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A Mixed Method-Approach to Exploring Human Organ Trafficking and Its Policy Implications

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A MIXED METHOD-APPROACH TO EXPLORING HUMAN ORGAN TRAFFICKING AND ITS POLICY IMPLICATIONS

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Human organ trafficking, which involves the exploitation, coercion, illegally purchasing or selling of organs, has become a primary international concern. According to the United Nations, legally available organs for transplants only accommodate roughly 10% of the global industry demand. The shortage in organ supply means a new patient is added to the waiting list every 10 minutes worldwide even as 20 patients die every day in the United States alone waiting for an available organ. Previous researchers have found empirical support for significant relationships between human organ trafficking and its adverse globalized effects. Using primary and secondary data, the main aim of this dissertation is to shed light on the crime of human organ trafficking and its policy implications. The multi-disciplinary approach based on social conflict, rational choice, routine activities, structural-functional, and strain theories are applicable in various contexts when understanding human organ trafficking and human rights. The implications for social change include (a) legal actions to stop the thriving global organ trade, (b) a transparent regulatory oversight system that ensures donor and recipient safety and enforces the prohibitions of unethical medical transplant procedures, (c) and

recommendations for governmental agencies to focus on the prevention of organ trafficking, prosecution of organ traffickers, and protection for human organ trafficking victims.

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DEDICATION

This dissertation is dedicated to the victims of the crime of human organ trafficking.

RIP!

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CHAPTER 1

INTRODUCTION

Human organ trafficking, which involves the exploitation, coercion, illegal purchasing, and selling of organs, has become a primary international concern. Exclusively donated organs have not been ample enough for the demand; as a result, the shortage of human organs has produced a market for human organ trafficking (Bruckert & Parent, 2002; Gracia et al., 2020). According to Kyle and Koslowski (2011), globalization, the increase of trade, and investment resulting from a lack of barriers and interdependence of countries have increased human organ trafficking. Thus, globalization contributes to a more efficient human trade industry since patients travel to other countries for a transplant, or harvested organs can be transported immediately by air to their recipients. Harrison (1999) points out that the human organ trafficking market has significantly grown from the reformation of the world economy, especially from individual entrepreneurs to extensive international cooperation (p. 22). As a result, a desperate underclass either sells their organs or steals them from others. At the same time, the concepts of property rights that have maintained economic compulsion as authentic have also been tainted by the unfavorable impression associated with the organ trade. So, the wealthy do not need to steal body parts of the poor; instead, they can purchase them under contract law. The human organ trade is illegal in nearly all countries. Due to the lack of efficient regulations, the prohibition of organ purchases has not inhibited the human organ market. Questionable approaches for trading may stem from people's wanting to live a longer life or from a great pool of supply-and-demand

organs. As a result, the inevitable outcome has been an expansion in human organ trafficking, with organs transported among all arrays of classes, ethnicities, and developed and underdeveloped regions of the world (Cho et al., 2009; De La Casas, 2008; Harrison, 1999; Scheper-Hughes, 2000).

Background of the Study

The history of organ trafficking dates back to the 19th century, when human body parts were taken from living people or dug up from the graves of dead soldiers to be put into dentures to be sold for scientific study and analysis (Kerley, 2015). However, selling and purchasing human organs was pointless due to a lack of medical study.

Organ transplantation as a bond fide procedure began with the first successful kidney transplant performed in Boston, Massachusetts, in 1954 (Tunde-Yara, 2016). A group of doctors and scientists at Harvard Medical School, led by Dr. Joseph Murray, performed the transplant procedure for Richard and Ronald Herrick, twin brothers. Richard's kidneys were failing, but thanks to Ronald's kidney transplant, Richard's lifespan was extended for another 8 years. Ronald, with one remaining kidney, lived until December 29, 2010. This case made history as the first organ donor and recipient. It became a testimony to those in the science field that organ transplantation was possible and not just alchemy (Dillinger, 2017).

Organ transplantation became a standardized procedure and has been performed in hospitals in more than 100 countries. Human organs for transplants have two main sources, the first and most prevalent are deceased donors, and the second is living donors who can supply a kidney, part of their liver, or the lobe of one lung. After the first successful kidney transplant in 1954, pancreas, and heart transplants were performed in

the 1960s, followed by liver and living-related lung transplants in the 1980s (Budiani-Saberi, 2012). As reported by the Global Observatory and Database on Donation and Transplantation, survival rates of transplant recipients have increased drastically. Approximately 100,000 solid organ transplantations are conducted each year globally, and these include kidneys, livers, hearts, lungs, and pancreas (Matesanz et al., 2009).

More cases of verifiable nature have been brought to light ever since the beginning of the 21st century. Reports arose from researchers on unfavorable outcomes of people selling their kidneys in India, Pakistan, Egypt, and the Philippines (Ambagtsheer et al., 2013). Organ trade patterns typically concentrate on donor-exporting countries such as Egypt, China, India, Pakistan, and the Philippines. At the same time, the United States, Canada, Israel, UK, South Africa, and others are organ recipient-importing countries (Sajjad et al., 2008).

The shortage of human organs launched a massive global search for potential organ donors. Desperate patients seek methods to acquire organs outside their home countries. The value of organs increased to being highly profitable, thus fueling people's desire to trade and sell. So, alongside philanthropic acquisition systems that supply organs, black markets exist to meet the demand that these systems cannot satisfy. After noticing the needs, many surgeons, financial experts, and corrupted government officials have made human organs trading lucrative (Baker, 2002). For instance, the wealthy population and physicians purchase kidneys from Indian villagers who owe a hefty sum (Ahmed, 2002). Because of hopelessness, individuals will turn to illicit means to acquire an organ for transplantation, including using the black market to buy organs from

executed prisoners. In China, organs of executed Chinese prisoners are lucratively sold by officials (Rothman, 2002).

The first official investigation of illegal organ trafficking was recorded in the 1980s by transplant doctors in the Gulf States, who confronted patients who were purchasing and receiving kidneys in Bombay, India. Concurrently, Scheper-Hughes (2004) recorded "body-snatching rumors" that she learned while researching ethnography in Brazilian favelas. In the 1990s, most reports of organ trade were not taken earnestly. Instead, they were considered modern folklore or "global mass hysteria" and were never verified (Dillinger, 2017). A decade-long investigation of an organ-trafficking case finally led to the prosecution of the man administering an illegal organ transplant ring in 2009 in the United States. More reports came of organs being stolen and organ donations occurring and going undetected by the government, yet cases that have been legally brought into court are overextending themselves worldwide because of how the operation is set up and the numerous individual components that are a part of the operation's process.

Attempting to backtrack and assess the history of organ theft is challenging because there are so many factors to consider, beginning from when organ transplants became viable and the demand for usable organs arose. Until the 1980s, only a few frames of the legislature were authorized, which consisted of the U.S. Organ Transplant Act of 1984, the India Transplant of Human Organ Act of 1994, the Bellagio Task Force in 1997, and the UK Human Tissue Act of 2004.

Statement of the Problem

Transplantation of human organs has become a victim of its success with demand for human organs far outpacing supply. Legally available organs for transplants accommodate roughly 10% of the global industry demand. The shortage in organ supply currently means a recipient is added to a waiting list for an organ every 10 minutes in the United States. Due to the high demand for human organs, organ trafficking prevails as one of the world's most profitable crimes with an estimated annual gross profit of $1.5 billion dollars from roughly 12,000 illegal transplants (Carmona et al., 2017; Integrity, 2017).

The human organ trafficking network, which involves brokers, scientists, medical personnel, and hospitals, is prospering. In 2017, approximately 118,000 patients in the United States were waiting for a matched organ while only 16,468 donors reported. Nearly 30,000 organ transplants are performed every year with 20 people dying daily waiting for an organ. Mortality rates range from 15% to 30%, according to Matesanz et al., 2009. The "donation gap" between supply and demand has raised concerns about how human organ sources provide for almost double the number of transplant procedures performed annually (Hamed et al., 2015; Sugumar & Padhyegurjar, 2017; Swamy et al., 2016). With a severe shortage of legally sourced organs, many patients unfortunately die or have to withstand unbearable pain while waiting for an organ. As a result, unethical and criminal practices of organ trafficking have begun to surface worldwide. This causes severe consequences for human safety, especially for the defenseless populations such as the unemployed, homeless, and migrants (Gonzalez & Sanchez, 2020; Monitor & AFM, 2018).

Although the reports of victims in trafficking have increased drastically in number, only 700 victims of human organ trafficking were detected from 25 countries from 2006 – 2019 (Kangaspunta et al., 2018). Researchers believe that the illicit organ trade is expanding due to the advancement of transplant technological innovations, the gap between supply and demand for organs, and the potential profit. The organ network concentrates on countries with vulnerable populations and weak governments because they are most likely unable to oppose the industry.

To combat the growth of human organ trafficking, legislation has been approved to inhibit illegal organ sales through emerging black markets in countries such as the United States. Unfortunately, the crime of human organ trafficking remains obscure due to a deficit of official statistics that makes it difficult to determine the actual breadth of organ trafficking worldwide. Access to transplantation remains limited because of the lack of cooperation between governmental agencies when enforcing laws, forcing many patients without adequate domestic access to lifesaving transplantations abroad. Local and international governmental agencies should be challenged to stop the thriving organ trade and better enforce prohibitions on unethical medical transplant procedures and focus on the prevention, prosecution, and protection of the crime of human organ trafficking.

Purpose of the Study

Because of the illegal nature of the human organ trafficking, there is little empirical work on the crime of human organ trafficking and its adverse globalized effects (Harrison, 1999; Scheper-Hughes, 2000; Tansuhaj & McCullough, 2003). Therefore,

using a mixed methods approach, this research aims to shed light on the corruption of human organ trafficking and its policy implications.

By the end of this endeavor, recommended practices will have emerged as suitable models for the prevention of future occurrences of organ trafficking, as well as ways of implications for social change, which include (a) the legal actions to stop the thriving global organ trade, (b) the transparent regulatory oversight system that ensures donor and recipient safety, (c) effective prohibitions of unethical and criminal medical transplant procedures, and (d) recommendations for governmental agencies to focus on for the prevention of organ trafficking, prosecution of organ traffickers, and protection for human organ trafficking victims.

Theoretical Framework

Human organ trafficking is among the most underhanded types of human trafficking. Whereas wealthy residents and foreigners are organ recipients, a worldwide deficit of organs has compelled the industry to depend on poverty-stricken individuals to be donors. Thus, multidisciplinary approaches are necessary to explain human organ trafficking and its growth over the years, ranging from rational choice, routine activities, social conflict, structural-functional, and strain theories. Kuhn (1962) suggested that scientific revolutions involve "paradigm shifts," and articulated his views about how science changes over time. Since then, the crime of human organ trafficking has been explained in more detail by crime pattern, demand, and victimology theories.

Social Conflict or Marxist Theory

During the mid-19th century, Marxism, a political and economic theory, was developed by Karl Marx and Frederick Engels. The theory maintains that there is always

a conflict between the haves-not and the haves, who can take things from the have-nots using either economic methods or force (Berlin, 2013; Shoemaker, 2018; Thomas, 2008). In particular, social change arises because of conflict, thus eliciting reactions from individuals in economic, political, and cultural fields (Hutchinson, 2013).

To explain the existence and growth of human organ trafficking, conflict theorists offer a comprehensive explanation of social inequality and power imbalance (Smith, 2012). In almost all human organ trafficking cases, the traffickers use their power to exploit groups with less power. As for the victims, a constant separation between classes has driven a further division, giving traffickers more opportunity to target vulnerable populations who are coerced into selling their organs.

Rational Choice Theory

According to rational choice theory, criminals are self-interested and perform rational choices according to their awareness of costs and benefits when presented with an opportunity (Birk et al., 2012; Lutya & Lanier, 2012; Sato, 2013; Siegel, 2015). For human organ trafficking, monetary or economic motivations usually influence the choice of partaking in illegal activity over a legal one (McKendall et al., 2002). Kara (2011) asserted that the liability involved in organ trafficking is nearly nonexistent. Therefore, strong motives exist for undertaking human organ trafficking, providing traffickers the instruments needed to carry out a task, including the supply of victims and the resources for their recruitment, transportation, exploitation, communication, and distribution channels to illicit markets at their services.

Human organ trafficking is a global issue concerning health and human rights ramifications for millions of defenseless individuals like migrants. They frequently

encounter inhumane socioeconomic and political circumstances. In particular, they may be prone to abuse and exploitation by traffickers, brokers, and smugglers. Forsyth (2017) reported that migrants not documented as refugees are floundering. They are desperate and have no financial support to survive, so they resort to selling their organs. In addition, their vulnerability arises due to personal circumstances such as traveling with the elderly, spouses, and children. Struggling to support families and mounting debt, they sell kidneys to brokers or traffickers for only $8,000 USD (Shimazono, 2007).

Routine Activity Theory

According to Cohen and Felson's (1979) routine activity theory, criminals' motivations to commit crimes are consistent (LeBeau & Castellano, 1987). Siegel (2015) states that every society has people willing to break the law for their self-interest (p. 75). From a routine activity perspective, opportunities for the crime of human organ trafficking arise when motivated traffickers, suitable donors, and the lack of legislative responses converge in space and time (Gialopsos & Carter, 2015). For any society, the crime of human organ trafficking is more likely to occur if government legislators are weak, ineffective, and negligent (Cohen & Felson, 1979; Eck & Weisburd, 1995).

Crime Pattern Theory

In contrast, crime pattern theory maintains that as traffickers do mundane legal activities, they absorb information about their environment. The crime transpires when their awareness spaces overlap with favorable criminal circumstances (Brantingham & Brantingham, 2008). The routine activities motivate traffickers to form mobility patterns, evolving into awareness and activity spaces (Bernasco, 2010). Activity spaces consist of nodes, or areas frequently visited by traffickers, and the pathways traveled among

them (Iwanski et al., 2011). Nodes can propose favorable circumstances to distinct crimes, prompting opportunities (Pooley & Ferguson, 2017; Rossmo, 2014). As a result, the movement of criminals from one node to another evolves into a crime journey (Bernasco, 2014).

Crime pattern theory focuses on traffickers, victims, and the absence of government officials across multiple locations to explain the distribution of human organ trafficking (Eck & Weisburd, 1995; Groff et al., 2014; Pooley & Ferguson, 2017). The most significant difference between macro (e.g., countries, states, cities) and micro places (e.g., hospitals, healthcare-related facilities) is whether traffickers intentionally visit the areas to commit the crime or act on impulse while present. Nonetheless, the characteristics of both places are essential (Groff et al., 2014).

Structural-Functional Theory

Structural-functional theory maintains that the solidarity and stability of society as a whole can be preserved when every part executes its role thoroughly (Meshelemiah & Lynch, 2019). Ideally, all aspects of society uphold a state of balance so long as conditions remain intact. However, parts of the social system become unstable as issues emerge, generally because of sudden change. Then, society must determine if it will accommodate by going back to its state before any conflict or figuring out a new balance (Meshelemiah & Lynch, 2019). Concerning human organ trafficking, the black market fulfills the need for organs and creates more profits globally; thus, it supplies a limited resource to a list of needy organ recipients.

Strain Theory

One of the most influential criminological theories that have been used to explain human organ trafficking is strain theory. Merton (1930) stated that frustration and resentment encompassed by lower socioeconomic classes lead directly to crime (Siegel, 2015). He discovered that two aspects of culture work together to offer favorable anomic circumstances: culturally defined goals and socially authorized methods for acquiring them. Additionally, he contended that legitimate methods are used to obtain affluence across class and status lines in the United States. Individuals with few economic funds and little education eventually realize that they are not given the capability to amass wealth, which is the symbol of notable success legally. When socially administered goals remain consistent for all of society and class and status restrict access to legitimate methods, the ensuing strain creates anomie for those with no access to the fair opportunity structure (Siegel, 2015). Criminal or delinquent solutions to the issue of accomplishing goals may evolve as a result. Social inequality prompts impressions of anomie, according to Merton, 1930. Concerning human organ trafficking, traffickers innovate by stealing organs and extorting money to resolve the goals-means conflict and relieve their sense of strain.

Demand Theory

In 1871, the demand theory was developed by Leon Walras, Carl Menger, and William Jevons (Moscati, 2007), which focuses on the relationship between the demand for goods by the consumer and its corresponding prices. If the goods are not available, there can be an upsurge in the demand and cost of these goods. High demand means a consumer is inclined to pay for what they want at any time, no matter the price (Riley,

2012), to satisfy personal needs. Globally, there is a huge demand for human organs. If the need for a human organ satisfies a recipient's desire, then demand theory is applied perfectly (Roe-Sepowitz et al., 2014). Lutya and Lainer (2012) classified this demand for human organs into profiteers or traffickers, purchasers or organ recipients, and sociocultural attitudes towards the transplant process (Danailova-Trainor & Belser, 2006).

Victimology Theory

Victimology theory explores how society treats victims after a crime has been committed against them and the psychological effects they endure (Sebba & Berenblum, 2014). Benjamin Mendelsohn, the father of victimology, examined the relationship between offenders and victims and concluded that some victims were involved in their offenses (Mendelsohn, 1956). Concerning human organ trafficking, victims are constantly victimized and exploited by their traffickers due to their vulnerability. Therefore, understanding the targeted populations and why they are being targeted can reduce people being forced into the illicit trade.

Research Questions

Quantitative Research Questions

1. Is there a positive relationship between human organ trafficking and economic globalization?
2. Is there a positive relationship between human organ trafficking and political globalization?
3. Is there a positive relationship between human organ trafficking and social globalization?

Qualitative Research Questions

1. How is it that trafficked organs often end up in the most reputable hospitals and are transplanted into recipients without the detection of law enforcement?
2. How do the many makeshifts operating houses where medical procedures for trafficked organs take place go undetected by law enforcement?
3. Why is it so difficult for law enforcement agents to detect related financial activity and follow a money trail that could lead to human organ trafficking networks and facilities?
4. Trafficked human organs can cost tens and hundreds of thousands of dollars, so how do benefactors of trafficked organs keep their crimes hidden from the public?
5. How much impact do those who benefit from human organ trafficking have on preserving weak federal and state laws that do nothing to prosecute such crimes?

Mixed-Method Research Question

Does the qualitative data help explain the results from the initial quantitative phase of the study?

Nature of the Study

The methodology employed is a concurrent mixed methods design where quantitative and qualitative data are gathered, evaluated independently, and then combined to understand the severity of human organ trafficking. In this study, quantitative data from the Global Economic Organ Procurement and Transplantation Network (OPTN) and Global Economy Database were used to predict how economic, political, and social globalization influences human organ trafficking. The qualitative interview collected open-ended forms of data and explored multiple inquiries that revolve

around the human organ trafficking market and transpire without the detection of law enforcement. These inquiries include trafficked organs in reputable hospitals, illicit organ trading, a related financial activity that can lead to human organ trafficking networks and facilities, and benefactors who have connections that keep things hidden without the acknowledgment of criminal justice officials. The qualitative interview also reviewed relevant domestic and international laws and the methods of investigating and prosecuting human organ trafficking cases. Additionally, the significance of governmental agencies in human organ trafficking prevention, challenges, and policy implications was examined.

Significance of the Study

Technological advancement has contributed much to humanity, especially in health and medicine. Organ transplantation, a surgical operation for patients experiencing end-stage organ failure, has become one of the miracles of modern medicine. However, the extensive development of transplant capabilities has led to a global scarcity of transplantable organs. Because the illegal organ trade in countries like China, Pakistan, and Egypt is flourishing, desperate, wealthy patients often travel there to acquire human organs. In contrast, the helpless patients from developing countries undertake surgical removal of their organs in exchange for a tiny amount of cash (Panjabi, 2010).

Human organ trafficking can take place in any country because it is an uncompromising transnational organized crime where the accurate number of victims remains unknown. According to Neufeld et al. (2014), the United States leads the world in biomedical research, new technologies, and novel therapeutics and is a premier destination for international transplant patients. Organ transplantation is necessary for

patients with organ damage because it offers hope for long-term survival and improved quality of life. Unfortunately, access to transplantation remains limited. The severe organ shortage dramatically reduces opportunities for poor United States residents to obtain lifesaving transplantations. Meanwhile, wealthy international patients can leverage their resources to get their transplantations abroad (Akoh, 2012, p. 9).

The crime of human organ trafficking has become a criminal industry of human suffering. The control and elimination of human organ trafficking are difficult to implement because there are monetary advantages to the illegal and legal organization. The profit motive for human organ trafficking, either by exploitation or force, benefits those in control. It is time for the United States and other countries to link arms against this crime not just in several places but across all nations. Although many anti-trafficking groups have sprung up in the United States in recent decades, human organ trafficking has occurred and continued to occur. Actions preventing organ trafficking need to be executed. This study is deemed significant because (a) it will bring awareness about human organ trafficking to everyone in society and help them to be more reflective and articulate on what is happening around them, (b) it will help legislators, law enforcement officials, healthcare personnel, and other organizations to have a deeper understanding of human organ trafficking, as well as contribute policy implications for the prevention and prosecution of human organ trafficking, and (c) it will serve as a guide to benefit and help future researchers to reconstruct, defend, criticize, or continue this study from a new perspective.

Definition of Key Terms

Black Market of Organs: an illegal market that exists alongside altruistic systems to meet the demand that these systems cannot satisfy.

Brain death donors or cadaveric donors: brain-dead individuals are considered dead, even if the cardiopulmonary function of brain-dead individuals can be artificially sustained. So, their organs can be removed and used for a recipient's organ transplantation.

Deceased donor transplantation (DDT): when a recently deceased individual has their kidney removed, either with permission from their family or from a donor card and transplanted into a recipient with failed kidneys and needs a kidney transplantation.

Deceased donors or natural death donors: individuals who have passed away, by natural causes or not, and donate their organs.

Declaration of Istanbul: a cooperative, global approach towards fighting organ trafficking, transplant tourism, and organ failure. Its objective is to tackle the worldwide spread of illegal organ trafficking by strengthening laws and proposals dealing with organ transplantation's medical, legal, ethical, economic, and psychological aspects.

End-stage kidney disease (ESKD): the last stage of chronic kidney disease in which kidneys cannot support the body's needs anymore.

Global kidney exchange (GKE): a program designed to facilitate transnational kidney donation. The program's proponents hope to reduce the unfulfilled demand for kidneys in a country using the transnationalism of kidney exchange programs accessible worldwide.

Human trafficking: incorporates the use of force or intimidation of people for exploitation, whether it be some form of labor or sexual exploitation.

Informed consent: Doctors provide consent to patients, which contains information about the planned procedure before asking for the patients' consent to follow through with the procedure.

Kidney transplant: an operation performed by a surgeon where a kidney from a living or deceased donor is put into an individual with kidneys that do not work properly anymore.

Live donors: living individuals who can donate their organs to someone who needs a transplant, typically family members or close relatives. Before being approved as donors, they must fit medical requirements and undergo mandatory medical examinations.

Living kidney donation (LKD): when a donor's healthy kidney is taken out and placed into a recipient with kidneys that have no more extended function.

Migration: the movement across borders, either internationally or within a state, of the individual(s).

Organ donation: when an individual is willing to provide an organ that will be transplanted to another individual. It is settled legally either by consent of the donor if they are alive or with the permission of close kin if they are dead.

Organ trafficking: incorporates the use of force or intimidation to remove organs for transplantation of living or deceased individuals for exploitation.

Organ transplantation: the substitution of organs or tissues that cannot function again with healthy organs or tissues from the body itself or others.

Refugees: individuals who fled war, violence, conflict, or persecution and have traversed an international border seeking safety.

Specified direct donation: an individual who donates directly to their recipient.

Specified indirect donation: an individual who donates indirectly to their recipient, such as donating through an exchange program.

Trafficked for organ removal: removing an individual's organ when the individual, living or deceased, is recruited and transferred by force or intimidation for exploitation.

Transplant commercialism or human organ trade: a practice where organs are regarded as valuable assets. Usually, it takes advantage of those in poverty and vulnerable, impairs generous organ donations, and results in corruption and human organ trafficking. As a result, such payment portrays people being exploited as nothing more than objects to be taken advantage of by others.

Transplant tourism: travel for organ transplantation.

Organ Procurement and Transplantation Network (OPTN): a partnership that connects all professionals in the United States donation and transplantation system. Its main goal is to improve the system in the United States and have more organs available for transplantation.

Travel for transplant: organs donors, organ recipients, and transplant professionals travel for transplantation purposes across borders.

United Network for Organ Sharing (UNOS): a private, philanthropic establishment in the United States that governs the country's transplantation network. It unites organ and transplant acquisition specialists as well as volunteers.

Unspecified donation: a donation from an unknown donor to an anonymous recipient approved by hospital personnel.

World Health Assembly: a part of the World Health Organization (WHO) and comprises representatives from every WHO member states who collaboratively makes managerial decisions. It concentrates on a particular health plan prepared by the executive board. The goal of the assembly is to establish the organization's policies, elect the director-general, oversee financial guidelines, and review and pass the proposed program cost.

World Health Organization (WHO): a group in the UN that functions as a supervising and regulating authority on public health worldwide. It has six regional offices located globally to help improve health care systems. It can also influence many emerging programs like the Global Kidney Exchange Program.

Summary

Chapter 1 introduced human organ trafficking as a global crime against humanity. Although organ transplantation is one of the most remarkable medical interventions and has increased the lifespan of thousands of people, it also created a vast donation gap that continues to constitute the sale and purchase of illicit organs. Since the beginning of the 21st century, accurate data on human organ trafficking has been limited because the practice is unlawful and underground. Nevertheless, many reports have recently indicated how human organ trafficking affects regions worldwide (Jafar, 2009).

Human organ trafficking is a crime, yet global efforts have not stopped the practice because of the involvement of a complicated prosecution process, the alleged involvement of governments, the lack of national and international regulation, and the

lack of enforcement of existing laws (Council of Europe, 1997; Franko, 2013). Today, human organ trafficking is among the most remunerative crimes. It is dynamic and fluid, frequently shifting to and appearing at different times and locations due to economic, social, and political factors (Ambagtsheer, 2014; Budiani-Saberi & Delmonico, 2008; Manzano et al., 2014). Organized crime groups target vulnerable victims, leading to a booming sizeable black market of organs (Ollus, 2002; Shimazono, 200).

In this chapter, different criminological theories were comprehensively explained. The multidisciplinary approaches range from rational choice, routine activities, social conflict, structural-functional, and strain theories. Kuhn's (1962) scientific revolution also helped define the concept of human organ trafficking in more detail using other criminological perspectives, including crime pattern, demand, and victimology theories.

