

FUNERAL CONSUMERS ALLIANCE OF MARYLAND AND ENVIRONS (FCAME)

*Protecting the consumer's right to a  
meaning, dignified, and affordable funeral.*

9601 Cedar Lane  
Bethesda, Md. 20814  
Telephone: 301-564-0006

*Spring 2004*

MARK YOUR CALENDARS FOR OUR ANNUAL MEETING!

Our annual meeting will be held on SUNDAY, MAY 2, 2004, AT 2 P.M. at the CEDAR LANE UNITARIAN CHURCH in Bethesda.

Guest Lecturer: David M. Goodman, consumer representative and Office of Cemetery Oversight.

Topic: Mr. Goodman will recount the personal experience spurring him to consumer advocacy and discuss the duties and responsibilities of the advisory council which he chairs, the issues which come before it, and the ways in which the Md. Office of Cemetery Oversight benefits consumers.

Directions

D.C. Beltway Exit 33 (Conn. Ave.); 1/2 block north to Beach Drive; left on Beach Drive; right at light to Cedar Lane; right at church's sign at top of hill. Meeting is in the lounge, which is outside of the small chapel.

OUR MEETING IS OPEN TO THE PUBLIC SO PLEASE BRING A FRIEND.

## **Preface**

*The act of donating tissue at death is one of the noblest deeds, for it leaves a legacy to mankind. As an FCA member once told me, "I want to will my eyes so another may see, my bones so that someone may walk, my skin so that a burn victim might survive. Sadly, however, as you will learn, tissue donation today is impacted by an industry displaying characteristics deemed incomprehensible just a few years ago.*

*I researched and wrote the following article after the recent news of a scandal at UCLA's willed body program. I felt it necessary and proper to do so. Knowledge is power, I believe, and to keep FCA members in the dark about current problems in the realm of tissue donation would be wrong--though some would say I am discouraging donation. In my opinion however it is not enlightenment but secrecy which will ultimately prove a bane to this humanitarian act. With that in mind, I hope you will use the information presented to make informed decisions, and, as importantly, to apprise legislators of the need for reform.*



Nancy Herin

## **TISSUE DONOR--TO BE ONE OR NOT--THAT IS THE QUESTION**

It was a disaster waiting to happen. The director of UCLA's anatomical gift program was arrested in March for selling body parts to a middleman, who claimed the university owed him \$241,000 for tissue he was forced to return. The fiasco, though bizarre, is not unique: The director of the cadaver program at the University of Texas Medical Branch at Galveston was dismissed in 2002 when the school suspected him of selling human tissue; in one deal, he may have earned more than \$4,000 selling fingernails and toenails to a pharmaceutical company. And the director of the willed body program at the University of California at Irvine was fired in May 1996 for having allegedly sold cadaveric parts to supplement his university salary.

It comes as no surprise to learn then that human tissue is big business today: \$500 million worth and estimated soon to top \$1 billion.

It wasn't always that way. The tissue industry used to be a mere \$20 million market consisting of a scattered group of small tissue banks affiliated with hospitals. Then, about ten years ago, biomedical technology, which pioneered ways to craft human tissue into products for orthopedic, cardiac, and cosmetic surgery, exploded along with the demand for raw material: human tissue.

Today tissue banking is an industry, an organized network of tissue banks and organ agencies tied to a group of for-profit companies engaged in the lucrative business of marketing products made from donated skin, bone, and heart valves.

According to the Orange County Register's series "The Body Brokers" in 2000, the skin, bone, tendons, veins, and heart valves from just one cadaver can bring in more than \$220,000, and profits are healthy: The nation's four largest nonprofit tissue banks told the Register that they expected to reap a total of \$261 million in sales in 2000; and the two largest for-profit companies which turn donated tissue into surgical products recorded combined sales of \$142.2 million.

At issue here are moral concerns: that huge earnings are inappropriate in a domain bolstered by altruism and selflessness and that potential donors are not informed of financial relations among nonprofit tissue banks and for-profit biotech firms nor are they told of the huge profits fueled by their humanitarian gifts.

First at hand, how does the system work? Tissue banks are collection points: they harvest donor tissue and send it to for-profit companies where it is transformed into an array of products used in various types of surgeries. Sometimes, however, tissue banks act as middlemen. In this network of collectors, go-betweens, and distributors, there are "key players," as the Register calls them:

The Musculoskeletal Transplant Foundation (MTF) in Edison, New Jersey, the world's largest nonprofit tissue bank. It earned in the neighborhood of \$150 million in 2000; its CEO was paid \$350,000 in 1998. Established in 1987 by Osteotech Inc., a for-profit firm which processes between 40% and 50% of all bone donated in this country, MTF is now independent but still provides bone to Osteotech, which earned \$12.3 million in 1999, its CEO, \$463,667 in 1998. Osteotech markets a paste used in spinal fusion surgery.

