



## Generating Ambivalence: Media Representations of Canadian Transplant Tourism

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**ABSTRACT** *This article addresses transplant tourism as one facet of the international organ trade. It asks whether mainstream media portrayals of Canadian transplant tourist journeys convey messages supportive of stronger efforts to stop extra-territorial organ purchase. A postcolonial theoretical approach using Mary Louise Pratt's study of travel writing is employed to conduct a discourse analysis of Canadian media and cultural representation from 1988 to 2015. The public learns that transplant tourism is "bad" but understandable, and either not our problem or a symptom of another problem. Three forms this message takes are: the broader organ trade is a distant and insurmountable problem; transplant tourists are innocent victims; and, resolution of a larger, national organ scarcity problem will end transplant tourism. I conclude that the media generates ambivalence towards the issue of transplant tourism. Reader attention is drawn away from health outcomes and human rights, especially of organ providers – reasons Canada might do more to stop transplant tourism – towards the challenges faced by transplant tourists, with the effect of eclipsing public discussion of whether and how to stop Canadians from buying organs in other countries.*

**KEYWORDS** transplant tourism; organ trade; postcolonialism; Canada; media

### Introduction

Transplant tourism is one facet of a diverse, transnational organ trade. Patients who travel out-of-country to avoid prohibitions on the exchange of money for an organ are considered transplant tourists.<sup>1</sup> Patients who travel out-of-country to avoid prohibitions on the exchange of money for an organ are considered transplant tourists. Since the mid-1990s, a small number of

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<sup>1</sup>The definition excludes "travel for transplantation," which is legal and does not involve organ trafficking (coercion, deception, or abuse) or commercial transaction (see Participants in the International Summit On Transplant Tourism and Organ Trafficking, 2008).

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Canadians with end-stage organ failure have become transplant tourists by traveling to India, Pakistan, China, the Philippines, and other countries to purchase “transplant packages” from clinics that broker organs (one centre records 69 Canadian transplant tourists from 1998 to 2013; see Prasad et al., 2016; Skelton, 2007).<sup>2</sup> Through buying from or coercing donors, these transactions are implicated in the violation of the human rights of organ providers, are illegal in host countries (with market bans now in 100 countries), are condemned by every organization of global governance, and are advocated against by an international anti-transplant abuse campaign led by the 2008 Declaration of Istanbul (Amahazion, 2016). There is evidence of negative health outcomes for organ recipients (Prasad et al., 2016; Yakupoglu et al., 2010) and live organ providers (see e.g., Budiani-Saberi & Delmonico, 2008; Lundin, 2012), including reports of death (Thakur, 2013), and of state-sanctioned systematic use of prisoners’ organs in China (Delmonico, 2011; Matas & Trey, 2012; Shimazono, 2007; United States, 2016).

Social science scholarship on the organ trade has shifted over time from documenting transactions and health outcomes to surveying and comparatively analyzing efforts to stop the organ trade (Bagheri & Delmonico, 2013; Budiani-Saberi & Columb, 2013; Cohen, 2013; Kelly, 2013; Lavee, Ashkenazi, Stoler, Cohen, & Beyar, 2013; Scheper-Hughes, 2000). Although reproductive and medical tourism studies (e.g., Markens, 2012; Snyder, Crooks, Johnston, & Kingsbury, 2013) can provide insight, there is a paucity of empirical research on public understanding of transplant tourism in client countries.

Recently, Martin et al. (2015) asked “what more can be done” to stop the organ trade and identified extra-territorial legislation extending domestic market bans to individuals’ actions outside the country as promising. To date, Canada has taken a deterrence approach, and three parliamentary bills for extra-territorial legislation criminalizing transplant tourism have failed. Public attitudes towards transplant tourism in Canada have yet to be analyzed (for the United States, see Bhalla & Takooshian, 2011). Based on the premise that dominant media framings and the extent of press coverage help shape public attitudes and policy (Gerlach, Hamilton, Sullivan, & Walton, 2011; Jameson & Entman, 2005), this study examines Canadian mainstream media (predominantly newspapers), films and books. Through qualitative analyses of journalistic accounts of transplant tourist travel, I ask: What do Canadian media audiences learn about Canadian transplant tourism? The study aims to uncover whether messages in mainstream media and cultural productions are supportive of stronger action against transplant tourism.

Using a postcolonial theoretical lens inspired by Mary Louise Pratt’s (2008) scholarship on travel writing, I argue that Canadian media generate ambivalence towards transplant tourism; what the public learns is that

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<sup>2</sup> Systematic data collection in Canada on international transplants in the Canadian Organ Replacement Register does not capture whether transactions were commercial or legal.

transplant tourism is “bad” but understandable. Ambivalence is fostered through three common themes in Canadian media: that the broader organ trade is a distant and insurmountable problem; that transplant tourists are innocent victims; and that changes to domestic policy are key, based on the claim that the resolution of a larger, national organ scarcity problem will end transplant tourism. These messages are likely to generate ambivalence among Canadians towards transplant tourism, and deprioritize legislative action by shifting public concern away from protecting organ providers towards solving the organ shortage. The article proceeds in five sections: background, theory, data and methods, findings, and discussion.

