develop mechanisms to protect refugees and asylum seekers from such risks (e.g., undertake efforts to raise the awareness of refugees and asylum seekers concerning the risks and consequences of organ donation and trafficking through special outreach programs); and
- Identify individuals within these communities who have been victims of organ trafficking, establish avenues for reporting the violations to authorities to seek justice and to cooperate with organizations such as COFS to provide survivor support for these victims.

To the United Nations Children's Fund (UNICEF)

The evidence in this report that organ traffickers are victimizing children in Egypt demands attention. Egypt has committed itself to honoring the Convention on the Rights of the Child (CRC). It is incumbent upon Egypt to protect children from exploitation and abuse, including the trafficking of their organs. To this end, UNICEF should:

- Advocate for further investigation into the trafficking of organs of children in Egypt and elsewhere; and
- Call upon the Government of Egypt to implement the above-mentioned recommendations, and especially those that ensure that medical professionals are prohibited from even considering a living child to be an appropriate organ donor.
- Work toward raising awareness among families and children of the danger of all forms of trafficking, including organ trafficking.

To the United Nations Development Fund for Women (UNIFEM)

The findings in this report indicate that increasing numbers of women from vulnerable

groups are becoming the victims of organ trafficking and that this is occurring to some extent in tandem with the trafficking of women for sex. In light of this, UNIFEM should:

- Advocate for further investigation of the victimization of women by organ traffickers in Egypt and elsewhere;
- Advocate in line with Article 6 of the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW), which requires States to take all necessary measures to “suppress trafficking in women and the exploitation of prostitution.” Such investigations should address the extent to which human traffickers dually exploit women for sex and organs; and
- Call upon the Government of Egypt to implement the above-mentioned recommendations.

To human rights non-governmental organizations (NGOs)

In the absence of investigations led by agencies of the Government of the Egypt or the UN, COFS calls upon Egyptian human rights organizations and credible, outside, internationally recognized human rights organizations should undertake investigations of organ trafficking in Egypt and other key countries that host organ trafficking in order to further verify claims and better understand criminal organ-trafficking networks and their operations.

To health, human rights, and development organizations in Egypt and key countries that are venues of organ trafficking

Organizations providing outreach to vulnerable populations in areas that organ traffickers target should:

- Commit to raising awareness about the organ trade and its risks; and
- Collaborate to provide survivor support for victims who are or could become beneficiaries of the organization.

BACKGROUND

Organ trafficking is the recruitment, transport, transfer, harboring, or receipt of living or deceased persons or their organs by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability, or of the giving to, or the receiving by, a third party of payments or benefits to achieve the transfer of control over the potential donor, for the purpose of exploitation by the removal of organs for transplantation.

-Istanbul Declaration on Organ Trafficking and Transplant Tourism, 2008 as derived from Article 3a of the Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, Supplementing the United Nations Convention Against Transnational Organized Crime

Since the first live-donor kidney transplantation in Egypt in 1976, there has been an absence of an entity to govern transplant practices, including the allocation of organs. Commercial living donations and organ trafficking thus became normative methods for obtaining organs for transplants. Estimates suggest that Egypt performs approximately 500–1000 licensed transplants per year, that there are an additional 100-200 of unlicensed transplants conducted annually (source: personal communication Dr. Hamdy Sayed, Director of the Medical Syndicate, November 2009), and that between 80 percent and 90 percent of living kidney donors in Egypt are commercial living donors. ii iii

Until recently, Egypt was one of the few countries that prohibited organ donation from deceased donors; the country therefore relied entirely on the living. Accordingly, a free, unregulated market has been the distribution mechanism. Victims of organ trafficking have served as the key source of organ suppliers, with only a minority of organ donations from related living donors. With the exception of one reputable transplant center that has a relatively strict protocol to assess donor-recipient relations, Egyptian doctors say that even many of the living related donors are also compensated in various ways, (e.g., inheritance or wealth transfers of various kinds from a wealthier but ailing family member to a poorer relative).

Also until recently, the Medical Syndicate was the only authority with the power to issue licenses for transplants under a loosely monitored law requiring that the donor and recipient must be the same nationality. Accordingly, the vast majority of victims of organ trafficking in Egypt are Egyptian for Egyptian patients. As a result, most commercial transplants in Egypt involve domestic internal organ-trafficking rather than organ trafficking for foreign transplant tourists. However, there is now more evidence that vulnerable foreigners are serving as a source of commercial organ supply in Egypt. Claims of organ trafficking among vulnerable foreign groups in

Egypt, most especially Sudanese and other sub-Saharan African refugees and asylum seekers, have circulated since at least the 1980s and have not received adequate attention. This report, albeit preliminary, represents the first systematic commitment to identify these victims, address their plight, and the unique processes employed to exploit them.

