• Study Guide •

SOCHUM

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2. Introduction to the committee

2.1 Historical background.

The Social and Humanitarian and Cultural affairs committee (SOCHUM) was created in 1948, along with the General Assembly of the United Nations, as a response to the Universal Declaration of Human Rights. It is a main organ of the UN and, as its name indicates, it addresses mainly social and humanitarian crises and issues.

The body of the General Assembly (GA) is divided into six different committees that are in charge of eradicating the problems that make it impossible to meet the needs and basic obligations of the international community. All members of the General Assembly vote with the same title of power, giving equal status to each of the members of the United Nations, being this the main difference between the General Assembly and the Security Council.

On July 7, 1970, the regulations for the general assembly were created, and the Main Committees of the General Assembly are the following:

1. Disarmament and International Security Commission (First Committee);
2. Committee on Economic and Financial Affairs (Second Committee);
3. Committee on Social, Humanitarian and Cultural Affairs (Third Committee);
4. Special Political and Decolonization Commission (Fourth Commission);
5. Committee on Administrative and Budget Affairs (Fifth Committee);
6. Legal Commission (Sixth Committee). (UNGA Regulation, 1970).

The Committee also discusses questions related to the advancement of women, the protection of children, indigenous issues, the treatment of refugees, the promotion of fundamental freedoms through the elimination of racism and racial discrimination, and the right to self-determination. Other addressed topics are important social development questions, such as issues related to youth, family, ageing, persons with disabilities, crime prevention, criminal justice, and international drug control.

Through the years, the Committee has been a driving force behind many landmark pieces of normativity. Perhaps most notably, SOCHUM can be thanked for the recommendation of the Universal Declaration of Human Rights, which was approved by the General Assembly in December 1948. Currently, the committee is dealing with a variety of

questions regarding human rights, including gender, racial, and indigenous rights' violations. Although the committee also discusses the appropriate measures to overcome obstacles to social development, its focus for the past few years has been on protecting human rights and promoting fundamental freedoms. SOCHUM submitted 70 pieces of draft legislation to the GA during the 68th session; the majority of which fell under the human rights item on the agenda.

2.2 Powers.

SOCHUM, like every committee in the United Nations Organization, with the exception of the Security Council, is a purely advisory and deliberative organism, which means that it does not have the power to issue resolutions or impose obligations on the states. Usually, during the sessions, the members draft resolutions and then present them at the General Assembly, where they are debated and voted on by all nations in order to become an official UN resolution.

The Third Commission cooperates with other organizations to make sure that resolutions are strong enough to guarantee their fulfilment. Many of the issues addressed in SOCHUM are based on suggestions made by the Human Rights Council, which also focuses on giving recommendations to the States on the measures they must take, according to the situation or problem they are facing.

Another commission that has a permanent link with SOCHUM is the Economic and Social Council of the United Nations (ECOSOC). Although it deals with economic issues, it is also responsible for studying social problems that concern SOCHUM in the same way. It also has a close relationship with the United Nations High Commissioner for Refugees, the Conference on Women, the World Health Organization, the United Nations Children's Fund, and the World Assembly on Ageing, among others.

Likewise, the main task of the members of SOCHUM is to convince, with valid arguments and viable solutions, other nations' representatives to be in agreement about specific outcomes. This is the most effective way to solve the different problems presented to the committee, since delegations have the power and faculties to influence the decision made by the local governments of each represented nation. Each member State is given equitable representation, which creates a democratic environment in which multilateral discussions, exchanges, and debates related to pressing global issues can be developed.

3. Topic A: Combatting and preventing organ trafficking

Organ trafficking is the practice of stealing or buying organs through exploitation to be sold on a black market for profit. Transplant tourism is traveling to another country for the purpose of buying, selling, or receiving organs (Broumand & Saidi, 2017; Shimazono, 2007; United Nations, 2011; United Nations, 2018).

Organ trafficking is probably one of the most covert forms of human trafficking. It is an illegal mean of meeting the shortage of transplants. The activity flourishes for several interacting reasons, such as medical needs, poverty, and crime. The global shortage of organs has fuelled the industry, which relies on poor populations for donors and wealthy foreigners for recipients.