### **Background**

An international anti-transplant abuse campaign coalesced in 2008 with the Declaration of Istanbul, supported by the United Nations, the World Health Organization, and the World Medical Association (Participants in the International Summit On Transplant Tourism and Organ Trafficking, 2008). After years of establishing legislation and enforcing prohibitions on the organ trade in host countries, attention is turning to buyer countries. Canada enforces a market ban on trade in human organs, but only within its territory, and experts continue to disagree on the best policy mechanism to eradicate transplant tourism.

When initial reports of Canadian transplant tourists emerged in 2001, then CEO of the British Columbia Transplant Society, Bill Barrable, told a reporter, “it’s a no-brainer... It’s clearly illegal in most parts of the world” (Priest, 2001). The Society lobbied the federal government to introduce extra-territorial provisions. Between 2008 and 2013, two Members of Parliament introduced three different Private Member Bills in Canada’s House of Commons, each seeking to amend the Criminal Code by “imposing penal sanctions for persons who, in Canada or outside Canada, are involved in the medical transplant of human organs or other body parts obtained or acquired as a consequence of a direct or indirect financial transaction or without the donor’s consent” (House of Commons Parliament of Canada, 2008).<sup>3</sup> Other clauses in the bills established certification and mandatory health care professional reporting to ensure that source organs for out-of-country transplant surgeries were legally donated (Matas, 2014). All three bills died on the order papers when the legislative session adjourned.

Meanwhile, in 2010, a policy statement was released by the Canadian Society for Transplantation and the Canadian Society of Nephrology advising physicians to deter Canadians from buying organs abroad (Gill et al., 2010). Recommended techniques include denying pre-transplant testing, informing

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<sup>3</sup> In February 2008, MP Borys Wrzesnewskyj introduced Bill C-500, and later Bill C-381 in May 2009. Then, former MP Irwin Cotler introduced Bill C-561 in December 2013. Private Member Bills have a high rate of failure.

transplant candidates of potential harms to themselves and vendors, conveying ethical objections, and withholding follow-up care for patients referred and accepted by another physician (Wright, Zaltzman, Gill, & Prasad, 2013). There are no studies to date that measure the effectiveness of deterrence, nor could this be easily assessed. There is evidence that Canadians continue to buy organs in other countries (Prasad et al., 2016).

It is important to note that although this study focuses on mainstream media, films, and books, contestations to their dominant messages do exist in less accessible documentaries, books, and artwork that foreground the experiences of organ providers and advocate on their behalf. For example, two Canadian public art installations, *Rough Cut* (Turner et al., 2007) and *Spare Parts* (Turner, Dewey-Hagborg, Moniruzzaman, & Ruxton, 2015), present the perspective of Bangladeshi organ providers, based on Monir Moniruzzaman's (2012, 2013) research. There are also several documentaries (Lee, 2014; Stone, 2015) and books that seek to end organ provision from prisoners in China (Gutmann, 2014; Matas, 2009; Matas & Trey, 2012). I would also put Rama Rau's film, *The Market* (2010) – a transplant tourist story with a twist – in this category. After a lengthy meeting between a Canadian buyer and Indian organ provider, the buyer aborts her quest, returning home to continue dialysis treatment with a new perspective on suffering.

## Theory

To interpret the cognitive maps written by the media to make sense of transplant tourism, the analysis draws on postcolonial theory, specifically the theoretical tools developed by Mary Louise Pratt (2008). Early on transplant tourism was conceptualized as neocolonial with human organs viewed as the latest commodity to be extracted from less developed countries to benefit the metropole (Harrison, 1999; Scheper-Hughes, 1998, 2000, 2003). Physicians concur with the objection that transplant tourism undermines national resources (organs, professionals and transplant centres) serving their own population (Participants in the International Summit On Transplant Tourism and Organ Trafficking, 2008).

Within postcolonial theory, the approach and key concepts Pratt (2008) develops in *Imperial Eyes: Travel Writing and Transculturation* remain seminal to analyzing lingering ideologies of colonialism, especially in studies of tourism and travel writing (Johnson, 2010). Pratt examines how “people sought to depict the changing global order to themselves through stories” (Pratt, 2008, p. 238). For Pratt, the social construction of knowledge of the world beyond Europe – especially race difference – does not produce an accurate account of other people and places. Rather, an imperialist gaze, by and for Europeans, generates stories for home audiences that constitute and exalt their subjecthood in relation to others. Pratt's data and methods compare

18<sup>th</sup> and 19<sup>th</sup> century travel writing genres using autobiographical accounts of travel. In a 2008 additional chapter, Pratt broadens her dataset to third person accounts to analyze press coverage as a contemporary form of travel writing.