Organ trafficking occurs in most hospitals where transplants are conducted in Egypt, but it is more common in private than in public centers. This is especially the case for unlicensed transplants. As organ trafficking became more transparent in the Egyptian media in recent years, more abusive practices by various transplant centers were further revealed. Some cases brought to the attention of the media involved foreign recipients and Egyptian donors; in these cases, the centers were issued a small penalty but continued carrying out transplants soon after the incident.

Commercial living donors (CLDs)/ victims of organ trafficking⁴ in Egypt thus include those persons who have sold a partial liver or a kidney. We restrict our discussion here to those Sudanese victims of organ trafficking who had a kidney removed.

The passing of a national law on transplantation in Egypt in February 2010 provides a framework for the prohibition of organ trafficking and the permission to transplant from deceased donors. The law began to curb the trade before the January 2011 revolution, but full surveillance and enforcement have not yet been implemented. When and how transplants via deceased donors will commence is still uncertain.

After hearing expressions of fear of organ theft that Sudanese and other asylum seekers in Egypt unanimously expressed, the first author of this report began the study of organ transplants and the organ trade in Egypt in 1999.⁵ Her broad based research continued with organ donors and recipients, transplant professionals, the Doctors' Syndicate, the Egyptian Ministry of Health and Population, and religious clerics and laid the foundation upon which COFS was launched in 2005.^{6 7}

When COFS-Egypt was also established in 2005, Sudanese victims of organ trafficking could not be identified. Efforts were focused on addressing concerns of the majority of victims, who were Egyptian nationals. In-depth interviews with Egyptian victims are longitudinal and ongoing. These interviews were conducted between July 2004 to December 2006 and September 2008 to November 2010 for the purpose of a study and for the development of outreach programs.⁸ COFS-Egypt has served over 200 Egyptian victims of organ trafficking. Research and findings about these victims are referenced in this report to contextualize the circumstances of Sudanese victims.

In September 2010 new claims emerged within the Sudanese community and were brought to COFS' attention. By December 2010, COFS-Egypt devoted special

attention to identifying Sudanese victims. Limited resources for sufficient field research in tandem with the revolution and the clandestine nature of this issue have challenged data collection.

COFS is committed to expanding its investigations and advancing protection and advocacy for this and other vulnerable groups that organ traffickers are targeting.

Since the 2011 revolution, enforcement of the transplant law has not been a priority. Human rights advocates fear that the period of instability in Egypt and throughout the region will allow all forms of human trafficking of all forms to flourish. The trafficking operations in Egypt and the newly emerging claims of abuses, including organ trafficking, of African migrants in the Sinai Peninsula all demand urgent attention and action.

METHODOLOGY

In-depth interviews with Sudanese victims of organ trafficking commenced in December 2010 and are on-going for programmatic and study purposes.

Each of COFS' field researchers are from areas in greater Cairo that are in or near those venues where victims of organ trafficking reside. The researchers are trained in research methods certified by the Collaborative Institutional Training Initiative (CITI) and included as research personnel on the protocol for the study. In addition to their research, the field researchers also play the role of social workers and victim advocates.

COFS identifies Egyptian victims of organ trafficking from transplant centers where COFS has been granted research clearance (those centers with the most transparency) as well as via a snowball technique in which victims tell us of other victims they know. COFS has only been able to identify Sudanese victims via the snowball technique. Thirty-three percent of the Sudanese victims COFS interviewed said that they know other Sudanese who were victims of organ trafficking in Egypt.

The questionnaire employed to interview victims includes closed-questions to collect demographic and background data and open-ended questions to elicit narratives about their experiences and how these experiences have affected their lives. One Sudanese researcher conducted interviews with Sudanese victims in Arabic (Modern Standard and Darfurian and Egyptian dialects) primarily in the victims' place of residence, the home of a friend, or a coffee shop (*ahwa*). A consent form for all victims explained that participation was voluntary and that identities would remain confidential. Verbal consent was then obtained from each participant and additional consent was obtained for several video recordings of testimonies. Faces were blurred on video images of Sudanese to further protect confidentiality. Although both Egyptian and Sudanese victims fear being criminalized for participation in a commercial organ donation, many Egyptians did not feel a need to blur their faces in other video projects that included them, because their transplant was licensed and thus their involvement was considered "legal." No monetary compensation was provided for an interview. Because COFS' commitment is to assist victims to deal with the abusive experience and its consequences, COFS provides outreach services, regardless of a victim's decision to participate in the interview.

Subject to the consent of its beneficiaries, COFS' also collected medical information from the follow-up services COFS provided for victims. These services work first to provide care as a basic right to victims who are otherwise abandoned by the medical system that removed their kidney. Ultrasounds and physical exams

also work to confirm a nephrectomy. Victim's narratives then corroborate with this information to establish cases.

The relatively small number of participants in this study is a reflection of the following considerations:

1. *The clandestine operations and political sensitivities of organ trafficking challenge data collection about this subject.* The lack of transparency of the practices in most transplant centers creates barriers to study processes and identify victims.