Organ trafficking targets vulnerable populations in developing and underdeveloped countries, this often includes illiterate and impoverished persons, undocumented immigrants, prisoners, and political or economic refugees. Although it has been condemned by international bodies such as the World Health Organization (WHO) for decades, in recent years, as a consequence of the increasing ease of Internet communication and the willingness of patients in rich countries to travel and purchase organs abroad, organ trafficking and transplant tourism have grown into global problems.

Thousands of people are on organ waitlists in many developed countries, and there are a few people added every hour. Sadly, the legally available organs for transplants only satisfy about 10% of the global organ transplant need, according to United Nations Organization data. The long waitlists and grim results of waiting too long drive many people to participate in transplant tourism or organ trafficking.

According to the United Nations, illegal organ trafficking generally is not harvesting organs from willing donors going against cultural laws for the sake of philanthropy but harvesting from unwilling or uninformed donors through exploitation of impoverished, indebted, homeless, uneducated, and refugee people. There are rare instances where victims are put under anaesthesia, and then they wake up to find their organs missing, or they are even murdered for their organs. Truly, it is difficult to know exactly how many people have been victims or recipients of illegally harvested organs because of the complex nature of organ

trafficking, like human trafficking in general, which leads to unreliable statistics and underreporting. Still, the World Health Organization believes it to be increasing steadily.

3.1 Historical Background.

Researchers experimented with organ transplantation on animals and humans since the 18th century. There were many failures over the years, but by the mid-20th century, scientists were performing successful organ transplants. Transplants of kidneys, livers, hearts, pancreas, intestines, lungs, and heart-lungs are now considered routine medical treatment.

The use of this practice, which is now considered a lucrative global illicit trade, originated in Pakistan in the 1980's, and it spread through several Asian and African countries such as Egypt, Philippines, India and China. Soon, it became a problem as it reached out into several nations. With the development of modern medicine, the increase of the global population, the increase in cardiometabolic diseases and aging populations worldwide, the demand for vital organs increased, opening a gap of opportunity for illegal business. Nowadays, it holds a critical place with transnational organized crime groups due to high demand and relatively poor law enforcement.

The first reports on commercial trade in human organs address the selling of kidneys by poverty-stricken Indian citizens to foreign patients, especially from the Middle East. It was reported that around 80 % of all kidneys that were procured for transplantation were taken to other countries. Further reports revealed that 131 patients had travelled to Bombay, along with their doctors to receive transplants with kidneys from local paid 'donors'. This phenomenon brought about some concerns on the authors, due to the post-surgery complications that the patients suffered. In 1994, the Indian Transplantation of Human Organs Act was established, outlawing the buying, and selling of human organs; despite that fact, there have been reports that say that over 300 people sold their kidneys between 1994-2000.

Even in developed countries, where it is claimed that no overt payment for organs is made, there is data that financial incentives may have influenced organ allocation: American and European transplant surgeons have solicited wealthy foreign patients to come to their transplant centres for a priority transplant during the 1980´s. Similar cases have occurred in several nations, such as Belgium and Austria, where organ transplant centres treated foreign patients over people from other centres in order to raise their income. An article published by

the *British medical journal* established that, in the European Union, 25 Germans had travelled to obtain transplants, and 2 of them had died due to complications. They Requested a "suitable legislation to prevent such incidents". Other reports have shown similar cases happening in the United Kingdom, where the donor was promised an amount of money and entered the country as a relative visiting the patient; later, the surgeons were struck off the register by the General Medical Council. This case speeded up the passing of the UK Human Organ Transplant Act (1989), which made organ trafficking a criminal offence. In these early cases no police investigation reports are available, nor has there been any prosecution.

Further evidence of organ trafficking, especially in the Eastern European region, came out of a fact-finding mission to the Parliamentary Assembly of the Council of Europe in 2003. They exchanged views with a representative of Europol and made a report about Moldova, Ukraine, Bulgaria, Romania, Russia, and Georgia in October 2002. The report stated that trafficking in human beings (especially women and children) was already deemed a serious problem, targeting the impoverished rural population mainly. Trafficking in human beings for organ removal, though still small scale, appeared to be on the increase.

