

The Global Observatory of Transnational Criminal Networks

Transnational Trafficking of Organs, Tissues and Cells

No. 13

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Disclaimer

The facts and the analysis presented herein are sustained in documents and interviews exposed in mass media and judicial records related to the criminal networks analyzed. No primary information uncovering facts has been gathered, which means that only secondary sources were consulted, from legal to media documents. In the case of the names mentioned, quoted or referenced on indictments—with the exception of those specifically mentioned, quoted or referenced in the text as definitively condemned-, the presumption of innocence, in observance of individual rights is always preserved.

The judicial truth is the jurisdiction of the courts, which by law will decide whether the defendants are innocent or guilty.¹ It is stated that belonging to, participating in, being connected to, or appearing on a network, as analyzed herein, does not imply having committed a criminal act or being engaged in a criminal enterprise. It is always possible to belong, participate, be connected, or appear on a network as an agent promoting interests that are socially and institutionally beneficial, or as a result of coercion, among other reasons unrelated to criminal acts committed by the agent.

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The aim of this document is to inform about the criminal networks participating in traffic of organs, tissues and cells (OTCs). The document has four parts: (i) A description of organ trafficking as an organized crime activity, (ii) an explanation of the main actors involved in transnational criminal networks trafficking OTC, (iii) a description of the usual operation these networks, and (iv) recent and relevant cases related to OTC trafficking.

1. Transnational organs trafficking

Trafficking of human organs, tissues and cells (OTC) includes a variety of illegal activities that usually converge in transplant surgeries. In this type of trafficking various strategies are used to obtain organs: (i) Traffic in human beings for organ removal (THBOR), (ii) transplant tourism strategy, in which patients travel abroad seeking an (illegal) transplant with a usually paid donor, and (iii) the specific trafficking of OTCs, in which commercial transactions are conducted with human body parts that have been removed from living or dead people.

Recently, a group of an expert at the United Nations Office on Drugs and Crime suggested that criminal justice practitioners should interpret OTC trafficking, specifically through trafficking in persons (THBOR), as a type of organized crime¹. This recommendation is based on the article 2(a) of the UN Organized Crime Convention, which defines an “organized criminal group” as a “structured group of three or more persons, existing for a period of time and acting in concert with the aim of committing one or more serious crimes or offences in order to obtain, directly or indirectly, a financial or other material benefit”.

In fact, the Palermo Human Trafficking Protocol covers and applies to THBOR, as an organized crime activity; however, transplant tourism and OTC trafficking are not covered by the Protocol.² Initiatives such as “*The Declaration of Istanbul of Organ Trafficking and Transplant Tourism*”, since 2008, aim to unite all those agents engaged in fighting unethical practices in organ transplantation (including transplant tourism and trafficking of OTCs).³ However, each country must formulate and apply specific legislation to control and confront this problem, which is an obstacle for enforcing global efforts to confront this criminal market.

¹ United Nations Office on Drugs and Crime (2015) Trafficking in Persons for the Purpose of Organ Removal. Available in: <http://goo.gl/uPym7d>

² Vladimir Makei (2015). Trafficking for human organs, in *Forced Migration Review (49)* Available in: Academic Search Complete, Ipswich, MA.

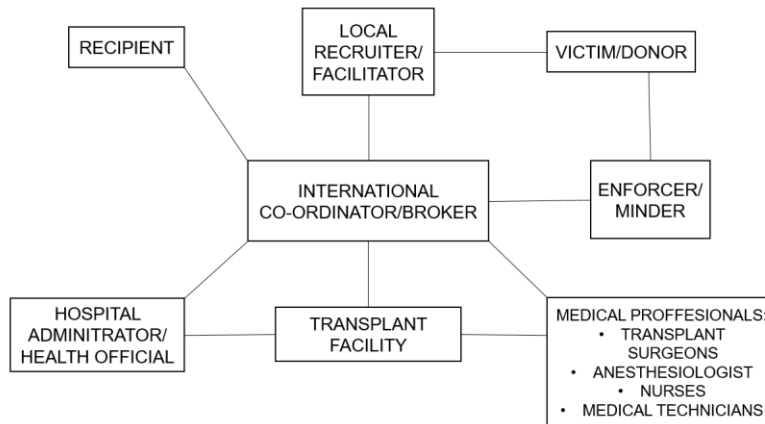
³ The Declaration of Istanbul of Organ Trafficking and Transplant Tourism (2008) Available in: <http://goo.gl/3DiOoR>

1. Key Criminal Agents

Criminal networks specialized in traffic of OTC reunite agents that sometimes are related to other transnational criminal networks. Human trafficking for organ removal is probably the criminal activity that is most related to trafficking of OTCs. For instance, in 2014 the media registered the participation of members of Mexican cartels, criminal organizations primarily involved in drug trafficking, who were participating in trafficking of OTC.⁴ Although the Global Report on Trafficking in persons of the UNODC (2014) suggests that organ trafficking may have organized hierarchical networks but also random elements, such as low-level local recruiters who must be continuously replaced⁵, little is known about the current organization and structures of those networks.