2. *Fear is a major inhibitor for victims to discuss their experience.* Because criminal operations are involved, victims (whether their consent was induced, they were coerced, or whether they were a victim of organ theft) are afraid that they will be criminalized for being involved in the crime.

COFS has worked to establish long-term relationships of trust with Egyptian victims of organ trafficking that encouraged them to embrace COFS' outreach services and participate in interviews over time. COFS' project began with Sudanese victims just two months before the January 25, 2011 revolution. While the Egyptian revolution has brought much hope for Egyptians and others throughout the region, it has also brought much uncertainty and fear for people across the country. For example, a COFS-Egypt staff member was detained for two days for taking photographs of low-income neighborhoods that are targeted for the organ trafficking business. The reporting to the police was an expression of local residents' fears of attention to these neighborhoods amidst this period of instability. This has been unprecedented in COFS' work in Egypt and speaks to the fears that have been evoked since the revolution, especially for asylum seekers and refugees who already have a precarious status in the country.

As with Egyptian victims, trust began to be obtained and more Sudanese began to contact the field researcher to identify themselves and others as victims, to embrace the outreach services and to participate in an interview.

3. *Limited resources restricted more extensive data collection.* Although COFS-Egypt had several supporting staff members and volunteers to help with this project, the organization could only commit a single Sudanese field researcher to identify Sudanese victims of organ trafficking. The widely dispersed places of residency of victims (albeit most are in and around Cairo, they are increasingly from the city's stretching outskirts), and the intense fieldwork that is required to access them make it difficult for a single field researcher to tackle. Further, the primary field researcher in this project is male and thus the findings in this report reflect COFS-Egypt's lack of resources to include a woman field researcher(s) in order to better approach victims who are women and girls. Female victims identified have stated that they would share their stories and participate in an interview with a woman researcher. The proportion of female victims included as

subjects here may thus be skewed, and the actual number of Sudanese women and girls who are victims of organ trafficking in Egypt may be significantly higher. This is of particular concern given that there is observational evidence that strongly suggests that many women who are trafficked for sex are also trafficked for organs and vice versa.

Considering the clandestine nature of this activity, it is impossible to know a precise number of Sudanese victims of organ trafficking or to what extent the sample identified here represents the larger group of such victims. Although the findings can therefore not claim to reflect the broader group of Sudanese victims of organ trafficking in Egypt, it does speak to the experience of being a victim of organ trafficking and the processes this crime entails, from victims' points of view. Individuals are being systematically exploited based, in these cases, upon their vulnerable status as refugees and asylum seekers in Egypt. Thus this sample size of interview subjects provides an important window into the secretive operations of organ trafficking that targets refugees and asylum seekers.

PRELIMINARY FINDINGS

Beginning in December 2010 and continuing shortly after the January 2011 Revolution, COFS-Egypt identified 57 Sudanese asylum seekers/ refugees who said they were victims of organ trafficking in Egypt. Each case involved the removal of a kidney. These victims include children, women and many of them are from Darfur, having fled the genocide and armed conflict there in search of refuge in Egypt.

COFS-Egypt has conducted in-depth interviews with 12 of these individuals who described their experiences in compelling detail. COFS arranged physical exams and ultrasounds for five of these victims as part of follow-up care outreach services, which also confirmed the nephrectomies. Arrangements to interview and provide this care for the others are ongoing. Four victims also showed COFS staff documents from the hospitals where their nephrectomies occurred; these documents included the victims' respective identifiers.

COFS has video recordings of testimonies, including include images of the physical scar and results from the medical follow-up exams that verify nephrectomies of four victims. This video can be made available electronically for private viewing upon request. It will be made public when COFS completes a more comprehensive report and issues a press release of its findings.

The circumstances that led the victims to flee Sudan and the precarious conditions they experienced in search of refuge, compose an inherent broad basis of vulnerabilities for Sudanese asylum seekers in Egypt. Various plays of power upon these vulnerabilities led to their victimization by organ traffickers. The preliminary findings include information about the demographics, immigration status, techniques used to target individuals, the degree of "consent" obtained, payment promises, brokers' operations, places of transplant, and consequences for the victims. These considerations must be explored further to better understand the crime and its abuses.

Demographics of Victims Interviewed

Of the 57 victims identified, five (9%) are children (ranging in age from 11- 18), 27 (47%) are women, and 39 (68%) are from Darfur. The sample set of those twelve victims interviewed include 4 (42%) children, 5 (42%) women and 6 (50%) Darfurians.

