

The Red Market: On the Trail of the World's Organ Brokers, Bone Thieves, Blood Farmers, and Child Traffickers

Scott Carney, 2011, William Morrow (New York, 978-0-06-193646-3, 272 pp.)

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For readers unfamiliar with the global market in human body parts, investigative journalist Scott Carney provides a shocking introduction to the world of organ brokers, child traffickers, and the many gruesome methods used to extract financial profit from the bodies of living and deceased human beings in his first book, *The Red Market*. Despite the growing body of academic literature on the subject of particular markets—for example, anthropologist Nancy Scheper-Hughes' accounts of “transplant tourism,” Matas and Kilgour's (2009) widely discussed report on organ harvesting from Falun Gong prisoners in China, and the many sensationalized media reports of organ trafficking, body “snatching,” and commercial surrogacy—more experienced readers will nevertheless be struck by the sheer variety and extent of the market that Carney describes. Unlike previous collections such as *Commodifying Bodies* (Scheper-Hughes and Wacquant 2002) and *Body Shopping* (Dickenson 2008) that have explored a variety of markets through a more complex philosophical and socio-anthropological lens, Carney's exploration is in some ways refreshingly simple. He personally escorts readers on a journey from the back rooms of police stations and the offices of fertility clinics into the tea shops of organ brokers and the graveyards where

bones rest uneasily near factories. We are invited to observe and reflect on the gritty reality of “red market supply chains” and the economies of human flesh they underpin. Unfortunately, observation and reflection are largely confined to the reader's own efforts, as Carney offers little analysis throughout the book of the issues he so skillfully reveals and a hasty, shortsighted solution in his concluding chapter to the problem of “red” markets.

The Red Market examines many of the niche markets in human flesh, focusing in each of the ten core chapters on specific locations and commodities. Carney seeks out key players in each field, from the poor communities who supply biological materials to the market—whether involuntarily or not—to the slippery middlemen who broker sales and the satisfied customers who remain oblivious to the murky history and squalid origins of their new children, hairpiece, or anatomical specimen. Like a Bollywood movie, the large cast of characters is fleshed out with both noble and treacherous doctors, heroic and corrupt police officers, charlatans, grieving parents, tortured victims, and faceless bureaucrats. Carney paints his scenes in full colour—especially when describing the gray, wrinkled men on the verge of death being rescued from captivity in a blood-harvesting farm. Not all of his examples offer such lurid details, yet even the account of his own experience as a clinical trial volunteer is eerily evocative of other markets. Like surrogate mothers sequestered in Indian clinics, his freedom is curtailed and his economic value clearly tied to his physiological performance. Each case hints at a variable degree of surrender to the will of those who

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purchase and trade in bodies and their parts and a gradual loss of personal value and identity until only the “products” remain visible: the blood bags in the fridge or the eggs in the test tube. Every tale, moreover, is set in the context of local and international legislation and policy, and the globalized nature of trade is teased out.

The accessibility of Carney’s narrative style is highly valuable. First, it will appeal to a wide audience, thus raising public awareness of the important issues of markets in human biological materials (HBM). Second, the authenticity of its descriptions serves as an important reminder for more academic readers to explore the realities of what is frequently a rather theoretical debate. In journal articles it is difficult to find room for personal narratives and descriptions—outside of sociological and anthropological studies—and *The Red Market* acts as a helpful stimulant to those jaded by repeated invocation or dismissal of market concerns. Personalizing the debate, as it were, gives a voice to those most at risk from the market and highlights the dangers of ignoring the events that must precede consumption of “products” such as organ transplantations, blood transfusions, and the creation of children through assisted reproduction.

Carney’s other main achievement lies in his confident exploration of a range of different markets. Many authors have sought to emphasize differences between organ and gamete sales, between markets in organs from living or deceased providers, or between renewable and nonrenewable materials, for example. Such differentiation, usually employed to downplay or underscore the risks or benefits of selling particular materials at the expense of others, all too often results in false dichotomies, contradictory legislation and practice, and the promotion of double standards such as the payment of higher amounts to women who provide oocytes for use in research compared with those provided for use in reproductive treatments. Instead, *The Red Market* effortlessly demonstrates the three factors common to all markets in human biological materials: They are driven by money (whether the greed of profiteering brokers or the desperation of vendors suffering extreme poverty); their primary justification appeals to the needs of consumers for therapeutic products such as organs or blood and for children; and the market inevitably ignores the fact that the treatment of HBM, including their procurement from both living and deceased human beings, is often a matter of immense concern to individuals and communities. Revealing these familiar threads in each

chapter, Carney encourages us to examine the “red” market as a whole and to approach the challenges it represents consistently, coherently, and comprehensively.