One genre Pratt identifies is sentimental dramas she calls “survival stories.” Rather than dry accounts of observations from another land, authors paint colourful stories of danger and heroic encounters with the unknown in which the protagonist returns to tell the tale. The “death dramas” of migrants at borders are, in Pratt’s view, contemporary survival stories of globalization that “grip and resonate in the metropolitan public imagination” (Pratt, 2008, p. 240). I postulate that mainstream media stories of transplant tourism can be seen in the same light. Transplant travel tales fascinate Canadian audiences. Readers of these stories, like those of Pratt’s texts, are interpolated to adopt the position of organ buyers, not providers, and what matters most in making sense of voyages is what is happening at home.

Pratt’s analyses occur in what she calls the “contact zone... where peoples geographically and historically separated come into contact with each other” and where there are “radically asymmetrical relations of power” (2008, p. 6). Although the material reality is one of unequal relations, survival stories tend to assert protagonists as innocent and social relations as fair. One concept Pratt uses to capture claims of innocence is reciprocity. Drawing on Marx, reciprocity rhetoric projects a “win-win” image of fair exchange epitomized by the values of freedom, equality, property, mutual selfishness emphasising free will in the exchange contract, and trading equivalent for equivalent. Pratt describes reciprocity as “capitalism’s ideology of itself” arguing that it suppresses the difference between equal and unequal exchange (2008, p. 84). In her analysis, claims of innocence play a central role in how European travel writing justified imperialism to the European reading public.

### **Data and Method**

The data search strategy created two datasets. First, Canadian Major Dailies and CBCA Complete were searched using the terms: transplant\* AND Canada\* AND organ AND (tourism\* OR traffick\* OR sales\* OR harvesting). This resulted in 395 articles, the earliest in 1988 and most recent in 2015. After removing exact duplicates (syndicated articles carried in multiple newspapers remain) and applying inclusion criteria, 233 items remained. Inclusion criteria were: news media, non-fiction books and films, with the key words “organ trade” and “Canada.” Blog posts, social media and fiction were excluded. This dataset informs the quantitative analysis of article volume per year (included to indicate the extent of press coverage of the organ trade). A second culling process removing syndicated articles resulted in a sample of 74 unique newspaper and online news articles that were entered into qualitative data analysis software (Atlas.ti). A limitation was the exclusion of broadcast news from available databases. A Google search was

conducted with the same search terms, leading to the inclusion of eight film and television documentaries and one book, for a total yield of 83 items. Data on viewership were not available, and estimating readership for all newspapers was beyond the scope of the analysis.

The study draws on constructionist approaches. I interpreted the data using postcolonial theory, specifically Pratt, and employed critical discourse and framing analysis as the method (Entman, 1993; Garrison, 1988; van Dijk, 1993). The analytical process entailed first reading the book and a 2007 film documentary transcript, watching the most recent film, and reviewing notes made after watching two films released in 2004 and 2010 (the 2003 film was not available) (see Table 1). I then analyzed the 74 newspaper articles by cycling through iterative and integrated processes of data segmentation (coding) and refining, using (quantitative and qualitative) analysis functions to assess relationships, and identify patterns (noted in comments and memos) in Atlas.ti (Contreras, 2015). Segmentation isolated the problem, its causes, solutions, and how key actors are described (organ providers, recipients and brokers). Themes emerged from working through these steps while continually revisiting Pratt's *Imperial Eyes*. This process was done for the full dataset, with a closer reading of 12 articles covering single transplant tourist journeys.

Year	Title	Type	Home	Destination	Director/Author
2003	Transplant Tourism	Documentary	Canada	Turkey, Philippines	David Paperny
2004	Organs for Sale	Documentary	Denmark	Pakistan	Steen Jensen
2007	A New Life	Television Documentary	Canada	Pakistan	Sandie Rinaldo
2009	Larry's Kidney	Book	U.S.A.	China	Daniel Asa Rose
*2010	The Market	Documentary	Canada	India	Rama Rau
2013	Tales from the Organ Trade	Documentary	U.S.A., Canada	Kosovo, Turkey, Moldova, Philippines	Ric Esther Bienstock

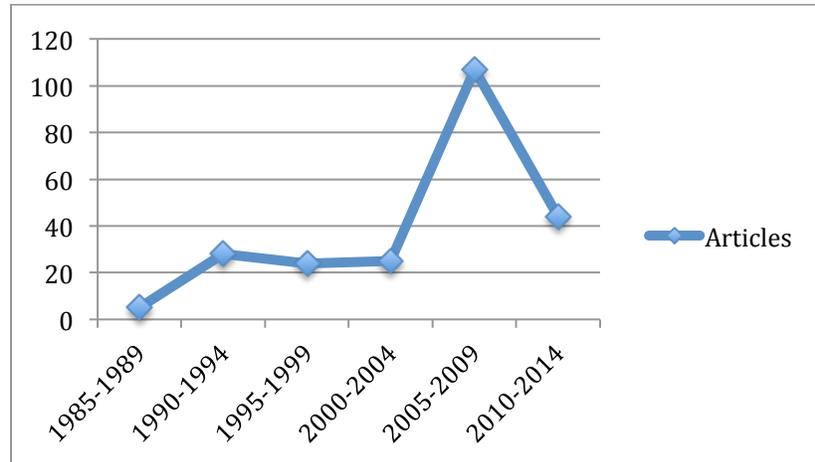
\* Classified as part of the anti-transplant abuse campaign in the background section.

