

The International Organ Trafficking Market

July 30, 2009

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With tens of thousands of Americans on a waiting list for donations, there is a thriving international black market for organs. Lindy Washburn, senior writer at *The Record*, and Nancy Scheper-Hughes, director of Organs Watch, explain the exchange of money for human organs.

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NEAL CONAN, host:

This is TALK OF THE NATION. I'm Neal Conan in Washington. Last week, FBI agents arrested 44 people in northern New Jersey - including mayors, legislators and rabbis - on corruption charges. Most of the allegations involve bribery and money laundering, but one stands out. Brooklyn Rabbi Levy Izhak Rosenbaum stands accused of trafficking in human kidneys.

A black market in organs may evoke images of faraway places with impoverished donors, shady brokers and seedy clinics, but Rosenbaum's arrest, the first of its kind in the United States, appears to confirm that the buying and selling of human organs is also conducted right here, with transplants by American surgeons in American hospitals. And with 80,000 Americans on the waiting list for a kidney, perhaps the news should come as no real surprise.

Later in this hour, the TOTN summer movie festival continues with the best adaptation of a favorite children's book. Send us your nominee by email: talk@npr.org.

But first, to the U.S. market black market in human organs. Tell us your story. Have you or a loved one ever considered buying an organ? Have you ever considered selling one? Our phone number 800-989-8255. Email us, talk@npr.org. You can also join the conversation on our Web site. That's at npr.org. Click on TALK OF THE NATION.

And we begin with Lindy Washburn, senior writer for health care at The Record, which covers north Jersey. She joins us from member station WBGO in Newark, and thanks very much for being with us today.

Ms. LINDY WASHBURN (Senior Writer, The Record): Glad to be here, thank you.

CONAN: And how does the FBI connect a rabbi in Brooklyn to the black market in human kidneys?

Ms. WASHBURN: The link between all these cases was a cooperating witness that had come to the FBI's attention because he'd been charged with bank fraud. And he apparently knew about Izhak Rosenbaum and called him, saying that he was interested in procuring a kidney on behalf of a friend, the friend being his secretary, who happened to be an undercover FBI agent.

CONAN: So this was a sting operation.

Ms. WASHBURN: It was a sting operation, and her story was that she had an uncle who was very sick with polycystic disease, had been on dialysis for several years and needed to get a transplant. So Dwek called Rosenbaum, and Rosenbaum invited them to his home in Brooklyn, where they went in February of

2008. They go out there, and they ask him about how he gets these kidneys and what his experience is...

CONAN: And we know this because these conversations are tape recorded.

Ms. WASHBURN: Exactly, yes. The complaint quotes from him based on the tape recordings that the undercover agent had made. So he tells them that he would be able to take a blood sample from her uncle and transport it to Israel, and there are hunters there who will find a donor. The cost for this would be \$150,000. He says he needs to schmear a lot of people, pay them for their services.

CONAN: Bribe them.

Ms. WASHBURN: Bribe them, exactly, exactly. He's got to deal with the doctors who will screen the donors in Israel with visa services. He has to arrange for babysitters as the donor/seller recovers in the United States, and then he pays the donor. Now, the investigator said at the news conference after the arrests were made that he paid the donor \$10,000. So you can see, even if his expenses were around \$50,000, he's - the profit motive is quite large here.

CONAN: And the tape recordings also have him boasting that he's done this a lot.

Ms. WASHBURN: Right. He even gave them references. And the undercover agent called one of the references, who's identified as Recipient Number 2, a New Jersey man who had procured an organ through Rosenbaum a year earlier and received the transplant at a hospital in the United States, but not in New Jersey, and said everything had gone very well. And the undercover agent, posing as a secretary, said and, you know, why do you think the donor did it? And the recipient said, well, I guess he needed the money.

CONAN: And all of this was done, as you suggest, at a U.S. hospital, and the rabbi was ready to help them with their story. The donor has to go in with the recipient and explain to the hospital why he's doing this.

Ms. WASHBURN: Exactly. So he - part of his job is that he's going to coach the ostensible donor, and they're going to concoct a story. He'll need to meet the uncle who's going to receive the kidney. And at one point, the FBI undercover agent says, well, let's just say, he's - you know, that they're third cousins.

CONAN: Mm-hmm.

Ms. WASHBURN: And Rosenbaum says, well, now, a family connection can be checked. It's better if we say he's a friend from the neighborhood, from the synagogue, you know, friend of the children, something like that. And...

CONAN: And this is plausible because there are people who do this altruistically.