The layout of Chapter 1 was comprised of multiple subheadings. Specifically, it presents information on human organ trafficking, including a synopsis of the purpose of the study, its significance, how it is administered, and how it will advance professional insight and practices. Meanwhile, an analytical synthesis of the empirical literature will be presented in Chapter 2, which will justify how the study addresses a gap in research, review existing literature on the historical background of human organ trafficking, describe the state of human organ trafficking, and explain the costs and causes of human organ trafficking. Additionally, the challenges of enforcing human organ trafficking laws in the United States and other countries will be discussed.

CHAPTER 2

LITERATURE REVIEW

Chapter 2 begins with a detailed overview of what has been recorded regarding the crime of human organ trafficking. The literature cited supports the theoretical argument and demonstrates that the researchers understand the significant ideas and findings pertaining to the research topic. The following review of relevant literature is comprised of distinct sections, which will (a) provide a historical overview of the research on human organ trafficking, (b) highlight prior studies examining the relationship between economic, political, and social factors and human organ trafficking, (c) present the characteristics, causes, and effects of human organ trafficking, (d) describe existing legislation and law enforcement efforts for preventing, investigating, and prosecuting organ trafficking, and (e) describe current empirical literature review relevant to the research questions by incorporating discussions of strengths and weaknesses of methodology from previous studies to improve upon in this study. The chapter concludes with the challenges faced by governmental agencies in combating human organ trafficking.

Historical Overview

Social media has often reported frightening anecdotes of the occurrences of human organ trafficking worldwide. According to Meyer (2006), organs are seized from humans without their permission and trafficked for large sums of money on the black market. Donovan (2002) recalled stories of human organ trafficking through a mass-distributed email, “Reason Not to Party Anymore." It recounted a case in which an

intoxicated student had their kidney stolen. In addition to Donovan, Scheper-Hughes (2006) told of stories about removing human organs from murdered children in South American countries. Similar allegations have been made by media journalists and national and international administrators. Also, Rothman et al. (1997) reported on how systematized trafficking dealing with organs are managed, similar to trafficking with drugs, where people are killed to remove their organs for profit.

Although the new form of human organ trafficking does not explicitly take people's lives, profit is still gained from exploiting their vulnerability. Donovan (2002) and Meyer (2006) determined that the tales of organ theft, where people are killed and their organs sold, are crime legends or myths rather than being realistic. Aronowitz (2009) conducted a study that focused on the latter form of human organ trafficking, which is documented as an actual crime and a severe violation of human rights. He observed that organ trafficking is a concealed form of human trafficking, and the trafficking of humans for organ removal is a true crime that requires more public attention.

Because transplanting human organs is a successful medical procedure, the United States and other countries are facing organ transplantation shortages. Many ill patients have the opportunity to live a new life thanks to the transplantation of healthy organs such as kidneys, livers, tissues, hearts, and lungs. Typically, there would be no issues with organ transplantation's medical and technological advancement, but the demand for organs has now greatly exceeded the supply.

In the United States, the number of kidney donations from 1990–2003 has increased by 33%, whereas those waiting for a kidney transplant have increased by a

whopping 236% (Aronowitz & Istiman, 2013). According to Budiani-Saberi and Delmonico (2008), in March 2007, the World Health Organization estimated that approximately 65,000 kidney transplants were performed annually worldwide. The illicit action of kidney removal for transplantation accounted for 5–10%. In 2009, approximately 300,000 people received organ transplants worldwide (Cho et al., 2009). Unfortunately, not many organ transplant centers possess sufficient organs to satisfy patients' needs. For instance, in the United States, there are approximately 50,000 people on the waiting list for a transplant, but 15% of them die before there are more organs available (Rothman et al., 1997). By December 2013, 63,000 patients were officially placed on the waiting list for organs in the European Union, and 118,226 patients were waiting for an organ transplant in the US, according to Aronowitz and Isitman.

Human organ trafficking was largely unknown in the United States and worldwide until 1954. The shortage of organs for performing transplantation procedures has generated a massive global search for possible organ donors. Despite low survival rates, many ill patients have shown a willingness to travel long distances to secure transplants through legal or illegal networks (Scheper-Hughes, 2000). Meanwhile, organ sellers, all from poor socio-economic backgrounds, sell their organs to pay for debts, necessary medical procedures, or basic needs for their families.

In human organ trafficking, the most common problem is when people agree to sell their organs and sign either formal or informal contracts, only not to get paid or partially paid from the initially agreed-upon price after their organs have been removed. Recognizing the demands, many surgeons, brokers, and even corrupt government officials have commercialized human organs to profit from the shortage. For example,

Kumar (2003) reported a substantial human organ trafficking operation in India from 1997–2002, which was estimated to have generated $31.4 million in exchange between donors, brokers, and health care personnel. While recipients were charged from $104,600–$209,200 for organ transplantation, organ sellers, typically poor migrant laborers from different states, were only paid $525–$1,050.

Additionally, because of the advantages of the internet, such as advertisements and private forums, networks have emerged for organ donors and recipients to meet without getting brokers involved. Organ recipients can also search for and purchase a new kidney for lower prices ranging from $85,000 to $115,000. On the other hand, organ sellers, in this case, often receive only a tiny amount after medical and transportation fees are deducted.

Human organ trafficking is the vaguest form of human trafficking. It is commonly executed underground or through the black market, so it is the least investigated form of human trafficking and thus the least understood. Aronowitz and Isitman (2013) explored the global patterns of organ trafficking and called attention to the physical and psychological abuse inflicted upon victims. The authors found that human organ trafficking involved the world of organized crime, poor organ donors, ill recipients, and corrupted health care personnel. Ambagtsheer and Weimar (2012) described how the legal and medical communities globally were in a state of disagreement concerning the best measures to address organ trafficking.

Fundamental human rights are violated with a lack of transparency in human organ trafficking (Adair and Wigmore 2011; Dalal, 2015; Macias-Konstantopoulo, 2017; Manzano et al., 2014). According to Manzano et al., transparency gaps contribute to

unreported transplant cases and allow organ trafficking the opportunity to spread and thrive. For instance, organ laundering is facilitated because of the lack of transparency when organs are illegally acquired and traded. Thus, health professionals are required by the World Health Organization Guiding Principles on Organ Transplantation to provide honest and transparent reporting on organ transplantation to prevent transplant abuse. Before, voluntary and informed donor consent was required to differentiate illegal and legal forms of acquisition of organs and altruistic organ donation from illegal harvesting.

Human organ trafficking can take on unethical and criminal forms. Therefore, a legal framework must exist, on both a national and international level, to prosecute any wrongdoing. Conditions that must be met to keep illegal organ trafficking under control and punishable are a legal framework and the isolation of organ trafficking. Individuals trafficked for organ removal have been detected in 16 countries worldwide, according to the 2012 United Nations Office on Drugs and Crime (UNOCD) Global Report on Trafficking in Persons. Despite the strict legislation, unfortunately, the United States and other countries still face the challenge of eradicating organ trafficking (Trey & Matas, 2017). The 2012 UNODC Global Report stated that the number of victims trafficked for organ removal accounted for 0.1% to 0.2% of the total number of human trafficking cases. It has been difficult to gather reliable data due to underground organ trafficking across the world, and according to the WHO, it is challenging to assess the scope of global organ trafficking due to the lack of official statistics about illicit organ trade.

Furthermore, testimonies against brokers are very rare (Lundin, 2012). They can escape law enforcement due to organ recipients and suppliers not filing any charges against them (Lundin, 2012; Muraleedharan et al., 2006; Yea, 2010). Although

prosecutions of brokers have taken place in countries such as Brazil, India, Israel, Kosovo, Turkey, South Africa, and United States, human organ trafficking is still occurring and even more frequently than ever before (Francis and Francis, 2010; Garcia et al., 2012; Lundin, 2012; Sándor et al., 2012; Scheper-Hughes, 2011, 2006).

Trey (2017) found that the lack of cooperation between jurisdictions at both national and international levels has also helped the crime of organ trafficking to increase dramatically. Specifically, any desired corrections to illegal patterns in organ trafficking would be challenging to execute if the legislative body cannot recognize said patterns. However, one might suppose the state itself is involved in organ trafficking. In that case, it would be futile to correct the practice from within the state so that it would be necessary for international attention and sanctions to step in. The research also showed the different stages that state-organized organ trafficking can go through and how it may veer towards more severe forms of forced organ removal. Examples include killing for organs and increasing the availability of organs to the point that the victims' rights are neglected. Policymakers must cooperate on and develop strategies to combat organ trafficking from the local level to the state, federal, and national levels currently operating in the United States and on an international level with other nations.

Definitions of Human Organ Trafficking

The definition of human organ trafficking varies by the agencies and countries that seek to define the crime. However, its general meaning is sometimes misleading because some traditional crimes could be wrongly classified as human organ trafficking so long as commercial transplantation is involved. Meanwhile, narrow definitions provide loopholes that prevent law enforcement from successfully prosecuting many incidents of

organ trafficking. In the U.S Trafficking Victims Protection Act, Section b, trafficking is defined as "the recruitment, harboring, transportation, provision, or obtaining of a person for labor, or services through the use of force, fraud, or coercion for subjection to involuntary servitude, peonage, debt bondage or slavery, and organ trade." In 2006, the UN Protocol to Prevent, Suppress and Punish Trafficking in Persons, Article 3, helped define trafficking as "the recruitment, transportation, transfer, harboring or receipt of persons by improper means, such as force, abduction, fraud or coercion, for an improper purpose, like forced or coerced labor, servitude, slavery, sexual exploitation, and organ trade" (Scott, 2020). According to Steering Committee of the Istanbul Summit (2008):

> Human 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, or deception, of the abuse of power or a position of vulnerability, or 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.

All of the above definitions use the words “by force,” “fraud,” or “coercion” to indicate the involuntariness of human organ trafficking through organized crime networks. These crime organizations take advantage of vulnerable populations without social structures by saying they will support and promise them a better life once the relevant transaction occurs (Harrington, 2006, p. 3). The supposed “voluntary consent,” which cannot be described as genuine informed consent, makes poor social groups vulnerable to organ traffickers. Another reason for such exploitation of impoverished

individuals by organized crime groups is the lack of governmental stability and the presence of political and governmental corruption. It is further worth acknowledging that organized crime and human organ trafficking affect more than a small minority of people within a country and prejudice hundreds of vulnerable victims. Specifically, although prima facie seems to work through legal businesses, organized crime has an emotionally disestablishing effect on society because the plan is to cause harm and destruction through existing illegal activity.

The U.S. Department of Justice (2006) held that human organ trafficking "not only abuses human rights abuse, but it promotes the breakdown of family and community support, duels organized crime, deprives countries of human capital, undermines public health, creates opportunities for extortion and subversion among government officials, and imposes high economic costs." The higher the rate of national poverty, the more attractive organ trade becomes (Macinnis, 2013; Vaknin, 2006). Appropriate definitions of a universal nature are imperative when attempting to combat organized crime and organ trafficking. These definitions of organized crime, organized crime groups, and human trafficking, including organ trafficking, must adapt to the changes in society and the developing crime itself and must be reviewed and refined as time goes by. Creating universal definitions for organ trafficking is a massive task on its own. Although it has not been proved in practice yet, it can contribute vastly to the deterrence of this large-scale organized crime and organ trafficking if adapted efficiently (Leong, 2010; Lopez-Fraga et al., 2014; Zahedi & Bagheri, 2007). Furthermore, if such definitions are adapted efficiently to deal with the organized crime of organ trafficking, they would have a

changing effect on organ demand and shortage. If the organ trade can be legally regulated, the problem of organ shortage could decrease.

Types of Human Organ Trafficking

India has remained a popular destination for purchasing organs and receiving transplantations. The majority of the organ recipients who traveled to India have come from either the Gulf States or Asia, and since the 1990s, the market has expanded. People wanting to purchase organs will come from countries such as Canada, England, the Middle East, and the United States. Trafficked organs usually travel from poverty-stricken, underdeveloped countries to affluent, developed ones. Additionally, nations may be more centered around donating organs while others receive organs. Those who sell organs include China, India, Iran, Nigeria, Pakistan, the Philippines, Romania, and Turkey, whereas those who purchase kidneys include Israel, Saudi Arabia, and the United States.

Human Trafficking for the Purpose of Organ Removal (HTPOR)

Human organ trafficking involves an extensive range of illegal activities that commercialize human organs needed for therapeutic transplantation (Bruckmuller, 2014; Meyer, 2006; Schloenhardt, 2014; Yea et al., 2015). In particular, a specific form of trafficking is the removal of organs. According to the Trafficking in Person (TIP) Protocol, consent from a victim is pointless because it is usually acquired under duress. The protocol's definition upholds that human trafficking for organ removal comprises international operating networks that coerce, deceive, or force individuals in poverty to sell their organs. HTPOR is a criminal offense committed by transnational organized

criminal networks that violate organ donors' human rights and whose vulnerability is often exploited (Tunde-Yara, 2016).

Illegal Organ Transplantation

Organ transplantation, a successful medical procedure, has resulted in significant shortages in the availability of organs. It has, in turn, led to a thriving black market in human organ sales and illegal organ procurement activities, according to the Organ Procurement and Transplantation Network (OPTN, 2013). Lots of people are dying because there are not enough genetically matched donors. From 1990–2006, the patient-required solid organ transplantation waiting list has tripled (Weimer, 2007). In 2013, the WHO estimated that approximately 10 percent or nearly 70,000 kidneys transplanted annually are obtained by organ trafficking. More than 65,000 patients in the United States alone are waiting on kidney transplantations (Budiani-Saberi, 2008; Rodriguez-Iturbe, 2008).

Organ trafficking, one of the most accessible strategies for meeting the demand for transplantation organs, is increasing globally due to both medical and social needs. Developing countries have proved to be abundant sources of supply, and wealthy people are at an advantage in gaining access to these organs. For example, the estimated cost to buy and transplant a kidney is far less than that for a lifetime of kidney dialysis. The total annual cost of kidney dialysis programs in the United States for those suffering from kidney failure is $32.5 billion, more than the total cost associated with kidney transplantation (Jain & Bansae, 2015). Jafar (2009) provided evidence that the long-term survival results of kidney dialysis are less than kidney transplants.

Medical Tourism and Human Organ Trafficking

Medical tourism refers to traveling to foreign countries to obtain medical services ranging from complicated organ transplants. Goodwin of the United States Health Law Institute (2006) introduced “transplant tourism” or “organ tourism,” describing it as “black market shopping of organ transplantation.” Goodwin also asserted it as the “travel for transplantation,” or the movement of organs, organ donors, organ recipients, and transplant personnel across borders.

Although developing countries prohibit the sale of organs, a black market has emerged due to the considerable gap between demand and supply. It comprises brokers, medical personnel, and the poor, whose exploitation and abuse are driven by the development of the sector and the opportunities that come with its development (Smith, 2012). International buyers typically pay more than local recipients due to a significant difference in currency conversion value between developed and developing countries. This trend of organ trafficking creates difficulties for locals who cannot afford to buy organs using their local resources. As a result, more local poor patients die because of unaffordability, whereas wealthy international recipients enjoy their lives after organ transplantation. In addition, some insurance companies have started paying for “transplant tourism” because of the cost difference between global organ transplantation and continuous care of a person requiring an organ transplant, thereby indirectly promoting illicit organ tourism (Bramstedt & Xu, 2007).

There have been many unfortunate cases where health care personnel have been involved in the illegal trade in organs. In 2009, corruption was exposed in the United States, where a broker paid $1,000 to $5,000 to buy a kidney and charged the recipient

about $100,000 to $200,000 (Nullis-Kapp, 2004). Survival matters for donors and recipients. The recipient wants to survive an illness, and the poor donor wants to escape poverty. These poor donors spend the money received to purchase food and clothes for their families or pay off debt. Unfortunately, despite organ selling, they remain under the burden of debt and cannot bring much change to the lives of their families. The donors' age ranged from 20–40 years, and they usually had a low education status (Jafar, 2009).

However, organ trafficking prosecution was silent until 2011, when Levy Izhak Rosenbaum's case was prosecuted. In federal court, Rosenbaum admitted that he had brokered three illegal kidney organ deals from Israel to U.S.-based patients in exchange for $120,000 or more (Nicolaides & Smith, 2012). According to Scheper-Hughes (2003), organ trafficking in the United States has been underreported. U.S. surgeons have been transplanting kidneys obtained on the black market from donors of the world's most impoverished nations to wealthy recipients from Israel, Europe, and the United States itself. Scheper-Hughes stated that an intricate network of criminals, who charge $150,000 per transplant, connects buyers and sellers worldwide before directing them to hospitals in the United States. These hospitals work alongside brokers, and the surgeons are complicit. She also asserted that the brokers usually pose or hire clergy to escort their clients into the hospital, ensure that the transplantation is appropriately performed, and offer the sellers compensation (Nicolaides & Smith, 2012).

Organ Transplant Commercialism

Organ transplant commercialism is a practice in which an organ is bought, sold, or used for profit, according to the Declaration of Istanbul, 2008. The organ is essentially handled as a commodity. The WHO, which prohibited transplant commercialism in 1987,

stated that such organ trade conflicts with human values and therefore contravenes the Universal Declaration of Human Rights (HOTT Project, 2015). According to the fifth WHO principle, organs should be donated willingly and without compensation. Receiving money for donating organs will also likely result in poor and vulnerable groups' being taken advantage of, corruption, and human trafficking, undermining genuine charitable donations. Such payment, therefore, implies that people see themselves as nothing more than objects to be used by others (WHO, 2010).

In most countries, transplant commercialism is prohibited because the donation of organs is a personal decision and charitable gift from one individual to another, according to the UN Association of Greater Boston (2009). Even though the shortage of organs has resulted in the expansion of the black market, the commercialization of organs is still a criminal offense. It contravenes numerous legislations regarding organ transplantation.

Organ Transplant Tourism

Human organ trafficking happens through a phenomenon derived from travel for transplant or transplant tourism. Organ transplant tourism is the movement of organs, organ donors, organ recipients, and transplant personnel across borders for transplantation purposes. Transplant tourism is associated with organ trafficking, transplant commercialism, or both. Suppose organs, transplant personnel, and transplant centers are committed to arranging transplants for patients outside of a country. In that case, it undermines the country's competence in providing organ transplantation for its people (Steering Committee of the Istanbul Summit, 2008).

According to the United Network for Organ Sharing, transplant tourism or the purchase of a transplanted organ abroad can always be accessed, yet laws and regulations

are bypassed by any or all countries involved (Budiani-Saberi & Delmonico, 2008). Unlike human trafficking for organ removal, transplant tourism is more concentrated on the recipients of the commercially obtained organ, known as the individuals who had to travel abroad in hopes of finding a transplant. Transplant tourism involves purchasing and selling solid organs through businesses, middlemen, or organ sellers through different methods, including the internet. International hotspots for transplant tourism are China, Pakistan, and the Philippines (UN Global Initiative to Fight Human Trafficking). Transplant tourism depends on four groups of people: (a) desperate individuals ready to travel far who encounter great uncertainty in acquiring the transplant they need, (b) desperate organ sellers, (c) medical professionals and surgeons who are not afraid of breaking the law and ignoring regulations guiding their professions, and (d) organ brokers with established connections to essential individuals in the organized criminal organ trafficking network.

In Third World countries, live donors from vulnerable populations have become a leading source of organs for transplant tourists who travel and purchase organs. Organs from these live donors typically flow from impoverished, undeveloped countries to affluent, developed ones. There exist nations that are organ donors and organ recipients. Countries centralized on selling organs include China, Egypt, India, Israel, Nigeria, Pakistan, the Philippines, and Turkey. Countries centralized on purchasing organs are typically developed countries in Asia, European countries, and the United States.

In some cases, transplant tourism may be considered legal if the organ donor and recipient are related and are traveling from countries with inadequate transplantation services to countries where the transplantation can be performed. Transplant tourism may

also be considered legal if the organ donor and recipient donate or receive a transplant for a family relative (Budiani-Saberi & Delmonico, 2008; Corfee, 2016; Pattinson, 2008).

Table 1

Price for Organ Transplantation vs. Commercial Organ Market

Organs	Price for Transplantation (U.S.)	Price on Commercial Organ Market
Heart	1,664,800	176,000 - 394,000
Lung (single)	929,600	203,000 - 394,000
Liver	878,400	134,000 - 197,000
Kidney	442,500	68,000 - 163,000
Pancreas	408,800	149,000 - 190,000

Source: Statista.com and amp.abc.net (2020)

According to Tunde-Yara (2016), significant consequences identified from the trafficking of organs through transplant tourism include the commercialization of organs through wealthy organ tourists and brokers. In addition, transplant tourism organs usually involve suppliers' unconcealed financial transactions since organ donors have consented to remove their organs. In other words, no force, deception, or coercion is needed to obtain these organs. Most organ donors are impoverished local inhabitants, whereas the recipients travel across borders to meet these donors. Although transplant tourism's element of coercion is missing, exploiting the donors' vulnerability suffices as a form of human organ trafficking.

Negative Impacts from Human Organ Trafficking

Social and Cultural Impacts

According to Cho et al. (2009), culture explains how people live in each society. Worldwide, there are various types of cultures. Some of them have unique views of the dignity of the human body that pose barriers to organ transplantation (Scheper-Hughes,

2000). Thus, sales of organs seem to be prevented because of cultural beliefs (Joralemon, 1995). For example, acquiring organs from cadavers is uncommon in the Middle East because Islamic teaching asserts that bodily integrity should be maintained (Rothman, 2002). In Israel, the Orthodox Jewish doctrine defines death as not the ending of brain activity but the heart's inability to function, making it impossible to acquire viable organs (Rothman, 2002). In Asia, organ transplantation is eliminated because of the cultural antipathy toward brain death. For example, Chinese people value preserving the intact human body after death (Fang et al., 2002). Japanese culture also has high respect for the dead. Thus, they view mutilating the body as taboo (Seewald, 2000). In Confucianism, the human body is considered a noble gift from parents, which is why South Korean people are culturally reluctant even to cremate the deceased's body in keeping with Confucian traditions (Cho et al., 2009).

Today, Asian people have changed their cultural views. For example, India has become an enormous reservoir of human organs, China is one of the leading suppliers of human organs, and South Korea and Japan's legal and illegal organ markets exist (Cho et al., 2009). The dignity of human organs is treated as a product in the black market. As a result, many cultural barriers to trafficking are reduced. Empirical research found that the internet has been an influential force that alters culture and directly influences diverse cultural aspects. Some cultures may not adhere strictly to traditional values regarding the human body and instead show a bit of cultural denial of organ transplantation or organ trafficking (Cho et al., 2009; Dahlgren (2000; Fraser, 2016).

Economic Impacts

Economic globalization involves establishing worldwide labor, trade, technology, and capital exchanges between countries worldwide (Stubbs & Underhill, 1995). According to Wallach and Sforze (1999), the benefits of economic globalization include world economic development, better living standards, advanced innovation, a decrease in trade barriers, the spread of management skills and technology, and new economic opportunities. Nonetheless, economic globalization also has its drawbacks, such as increasing inequality and chances for individuals to be more vulnerable, like working in unsafe environments and an increased crime rate (Wallach & Sforze, 1999).

Data have shown that donations of human organs are not enough to supply the whole world. Therefore, the illegal trade of human organs emerges and continues to thrive because of the never-ending demand. For instance, kidney patients from Japan traveled to China, Taiwan, and Singapore to purchase organs from executed prisoners. Even though this practice has already been convicted and prohibited by the World Medical Association in 1994, it is still spreading. Cho et al. (2009) found that international human organ trafficking, the fastest growing organized crime under economic globalization, is closely associated with economic globalization, primarily when traffickers treat human organs as nothing more than financial commodities in a globalized economy.

Political Impacts

Cho et al. (2009) also reported that human organ trafficking had become a significant social problem since globalization negatively impacted politics. Specifically, criminal organizations take advantage of the large capacity of legitimate trade to smuggle

weapons, drugs, and so on across borders. There has been an increase in illegal migration due to the facilitation of organized alien smuggling networks. Key factors contributing to this advancement include lessening national border security worldwide, technology's ability to adapt to forge travel and identification documents, and the increasing refinement of international criminal systems. The researchers also proved that human organ trafficking is closely associated with serious crimes, such as stealing organs, purchasing organs from executed prisoners, killing for organs, and kidnapping people for organs.

Causes of Human Organ Trafficking

Globalization

According to Jamrozik and Nocella (1998), political and global changes significantly impact ongoing social problems. A closer investigation is necessary to comprehend the occurrence of human organ trafficking and its practices. Stiglitz (2002) defined globalization as the unification of countries and individuals on a global scale, invoked by a massive cutback on prices of transportation and communication and deteriorating regulations for crossing borders regarding goods, services, capital, knowledge, and individuals. As Stiglitz exemplified, no one wants to see their loved ones die when knowledge and medicine are accessible somewhere in the world. Although globalization has offered more opportunities for developing countries to access knowledge, advanced technologies and developed markets and businesses, it still fails to guarantee economic stability. It also causes environmental damage, corrupted political processes, increased unemployment rates, urban violence, and ethnic conflicts.

Regarding the specific phenomenon of human organ trafficking, globalization has encouraged the development of debt-peonage. Scheper-Hughes (2002) explained how the commoditized and fetishized organs are critical as someone's ultimate collateral. For example, a spare kidney can be someone's last economic resort. Castells (2008) reflected a similar outlook and asserted that the globalization of economic activities, communication, and crime worldwide, including human organ trafficking, weakened the state's power. Globalization, whether through advanced medical technologies and procedures, new aspirations and expectations or all of these combined, have established peculiar markets and obscure economies (Beauchamp et al., 2008; Scheper-Hughes, 2003). Beauchamp et al., (2008) asserted that the optimal circumstances of economic globalization pushed mortally ill individuals onto one path and functioning organs onto another. As a result, an international market for organ trade is created. With ties to organized crime, the appearance of these organ markets internationally has led to the notable crime of organ trafficking spreading worldwide.

Organ Scarcity

Organ transplantations have expanded to the heart, lung, liver, pancreas, and bowel since the first successful kidney transplant in 1954. According to Matesanz (2012), approximately 106,879 solid organ transplantations were performed worldwide in 2010. Out of these solid organ transplantations, 73,179 were for kidneys, 21,602 were for livers, 5,582 were for hearts, 3,927 were for lungs, and 2,362 were for the pancreas. However, despite the growing number of transplantations being performed, the demand for organs still exceeds the supply of organs available. The demand for transplantations significantly increases as populations grow older and there is an increase in heart and vascular

diseases; as a result, the transplant waiting list for the previous organs mentioned continues to exist. For example, in the United States in 2004, 86,173 people were waiting for an organ and despite 17 patients dying every day, there were still 115 patients being added to the waiting list daily (Kishore, 2005). In 2006, more than 93,000 patients needed an organ transplant, but only 14,699 transplants were performed (Statz et al., 2006).