Posing unique social and ethical challenges in a rapidly globalizing world, organ trafficking has become a subject of growing attention from both scholars and policymakers. The number of patients requiring maintenance or transplant in the United States nearly doubled during the 1990s, considering that as of early 2016, 100,791 people were waiting for lifesaving kidney transplants. Yet in 2014, only 17,107 kidney transplants took place there. That year, 4,761 Americans died while waiting for a kidney transplant.

3.2 Current Situation.

When describing organ trafficking, there is often confusion as to how this crime can happen. Global Financial Integrity (GFI) estimates that 10 percent of all organ transplants including lungs, heart, and liver, implies trafficked organs. However, the most prominent organs that are traded illicitly are kidneys, with the World Health Organization (WHO) estimating that 10,000 kidneys are traded on the black market worldwide annually.

On their own, these numbers can be stark; however, when compared to average waiting times for organs in developed countries, it is easier to understand the demand being diverted to black markets. In Canada, it is estimated that the average waiting time for a kidney is 4 years,

with some waiting as long as 7 years. In the U.S, the average waiting time for a kidney is 3.6 years, according to the National Kidney Foundation. In the U.K., wait times average 2 to 3 years, but could be longer.

Unable to obtain an organ at home, patients from developed countries might choose to travel to developing countries, where they can buy the organ and have it transplanted. In developing countries, organ brokers lure poor, uneducated individuals into selling their organs through the promise of financial profits, and a better future. Economic need drives most organ sellers, but in some cases, actual coercion is used. It is estimated that the illegal trade of human organs generates about 1.5 billion dollars each year, from roughly 12,000 illegal transplants.

The trafficking of human beings for the purpose of organ removal has serious consequences for human security, particularly for the most vulnerable populations. For instance, in 2017, a growing number of organ trafficking cases were uncovered in Lebanon, as Syrian refugees were desperate to support themselves and their families. Since the Declaration of Istanbul on Organ Trafficking and Transplant Tourism, governments and non-governmental organizations have begun to provide rough estimates about trafficking of human beings for the purpose of organ removal (THBOR), and yet, little academic attention has been devoted to the study of such a global phenomenon.

The main problem that the governments face is that tracking and investigating organ trafficking is an impractical task, mainly because there are lots of ways in which this crime happens. What is more, as a form of human trafficking, the data and cases are hard to report and investigate; efforts are mainly focused on other illegal activities that represent a bigger threat to the national security.

Another remarkable aspect that has been proposed as a solution is to make the trade of organs legal, as it would be beneficial as an expression of individual liberty that would allow many patients to regain their health while financially benefiting low-income individuals. The main issue with this proposal is that organs are not ethically established as a commodity, and it also represents a threat to the patient and the seller as both could present a deterioration in their health after the treatment given. The often-inadequate pre-transplant evaluation and substandard medical treatment, commercial transplantations might yield poor health outcomes, and they can put patients at a higher risk of surgical complications, infections, and organ

rejection. Furthermore, the sellers are usually in vulnerable conditions, which are usually exploited by the mediator, and could represent a violation to human rights and lead to death.

The main focus of this committee is to create and develop new strategies, treaties, and suggestions to regulate and avoid the commercialization of human organs as a violation to the universal declaration of human rights. Previous resolutions have not been effective regarding this issue. A new approach must be sought to mitigate the negative effect on thousands of people in vulnerable conditions.

3.3 Previous Strategies on the Matter.

The Declaration of Istanbul. To address the urgent and growing problems posed by these unethical activities, the Transplantation Society (TTS) and the International Society of Nephrology (ISN) convened a Summit Meeting in Istanbul in April 2008. They produced the Declaration of Istanbul, which has been subsequently endorsed by more than 135 national and international medical societies and governmental bodies involved in organ transplantation. It aims to provide ethical guidance for professionals and policymakers who share this goal. The Declaration thus complements efforts by professional societies, national health authorities, and inter-governmental organizations such as the World Health Organization, the United Nations, and the Council of Europe, to support the development of ethical programs for organ donation and transplantation, and to prevent organ trafficking and transplant tourism.

"Principles of the Declaration of Istanbul"

1. Governments should develop and implement ethically and clinically sound programs for the prevention and treatment of organ failure, consistent with meeting the overall healthcare needs of their populations.
2. The optimal care of organ donors and transplant recipients should be a primary goal of transplant policies and programs.
3. Trafficking in human organs and trafficking in persons for the purpose of organ removal should be prohibited and criminalized.
4. Organ donation should be a financially neutral act.
5. Each country or jurisdiction should develop and implement legislation and regulations to govern the recovery of organs from deceased and living donors and the practice of transplantation, consistent with international standards.