Ms. WASHBURN: There are, and there's often, you know, distant cousins who come forward who do this. Transplant surgeons and their teams here in the United States are, you know, trained to screen donors and to, you know, go through a kind of psychological profile and a series of questions with them to weed out this sort of thing.

CONAN: But I guess the allegation, more broadly, is that people are also willing to look the other way.

Ms. WASHBURN: Yes. It's interesting, though, because the fact that he's talking about how he has to coach the seller of the organ seems to indicate that he doesn't have, you know, an actual network connection with the hospitals that are doing this. He's not bribing them. So they are trying to dupe them, but some hospitals may look more carefully at this than others.

CONAN: And is the suggestion that these other people picked up in this big corruption sweep, are they, these bribery and money-laundering charges, are they connected with this, as well?

Ms. WASHBURN: They're separate and distinct. I tried to ask the assistant U.S. attorney about that this morning, and the money, the \$10,000 down payment that the undercover agent provided through the confidential witness to Rosenbaum, was deposited in the accounts of some charities that Rosenbaum controlled, but those don't seem to be the same charities that the money-laundering scheme used in the United States. So the exact relationship among these different entities is not clear. What links them is the FBI's informant, Solomon Dwek, who was a real-estate developer in New Jersey, and you know, has been putting off his either indictment or plea agreement while he engages in these various sting operations.

CONAN: I guess if there is any connection it would come out in trial or other further legal proceedings, in case some of these people end up pleading guilty.

Ms. WASHBURN: Mm-hmm.

CONAN: And where does the case stand now?

Ms. WASHBURN: Well, the next step would be for either a plea agreement involving Rosenbaum or an indictment, and neither one of those is likely to happen for quite some time, I was told this morning.

CONAN: Thanks very much. We appreciate your time today. Lindy Washburn is a senior writer for health care at The Record of Bergen County in north New Jersey. Thanks very much for being with us today.

Ms. WASHBURN: You're welcome.

CONAN: And we want to hear from you. If you have ever considered buying a human organ on the black market or ever considered selling one, give us a call, 800-989-8255. Email us, talk@npr.org. Let's start with Paula(ph), Paula calling us from Southport, Connecticut.

PAULA (Caller): Hi, yes. I did consider actually selling a kidney at one time, about four years ago.

CONAN: Why?

PAULA: I had come out of - I had been married 18 years, and I couldn't even enforce child support for the children, and I was desperate. And then when I researched it, I realized the repercussions to health and that it's a very serious operation. But then I also - I had been approached, by the way, and I thought that - when I thought it over that it wasn't worth the 10,000 that I was being offered. What if one my children needed the kidney? I thought no, I won't, you know?

CONAN: Mm-hmm. Who approached you?

PAULA: I'd rather not say because we had gone by word of mouth, and I had - we had also done it by Internet. And then I just backed down when I researched it more and realized that there are real serious health considerations on the part of the donor that really aren't publicly known.

CONAN: Can you tell us anything about the person? I mean, I don't want a name, necessarily.

PAULA: You know, I didn't know enough about - I started checking this person out, and it was - they had a source locally, in Connecticut, and they wanted to meet with me, and I just backed down.

CONAN: And was there any discussion of where such an operation might take place?

PAULA: We hadn't gone that far.

CONAN: Okay. Paula, I think you made a wise decision.

PAULA: Right.

CONAN: Thanks very much for the phone call.

PAULA: Bye-bye.

CONAN: We turn now to Nancy Scheper-Hughes. She joins us from the campus of the University of California at Berkeley, where she is a professor of medical anthropology. She's also the founder of Organs Watch, a program that researches human organ trafficking around the world, and thanks very much for being with us.

Dr. NANCY SCHEPER-HUGHES (Professor of Medical Anthropology, University of California at Berkeley; Founder, Organs Watch): Thank you, Neal. It's good to be here.

CONAN: I wonder. Does Paula's story surprise you?

Dr. SCHEPER-HUGHES: No, not at all. There's many different routes into buying and selling kidneys. Some are organized by international brokers, as in the case of Izhak Rosenbaum. He was linked to a very, very large and extensive trafficking network that originates in Israel but is in about 12 countries, with brokers placed, like Izhak, in all of these locations, some, you know, some to hunt for kidney sellers, some to hunt on dialysis units to produce people who will travel and take the risk of breaking laws and doing this on faith. You often have to pay, in advance, large portions of money. Some people are brought from Israel and don't know where they're going, which city, which hospital, which country in some cases, because it's a very, very secret operation.