The American Red Cross in Washington, D.C., a \$2 billion nonprofit. At the time of the Register's series in 2000, it predicted \$47 million in revenue, up from \$42.2 million in 1999. It is the largest supplier of skin in the U.S.

LifeNet of Virginia Beach, Va., a major supplier of demineralized bone used by dentists. It is today one of the federally mandated organ procurement organizations (OPO's) serving West Virginia. In 2000 LifeNet, a nonprofit, estimated it would earn \$40 million in revenue for the year; its CEO earned \$151,428 in 1998.

AlloSource in Denver. A nonprofit cooperative formed by four tissue banks. It projected \$24.5 million in sales in 2000, up from \$19.5 million in 1999. It markets a powdered bone used in dentistry.

Cryolife Inc., in Kennesaw, Ga., a for-profit company which provides most of the cryopreserved tissue, including heart valves, implanted in the U.S. It obtains tissue from 250 sources nationwide, had sales of \$66.7 million in 1999, and its CEO earned \$587,361 in 1998.

Regeneration Technologies Inc. (RTI) in Alachua, Fla., a for-profit firm spun off in 1998 from the nonprofit University of Florida Tissue Bank, which invests in it. Uses bone, recovered by its network of 40 nonprofit tissue banks, to create pins, dowels, and screws used in surgery. The Register could obtain no information on its profits, revenue, or salaries but reported that in 1997 its CEO earned \$192,346 as president of the University of Florida Tissue Bank.

LifeCell Corp., in Branchburg, N.J., a for-profit firm which specializes in processing skin, donated from 150 tissue banks, into skin graft products. Its CEO earned \$256,349 in 1998.

The relation among tissue banks and companies is often elusive. Of 59 organ procurement agencies (OPO's), designated by the federal government to serve specific geographic areas, 40 send tissue directly to for-profit companies. But ten ship to nonprofit tissue banks--middlemen--which in turn ship to for-profit firms. Thus, according to the Register, OPO's which supply the Musculoskeletal Transplant Foundation (MTF) downplay the fact that MTF sends bone to for-profit Osteotech, a multi-million-dollar, for-profit firm. "As far as Osteotech goes, I don't deal with them, I deal with MTF, and the profit is something that MTF has to deal with," said the director of one New York OPO.

The American Red Cross, which sends bone directly to Osteotech, said it has no plans to tell potential donors of its ties unless they ask.

"People who donate have no idea tissue is being processed into products that per gram or per ounce are in the price range of diamonds," comments ethicist Arthur Caplan.

Industry leaders fear the truth would curtail donations.

### **AL GORE TRIED ...**

Al Gore worked hard to achieve a legislative victory. In 1984 he succeeded in obtaining passage of the National Organ Transplant Act, which ensures the safety, ready availability, and fair distribution of the transplantation of organs, such as hearts and kidneys. He had wanted to include tissue as well--skin, bones, heart valves, tendons--but couldn't. The roadblock? The Lions Clubs of America.

Eye tissue transplant groups wanted no part of government regulation. They balked at Gore's legislation and warned that government interference would curb donations. Lions Club members reacted by lobbying Congress, which threatened to kill Gore's bill. But the group struck a deal: to withdraw its opposition if tissue regulation were dropped. Said Gore: "The amount of opposition among members of Congress made it clear that the only way to pass the organ transplant legislation, which was critical at the time, was to agree to delay tissue regulation." Thus Gore's statute addresses tissue in just one way, by forbidding its "transfer ... for valuable consideration."

Even with such minimal oversight from Gore's legislation, though, tissue brokers still skirt the law: they inflate what they are allowed to charge for "reasonable" processing fees because the law does not define "reasonable." The word "sell" is taboo, but "selling is what is occurring.

In her article "The Resurrection Men: Scenes from the Cadaver Trade," which appeared in the March issue of Harper's, author Annie Cheney writes that the sale of body parts is "a matter of some complexity. Like stolen cars and personal computers, cadavers are worth more in pieces than they are intact." Whereas a complete body might bring in a mere \$1,000 to \$4,000, heads go for \$550; brains, \$500; spines, \$1500; and five grams of skin, \$803.57.

### **EQUITABLE DISTRIBUTION, ANYONE?**

Aside from the profiteering which results from insufficient oversight of the tissue industry, there is a second troubling concern: The Register found that donated skin abounds in use for plastic surgeons while burn victims--for whom skin is life-saving--must wait. This is in contrast to donated organs, for which federal law prescribes priority to those in greatest need.

