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Investigation

Caught between law and reality: *Sudanese refugees in Egypt fall victim to organ-trafficking networks*

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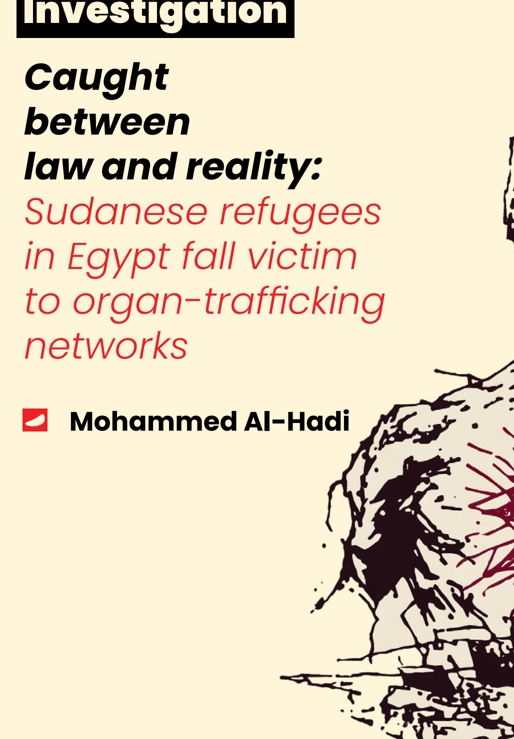

Artwork by: Mohamed Osman "Gaki"

After three days of repeated calls, Wad Halima finally agreed to speak with us. His response came in a brief WhatsApp message: *"Let's meet tomorrow at the same café as yesterday, downtown."*

When we met, he spoke in a low voice and asked that we continue to contact him using the name Wad Halima for his safety. No one in Egypt knows him by that name, he explained, adding that he has not heard it spoken in thirteen years, since leaving Sudan following a family dispute that severed his ties with his past.

Wad Halima is the alias of a Sudanese man in his early forties who has lived in Cairo for years. He works largely out of public view. His main task, as he described it—though without full disclosure—is to "persuade" Sudanese refugees facing acute financial hardship to sell one of their organs in exchange for sums that can reach 150,000 Egyptian pounds, allowing them to temporarily keep up with the cost of living.

Speaking to *Atar*, Wad Halima said his personal share from each successful recruitment usually ranges between 5,000 and 7,000 Egyptian pounds. He is cautious when asked how he feels about his role.

"I see it as helping people get through their financial difficulties," he said cautiously.

According to him, the price paid for organs has fallen since the outbreak of the April war in Sudan, largely due to the growing number of Sudanese refugees in Egypt. Yet paradoxically, his income has increased for the same reason.

Most of his "clients," he adds, are Sudanese refugees who fled the war and now face severe economic conditions that make them more receptive to such offers.

Ten years ago, he recounted, he himself sold one of his kidneys in Cairo to finance a journey to Europe he had planned. The full amount promised was never paid after he was defrauded. Once a victim, he eventually found himself on the other side of the equation.

How This Investigation Was Conducted

Wad Halima's testimony, together with the accounts that follow, forms part of a broader investigation into the exploitation of Sudanese refugees' vulnerability in Egypt, raising complex legal and humanitarian questions about responsibility and protection.

The investigation relied on in-depth interviews with nine Sudanese refugees—five women and four men aged between 22 and 45, living in different districts of Cairo and Giza. All names used in this report are pseudonyms to protect the sources' safety. The report also draws on testimonies from human-rights advocates and medical professionals who requested anonymity, as well as a review of previous cases and reports related to organ trafficking in Egypt.

All interviewees said they had signed consent forms before undergoing surgery. Most, however, did not fully un-

derstand what they were signing. Many struggled to comprehend the written details, received no comprehensive medical explanation, and were given little or no opportunity to reflect or seek advice before the procedure.

The Lure

One morning, Maryam received a phone call that would permanently change her life. Maryam, a Sudanese woman in her mid-thirties, fled Khartoum with her children and parents after the war erupted. They settled in a cramped apartment in a working-class Cairo neighbourhood, without legal residency, without income, and burdened by mounting medical bills for her father and her child who suffers from asthma.

She was searching for any way out of a financial crisis that was deepening by the day.

Maryam recounted to *Atar* what happened next.

"A Sudanese woman I met in the crowded offices of the refugee agency contacted me. She got close to me through WhatsApp messages and told me there was someone who needed a kidney. She said donating one was a 'simple procedure' that people could live with medically."

The intermediary reassured her that the operation would be performed at a reputable private hospital, in exchange for money sufficient to cover her father's and child's medical expenses, and leave enough for the family to live on for some time.

After Maryam expressed initial agreement, communication ceased for two days. Then a call came instructing her to prepare for the following morning. At the appointed time, the intermediary arrived in a taxi and drove her to a crowded, lower-income neighborhood, where narrow alleyways intertwined and noise filled the air. The car stopped before an aging building with a crumbling façade. They climbed to the third floor, where a small clinic operated without a clear sign.