The 2013 Report of the Organization for Security and Co-operation in Europe suggests and outlines a possible configuration of a trafficking network (Figure 1). In the case of trafficking in human beings for organ removal and transplant tourism, each square in the structure represents functions or activities located specific countries. In order to achieve a strict model of the mentioned structure, the level of involvement is used below to categorize the agents involved in the scheme, meaning by “level” their relevance in the scheme.

Figure 1. Scheme of Transnational Trafficking Network THBOR



Source: Organization for Security and Cooperation in Europe report 2013⁶

⁴ The guardian (2014) “Mexican cartel member investigated over organ-harvesting claims. In: <http://goo.gl/rhpB9t>

⁵ United Nations Office on Drugs and Crime (2014) Global Report on Trafficking in persons. In: <http://goo.gl/FfWsNX>

⁶ Organization for Security and Cooperation in Europe, Report 2013. In: <http://www.osce.org/secretariat/116947>

Level 1 – Brokers or facilitators are, sometimes, the ones who actually run the OTC trafficking networks. The main function of brokers is to coordinate three key agents: (1) Patients who are willing to travel great distances to obtain an organ through transplantation, (2) recruited sellers or victim donors trafficked from poor regions, and (3) surgeons who know the purpose of the surgeries. Also, well-connected brokers have access to required infrastructure to conduct the surgeries for transplantations, while sometimes enforcement agencies suspiciously ignore such practices and even police agencies protect them.⁷

Furthermore, the most relevant role of brokers in OTC trafficking is the recruiting of victim donors. Although hospital, laboratories and even technicians sometimes search donors and recipients, based on the medical match, independent brokers are the most relevant type of agent within trafficking networks of OTC. In this process, brokers usually combine coercion and non-physically violent strategies of persuasion. For instance, they usually work on similar methods used in other types of human traffickings, such as providing false promises of working abroad, withholding passports of the victims or coercing through physical abuse. Some experts suggest that force can be used to induce initial compliance, while psychological and emotional manipulation is used for ensuring that individuals do not back out before the surgeries are conducted. Also, brokers usually take advantage of the weak economic situation and lack of education of donors and misinform them about the risks of the transplant surgeries. In fact, sometimes victims are told that if they donate a kidney it will grow back again.⁸

Level 2 - Medical professionals including nephrologists and specialists, post-operative nurses, and even technicians in blood and tissue laboratories.⁹ Sometimes hospitals operate as brokers, making arrangements for victim donors and recipients, while providing the necessary facilities and commodification for both of them. Most prosecuted and sentenced cases of illegal transplantations take place in private hospitals; however, some cases suggest the possible involvement of state hospitals.¹⁰ For example, in the case of the public Calderon Guardia Hospital, in Costa Rica, four doctors formally employed there were

⁷ Nancy Scheper-Hughes (2014) Human traffic: exposing the brutal organ trade. *New Internationalist Magazine*. Available in: <http://goo.gl/yQMtNI>

⁸ United Nations Office on Drugs and Crime (2015) Trafficking in Persons for the Purpose of Organ Removal. In: <http://goo.gl/FfWsNX>

⁹ Nancy Scheper-Hughes (2014) Human traffic: exposing the brutal organ trade. *New Internationalist Magazine*. <http://goo.gl/yQMtNI>

¹⁰ United Nations Office on Drugs and Crime (2015) Trafficking in Persons for the Purpose of Organ Removal. In: <http://goo.gl/FfWsNX>

prosecuted, accused of participating in an illicit scheme for trafficking human organs in 2013.¹¹

Some experts argue that usually medical tests for transplantations are carried out in laboratories attached to a hospital where the surgery for transplantation is performed. Sometimes, laboratory technicians are involved in organ trafficking as collaborators, as they evaluate the medical matching between victim donors and recipients through blood, urine and other tests. Also, sometimes technicians work as recruiters, approaching and suggesting a match to donors and recipients when there is a medical match.¹²