Now, in the United States, what's far more common - unfortunately over the last few years and very, very difficult, I think, to control because it doesn't have, you know, a single network that you can kind of trace the tentacles or the, you know, the pyramid structures, which Rosenbaum was involved in - in the United States it's a lot of independent brokers who set themselves up through the Internet and, you know, make their arrangements quite locally. And those brokers, I've communicated with several of them in the States. Sometimes, they're brokering in the States, and sometimes they're brokering with other countries - Manila, for example, has been a site that - very, very active brokering between patients on dialysis who are willing to travel to Manila and the several hospitals there.

People are more likely to go there than to India, which was the site at the beginning of all this, because many people came home not properly screened. They came home with mismatched organs. They came home very sick with HIV and Hep-C and other problems. So India kind of dropped out, Pakistan moved up, but the Israeli network is the most extensive, as I said, in terms of its organizational power, is quite incredible. And I've worked with investigators in Brazil, in Turkey and in South Africa, and they were broken up there. The United States was resistant.

CONAN: They were all elements of this same organization. We'll talk more about that after we come back from a short break. Coming up, more on the buying and selling of organs in the United States. We're taking your calls, 800-989-8255. Email us, talk@npr.org. Stay with us. I'm Neal Conan. It's the TALK OF THE NATION from NPR News.

(Soundbite of music)

CONAN: This is TALK OF THE NATION. I'm Neal Conan in Washington. The sweep that resulted in the

arrest of three New Jersey mayors, two state assemblymen and five rabbis last week, included one particularly shocking accusation. Prosecutors say at least one of the men trafficked in illegal human organs. We're talking about organ trafficking in the U.S. this hour with Nancy Scheper-Hughes. She's the founder of Organs Watch, a program that researches human organ trafficking around the world. And by the way, you can find a link to Lindy Washburn's article in The Record on the case at our Web site, at npr.org.

We also want to hear from you. Tell us your story. Have you or a loved one every considered buying an organ? Have you ever considered selling one? Our phone number, 800-989-8255. Email us, talk@npr.org, and you can join the conversation on our Web site. That's at npr.org. Click on TALK OF THE NATION.

And Nancy Scheper-Hughes, we were talking about this organization before. You said that in various parts of the world - in South Africa, Brazil, Turkey -officials were willing to act much more quickly. Why not so quickly here in the United States?

Dr. SCHEPER-HUGHES: I don't know because I did report, I think it's been in the newspapers, on the Brooklyn brokers to - at the request of public-health officials in New York. I always work through public health and transplant professionals. They said this is beyond our reach. You're talking about an international network. We'd like you to talk to this special agent. And I really puzzled over it. I'd never done anything like that before, but I did sit down with an FBI agent in 2002 and said this is the information I have. I have it from the mouths of people who have used this person. I have it also from transplant surgeons who were very worried about this in Israel. I'd made several trips to Israel and said, you know, this really is hurting us. It's hurting, you know, our own transplant...

CONAN: Mm-hmm.

Dr. SCHEPER-HUGHES: ...profession here. It's not a good thing. But nothing was done, and when I reported to ministry of health in Turkey, Moldova and Brazil and South Africa - all doing different things in the network. Some of the places, like Brazil, were being tapped for nice, fresh donors, you know, poor men living in the slums who were unemployed.

And in Turkey, it was one of the sites of operation. That is where patients would come from Israel, and in that case, the donors were being procured from collapsed agricultural villages in Moldova. And I went to Moldova and found out that over 300 men - at that point in my investigation, I'm sure there are many more now - in several villages of Moldova, had been recruited by brokers, local kidney hunters, and then passed on to higher-up brokers, trafficked to Turkey, and then some of them even came into New York City.

And, quite incredible to me, I spoke to the ambassador - American ambassador in Moldova at that time. I think he was an interim ambassador, and he said we need to report this to visa control because these men are being brought in by brokers. They're impoverished. Their shoes are - you know, they don't have proper clothing on. They look malnourished in some cases, and they're going to New York City as tourists. He said it didn't make any sense. So we finally decided to stop that, even though they would often have \$100 in their pocket. You know, the brokers would give them some money and say, you know, you have money. You have a relative that you're visiting, and the relative would be a broker in Brooklyn or in Philadelphia.

CONAN: All right, let's get some more callers on the line, 800-989-8255. Email is talk@npr.org. Vincent's(ph) calling from New Orleans.

VINCENT (Caller): Hi, Neal, how are you?