Maryam said she found only one receptionist and two nurses waiting. They welcomed her and asked her to wait for the doctor. About ten minutes later, a man arrived, introduced himself as the doctor, and led her inside. Through a side door she glimpsed a room with limited equipment that resembled a small improvised operating room.

"I was very afraid," she recalled. "But I desperately needed the money."

According to her account, she was given no meaningful time to reconsider or seek advice. By evening she was taken into surgery. Two days later she left in severe pain, holding a vague discharge document and far less money than promised. The remainder, she was told, would be paid later, an excuse that never materialized.

Weeks afterward, as her health deteriorated, she consulted a private physician who, according to her account, told her

the kidney had been removed without adequate medical follow-up, exposing her to long-term complications. She said she never fully understood the papers she signed. No one explained the medical risks in detail, and she was not given a copy of the documents afterward.

A Layered Network

The testimonies reveal what appears to be a multi-layered structure within the trafficking network. Recruitment typically begins within the Sudanese community in Egypt. A familiar figure, or someone presented as trustworthy, identifies individuals facing severe economic hardship or urgent medical expenses. This initial broker gradually builds trust, listening to personal struggles and framing the procedure as a legitimate donation or humanitarian act, downplaying medical risks and implying legal safety.

Once the victim is psychologically prepared, they are referred to the primary broker, commonly known among participants as "the master" (*al-muʿallim*). This individual is usually Egyptian and coordinates the logistical arrangements, linking the victim with the medical facility that performs the operation.

He supervises a specific segment of the network and works with community-based recruiters inside each migrant group. Above them are higher-level actors, fewer in number but wielding greater authority, forming a supply chain that ultimately extends beyond Egypt's borders.

According to Wad Halima, his own role as a recruiter ends once he persuades someone and hands them over to the main broker, who then coordinates arrangements with doctors and medical facilities. Inside those facilities, organs are removed under conditions marked by opacity and inadequate medical oversight, while the ultimate financiers, often outside the victim's immediate environment, reap the largest profits.

The convergence of testimonies suggests a systematic mechanism built on exploiting need and cultivating trust to complete the transaction.

The Targeted Organ

Both Wad Halima's testimony and those of refugees indicate that kidneys are the most commonly trafficked organs. Individuals facing the harshest economic conditions are often targeted because they are easier to recruit despite the serious health risks.

After the operation, victims may receive only a fraction of the agreed payment, or nothing at all. Intermediaries may claim additional costs or allege defects in the organ, exploiting refugees' precarious legal status and limited knowledge of the law.

Beyond kidneys, some medical and rights reports point to isolated cases involving the spleen or parts of the liver, typically carried out in small private hospitals through illegal procedures.

International sources have also recorded rarer instances involving ovules or sperm extraction, though these appear less common among Sudanese refugees in Egypt.

"The surge of refugees after the war lowered the price of organs." — Wad Halima, Sudanese intermediary in an organ-trafficking network

These findings suggest that the organ trade does not revolve around a single organ but adapts to supply and demand, taking advantage of weak legal protections for vulnerable groups and refugees' urgent need to survive in a harsh economic environment.

Salma, another Sudanese refugee who sold a kidney, said she received far less money than promised. When she protested, intermediaries allegedly threatened to report her to authorities for selling a human organ. *Atar* was unable to independently verify this claim, though similar accounts appeared in multiple testimonies.

The Price Range

According to Wad Halima, prices vary depending on the intermediary and the ultimate recipient of the organ. He explained that the "master" he works with deals with several doctors and health centres, making payments fluctuate case by case.

Currently, the amount typically offered to donors ranges between 80,000 and 150,000 Egyptian pounds, according to his account and the testimonies of victims. These figures represent a significant decline.

Wad Halima attributes the drop to the surge in Sudanese arrivals following the war, which has expanded the pool of potential recruits and lowered the price compared to previous years.

In 2022, he said, prices ranged between $7,000 and $12,000, when the U.S. dollar traded between 15 and 16 Egyptian pounds. He also pointed to a striking historical contrast: when he arrived in Egypt thirteen years ago, a single case could fetch between $20,000 to $30,000. Today, that figure has dropped to roughly $1,500 to $3,000.

Where the Operations Take Place

Victims described the locations of surgeries as small private hospitals or medical centres, and sometimes even inside a minibus. Procedures are typically performed at night or during late hours, with little or no genuine post-operative care.

Atar was unable to independently verify the names of some facilities. The names of those that were verified have been withheld for safety reasons and to avoid legal risks. However, the similarity in descriptions and experiences points to a recurring pattern.

A kidney specialist interviewed for this investigation warned that removing

> *Fear of detention or deportation discourages many victims from reporting the crime.*
> *— Victims*

a kidney without proper long-term monitoring can lead to serious complications, including: chronic hypertension, reduced function of the remaining kidney, and eventual kidney failure in severe cases.