Table 1: Transplant Tourist Stories in Documentaries and Books available in Canada

## Findings

### *Distant Problems: The Organ Trade Context*

Transplant tourism is situated within the context of the organ trade. It was in the early 2000s that Canadians first learned about the trade, its different manifestations, and its Canadian connections. Press coverage of the organ trade was low but steady from 1988 to 2014, aside from a peak between 2005 and 2009 (see Figure 1).



Source: Canadian Major Dailies; N = 233

*Figure 1:* Media stories in Canadian newspapers on the organ trade (includes syndicated articles carried in multiple newspapers).

The overarching discursive framing of the organ trade, based on a qualitative analysis of 74 unique newspaper articles, is sensationalist and presents the trade as distant and insurmountable. Canadian connections – predominantly through transplant tourism – were compelling but infrequent hooks for Canadian journalists.<sup>4</sup> Far more media articles on the organ trade discussed forms of trafficking, global law enforcement challenges, or China’s state-led systematic abuse. The cognitive map drawn through these analyses delineates a “geography of difference” (Harvey, 1997) – a simplistic “here” versus “there” framework – that presents the organ trade as an unfamiliar “modern horror” beyond our borders (Boy’s Eyes Gouged Out in Horror Attack, 2013) and also elevates Canada and the Canadian organ donation system.<sup>5</sup> As such,

<sup>4</sup> Other connections are rare reports of Canadian organ brokers and the involvement of Canadian lawyers.

<sup>5</sup> Fearful imagery is also conjured through media-created monikers: “Dr. Horror” for Amit Kumar and “Dr. Vulture” for Dr. Yusuf Sonmez, a Turkish transplant surgeon wanted by police for illegal surgeries.

the organ trade is not seen as “our” problem, and its solution lies elsewhere; we are primarily spectators of what may simply be another insurmountable “chilling reality” of globalization (Chung, 2008). Information about new legislation criminalizing the organ trade in various countries (primarily as a facet of human trafficking) was less commonly published during this period, often in stand-alone reports or as passing references within narratives about an organ trade beyond control.

The peak period of Canadian press coverage between 2005 and 2009 coincided with the flourishing of the organ trade and greater international policy attention.<sup>6</sup> One-third of 233 articles covered the case of Amit Kumar, a suspected organ broker wanted by police in India in 2008, who was alleged to own a home in Brampton, Ontario.<sup>7</sup> Sensationalist reports identified the organ trade as a problem in and for India (e.g., Wattie, 2008), yet Kumar’s Canadian home was often highlighted, perhaps because his potential proximity disrupts the comfort of typical “beyond our borders” framing of the organ trade.

With half as many articles in the next five-year period, 2010-2014, the press reported on more extreme cases, such as that of a teenager in China who allegedly exchanged a kidney for an iPhone and iPad, and that of a child whose corneas were egregiously and forcibly removed and sold (“Five Charged After Teenager Sells Kidney to Buy iPhone, iPad,” 2012; Talaga, 2013). Reports about two organ trafficking rings in Kosovo were also frequent between 2010 and 2014, including coverage related to the case of a transplant tourist from Toronto, Raul Fein, who bought a kidney in Kosovo in 2008. Fein testified at the trial leading to the conviction of two men on charges of human trafficking and organized crime in 2014 (Kosovo Organ Traffickers Jailed, 2013).

The organ trade problem is presented as an accepted reality mired in the complexity of global issues. Opening lines such as, “it is now possible to order an organ on the Internet,” (Bindel, 2013, A25) convey a sense that the organ trade is now normal – simply part of the new biomedical realities of globalization. The geography of difference is evident in some articles. One states:

It’s illegal to buy or sell human organs in Canada. Heartbreaking as this may be for patients who will die unless a diseased body part is replaced, their desperate families and the agencies struggling to manage swelling waiting lists for donor organs, the law is firm.

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<sup>6</sup> There were eight websites posted by hospitals explicitly offering transplant tourism packages in 2007 (three in China, four in Pakistan, and one in the Philippines), and experts estimated 30 to 50 Canadians engaged in the trade as buyers per year (Shimazono, 2007). Host countries began acknowledging the organ trade as a problem, and a key turning point was reached at the supra-national level with the Declaration of Istanbul.

<sup>7</sup> Kumar was convicted in 2011 (Thakur, 2013); this endpoint was not reported in Canada, and his Canadian connection was never confirmed.