Due to the severe shortage of transplantable human organs, no procuring system can meet the demand. To acquire organs, the United States and other countries use a system of "opting-in," where individuals will volunteer to donate their organs (Goodwin, 2006; Slabbert & Oosthuizen, 2007). Some states may instead follow a "required request," where an individual is asked to become an organ donor upon being admitted to a hospital (Slabbert & Oosthuizen, 2007). Although both systems seek to encourage more donors, transplantable organs are still needed, and the supply still does not fulfill their demand (Goodwin, 2006).

The scarcity of organs is the most common reason for human organ trafficking as the demand for organs far outnumbers the supply. Many studies refer to desperate recipients who had to endure long waiting times and were uncertain if they would receive organ transplantations before it was too late. According to Ambagtsheer et al. (2013), Moriruzzaman (2012), Jafar (2009), and Shimazono (2007), such feelings of desperation drive patients to take desperate measures and purchase organs on the illegal market.

Other Causes

Yea (2010) emphasized that attending to global processes is not enough to understand the causes of human organ trafficking. Therefore, the first cause is corruption. For example, organ trafficking in Colombia can often be entrusted to corrupt government

officials and other figures in power because they overlook illegal undertakings involving brokers and hospitals (Bowden, 2013; Mendoza, 2012, 2010; Moazam et al., 2009). The second cause, which often turned up in previous studies, is the lack of organ transplantation laws and organ trade (Moazam et al., 2009; Shimazono, 2007). Several countries involved in the crime of human organ trafficking have only recently passed laws, such as Israel, Pakistan, and the Philippines. After these laws have been enacted, there are implications that cases of organ trafficking have decreased, at least in Israel and the Philippines (Efrat, 2013; Padilla et al., 2013).

Selling organs in some regional settings is considered the last local cause of human organ trafficking. Previous research has reported significant regions and cities where a substantial portion of the population directly sold a kidney to recipients or organ traffickers. These places are referred to as "Kidney-Ville," "villages of half men," or "kidney towns/villages or no-kidney islets," where the selling of kidneys has developed into an organized approach to making ends meet (Cohen, 2003; Mendoza, 2010; Yea, 2010; Moazam, Zaman, & Jafarey, 2009). Therefore, it is apparent that local causes are also considered instrumental for why human organ trafficking still prevails, in addition to global processes.

Modus Operandi of Human Organ Trafficking

Harvesting organs from live donors comprises the travel of both organ donor and recipient to where the transplantation will be performed. Harvested organs from deceased donors are stored with ice and then transported to countries worldwide. According to Scheper-Hughes (2004), organ trafficking often involves parties from multiple countries. For instance, they will come from different countries, and the transplantation will be

performed in a third country. Although the donors and recipients can come from the same country, transplant tourism typically involves traveling.

The operation of organ trafficking networks mainly depends on the travel of organ donors and recipients. Specifically, it involves logistics such as travel documents, ground or air transportation, accommodation for both donor and recipient, fraudulent consent declarations and identifying documents, financial transactions, and the need to obtain medical records.

The four modes of transplant tourism are listed as (a) the donor traveling to the recipient's country, (b) the recipient traveling to the donor's country, (c) both donor and recipient from the same country traveling to a third country, and (d) both donor and recipient traveling from different countries to a third country (Shimazono, 2007).

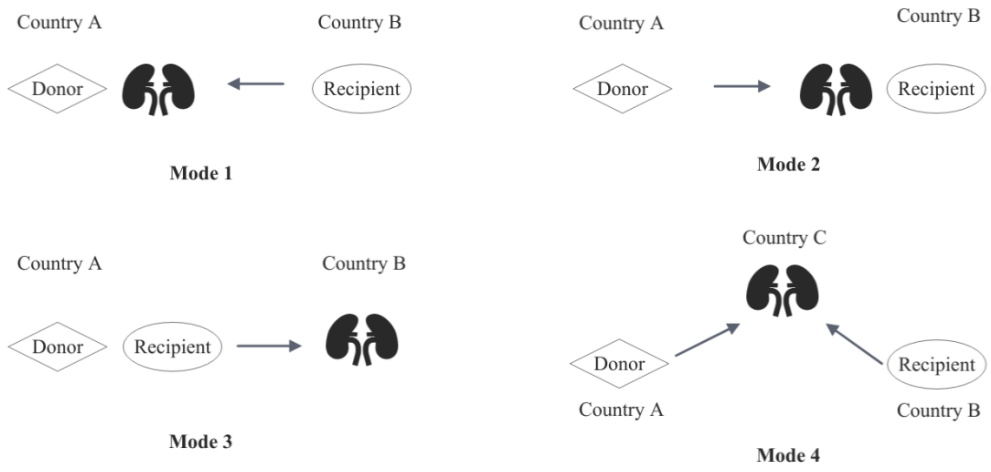

Figure 1. Modus Operandi of Human Organ Trafficking

The Network of Human Organ Trafficking

Several actors are involved directly in the crime of human organ trafficking. These actors include organ donors, organ recipients, brokers, transplant surgeons, and other coordinators like hospitals, law enforcement officials, translators, and so on.

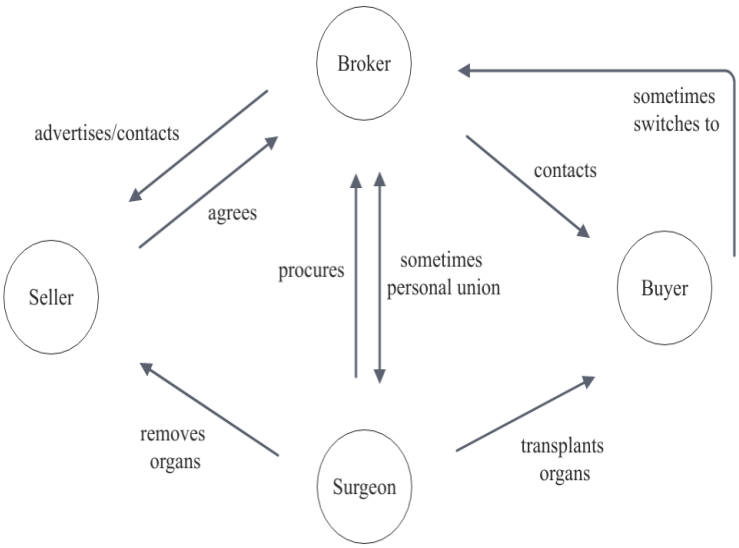

Figure 2. Human Organ Trafficking Process

The relationships between one another are complicated and constantly fluctuating since the actors can play multiple roles, such as hospitals and former supplies operating as brokers (Heinl et al, 2019).

Brokers or Middlemen

In the organ trade, the organ brokers or hunters are the crucial links between donors and recipients, as they recruit donors locally and internationally from vulnerable and marginalized populations (Gift, 2015). Concerning the human organ trade, the brokers' unethical and criminal acts have been widely reported (Budiani-Saberi & Delmonico, 2008; Budiani-Saberi & Mostafa, 2011; Danovitch & Al-Mousawi, 2012; Francis & Francis, 2010; Jafar, 2009; et al., 2006; Shimazono, 2007). These organ brokers are often called "middlemen" or "connectors," and are referred to as those who arrange the transplantations and secure the payments (Anker & Feeley, 2012; Barsoum, 2008; Finkel, 2001; Fujita et al., 2010; Goyal et al., 2002; Kennedy et al., 2005; Kwon, 2011; Muraleedharan et al., 2006).

Yet, studies have a different definition of brokers. In 2010, Mendoza used a broader approach and defined brokers as individuals or agencies who build the network based on profit motives and organ price control. For example, the price of an organ depends on demand, supply, and a third-party brokerage (Mendoza, 2010). In other words, brokers benefit the most from these arrangements financially. Yea (2010) defined brokers as the negotiators between kidney donors and recipients, bringing both parties together using their knowledge of medical facilities and personnel that carry out illegal kidney transplants. In this market, the brokers' advantage is their hidden connection with stakeholders while the organ donors do not have one.

Scheper-Hughes (2004) declared that organ brokers often have no connection to the medical field and are instead reported to be recruited from vulnerable populations or organized crime networks. They usually scour slum areas in developing countries for suitable donors. However, other studies found that brokers include doctors, hospitals, and laboratories. They either work individually or with organized groups such as hospital staff, travel agencies, and complex governmental official networks (Budiani, 2007; Caplan, 2009; Mendoza, 2010; Mendoza, 2011; Muraleedharan et al., 2006; Scheper-Hughes, 2003 Scheper-Hughes, 2011 Shimazono, 2007; Tsai, 2010).

Organ Donors

Many different terms refer to those who supply organs within illegal transplant schemes, such as sellers, donors, victims, and compensated kidney donors. The characteristic that most organ suppliers have in common is that they endure extreme poverty. Aside from being inhabitants of poor, organ-exporting countries, they are also usually poverty-stricken. Studies have found that among suppliers, debt, poverty, and the

inability to support their families are the leading motivators for selling their organs (Budiani-Saberi and Mostafa, 2011; Caplan et al., 2009; Cohen, 2003; Finkel, 2001; Goyal et al., 2002; Jafar, 2009; Ionescu, 2005 Lundin, 2012; Malakoutian et al., 2007; Mendoza, 2011; Moazam, Zaman and Jafarey, 2009; Moniruzzaman, 2012; Naqvi et al., 2007; Paguirigan, 2012; Scheper-Hughes, 2002; Shimazono, 2007; Vora, 2008; Yea, 2010).

According to Meyer (2006), people willing to sell their organs come from impoverished backgrounds with high unemployment rates and insufficient socio-economic living standards, resulting in organ trade and making life seem worthless. When a reasonable opportunity to cover living costs is unavailable, selling an organ may be profitable. Scheper-Hughes (2006) emphasized that the donors involved in the organ trade typically make their decisions under severe coercion and poverty. Donors in the Philippines earned only $1,200 for a kidney and only a maximum of $8,000 in Turkey. Meanwhile, donors in the United States can earn up to $30,000.

Martynov (2008) argued that organ donors usually consent and collect the agreed payment. In cases of exploitative intent, however, extreme poverty drives the provision of the service. Although many individuals often consent to the removal of their organs, the payment amount may be misleading. The donors may not be well informed about the procedure by those involved in the transplantation, the effects on health, the recovery process, and so on. Additionally, donors may consent only after enduring various degrees of abuse or coercion due to their vulnerability, where the individual involved eventually submits and complies to the abuse. So, the economic and social background sells an organ as anything but a free or autonomous one. After selling their organs, most donors

run into many health risks such as deteriorating health and a weakened healing process for their organs because of the lack of aftercare and any additional medical support. Thus, they have to depend on dialysis or a transplant, in the end, themselves (Meyer, 2006).

Scheper-Hughes (2003) argued that even in the best medical and social circumstances, after participating in the medical procedure, living kidney donors and partial liver donors could die or need a transplant. Because the donors are presumably extremely poor, most will avoid getting medical attention because they do not want to be viewed and labeled as weak or disabled by those around them. Those who seek medical assistance, meanwhile, are sometimes incapable of paying for the treatment or are turned away from the same hospitals where their transplantations were performed. Scheper-Hughes (2003) also disclosed other repercussions that donors deal with after the transplantation, including social isolation and stigma, unemployment, and severe psychological problems. As a result, the organ donors may end up sick and unemployed because they cannot keep up with construction or agricultural work demands, which is the only employment available for men with such backgrounds and skills. Additionally, they are isolated from their families and coworkers, and if they are single, they are not even allowed to marry since they cannot support a family.

Organ Recipients

Many studies have concentrated on patients who travel overseas for organ transplants. All patients are diagnosed with end-stage liver or end-stage kidney disease (Abdeldayem et al., 2008; Adamu et al., 2012). Sanal (2004) found that although affordability is the leading motive and influences organ recipients' decisions for purchasing organs from living donors, the recipients also have other characteristics in

common that may affect their decision. According to Scheper-Hughes (2004), the recipients of purchased or stolen organs worldwide are seldom women. The organs typically go from females to males, poor males to affluent males, and people of color bodies to White ones. The primary compelling motive for the recipients is economic status.

According to the Council of Europe and the World Health Organization, a black-market kidney ranges from $100,000 for organized criminals and $200,000 for the final recipient. Therefore, the recipients are wealthy and can afford the black market's organ price (Epstein & Danovitch, 2013; Meyer, 2006). The problem is whether they were aware that the organ that saved their lives had caused someone else to endure pain and suffering. Sanal (2004) conducted a study and reported that organ recipients did not feel as though they were involved in crime, even if they purchased a kidney. Instead, they believed they were engaged in a "business of life," which was only relevant to their lives and those who saved them. Meyer (2006) also stated that organ recipients can be considered victims since acquiring an organ is a matter of life and death. Specifically, they may decide to purchase an organ from the black market out of despair and personal necessity in hopes of survival. As a result, organized criminals take advantage of this and demand a huge sum of money. The recipients have to deal with the lack of organ donors when considering the legal alternatives and the infinite waiting lists where they might not secure a spot (Erin & Harris, 2003).

Furthermore, Clay and Block (2002) claimed that out of the 80,000 people who need an organ annually, only 20,000 receive one from donors who donate out of generosity and not in hopes of receiving compensation. Foster (1997) asserted that more

than 2,000 organ recipients are added to the national waiting list each month while 3,000 die waiting for an organ each year to show the severity of the situation. Additionally, Rothman et al. (1997) argued that the shortage of organs has become more drastic from 1992–1997. Aside from Austria, Belgium, and Spain, several countries have an insufficient supply of organs that cannot meet their demand. The United States has an organized national allocation model, triumphant public campaigns, and even a law mandating hospitals to inquire about donations within the family. However, the system still has 116,821 people on organ waiting lists (Department of Health and Human Services Data, 2017). According to Teagarden (2004), out of all the patients waiting for an organ, 15–30% die due to a shortage. Thus, organ recipients can still be considered victims because of their vulnerability, despite being involved in transplant tourism and the reason behind the demand for organs.

Transplant Professionals

Human organ trafficking cannot occur without professional medical staff working together in hospitals or private clinics. Even in countries where organ donation between unrelated individuals is against the law, doctors will still intentionally remove healthy organs from those unrelated to the recipients. Aside from donors and sellers, many brokers and agents are also involved. More groups are involved than identified but a few are the hospital staff, medical directors in charge of transplantations, surgical teams, nephrologists, postoperative personnel, travel agents, and local and international tour operators.

Transplant doctors are deeply involved in organ brokering and transplant tourism (Shimazono, 2007; Tsai et al., 2011). Scheper-Hughes (2003, 2011) expressed that she

monitored and interviewed many transplant surgeons who facilitated and allowed illegal surgeries involving purchased organs to occur. She referred to them as "vultures," "renegades," and "outlaws." Licensed transplant professionals have direct connections with brokers, facilitators, and so on for transplant arrangements (Efrat, 2013; Mendoza, 2010; Mendoza, 2011; Moazam, 2013; Parry, 2012; Scheper-Hughes, 2003, 2011; Yea, 2010). Although legitimate reports concerning transplant professionals associated with illegal transplantations were provided to health and political officials, only some have been investigated while none had their credentials revoked (Scheper-Hughes, 2003). The line that separates the legal transplant system from the underground one becomes extremely thin when doctors knowingly or unknowingly engage in either approach (Mendoza, 2011, 2010). So, transplant medicine has been driven toward a moral gray zone because of the organ trade. One of transplant medicine's responsibilities is to prevent more ethical issues. Transplant professionals need to be accountable and verify, to their utmost abilities, that the organs they transplant were acquired ethically (Jafar, 2009). Allowing violations of medical ethics will ensue in more violations (Nasir et al., 2013; Rowinski & Paczek, 2012; Trey et al., 2013).

Other Facilitators

Hospitals. Hospitals may administer business as brokers and arrange accommodations for both organ donors and organ recipients. Donors may also directly reach out to medical facilities since they are involved in illegal transplantations (Mendoza, 2010; Meyer, 2006). Finkel reported that people will queue up at hospitals to sell their kidneys in countries such as India and Iraq (2006). Although some authors mentioned the involvement of stated hospitals, illegal organ transplantations are often

performed in private hospitals (Barrows & Finger, 2008; Bilgel, 2011; Efrat, 2013; Jafar, 2009; Mendoza, 2010; Meyer, 2006; Moazam et al., 2009; Negri, 2016; Rizvi et al., 2009; Sanal, 2004; Scheper-Hughes, 2011; Turner, 2009). The prohibition of commercial transplantation led to some surgeries from hospitals transferring to impoverished clinics in private houses (Efrat, 2013). While hospitals performed authorized transplantations and medical check-ups during the day, they performed illegal transplantations at night (Meyer, 2006; Vermot-Mangold, 2003). Criminal liability is established if hospitals or their staff are purposely involved in human organ trafficking. According to its definition, three fundamental components are required to account for human organ trafficking: (a) the medical personnel must be aware of the arranged trafficking schemes, (b) there are accommodations made for the donors in the hospital, and (c) potential donors are deceived out of receiving less money, leading to more profit for brokers and others involved (Caplan, 2009; Council of Europe, 2005; Protocol, 2013). Still, by definition, the hospitals and their staff are technically not engaged in the trafficking schemes, even though brokers lead donors and recipients to believe that organ donation is voluntary. In some cases, they may also assist in forging legal documents to prove a relationship between the donors and recipients to legalize the transplantation (Budiani & Columb, 2013; Moniruzzaman, 2012; Muraleedharan et al., 2006).

Law Enforcement Officials. Corruption is an integral component in organ trafficking and transplantation (UN Office on Drugs and Crime, 2006). Examples may include wealthy recipients being favorably treated and moving to the top of waiting lists for transplantations or illegal practices being condoned and protected (Aronowitz, 2009). Because several donors travel across borders to sell their organs in other countries, organ

trade networks are suspected of having strong connections with official authorities to facilitate the movement of people across borders (Bilgel, 2011; Grubbs & Bennett, 2012; Meyer, 2006; Padilla, 2009; Scheper-Hughes, 2010, 2011; UN Economic and Social Council Secretary-General and Austria, 2006; Vermot-Mangold, 2003). According to Scheper-Hughes (2003), the police and customs officials are bribed for not reporting the offense of forging travel documents or securing border crossing. Based on Mendoza's (2012) surveys, 121 kidney suppliers, local politicians, and police get involved in the trade when their family members and friends operate as brokers. In exchange for recommending hospitals, doctors, and other organizations for kidney transplantations, government officials receive donations.

Service Providers. Some researchers acknowledged the participation of "matching agencies" or "laboratories" in illegal organ trafficking. Mendoza (2011) and Muraleedharan (2006) reported that donors were recommended to or directly approached by matching agencies. In most cases of organ trade, brokers and the matching agencies work closely with one another, but conflicts of interest tend to arise because they share their profit earned from illicit transplants (Mendoza, 2012, 2010; Muraleedharan, 2006). Before any transplantation, tissue matching and other tests are executed in medical laboratories. In 2006, Meyer also recorded that depending on how efficient and detailed an organ trafficking network is, the quality of pre-screening and tissue and blood matching can vary. However, Scheper-Hughes stated that procedures are ad hoc, informal, or sometimes nonexistent for foreign recipients (2011). Last, Scheper-Hughes (2011) brought up the involvement of health insurance companies in the illicit organ trade, while other studies disclose that the companies cover a portion of the recipients'

organ transplantation costs. In 2007, in the United States, Bramstedt and Xu reported that insurance companies would use financial incentives to encourage policyholders to travel and obtain transplantations overseas since health care costs significantly less. However, a significant concern is that these financial incentives could indirectly increase cases of human organ trafficking worldwide.

Translators. Because donors and recipients usually come from different countries and travel halfway around the world for their transplantations, translators are necessary for facilitating the organ trade (Moniruzzaman, 2012; Scheper-Hughes, 2011; Shimazono, 2007). The Hebrew and English translator pleaded guilty to South Africa's largest private hospital network in the Netcare case. They were aware that the donors and recipients were not related, violating the Human Tissue Act (Sándor et al., 2012; *The State vs. Samuel Ziegler*, 2010).

Supplier and Demanding Countries

The medical and technological development of transplantations has saved many lives; however, it causes organ scarcity worldwide. The shortage of organs is severe. From 1990–2003, kidney donations increased by only 33%, while U.S. patients waiting for a kidney transplant increased by a massive 236% (Aronowitz & Isitman, 2013). In 2013, the HOTT Project presented the fundamental grounds for why organ shortage increased drastically. The aging populations, the surge in heart and vascular diseases, donor compatibility problems, and the growing optimism of recipients are linked to the soaring success and phenomenal improvement in post-transplant results. In addition, the HOTT Project made clear why the procedure for donating an organ requires years before recipients on waiting lists can get the opportunity for a transplant. The desperation of

some recipients may prompt them to go to the black market as an alternative to avoid death (Kangaspunta, 2015).

The Global Report on Trafficking in Persons (2013) claimed that in 16 countries worldwide, individuals who were trafficked to remove their organs were cited. Additionally, the number of victims came out to approximately 0.1–0.2% of human trafficking incidents (Sarrica, 2013). However, collecting trustworthy information on underground organ trafficking occurring worldwide is still challenging. Nevertheless, a steady increase in organ demand can be inferred from the statistics garnered by the United States, EU, WHO, UN Office on Drugs and Crime (UNODC), and Trafficking in Person (TIP) accounts.

Like other forms of trafficking for exploitative intent, victims of human organ trafficking are usually taken from vulnerable populations, especially those living in poverty. Traffickers are usually members of global organized crime organizations that convince people overseas with deceitful contracts and persuade them to sell their organs (Gift, 2009). Recipients in dire need of organs will pay a lofty sum to those involved directly in the organized criminal network. After getting their organs removed, victims of human organ trafficking will experience health risks. Additionally, they are not given postoperative care but will be sent home after organ removal (Sarrica, 2013).

Fox and Swazey (1992) argued that in developing countries with no coordinated system to prevent organ trade, the trafficking of human parts is a prosperous business. While there is a great demand for organs in developed countries, donor countries generally have inadequate socioeconomic provisions and high unemployment rates, so inhabitants need to find ways to pay for their living (Meyer, 2006). Scheper-Hughes

(2003) charted the routes and financial network of organ trafficking and discovered that it could unite people from multiple countries. For example, a well-known way is to have parties of Israeli patients traveling to Turkey get organ transplants by Israeli and Turkish surgeons after getting matched up with kidney sellers in Romania or rural Moldova. Another network, managed by a private online broker, links patients from Europe and North America with kidney sellers in the Philippines, according to Scheper-Hughes, 2003).

Compared to the number of organs donated, the demand for organ transplants in developed countries has increased rapidly. As a result, those in poverty and the dire need for money sell their body parts. Organs from live donors typically go from poverty-stricken underdeveloped countries to wealthy, developed ones (Scheper-Hughes (2005). In 2007, according to the WHO, approximately between 3,400 and 6,800 out of 65,000 kidney transplants are operated worldwide each year, including illegal procedures (Aronowitz & Istiman, 2013).

Supplier Countries

Africa Countries. The supply of poor Nigerian kidney sellers and organ transplantations in either South Africa or Boston (United States), was one of the significant routes of organ tourism. Most purchase arrangement transactions were notarized by a reputable law firm in Nigeria (Scheper-Hughes, 2003). According to Aronowitz (2009), South Africa, the second transplant tourism hub, has trafficked West African and Nigerian children to Europe for their body parts.

China. Before 2006, China's organ allocation system centered on sacrificing a criminal's life to save the life of a wealthy individual (Robertson, 2020). Foster (1997)

asserted that the government was directly involved in harvesting and trafficking organs from executed prisoners. Woan (2007) strengthened this assertion by referring to reports given by experts verifying that roughly 90% of all organs transplanted were taken from executed prisoners by the Chinese government, which earned tens of millions of dollars in profit. Rothman et al. (1997) also claimed that although the exact number of prisoners executed for their organs remains unknown, local news has reported on about 2,000 executions, while established organizations, like Amnesty International, dispute that the estimate could be 4 to 5 times greater. Hospitals in China could acquire financial profit while also meeting the demand for recipients from other countries with their plentiful supply of organs.

Matas and Kilgour (2007) reported allegations of organ procurement of Falun Gong specialists. They concluded that since 1999, the government was involved in killing an unknown number of individuals belonging to organizations threatening the rule of the Communist Party for their organs. Additionally, Matas and Kilgour have attested that the prisoners are still conscious while their organs are involuntarily removed from them. They are killed either during the procedure or immediately after. Because the dead prisoners are cremated, there is no evidence remaining. The authors asserted that these procedures severely violate human rights and, therefore, are considered murder based on their research. The report also pointed out two other verified studies, Kinzelbach (2014) and Allison (2006), which determined that removing organs from Falun Gong prisoners happened. Highlighting the financial intention of organ trafficking in China is essential. For example, when China became a market economy, its health sector lost funds given by the government, according to the Bloody Harvest Report (2007). As a result, organs

became a source of income for hospitals. Because there was such a desperate need for money, removing organs from prisoners was deemed acceptable because their lives were insignificant. In addition, people were not allowed to question whether the prisoners were sentenced to death, raising ethical concerns.

The Bloody Harvest Report (2007) also reported that another financial motive for organ trafficking is the Chinese Army. Like the health system, the military moved to private enterprise from public financing, becoming a solid business to cover its budget and increase income. Additionally, because they are in charge of many Chinese hospitals and transplant units, they are funded by selling organs. However, the profit gained significantly exceeds how much is needed to manage the hospitals' budget, so the rest is used for the military's expenses. Moreover, the military is also involved in organ trafficking in civilian hospitals, as reported by testimonies and military personnel impervious to the law (Matas & Kilgour, 2007). China is a horrifying model of organ trafficking and exploits its people. The legislation had to be issued by China's Health Ministry, prohibiting the trade of organs, and requiring written consent from organ donors, passed on March 28, 2006. Additionally, the legislation decrees for ethics committees to be established at all hospitals with transplant units to oversee every transplantation (Woan, 2007).

East Asia. In the Philippines, anyone can legally purchase kidneys because of the open market. Medical teams travel to poverty-stricken areas to perform blood and tissue tests, where the results are set aside for later use. Brokers use these results to find a donor when a recipient comes along for a transplant; this practice is upheld as an issue of free choice. The same illicit organ markets are also found in Singapore and Thailand

(Teagarden, 2004). However, since April 29, 2008, the Philippines government has permanently banned foreign organ transplantations.

In India, medical tourism is common. Most organ transactions are conducted openly with European, Middle Eastern, and American people (Foster, 1997; Yousaf & Purkayastha, 2015). Fox and Swazey (1992) argued that India, a leading force in the kidney trade from unrelated living donors, increased from about 50 transactions in 1983 to a quantity greater than 2,000 in 1990. The number of trafficked organs is still growing. However, organ donations became illegal in India. From 1999 to 2008, approximately 400 to 500 kidney transplants were exposed.