Level 3 - Private and public sector facilitators. Health insurance companies have played an important role in trafficking of OCT through activities such as: covering part or full costs of the surgeries for living donors, hospitalization, diagnostic tests and medical evaluation of the recipients. According to the *Report on Trafficking in Persons for the Purpose of Organ Removal* (2015), there is evidence of health insurances encouraging patients who need an organ, tissue or cell transplant, to carry out the operation abroad, where the costs are lower.¹³

Other actors involved are travel agencies specialized in medical tourism, translators, and corrupt law enforcement officers.¹⁴ The Organization for Security and Co-operation in Europe (OSCE) also identified the role of drivers and minders, who are individuals accompanying organ suppliers and recipients during their travel *to* and *from* the transplant surgeries, when the operation is carried out abroad.¹⁵ Regarding the involvement of corrupt political leaders and law enforcers, in 2011 the Council of Europe pointed out in a report that Hashim Thaçi, the prime minister of Kosovo at that time, was the leader of a criminal network that smuggles contraband, including human organs, throughout Eastern Europe.

¹¹ Inside Costa Rica: Preliminary Hearing Organ Trafficking Case Pushed to December Brutal Assassination Defense Attorney (October 2015) Available in: <http://goo.gl/lqmcy2>

¹² United Nations Office on Drugs and Crime (2015) Trafficking in Persons for the Purpose of Organ Removal. Available in: <http://goo.gl/FfWsNX>

¹³ United Nations Office on Drugs and Crime (2015) Trafficking in Persons for the Purpose of Organ Removal. Available in: <http://goo.gl/FfWsNX>

¹⁴ Ibid.

¹⁵ Organization for Security and Cooperation in Europe, Report 2013. Available in: <http://www.osce.org/secretariat/116947>

There are also suspicions of bribed immigration and customs officials who guarantee the movement of organ suppliers across borders. Furthermore, according to the UNODC there is evidence of the involvement of police officers and police family members who work as brokers. Moreover, necessarily, medical professionals and hospitals involved in organ trafficking have links with law enforcers to guarantee poor enforcement of the transplantation laws and regulations.¹⁶

According to Nancy Scheper-Hughes (2014), in the Middle East and the United States there are civil groups such as religious organizations, charitable trusts and patient advocacy groups who are regularly fronts for international networks trafficking OTC.¹⁷

Level 4 – Donors. Most of the suppliers or victim-donors travel from developing countries with difficult economic backgrounds in Latin America, Eastern Europe, North of Africa and Asia. Nancy Scheper-Hughes points out the vulnerability of the victim donors in the sense that they are “(...) debtors, ex-prisoners or mental patients, the stranded Eastern European peasants, Turkish junk dealers, Palestinian refugees, runaway soldiers from Iraq and Afghanistan, Afro-Brazilians from the *favelas* and slums of northeast Brazil, and Andean Indians.¹⁸

Brokers and recruiters of victim donors target specific vulnerable populations. Therefore, they promise significant monetary rewards and lie about the health consequences of the transplant. Often, only a fraction of the pledged money is actually paid to the victim. As a consequence, given the vulnerability of the donors, especially those vulnerabilities associated with poverty, the consent for organ removal cannot be seen as a voluntary and autonomous decision of the individual.¹⁹

The donors or victim donors, therefore, are not considered actors within the trafficking criminal schemes. However, they have an active role in this illegal activity, especially in

¹⁶ United Nations Office on Drugs and Crime (2015) Trafficking in Persons for the Purpose of Organ Removal. Available in: <http://goo.gl/FfWsNX>

¹⁷ Nancy Scheper-Hughes (2014) Human traffic: exposing the brutal organ trade. *New Internationalist Magazine* Magazine. Available in: <http://goo.gl/yJ1qQe>

¹⁸ Nancy Scheper-Hughes (2014) Human traffic: exposing the brutal organ trade. *New Internationalist Magazine* Magazine. Available in: <http://goo.gl/yJ1qQe>

¹⁹ Directorate-General for External Policies, Policy Department. (2015) Trafficking in human organs. Available in: <http://goo.gl/KxCT6Y>

those cases in which they “voluntarily” approach brokers to offer their OTCs for sale, risking themselves to fraud and health consequences.²⁰

Level 5 – Recipients Although recipients have not been identified as perpetrators of trafficking in persons for organ removal, they are an important part of the scheme since they provide the funds to sustain the trafficking market; however, it is sometimes possible that recipients of organs do not know the origin of the organs they receive.²¹ Also, even when recipients are aware of the situation, they do not know the exact price that will be paid to the donor or the conditions in which the donor agreed to participate.