Most of the 139 burn centers in the U.S. depend on tissue banks for skin. But, increasingly, tissue banks send their skin exclusively to two private, multi-million dollar firms: Collagenesis Inc. in Massachusetts, which uses skin to create a product to smooth wrinkles and inflate lips; and LifeCell Corp. in New Jersey, which fashions skin into its patented Alloderm to support bladders, fatten lips, and enlarge male genitalia. The Register learned in 2000 that these two companies had contracts with more than 20 of the nation's largest tissue banks. The result? Hospitals have difficulty finding skin for their critically ill patients.

"When you have a great big burn, skin is absolutely essential to close the wound and start healing," said the former director of a burn unit at a Los Angeles hospital. "Without skin, you

are completely at the mercy of the environment. And none of the substitutes are quite as good as the real thing."

Experts agree that donated skin save lives by fighting infection and dehydration while promoting regrowth of the burn patient's own skin. The Register points out that about 70,000 people suffer serious burns each year; one patient can require more than 10 square feet of skin.

So why is it that donated skin is shunted where it's not urgently needed? Why else but for money.

While burn centers seek skin sporadically, depending on their patient load, companies like LifeCell always need skin. That's important to skin banks, which have hit upon hard times over the past decade; a quarter have closed because of financial difficulties. Firms provide a steady flow of cash and pay well--the going rate or more. "I'd like to say that the price didn't enter into it," said the director of an Alaska tissue bank, "but it was a factor."

But why do companies prefer to process skin for nonessential uses? Again the answer is money, or, more to the point, profit. "The burn market is clearly less attractive," LifeCell's president told the Register. "With plastic [surgery], it's just a much bigger marketplace, bigger opportunity, and better reimbursement ... The price is a reflection not only of sort of what our costs are but also what the market will support."

The number of cosmetic surgery procedures has risen by more than 150 percent during the past decade.

LifeCell estimates revenue from its product AlloDerm when used in plastic surgery to be \$200 million annually, tenfold more than what it would earn when used for burn patients. A burn center would pay the firm only about \$6 for a small piece of AlloDerm while a plastic surgeon would spend up to four times that amount. The Register reports that Collagenesis Inc. can take in \$36,000 from the skin of one cadaver if it turns that skin into a cosmetic surgery product.

So follow the money to learn why there is never a shortage of skin for LifeCell, Collagenesis, or plastic surgeons. But for burn patients, there's delay: Nationwide, physicians make do with what little skin they find; patients may have their surgeries postponed for lack of skin; and, in one case, explained the Register, a burn victim had to be sent 570 miles cross-country to receive skin.

What irony. Companies and tissue banks would not exist without the humanitarian gifts of tissue donors. Yet where is the gratitude? No one tells donors of the symbiotic relation among industry players nor is there mention that donations fuel a thriving industry, in which nonessential surgeries take precedence over the needs of critically ill patients.

## **SAFETY FIRST?**

The New York Times reported in a Dec. 5, 2003 article about two patients who became sick after knee surgery: one, a 21-year-old man, died of infection; the other, a teenager, became extremely ill. Both had been transplanted with contaminated tissue supplied by the same Georgia company.

The supplier, Cryolife Inc., is a for-profit human tissue distributor providing about 70 percent of cryopreserved tissue implanted in the U.S. It posted sales in 1999 of nearly \$67 million. In

1998 its CEO earned more than \$500,000.

The New York Times article made it clear: without strict enforcement of safety standards, tissue recipients are at risk of injury or death. Though the Times cites "only" two cases, it is not possible to know how many adverse events are actually occurring because the FDA, responsible for oversight, does not require reporting of errors or accidents, nor does it routinely track illness and deaths among tissue transplant recipients. Not until Jan. 1, 2001--after the Register's expose'--did it prescribe mandatory registration of tissue banks.

Though the National Transplant Organ Act dictates strict safety requirements for donated organs, as mentioned above, tissue is exempt because of protests back in 1984: the Lions Club threatened to derail legislation if regulation of eye banks were included. As a result, responsibility for ensuring the safety and efficacy of our donated tissue supply falls to the FDA. Section 361 of the Public Health Service Act empowers the Agency to prevent the spread of communicable disease--a disaster sure to happen if diseased tissue is transplanted.

And that's exactly what did occur. In 1991 officials learned that HIV was transmitted via transplants to seven patients, two of whom subsequently died. In 1993 FDA investigators discovered tissue banks accepting inadequately tested or screened tissue from eastern Europe; one case proved positive for Hepatitis B. In 1997 a link was found between Creutzfeldt-Jakob disease, an illness related to mad cow disease, and implantation of dura mater, the outer lining of the brain; the Register relates the case of a young woman who received a dura mater transplant in 1992 and died from Creutzfeldt-Jakob disease six years later.