Because legislation allows hospital committees to permit nonrelated donors, the organ markets continue increasing drastically. The ban on organ transactions in one country leads to higher rates for trafficked organs in neighboring countries. For example, even though medical tourism in India declined due to new regulations, it continued growing its underground black market in Pakistan and the Philippines (Shimazono, 2007).

East Europe. In deprived countries such as Moldova, Turkey, and Ukraine, their citizens are usually associated with human organ trafficking since they sell their organs to organized criminals. Apart from these countries, Bulgaria, Georgia, Romania, and Russia have also disclosed cases of donors being recruited for organ trafficking (Meyer, 2006; Nicolova & Stanojoska, 2013; Rada, 2014; Winterdyk & Reichel, 2010).

South America. There is no solid evidence to prove the claims of organ theft in Latin America, according to Foster (1997). Thus, he considered these claims to be myths and rumors. However, current research says otherwise. For instance, in Brazil, Scheper-

Hughes (2002) discovered that many people were so desperate that they would sell their kidneys for only $1000, so long as they had money in their hands as soon as possible. They would wait outside transplant units in hopes of being a good match for a prospective buyer (Osava, 2004). Meanwhile, in Argentina, a horrifying report of organ trafficking occurred in a home for the mentally disabled. In almost all cases, the blood of living inmates and the cornea of those dead were taken without any consent. Furthermore, Aronowitz (2009) confirmed these claims that Argentina, Brazil, and Columbia are countries significantly affected by international organ trafficking.

Middle East. Iran, Iraq, and South Africa are other supplier-countries with organ sellers recruited from the army, prisons, and so on. Iran is the only country that funds its government program, meaning it personally administers the sale of kidneys from poverty-stricken donors to affluent recipients (Scheper-Hughes, 2004). Jafar (2009) talked about this Iranian regulated system established in 1988 that allowed the legal selling of organs by living, unrelated, paid donors. He emphasizes that only those who have undergone a meticulous evaluation of informed consent can be registered as donors. Brokers are not involved in the stated-run program; however, they offer a fixed amount of $1,200 and free post-transplant care to lure potential donors away. In 2007, there were an estimated 1,500 kidney transplantations, of which 70% were provided with incentives so this model significantly increased the availability of kidneys. Still, transplant tourism is prohibited, meaning foreigners are not given access to this organized system. Regardless, critics of the Iranian model and ethical concerns have been disclosed by Jafar. Although the model is legal and authorized by the government, financial coercion and intimidation can still occur, leading to the exploitation of powerless individuals. Additionally, in the stated-run

model, the fixed price per organ is not fair for Iran's donors. It appears to be blatantly undervalued compared to the free, unregulated commercial market (Van Reisen & Rijiken, 2015).

The supplier countries mentioned above all reflect the same model of developing countries with meager socio-economic levels or alleged private enterprises that need to balance their dwindling budget.

Demanding Countries

European Countries. In some European countries with a significant shortage of transplants (i.e., Belgium, Cyprus, Croatia, France, and UK), citizens will travel to donor countries to receive an organ in the black market (Meyer, 2006; Serebrennikova et al., 2020).

Middle East. In the Middle East, from the Gulf States to Israel, transplantable organs are scarce due to Jewish and Islamic religious reservations. As a result, organized programs send patients from Israel, Saudi Arabia, Oman, and Kuwait to receive transplantations abroad (Sarig, 2007; Scheper-Hughes, 2004). Rothman et al. (1997) revealed that the shortage of organs is even worse in countries where religious or cultural beliefs prohibit organ donations; spiritual principles discourage and sometimes prevent cadaveric organ donations. Islamic teachings, for example, require maintaining the body integrity at the burial. Although many religious leaders regard organ donation as a gift of life, others still oppose this practice. Similarly, some orthodox Jewish rabbis sanction organ donation from death, "pikuach nefesh," or the need to save a life, whereas others reject the idea of brain death. Therefore, finding and retrieving organs becomes almost impossible.

Israel plays a significant role in the global organ market since its citizens purchase many organs due to being educated and medically conscious and having only a tiny donation rate. The Israeli Minister of Health has even authorized transplant tourism, which runs in one direction only where no organs are sold from Israel to the global market (Scheper-Hughes, 2002).

United States. According to Woan (2007), despite the formal ban on organ commodification in the United States, the market for organs is booming within American borders. Legal obstacles at the domestic level force United States recipients to seek out organs in the international marketplace.

In 1984, the U.S. Congress passed a law that made organ transactions an illegal act punishable by up to a $50,000 fine, 5 years in prison, and so on. According to the National Organ Transplant Act 42(a) USC §274e, it is illegal for any individual to intentionally obtain or relocate human organs for transplantation if the relocation affects interstate commerce. However, American recipients may avoid U.S. transplant laws by traveling abroad for their needed organ and medical procedures.

Scheper-Hughes (2003) described the illegal organ market where brokers posed as a nonprofit organization in Brooklyn, New York. Recipients travel from Israel to the United States for transplantation and are supplied organs from trafficked Russian immigrants. This case was similar to reports of eastern Europeans trafficked to the United States and forced to sell their kidneys. Therefore, Aronowitz (2009) maintained that illegal transplantation can be performed when organ donors and recipients meet in some of the finest hospitals in the world within the United States.

Although a philanthropic program is available, an American economic organ market still exists. So, throughout the current model, financial considerations occur, where recipients pay to receive organs, procurement professionals are paid to recruit donors, doctors are paid to perform the transplantation, and procurement organizations are paid for their services. The only component in the model not receiving financial compensation seems to be the donors giving away their organs (Woan, 2007). However, even this service is paid as the donors are generously compensated, according to Foster (1997). It is most common, especially in interfamilial organ donation, where the donor may acquire a new business or house right after donating their organs.

The United States and other countries created organ donation programs to combat the lack of organ supply, which have become the most appropriate and vital alternative method (Adams, 1998; UN Office on Drugs and Crime Assessment Toolkit). However, studies have shown that such programs have been inhibited by either sociocultural, legal, or religious factors, and the shortage of organs remains a huge issue (Abouna, 2008; Aronowitz & Isitman, 2013).

Financial Aspects of the Human Organ Trafficking

According to Basu (2014), human organ trafficking makes up approximately $850 billion per year, or 1.5% of the global gross domestic product (GDP). Human organ trafficking is challenging to measure since laws are not being followed, and the people involved cannot be tracked down easily. In 2007, the WHO claimed that organ trafficking was why 5–10% of kidney transplants performed worldwide were possible (Budiani-Saberi, 2009). Additionally, because of the advancement of transplantation technology, increasing demand, and decreasing supply, the trade will only keep expanding (Kelly,

2013). Kelly reported that the organ trafficking system is internationally organized. It centers near countries with impoverished populations, a lack of influential organizations to oppose the industry, and medical professionals involved directly in the trade. For example, hospitals in Thailand have yet to come together and compile a waitlist for people waiting for organs.

Additionally, private hospitals are inadequately administered, so doctors can quickly become involved with the organ trade to either take care of any financial needs, seek out donors to lessen the gap between organ supply and demand, or both. The Philippines is another example. Poor people are willing to donate organs to improve their finances, leading medical teams to reach out to them to set up a list of donors. After testing and collecting lab results, these medical teams keep the results in a file and contact brokers to match the donors and recipients.

Criminal Brokers

The illegal brokers make a lot of profit from coordinating deals for illicit organ transplantation. Basu (2014) found that brokers determined their prices for organs by bribing law enforcement officials to condone organ pay lodging, traveling, food, and other costs related to the transplantation. The brokers also participate in numerous illegal activities involving sourcing, obtaining, creating, planning, or disbursing illicit organs. The recipients were charged “sky-high” prices for human organs. For example, in Israel, the cost of transplants abroad started at about $40,000, increased to $70,000, and then increased again to $100,000, $120,000, and even $200,000 (Efrat, 2013; Tate, 2007).

Living Donors

According to Tate (2007), organ transplants in the illicit organ trade increase drastically due to the rise in poverty making people more desperate. Living donors are more likely to donate their organs to pay off debts and improve families' financial situations (Budiani-Saberi, 2009). In addition, when they are desperate, they are more likely to become vulnerable, falling victim to criminal brokers. Even doctors and hospital personnel, who perform the organ transplantation operation, cannot resist the money gained through setting up a deal from both donor and recipient.

Organ Recipients

Organ recipients, who are desperate for a potentially life-saving organ donation, are typically willing to pay whatever it takes, regardless of medical complications, lack of necessary care after surgeries, and the like.

Transplant Countries

Organ recipients, usually wealthy transplant tourists, are more likely to get impatient and travel to another country with less strict laws. According to Efrat (2013) and Budiani-Saberi (2009), there is an increased likelihood of finding a donor. Amahazion (2016) also proved that transplant tourists often contribute to food, lodging, and other costs that positively affect the transplant countries' tourism and hospitality sectors.

The Condemnation of Human Organ Trafficking

The Declaration of Istanbul (DOI)

Since the 1950s, the invention of organ transplantation has led to an uncontrolled organ black market to balance the demand and supply. In 2004, the WHO raised concerns

about the growing insufficiency of illicit organ transplantations. The WHO also urged governments to protect vulnerable groups from the sale of organs and transplant tourism and to pay closer attention to the extensive problem of international human organ trafficking (Nullis-Kapp, 2004). As a result, the DOI was established.

In 2008, 150 global representatives within the scientific and medical field convened in Istanbul, Turkey, to acknowledge WHO's appeal. It was here that the DOI was created as a global approach aimed at fighting against human organ trafficking, organ failure, and transplant tourism. The DOI's content is split up into three sections: (a) the preamble summarizes the unanimity of all members at the summit, (b) the principles deal with the professional and legal system of organ transplantation, and (c) the proposals challenge the multifactorial problems of organ transplantation (Steering Committee of the Istanbul Summit, 2008). First, the DOI's unanimity objective stated that all countries should have a professional and legal system that can regulate transplantation affairs and organ donations.

Additionally, the governments should have a transplant regulatory oversight system to keep donors and recipients safe and implement prohibitions and requirements for unethical and criminal practices (Lopez-Fraga et al., 2017). Second, the DOI's principles overview the professional and legal system needed to oppose organ failure by encouraging national governments to engage with non-governmental and international organizations and emphasize the need for legislation concerning transplantation and donor protection. There should be protocols and programs that give short-term and long-term care to recipients and donors. To be efficient, monitored organ donation programs and organ donations should originate from the recipient's home country only. It is also

mentioned in the DOI that transplant tourism and organ trafficking should be illegal since human rights are severely violated. With these measures established, the DOI presents a framework that governments can use to deal with the organ transplantation system and trafficking tourism (Ernstrom, 2017). Finally, the DOI is designed to prevent organ trafficking, increase the number of donors, prevent commercialism transplants, and encourage sustainable and legal transplantation programs. Its goal is to move countries away from relying on organs from living donors; therefore, it aims to increase legal donations from the deceased. The DOI also focuses on improving organ donation efforts by engaging technology, government bodies, and health care establishments. It is intended to protect living donors and simultaneously prevent transplant commercialism, transplant tourism, and organ trafficking.

The DOI includes informed consent, appropriate evaluations, and straightforward definitions of organ transplantation's psychological and physiological impacts on the donor. A mental health professional should conduct a psychosocial assessment for the screening process. Overall, the DOI incorporates regulation, respect, and responsibility within its principles (Abboud et al., 2008).

In 2010, the DOI Custodian Group (DICG) laid the foundations for (a) overseeing the development, commitment, and completion of the Declaration's facets in the countries that signed it, (b) encouraging those who are funding transplantation research to abide by the Declaration's principles, and (c) keeping governmental authorities in check by ensuring that their national policies align with the declaration (DOI Custodian Group, 2014). The DICG was successful in countries worldwide, such as China, Eastern Europe, China, Pakistan, the United States, and so on. It even encouraged the Council of Europe

to put together a convention that calls for the prohibition of organ trafficking and even managed to take down the transplantation tourist network in Costa Rica. The Chinese government finally decided to prohibit organ trafficking, the very practice in which they used executed prisoners for organs, due to the pressure of the DICG (Glazer, 2011; Lee, 2014). The transparency of organ transplantation activities, known as the guiding principles, has been integrated into the UN of Organ Sharing (UNOS). UNOS reformed its policies and now gathers data from potential contenders on whether they were not considered U.S. citizens or were coming into the United States for transplantation purposes.

Worldwide Prohibition

Human organ trafficking is prohibited worldwide. The Palermo Protocol, the first international legal instrument, defines and prohibits human organ trafficking. The WHO started banning transplant commercialism in 1987, asserting that the organ trafficking network opposed basic human morals and went against the Universal Declaration of Human Rights (Efrat, 2016; Yea, 2015). According to its Guiding Principles on Organ Transplantation, organs should not be donated with the intent of receiving monetary payments and should instead be voluntarily donated out of one's generosity (World Health Organization, 2010). Financial gain for organs can take unfair advantage of disadvantaged and vulnerable groups, undermine charitable donation, and contribute to human organ trafficking and profiteering. Researchers believe that payment conveys that some individuals lack dignity and are mere objects to use, and altruism and financial motivation could not coexist. While human organ trafficking and transplant commercialism are independent crimes, commercialism leads to trafficking.

Since 1997, the crime of human organ trafficking has been forbidden, according to the Council of Europe. The human body, including its parts, should not be used for profit or comparative advantage. Additionally, it explicitly stated that promoting the availability of or demand for organs or tissues in hopes of offering or receiving profit or comparable advantage is prohibited. To condemn organ trafficking, countries worldwide have implemented domestic laws except for Iran, the only country that permits transplant commercialism through a governmental regulated organ procurement system. In 1988, its government introduced a "rewarded gifting" model to encourage live kidney transplantation after encountering few deceased donation rates. People who would like to donate can go to a government establishment that will match them with a potential recipient. Brokers remain uninvolved (Ghods & Savaj, 2006). All donors receive health insurance benefits and payments from the government and the organ recipients. Although some researchers critically scrutinize the Iranian model, others believe that the model could and should be implemented in other countries to help increase the number of donations (Harmon and Delmonico, 2006).

However, the condemnation against human organ trafficking may not be as prevalent as it seems. Evan (2008) contends that culture plays a significant role in prohibiting organ trade worldwide. For instance, they believe that a deceased individual must remain as one body to reincarnate in Eastern culture. In contrast, Western culture believes that a deceased individual who does not donate their vital organs is worthless. Organ trafficking's condemnation, a severe organized crime problem, is questionable. The Bellagio Taskforce stated that the justification for condemnation is not as apparent as declarations entail. As a result, no compelling ethical principle was found to justify the

ban on organ sales under all circumstances (Rothman et al., 1997). In 1997, another publication involving a small group of doctors and philosophers also explained that common arguments for prohibiting organ sales are not valid and asserted that the debate should be resumed (Radcliffe-Richards et al., 1998).

Legal Frameworks of Human Organ Trafficking in the United States

According to Glaser (2005), human organ trafficking violates human rights, including freedom from cruel or inhumane treatment and the rights to life, liberty, and security. As a result, many international organizations put together principles concerning organ trafficking (Bagheri, 2016; Efrat, 2015; Gawronska, 2018; Goodey, 2008; Lai, 2013; Majid, 2019). Several highlighted organizations are (a) the Bellagio Task Force (1997), (b) the Council of Europe's Convention on Human Rights and Biomedicine (1997), (c) the Optional Protocol Concerning Transplantation on Organs and Tissues of Human Origin (2002), (d) the UN Protocol to Prevent, Suppress and Punish Trafficking in Persons (2000), and (e) the World Medical Authority (1985).

Domestically, nations worldwide have also passed laws prohibiting organ trafficking. For example, the United States adopted the National Organ Transplant Act to prosecute any person who knowingly acquires, receives, or transfers any human organ for valuable consideration (Act 42 U.S.C of 1984, Section 274[c]). In addition, the Organ Watch at the University of Berkeley in California was established to investigate and monitor reports of violations regarding the procurement and distribution of bodily organs for transplantation purposes.

Although the legislation in the United States and other countries criminalizes organ selling, organ sales and black-market transactions continue to grow. The primary

issue is that the legislation deals with donations, allocation, organ transplantation, organized crime, corruption, and the proceeds of organ trafficking. All legislation needs to be brought into effect together with these medical provisions to ensure that the severe economic crime of organ trafficking is dealt with effectively.

Extensive Efforts to Prevent the Crime of Human Organ Trafficking

In the past decade, the need for organ transplantation in the United States has increased fast and considerably. The number of patients needing a transplant up to this present moment has surpassed the number of available donors, leading to an overwhelming shortage. Approximately half of all organ donations are still acquired from living donor although collaborative efforts, like the Organ Donation Collaboration Initiative, have successfully procured organs from deceased donors.

Because of the demand for organs, numerous endeavors have been enforced to augment donation rates such as regulating compensation for living donors. Applying new legislative acts is anticipated that the current shortage of organs will diminish (Alnour et al., 2021; Capron and Delmonico, 2015; Josepdottir, 2012; Morelli, 1994). Many states have proposed laws that help living donors alongside the National Organ Donor Leave Act of 1999, allowing federally employed individuals living organ donors to receive additional paid leave. For instance, in 1998, Colorado advocated for a primary legislature that authorized government employees, who were also living organ donors, up to 2 days of paid leave. Afterward, other states followed in their footsteps and formed legislation that gave various types of aid such as paid and unpaid extended leave and tax benefits.

Because the National Organ Transplant Act (NOTA), Organ Procurement and Transplantation Network (OPTN), and United Network for Organ Sharing (UNOS) have

outlined legal regulations surrounding organ transplantations, current international and domestic legislations are heavily focused on enacting new statutes to increase both living and deceased organ donations. Various legislation strategies pursue increasing organ donation rates by offering living donors tax breaks and regulated compensation (Delmonico et al., 2011; Matesang & Domingue, 2007; Pradel et al., 2003). Between 2004 and 2008, 15 states enacted legislation that offered tax deductions to increase living organ donations. For example, Wisconsin allows living donors to deduct up to $10,000, including travel, lodging, and wage loss, according to Venkataramani et al. (2012). However, the public criticized the unethical policy, and living donation expense tax breaks gained greater traction regardless of the dispute. This policy was perused in more than 10 other states with increased publicity by 2009.

Even with current federal and state policies implemented to augment living donation rates, these policies' efficacy is unsuccessful in resolving the gap between organ supply and demand. Supplemental aids have also been offered to assist living donors; however, they felt that the donation's medical and financial well-being wasn't severely decreased. To further increase living organ donations, it is anticipated that governmental agencies should implement more beneficial legislation.

Investigation of Human Organ Trafficking

Rosenbaum Case—First Organ Trafficking Prosecution in the United States

Additionally, it was concluded that Rosenbaum, disguised as a Jewish charity organization set up by himself, recruited donors and recipients from Israel (Ambagtsheer et al., 2013). Ultimately, U.S. citizens were recipients, while poor immigrants from Eastern Europe and Israel remained the donors. The process involved the forging of

documents to hide the donors' and recipients' traces and identities, as well as the agreement to remove their organs for compensation, according to Rosenbaum.

Rosenbaum was arrested in 2009, as well as 43 other people from the "Operation Big Rig" investigation (Ambagtsheer et al, 2013). He then pleaded guilty in 2011 to three counts where he acquired, brokered, and transferred organs from poor Israel individuals that were trafficked into the U.S. for U.S. recipients looking for a transplant, contravening 42 US code §2742 (Scheper-Hughes, 2011). In addition to the three counts, Rosenbaum pleaded guilty to another count of conspiracy where he brokered organ sales, contravening 18 US Code §371. He was sentenced to prison for 30 months, and the money he acquired from the three illegal transplants was confiscated, according to Ambagtsheer et al., 2013.

Under NOTA of 1984, the Rosenbaum case was the first prosecuted case of organ trafficking. To prohibit the sale of organs for transplantation purposes in the United States, NOTA confirms and acquires the principle of humanitarianism, according to Watson (2015) and Scheper-Hughes (2011). Rosenbaum employed deception, exploitation, and coercion of the vulnerable victims; however, no felony charges were brought against him because none of the organ's suppliers had been traced by the prosecution. The United States is a member of the UN Convention against Transnational Organized Crime of 2000, which prohibits the removal of organs from victims without their consent (Tunde-Yara, 2016).

The United States vs. Wang (1995)

In U.S. v. Wang, the accused was charged with contravention of section 274(c) of the National Organ Transplant Act, which prohibits selling human body parts that affects

interstate commerce (Act 42 USC of 1984). Wang conspired to sell the organs, specifically corneas, of executed Chinese prisoners to United States citizens for organ transplantation. Due to the failure of the government to collect actual evidence against Wang or to correctly record telephonic conversations between Wang and other accused, the court dismissed the charges against Wang and other accused persons.

Challenges of Enforcing and Prosecuting Human Organ Trafficking

The crime of human organ trafficking is a complex and multifaceted criminal phenomenon of global dimensions. Bringing to justice the whole chain of organ traffickers is a priority in the worldwide fight against this crime, where international cooperation in criminal matters is the key to achieving this goal (Gawronska et al., 2020; Kalb & Negri, 2017; Lundin, 2016; Danovitch et al., 2013, Pugliese, 2007). Although governments, international organizations, and transplantation societies are establishing new laws against it, many challenges hold back the investigation and prosecution process.

Human organ trafficking is recognized as a highly complex crime to combat. Holmes et al. (2016) believes this is due to the obliviousness of the corruption among criminal justice professionals, unwillingness to acknowledge the crime's existence, the lack of political will to oppose it, or a mix of all three. Additionally, there are signs of hesitation in prosecuting medical personnel and those who were complicit with organ trafficking since it is a crime not understood by investigator-prosecutor-judicial levels. The particular method of how organ trafficking is carried out, specifically the means used to commit the crime and the role of consent, leads to confusion among practitioners. Notably, law enforcement agencies' responses to organ trafficking are reactive, with no sign of stopping the crime until it has already occurred. The agencies do not have enough

resources and are poorly coordinated with such complex investigations. There is barely any comprehensive and specialized guidance for building and prosecuting the cases, and no specialist training is provided to help with tasks. Ambagtsheer and Weimar (2016) studied prosecuted cases in Israel, Kosovo, South Africa, and the United States by performing 37 interviews with 49 government officials, including government representatives, transplant officials, law enforcement officers, and prosecutors. Their study revealed that through trafficking networks, patients were recruited, and donors were facilitating illegal transplants. It also illustrated and proved that donors were exploited based on the experiences of police and prosecutors.

Furthermore, treaty ratification on the crime of human organ trafficking is inconsistent (Holmes et al., 2016). The international definitions of human organ trafficking are not consistently inverted into domestic legislation, leading to confusion on human organ trafficking's clarification. For example, the confusion between human trafficking for the purpose of organ removal (HTPOR), illegal organ transplantation, medical tourism, human trafficking, organ transplant commercialism, organ transplant tourism, and trade-in organs complicates the understanding of practices. Moreover, human organ trafficking criminal offenses are either not sufficiently investigated by criminal justice practitioners, covered by domestic legislation, or both. Legal and ethical confusion also exists regarding the secrecy oath of doctor-patient confidentiality and their duties of disclosing cases of trafficking in human beings for organ removal to criminal justice practitioners.

Cross-border cooperation is another challenge associated with human organ trafficking cases. The lack of awareness, complexity, and multi-dimensional nature of

organ trafficking cases complicates the overall process. Legislatively, the challenges are exacerbated by variations in practitioners to focus only on the domestic dimension of human trafficking, differences in interpretation of the laws on organ trafficking, and inconsistent treaty approaches. Practically, national priorities' variations, the tendency by criminal justice and medical practitioners to focus only on the domestic dimension of human organ trafficking, a lack of coordination, and an inexplicable reluctance to use existing support structures for cross-border cooperation all serve to impede significant improvements in cross-border cooperation. Manuel Plancar Gaspar's case exemplifies organ trafficking on the United States and Mexico borderlands. In 2014, Gaspar, a leader of the cartel's organ trafficking ring and a member of a drug gang known as the Knights Templar or Los Caballeros Templarios, was arrested and detained in the state of Michoacán on charges of kidnapping children to sell their organs (Scheper-Hughes, 2016).

Needs for Study

Human organ trafficking is becoming a growing problem worldwide. Amnesty International and Human Rights Watch's statements on the organ trafficking of executed prisoners in Taiwan and China shed light on how severe and prevalent this issue is (Hedidar, 2017). Unfortunately, data on organ trafficking and transplantation activity are not reliable, and human organ trafficking is not widely discussed or examined by a number of the literature on human trafficking. Analyzing the Trafficking in Persons Report, Russell reported that only 15 countries from 187 provided data on organ trafficking. Additionally, the U.S. Department of State gives little to no attention to organ trafficking since organ removal is not explicitly defined in the Trafficking Victims

Protection Act. As a result, organ trafficking is not considered a priority and should be watched for when countries are examined for their placement within the Trafficking in Persons Report (Russell, 2018). The scholarly research in human organ trafficking is not also well developed. According to Pacalev et al. (2013), only 11 convictions involving organ trafficking worldwide were enacted. There needs to be acknowledgment among stakeholders, including the transplant community, for there to be an effective legislative and non-legislative response such as investigation and prosecution for the crime of organ trafficking (Ambagtsheer, 2020; Guth, 2010). Moreover, the U.S. State Department's report does not convey its actual importance or offers only meager details about it, leading to lots of work needed to combat the threat of organ trafficking to the stability and safety of individuals and nations.

Summary of Literature Review

In this chapter, the historical overview of human organ trafficking was examined in the United States and countries across the globe. The operational definitions, negative factors, patterns, networks, financial aspects, causes and effects, legislation, and the efforts and cooperation of human organ trafficking were discussed. The analysis progressed to qualitative and quantitative reviews of the national and local laws regulating human organ trafficking and law enforcement strategies. The general framework for human organ trafficking detection, investigation, and prosecution was examined with the hope that this will give insight to all similarly situated countries, and developing countries in particular, on creating an appropriate human organ trafficking framework at all levels. The chapter concluded by discussing the challenges of enforcing and prosecuting human organ trafficking. Due to the lack of literature on human organ

trafficking and awareness of its severity, a lot of work is needed to combat this particular crime.

CHAPTER 3

DESIGN OF THE STUDY

This chapter examines the study's design and explains the need for adopting a mixed methods approach. The effectiveness of a mixed method approach in exploring human organ trafficking and policy implications is also examined. The populations under study, as well as significant sources for information or data gathering, are identified.

Understanding the Mixed-Method Approach

The study is designed as a mixed methods approach to explore human organ trafficking and its policy implications. The origins of mixed methods can be traced back to Campbell and Fisk (1959). The researchers used multiple methods, such as observations and interviews with traditional surveys, to study psychological traits. Because all research methods had biases and weaknesses, the mixed methods approach held much value (Jick, 1979; Sieber, 1973). Creswell and Creswell (2017) also reported how mixed methods research, in which quantitative and qualitative data are collected and integrated, has become a popular approach since the middle to the late 1980s. Its unique designs involving theoretical frameworks and philosophical assumptions are also used. The basis of this form of inquiry is that further insight can be acquired when integrating quantitative and qualitative data rather than using the information provided by the quantitative or qualitative data alone.