CONAN: I'm well, thank you.

VINCENT: Good. I hope you can hear me. I'm on a cell phone.

CONAN: Yeah, we're good.

VINCENT: Yeah, I never thought about purchasing an organ until my father got sick with cirrhosis of the liver. And I realized during that ordeal before he died, that the real crime in the country, and listening to Nancy talk about the whole system in the world, is that we do not pay for organs. And there is not a system set up to compensate people who are willing and able to donate organs for the people that are on these waiting lists.

CONAN: And what happened with your dad?

VINCENT: Well, the system is so bad, it's fragmented. I think Nancy touched on that. Depending where you are in the world, (unintelligible) and depending on how sick you are, you can wait an inordinate amount of time until you die, or you can sell everything, and pick up, and move to another state and hopefully get on another list, which is what they had to do in my case, my father's case. And we had looked into trying to purchase these things illegally, but you know, there's not really, like, a Web site you can go to and order these things online.

But it was so frustrating and horrible that there was this dichotomy about people who think that the moral stand to have these organs for sale, and while they're on their high horse saying that, people are dying.

CONAN: And as I understand it...

VINCENT: It doesn't make any sense.

CONAN: ...the waiting list for a kidney - I don't know about for a liver in your dad's case - but the waiting list for a kidney in someplace like New York is nine years, something like that, so...

VINCENT: Well, it's even worse...

Dr. SCHEPER-HUGHES: Liver is not that long. Liver is actually - but I know often it's so precarious, you need the liver very quickly, but I guess I have to ask you a very tough question. Why didn't someone in your family offer to give half a liver rather than buy it from a demolished person? No one is going to sell half a liver unless they're so desperate that they're under a kind of a death threat themselves.

VINCENT: Right. We were not told about that option and did not know about that until after my father had died.

Dr. SCHEPER-HUGHES: I'm very sorry to hear that.

VINCENT: There was an information disconnect, too, in terms of the family, and you know, from family members who are dealing with this, there's so much stress, of course...

Dr. SCHEPER-HUGHES: Right.

CONAN: Yeah.

VINCENT: ...and frustration. But we were not even told of that option. I did not learn of it until after he had passed away.

CONAN: Vincent...

Dr. SCHEPER-HUGHES: Unfortunately, I should tell you there are ways that are very problematic, and I think you would agree. There was, until I closed it down, a Web site in China that would sell livers and -

even from living people, but mostly from executed prisoners. And selling a half of your liver is not something that any righteous transplant surgeon would take part in, in taking a half of a liver. That's something that a very dear, close loved one who's totally screened and taken care of and protected afterwards. You don't just take a stranger and take a half a liver and send them back to a slum somewhere in the world.

CONAN: You mentioned a Chinese Web site. Russell(ph), on email from Tulsa, emails to ask: Is there any known case of organ trafficking over a popular U.S. Internet outlet, such as Craigslist, eBay, Facebook, MySpace, et cetera?

Dr. SCHEPER-HUGHES: Yes, of course there is, yes. I spoke to a young man not more than a month ago who was desperately seeking a kidney and was not doing well on dialysis. Some people can stay - I've known people, 20 years on dialysis who have managed okay. Some people can't tolerate it. In his distress, he thought of two possible options. And he listed on Craigslist and had people that were willing to do it, but it was 30,000 and above - 40,000 I think - and he was trying to bring it down. And his other option was going to Iran. He had some distant relations in Iran. And Iran is the only country that has a regulated sale-of-kidneys program. It's problematic, but it was done with great - good intentions 15 years ago. So they've been running this. It's only for Iranians, and it's only buying and selling within Iran. And it's handled by a patients' rights organization, but it still has problems.

CONAN: Let's get another caller on the line. This is Harry(ph) in Glastonbury, Connecticut.

HARRY (Caller): Hello.

CONAN: Go ahead, Harry.

HARRY: Okay. Two years, I altruistically gave a kidney to someone. And I blogged the whole event: the procedures beforehand, the tests. And then I got a call from someone saying that they represent someone of means to be able to, I guess, make sure that I'm all set up if I wanted to give them my kidney.

CONAN: But you'd already given one. You only have two.

HARRY: Oh, no, no, no. This was before. This was in the middle of all the testing.

CONAN: Oh, I see. And so somebody contacted you as you were blogging about this and said if you - you'd be well taken care of if you wanted to donate it to this other person.

HARRY: Correct. They just left a message. I didn't respond to it. I didn't want to respond to it. It wasn't up to me to decide who could live or die, and plus, you know, it could have been someone setting me up, too.