The remaining data involves only these 12 individuals interviewed (Table 1). The incidents of organ trafficking occurred between 1991-2010. This confirms rumors that organ trafficking has included Sudanese at least for the past 20 years. The interviewed victims range in age from 11-36 years old with an average age of 23.5

years; the age range was 15-30 years for females, with an average age of 23 years; the age range was 11-36 for men, with an average age of 24 years. (See Table 1)

Table 1: Demographics of Interviewed Victims of Organ Trafficking

Sex	5/12 (42%) = female 7/12 (58 %) = male			
Age	11-18 = 4 (42%) 19-29 = 4 (42%) 30-40+ = 3 (33 %) unknown = 1			
Place of Residence	11 = Cairo 1 = Alexandria			
Religion	11 = Muslims 1 = Christian			
Marital Status	Single	Married	Divorced	
	50% (6)	25% (3)	25% (3)	
CLDs with children	50% (6/12)			
Level of schooling	None	Primary	Secondary	University
	8% (1)	17% (2)	50% (6)	25% (3)
Literacy level	4 = some literacy 8 = proficient Arabic literacy			
Tribe	2 = Geizera	}	Darfurian = 6	
	2 = Tama			
	1 = Khhawly	}	Non-Darfurian = 6	
	1 = Fur			
	2 = Galia	}	Non-Darfurian = 6	
	1 = Fujlu			
	1 = Fuslu	}	Non-Darfurian = 6	
	1 = Hamer			
	1 = unknown	}	Non-Darfurian = 6	
Employment status (before nephrectomy)	82% (10/12) unemployed			

Immigration Status

Each of the twelve Sudanese victims of organ trafficking that COFS' field researchers interviewed had fled war conditions in Sudan in search of refuge in Egypt. At the time that they were trafficked for a kidney:

- Three of these individuals were granted official UNHCR "refugee" status (given

a blue card), which enables the acquisition of a residence permit, protection from the risk of deportation and arrest, as well as consideration for resettlement;

- One had an application for “refugee” status under review with the UNHCR (given a yellow card)
- One had an application filed with the UNHCR (given a white card); and
- Seven were illegally present in Egypt at the time and had not yet applied to the UNHCR.

This suggests that filing an application and even receiving refugee status with the UNHCR does not protect refugees and asylum seekers from resorting to a kidney sale or being a victim of kidney theft. Since the late 1990s, Sudanese asylum seekers have expressed a lack of confidence in the UNHCR’s refugee protection and support systems in Egypt.⁹ One victim who held a blue card but had nevertheless been induced to consent to removal of an organ said:

my decision was based on the lack of services UNCHR provided to help save my daughter [get her medical care].

All of the victims in this sample were reluctant to talk about their organ trafficking experience with anyone they perceived to be associated with a position of authority relevant to their status in Egypt. The victims feared being arrested for involvement in a crime, albeit as victims. There are no real avenues for recourse for victims of organ trafficking of any nationality in Egypt.

It is thus not possible to know what response might be possible for the UNHCR to generate for such cases. Whether or not the UN body may advocate on behalf of their cases, it is still fair to say that the worst cases are those that involved theft of a kidney while having illegal immigration status.

Techniques Employed to Target Victims

In Sudan or at the Sudan-Egypt border - Three of the cases involved direct operations between people smugglers/ traffickers who assisted the victims to cross the border into Egypt with the brokers who arranged the removal of their kidneys in Cairo. Two of these victims entered Egypt illegally by ground or water transportation (train, ship, or bus); the third flew to Cairo after receiving bogus documents from the broker.

We crossed the border at #21. From there it was easy to come to Cairo because you [via an agent] can fake a UNHCR card and put your photo on it. That was the agreement my brother

and I had with the smugglers from Shataleen. The agent who helped us after we crossed the border into Egypt told us we could stay in his apartment with his family in Cairo and could help us find jobs. When we could not find a job he then told me how I needed to consider to sell my kidney.

I left Sudan after suffering from prison and torture there I met a friend in Sudan who advised and helped me get to Egypt. He took care of everything in Sudan, obtaining a passport and all the procedures. I flew to Cairo and met him again and stayed with him and his family in his apartment in Cairo. After some weeks his family stopped feeding me. I had no money for food and I began to fall ill. He then told me that I needed to sell my kidney to raise more money for my stay and help my situation.

In Egypt-Nine of these cases were targeted within greater Cairo. Coffee shops (ahaawi) and other meeting places on the streets of Cairo were common assessment arenas for brokers to identify the most destitute and isolated individuals. Each of these individuals had little or no support network in Egypt. Only two victims stated they had a relative who helped them to some extent in Egypt. Others with family members with them in Cairo were in positions of responsibility for younger relatives.

Whether the victims were targeted in Sudan, at the Sudan-Egypt border, or in Egypt, organ brokers commonly offered their targeted individuals food and housing and then demanded money for this help. When they were unable to pay, the "friend"/broker threatened them with homelessness or arranged for a debt collector to threaten arrest and deportation. When made desperate for money, the proposition to sell a kidney was presented.

I was abandoned in Cairo and was given this option by the broker to sell my kidney. He said all Sudanese refugees do it. I didn't like it. In fact I was afraid. But, I felt I had no other choice, especially because I needed to take care of my younger brother (who was with me).