However, according to Nancy Scheper-Hughes (2014), even if buyers do not know the conditions of the exchange, they do know about the donor requirements and characteristics, such as health quality, if the donor is not a hard worker, and race and ethnicity. This information is usually provided to recipients, since they usually have preferences for healthy donors with a similar race, associating race to better medical matching. Also, there is a preference for young male donors.²²

Generally, in the transplant tourism scheme in the case of former countries of European Union, buyers-receivers can pay up to USD \$180,000 of which the sellers-donators usually receive \$1,000 or less, *when* and *if* they get paid. Although not all patients who travel to obtain an organ are rich, or from a wealthy background, their economic situation is usually better than the one of organ suppliers.²³

2. Operative Characteristics of Organ Trafficking

Currently, “transplant tours” are maybe the most known and investigated way for executing the OTCs trafficking, which consists of bringing together agents from four or five different countries. A quick scatter of the participants happens after the reunion during the surgery;

²⁰ United Nations Office on Drugs and Crime (2015) Trafficking in Persons for the Purpose of Organ Removal. Available in: <http://goo.gl/FfWvSNX>

²¹ Nancy Scheper-Hughes (2014) Human traffic: exposing the brutal organ trade. *New Internationalist Magazine Magazine*. Available in: <http://goo.gl/yJ1qQe>

²² Nancy Scheper-Hughes (2014) Human traffic: exposing the brutal organ trade. *New Internationalist Magazine Magazine*. Available in: <http://goo.gl/yJ1qQe>

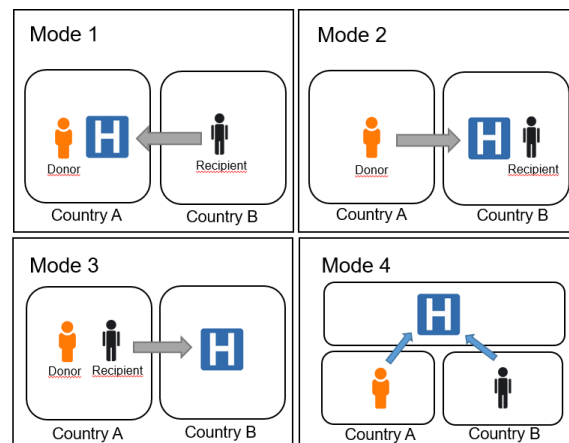
²³ Directorate-General for External Policies, Policy Department. (2015) Trafficking in human organs. Available in: <http://goo.gl/SRTfYF>

therefore, when authorities arrive at the crime scene, they may find forensic evidence but not key players involved.²⁴

As it has been previously explained, recipients usually come from developed countries such as Israel, United States, United Kingdom, Poland and Germany, while donors come from developing countries in Latin America, Eastern Europe, Africa and Asia. For instance, in March of 2014, Spanish police arrested five people accused of offering €40,000 to poor immigrants to become liver and kidney donors.²⁵

The transnational characteristic of trafficking in OTC is represented in figure 2. In Mode 1, the recipient travels from country A to country B where the organ supplier and the transplant facilities are located. In Mode 2, the organ supplier travels from country A to country B where the recipient and the transplant facilities are located. In Mode 3 both recipient and organ supplier travel from country A to a country where the transplant center is located. In Mode 4, the recipient from country A and the organ from country B travel to country C where the transplant center is located.

Figure 2. Modes of transnational trafficking in organs



Source: World Health Statistics 2008 In: <http://www.who.int/whosis/whostat/2008/en/>

In any case, as it is illustrated, the structure and operation of an OTC trafficking network require the travel of recipients, suppliers or both of them. This condition implies a precise logistic that involves (i) travel documents such as flight tickets, visas and passports, (ii) ground and air transportation and accommodation, (iii) consent declarations and documents

²⁴ Nancy Scheper-Hughes (2014) Human traffic: exposing the brutal organ trade. *New Internationalist Magazine* Magazine. Available in: <http://goo.gl/yJ1qQe>

²⁵ Telegraph (2014) Spanish police uncover human trafficking ring. Available in: <http://goo.gl/pzj1N2>

of identification, (iv) execution of financial transactions, usually in cash, and (v) timely blood and tissue testing. Another strategy for executing the trafficking are short-time surgeries, which means that in many cases the supplier and recipient are sent back home within a week, exposing them to several health risks.²⁶

To avoid investigations and actions by enforcement agencies, OTC trafficking networks constantly change the countries where surgeries are performed. For example, the most relevant recent cases of OTC trafficking took place in South Africa (The Netcare Case), United States (The Rosenbaum Case), and India (The Gurgaon case), among others.