These risks are particularly acute when surgery occurs without strict medical standards or a comprehensive evaluation of the donor's health.

Several testimonies align with this medical assessment.

Maryam said that, months after the operation, she began suffering constant fatigue and recurring headaches, before being diagnosed with high blood pressure. She received no regular follow-up care.

Another Sudanese man in his thirties said he was forced to work physically demanding jobs after losing a kidney but frequently experienced severe flank pain and shortness of breath.

"No one told me what might happen later," he said. "After the operation, they left me to my fate."

A Crime Surrounded by Silence

When victims were asked why they did not report what happened, their answers were similar: fear of detention or deportation, lack of knowledge about complaint mechanisms, mistrust in legal protection, and fear of social stigma. Together, these factors pushed many into silence.

Since the early 2010s, organ trafficking in Egypt has remained part of public health and human-rights debates. Egypt enacted Law No. 5 of 2010 regulating human organ transplantation and Law No. 64 of 2010 on combating human trafficking, criminalizing organ trade and establishing a legal framework for donation in line with international standards, emphasizing voluntary consent, transparency, anti-trafficking safeguards, and patient safety, as advocated by the World Health Organization.

Yet subsequent international reports suggest that legislation has not fully eradicated illegal activities. Annual trafficking reports issued by the U.S. Department of State have repeatedly noted challenges related to enforcement and the protection of vulnerable populations.

In December 2016, Egyptian authorities announced, according to Reuters, the dismantling of a major organ-trafficking network involving doctors and brokers, in what was described as one of the largest transnational cases of its kind.

In the years since, international media investigations have reported that some operations continued outside official frameworks using private medical facilities. At the same time, reports by the UN High Commissioner for Refugees (UNHCR)

and the International Organization for Migration (IOM) warn that refugees and migrants, because of their legal and economic vulnerability, are particularly susceptible to exploitation by human-trafficking networks, including organ trafficking.

*"I saw my children suffering and I couldn't refuse the offer."
— Maryam, Sudanese refugee*

While Egyptian official statements maintain that the phenomenon is not widespread and that authorities actively pursue offenders, human-rights reports suggest that some networks have adapted, operating more discreetly and selectively, taking advantage of oversight gaps and the difficulty of proving such crimes.

Who Protects the Refugees?

"I didn't really know what I was signing. They told me the procedure was simple and would help me, but they never told me about the risks. I had to agree to get money for my family. I had no other choice," Ahmed, a Sudanese refugee in his late twenties who lost a kidney, said.

"The broker reassured me everything was legal and that I wouldn't feel any pain. I had no time to think. The psychological pressure of life forced me to agree," Salma, another Sudanese refugee in her mid-thirties who also lost a kidney, said. She said she needed money to obtain a security clearance for her sick mother and cover the cost of flying her from Sudan, since her condition made overland smuggling routes impossible.

"I signed the papers quickly. They didn't explain anything. I saw my children suffering and I couldn't refuse the offer no matter the risks," Maryam, who also lost a kidney, said. Today, she lives with a diminished body, limited physical ability, and persistent pain, without regular treatment or a safety net. She was not searching for a price for part of her body, she said, but for a chance to survive and keep her family from collapse.

A lawyer specializing in refugee and human-trafficking cases explained that such "consent," extracted under severe economic pressure and accompanied by medical and legal deception, cannot be considered genuine consent under international standards.

The Gap Between Law and Protection

Although Egyptian legislation criminalizes organ trafficking and imposes penalties on brokers and doctors involved, victims' testimonies reveal a significant gap between the legal framework and the actual protection available to refugees, particularly those without legal residency or access to legal representation.

Egypt's anti-trafficking framework is primarily based on Law No. 64 of 2010, which applies to anyone on Egyptian territory regardless of nationality or refugee status. Legal experts note, however, that refugees' vulnerability stems less from the absence of legal texts than from challeng-

es in practical implementation and access to protection mechanisms.

Ashraf Milad, an Egyptian lawyer specializing in refugee and trafficking cases, explained that while refugee status itself is not considered an aggravating factor under the law, their precarious legal situation often increases the likelihood of exploitation, as many fear reporting crimes that could expose them to immigration-related legal consequences.

He added that the existing channels for legal assistance, expected to operate in coordination with UNHCR and other international actors, do not match the scale of need on the ground.

Milad also pointed to procedural obstacles in proving organ-trafficking crimes, given the secretive communications and multiple intermediaries involved, making the collection of legal evidence extremely difficult.

Closing this gap, he argues, requires broader legislative and procedural reforms, particularly regarding the legal status and protection of foreigners and refugees.

This investigation sought comment from the Egyptian Ministry of Health and the UNHCR regarding the testimonies and patterns described here but received no response by the time of publication.

The question therefore remains: Who protects the refugee when their organs become a commodity, the price of survival, in a legal vacuum where responsibility for protection dissolves?

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