6. Designated authorities in each jurisdiction should oversee and be accountable for organ donation, allocation and transplantation practices to ensure standardization, traceability, transparency, quality, safety, fairness and public trust."

"Declaration of Istanbul, 2008"

The Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children. It was adopted by General Assembly resolution 55/25. It started being enforced on 25 December 2003. It is the first global instrument with an agreed definition on trafficking in persons. The intention behind this definition is to facilitate convergence in national approaches with regard to the establishment of domestic criminal offences that would support efficient international cooperation in investigating and prosecuting trafficking in persons cases. An additional objective of the Protocol is to protect and assist the victims of trafficking in persons with full respect for their human rights.

Resolution 59/156 General assembly. "Preventing, combatting and punishing trafficking in human organs".

Resolution 73/189 General Assembly. Strengthening and promoting effective measures and international cooperation on organ donation and transplantation to prevent and combat trafficking in persons for the purpose of organ removal and trafficking in human organs.

3.4 Guiding questions.

1. Is your delegation a developing country that is suffering high rates of organ and human trafficking?
2. Is your delegation currently facing organ shortage or long waiting lines for organ transplants?
3. Has your country made any laws or signed any treaties against organ trafficking or transplant tourism?
4. What future considerations does your country consider more effective to find a reasonable system to regulate trafficking?
5. How can vulnerable populations (immigrants, women, uneducated people) be protected from organ trafficking in your country?

3.5 Support links.

- https://www.youtube.com/watch?v=JFf8SZO3e_M&ab_channel=BBCNews
- https://www.declarationofistanbul.org/images/documents/doi_2008_English.pdf
- https://www.un.org/en/ga/third/index.shtml
- https://www.unodc.org/documents/human-trafficking/Toolkit-files/08-58296_tool_9-19.pdf

3.6 References.

EU report of human trafficking: https://www.europarl.europa.eu/RegData/etudes/STUD/2015/549055/EXPO_STU(2015)549055_EN.pdf

National Kidney foundation report: https://www.ajkd.org/article/S0272-6386(09)01177-9/fulltext

Washington Post: https://www.washingtonpost.com/news/monkey-cage/wp/2016/12/07/organ-traffickers-lock-up-people-to-harvest-their-kidneys-here-are-the-politics-behind-the-organ-trade/

Paper work SOCHUM 2020: https://undocs.org/A/C.3/75/L.5

General Assembly 59/156: https://undocs.org/en/A/RES/59/156

Declaration of Istanbul: https://www.declarationofistanbul.org/images/documents/doi_2018_English.pdf

Oxford Academic: https://academic.oup.com/isp/article-abstract/17/1/34/1813351

3.7 Glossary.

Organ trafficking consists of any of the following activities:

(a) removing organs from living or deceased donors without valid consent or authorisation or in exchange for financial gain or comparable advantage to the donor and/or a third person;

(b) any transportation, manipulation, transplantation, or other use of such organs;

(c) offering any undue advantage to, or requesting the same by, a healthcare professional, public official, or employee of a private sector entity to facilitate or perform such removal or use;

(d) soliciting or recruiting donors or recipients, where carried out for financial gain

or comparable advantage.

Trafficking in persons for the purpose of organ removal is the recruitment, transportation, transfer, harbouring, or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability, or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of the removal of organs.

Resident denotes a person who makes their life within a country, whether or not as a citizen.

Non-resident denotes all persons who are not residents, including those who travel to, and then reside temporarily within, a country for the purpose of obtaining a transplant.

Donor a person who gives permission for a part of their body to be taken while they are alive and put into someone else's body to replace an organ that is not working correctly.

Travel for transplantation is the movement of persons across jurisdictional borders for transplantation purposes. Travel for transplantation becomes transplant tourism, and thus, unethical if it involves trafficking in persons for the purpose of organ removal or trafficking in human organs, or if the resources (organs, professionals and transplant centres) devoted to providing transplants to non-resident patients undermine the country's ability to provide transplant services for its own population.