In the final chapter, however, Carney briefly outlines his own approach to these challenges, and it becomes apparent that his concerns about commodification, autonomy, and the trading of benefits and risks between providers and recipients of human materials are relatively superficial. It is the obvious, uncontroversial perils of the market that he seeks to prevent: the theft of children and bones; the murder of individuals for their organs or blood; the imprisonment of surrogates; the fraudulent deception of organ vendors paid less than they are promised; and the exposure of vulnerable stem-cell therapy patients, oocyte providers, or research participants to dangerous risks. Three elements are identifiable in his proposed solution to the problem of “red” markets. First, he argues that demand for human materials and children “is first and foremost a function of overall (and perceived) supply” (2011, 234). Although he does not articulate this idea clearly, Carney is in favour of pursuing therapeutic alternatives to human biological materials. If we recognize that supplies of these materials must, to some extent, be limited to avoid the perils of “red” markets, we will be motivated to create or promote alternative therapies or social practices that are less reliant on supplies of human materials. Health care professionals and policymakers currently promoting the achievement of self-sufficiency in organ transplantation define such a strategy more simply as the prevention of needs for human organs, for example (Delmonico et al. 2011).

Second, Carney condemns altruistic donation systems as hypocritical strategies designed to maximize profits. Like numerous contemporary advocates of regulated markets (e.g., Satel 2008), Carney dismisses efforts to promote altruistic donation as idealistic and unreliable, at best, and exploitative, at worst. Closer examination of the use of altruistic donors in the setting of commercialized health care systems and secondary commodification of donated tissues (e.g., Hoeyer 2009) may have lent weight to his rejection of altruism; however, as all of his examples of the “red” market involve paid or involuntary providers of HBM, this argument is ineffective. Furthermore, he neglects consideration of other motivations for (unpaid) donation, such as civic duty, solidarity, or reciprocity. Finally, Carney emphasizes “transparency” as an essential requirement for the reduction of “red” markets. Rather than advocating

greater transparency of all systems that involve the procurement, use, and transfer of HBM, it is clear Carney believes some kind of regulated markets is the solution to “red” markets. He does not outline any desirable features of the “legal markets” to which he refers—leaving it to the reader to guess whether he might, for example, support a minimum price or standard of care for vendors—with the exception of an “absolute transparency” requirement. Again, the reader can only imagine how such a requirement might be enforced and how issues such as the protection of vendor privacy rights might be addressed in a market where Carney suggests customers should be able to check the history of body products as we would that of a used car. Despite acknowledging that market regulation in the form of “transparency” will neither eradicate illegal markets nor prevent exploitation and harmful practices within regulated markets, he weakly concludes that “a clear paper trail makes it easier to flag dangerous operators” (2011, 238).

Carney misses his opportunity to discuss how the dangers of commodification, violation of autonomy, and unfair risk-benefit calculations may be simply relocated in the setting of regulated markets—however transparent they may be. With the exception of his experience as a research subject in the United States, he fails to draw on the widespread evidence of legal markets for gametes, surrogates, and human plasma within his own country. Examination and comparison of these markets with their “red” foreign counterparts would have enabled the reader to better judge whether depersonalization, exploitation, harm, and corruption extend to all markets in human flesh, regardless of their transparency. Other neglected discussion points of interest in the text include the psychological and moral complexities of the international adoption market, in which parents may wish to surrender their children in the hope of giving them a better life abroad, even when the child is stolen; the extensive practical and ethical issues inherent in mandating identification of all providers of human biological materials; the perspective of altruistic donors such as the temple hair providers, whose gifts are subsequently commodified; and the pervasive theme of poverty, vulnerability, and the failure of governments to protect their citizens from the market.

In short, *The Red Market* is an excellent resource for the interested layperson or the student beginning his or her examination of trade in human bodies and their parts. However, those seeking a more profound

discussion and examination of the complex philosophical issues raised by the market will be disappointed. Carney succeeds in showing, rather than telling, the vivid horrors and insidious depersonalization of individuals and communities from whom supplies of human biological materials originate, whether through voluntary sales or theft. Although he makes no attempt to articulate the sense of disgust, anger, or sorrow the reader may feel in learning of grave-robbing or villages reliant on a kidney-based economy, this is perhaps best, as violations of human dignity are more easily identified than defined. Within the market, it is above all this failure to recognize human dignity—and consequently the lack of respect for the relationships that bind children to parents and donors to recipients of human materials and for the unique value placed in our detached parts and those belonging to the deceased—that underpins the harmful practices Carney seeks to avoid through the promotion of market transparency. Calling for “a major change in the way we think about the use and reuse of human bodies,” Carney argues we should accept that “we all are customers on [sic] a red market” in order to minimize harm (2011, 237). However, unless we reject the market altogether and seek out alternative strategies to prevent harm and to promote adequate supplies of human biological materials for those needs that cannot be prevented or addressed using alternate means, we may be condemned to a particular way of thinking about human bodies and their uses as appropriate commodities, which Carney has clearly shown to be a nightmarish vision of human society.

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