In cases of kidney theft, arrangements were made to have tissue typing conducted by inducing symptoms that made them feel they needed diagnosed.

I came to Egypt by way of smuggling. I knew an old Egyptian

man who brought me to Cairo.... Our relationship increased and he treated me like a son.... I didn't know what I could do in return for him exactly....Soon I began to complain about pain in my right side. He said he could send me to a clever doctor, at a pharmacy, who gave me medicine and injection drugs for the pain. One day when I was tired, he called the pharmacy doctor to come and give me the injection, and then I slept and lost consciousness and later found myself in the hospital. In the hospital they did for me a medical check, in case to do gallstone operation, as the (older Egyptian man) said I was tired." [In actuality, he had his organ removed.]

There are indications from the victims that nine women in the group of 57 had been brokered for sex in addition to being trafficked for a kidney. Interviews and more information investigations are required to understand the relationship between brokers of sex and brokers of organ trafficking and if victims were targeted in Sudan, at the Sudan-Egypt border, or in Egypt.

Degree of "Consent"

Brokers have deployed a number of techniques to target the Sudanese refugees and asylum seekers. These techniques have included exacerbation of the victims' positions of vulnerability to obtain compliance or deceive a victim in order to obtain their kidney. The degree of "consent" involved in these twelve cases can be placed into three categories with the following definitions:

- *Induced consent*:- a victim felt compelled to consent to a kidney sale because she or he considered the alternative quality of life to be too grim (e.g., deportation, homelessness, deprivation of medical care for family member);
- *Coerced to sell*:- victims felt that they had no choice, that their lives were threatened (e.g., deprived of food and water, strapped down); and
- *Theft of kidney*:- a victim was not informed that a kidney would be or was removed and no payment or material gain was received.

Six of these victims explained that they were induced to give consent; three said they were coerced; and three described the theft of a kidney. Those who were induced explained that basic living expenses were the driving factors that led them to resort to a kidney sale.

I was living a hard life. I needed to feed my kids and send them to school.

My mother was very sick, and needed money for her operations.

That time we had no steady income to satisfy our minimum daily life needs, so it was the only solution for us as they told me.

COFS' research suggests that Egyptian men sell their organs to cover debts that they had incurred relatively late in life; hence the average age of the Egyptians CLDs is higher than the average of the Sudanese. Among the Sudanese asylum seekers and refugees, the young are being targeted, and the answers they gave COFS as to why they sold their organs varied from helping to cover medical costs to general poverty.

Victims who described themselves as coerced, were convinced that they could not get out of the circumstances. For example, one victim described how she "consented" to sell her kidney but then wanted to change her mind and was coerced to proceed.

Then a week later, he [the broker] made me sign a declaration for the surgery. I was very worried and afraid because I was alone....I was about to take the injection but then I told them I changed my mind. He [the doctor] said it was too late because I already signed the papers. I was forced by two nurses to kneel down and take the injection. I slept and eight hours later I woke up with the surgery complete.

A victim of theft explained how he was tricked into having his kidney removed.

I fell very ill and went to the hospital and they told me that they had to remove my gall bladder. After I left the hospital I found the pain had increased. I had talked to an older Sudanese man who lived near to us about this issue.... He gave me the money and I went to get a medical checkup. The doctor surprised me when he told me...'No, you only have one kidney and the other was removed.'

Victims were in several instances coerced into giving statements that they were making an altruistic organ donation.

In circumstances where a signed consent was required by a transplant center, victims also spoke of brokers signing the consent forms in the name or pseudonym of the victim.

They told me I had to say on video that I had donated, not sold, my kidney. In the end they told me that they were going to pay me, but on video I had to say it was for free. They had me say all of this on video, and from a script. There was someone who instructed me to say these things. After I read all of these words, I realized that I would be saying that I donated my kidney for free. There also had to be someone responsible for me and they had to sign to receive the money.

Although the current, preliminary sample size is small, it is noteworthy that of the six victims who were induced to consent to sell their kidney, two had a blue card, one had a yellow card and three were not yet registered with the UNHCR. Of the three victims who were coerced into selling a kidney, one had a white card and two were not yet registered with the UNHCR; and of the three who experienced theft of an organ, one had a blue card and two were not yet registered with the UNHCR. This suggests that when immigration status is crossed with the degree of consent, having the registration or the highest level of protection or recognition with the UNHCR did not protect individuals from being induced or coerced to sell a kidney or from being a victim of organ theft. Further, as mentioned earlier, it left them with no avenue for reporting their victimization.

Payment

For the nine interviewed victims who were induced to consent, or were coerced to sell, a kidney (and therefore did not have their kidney stolen), the range of money promised was between US\$5,000 and US\$40,000. Only one victim was paid the full amount promised; and eight of these nine victims experienced the theft of money. (COFS defines theft of money as a situation in which money was promised and not received in part or full, or was received and stolen in part or full.) Of the eight victims who experienced some theft of money, five suffered a partial theft of money and three suffered the theft of the entire promised sum. (two from those that were induced to give consent and one from a victim who was coerced).