Quantitative data usually includes closed-ended responses, while qualitative data includes open-ended responses. The mixed methods approach became more of systematic integration of quantitative and qualitative data by the early 1990s. As a result, ways to

merge the data using different research designs began to surface (Tashakkori & Teddlie, 2010). According to Creswell et al. (2011), convergent, explanatory, and exploratory are the three main sequential mixed methods. Researchers gather various data types to thoroughly understand a research problem rather than using only either quantitative or qualitative data. The research often begins with statistical questionnaires to generalize results to a population before focusing on open-ended interviews to collect detailed perspectives from participants (Creswell & Creswell, 2017). Due to the illegal nature of the HOT phenomenon, there is little empirical work on the crime of organ trafficking and its adverse globalized effects. Therefore, using the convergent mixed methods approach, this research aims to shed light on the crime of human organ trafficking and its policy implications.

Description of Research Methodology

A convergent mixed methods design will be used for this research. Quantitative and qualitative data are gathered, evaluated independently, and then combined to understand the severity of human organ trafficking (Creswell & Creswell, 2017).

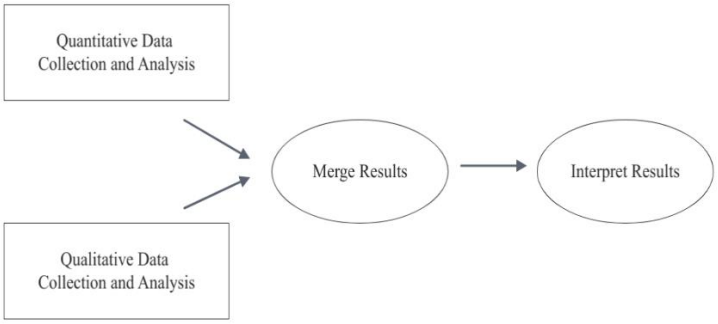

Figure 3. A Convergent Mixed-Method Design

Quantitative Approach

For this study, ordinary least squares regression (OLS), often called linear regression, is used as a technique for estimating coefficients of linear regression equations, which describe the relationship between the dependent variable (the estimated number of trafficked organs) and independent variables (economic, political, and social globalization).

Research Question 1 - Is there a positive relationship between human organ trafficking and economic globalization?

Research Question 2 - Is there a positive relationship between human organ trafficking and political globalization?

Research Question 3 - Is there a positive relationship between human organ trafficking and social globalization?

Data Collection

Human organ trafficking represents an illegal trade of human organs. It is difficult to gather data on human organ trafficking. Instead, an alternative to estimate the number of trafficking is used (Cho et al., 2009).

A widespread shadow economy consists of various forms of activity, from trafficking to the production, distribution, and consumption of illegal goods in a country (Ivakhnyuk, 2005). One of the leading factors feeding the shadow economy is trafficking. As trafficking increases, the size of the shadow economy grows. In other words, the shadow economy is closely linked to trafficking.

Unlike organ trafficking, non-profitable transplantation is a legal, medical procedure. Gross domestic product (GDP) is the total value of legal goods and services

produced, while the shadow economy represents illegal ones within a territory during a specified period. Thus, the top forty countries around the world, which have the highest yearly number of human organ transplantations, were selected from the OPTN. Second, the shadow economy ratio, economy, political, and social globalization were collected from the Global Economy database.

Data Analysis

To narrow the focus of this study, three hypothesized scenarios will be examined. Using SPSS, the analysis will examine the hypotheses, and data results will be presented and discussed with past and future research.

Hypothesis 1 - There is a positive relationship between human organ trafficking and economic globalization.

Hypothesis 2 - There is a positive relationship between human organ trafficking and political globalization.

Hypothesis 3 - There is a positive relationship between human organ trafficking and social globalization.

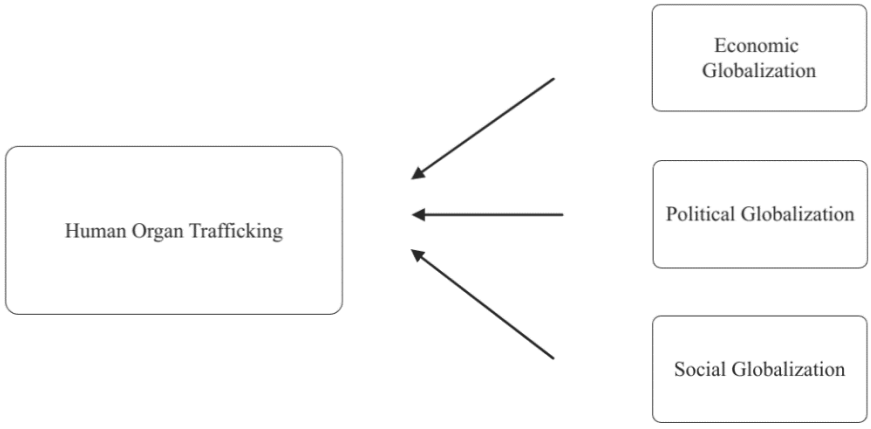

Figure 4. A Concept Model of Human Organ Trafficking

First, economic globalization is measured by the actual flow of internal trade, foreign direct investments, capital and market flows, migrations, and diffusion of technology, according to Stiglitz, 2003. Specifically, economic globalization measures economic integration and follows the movement of goods and services by analyzing international trade patterns in each country's economy. Second, political globalization, or the amount of political cooperation, is measured by the number of embassies, international organizations' membership, and participation within the UN Security County missions, and so on. Lastly, social globalization is estimated by personal contacts, information flows, and cultural proximity.

Qualitative Approach

Demographics of Human Subjects. The participants for this study are selected based on their occupations relating to human organ trafficking organizations and governmental agencies (e.g., law enforcement officers, criminal prosecutors, judges, legislators, members involved with human trafficking issues, human trafficking victims).

To create qualitative data, the researcher will ask each participant a series of open-ended forms of data to explore inquiries that revolve around the human organ trafficking market and transpire without the detection of law enforcement.

Research Questions - This study investigates the following questions:

- How is it that trafficked organs often end up in the most reputable hospitals and are transplanted into recipients without the detection of law enforcement?
- How do the many makeshifts operating houses where medical procedures for trafficked organs take place go undetected by law enforcement?

- Why is it so difficult for law enforcement agents to detect related financial activity and follow a money trail that could lead to human organ trafficking networks and facilities?
- Trafficked human organs can cost up to hundreds of thousands of dollars, so how do benefactors of trafficked organs keep their crimes hidden from the public?
- How much impact do those who benefit from human organ trafficking have on preserving weak federal and state laws that do nothing to prosecute such crimes?

Data Collection

- *Permission Form* is needed to interview if approvals are required within human trafficking organizations, law enforcement, and governmental agencies. The researcher will obtain approvals from the organizations and agencies before conducting the interview. Before being interviewed, the participants will be given a written, informed consent form to sign and receive a copy of it for their record. The researcher will arrange the time (30–45 minutes) and the location of the interviews with each participant (e.g., the participant's office).
- *Sampling,* a purposive and snowball sampling framework will be used to produce a sample of participants. First, individuals in the organizations and agencies mentioned above will be contacted, given detailed information about the researcher and its purpose, and asked if they would consent to participate in an interview. Once they agree to be interviewed, a time and place to meet for the interview will be decided on. Following each interview, the research participants will be asked if they believe anyone else from their organization or agency should be contacted for an interview. After receiving the name of a suggested participant,

the researcher will contact the individual, who will then be given detailed information about the researcher and the research's purpose and asked if they would be interested in providing their knowledge on the topic. Even though many individuals work for human trafficking organizations, law enforcement departments, and governmental agencies, few will be considered qualified for the interview. Yet, human trafficking advocates, human trafficking task force officers, criminal prosecutors and judges, and lawmakers are eligible and will be contacted. The sample will include 18 male and female individuals who will participate in a face-to-face interview with the researcher.

- *In-depth Interview*, the qualitative interview will collect open-ended forms of data and explore multiple inquiries that revolve around the human organ trafficking market and transpire without the detection of law enforcement. The qualitative interview will also review relevant domestic and international laws and the methods of investigating and prosecuting human organ trafficking cases. Since the participants will have different job responsibilities, the tools used to collect data will be adjusted to best evaluate the provided services from their related organization or agency. During each interview, the researcher will take notes on the laptop. The participants' responses, or the qualitative data, will be typed and stored in Word documents that will be password protected with no identifiers on the laptop. Data will be inputted and coded in a Statistical Package for the Social Sciences (SPSS) software with no identifiers.
- Qualitative primary data are constructed with 14 questions to identify participants' demographics, such as gender, educational status, professional

occupation, employment status, career experience, and so on. The remainder of the questions aims to assess the perception of human organ trafficking and its negative impacts. These questions use either multiple choice or a 5-point Likert scale (strongly disagree, disagree, neither disagree nor agree, agree, and strongly agree). Participation is voluntary, and all participants will be given an informed consent form, which informs them of the purpose of the study and guarantees confidentiality to participate in this study. Respondents who did not give consent and filled the questionnaires incompletely were excluded from this study. The interviewees are instructed to check one answer choice or even check all answers that apply to each question best suited. For this study, the sample size comprised 18 participants. A purposive and snowball sampling framework was the most productive way to obtain data.

Data Analysis

The interviews will be transcribed verbatim using the researcher's laptop. Once all interviews are completed, a separate document will be made for each open-ended question. All 18 responses will be copied and pasted into a password-protected file for research purposes. For every open-ended question, this process will be repeated. For analysis purposes, each response will be labeled with a specific code (e.g., L for law enforcement officials, P for criminal prosecutors). This step must be done to keep participants' identities confidential. Qualitative data will be inputted and coded in will be inputted and coded in SPSS software with no identifiers.

Convergent Mixed-Method Approach

Research Question - Does the qualitative data help explain the results from the initial quantitative phase of the study?

Ethical Issues

In discussions concerning codes of professional conduct for researchers and criticism regarding ethical dilemmas and possible solutions, ethical issues become an issue of concern (Punch, 2013). The most frequently occurring ethical issues are participant burdens, dissemination, and equitable recruitment. So, in this study, the American Psychological Association Ethical Principles of Psychologists and Code of Conduct is applied. In addition, an IRB Research Protocol was filed to provide protection against human rights violations (Bachman & Schutt, 2013; Sarantakos, 2012). They include the following guidelines:

- identification of the researcher,
- identification of the sponsoring institution,
- identification of the purpose of the study,
- identification of the benefits of participating,
- identification of the level and type of participant involvement,
- notation of risks to the participants,
- guarantee of confidentiality to the participants,
- assurance that the participants can withdraw at any time, and
- provision of names of institutions or persons to contact if questions arise.

Summary

Chapter 3 sheds light on adopting a mixed methods approach for this study. The approach enables convergent mixed methods to explore the severity of organ trafficking and its policy implications; enables the presentation of various opinions, including that of the researcher, to arrive at recommendations for policymaking; and illustrates meaningful insight into the central themes in the study, including definitions, laws, strategies, and legal efforts in fighting HOT. The chapter also explains primary and secondary data and content analysis to answer the quantitative, qualitative, and mixed methods research questions. A detailed description of the research procedures is given.

CHAPTER 4

RESULTS AND DISCUSSION

This chapter presents the results and discussions of the relationship between human organ trafficking and economic, social, and political globalization. The mixed methods approach was selected for this study because it uses qualitative and quantitative research and reduces their limitations. In addition, it helps acquire a comprehensive understanding of research questions and problems. There are three phases in a convergent design of data analysis: (a) analyze the quantitative data collected based on their statistical results, (b) analyze the qualitative data collected by arranging them into broad themes, and (c) the mixed methods data analysis.

Quantitative Results

OLS regression uses linear combinations of economic, political, and social globalization to compute the estimated number of trafficked organs. The advantage of OLS regression is that it answers the research questions directly (Neter et al., 1985).

The OLS regression model is $Y = \beta_0 + \Sigma_{j=1..p} \beta_j X_j + \varepsilon$ where:

Y: the estimated number of trafficked organs (dependent variable),

β_j: an unknown constant (slope weight),

X_j: the independent variable(s) – economic, political, and social globalization,

β_0: the intercept of the model, and

ε: the random error component with expectation 0 and variance σ^2.

Table 2

Summary of Human Organ Transplantations, Shadow Economy, and Trafficked Organs

Country	No. of Organ Transplantation	Shadow Economy (%)	No. of Trafficked Organs
Argentina	2,417	24.99	604
Australia	1,741	8.1	141
Austria	720	9.01	65
Belarus	531	32.37	172
Belgium	934	17.8	166
Brazil	9,232	35.22	3,251
Canada	3,091	9.42	291
Chile	651	13.16	86
China	12,462	12.11	1,509
Colombia	1,318	25.25	333
Croatia	301	22.96	69
Czech Republic	865	10.47	91
Denmark	406	14.7	60
Finland	453	13.3	60
France	5,910	11.65	688
Germany	3,767	7.75	292
Hungary	440	20.49	90
India	12,666	17.89	2,266
Iran	3,233	18.38	594
Israel	594	19.18	114
Italy	3,881	22.97	891
Japan	2,535	8.19	208
New Zealand	326	8.97	29
Norway	443	15.07	67
Pakistan	1,591	31.62	503
Philippines	301	28.04	84
Poland	1,566	16.67	261
Portugal	847	17.82	151
Republic of Korea	4,298	19.83	852
Russian Federation	2,429	33.72	819
Saudi Arabia	1,533	14.7	267
Spain	5,449	22.01	1,199
Sweden	799	11.74	94
Switzerland	600	6.94	42
Thailand	829	43.12	357
Turkey	5,763	27.43	1,581
United Kingdom	5,178	8.32	431
United States of America	40,621	7	2,843

Source(s): The Global Observatory on Donation and Transplantation (GODT), and the Global Economy Database.

Table 2 summarizes the number of human organ transplantations, ratios of a shadow economy to GDP, and estimated numbers of trafficked organs in forty countries that had the highest numbers of organ transplantations during 2019. Table 2 also shows that the United States, India, and China have been the largest markets for human organ trafficking. The formula to calculate the estimated numbers of trafficked organs was created by Cho et al. (2009).

Hypothesis 1 – *There is a positive relationship between human organs trafficking and economic globalization.*

An OLS regression analysis was conducted to evaluate the prediction of human organ trafficking and economic globalization. The unstandardized coefficients (βs) are the additive constant ($\beta_0 =$ 2,209.32) and the slope weight (β_j = -24.20) of the regression equation, which are used to predict the dependent variable (the estimated number of trafficked organs) from the independent variable (economic globalization). Accordingly, the regression equation is as follows:

$$\textit{Predicted Trafficked Organs} = -24.20\textit{Economic Globalization} + 2{,}209.20 + \varepsilon$$

The slope weight indicates that greater economic globalization predicts lower scores on the estimated trafficked number of organs. It should be noted that the 95% confidence interval for the slope is fairly wide (-38.10, -10.30) but is negative throughout the range of the interval.

A standardized regression equation can be computed if the economic globalization and the estimated number of trafficked organs are transformed into z-scores with a mean of 0 and a standard deviation of 1:

$$\textit{Predicted } Z \text{ (trafficked organs)} = -.50Z \text{ (economic globalization)}$$

For OLS regression analysis based on standardized scores, the standardized coefficient (β) = Pearson correlation coefficient = -.50, and the additive constant must also equal 0. The number of the trafficked organ is largely related to economic globalization, respectively, based on the magnitude of the correlation coefficient. In other words, a negative value of -24.20 indicates that as economic globalization increases, the number of trafficked organs decreases. Twenty-five percent ($R^2 = .246$) of the variance of the trafficked organs is associated with economic globalization. From the calculated square root of the variance or standard error, the prediction is on average wrong by approximately seven units.

The hypothesis test of interest evaluates whether economic globalization predicts the number of trafficked organs in the population. In an OLS regression analysis, this significance test appeared in the F test and the *t-test*. They are identical tests for yielding the same p-value: $F(1,38) = 12.38$, $t(38) = -3.52$, $p < .05$. In conclusion, the hypothesis should be rejected at the 0.05 level since the 95% confidence interval for the slope does not have a value of 0.

The OLS regression analysis for Hypothesis 1 is statistically significant. While R-squared (R^2), or the coefficient of determination, measures how well a linear regression model "fits" a dataset, an adjusted R-squared reflects the model's goodness of fit to the population considering the sample size and the number of predictors used. Although R^2 and adjusted R^2 are quite low (< .25), which represents < 25% of fluctuation of variation, however, both values are generally accepted for studies in the field of social sciences (Cohen, 1992; Falk & Miller, 1992; Moore et al., 2013; Neter et al., 1996; Tonder & Petzer, 2018).

Hypothesis 2 – *There is a positive relationship between human organ trafficking and political globalization.*

For Hypothesis 2, the result of the OLS regression analysis is not statistically significant. The hypothesis test of interest evaluates whether political globalization predicts the number of trafficked organs in the population. For this OLS regression analysis: $F(1,38) = 1.38$, $t(38) = 1.18$, $p > .05$. In conclusion, the hypothesis should fail to be rejected at the 0.05 level since the 95% confidence interval for the slope has a value of 0. The possible answer that justifies the regression result is that a country, which has many international regulations and rules that relate to human organ trafficking, may be a barrier to organ trafficking.

Hypothesis 3 – *There is a positive relationship between human organ trafficking and social globalization.*

Similarly, an OLS regression analysis was conducted to evaluate the prediction of human organ trafficking and social globalization. The unstandardized coefficients (βs) are the additive constant ($\beta_0 = 2{,}389.57$) and the slope weight ($\beta_j = -23.73$) of the regression equation, which are used to predict the dependent variable (the estimated number of trafficked organs) from the independent variable (social globalization). The regression equation is as follows:

$$\textit{Predicted Trafficked Organs} = -23.73\textit{Social Globalization} + 2{,}389.57 + \varepsilon$$

The slope weight indicates that greater social globalization predicts lower scores on the estimated trafficked number of organs. The 95% confidence interval for the slope is also fairly wide (-42.80, -4.66) but is negative throughout the range of the interval. A standardized regression equation can be computed if the social globalization and the

estimated number of trafficked organs are transformed into z-scores with a mean of 0 and a standard deviation of 1:

Predicted Z (trafficked organs) = -.*38Z* (social globalization)

For the OLS regression analysis based on standardized scores, the standardized coefficient (β) = Pearson correlation coefficient = -.38, and the additive constant must also equal 0. The trafficked organ is moderately related to social globalization, respectively, based on the magnitude of the correlation coefficient. In other words, a negative value of -23.73 indicates that as social globalization increases, the number of trafficked organs decreases. Fourteen percent (R^2 = .143) of the variance of the trafficked organs is associated with social globalization. From the calculated the square root of the variance or standard error, the prediction is on average wrong by approximately 9 units.

For Hypothesis 3, the Ordinary Least Squares regression analysis result is statistically significant. In an OLS regression analysis, the significance test appears in the F test and the *t-test* associated with economic globalization. They are also identical tests for yielding the same p-value: F (1,38) = 6.35, *t* (38) = -2.52, p < .05. In conclusion, the hypothesis should be rejected at the 0.05 level.

Table 3

Results of OLS Regression Analysis

Predictor	β_j	SE	CI 95% lower	CI 95% upper	t	df	p
Economic Globalization	-24.20	6.88	-38.10	-10.30	3.52	38	0.00**
Political Globalization	17.67	15.02	-12.75	48.07	1.18	38	0.25
Social Globalization	-23.73	9.42	-42.80	-4.66	-2.52	38	0.02**

*Note: **p < 0.05*

Qualitative Results

Demographic of Research Participants

The sample of 18 selected participants includes five law enforcement officers (E), five prosecutors (P), three judges (J), four legislators (L), and one defense attorney who specializes in immigration law and litigation (D).

Table 4

Participants for In-Depth Interview (N = 18)

ID	Gender	Age	Ethnicity	Occupation	Years of Experience
7112	M	38	A	L	1
1291	M	71	W	L	10
2182	M	40	W	L	3
1100	M	61	W	L	20
1007	M	43	O	E	7
1190	M	51	B	E	24
9234	M	61	B	E	33
1777	F	4	W	E	11
1337	M	41	W	E	10
2649	M	51	W	J	9
9112	M	61	W	J	1
7170	M	41	W	J	7
7000	M	44	W	P	17
2181	F	49	W	P	25
4242	F	41	W	P	16
6170	F	47	W	P	21
8808	M	68	W	P	30
4766	M	55	H	D	17

The participants' ages range from 38 to 71. 75% of the participants are male (M), and the remaining percentage of 25% are female (F). The ethnicity of the participants is described as 72% White (W), 11% Black/African American (B), 6% Hispanic/Latino (H), 6% Asian (A), and 5% Other (O). The year of experiences range from 1–33 years.

Question 1 – *How is it that trafficked organs often end up in the most reputable hospitals and are transplanted into recipients without the detection of law enforcement?*

First and foremost, hidden crimes often happen without the detection of law enforcement, and human organ trafficking is one of them. Just like other racketeering, there are more people involved in human organ trafficking, which is a precisely organized process of more than one party. Organ trafficking, an under-the-radar crime, does not catch or capture headlines quite as much as other crimes. People rarely see anything in the news about organ trafficking or even witness a case such as that come to life. According to Participant J7170:

> I have been a prosecutor for 3 years and a judge for 7 years. I have also been a defense attorney and have practicing law for almost 16 years. I have never heard of a case of human organ trafficking. Have I seen it in the news? Yes. It mostly came from other countries, but I have never seen things coming out of the United States. I am not saying it is not there. I do not doubt it exists, especially if it has been collected in another country and then transported to the United States. So, I think part of it is that law enforcement is somewhat unaware of the crime that is taking place. Maybe they do not have certain personnel in place who have expertise in this area, understand what is going on, understand the "players" and the criminals behind this crime. I think there is a lack of knowledge about this. I believe that it has probably been going on under the radar and institutionalized for years. It has perhaps become almost just a habit and a practice of collecting human organs through certain avenues on the criminal side.

The crime of organ trafficking is not new. It is only new to law enforcement since officers have not heard about people being kidnapped and trafficked to remove their organs. A sheriff shares his insight that his department has not received any complaints or reports of that nature. The primary reason to explain is that human organ trafficking often deals with money transactions. Law enforcement officers can follow the money with drug trafficking, sex trafficking, or labor trafficking, but not organ trafficking. The crime of human organ trafficking continues to exist. However, victims have not spoken out or filed reports. Organ trafficking is a tough crime, and it is almost impossible for law enforcement to get involved (E9234).

Organ trafficking, an illegal and well-organized network, has become a successful business worldwide. The trafficked organs go through numerous hands and often end up in reputable places, both private and public hospitals. In reality, nobody is watching the hospitals and medical personnel that would perform the organ transplantation procedures and how they get their supply of organs. It is hard to imagine that the doctors, hospitals, and administration would not be able to figure out that the organ supply, at least a portion of it, is coming from non-reputation sources. Conversely, from a law enforcement perspective, a state legislature stated that the criminal justice system currently deals with its lack of statutes, lack of penalties, and lack of reporting. For instance, it allows these transactions to occur unnoticed without prosecution (L7112). A senior law enforcement officer with more than 20 years of experience raises major concerns about this particular crime.

> Primarily in the United States, the average law enforcement official is overburdened with popular crimes, such as bank robberies, assaults, homicides, etc. These types of crimes are serious victimization. However, for the crime of human organ trafficking, the average law enforcement officer is not trained to enforce the crime. Specifically, the sophisticated method to detect that type of crime is not because of experience. We would look for the most obvious form of trafficking, human trafficking, where we can see it. We try to bring in victims from any prostitution, any brothel, any forced labor because those are tangible things that officers can see and recognize, and the victim can speak out. Unfortunately, it is hard to have organ trafficking victims speak out since most of them either died or kept silent from being retaliated by organized crime groups. Human organ trafficking is a major issue with the detection of the law enforcement because we must use prosecutors, detectives, and other internal investigative agencies from the attorney general's office to come in and look at the serious detection. We should also reach out to our congressional members and legislators at stated and federal levels to create new legislation and make it a criminal act (E1190).

Question 2 – *How do the many makeshifts operating houses where medical procedures for trafficked organs take place go undetected by law enforcement?*

There are many makeshift operating houses where medical procedures for trafficked organs occur. Often, they go undetected by law enforcement because of two reasons:

(1) The doctors who perform the transplant procedures are well compensated. They know that the risk of getting caught is high, so they put themselves in a very sheltered environment away from most of the mainstream and inner-city type locations.

(2) The clients, who use these transplant services, have enough liquid assets and monetary income to travel to assigned settings. Because of their self-interest, they choose not to report an illegal medical procedure no matter how and where organs have been trafficked or taken out of a harvested format. (L2229)

However, prosecutors have different points of view. Based on what the participant knows about human nature and law enforcement activities, organs are received by transplanted and reputable hospitals without the detection of the law enforcement because (a) there is not enough focus from the law enforcement and legal community on this particular issue to work this out, and (b) more important, there is a willingness, on the part of doctors and medical facilities that do not require enough documentation and certainty as to where human organs come from (P8808).

Like the crime of organ trafficking, there are many crimes such as selling illicit drugs, performing illegal abortion procedures, and so on, that take place within their towns, cities, stated, or nations. From a law enforcement perspective, these activities go undetected by law enforcement due to short staffing. The ratio of law enforcement officers to the world population is 1 out of 10,000, or even 100,000, depending on how large or small the geographical area is. It is not easy unless the public themselves reports about something going on in their neighborhoods or communities. Otherwise, it is not easy to know, and even once the law enforcement agency finds out about it, it takes a lot

of time to detect and ensure that one can try to stop the group or organization behind the crime. Officer 1007 stated that law enforcement is just a part of the "puzzle." They are not the big dogs who run the entire show. Unfortunately, they cannot enforce laws concerning human organ trafficking and other related crimes in the book when politics are somehow involved, from city ordinances to state and federal laws. The laws are in place in the country right now, but they are insufficient to deter or enforce the crime adequately. Hence, if there are no solid criminal statutes, the crime of organ trafficking will flourish and continue to grow (A4766).

In defense of law enforcement, a legislator explains:

> Law enforcement agencies' resources are stretched pretty thin with the crime of human trafficking alongside other crimes and issues they are dealing with. The crime of human organ trafficking is not a low-priority issue. It is just a crime that law enforcement officers have very little awareness and training in. It is hard to detect since the crime has gone through many hands and has taken place where illegal activities would never be expected, such as hospitals, clinics, urgent care, and so on. (L1291)

It is a matter of catching the media's attention and educating law enforcement on how human organ trafficking is committed. It is tough when domestic and international medical institutions, the most powerful corporations, are involved and play a significant role in the criminal process. Also, it is challenging going after medical corporations since one would have to deal with their lobbyists and everything along those lines. The crime of human organ trafficking happens in most "under the ground" places. It is new to most people out there, but in reality, it does exist. There are many indicators and training for

law enforcement to identify them. However, having difficulties working with other law enforcement agencies on any given number of crimes, including human organ trafficking, is the biggest challenge.