Outside Canada, however, it's a free-for-all, as reports in the *Star* by Julian Sher make clear. Patients can buy an organ from anyone who is willing to sell one or from organ trafficking rings that recruit impoverished people with promises of big money or snatch inmates from prisons, youngsters from orphanages and refugees from camps. (Curb Trade in Human Organs, 2012, p. A12)

This passage from a condemning *Toronto Star* editorial titled "Curb Trade in Human Organs" nevertheless conveys, with its claim that outside Canada "it's a free-for-all," that the organ trade problem is beyond our borders and reckoning. Extra-territorial legislation is dismissed because, "it was never clear how this would be enforced. That difficulty continues to impede efforts to come up with a legislated solution" (Curb trade in human organs, 2012, p. A12). The only proposed answer is to increase organs in Canada. In another article, the argument that the organ trade is insurmountable takes the form of blaming (legislative) failure in host countries: "despite prohibitions, an underground market thrives in nations such as China, Egypt and Brazil" (Anderssen, 2011, n.p.).

Using the "word cruncher" quantitative tool in Atlas.ti, "China" is the most frequently mentioned country in the dataset, at 23%, compared to the next most frequent, the Philippines, at nine percent. At around 20% each, "trafficking," "kidneys," "donor," and "rights" are also frequently used words. Reports about China cycle between claims of forced organ harvesting of executed Falun Gong and minority prisoners, of Chinese authorities admitting most organs come from executed prisoners (starting in 2006) (Laogai Research Foundation, 2011), and announcements of changes or continuity related to voluntary donation by non-prisoners. Common themes in these articles include violations of donors' human rights, the organ shortage, and trafficking. With few links to Canadians or Canadian foreign policy, they tell readers about a problem happening somewhere else in the world.

#### *Wrongdoing Implied and Absolved: Transplant Tourists as Innocent Victims*

Journalistic accounts of transplant tourists' voyages are contemporary biomedical, neo-colonial examples of the type of colonial era survival stories analyzed by Pratt. Typically third person narratives, five documentaries and one book follow a transplant tourist from Denmark, Canada, or the United States on their journey overseas (see Table 1).

Through a dominant discursive frame, transplant tourists are absolved of responsibility for potential harms to organ providers and public understanding is channeled towards challenges faced by transplant tourists. Ethical controversy is consistently noted by narrators in the abstract, and inconsistently as a concern of transplant tourists, and organ providers make only brief if any appearance in these stories. Three sub-themes of the discursive frame are examined: condemnation and the standpoint of

transplant tourists; innocence generated through organ scarcity and ignorance; and reciprocity. Each of these is discussed in turn below.

### *Condemnation and the Standpoint of Transplant Tourists*

Of 74 media articles, only a few Op Eds (e.g., Kilgour & Matas, 2010; Somerville, 2008) clearly condemn transplant tourism. Most ethical claims are isolated passages within texts that carry one or all of the three overarching themes identified as generating ambivalence. A good example is a Reuters news service article, “Global Trade in Body Parts,” that ran in Saskatoon’s Star-Phoenix:

Paul Lee got his liver from an executed Chinese prisoner; Karam in Egypt bought a kidney for his sister for \$5,300; in Istanbul Hakan is holding out for \$30,700 for one of his kidneys. They are not so unusual: a dire shortage of donated organs in rich countries is sending foreigners with end-stage illnesses to poorer places like China, Pakistan, Turkey, Egypt, Colombia and the Philippines to buy a new lease of life... According to surveys compiled by the Coalition for Organ-Failure Solutions, which combats the trafficking of human organs, 48 to 86 per cent of kidney donors in Egypt, Iran, India and the Philippines reported a deterioration in their health, such as being tired more easily and not being able to carry heavy loads as before. Most regretted their decision. (Tan, 2007, p. L1)

Many articles only acknowledge that transplant tourism is considered “controversial” and “critiqued” by ethicists (Jimenez, 2004). Others directly express ambivalence; the headline “Organ Trade Cuts Both Ways” cites *Tales of the Organ Trade* filmmaker Ric Esther Bienstock, who refers to “realizing there was a lot of moral ambiguity” (Turnbull, 2013). Such references imply wrongdoing but quickly return the focus to what is at stake for transplant tourists. As such, ethics primarily adds intrigue. Although it is standard in policy literature to characterize transplant tourists’ decision to travel as a dilemma (Garwood, 2007), the media examined in this study did not generally attribute moral qualms to transplant tourists. Ethical unease is, however, inadvertently implied in the few cases where tourists are described as trying to supplement organ provider compensation.

The common narrative is a sympathetic account of transplant tourists’ point-of-view; they are heroes “forced” to travel abroad, who survived the journey. The front page of the *Globe and Mail* published the story of two-time transplant tourist, Matin Khan, with the headline, “Organ Transplant Abroad: One Person’s Ordeal” (Priest, 2003). A decade later, the media again emphasized Khan’s two-year struggle before and after acquiring a kidney through transplant tourism in Pakistan (Canadians Desperate for Transplants Turn to Illegal Organ Trade, 2013). Although “one-way” information is a feature of all travel writing, media representation of the organ trade contact zone is characterized by the public learning almost nothing about how organ

providers come to, experience, and depart from the experience, especially in their own words. In Khan's case, we learn that she's troubled about leaning on her family for money to pay for surgery, not about the organ purchase.