CONAN: Sure, could've been a sting of its own. Though...

HARRY: Yeah.

CONAN: ...if this arrest in New Jersey is the first of its kind in the United States, that would be unusual, too. Harry, do you know who ended up with your kidney?

HARRY: Oh yes. I met her daughter and her husband the morning of the surgery, in pre-op. They came to visit me. And then I met her about a month later. And we keep in touch, and every time I see her, she just seems so happy and so - you know, it's really good to see her.

CONAN: Well, Harry, that's an interesting story, and thanks very much for the phone call, appreciate it. And I'm sure your donee thinks very highly of it. So...

HARRY: Yeah.

CONAN: There is - the only way to avert these lists that we're talking about is if you can bring someone in, a friend or a relative, who can say I want to give my kidney, half my liver, whatever, to this friend, this relative. And that's the only way you can avoid waiting on the lists, the official lists, Nancy?

Dr. SCHEPER-HUGHES: Well, I just came back recently from France, at a very large transplant conference that included people from the Council of Europe and from WHO and French transplant professionals. And, you know, in Europe, the waiting lists are not like the United States and they do it with deceased donors. They do it via presumed consent. I don't like the term presumed consent. Nothing should be presumed about what one does and how one disposes one's self and one's body either alive or dead. But I think we could call something like universal donation, unless you have reservations that could be based on a number of...

CONAN: It's an opt-out thing as opposed to here it works...

Dr. SCHEPER-HUGHES: An opting out.

CONAN: ...as an opt-in.

Dr. SCHEPER-HUGHES: An opting out.

CONAN: Yeah.

Dr. SCHEPER-HUGHES: And it does work well in Europe. And only seven percent of all kidney transplants in France are done with living donors. In many parts of Europe - and I've been to Portugal and Spain - they do not like asking living people. Of course, we know people can live well with one kidney. Some people are born with one kidney. But they don't think it's proper. I refer to green donation versus red donation. I think of recycling the bodies of the dead as green and as more appropriate than making an individual go through - I've observed many living donor - It's a very, very onerous operation and...

CONAN: As I understand it, though, a living donor, a kidney from a living donor or, indeed, any other organ, the recipient will do better if it's a living donor.

Dr. SCHEPER-HUGHES: Well, that would be true if it was a heart, too. But unfortunately, we can't take a fresh heart from a person.

You know, these are moral issues. I don't think that it should be a tax on a body of the living to do this until we're positive we've done everything to set up an efficient donor system.

CONAN: Mm-hmm.

Dr. SCHEPER-HUGHES: And UNOS has been a wonderful organization, but it has been very, very reluctant to go with the notion of opting out. They just feel that the American temperament, personality - they're not going to want that because they'll feel it's government intervention in some sense in your lives that, no, I don't even own my own body.

CONAN: Yeah.

Dr. SCHEPER-HUGHES: But since it does work so well in Europe and does so little damage and potential harm to people who are donors - I mean, it's a serious operation.

I mean - and to say that a living kidney is better than a deceased kidney is part of what's driven people to

be transplant tourists. I've heard many of the transplant tourists who travel, say, I don't want to ask this of a loved one. I'd rather buy from a stranger. And so, it actually suppresses the donation among loved ones, which is moral, ethical and, you know, a beautiful act. But to buy from a stranger, who you have no responsibility to and you don't care what happens to them afterwards, is really entering into an ethical and moral gray zone.

CONAN: And talk about that, here's an email we got from Paul(ph) in San Francisco: I'm in the process of being listed for a heart transplant. I've been amazed at the number of people who suggested I go abroad for a heart transplant. Heart transplants require the death of a donor. By offering money, I'd be offering a reward for someone's death and I don't want any part of that. I'd prefer to wait for a donor organ and to remind willing donors that if you want to donate organs, sign your donor card and tell your family.

We're talking about the market in human organs here in the United States with Nancy Scheper-Hughes. You're listening to TALK OF THE NATION from NPR News.

And let's go to Simone(ph). Simone with us from Minneapolis.

SIMONE (Caller): Hi. I have two comments, I guess. One is I used to work in a transplant office and we encountered several patients who would one day show up to us extremely sick. And they had just returned from Pakistan to get an organ and had paid for it. And we still had to take care of those patients, you know, yet we had no idea what kind of testing they had gone through. They were very sick - or they had a transplant, were very sick, then flew back to the United States with no follow-up in between the time. So, I found that very disturbing. And - but yet, you know, some of them were on Medicaid, in fact, or Medicare, in fact, and we still had to provide them services.