Question 3 – *Why is it so difficult for law enforcement agents to detect related financial activity and follow a money trail that could lead to human organ trafficking networks and facilities?*

Detecting financial activity has gotten more difficult for illicit activities, including human organ trafficking, with the rise of the "dark web" (E1337). For instance, organ recipients do not care where the organs originally came from. All they want is that they can get the vital organs that will keep them alive. Law enforcement should acknowledge how monetary sources are being laundered and are not going through the typical banking systems. In reality, there are ways that money laundering can occur domestically and internationally. The cash flow, the creation of cryptocurrency and bitcoins, and so on, have made tracking the trafficking financial activity process more complicated.

Law enforcement officials are not informed about trafficked organs and illegal transplant procedures. Judge 7170 suggested:

> I think it goes back to educating law enforcement on how they can discover organ trafficking. When we are talking about financial activity and trying to detect financial activity, law enforcement has to go through certain steps to even get to that point, such as subpoenas needing to be issued for financial information. Still, there must be some complaint or knowledge of a criminal activity taking place right now. The first step in fixing this issue is starting

> with the legislator and ensuring there must be stricter statutes that allow criminal justice officials to prosecute this particular crime potentially.

Just from looking at the legal field, most organizations and agencies are not aware of organ trafficking, how trafficked organs are transported domestically and internationally, how close the relationship between organized crimes and medical institutions is, how victims are lured to the trafficking rings, how organ transplant procedures are performing under-the-ground, and so on. Participant 9234 stated that law enforcement agencies do not have a "crystal ball." If no one files a report about something going on, it is difficult for law enforcement to do anything. There is an urgent need for specialized training at state and federal levels to be proactive and enforce human organ trafficking. E9234 said:

> We need more help, more education in law enforcement about this type of crime to look into it. I am sure organ trafficking is going on. But like I said, we do not know about it because people are not coming forward to give us the information. We need to have probable cause or knowledge to find out where that money has come from, go after the right person, follow the evidence, and so on.

However, the prosecutor's perspective leans more toward a political view. Participant P7000 mentions that for human trafficking, things such as drugs, gangs, and so on, are very easy for politicians, chiefs of police, and district attorneys to get behind themselves. In reality, politicians are focused on violent crimes, property crimes, and so on because everyone votes and fully supports political platforms, so it is not hard to be against and condemn those illegal activities. How can politicians spend on resources and

highlight the issues of human organ trafficking when corrupted organizations and corporations support them at the end of the supply and demand chain? Sometimes they are the ones that need those illegitimate organs for themselves and thus, do not want other politicians to create any task force to address this particular crime.

For Texas, in particular, the crime of human organ trafficking is only a class A misdemeanor. The perpetrators receive a substantial financial benefit from engaging in the trafficking of organs while the risk is low. Law enforcement agencies only focus on felonies instead of misdemeanors due to short of staffing and resources. So, it appears to the public that the crime organ trafficking is not a serious crime. In addition, there has not been sufficient interest or money tossed at the law to make it viable to investigate. According to P8808:

> I do not believe the local law enforcement is getting paid off. I refuse to believe that because they believe they are looking for a needle in a haystack. Suppose they were to go out and start working on cases independently. Due to the short staffing and lack of resources, it is tough for any law enforcement agency to create a task force to combat the crime of human organ trafficking.

Question 4 – *Trafficked human organs can cost up to hundreds of thousands of dollars, so how do benefactors of trafficked organs keep their crimes hidden from the public?*

Human organ trafficking is similar to the Ponzi scheme which Bernie Madoff ran for decades. It is a form of fraud that made headlines worldwide by luring investors. The Ponzi scheme paid profits from new investors to old investors, leading victims to believe that profits came from legitimate business activity. It maintained the illusion of a

sustainable business as long as most investors did not demand full repayment and still believed in the non-existent assets they were purported to own. Madoff ran a multibillion-dollar Ponzi scheme without anybody knowing how he took in hundreds of millions of dollars from investors. Like the Ponzi scheme, the crime of organ trafficking has been hidden from the public for years and benefited every single "player" within its networks, such as traffickers, medical officials, organ recipients, and so on. The trafficked organs are worth hundreds of thousands of dollars, and due to the demand and supply market, the crime goes undetected by governmental agencies since no complaints or reports have been filed (J7170).

Unlike property or violent crimes, organ trafficking networks exist in the shadows, and people somehow get involved in the crime without other options: live or die. It is a difficult choice that moral people have to make. Desperate organ recipients often get into the black market without asking any questions. Said Participant 7000, "I do not want to know where the organ came from. All I want to know is if it is a matched organ for me or not. I am willing to do whatever it takes to survive." Participant 7000 also shares the true story about his friend, a law enforcement officer diagnosed with liver cancer. Between life and death, should a law enforcement officer put his name on the waiting list for organ donations without hope or dig into the black market and find a matched organ to survive? Everyone is social- and politically-minded, including politicians and law enforcement officers. There are many questions they have to consider, such as, "If I got it from the black market, how could it hurt my career morally and ethically?" and "How do I tell people where I got it from?" The push and the change would have to come politically, whether from local, state, or federal agencies, but will

that happen? Probably not. How is the public going to react to this? The politicians would have to respond to the public outcry to make them believe that this is something that the government has been spending time and resources on. Is it politically expedient for law enforcement to stop the illegal organ market? It is not politically expedient for law enforcement, federal or state, to be happy with stopping this type of crime since everybody has somehow been involved in the market. Nobody wants to say that, but is that the brutal truth? Probably.

Another reason people do not report the crime of organ trafficking is that it often involves money laundering activities. Like crimes involving drugs and smuggling, criminals usually hide tens or hundreds of millions of dollars. Most of their financial transactions are cash offers or processes that turn a large amount of "dirty" money into legitimate sources. The benefactors usually keep cash under the radar by not depositing their transactions where the crime occurs and instead using oversea banking systems. In addition, the United States law does not apply to most of the procedures that happen outside of the U.S. governing boundaries. There must be cooperation between the United States, UN, and Third World countries to create standardized statutes that hold traffickers accountable (A4766).

A prosecutor shares his insight about Health Insurance Portability and Accountability Act (HIPAA) regulations, illustrating why law enforcement feels "paralyzed" and cannot dig deeper into organ trafficking investigations. Medical ethics rules, known as HIPAA, usually require doctors and their staff to keep patients' medical records confidential unless the patient allows the doctor's office to disclose them. The HIPPA Privacy Rule, or protected health information (PHI), also protects all

"individually identifiable health information" held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper, or oral. The Privacy Rule calls this information "protected health information (PHI)." P7170 stated there is an urgent need to modify the HIPPA regulations to have a legitimate source of organ supply within medical institutions. Like rape and sexual assault cases, doctors must cooperate with law enforcement by notifying and reporting any probable suspicious causes instead of withholding evidence or following the protected health information policy and keeping the crime hidden from the public. According to Sheriff 9234:

> Law enforcement agencies do not have enough information about this particular crime. We need information from the public, from individuals victimized to doctors who perform the transplant procedures. They need to come forward. If they see something, say something. It is hard for us to enforce the crime if they do not report anything.

A state legislator also shares his insight about hidden trafficked organ activities in reality. The United States legal system currently charges organ trafficking as a misdemeanor in certain jurisdictions. The big difference between felony and misdemeanor cases is that law enforcement usually does not perform an in-depth investigation. Most prosecutors rarely take this case due to short staffing and resource waste. Said L1291:

> Truthfully, I do not mean to say that it is not important. I do not mean to. It would be best if we think human organ trafficking is crucial. The problem, however, is that if the prosecutor could prosecute a trafficker with a felony and put them behind bars, at least in prison for years, that is

> going to be a more straightforward case to deal with. On the other hand, if the prosecutor were to charge the trafficker with a fine or 190 days in jail, the trafficker would be out and continue to make profits for the crime, which would be a waste of resources. I think it is time for the law to change organ trafficking from a misdemeanor to a felony. It would likely enhance the opportunity for law enforcement to get a little more involved in this matter.

Question 5 – *How much impact do those who benefit from human organ trafficking have on preserving weak federal and state laws that do nothing to prosecute such crimes?*

First, U.S. laws concerning human organ trafficking are extremely weak. It is difficult to prosecute the crime in the first place. E1337 and J2649 stated that the laws are ineffective because there is not a lot of knowledge from the general public on the dangers and prevalence of this criminal activity. The first goal would be to increase public understanding, reach out to legislators to pass stricter laws, and provide specialized training for law enforcement to help identify and enforce the crime. Sharing the same perspective, P7000 pinpoints how local agencies lack oversight, especially financial resources, where elected officials make daily decisions about how they will spend their time and funding. Although most government agencies have multiple specialized divisions such as narcotics, child abuse, domestic violence, gangs, animal cruelty, and so on, there is none for the crime of human organ trafficking. P7000 stated:

> My background in prosecution is focused on homicides, robberies, burglaries, assaults, etc. I will confess that I have not seen an organ trafficking case. Organized crimes, corrupted health care industries, and

> wealthy individuals have little to no influence over prosecution. That is because I believe in the integrity of elected officials, chiefs of police, and district attorneys to do the right thing in every situation, whether somebody is looking at them and their decisions or not. I do not think organized crime directly influences law enforcement officials either.

Prosecutors 2181, 4242, and 6180 also express their insights clearly that justice should be served for the crime of human organ trafficking. It would have zero impact on whether they should prosecute the case or not. P2181 stated, "If someone wealthy comes in front of me, I will do what I believe is right because I took the oath to be an ethical prosecutor. In my experience with prosecutors, I have worked with those who took oaths to make sure justice is served and put criminals behind bars for their crimes. J7170, a judge and also a former prosecutor, provides his perspective as below:

> I do not think an organized crime has anything to do with whether the organ trafficking case is being prosecuted or not. I do not think health care industries or wealthy individuals can pressure prosecutors either. Yes, I agree that they come up and try to throw their wealth and power around to influence people not to do certain things. I have seen that occur, but I think there is very little influence over organ trafficking crimes being prosecuted locally. However, I am not saying that does not occur in large cities such as New York, Los Angeles, Houston, Miami, etc., where organized crimes control most criminal activities.

In contrast, law enforcement officer E1007 has a different point of view. From his experiences, law enforcement cannot thoroughly enforce the law. It is not only about how

serious the crime of organ trafficking is or how it impacts societies and its victims negatively. It is also about other "pieces" of the penal codes because of the politics involved somehow around the crime, from a city ordinance to state laws and federal statutes. He said:

> I do not want to go on a different rampage, but what is happening in the country right now? We have laws in place, but those laws are not being enforced. It is not a concern for law enforcement officers or the agencies dealing with this particular crime. However, there is a major concern about corrupted politicians, health care officials, and influenced wealthy individuals hidden behind the curtains, who somehow do not allow the law enforcement agents to uncover the truth to stop what is happening in a country.

Human organ trafficking is a hidden crime, and it is hard to identify its criminal activities. Money is always an issue. Different people who partake in HOT benefit in their ways, whether monetarily or by acquiring trafficked organs. In particular, wealthy individuals go out on their own to acquire organs illegally around the system by hiring private health care officials to perform the organ transplant procedures, which is just horrible to think about. Every "player" gets paid, and organized crime cannot stop preying on vulnerable victims to gain such a huge profit (E1777). Currently, legally statutorily defined in the penal code prohibits operative conduct. Because they are on a state level, medical doctors follow their Hippocratic Oath per HIPPA regarding corrupted health care. Specifically, they know what they are doing and even encourage their patients to be organ donors. If the patients involuntarily want to become organ donors,

they will release the patient's information to organ recipients' family members who seek vital organs for their loved ones. The hidden marketing for organs creates financial frauds for the money to be painted at a medical professional in a way that will go undetected. For instance, the wealthy will do whatever it takes to get a matched organ. Since the laws are not strict enough to enforce the crime, they can benefit themselves while taking away organs from vulnerable victims, in other words, sacrificing someone's life so the organ recipient can live much longer. Criminal justice officials should be well educated to identify the crime, hold individuals who commit the crime accountable regardless of their socio-economic, political, religious beliefs, and so on. It is time to stop the devastation of human organ trafficking (E2290). State legislators should focus on the actual conditions of human organ trafficking, understand the issue, understand what laws are in place, and continue to highlight and strengthen the statutes. Once the laws are passed, people involved in human organ trafficking will find it difficult to hide. There is a more significant focus that state legislators are putting on human organ trafficking, especially in areas that rank among the worst in the country (L7112).

Convergent Mixed-Methods Results

Research Question - *Does the qualitative data help explain the results from the initial quantitative phase of the study?*

After reporting the first two-phase exploratory sequential mixed methods, which include investigating quantitative and qualitative data of human organ trafficking and its factors, the mixed method results are interpreted thoroughly in the paragraph below.

Statistically, there is a positive relationship between human organ trafficking and economic and social globalization. However, the study's investigation cannot find any

association between the trafficked organs and political globalization. By having in-depth interviews with selected research participants, 72% of participants both “Agree” and “Strongly Agree” that there is an association between human organ trafficking and economic, political, and social globalization; 17% stated that they “Neither Disagree nor Agree” with the statement, and only 11% “Strongly Disagree.”

After being asked how aware they are of human organ trafficking, 50% responded that they have heard of it, 39% knew a bit about it, while the remainder had no acknowledgment of the crime.

Table 5

Human Organ Trafficking vs. Economic, Political, and Social Globalization

	N = 18	Percentage
Strongly Disagree	2	11%
Disagree	0	0%
Neither Disagree nor Agree	3	17%
Agree	7	39%
Strongly Agree	6	33%

In addition, 56% got information on human organ trafficking from the news such as newspapers, international news channels, and online resources. Meanwhile, 44% got information from either non-fiction books, documentaries style movies on human organ trafficking, individual concerns, public health committee hearing, or education institutions. When asked how aware they are of specific ways to prevent the crime and provide assistance to victims, 33% reported that they had not been made aware of ways they can help. However, 28% would take action if they knew more about it. The same percentage of participants have heard of a few ways but haven’t actively done much, while only 11% made their conscious efforts to do so.

Table 6

The Awareness of the Crime of Human Organ Trafficking

	N = 18	Percentage
I know a lot about it	0	0%
I know a bit about it	7	39%
I've heard of it	9	50%
I know nothing about it	2	11%

Table 7

Sources of Information about Human Organ Trafficking

	N = 18	Percentage
From the news	10	56%
From non-fiction books/documentaries	2	11%
From local organizations	0	0%
Others (such as education institutions, etc.)	6	33%

Table 8

The Awareness of Ways that Prevent Human Organ Trafficking and Help Its Victims

	N = 18	Percentage
Yes, and I make a conscious effort to do so	2	11%
Yes, I've heard but haven't actively done much	5	28%
No, but I would take action if I knew	5	28%
No, I haven't been made aware of	6	33%

Conclusion

Chapter 4 offers a convergent mixed methods design that investigates the relationship between the estimated number of trafficked organs and economic, political, and social globalization to generalize results to a population. The chapter then focuses on open-ended qualitative interviews to collect detailed views from selected research participants to help explain the initial quantitative data. The three phases of a convergent design were (a) analyzing the quantitative data collected based on their statistical results,

(b) analyzing the qualitative data collected by arranging them into broad themes, and (c) analyzing the integration, which consists of merging the results from the qualitative and the quantitative findings (Creswell & Creswell, 2017). For this study, the interpretation is written in a discussion section, while the results section reports on the findings from the analysis of the qualitative and quantitative databases. This study aims to pay adequate attention to the variables associated with human organ trafficking that makes it internationally rampant.

According to the findings, globalization, a double-edged sword, depicts various country changes. On the one hand, globalization brings multiple economic, political, and social benefits. For instance, the advancement of globalization accelerates goods, ideas, and people, allowing them to flow more freely across borders. On the other hand, there are some costs driven by the development of globalization, such as how international human organ trafficking has recently increased with the advent of globalization. Previous studies found that human organ trafficking has gotten significantly worse because of globalization factors. However, this study's findings show how economic and social globalization are positively linked to international human organ trafficking. Specifically, as economic and social globalization increase, the number of trafficked organs decreases except for political globalization. A country involved in various international organizations' rules and regulations should be a barrier to organ trafficking.

This conclusion is significant for government policymakers since they need to understand the dark side of globalization, otherwise known as human organ trafficking. They should consider these factors when creating policies concerning the regulation of human organ trafficking.

CHAPTER 5

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Human organ trafficking is prohibited worldwide, yet there are increasing reports of this crime. This chapter discusses policy implications and recommendations for preventing the crime of organ trafficking. Even though many countries have implemented proper legislation against this crime, there is still little to no information concerning organ trafficking and a lack of legislative response. In addition, transplant professionals and governmental organizations are unaware of the crime and thus cannot detect it. As a result, there is an urgent need to develop a structured and practical plan to combat the crime of human organ trafficking, which harms vulnerable individuals physically and psychologically. This chapter concludes with the policy implications and recommendations for reducing corruption and making strict laws to stop organ trafficking, increase legally obtained organ supply, create laws to punish those held responsible severely, and create laws requiring everyone, especially medical doctors, to inform authorities immediately of any suspected trafficked organs.

Limitations and Delimitations

The biggest challenge in a convergent mixed methods is merging quantitative numeric databases with qualitative text databases since doing so is counterintuitive. The two databases can be merged in multiple ways, such as a side-by-side comparison, data transformation, or a joint display of data, according to Creswell and Creswell (2017). For this study, a side-by-side comparison is applied. First, the quantitative statistical results are reported before the qualitative findings are discussed to confirm or deny the

quantitative data. Validity must be based on both quantitative and qualitative validity. However, using the convergent approach comes with potential threats to validity. Having unequal sample sizes may result in less qualitative data being represented than the larger sample for quantitative data. There may be incomparable and difficult-to-merge findings since there are different quantitative and qualitative data variables (Creswell & Creswell, 2017).

Another limitation to using a side-by-side comparison is that it does not produce a clear convergent or divergent case. There can be conflicting differences across concepts, themes, and scales. If divergence occurs, some steps need to be taken for follow-up, such as the researcher explicitly stating that divergence is a limitation in the study, and thus there is no need for further follow-up. This approach would be considered a weak solution, however. Instead, the researcher should return to the analyses and further investigate the quantitative and qualitative databases, gather more information to clarify any differences, or conclude that the results from either database are limited.

Mixed methods research also has some other limitations, such as: (a) it can be very complex, (b) it is more expensive and more time-consuming to plan and implement, and (c) it requires more expertise to collect, analyze data, and interpret the results.

Policy Implications

Trafficking in human organs must be prohibited and criminalized. Although there already exists a legally binding agreement against human organ trafficking, the organ trafficking market is still rising worldwide. It is time to:

(1) strengthen criminal laws to enforce the prohibitions of unethical and criminal practices of organ trafficking and remove any loopholes that encourage corruption;

(2) create organ trafficking task forces with specific training and guidance to cooperate with other governmental agencies in addressing the crime;

(3) legalize the commercial sale of organs market with rules and regulations;

(4) develop a legal framework to regulate organ donation and transplantation activities;

(5) impose mandatory reporting requirements on health care professionals who suspect organ recipients have obtained trafficked organs;

(6) create a transparent system to protect both organ donors and recipients;

(7) ban all types of advertising, including electronics, print media, or brokering, for organ removal; and

(8) raise public awareness of the severity of organ trafficking by providing education modules within communities and creating a hotline system in which citizens can contact and report any suspicious activities.

Recommendations

Governmental Agencies

Strengthening the effectiveness of the government officials involved in organ transplantation may significantly reduce the crime of human organ trafficking and protect its potential victims. First, government agencies should develop and implement ethical clinical programs to prevent and treat organ failure to reduce the chronic conditions that lead to organ failure. Ways to minimize organ scarcity include: (a) increasing deceased

organ donations, (b) creating a regulated market of organs, and (c) developing alternative sources of transplantable organs using advanced biotechnology such as organ cloning, stem cell theory, and xenotransplantation (Lobasz, 2009; Delmonico, 2011; Steering Committee of the Istanbul Summit, 2008; Scheper-Hughes, 2007).

The two practical approaches that Aronowitz and Isitman (2013) proposed should also be considered seriously. One was implementing an "opt-out system" or "presumed consent" to increase the supply of organs through a regulated market. The other was establishing a legal framework that upheld the principle of financial neutrality to support implementing a transparent and efficient system to assist living donors in being aware of their rights, avoiding out-of-pocket costs, and receiving effective post-operative care.

Furthermore, it is important to create necessary infrastructures to support legitimate organ transplantations, such as intensive care facilities, transparent transplant registries, and so on.

Non-governmental Organizations

To assist organ trafficking victims of the crime, non-governmental organizations such as the WHO, World Health Assembly (WHA), Coalition to Abolish Slavery and Trafficking (CAST), and others, should do the following:

- use the available tools and methodologies to identify and assist victims of human organ trafficking;
- receive support from public authorities;
- implement a pro-active approach to help with victim identification;
- assure the protection of privacy and coordinate legal assistance for organ trafficking victims; and

- promote medical follow-up of organ trafficking victims.

Criminal Justice Practitioners

To investigate and prosecute the crime of organ trafficking effectively, law enforcement agencies must adhere to the trafficking protocol regulations. A coordinated, pro-active approach should be developed and include the following:

- the development of organ trafficking indicators;
- regular professional training;
- the strengthening of existing organ trafficking networks; and
- the circumstances in which they are obligated not to punish victims of human organ trafficking involved in unlawful activities due to reasons such as being subjected to trafficking or risking criminal liability for selling organs (OSCE, 2013, p. 49).

Health Professionals

Medical professionals involved in organ transplantation should establish transparent donation systems to help prevent human organ trafficking and protect the victims. Ethically, health care professionals should do the following:

- be well trained in identifying potential victims of human organ trafficking;
- refrain from directly getting involved in human organ trafficking in any way;
- discourage waitlisted patients from getting illicit organs;
- inform patients about the severity of human organ trafficking and its exploitative nature.

The transplant authorities should supervise all transplant activities carried out in national and international territories. A regulated transplantation system should include the following:

- issuing Codes of Ethics in transplanting organs;
- development of a system that can track organs from the time it is donated to them being transplanted; and
- establish of an organ donor registry with a transparent transplant waiting list.

Healthcare Institutions and Transplant Centers

Health care institutions and transplant centers should contribute to the prevention of human organ trafficking by doing the following:

- implementing transparent protocols and evaluations concerning the organ transplantation process;
- appointing social workers to assist the donors throughout the evaluation procedure; and
- requiring the donors' medical documentation, such as a primary physician, medical history, health insurance policy, and the donor-recipient relationship from the given supply countries.

Victims of Human Organ Trafficking

Victims of human organ trafficking should be protected from being punished or detained for partaking in criminal activities they have committed due to being subjected to trafficking (OSCE, 2013, p. 16-23).

Conclusion

Human organ trafficking, which involves the exploitation, coercion, and illegal purchasing or selling of organs, has become a primary concern. According to Cherry (2015), Cohen (2013), Matesanz and Miranda (1996), Pattison (2008), Scheper-Hughes (2007), Scheper-Hughes (2016), and Taylor (2017), the crime of human organ trafficking violates the human dignity's principle of justice and respect, objectifies and dehumanizes the trafficked individual, commoditizes organ procurement and transplantation, damages the medical profession's integrity, undermines the public trust in organ transplantation, and has harmful consequences for the trafficked individuals and organ recipients.

This study sheds light on the crime of human organ trafficking and policy implications by using a convergent mixed methods approach. The crime of human organ trafficking must be seriously addressed from legal, medical, and ethical perspectives. Due to the lack of literature, insufficient data, and absence of organ trafficking offenses in the current criminal law, it is impossible to fully investigate the practice. There is still so much work to be done to combat the threat of this particular crime on the stability and safety of individuals and nations. Future research is also needed to refine and expand on the understanding of the crime of organ trafficking from different perspectives.

REFERENCES

REFERENCES

Abboud, O., Abbud-Filho, M., Abdramanov, K., Abdulla, S., Abraham, G., Abueva, A. V., …& Yuldashev, U. (2008). The declaration of Istanbul on organ trafficking and transplant tourism. *Clinical Journal of the American Society of Nephrology, 3*(5), 1227-1231.

Abbuh-Filho, M., Campos, H. H., Garcia, V. D., & Pestana, J. O. M. (2006). Response to 'Payment for donor kidneys: Only cons. *Kidney international, 70,* 603-609.

Abdelayem, H. M., Salama, I., Soliman, S., Gameel, K., Gabal, A. A., El Ella, K. A., & Helmy, A. (2008). Patients seeking liver transplant turn to China: outcomes of 15 Egyptian patients who went to China for a deceased-donor liver transplant. *Experimental and clinical transplantation: official journal of the Middle East Society for Organ Transplantation, 6*(3), 194-198.

Abouna, G. M. (2008, January). Organ shortage crisis: problems and possible solutions. In *Transplantation proceedings* (Vol. 40, No. 1, pp. 34-38). Elsevier.

Act, T. V. P. (2000). Victims of trafficking and violence protection act of 2000. *United States.*

Adair, A., & Wigmore, S. J. (2011). Paid organ donation: the case against. *The Annals of The Royal College of Surgeons of England, 93*(3), 191-192.

Adams, A. E. (1998). Gringas, ghouls and Guatemala: the 1994 attacks on North American women accused of body organ trafficking. *Journal of Latin American Anthropology, 4*(1), 112-133.

Adamu, B., Ahmed, M., Mushtaq, R.F., & Alshaebi, F. (2012). Commercial kidney transplantation: Trends, outcomes and challenges—A single-centre experience. *Annals of African Medicine, 11*(2), 70-74.

Ahmed, R. (2002). India might be world's leading human organ market. *Times New Network.*

Akoh, J. A. (2012). Peritoneal dialysis associated infections: an update on diagnosis and management. *World journal of nephrology, 1*(4), 106.

Allain, J. (2011). Trafficking of persons for the removal of organs and the admission of guilt of a South African hospital. *Medical Law Review, 19*(1), 117-122.

Allison, K. (2006). Boundaries and Bodies: Cultural and Religious Perspectives (Connecting Terms and Times).

Alnour, H., Sharma, A., Halawa, A., & Alalawi, F. (2021). Global practices and policies of organ transplantation and organ trafficking. *Experimental and clinical transplantation.*

Amahazion, F. (2016). Epistemic communities, human rights, and the global diffusion of legislation against the organ trade. *Social Sciences, 5*(4), 69.