After three days, (the broker) called me about the money. I wasn't fully recovered, but I went to see him and he said because I am vulnerable he can look after the money. Because he looked after

me so well, I trusted him and gave it all. Besides I knew where he lived. The broker ran and away and stole all the money.

Of the five victims who were paid amounts less than they were promised, the amounts were US\$5,000, US\$6,000, US\$9,000 and US\$25,000. (One victim did not indicate the amount paid.) Three of these individuals indicated that the donor recipients were from Sudan and one (who was paid US\$25,000) indicated that the recipient was from a Persian Gulf country. These amounts are extraordinarily high considering that most of the victims did not receive a payment at all, that global prices for a kidney range between US\$2,000 and US\$4,000 and that Egyptian victims tend to receive an average of US\$2,000.

These high reported amounts suggest that the donor recipients who could afford to pay these sums were also heavily brokered for high fees for the entire transplant. The fact that many of the recipients from this sample are Sudanese also suggests the brokers, despite the organ trafficking, a criminal act in Egypt, brokers referred to in this sample made more concerted efforts to “abide by the (prior) law” of arrange same donors and recipients of the same nationality in order to obtain a license for the transplant. This may be a direct result of the more frequent raids on transplant centers that Egyptian police performed over the last several years. It does not speak to the many cases COFS has confronted that include the falsification of documents of an organ donor in order for brokers, recipients and transplant centers to achieve a license for a transplant.

Brokers

Brokers consistently demanded bribes from COFS' field researchers to talk about their work and to bring forward victims. COFS does not engage in payments for interviews and avoided the risks involved in interacting with brokers. Sudanese victims of organ trafficking in this study were all targeted by Sudanese brokers and had not considered an organ sale before a broker approached them. Discussions with members of the community indicated that there appear to be two categories of brokers: 1) civilian brokers who seek asylum just as their Sudanese counterparts and 2) brokers who are awarded visas by the Sudanese government to enter neighboring countries – thus enabling them to arrange organ trades across borders.

Victims and other community members said brokers compete for business but also work in collaboration and divide target territories among themselves. Further, COFS field researchers were told that brokers provide a list of potential “donors” to

doctors in order for doctors to present their sex, age and nationality profiles to potential recipients for their selection. Finally, victims and other community members said organ brokers also traffic drugs and women for sex.

COFS's team found that, while few Egyptian victims became brokers, many more Sudanese do so.. This was especially evident among those Sudanese victims who were induced to give consent and received a payment for giving up a kidney. The lure to earn more from this business made Sudanese brokers commit time and effort to employing "hosting" techniques to secure a kidney sale. According to interviewed members the community, there were few barriers to becoming a broker but difficulty in exiting, because the work involved participating in criminal networks.

One of the victims interviewed included a woman victim who had become a broker. Her son told COFS' field researcher in confidence that his mother had arranged the removal of his kidney to obtain money for their family. He showed the researcher a scar left by the removal of his kidney. The son said that his mother had also arranged for the removal his 15-year old sister's kidney and that his 22 year-old brother was next in line.

Place of Transplant

Four of the victims reported that their kidney was removed in private hospitals- three of which were located in Cairo and one was in Alexandria. Three victims reported that their kidney was removed in a prominent hospital for Egyptian intelligence agency in Cairo. The remaining four victims in this preliminary study knew neither the location nor the name of the clinical setting where their kidney was removed. These four included those three victims who described a theft of their kidney and one victim who said he was coerced to sell.

Knowledge about the Organ Recipient

Only four of the victims met the patient who had received their kidney. Only seven victims knew the nationality of the recipient. These victims reported that three of the recipients were from Sudan, one was from Jordan, one was from Libya, and two were from Gulf countries. Prior to the February 2010 passage of the law on transplants in Egypt February 2010, one of the few requirements for obtaining a license for a transplant was that the donor and recipient be of the same nationality. Each of the cases of a Sudanese victim in this preliminary study that involved a Sudanese recipient occurred before the passing of this law and thus

could have occurred with a license. Others could have occurred with a license via the use of false documents.

Only one victim ever saw the recipient of their kidney and none of the victims ever interacted with their recipient.

Consequences after the Nephrectomy

Negative health, economic, social and psychological consequences for victims of organ trafficking have become evident from studies conducted in Egypt¹⁰, India¹¹, Iran¹², Pakistan¹³ and the Philippines.¹⁴ Consistent with these studies, the victims in this preliminary study reported that their lives worsened after the nephrectomy.

All of the 12 victims interviewed expressed deterioration in their health. This is likely a result of factors such as insufficient donor medical screening and pre-existing compromised health conditions of this vulnerable population. As with Egyptian victims and victims of organ trafficking elsewhere, many spoke at length about the pain they continued to experience at the site of the incision, an inability to lift heavy objects, and general fatigue.