A good example of the transplant tourist narrative as a survival story is *A New Life*, a 2007 television documentary aired nationally about Robert Zurrer's 2006 journey to Pakistan to buy a kidney. Narrator Sandie Rinaldo opens by inviting audience intrigue:

With all his faith in foreign hands, what exactly is this Canadian in for? Facing life on dialysis, Rob is buying a kidney. He'd have to wait years and years in Canada, but not in Pakistan. It's expensive, about \$30,000 for the operation and travel. (Zurrer & Rinaldo, 2007)

The film crew follows Zurrer and his sister as they arrive at Aadil Hospital in Lahore, Pakistan. Marking a geography of difference, the narrator announces:

The hospital's success rate may meet international standards, but Anne is *horrified* by what she sees. Ann says, "I'm not impressed. *It's dirty*. It's not finished in places. It's got washrooms that don't look right." (Zurrer & Rinaldo, 2007)

Other films similarly show Canadian organ tourists unimpressed with standards abroad (Rau, 2010), and viewers are thereby encouraged to adopt the transplant tourist's perspective.

The audience then follows Zurrer as he meets his donor and learns bits of information about him. When surgery is delayed because the donor has a fever, how this affects the transplant tourist is what matters: their difficulty, anxiety, sleeplessness, and concerns about the health of the organ. The drama deepens after the surgery when Zurrer's health fluctuates. Rinaldo asks the audience, "will he make it back home?" (He does, after a stopover for medical care in Thailand). By contrast, the donor has disappeared.

Another example is Daniel Asa Rose's memoir, *Larry's Kidney*, which humourously recounts a quest for a kidney in China, focussing on the relationship between two cousins (Rose, 2009). Ethical concerns about organ donors are absent in the book. As anti-transplant abuse advocate Ethan Gutmann states (Stone, 2015), Rose and his recipient cousin are "wilfully and shamefully ignorant" of the source of the kidney.

Media accounts invite audiences to adopt the standpoint of the transplant tourist, imagining themselves or their family member in need of an organ and embarking on a difficult journey of survival. Transplant tourists are always shown to be successful, overcoming fears of the risks, discomforts, and financial barriers of foreign surgery. They are portrayed as victims, complicit in an unethical act but deserving of empathy.

*Innocence 1: Victims of Scarcity and Ignorance*

As Columb (2015) found in policy reports, transplant tourism is invariably cast by journalists and experts alike as a symptom of organ scarcity. Somerville writes:

There is now a serious worldwide shortage of organs, including here in Canada. That's a life-and-death crisis for people in need of organs. Desperate people engage in desperate measures, including transplant tourism, organ trafficking and the sale of organs across international boundaries. (Somerville, 2008, p. A15)

Following a common pattern, the article about Matin Khan presents statistics about average wait times and deaths for those awaiting transplant. It describes how she “endured an anxious wait for the organ that never arrived,” being told: “seven years later, you may not be able to get your kidney” (Priest, 2003, n.p.). The figures support the assertion that as a victim of a dangerously inadequate healthcare system, “for Ms. Khan, travelling to... Pakistan... was a risk worth taking” (Priest, 2003, n.p.). Similarly, the documentary about Zurrer concludes by endorsing the transplant tourist’s decision based on organ scarcity: “if he hadn’t gone to Pakistan he’d still be on a waiting list in Canada” (Zurrer & Rinaldo, 2007).

Multiple effects flow from positioning organ scarcity as the larger problem and cause of transplant tourism. The discourse of organ scarcity situates transplant tourists as innocent victims of a healthcare problem; they are reluctant travellers, compelled to take radical action. A frequent claim prominent in the film *Tales of the Organ Trade*, is that buyers “have no choice” (Bienstock, 2013). Organ purchase is thus an understandable, rational, even necessary step taken to alleviate suffering, avoid dialysis, and delay death.

Empathy towards buyers is also generated through claims of ignorance, as in press coverage of Thanh Nguien’s kidney purchase in China. Nguien and her daughter (who arranged the transplant) are portrayed as underdogs: a family who “gambled and won” by trusting a Canadian company, The Kidney Group, and traveling to “a dangerous place” to relieve the “worry” that Ms. Nguien would not live long enough to get a kidney at home (Jimenez, 2004). Twice, the article mentions the daughter being aware of the “controversy” of foreigners buying organs in China, but no mention is made of human rights violations or potential harms to organ providers. The broker reassured the daughter “that the kidneys were free,” and, at Second Hospital of Guangzhou, “they requested that we not ask about the circumstances about where the kidney came from. But they said all kidneys were from traffic accident victims. And there are so many traffic accidents in China, it’s believable” (Jimenez, 2004, p. A6).

The Nguien article then refocuses on the organ shortage, describing how the daughter met Americans at the hospital who were frustrated with the long wait for organs in the U.S. (Jimenez, 2004). Implying a right to an organ, this

piece presents transplant tourism as an imposition on recipients caused by their home country's failure to provide adequate health care.