Amahazion, F. F. (2016). Human rights and world culture: The diffusion of legislation against the organ trade. *Sociological Spectrum, 36*(3), 158-182.

Ambagtsheer, F. (2014, July). Tackling Transplant Tourism: What Will Work? In *World Transplant Congress, Moscone Convention Center, San Francisco, CA, USA* (pp. 27-30).

Ambagtsheer, F. (2020). Combating human trafficking for the purpose of organ removal: lessons learned from prosecuting criminal cases. *The Palgrave International Handbook of Human Trafficking,* 1733-1749.

Ambagtsheer, F., & Weimar, W. (2012). A criminological perspective: why prohibition of organ trade is not effective and how the Declaration of Istanbul can move forward. *American Journal of Transplantation, 12*(3), 571-575.

Ambagtsheer, F., & Weimar, W. (2016). Organ trade: Knowledge, awareness, and nonlegislative responses. *Transplantation, 100*(1), 5-6.

Ambagtsheer, F., Gunnarson, M., De Jong, J., Lundin, S., Van Balen, L., Orr, Z., & Weimar, W. (2014). Trafficking in human beings for the purpose of organ removal: a case study report. *The HOTT Project, 91*.

Ambagtsheer, F., Zaitch, D., & Weimar, W. (2013). The battle for human organs: Organ trafficking and transplant tourism in a global context. *Global Crime, 14*(1), 1-26.

Anker, A. E., & Feeley, T. H. (2012). Estimating the risks of acquiring a kidney abroad: a meta-analysis of complications following participation in transplant tourism. *Clinical transplantation, 26*(3), E232-E241.

Aronowitz, A. A. (2009). *Human trafficking, human misery: The global trade in human beings.* Greenwood Publishing Group.

Aronowitz, A., & Isitman, E. (2013). Trafficking of human beings for the purpose of organ removal: Are (international) legal instruments effective measures to eradicate the practice?. *Groningen Journal of International Law, 1*(2).

Awaya, T., Siruno, L., Toledano, S. J., Aguilar, F., Shimazono, Y., & De Castro, L. D. (2009). Failure of informed consent in compensated non-related kidney donation in the Philippines. *Asian Bioethics Review, 1*(2), 138-143.

Bachman, R., & Schutt, R. K. (2013). *The practice of research in criminology and criminal justice.* Sage.

Bagheri, A. (2016). Child organ trafficking: global reality and inadequate international response. *Medicine, Health Care and Philosophy, 19*(2), 239-246.

Baker, P. (2002). In struggling Moldova, desperation drives decisions: Europe's poorest country is major source of human organ sellers and women lured to sexual slavery. *Washington Post,* A14.

Barrows, J., & Finger, R. (2008). Human trafficking and the healthcare professional. *Southern medical journal, 101*(5), 521-524.

Barsoum, R. S. (2008). Trends in unrelated-donor kidney transplantation in the developing world. *Pediatric nephrology, 23*(11), 1925-1929.

Basu, G. (2014). Concealment, corruption, and evasion. A transaction cost and case analysis of illicit supply chain activity. *Journal of Transportation Security, 7*(3), 209-226.

Beauchamp, E., Clements, T., & Milner-Gulland, E. J. (2018). Exploring trade-offs between development and conservation outcomes in Northern Cambodia. *Land Use Policy, 71*, 431-444.

Berlin, I. (2013). *Karl Marx: Thoroughly Revised Fifth Edition.* Princeton University Press.

Bernasco, W. (2010), A sentimental journey to crime effects of residential history on crime location choice. *Criminology, 48*(2), 389-416.

Bernasco, W. (2014). Crime journeys: Patterns of offender mobility. In Tonry, M. (ed) *Oxford Handbooks Online in Criminology and Criminal Justice*. Oxford University Press, Oxford, available at: http://www.oxfordhandbooks.com/view/10.1093/oxfordhb/9780199935383.001.0

001/oxf or dhb-9780199935383-3-49?rskey=dpaxVA&result=1 (accessed 4 May 2021).

Biggins, S. W., Bambha, K., Terrault, N., Inadomi, J., Robert, J. P., & Bass, N. (2009). Transplant tourism to China: The impact on domestic patient-care decision. *Clinical transplantation, 23*(6), 831-838.

Bilgel, F. (2011). The law and economics of organ procurement. Rotterdam: Rotterdam.

Birks, D., Townsley, M., & Steward, A. (2012). Generative explanations of crime: using simulation to test criminological theory. *Criminology, 50*(1), 221-254.

Bowden, J. (2013). Feeling empty: Organ trafficking & trade: The Black Market for Human Organs. *Intercultural Human Rights Law Review, 8*, 451-495.

Bramstredt, K. A., & Xu, J. (2007). Checklist: passport, plane ticket, organ transplant. *American Journal of Transplantation, 7*(7), 1698-1701.

Brantingham, P., & Brantingham, P. (2008). Crime pattern theory. In Wortley, R. and Mazerolle, L. (eds.) *Environmental Criminology and Crime Analysis*, Routledge, Oxon, pp. 78-93.

Bruckert, C., & Parent, C. (2002). *Trafficking in human beings and organized crime: A literature review* (pp. 1-35). Ottawa: Research and Evaluation Branch, Community, Contract and Aboriginal Policing Services Directorate, Royal Canadian Mounted Police.

Bruckmuller, K. (2014). Trafficking in Body Parts (Organs). *The Encyclopedia of Criminology and Criminal Justice*, 1-6.

Budiani, D. (2007). Facilitating organ transplants in Egypt: An analysis of doctors' discourse. *Body & Society, 13*(3), 125-149.

Budiani, D. A., & Karim, K. (2008). The social determinants of organ trafficking: a reflection of social inequity. *Social Medicine, 4*(1), 48-51.

Budiani-Saberi, D. (2012). Human trafficking for an Organ Removal (HTOR): a call for prevention, protection, investigations, and accountability. In *Briefing before the Tom Lantos Human Rights Commission United States Congress.*

Budiani-Saberi, D. A. (2009). Organ trafficking and transplant tourism.

Budiani-Saberi, D. A., & Delmonico, F. L. (2008). Organ trafficking and transplant tourism: A commentary on the global realities. *American Journal of Transplantation, 8*(5), 925-929.

Budiani-Saberi, D., & Columb, S. (2013). A human rights approach to human trafficking for organ removal. *Medicine, Health Care and Philosophy*, *16*(4), 897-914.

Budiani-Saberi, D., & Mostafa, A. (2011). Care for commercial living donors: the experience of an NGO's outreach in Egypt. *Transplant International, 24*(4), 317-323.

Caplan, A., Dominguez-Gil, B., Matesanz, R., & Prior, C. (2009). Trafficking in organs, tissues and cells and trafficking in human beings for the purpose of the removal of organs—Joint council of Europe/United Nations study. *Strasbourg: Council of Europe/United Nations.*

Capron, A. M., & Delmonico, F. L. (2015). Preventing trafficking in organs for transplantation: An important facet of the fight against human trafficking. *Journal of human trafficking, 1*(1), 56-64.

Carmona, M., Alvarez, M., Marco, J., Mahillo, B., Dominguez-Gil, B., Nunez, J. R., & Matesanz, R. (2017). Global organ transplant activities in 2015. Data from the

Global Observatory on Donation and Transplantation (GODT). *Transplantation, 101*, S29.

Carnevali, E., Margiotta, G., Tommolini, F., Massetti, S., & Tasselli, G. (2015). Illegal Kidney Transplantation: The Utility of Genetics in the Fight Against Trafficking of Human Beings. *Forensic Res Criminol Int J., 1*(3), 00017.

Castells, M. (2008). The new public sphere: Global civil society, communication networks, and global governance. *The annals of the American academy of Political and Social Science, 616*(1), 78-93.

Chatauret, N., & Butterworth, R. F. (2004). Effects of liver failure on inter-organ trafficking of ammonia: implications for the treatment of hepatic encephalopathy. *Journal of Gastroenterology and Hepatology, 19*, S219-S223.

Cherry, M. J. (2015). *Kidney for sale by owner: human organs, transplantation, and the market.* Georgetown University Press.

Cho, H., Zhang, M., & Tansuhaj, P. (2009). An empirical study on international human organ trafficking: effects of globalization. *Innovative Marketing, 5*(3), 66-74.

Clay, M., & Block, W. (2002). A free market for human organs. *The Journals of Social, Political, and Economic Studies, 27*(2), 227.

Cohen, B. (2003, June). Incentives build robustness in BitTorrent. In *Workshop on Economics of Peer-to-Peer systems* (Vol. 6, pp. 68-72).

Cohen, I. G. (2013). Transplant tourism: the ethics and regulation of international markets for organs. *Journals of Law, Medicine & Ethics, 41*(1), 269-285.

Cohen, J. (1992). A power primer. *Psychological bulletin, 112*(1), 155.

Cohen, L. (1999). Where it hurts: Indian material for an ethics of organ transplantation. *Daedalus, 128*(4), 135-165.

Cohen, L. (2003). Where it hurts: Indian material for an ethics of organ transplantation. *Zygon®, 38*(3), 663-688.

Cohen, L. E., & Felson, M., (1979). "Social change and crime rate trends: A routine activity approach", American Sociological Review, Vol. 44, No. 4, pp. 588-608.

Corfee, F. A. (2016). Transplant tourism and organ trafficking: Ethical implications for the nursing profession. *Nursing ethics, 23*(7), 754-760.

Council of Europe. (2005). *Council of Europe Convention on Action Against Trafficking in Human Beings.* Council of Europe Pub.

Council of Europe. "Conventional against Trafficking in Human Organs." Adopted by the Committee of Ministers on 9 July 2014. Available online: https://www.coe.int/en/web/conventions/full-list/-/conventions/treaty/216 (accessed on 20 July 2021).

Creswell, J. W., & Creswell, J. D. (2017). *Research design: Qualitative, quantitative, and mixed methods approach.* Sage publications.

Creswell, J. W., Klassen, A. C., Plano Clark, V. L., & Smith, K. C. (2011). Best practices for mixed methods research in the health sciences. *Bethesda (Maryland): National Institutes of Health, 2013,* 541-545.

Dahlgren, P. (2000). The Internet and the democratization of civic culture. *Political communication, 17*(4), 335-340.

Dalal, A. R. (2015). Philosophy of organ donation: Review of ethical facets. *World journal of transplantation, 5*2), 44.

Danailova-Trainor, G., & Belser, P. (2006). *Globalization and the illicit market for human trafficking: an empirical analysis of supply and demand.* Geneva: ILO.

Danovitch, G. M., & Al-Mousawi, M. (2012). The Declaration of Istanbul—early impact and future potential. *Nature Reviews Nephrology, 8*(6), 358-361.

Danovitch, G. M., Chapman, J., Capron, A. M., Levin, A., Abbud-Filho, M., Al Mousawi, M., … & Delmonico, F. L. (2013). Organ trafficking and transplant tourism: the role of global professional ethical standards—the 2008 Declaration of Istanbul. *Transplantation, 95*(11), 1306-1312.

De Las Casas, R. (2008). Organ trafficking. *BMJ, 337.* doi: https://doi.org/10.1136/sbmj.0809296

Delmonico, F. L., Dominguez-Gil, B., Matesanz, R., & Noel, L. (2011). A call for government accountability to achieve national self-sufficiency in organ donation and transplantation. *The Lancet, 378*(9800), 1414-1418.

Dillinger, K. (2017). Characterization of the illicit organ trade globally. *Global Kidney Exchange: Analysis and Background Papers from the Perspective of Medical Anthropology*, 6.

Donovan, P. (2002). Crime legends in a new medium: Fact, fiction and loss of authority. *Theoretical Criminology, 6*(2), 189-215.

Dussich, J. P. (2006). Victimology—past, present and future. *Resource Material Series, 70,* 140-145.

Dyer, O. (2002). Organ trafficking prompts UK review of payments for donors. *BMJ, 325*(7370), 924.

Eck, J. E., & Weisburd, D. (1995). Crime places in crime theory. In Eck, J. E. and Weisburd, D. (eds), *Crime and place, crime prevention studies (Vol* 4), Willow Tree Press, Monsey, New York, pp. 1-33.

Efrat, A. (2013). Combating the kidney commerce: Civil society against organ trafficking in Pakistan and Israel. *British Journal of Criminology, 53*(5), 764-783.

Efrat, A. (2015). Professional socialization and international norms: Physicians against organ trafficking. *European Journal of International Relations, 21*(3), 647-671.

Efrat, A. (2016). Global efforts against human trafficking: The misguided conflation of sex, labor, and organ trafficking. *International Studies Perspectives, 17*(1), 34-54.

Epstein, M. (2009). Sociological and ethical issues in transplant commercialism. *Current opinion in organ transplantation, 14*(2), 134-139.

Epstein, M., & Danovitch, G. (2013). Organ donation and organ trafficking: from dangerous anarchy to problematic equilibrium. *Pediatrics and Child Health, 21*(11), 492-496.

Erin, C. A., & Harris, J. (2003). An ethical market in human organs. *Journal of Medical Ethics, 29*(3), 137-138.

Ernstrom, S. (2017). The declaration of Istanbul: The global impact. *Global Kidney Exchange: Analysis and Background Papers from the Perspective of Medical Anthropology*, 19.

Evans, R. W. (2008). Ethnocentrism is an unacceptable rational for health care policy: a critique of transplant tourism position statements. *American Journal of Transplantation, 8*(6), 1089-1095.

Falk, R. F., & Miller, N. B. (1992). *A primer for soft modeling.* University of Akron Press.

Fang, M., Roscoe, F., & Sigal., L. J. (2010). Age-dependent susceptibility to a vital disease due to decreased natural killer cell numbers and trafficking. *Journal of Experimental Medicine*, *207*(11), 2369-2381.

Finkel, M. (2001). This little kidney went to market.

Ford, D. H., & Ford, M. E. (2019). *Human as self-constructing living system: An overview* (pp. 1-46). Routledge.

Forsyth, A. (2017). Meeting an organ trafficker who preys on Syrian refugees. *BBC News,* 25.

Foster, T. W. (1997). Trafficking in human organs: An emerging form of white-collar crime? *International Journal of Offender Therapy and Comparative Criminology*, *41*(2), 139–150. https://doi.org/10.1177/0306624X97412004

Fox, R. C., & Swazey, J. P. (1992). Leaving the field. *Hastings Center Report, 22*(5), 9-15.

Francis, L. P., & Francis, J. G. (2010). Stateless crimes, legitimacy, and international criminal law: the case of organ trafficking. *Criminal Law and Philosophy*, *4*(3), 283-295.

Franco, J. (2013). *Cruel modernity.* Duke University Press.

Fraser, C. (2016). An analysis of the emerging role of social media in human trafficking: Examples from labor and human organ trading. *International Journal of Development Issues, 15,* 98-112.

Freeman, R. B. (2007). “Transplant tourism” in the United States?. *Transplantation, 84*(12), 1559-1560.

Fujita, M., Slingsby, B. T., & Akabayashi, A. (2010). Transplant tourism from Japan. *The American Journal of Bioethics, 10*(2), 24-26.

Garcia, G. G., Harden, P., & Chapman, J. (2012). The global role of kidney transplantation. *Kidney and Blood Pressure Research, 35*(5), 299-304.

Gawronska, S. (2018). A critical look at the Council of Europe Convention against trafficking in human organs and what it means for the global fight against organ-and-transplant-related crimes. *EuCLR European Criminal Law Review, 8*(3), 404-439.

Gawronska, S., Cales, L., & Van Assche, K. (2020). Double Prosecution of Illicit Organ Removal as Organ Trafficking and Human Trafficking, with the Example of Belgium. *European Journal on Criminal Policy and Research,* 1-22.

Ghods, A. J., & Nasrollahzadeh, D. (2005). Transplant tourism and the Iranian model of renal transplantation program: ethical considerations. *Experimental and clinical transplantation: official journal of the Middle East Society for Organ Transplantation, 3*(2), 351-354.

Ghods, A. J., & Savaj, S. (2006). Iranian model of paid and regulated living-unrelated kidney donation. *Clinical journal of the American Society of Nephrology, 1*(6), 1136-1145.

Gialopsos, B., & Carter, J. (2105). Offender searches and crime events. J*ournal of Contemporary Criminal Justice, 31*(1), 53–70. https://doi.org/10.1177/1043986214552608 Gift, U. N. (2009).

Global report on trafficking in persons. *Retrieved April 21, 2021*.

Gift, U. N. (2015). UN global initiative to fight human trafficking. *Human Trafficking: The Facts». Ikusi: http://www.unglobalcompact.org/docs/issues_doc/labor/Forced_labor/HUMAN_TRAFFICKING_-_THE_FACTS_-final.pdf.*

Glaser, S. R. (2005). Formula to stop the illegal organ trade: presumed consent laws and mandatory reporting requirements for doctors. *Human Rights Brief, 12*(2), 6.

Glazer, S. (2011). Organ trafficking can the smuggling of human organs be stopped. *CQ Researcher, 5*, 14.

Gonzalez, J., Garijo, I., & Sanchez, A. (2020). Organ trafficking and migration: a bibliometric analysis of an untold story. *International journal of environmental research and public health, 17*(9), 3204.

Goodey, J. (2008). Human trafficking: Sketchy data and policy responses. *Criminology & Criminal Justice, 8*(4), 421-442.

Goodwin, M. (2002). *Black markets: the supply and demand of body parts.* Cambridge University Press.

Goyal, M., Mehta, R. L., Schneiderman, L. J., & Sehgal, A. R. (2002). Economic and health consequences of selling a kidney in India. *Jama, 288*(13), 1589-1593.

Gracia, G., Cao, E., Johnston, A. P., Porter, C. J., & Trevaskis, N. L. (2020). Organ-specific lymphatics play distinct roles in regulating HDL trafficking and composition. *American Journal of Physiology-Gastrointestinal and Liver Physiology, 318*(4), G725-G735.

Grech, G. (2007). *Organ theft trafficking in the EU and international scenario* (Master's thesis, University of Malta).

Groff, E., Elesh, D., McGovern, D, & Johnson, L. (2014). Permeability across a Metropolitan area: Conceptualizing and operationalizing a macrolevel crime pattern theory. *Environment and Planning A: Economy and Space, 46*(1), 129–152. https://doi.org/10.1068/a45702

Grubb, D., & Bennett, K. (2012). The readiness of local law enforcement to engage in US anti-trafficking efforts: an assessment of human trafficking training and awareness of local, county, and state law enforcement agencies in the State of Georgia. *Police Practice and Research, 13*(6), 487-500.

Guth, A. P. (2010). Human trafficking in the Philippines: the need for an effective anti-corruption program. *Trends in organized crime, 13*(2), 147-166.

Hamed, M. O., Chen, Y., Pasea, L., Watson, C. J., Torpey, N., Bradley, J. A., …& Saeb-Parsy, K. (2015). Early graft loss after kidney transplantation: risk factors and consequences. *American Journal of Transplantation, 15*(6), 1632-1643.

Harmon, W., & Delmonico, F. (2006). Payment for kidneys: a government-regulated system is not ethically achievable. *Clinical Journal of the American Society of Nephrology, 1*(6), 1146-1147.

Harrington, C. (2006). Governing peacekeeping: the role of authority and expertise in the case of sexual violence and trauma. *Economy and society, 35*(3), 346-380. Retrieved online on April 21, 2021. https://www.ojp.gov/feature/human-trafficking/overview.

Harrison, T. (1999). Globalization and the trade in human body parts. *Canadian Review of Sociology/Revue Canadienne de sociologie, 36*(1), 21-35.

Hedidar, W. (2017). The US Department of State on Organ Trafficking. *Global Kidney Exchange: Analysis and Background Papers from the Perspective of medical Anthropology,* 23.

Heinl., M. P., Yu, B., & Wijesekera, D. (2019). A Framework to Reveal Clandestine Organ Trafficking in the Dark Web and Beyond. *Journal of Digital Forensics, Security and Law, 14*(1), 2. https://doi.org/10.15394/jdfsl.2019.1546

Hollis, M., Felson, M. and Welsh, B. (2013), "The capable guardian in routine activities theory: A theoretical and conceptual appraisal", Crime Prevention and Community Safety, Vol. 15 No. 1, pp. 65-79.

Holmes, P., Rijken, C., D'Orsi, S., Esser, L., Hol, F., Gallagher, A., … & Forsythe, J. (2016). Establishing trafficking in human beings for the purpose of organ removal and improving cross-border collaboration in criminal case: recommendations. *Transplantation Direct, 2(2), e58.* https://doi.org/10.1097/TXD.0000000000000571

Hopper, E. K. (2017). Trauma-informed psychological assessment of human trafficking survivors. *Women & Therapy, 40*(1-2), 12-30.

Hopper, E., & Hidalgo, J. (2006). Invisible chains: Psychological coercion of human trafficking victims. *Intercultural Hum. Rts. L. Rev., 1,* 185.

Huang, C. H., Hu, R. H., Shih, F. J., & Chen, H. M. (2011, June). Motivations and decision-making dilemmas of overseas liver transplantation: Taiwan recipients'

perspective. *Transplantation Proceedings, 43*(5), 1754–1756. https://doi.org/10.1016/j.transproceed.2011.03.029

Hutchison, T. W. (2013). *Positive economics and policy objectives.* Routledge.

Inston, N. G., Gill, D., Al-Hakim, A., & Ready, A. R. (2005). Living paid organ transplantation results in unacceptably high recipient morbidity and mortality. *Transplantation Proceedings, 37*(2), 560–562. https://doi.org/10.1016/j.transproceed.2004.12.178

Integrity, G. F. (2017). Illicit financial flows to and from developing countries: 2005-2014. *Washington, DC www.gfintegrity.org/wp-content/uploads/2017/05/GFI-IFF-Report-2017_final.pdf.*

Ionescu, C. (2005). Donor charged in Romania's first organ trafficking trial. *The Lancet, 365*(9475), 1918.

Iwanski, N., Frank, R., Dabbaghiam, V., Reid, A., & Brantingham, P. (2011). Analyzing an offender's journey to crime: A criminal movement model (CriMM). *European Intelligence and Security Informatica Conference*., 70-77. DOI:10.1109/EISIC.2011.13.

Jafar, T. H. (2009). Organ trafficking: global solutions for a global problem. *American Journal of Kidney Diseases, 54*(6), 1145-1157.

Jain, A., & Bansal, R. (2015). Applications of regenerative medicine in organ transplantation. *Journal of pharmacy & bioallied sciences, 7*(3), 188.

Jamrozik, A., & Nocella, L. (1998). *The sociology of social problems: theoretical perspectives and methods of intervention.* Cambridge University Press.

Jick, T. D. (1979). Mixing qualitative and quantitative methods: Triangulation in action. *Administrative science quarterly, 24*(4), 602-611.

Joralemon, D. (1995). Organ wars: The battle for body parts. *Medical Anthropology Quarterly, 9*(3), 335-356.

Josepsdottir, G. M. (2012). *Organ Trafficking and the State of Israel: The Battle for Human Organs* (Doctoral dissertation).

Kaelin, L. (2010). Organ donation as a question of justice: The UN/EU Report on Organ Trafficking in the Context of the Philippines. *Eubios Journal of Asian and International Bioethics, 20*(5).

Kalb, L., & Negri, S. (2017). The Criminal Justice Response to Organ Trafficking and Trafficking in Human Beings for Organ Removal. *Journal of Trafficking and Human Exploitation 2017*(2). DOI:10.7590/245227717X15090911046566

Kangaspunta, K. (2015). Was trafficking in persons really criminalized? *Anti-Trafficking Review,* (4). DOI:10.14197/atr.20121545

Kangaspunta, K., Sarrica, F., Johansen, R., Samson, J., Rybarska, A., & Whelan, K. (2018). Global Report on Trafficking in Persons 2018.

Kara, S. (2011). Supply and demand human trafficking in the global economy. *Harvard International Review, 33*(2), 66-71.

Kelly, E. (2013). International organ trafficking crisis: Solutions addressing the heart of the matter. *BLC Rev., 54*, 1317.

Kelly, L. (2005). You can find anything you want: A critical reflection on research on trafficking in persons within and into Europe. *International Migration, 43*(1-2), 235-265.

Kennedy, S. E., Shen, Y., Charlesworth, J. A., Mackie, J. D., Mahony, J. D., Kelly, J. J., & Pussell, B. A. (2005). Outcome of overseas commercial kidney transplantation: an Australian perspective. *Medical Journal of Australia, 182*(5), 224-227.

Kerly, P. (2015). The dentures made from the teeth of dead soldiers at Waterloo. *BBC News. June 16.*

Kinzelbach, K. (2014). *The EU's human rights dialogue with China: Quiet diplomacy and its limits.* Routledge.

Kishore, R. R. (2005). Human organs, scarcities, and sale: morality revisited. *Journal of Medical Ethics, 31*(6), 362-365.

Kokubo, A. (2009). The interaction of the international society concerning kidney transplants—A consideration of diseased kidney transplants in Japan and transplant tourism over the world. *Legal medicine, 11*, S393-S395.

Kraus, M. W., Piff, P. K., Mendoza-Denton, R., Rheinschmidt, M. L., & Keltner, D. (2012). Social class, solipsism, and contextualism: How the rich are different from the poor. *Psychological Review, 119*(3), 546.

Kuhn, T. S. (1962). *The structure of scientific revolutions*. University of Chicago press. *Original edition.*

Kumar, T. (2003). Police uncover large scale organ trafficking in Punjab. *BMJ: British Medical Journal, 326*(7382), 180.

Kwon, C. H. D., Lee, S. K., & Ha, J. (2011). Trend and outcome of Korean patients receiving overseas solid organ transplantation between 1999 and 2005. *Journal of Korean Medical Science, 26*(1), 17-21. No. 5, pp. 1754-1756. Elsevier.

Kyle, D., & Koslowski, R. (Eds). (2011). *Global human smuggling: Comparative perspectives.* JHU Press.

Lai, S. C. (2013). Reducing organ trafficking: New Zealand's international and domestic responsibilities. Retrieved from http://hdl.handle.net/10063/3383

Larsen, J. J., & Renshaw, L. (2012). People trafficking in Australia. *Trends and issues in crime and criminal justice,* (441), 1-6.

LeBeau, J. L., & Castellano, T. C. (1987). The routine activities approach: An inventory and critique. In *annual meeting of the Academy of Criminal Justice Sciences, St. Louis, Mo., March.*

Lee. L. (2014). *Human Harvest.* Documentary. Featuring David Kilgour, David Matas, Ethan Guttman. 2014. Flying Cloud Productions, 2014. Film.

Leong, K. (2010). Trafficking in human beings for sexual purposes: Sweden's anti-trafficking regime and the lessons for Australia. In *Trafficking and Human Rights.* Edward Elgar Publishing.