My health before the surgery was very good. I could perform difficult tasks. After, my health reduced. I wasn't able to do any heavy work...this killed me.

I feel vibrations and sounds at the scar area where my kidney was removed. I have a poor appetite, tiredness, pain everywhere, especially the stomach and the back, and whenever I try to lift heavy things.

Hunger was a reoccurring theme among Sudanese victims who said they felt that their inability to feed themselves exacerbated their deteriorated health after the nephrectomy.

It [weakness] became very bad due food shortage to feed myself and family. Not enough physical power to work and earn enough for our living.

[I am] feeling weaker and weaker by the month after the surgery and I always feel hungry.

As with findings highlighted elsewhere, Sudanese victims reported that the organ trafficking experience contributed to a worsening of their economic conditions. Of the four victims who had received money, three subsequently spent almost the

entire amount paying the medical bills of a sick family member. Long-term financial difficulty is also a result of reduced ability to perform manual labor.

I am still unemployed. Before the operation I could play and work without problems. I used to work as a butcher in Sudan, then in construction, which I liked a lot because I am rebuilding the community. But now I can't do those jobs. I had a temporary job in construction and I had to take breaks every 20-40 minutes.

Like the Egyptian victims and victims elsewhere, the Sudanese victims described how the organ trafficking experience was traumatizing and the cause of much anxiety for which they could find little relief. Out of the 12 victims interviewed, 9 had reached out to share their experience with a relative, but none were comforted in doing so and five regretted sharing this information as they felt stigmatized as a result.

I told my family and they were very angry. The family of the girl who I was engaged found out, and said they didn't want me to marry her anymore.

These findings coincide with the impression in the Sudanese community that selling ones organ, even out of desperation, is an act that is *haram* (sinful) and dishonorable. Several victims repeated the phrase that it is like "eating yourself."

Each victim interviewed regretted the experience. Even victims who had one of their kidneys stolen regretted their naivete in getting into the situation in the first place.

I have felt like killing myself sometimes. Sometimes I just hope I get into a car accident and die.

I feel grateful that I am still alive. But I cry most of the time when I remember what happened.

DISCUSSION AND QUESTIONS FOR FURTHER RESEARCH

Despite the recent law that prohibits organ trafficking in Egypt, transplants are not given the requisite oversight. Transplant practices have resulted in thousands of victims of organ trafficking in Egypt. COFS estimates that there are likely to be hundreds more Sudanese victims of organ trafficking in Egypt as well as many more victims from Jordan, Eritrea, Ethiopia, Somalia, Iraq, and Syria.

The findings in this report, albeit preliminary, raise the following key concerns:

- 1). Sudanese refugees and asylum seekers are a particularly vulnerable group in Egypt and organ traffickers are targeting them.
- 2). Victim testimonies suggest that there is a direct link between people smugglers/ traffickers and organ traffickers to facilitate this business with the Sudanese targets.
- 3). Child victims of organ trafficking have been identified and are of special concern.
- 4). Women and girls are also increasingly being victimized by organ traffickers and there are indications that some women and girls are simultaneously being trafficked for sex.

The circumstances of Sudanese victims identified in this research reveal several important distinctions when compared to Egyptian victims of organ trafficking in Egypt.

- Most Egyptian victims who resort to selling a kidney do so by going to a laboratory or by responding to a newspaper advertisement¹⁵; each victim in this sample (who was induced or coerced to “sell” a kidney) only considered the sale after a broker approached him or her (i.e., after he or she was solicited, or, rather targeted). This suggests that Sudanese refugees and asylum seekers are targeted more than members of the Egyptian vulnerable populations.
- The vast majority of the Egyptian victims represented cases of induced consent. While instances of organ theft exist among them, they are extremely rare (1 percent in COFS-Egypt’s study). Twenty-five percent of Sudanese victims interviewed in this preliminary study described experiences of organ theft. There is thus a greater proportion of theft of a kidney amongst Sudanese victims of organ trafficking.
- Some 62 percent of the Egyptian victims were illiterate; 100 percent of the Sudanese victims interviewed in this preliminary study had some level of

literacy in Arabic; 50 percent had received secondary education; and 25 percent were university educated. These statistics suggest that, although they are more educated, the Sudanese are more vulnerable by virtue of their status as asylum seekers and refugees in Egypt.

- The median age of Egyptian victims is 33 years.¹⁶ The average age of Sudanese victims in this sample is 23.5 years. Accordingly, Sudanese victims are younger, have higher levels of literacy and formal education, are more directly targeted, and have suffered more instances of organ theft than have the Egyptian victims of organ trafficking.