### *Innocence 2: Reciprocity*

The third sub-theme identifies claims of mutual benefit as a basis for ideologically structuring transplant tourists as innocent. Here, differences between the buyer and organ provider are bridged through commonalities of desperation and beneficial outcome from the trade. As in Pratt's *Imperial Eyes* (2008), the reciprocity claim is that the exchange of money for an organ is fair; it lifts the burden faced by both parties equally.

With respect to Martin Khan's organ provider, it was reported that,

According to Ms. Khan, donors in Pakistan "are poor people and they need [the] money... They can't make that much money their whole lives." In that way, she said, "every one was left better off" (Priest, 2003, n.p.).

This is the only sentence in the article mentioning the organ provider. In this use of reciprocity rhetoric, the public is assured that the trade is equal and deserves no further thought. Moreover, the declarative phrase that "every one was left better off" constructs the exchange as a time-bound point-of-contact such that knowledge of, and therefore responsibility for, the organ provider's post-operative health is erased and absolved.

In 2001, a feature length article, "Organ Trade: Anatomy of a Deal, How a Wealthy Canadian Businessman Bought a New Kidney in a Manila Slum" created and implicitly critiqued transplant tourist innocence and reciprocity (Jimenez & Bell, 2001). The piece opens by pointing to gross economic inequality between the two men involved in the exchange, symbolized by contrasting views from their homes. Vancouver millionaire and organ buyer, Mr. Eng's view is described as "heaven," the impoverished Manila organ provider, Mr. Osite's, as "hell" (Jimenez & Bell, 2001). A kidney in exchange for money is implied to be wrong but the Canadian transplant tourist is somewhat absolved by his ignorance. Eng "says he didn't know how much money his donor received... [he was] certainly unaware it was a mere fraction of what he paid for the procedure" (Jimenez & Bell, 2001, p. B1).

Finally, two stories of transplant tourists trying to give organ providers additional money convey an ironic admonition of wrongdoing. For example, when Robert Zurrer meets his donor, the narrator announces:

In Lahore, Rob discovers the man who wants to sell his kidney is in debt and will use the \$3,000 he'll receive to pay this off. Rob wants to top this up with a monthly allowance. "If my money can improve their lot in life, then I don't view that as a bad thing," he says. (Zurrer & Rinaldo, 2007)

Mr. Eng is similarly reported to have tried, unsuccessfully, to encounter his organ provider to give him a monetary gift. In the *Toronto Star*, reporter Barbara Turnbull quotes filmmaker Ric Esther Bienestock, who, focusing on explaining transplant tourists to Canadians and generating sympathy for them, says: “they want to believe they’re helping the donor. They have to rationalize, because they are not evil people” (Turnbull, 2013, p. L1). Presenting money and organs as commensurable objects mitigates any need to analyze the outcome of these exchanges; this is the mechanism through which claims of reciprocity contribute to the commodification of organs.

Transplant tourist narratives in the media become survival stories in three ways: by limiting condemnation while taking the standpoint of transplant tourists, by suggesting recipient innocence based on prevalent fears about Canadian organ scarcity or ignorance of organ origins, and by relying on convenient ideas of reciprocity. The effect is to draw audiences into the subject-position of transplant tourists and absolve buyer, intermediary, and reader of responsibility for potential harms to organ providers.

#### *The Solution: From International Human Rights to National Health Care*

Among numerous unknowns that are emphasized in characterizations of the organ trade, journalists and experts cited in the media agree on one point: that transplant tourism is caused by organ scarcity. This leads to the final theme of the dataset, which is that the problem of transplant tourism is often blamed on the collective – especially the state – for failing to provide transplant tourists with an organ within a reasonable timeframe. Attributing fault for transplant tourism on the state not only supports the reasonableness of buying abroad and diminishes transplant tourists’ blameworthiness, it also absorbs the challenge of stopping transplant tourism into existing efforts to increase organ donation. Claims that Canada has a particularly acute organ shortage further justify looking inward to increase domestic organ supply as a solution to transplant tourism. With this ideological framework, the issue at stake is not one of upholding international human rights to protect organ providers from potential harms; the issue is fixing the Canadian health care system, in spite of the absence of evidence that the organ shortage will ever end.

Standard examples of transplant tourism found throughout media reports include claims that, “a worldwide shortage of organs has *forced* many people with end-stage illnesses to rely on living donors – either relatives or strangers from poorer countries who are so desperate for money they will sell their organs” (Tan, 2007, p. L1; emphasis added). Readers are also told that the scarcity problem is particularly bad here, as “Canada has a chronic organ shortage” (Cutting Out Transplant Tourism, 2010, A14), and Canada has “one of the lowest rates of organ donation in the industrialized world” (Immigration Agents Aim to Prevent Sales of Organs, 2006, p. A6). The

Canadian government is specifically found to be at fault in some articles, but is also seen as the solution. For example, Lowi writes:

The problem is that the Canadian system of organ donation for transplantation is burdened with bureaucratic hurdles, such that every two days in Canada, a patient dies waiting for an organ donor... No wonder desperate patients go overseas to buy organs on the black market... If our governments would assist our health professionals and provide our terminally ill patients with life-saving organs from willing donors, the ethical dilemma would be resolved and the black market for organs would dry up. And more lives would be saved. (Lowi, 2008, p. AA5)

The alternative to buying an organ outside the country is framed as being within reach if the government takes action to generate more organs. Columb (2015) found that in public policy reports, as in the media, transplant tourism is incorporated into a common scarcity discourse (see also, Brassolotto & Daly, 2016).