And my second comment is I'm actually - I was a living donor nine years ago, and it was to my mom. But having seen all these people living on dialysis, or with a fear of maybe it not working one day, that even if I hadn't donated to my mom, I feel like I would have donated to somebody else. So - and it was a very positive experience for me.

CONAN: Hmm. And, Simone, have you seen any of those cases you talked about, the recipients coming in with diseases - any lately?

SIMONE: No, I've been out of - I haven't worked for that office for probably about nine months. But there were some - it was every few months, someone would come in with - but it was just the mere fact that they had gotten a transplant and they had never been on medications to prevent rejection.

CONAN: And those medications have improved greatly, which makes transplants from strangers much more feasible, but you do have to take the drugs.

SIMONE: Right. Otherwise, you can have acute rejection, or you become very sick and have partial - I mean, there's all sorts of things that can go on.

CONAN: All right. Simone, thanks very much for the call. Appreciate it.

SIMONE: Thank you. Bye-bye.

CONAN: And, Nancy Scheper-Hughes, before we let you go, you've talked about this one Israeli-based organization. Are there others that you think you know about, or just - or is it more locally involved operations around the rest of the country?

Dr. SCHEPER-HUGHES: Well, there's many, many operations that are specific to Egypt and Turkey, China, India, Pakistan. Pakistan is very - excuse me, I have something in my throat.

CONAN: That's okay. Take a moment and cough it out.

(Soundbite of coughing)

Dr. SCHEPER-HUGHES: So, you know, I think I can't...

CONAN: It's all right. This happens to live radio and we apologize for this. But nevertheless, it's nothing to be embarrassed about.

Dr. SCHEPER-HUGHES: I have a touch of asthma and I think I'm reacting right now.

CONAN: Well, Nancy, then we're going to have to let you go and thank you for your time. We don't want to certainly...

Dr. SCHEPER-HUGHES: Thank you.

CONAN: ...exaggerate your asthma. Nancy Scheper-Hughes is a...

Dr. SCHEPER-HUGHES: Yes.

CONAN: ...a chancellor's professor of medical anthropology at the University of California at Berkeley, and director of Organs Watch, a Berkeley-based organization that monitors the sale of human organs, served on two WHO advisory panels on transplant trafficking and transplant safety, and joined us from studio on the campus of the University of California at Berkeley.

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michael courter (Mike_Courter) wrote:

I am surprised that no one on this show mentioned one of the great crimes of our time: The targeting of Falun Gong practitioners in China for the removal of their organs. This crime has been thoroughly investigated but rarely mentioned on the news. The case was pretty much proven by this investigation <http://organharvestinvestigation.net/> and confirmed by investigations by the United Nations and Others. I wonder when NPR is going to start covering this issue.

Sunday, August 02, 2009 10:40:18 PM

[Recommend \(1\)](#)

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Howard Kwong (AiYahh) wrote:

If I were to ever need an organ and had a lot of money, I'd spend whatever I had to, in order to get that organ. Having said that, if I could make some money and sell a part of my body and it doesn't affect my lifestyle too much, sure, I'd sell.

Friday, July 31, 2009 5:57:01 PM

[Recommend \(1\)](#)

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R H (littlehunt) wrote:

Yes, it does seem hypocritical for Israelis to be so involved when 9 out of 10 Jews would use their religion as a reason for not donating.

DON'T TAKE THEM WITH YOU! DONATE EVERYTHING!!! A great act of generosity that literally costs you nothing! And how often is that true?

Friday, July 31, 2009 12:39:14 PM

[Recommend \(2\)](#)

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Lee Wright (leewright) wrote:

Moral outrage should be focused on the fact that tens of thousands of people die awaiting transplants. There is no shortage of suitable organs; they go to the grave without transplant.

Why should we continue to support the current laws and procedures here in the U.S. when they have caused so much needless misery?

Thursday, July 30, 2009 2:27:27 PM

[Recommend \(1\)](#)

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Lilya Lopekha (LilyaLopekha) wrote:

Question for the Guest:

New Jersey case. Why Israel? Everybody knows that Jewish people do not religiously share things/marriages with other people, let alone organs.

Israel needs organ and donors in Israel. There are credible rumors that the subject organs are removed from young Palestinians who die under captivity. Is there any way of investigating this?

Thursday, July 30, 2009 2:05:49 PM

[Recommend \(7\)](#)

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