3. Relevant Cases

The Medicus Affair – Kosovo

In 2008 approximately 30 organ suppliers were recruited in countries such as Moldova, Russia, Ukraine, Kazakhstan and Belarus by a trafficking network established in the *Medicus* Clinic in Pristina, Kosovo, in connection with doctors and brokers of Turkey. The recipients came mostly from Israel, Turkey, Poland, Canada and Germany.²⁷

Some immigration authorities noticed that many people arrived in Pristina for the treatment of heart diseases, all of them with invitation letters signed by “The Medicus Clinic”, which is not specialized in heart conditions.

First, three people were arrested at the airport: (i) an Israeli who turned out to be the broker, (ii) a Turkish who was the organ supplier on his way back to Istanbul and (iii) the brother of the recipient. After the supplier confessed that his kidney was removed in the *Medicus* Clinic, the Department of Organized Crime of the local police joined the United Nations Interim Administration Mission in Kosovo (“UNMIK”) to secure the clinic. The recipient was still in the clinic when the police arrived. As a result, the director and owner of the clinic were immediately arrested and all the records and computers were seized. The investigation was

²⁶ Directorate-General for External Policies, Policy Department. (2015) Trafficking in human organs. Available in: <http://goo.gl/f218pr>

²⁷ Ibid.

in charge of the UNMIK police due to the involvement of two government ministers in the case²⁸

According to the UNMIK, the owner of the clinic in 2005 had already made contacts in Turkey to set up the trafficking network. In fact, the Turkish surgeon Yusuf Ercin Sonmez was contacted to perform the transplant surgeries. The suppliers were promised to be paid USD \$30,000 but just some of them received part of the money, with the promise of receiving the remaining part if they helped to recruit more victim donors. The recipients contacted by the brokers were accused of carrying USD \$108,000 in cash to pay the surgery.

The suppliers, or victim donors, had to sign a document proving consent and they were given a short time to agree. After a few days, the victim donors were discharged and sent back to their country. The recipients usually traveled to Pristina via Istanbul with the broker or another bodyguard, and presented their invitation letters issued by the *Medicus* Clinic for receiving alleged medical treatments. After the transplant, the recipients were dismissed quickly with false information about their treatments, to show to their doctors in their country.²⁹

There was suspicion regarding the involvement of the Kosovo political elite in the trafficking, especially for apparently obstructing the investigation. In 2012 the European Union Rule of Law Mission in Kosovo (EULEX) continued the investigations for charges of trafficking in persons and organized crime.³⁰ Finally, five individuals were found guilty, but only the Israeli broker was convicted for organ trafficking. None of them were extradited.³¹

Transplant Tourism in Costa Rica

An OTC trafficking network connects San José city, Costa Rica, with Ramat Gan, a commercial district near Tel Aviv, Israel: “11 patients — six Israelis, three Greeks and two American residents — who traveled to San José for transplants using kidneys obtained from locals. Two other Israelis (...) brought donors from Israel with them for procedures that would

²⁸ BBC News (2013) *Medicus: Five guilty in Kosovo human trade case*. Available in: <http://goo.gl/5UJ6U8>

²⁹ Directorate-General for External Policies, Policy Department. (2015) *Trafficking in human organs*. In: Available in: <http://goo.gl/f218pr>

³⁰ *Ibid.*

³¹ BBC News (2013) *Medicus: Five guilty in Kosovo human trade case*. Available in: <http://goo.gl/5UJ6U8>

not have been approved in their own country”.³² The network was articulated by a group of Israeli brokers, a prominent Costa Rican nephrologist and a taxi driver who recruited donors.

The network was dismantled after the arrest of four doctors (Mora, Mauro, Fonseca and Stamati) along with a police officer aka “Cordero” and a businessman known as “Katisgiannis”. The arrested were then charged and prosecuted for being part of an international organ trafficking network. Mora was considered the leader of the group, while the police officer and businessman acted as recruiters, according to authorities.