On two occasions, policy leaders added to this discourse by publicly identifying organ donation as a means to curb transplant tourism. Dr. Graham Sher, CEO of Canadian Blood Services, was quoted in the *Calgary Herald* stating:

Transplant tourism is a symptom of countries not being self-sufficient... If there are more organs and shorter waiting lists, people are less inclined to take the very difficult step of going outside the country and buying an organ, which is the unethical practice of transplant tourism. (Inwood, 2010, p. A9)

Similarly, the president of Ontario's organ and tissue donation agency wrote in a letter to the editor of the *Globe and Mail* that, "if Canadians find the idea of transplant tourism repugnant, as I hope they would, they can do something about it by registering their wish to be an organ or tissue donor when they die" (Markel, 2010, p. A14).

What Canadians learn through the media is that a foreign policy and international human rights problem is caused by a domestic organ shortage problem. The questions raised are not "how can we protect organ providers against potential harms?," or "should we address Canadian complicity legislatively?" Instead, the question is "how can we resolve the organ shortage?" The orientation of solutions is therefore inward facing, with organ donation put forward as the primary answer to the transplant tourism problem.

### **Discussion: Generating Ambivalence**

Responding to the call for extra-territorial legislation prohibiting Canadians from participating elsewhere in what is illegal at home requires considering public understandings of transplant tourism. The analysis has shown that the

media generate ambivalence, conveying the message that transplant tourism is “bad” but understandable, and either not our problem or a symptom of another problem. Readers are informed about the difficulties of buyers with minimal to no information about donors, their experiences, human rights, or the health outcomes of either party. On this basis, I conclude that media messages about transplant tourism do not support stronger efforts to prevent Canadians from buying organs abroad. It is also notable that the analysis identifies a gap in knowledge between what experts learn compared to what the Canadian public learns about transplant tourism.

A postcolonial theoretical lens using the approach and concepts of Mary Louise Pratt is only one possible interpretation of press coverage; additional data, especially broadcast news and visual images, would help further examine how the Canadian media frame Canadian transplant tourism. The link between media representations, public perception, and public policy must also be considered in drawing conclusions from the findings. We do not know the extent to which alternate frames aligned with the international anti-transplant abuse campaign are reaching Canadians.

To summarize, the research found three themes in mainstream media representations of transplant tourism. First, transplant tourism is presented as part of a distant and insurmountable organ trade “horror” that is not “our” problem to solve. The discursive framing of the organ trade as complicated, elusive, and happening elsewhere, distances Canada and situates Canadian transplant tourists as small players in a larger drama over which we have no influence.

Second, transplant tourists are portrayed as innocent victims of national organ scarcity, excused by ignorance, and through claims of reciprocity. Despite implicit condemnation of the practice, transplant tourists are not seen as blameworthy; buying organs is instead presented as undesirable, but understandable.

Third, Canadian transplant tourism is positioned as a symptom of an underlying, larger problem of organ scarcity, which Canada is already trying to solve. The message is that, as Leslie Sharp (2014) puts it, “if only” the domestic organ supply can be raised, transplant tourism will end. Together the three themes generate ambivalence towards stronger measures such as extra-territorial legislation extending the domestic market ban to Canadians’ international actions.

As critical literature on the organ trade and transplant tourism advance the terms “bioviolence” (Moniruzzaman, 2012), and “cannibalism” (Rainhorn & Boudamoussi, 2015), it is appropriate to turn to postcolonial scholarship. The analysis demonstrates that some of the same ideological framings of colonialism identified in Mary Louise Pratt’s analysis of 1750-1830 European travel writing apply to media representations of contemporary Canadian organ purchase through transplant tourism. A key theoretical implication is that claims to innocence and organ scarcity are central facets of

the ideological moral economy (Kopytoff, 1986) that commodifies organs and tolerates violations of human rights.

For social justice efforts seeking stronger human rights and health protection for organ providers, the findings provide some direction. Several themes of mainstream media need to be dislodged and addressed to gain traction: first, the abdication of responsibility implied in the discourse of the organ trade as insurmountable and not a Canadian problem; second, the co-optation of the issue into domestic efforts to increase organ supply; and third, the imbalance of information about transplant tourism in mainstream media, whereby a sense of collective responsibility to prevent potential harms to organ providers is eluded. Canadian media audiences learn far more about transplant tourists than they do about organ providers. Instead of the status quo, the media could broaden and reframe its coverage of the issue, and the government could collect data on transplant tourism and work in solidarity with host countries to ensure the human rights and health outcomes of organ providers are on par with Canadian organ donors.

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