Levin, A., Muller, E., Alrukhaimi, M., Naicker, S., & Tibble, A. (2015). Transplant commercialism and organ trafficking: the Declaration of Istanbul with special relevance to disadvantaged populations living with kidney disease. *Clinical nephrology, 83*(7 Suppl 1), 85-89.

Lopez-Fraga, M., Dominguez-Gil, B., Capron, A. M., Van Assche, K., Martin, D., Cozzi, E., & Delmonico, F. L. (2014). A needed convention against trafficking in human organs. *The Lancet*, *383*(9936), 2187-2189.

Lopez-Fraga, M., Van Assche, K., Dominguez-Gil, B., Delmonico, F. L., & Capron, A. M. (2017). Human trafficking for the purpose of organ removal. *Routledge handbook of human trafficking*, 120-134.

Lundin, S. (2008). The valuable body. *Baltic Worlds*, *1*(1), 7-8.

Lundin, S. (2010). Organ trafficking. An ethnographic study on the selling of organs in Moldova and Israel. In *2nd ELPAT Congress Organ Transplantation: Ethical, Legal and Psychosocial Aspects: Expanding the European Platform.*

Lundin, S. (2011). The great organ bazar. *Margeeg News.*

Lundin, S. (2012). Organ economy: Organ trafficking in Moldova and Israel. *Public Understanding of Science*, *21*(2), 226-241.

Lundin, S. (2016). Fieldwork in grey zones: A case study on organ trafficking in the Philippines.

Lutya, T., & Lanier, M. (2012. An integrated theoretical framework to describe human trafficking of young women and girls for involuntary prostitution. In Maddock, J. (ed) *Public Health, Social and Behavioral Health*, In-Tech Open Access, Croatia, pp. 555-570.

Macias-Konstantopoulos, W. L. (2017). Caring for the trafficked patient: ethical challenges and recommendations for health care professionals. *AMA journal of ethics*, *19*(1), 80-90.

MacInnis, N. (2013). Human trafficking: the complexities of a Global Definition. *Behavioral Sciences Undergraduate Journal, 1*(1), 39-51.

Majid, M. A. (2019). Combating Malaysia's Involvement in Worldwide Organ Trafficking by Tapping into the Potential of Bioprinting. *Global J. Bus. Soc. Sci. Review, 7*(1), 61-74.

Malakoutian, T., Hakemi, M. S., Nassiri, A. A., Rambod, M., Haghighi, A. N., Broumand, B., & Fazel, I. (2007, May). Socioeconomic status of Iranian living unrelated kidney donors: a mullticenter study. In *Transplantation proceedings* (Vol. 39, No. 4, pp.824-825). Elsevier.

Manzano, A., Monaghan, M., Potrata, B., & Clayton, M. (2014). The invisible issue of organ laundering. *Transplantation, 98*(600-603).

Martin, D. E., Van Assche, K., Dominguez-Gil, B., Lopez-Fraga, M., Gallont, R.G., Muller, E., … & Capron, A. M. (2019). A new edition of the Declaration of Istanbul: updated guidance to combat organ trafficking and transplant tourism worldwide. *Kidney international, 95*(4), 757-759.

Martynov, S. (2008). Human trafficking: beyond the Protocol. *Forced Migration Review, 31*, 68-69.

Matas, D., & Kilgour, D. (2007). Bloody harvest. *Revised Report into Allegations of Organ Harvesting of Falun Gong Practitioners in China, 31*.

Matesanz, R. (2012). The frontiers of organ transplantation and cell therapy. In *Stem Cell Transplantation* (pp. 1-11). Springer, New York, NY.

Matesanz, R., & Dominguez-Gil, B. (2007). Strategies to optimize deceased organ donation. *Transplantation reviews, 21*(4), 177-188.

Matesanz, R., Mahillo, B., Alvarez, M., & Camona, M. (2009, July). Global observatory and database on donation and transplantation: world overview on transplantation activities. In *Transplantation proceedings* (Vol. 41, No. 6, pp. 2297-2301). Elsevier.

McKedall, M., Demar, B., & Jones-Rikkers, C. (2002). Ethical compliance programs and corporate illegality: Testing the assumptions of the corporate sentencing guidelines. Journal of Business Ethics, 4(1), 369-33.

McLeod, S. (2007). Maslow's hierarchy of needs. *Simply Psychology, 1*, 1-8.

Mendelsohn, B. (1956). A new branch of bio-psychological science: La victimology. *Revue Internationale de Criminologie et de police technique, 10*, 782-789.

Mendoza, E. G. (2010). Sudden stops, financial crises, and leverage. *American Economic, 100*(5), 1941-66.

Mendoza, R. L. (2010). Colombia's organ trade: Evidence from Bogota and Medellin. *Journal of Public Health, 18*(4), 375-384.

Mendoza, R. L. (2010). Kidney black markets and legal transplants: Are they opposite sides of the same coin?. *Health Policy, 94*(3), 255-265.

Mendoza, R. L. (2011). Price deflation and the underground organ economy in the Philippines. *Journal of Public Health, 33*(1), 101-107.

Mendoza, R. L. (2012). Transplant Management from a Vendor's Perspective. *Journal of Health Management, 14*(1), 67-74.

Meyer, S. (2006). Trafficking in human organs in Europe. *Eur. J. Crime Crim. L. & Crim. Just., 14*, 208.

Moazam, F. (2013). Pakistan and kidney trade: battles won, battles to come. *Medicine, Health Care and Phisolophy, 16*(4), 925-928.

Moazam, F., Zaman, R. M., & Jafarey, A. M. (2009). Conversation with kidney vendors in Pakistan: an ethnographic study. *Hastings center report, 39*(3), 29-44.

Moniruzzaman, M. (2012). Living cadavers" in Bangladesh: Bioviolence in the human organ bazaar. *Medical Anthropology Quarterly, 26*(1), 69-91.

Moniruzzaman, M. (2012). Labyrinth of Violence in Organ Trafficking. *Briefing of Dr Monir Moniruzzaman. Tom Lantos Human Rights Commission*, 23.

Monitor, R., & AFM, B. (2018). Organ transplantation: current situation in Spain and in the world. *Abstract/Cryobiology, 85*(120e190), 133.

Moore, D. S., Notz, W., Fligner, M. A., & Linder, R. S. (2013). *The Basic Practice of Statistics: Instructor's Edition.* WH Freeman and Company.

Mor, E., & Boas, H. (2005). Organ trafficking: scope and ethical dilemma. *Current diabetes reports, 5*(4), 294-299.

Morelli, M. N. (1994). Early experiments in consumer demand theory: 1930-1970. *History of Political Economy, 39*(3), 359.

Muraleedharan, V. R., Jan, S., & Prasad, S. R. (2006). The trade in human organs in Tamil Nadu: the anatomy of regulatory failure. *Health Economics, Policy and Law, 1(*(1), 41-57.

Naqvi, S. A. A., Ali, B., Mazhar, F., Zafar, M. N., & Rizvi, S. A. H. (2007). A socioeconomic survey of kidney vendors in Pakistan. *Transplant International, 20*(11), 934-939.

Nasir, M., Nasir, T., Khan, H. A., & Khizar, S. (2013). Organ trafficking. *The Professional Medical Journal, 20*(2), 177-181.

Negri, S. (2016). Transplant ethics and the international crime of organ trafficking. *International Criminal Law Review, 16*(2), 287-303.

Neter, J., Kutner, M. H., Nachtsheim, C. J., & Wasserman, W. (1996). Applied linear statistical models.

Neter, J., Wasserman, W., & Kutner, M. H. (1985). Applied linear statistical model: Regression. *Analysis of Variance, and Experimental Designs, 2nd Edition,* Homewood*: Richard D.*

Neufeld, N. H., Harma, B., & McGirr, A. (2014). Debates in medicine: global representation in medical discourse. *The Lancet, 383*(9919), 779.

Nicolaides, A., & Smith, A. (2012). The problem of medical tourism and organ trafficking: peer reviewed original article. *Medical Technology SA, 26*(2), 33-38.

NIkolova, K., & Stanojoska, A. (2013). Trafficking in human beings for the purpose of organ removal and trafficking in organs, tissues and cells: Can human life be bought?

Nullis-Kapp, C. (2004). Organ trafficking and transplantation pose new challenges. *Bulletin of the World Health Organization, 82*, 715-715.

O'Connell, M. (2008). Victimology: a social science in waiting? *International Review of Victimology, 15*(2), 91-104.

Ollus, N. (2002). The United Nations Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children: a tool for criminal justice personnel. *Resource Material Series,* 62.

OPTN (2013). Organ procurement and transplantation network. HRSA, DHHS, 9.

Osava, M. (2004). Poor Sell Organs to Trans-Atlantic Trafficking Ring. *IPS News Agency. http://www.ipsnews.net/print.asp.*

Padilla, B. S. (2009). Regulated compensation for kidney donors in the Philippines. *Current opinion in organ transplantation, 14*(2), 120-123.

Padilla, B., Danovitch, G. M., & Lavee, J. (2013). Impact of legal measures prevent transplant tourism: the interrelated experience of the Philippines and Israel. *Medicine, Health Care and Philosophy, 16*(4), 915-919.

Paguirigan, M. S. (2012). Sacrificing something important: the lived experience of compensated kidney donors in the Philippines. *Nephrology Nursing Journal, 39*(2), 107.

Panjabi, R. K. L. (2010). The Sum of a Human's Parts: Global Organ Trafficking in the Twenty-First Century. *Pace Envtl. L. Rev., 28,* 1.

Parry, W. (2012). How poverty, false promises, fuel illegal organ trafficking.

Pascalev, A., De Jong, J., Ambagtsheer, F., Lundin, S., Ivanovski, N. Codreanu, N., … & Weimar, W. (2016). Trafficking in human beings for the purpose of organ removal: a comprehensive literature review. *Trafficking in Human Beings for the Purpose of Organ Removal. Results and Recommendations. Lengerich: Pabst, 15-68.*

Pattinson, S. D. (2008). Organ trading, tourism, and trafficking within Europe. *Med. & L., 27,* 191.

Pattison, N. (2008). Caring for patients after death. *Nursing Standard (through 2013),22*(51), 48.

Peters, A. (2011). *Making the Choice, Organ Transfer or Trade: An analysis of Canadian Values and the Political Economy of Care* (Doctoral dissertation).

Pooley, K., & Ferguson, C. (2017), "Using environmental criminology theories to compare 'youth misuse of fire' across age groups in New South Wales', Australian and New Zealand Journal of Criminology", Vol. 50, No. 1, pp. 100-122.

Pradel, F. G., Mullins, C. D., & Bartlett, S. T. (2003). Exploring donors' and recipients' attitudes about living donor kidney transplantation. *Progress in transplantation, 13*(3), 203-210.

Protocol, P. (2013). United Nations protocol to prevent, suppress, and punish trafficking in persons, especially women and children, 2000.

Pugliese, E. (2007). Organ trafficking and the TVPA: Why one word makes a difference in international enforcement efforts. *J. Contemp. Health L. & Pol'y, 24,* 181.

Punch, K. F. (2013). *Introduction to social research: Quantitative and qualitative approaches.* Sage.

Rada, A. G. (2014). Five people are arrested in Spain's first case of attempted organ trafficking.

Radcliffe-Richards, J., Daar, A. S., Guttmann, R. D., Hoffenberg, R., Kennedy, I., Lock, M., … & Tilney, N. (1998). The case for allowing kidney sales. *The Lancet, 351*(9120), 1950-1952.

Riley, J. G. (2012). *Essential microeconomics.* Cambridge University Press.

Rizvi, A. H. S., Naqvi, A. S., Zafar, N. M., & Ahmed, E. (2009). Regulated compensated donation in Pakistan and Iran. *Current Opinion in Organ Transplantation, 14*(2), 124-128.

Roberts, E. F., & Scheper-Hughes, N. (2011). Introduction: medical migrations.

Robertson, M. P. (2020). Authentication and Analysis of Purported Undercover Telephone Calls Made to Hospitals in China on the Topic of Organ Trafficking.

Rodriguez-Iturbe, B. (2008). Organ trafficking: a time for action. *Kidney international, 74*(7), 839-840.

Roe-Sepowitz, D. E., Gallagher, J., Hickle, K. E., Perez Louert, M., & Tutelman, J. (2014). Project ROSE: An arrest alternative for victims of sex trafficking and prostitution. *Journal of Offender Rehabilitation, 53*(1), 57-74.

Rossmo, D. K. (2014). Geographic profiling. In Bruinsma G. and Weisburd, D. (eds) *Encyclopedia of criminology and criminal justice*. Springer, New York, pp. 1934-1942.

Rothman, D. J. (2002). Ethical and social consequences of selling a kidney. *Jama, 288*(13), 1640-1641.

Rothman, D. J., Rose, E., Awaya, T., Cohe, B., Daar, A., Dzemeshkevich, S. L., … & Smit, H. (1997, September). The Bellagio Task Force report on transplantation, bodily integrity, and the international traffic in organs. In *Transplantation Proceedings* (Vol. 29, No. 6, pp. 2739-2745). Elsevier.

Rowinski, W., & Paczek, L. (2012, September). Transplantation ethics: are we approaching the crossroads?. In *Transplantation proceedings* (Vol. 44, No. 7, pp. 2171-2172. Elsevier.

Russell, A. (2018). Human trafficking: A research synthesis on human-trafficking literature in academic journals from 2000-2014. *Journal of Human Trafficking, 4*(2), 114-136.

Sajjad, I., Baines, L. S., Patel, P., Salifu, M. O., & Jindal, R. M. (2008). Commercialization of kidney transplants: a systematic review of outcomes in recipients and donors. *American Journal of Nephrology, 28*(5), 744-754.

Sanal, A. (2004). "Robin Hood" of techno-Turkey or organ trafficking in the state of ethical beings. *Culture, Medicine and Psychiatry, 28*(3), 281-309.

Sandor, J., Besirevic, V., Demeny, E., Florea, G. T., & Codreanu, N. (2013). Organ trafficking, Organ Trade. Recommendations for a more nuanced legal policy. *The EULOD Project living Donation in Europe. Results and Recommendation, Pabst Science Publishers, Lengerich,* 147-174.

Sandor, J., Besirevic, V., Demeny, E., Florea, G. T., Codreanu, N., Ambagtsheer, F., & Weimar, W. (2012). Improving the Effectiveness of the Organ Trade Prohibition in Europe. *Living Organ Donation in Europe.*

Sarantakos, S. (2012). *Social research.* Macmillan International Higher Education.

Sarig, M. (2007). Israeli transplant surgeon is arrested for suspected organ trafficking.

Sarrica, F. (2013). The global report of trafficking in persons: Analysis and results.

Sato, Y. (2013). "Rational Choice Theory", Sociopedia.isa, DOI: 10.1177/205684601372.

Scheper-Hughes, N. (2000). The global traffic in human organs. *Current anthropology, 41*(2), 191-224.

Scheper-Hughes, N. (2002). The ends of the body. *SAIS Review (1989-2003), 22*(1), 61-80.

Scheper-Hughes, N. (2003). Keeping an eye on the global traffic in human organs. *The Lancet, 361*(9369), 1645-1648.

Scheper-Hughes, N. (2003). Rotten trade: Millennial capitalism, human values and global justice in organs trafficking. *Journal of Human Rights, 2*(2), 197-226.

Scheper-Hughes, N. (2004). Parts unknown: Undercover ethnography of the organs-trafficking underworld. *Ethnography, 5*(1), 29-73.

Scheper-Hughes, N. (2005). The last commodity: post-human ethics and the global traffic in "fresh" organs.

Scheper-Hughes, N. (2006). Kidney Kin. *Harvard International Review, 27*(4), 62.

Scheper-Hughes, N. (2006). Organ trafficking: the real, the unreal and the uncanny. *Annals of transplantation, 11*(3), 16-30.

Scheper-Hughes, N. (2007). The tyranny of the gift: sacrificial violence in living donor transplants. *American Journal of Transplantation, 7*(3), 507-511.

Scheper-Hughes, N. (2008). A talent for life: Reflections on human vulnerability and resilience. *Ethnos, 71*(1), 25-56.

Scheper-Hughes, N. (2011). Mr. Tati's Holiday and Joao's Safari-seeing the world through transplant tourism. *Body & Society, 17*(2-3), 55-92.

Scheper-Hughes, N. (2011). The Rosenbaum kidney trafficking gang. *Counterpunch. Fall November, 30.*

Scheper-Hughes, N. (2016). Keeping an eye on the global traffic in human organs. In *Health Psychology* (pp. 579-583). Routledge.

Scheper-Hughes, N. (2016). Organ trafficking during times of war and political conflict *Human Trafficking Search.*

Scheper-Hughes, N., & Wacquant, L. (Eds.). (2002). *Commodifying bodies* (Vol. 7, No. 2-3). Sage.

Scheper-Hughes, N., Alter, J. S., Ayora-Diaz, S. L., Csordas, T. J., Frankenburg, R., Leyton, E, (2000). The global traffic in human organs. *Current anthropology, 41*(2), 191-224.

Schiano, T. D., & Rhodes, R. (2010). The dilemma and reality of transplant tourism: an ethical perspective for liver transplant programs. *Liver Transplantation, 16*(2), 113-117.

Schloenhardt, A. (2014). Trafficking in persons for the purpose of organ removal: International Law and Australian Practice. *Criminal Law Journal, 36*(3), 145-158.

Scott, S. (2020). Identifying human trafficking victims in the pediatric and school nurse practice setting. *Pediatric Nursing, 46*(6), 278–281.

Sebba, L., & Berenblum, T. (2014). Victimology and the sociology of new disciplines: A research agenda. *International review of victimology, 20*(1), 7-30.

Seewald, R. (2000). A survey on the attitudes of 252 Japanese nurses toward Organ Transplantation and Brain Death. *Eubios Journal of Asian and International Bioethics, 10*(3), 72-76.

Serebrennikova, K. V., Hendrickson, O. D., Zvereva, E. A., Popravko, D. S., Zherdev, A. V., Xu, C., & Dzantiev, B. B. (2020). A comparative study of approaches to improve the sensitivity of lateral flow immunoassay of the antibiotic lincomycin. *Biosensors, 10*(12), 198–198. https://doi.org/10.3390/bios10120198

Sever, M. S., Kazancioglu, R., Yildiz, A., Kurkmen, A., Ecder, T., Kayacan, S. M., … & Ark, E. (2001). Outcome of living unrelated (commercial) renal transplantation. *Kidney International, 60*(4), 1477-1483.

Shimazono, Y. (2007). The state of the international organ trade: a provisional picture based on integration of available information. *Bulletin of the World Health Organization, 85,* 855-962.

Shoemaker, D. J. (2018). *Theories of delinquency: An examination of explanations of delinquent behavior.* Oxford University Press.

Shroff, S. (2009). Legal and ethical aspects of organ donation and transplantation. *Indian journal of urology: IJU: journal of the Urological Society of India, 25*(3), 348.

Sieber, S. D. (1973). The integration of fieldwork and survey methods. *American journal of sociology, 78*(6), 1335-1359.

Siegel, L. J. (2015). *Criminology: Theories, patterns, and typologies.* Cengage Learning.

Simforoosh, N. (2007). Kidney donation and rewarded gifting: an Iranian model. *Nature Clinical Practice Urology, 4*(6), 292-293.

Slabbert, M. & Oosthuizen, H. (2007). Establishing a market for human organs in South Africa Part 2: shortcomings in legislation and the current system of organ procurement. *Obiter, 28*(2), 304-323.

Smith, A. (2012). Medical tourism and organ trafficking. *African Journal of Hospitality, Tourism and Leisure, 2*(1), 1-9.

Smith, K. T., Martin, H. M., & Smith, L. M. (2014). Human trafficking: A global multi-billion-dollar criminal industry. *International Journal of Public Law and Policy, 4*(3), 293-308.

Smith-Rosenberg, C. (2012). *The hysterical woman: Sex roles and role conflict inn 19th century America* (pp. 101-127). KG Saur.

Statz, S. E. (2006). Finding the winning combination: how blending organ procurement systems used internationally can reduce the organ shortage. *Vand J. Transnat'l L., 39*, 1677.

Steering Committee of the Istanbul Summit. (2008). Organ trafficking and transplant tourism and commercialism: the Declaration of Istanbul. *The Lancet, 372*(9632), 5-6.

Stiglitz, J. (2002, September). Development policies in a world of globalization. In *New International Trends for Economic Development Seminar.*

Stotts Jr. E. L., & Ramey, L. (2009). Human trafficking: A call for counselor awareness and action. *The Journal of Humanistic Counseling, Education and Development 48*(1), 36-47.

Stubbs, R., & Underhill, G. R. (1995). Political economy & the changing global order. *The American Review of Canadian Studies, 25*(1), 111.

Sugumar, J. P., Padhyegurjar, M. S., & Padhyegurjar, S. B. (2017). An interventional study on knowledge and attitude regarding organ donation among medical students. *Int J Med Sci Public Health, 6*, 402-8.

Swamy, M. K., Akhtar, M. S., & Sinniah, U. R. (2016). Antimicrobial properties of plant essential oils against human pathogens and their mode of action: an updated review. *Evidence-Based Complementary and Alternative Medicine, 2016.*

Tansuhaj, P., & McDullough, J. (2008). International human trade: a marketing analysis. *Journal for Global Business Advancement, 1*(2-3), 225-236.

Tashakkori, A., & Teddlie, C. (2010). *Sage handbook of mixed methods in social and behavioral research.* SAGE publications.

Tate, P. (2007). Illicit organ trade increasing. *McClatchy-Tribune Business News.*

Taylor, J. S. (2017). *Stakes and kidneys: why markets in human body parts are morally imperative.* Routledge.

Teagarden, E. (2004). Human Trafficking: Legal Issues in Presumed Consent Laws. *NCJ Int'l L. & Com. Reg., 30,* 685.

The State vs. Samuel Ziegler. Specialized Commercial Crime Court Durban; 2010.

Thomas, P. (2008). *Marxism & Scientific Socialism: From Engels to Althusser* (Vol. 10). Routledge.

Tong, A., Chapman, J. R., Wong, G., Cross, N. B., Batabyal, P., & Craig, J. C. (2012). The experiences of commercial kidney donors: thematic synthesis of qualitative research. *Transplant International*, *25*(11), 1138-1149.

Trey, T., & Matas, D. (2017). State-organized Criminal Forced Organ Harvesting, *JTHE*, 175.

Trey, T., Caplan, A. L., & Lavee, J. (2013). Transplant ethics under scrutiny-responsibilities of all medical professionals. *Croatian medical journal*, *54*(1), 71-74.

Tsai, D. F. C. (2010). Transplant tourism from Taiwan to China: some reflection on professional ethics and regulation. *The American Journal of Bioethics*, *10*(2), 22-24.

Tsai, M. K., Yang, C. Y., Lee, C. Y., Yeh, C. C., Hu, R, H., & Lee, P. H. (2011). De novo malignancy is associated with renal transplant tourism. *Kidney international, 79*(8), 908-913.

Tunde-Yara, F. (2016). *Human trafficking for the purpose of organ removal: a human rights-based perspective* (Master's thesis, University of Cape Town).

Turner, L. (2009). Commercial organ transplantation in the Philippines. *Cambridge Quarterly of Healthcare Ethics, 18*(2), 192-196.

United Nations Office on Drugs, & Crime. (2006). *World drug report* (Vol. 1). Boom Koninklijke Uitgevers.

United Nations, Economic and Social Council Secretary-General, & Austria. (2006). Preventing, Combating and Punishing Trafficking in Human Organs.

Vaknin, S. (2006). Organ Trafficking and Transplant Tourism in Eastern Europe. *United Press International (UPI).* http://samvak.tripod.com/brief-organ01.html.

Van Reisen, M., & Rijken, C. (2015). Sinai trafficking: Origin and definition of a new form of human trafficking. *Social Inclusion, 3*(1), 113-124.

Van Tonder, E., & Petzer, D. J. (2018). The interrelationships between relationship marketing constructs and customer engagement dimensions. *The Service Industries Journal, 38*(13-14), 948-973.

Venkataramani, A. S., Martin, E. G., Vijayan, A., & Wellen, J. R. (2012). The impact of tax policies on living organ donations in the United States. *American Journal of Transplantation, 12*(8), 2133-2140.

Vermot-Mangold, R. G. (2003). Trafficking in Organs in Europe. Report Doc. 9822, June 3, 2003. Social, Health and Family Affairs Committee.

Vora, K. (2008). Others' organs: South Asian domestic labor and the kidney trade. *Postmodern Culture, 19*(1).

Wallach, L., & Sforza, M. (1999). *Whose trade organization corporate globalization and the erosion of democracy: An assessment of the World Trade Organization.* Public Citizen.

Watson, R. (2015). Anyone linked with trafficking human organs will be punished under new convention.

Weimer, D. L. (2007). Public and private regulation of organ transplantation: liver allocation and the final rule. *Journal of Health Politics, Policy and Law, 32*(1), 9-49.

White, S. L., Hirth, R., Mahillo, B., Dominguez-Gil, B., Delmonico, F. L., Noel, L., … & Leichtman, A. (2014). The global diffusion of organ transplantation: trends, drivers, and policy implications. *Bulletin of the World Health Organization, 92*, 826-835.

Wilson, J. K. (2009). *The Praeger handbook of victimology.* ABC-CLIO.

Wilson, J. M., & Dalton, E. (2008). Human trafficking in the heartland: Variation in law enforcement awareness and response. *Journal of Contemporary Criminal Justice, 24*(3), 296-313.

Winterdyk, J., & Reichel, P. (2010). Introduction to special issue: human trafficking issues and perspectives.

Woan, S. (2007). Buy me a pound of flesh: China's sale of death row organs on the black market and what Americans can learn from it. *Santa Clara L. Rev., 47*, 413.

World Health Organization. (2010). *World health statistics 2010.* World Health Organization.

Yea, S. (2010). Trafficking in part (s): The commercial kidney market in a Manila slum, Philippines. *Global Social Policy*, *10*(3), 358-376.

Yea, S. (2015). Masculinity under the knife: Filipino men, trafficking and the black organ market in Manila, the Philippines. *Gender, Place & Culture*, *22*(1), 123-142.

Yea, S. (2015). Trafficked enough? Missing bodies, immigrant labor exploitation, and the classification of trafficking victims in Singapore. *Antipode*, *47*(4), 1080-1100.

Yousaf, F. N., & Purkayastha, B. (2015). 'I am only half alive': Organ trafficking in Pakistan amid interlocking oppressions. *International Sociology*, *30*(6), 637-653.

Yousaf, F. N., & Purkayastha, B. (2016). Social world of organ transplantation, trafficking, and policies. *Journal of public health policy*, *37*(2), 190-199.

Zahedi, F., & Basheri, A. R. (2007). The necessity of compiling the organ transplantation ethical guideline in Iran: along with a brief report of Asian task force on organ trafficking.