Authorities discovered the case in March 2013, when the police in Tel Aviv interrogated a Costa Rican couple under suspicions of entering illegally to the country for working purposes. While being interrogated, the woman confessed that an Israeli company offered her USD \$20,000 in exchange of her left kidney. With this information the authorities made the arrests and found out that Mora and the other doctors were also involved in organ trade in several Eastern European nations.³³

According to the Costa Rican authorities, the suspects were part of a criminal group based out in Israel but used Costa Rica to find victim donors. A relevant fact of the investigation is that the “Calderon Guardia” Hospital in San Jose City, one of the most important state medical centers in the Costa Rica, employed various doctors involved in the OTC trafficking. In fact, the negotiations with the suppliers were carried out at the same hospital.

Dr. Mora Palma, the leader, was held four months in custody and then the Criminal Court of San José ordered the payment of a guarantee by CRC ₡100 million. The other defendants are still waiting for trial.³⁴

Organ harvesting of executed prisoners – China

Obtaining organs for transplantation from executed prisoners in China is currently one of the most controversial cases related to organ trafficking. International declarations and prominent NGOs such as the Nuremberg Code, the Helsinki Declaration, the Belmont Report, Amnesty International, the World Health Organization, the World Medical

³² The New York Times (August 2014): Transplant Brokers in Israel Lure Desperate Kidney Patients in Costa Rica. Available in: <http://goo.gl/RjDgA8>

³³ El País (March 2014) How Costa Rica became the center of global human-organ trafficking ring <http://goo.gl/6qKRJE>

³⁴ CR Hoy (October 2015) Abogado acribillado defendía a médicos del Calderón Guardia. Available in: <http://goo.gl/qWC1gm>

Association and the Declaration of Istanbul have denounced this practice. According to these declarations and NGOs the donation of OTCs should always be performed with informed consent and without coercion; however, in the case of Chinese prisoners the decision to donate is usually influenced by the prospect of execution.³⁵

Since the research carried out by Laogai Research Foundation and Human Rights Watch/Asia in 1995, it is known that the Chinese state takes kidneys, corneas, liver tissue, and heart valves from its executed prisoners. Some of those organs are used to reward politically well-connected Chinese, but others are sold illegally to patients in other Asian countries, who pay almost USD \$30,000.³⁶

Twenty years after the 1995 report, at the beginning of 2015 was released the Documentary *Human Harvest: China's Organ Trafficking*, based on the report "Bloody Harvest" published by human rights experts David Matas and David Kilgour. According to this documentary, tens of thousands of prisoners in China suffered organs removal for transplantation, usually destined to the black market, configuring a business making almost \$1 billion per year in that country.³⁷

Also, the documentary suggests that the organ harvest is one of the forms of execution of prisoners and it is performed especially to members of the Falun Gong community, a religious group banned by the Chinese government. The case is known since 2006 and family members, hospital workers and even transplant recipients have denounced the case.³⁸

As expected, the Chinese Government refutes the claims, although Health Minister Jiefu Huang has stated on many occasions that death row prisoners are the main source of organs. To confront the accusations, Chinese Government made its own documentary challenging the veracity of the Matas and Kilgour documentary.³⁹ However after the declarations of Huang, the NGO Doctors Against Forced Organ Harvesting (DAFOH) said that China needs to provide "full disclosure of the use of prisoners of conscience as organ

³⁵ Sharif, A., Singh, M. F., Trey, T. and Lavee, J. (2014), Organ Procurement from Executed Prisoners in China. *American Journal of Transplantation*, 14

³⁶ Nancy Scheper-Hughes (2000) *The Global Traffic in Human Organs* in *Current Anthropology* Volume 41, Number 2. <http://goo.gl/Z96kxI>

³⁷ David Matas; David Kilgour (2007) *Bloody Harvest: Revised Report into Allegations of Organ Harvesting of Falun Gong Practitioners in China*. Available n: <http://organharvestinvestigation.net/>

³⁸ Daily Mail (March 2015) "Human Harvest: Chinas Organ Trafficking Exposed Shocking Documentary: <http://goo.gl/SuTpKt>

³⁹ SBS (2015) *Human Harvest: China's Organ Trafficking*. In <http://goo.gl/hUDHk7>

source,” and full transparency and access to the country’s organ procurement system.⁴⁰ Although no formal investigations are apparently conducted in China regarding these cases, the international media continues to pay attention to the work of David Matas and David Kilgour.

⁴⁰ The epoch times (2015) China’s horrific live organ harvesting revealed in documentary. Available in: <http://goo.gl/DYrtYE>.

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