This study only captures cases of survivors and living victims of organ trafficking whom COFS has identified to date in greater Cairo and, in one instance, in Alexandria. It cannot speak to the recent reports that migrants from sub-Saharan Africa and perhaps other migrants have become victims of organ trafficking in the Sinai, including some who might die in the course of the organ(s) removal and perhaps cells and tissues or may have survived an organ procurement but were able to flee to Israel or some other country.

Such abuses are possible in the broader context of the business of organ trafficking in Egypt and deserve greater attention. Further, more attention must be paid to the harvesting of other organs (or cells or tissues), most immediately of partial livers. Although not included in this study, COFS-Egypt identified a case of a victim from Ethiopia whose liver lobe was sold and, despite his stated interest to participate in the interview, has been in a critical condition and unable to do so to date.

The findings presented here thus raise grave concerns and questions about abuse of members of vulnerable populations in Egypt who are driven to fuel a growing demand for organs for transplant. Further research and investigations must be conducted to uncover more about the scope, processes, networks, and victim population at large to better combat organ trafficking, hold its perpetrators accountable, and provide enhanced survivor support.

Need for Further Research

Only a very few recent commitments have been made world-wide to investigate organ trafficking. The question persists, *who shall care for the victims of organ trafficking and advance the cause of protecting vulnerable populations and ending these practices?*

In the absence of sufficient commitments, COFS has sought to combat organ trafficking on a grassroots level through a variety of outreach and direct-service

programs. Despite such efforts, COFS' limited resources have restricted more extensive data collection needed to document and explore the full scope of illegal organ trafficking in Egypt.

We estimate that six field researchers (two Sudanese women, two Sudanese men and two Egyptians of either sex) and 4-6 additional months of dedicated field research activity would be required to complete a more comprehensive and useful study.

Without the ability to commit such resources to the continued study of Sudanese victimization, COFS will not be able to help provide the data needed for the global community to develop targeted, effective programs and policies that will address the continued exploitation of Sudanese men, women, and children through illegal and abusive organ trafficking.

END NOTES

- i. The United Nations Convention against Transnational Organized Crime, the Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children (2000) underscores the need to protect women and children from trafficking and the conditions that result in vulnerability to trafficking throughout. The Convention was ratified by Egypt on 5 March 2004. See <http://www.unodc.org/documents/treaties/UNTOC/Publications/TOC%20Convention/TOCebook-e.pdf>
 - ii. Barsoum, R. and M.A. Bakr The Egyptian Renal Transplant Experience. *Clinical Transplants* 2000; 359–60.
 - iii. Budiani, D. Facilitating Organ Transplants in Egypt: An Analysis of Doctors' Discourse, in *Islam, Health, and the Body*, edited by Diane Tober and Debra Budiani, London: Sage Publications Series in Body and Society, October 2007 13(3): 125-149.
4. COFS uses the term “victim” not to diminish a sense of agency of these subjects but rather to emphasize the structural forces at play, the inducement, that this was an act of desperation and last resort, and to include cases of organ theft. We also employ the term to share its use in the human trafficking discourses that recognizes similar processes of the abuse of power on vulnerabilities. In other literature, COFS also uses the term “commercial living donor” (CLD) as a parallel to the term *commercial sex worker* to demonstrate the financial incentive that drives the act.
5. Budiani, D. *Quests for Refuge, Quests for Therapy: Displacement, Illness, and the Body in Urban Egypt*, doctoral dissertation, Department of Anthropology, Michigan State University, 2005.
6. Budiani, D. 2007.
7. Budiani, D. and Shibley, O. Islam, Organ Transplants, and Organs Trafficking in the Muslim World: Paving a Path for Solutions, in *Muslim Medical Ethics: Theory and Practice*, edited by Jonathan Brockman and Thomas Eich, Columbia, SC: University of South Carolina Press 2008: 138-150.
8. The University of Pennsylvania hosts the IRB for this study, protocol numbers 801824 and 808752.
9. Budiani, D. 2005.
10. Budiani-Saberi, D. and Mostafa, A. Care for commercial living donors: the experience of an NGO's outreach in Egypt. *Transplant International* 2010 24(4): 317–323.

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11. Goyal M., Mehta RL, Schneiderman LJ, Sehgal A. Economic and health consequences of selling a kidney in India. *JAMA* 2002; 288:1589–1593.
 12. Zargooshi J. Iranian kidney donors: Motivations and relations with recipients. *J Urol* 2001; 165: 386–392.
 13. Naqvi A. A socio-economic survey of kidney vendors in Pakistan. *Transplant International*. 2007; **20**: 909–992.
 14. Shimazono Y. What is Left Behind? Presentation at an Informal Consultation on Transplantations at the World Health Organization, May 2006 Geneva.
 - 15 Based on COFS-Egypt's findings on Egyptian victims of organ trafficking, 78% were recruited through newspaper ads, 15% through a direct solicitation from a broker, 6% through knowing other donors, and 1% by way of an organ theft.
 - 16 Budiani-Saber, D. and Mostafa, A., 2010.