All of which prompted the FDA, according to a 1997 GAO report "Human Tissue Banks," to issue an interim regulation in 1993 mandating donor screening for HIV and Hepatitis B and C, and a final rule in 1997 requiring tissue banks to "ensure that specified minimum required medical screening and infectious disease testing" be performed and that appropriate records be kept. The rule also authorized the FDA to inspect tissue banks and retain, recall and destroy tissue lacking appropriate documentation.

But is this enough? Between 1994 and 1999 tissue donations climbed 172 percent while organ donations stayed flat. Wouldn't this ascent of the tissue industry render old stand-by methods of oversight ineffective?

Hopefully the FDA isn't in the dark about this explosion because the tissue industry is not. "Tissue provides a steady stream of income if you do a good job," said the director of a St. Louis tissue bank. Her agency lost \$150,000 on organ recovery and distribution but recouped more than enough by earning \$1 million from tissue.

"The bottom line, whether people like that or not is that tissue is like other parts of healthcare," commented the director of a Kentucky organ agency, which had 90 organ donors compared to 193 tissue donors in 1999. "It's a business."

Eight of the 40 federally designated organ procurement organizations (OPO's) which ship directly to non-profits intensified their efforts to procure tissue, a sign, noted the Register, that OPO's are increasingly delving into the profit-fueled tissue domain.

Even government itself helps raise the number of donors: through grants subsidizing industry costs for television, internet, and billboard advertising.

One has to wonder if our government is a guardian of the public or a protector of industry. In

discussing the manner in which the FDA regulates donated tissue, a senior deputy commissioner said: "We didn't want to overregulate these products ...." And the FDA agrees with industry that products crafted from tissue deserve less scrutiny than drugs or medical devices. That is unfortunate because all have the potential to harm or kill.

In 2001, after fallout from the Register's expose', the Health and Human Services' Office of Inspector General (OIG) issued a report identifying problems with FDA oversight. It recommended, among other things, that the Agency "set a realistic, yet aggressive, date by which it would complete an initial inspection of all tissue banks. This could be accomplished under FDA's existing regulatory authority."

The OIG report pinpointed flaws: not all tissue banks were inspected; many aspects of tissue bank quality were not monitored; there was no prescribed cycle for reinspecting tissue banks; and the number and location of tissue banks was unknown. Some of these problems have been addressed; for instance, the FDA now requires registration of all tissue banks.

The FDA asserts that its duty to regulate tissue banks is an "unfunded mandate"; to conduct inspections, it says, it must borrow resources from other programs.

Whatever the reason, the result is foolhardy. We have two sets of rules for human transplant. Regulation governing one, organ donation, is tight: Organ procurement organizations (OPO's) must meet statutory requirements about their organization and operation; Regulation of the other, the more commonly performed tissue donation, is less stringent; it relies on loosely-run inspections and recalls, which are not effective if ordered too late. There is no requirement to track tissue donor recipients; there is no mandate to report errors or accidents; the FDA does not know when tissue products come to market, it does not review them, and it does not fine tissue brokers whose negligence leads to illness or death. The Register aptly observes that the Consumer Product Safety Commission exerts more authority over toaster makers.

Thus the nagging question is: Shouldn't Congress support and strengthen laws ensuring proper oversight of transplanted human tissue?

### **ALL IT TAKES IS A FEW TOOLS AND A FREEZER ...**

It used to be that willed body programs belonged in the realm of medical schools, which utilize cadavers to teach anatomy. But all that has changed. In today's world, the sky's the limit. Surgical instrument companies, surgical associations, drug companies, and of course biotech firms--they all need body parts. This heightens demand.

Whether large organizations or small operations, this "growing body network," as the Register calls it, supplies researchers with cadaveric tissue. Among "notable players" is one, in Philadelphia, which earned \$3 million and paid its executive director \$110,071 in 1998.

A March 7 Los Angeles Times article focused on "a tiny number of companies," which establish willed body programs in states where this activity is not restricted to medical schools. They often work as contractors who set up surgical training seminars or product tests, and they are first-rate recruiters. "They go in and raid retirement communities with the idea that people are donating their body to science in a humane act," said the director of the anatomy department at a leading medical school. "It's turned around and used for profit."

Writer Annie Cheney concurs. In her March article in Harper's, she writes that many tissue

banks "market their services heavily, sending representative to hospitals, funeral homes, nursing homes, morgues, and hospices to entice the families of corpses and corpses-in-waiting to donate."

With what Cheney calls "the dangle of the dollar," it's easy to recruit donors. All it takes is a good sales pitch and the promise of a free cremation. And guess who's being persuaded? Not just the unknowing and unsuspecting, but, believe it or not, members of the FCA!

The FCA national office reports that members of at least three affiliates have members who had considered willing their bodies to local firms, ScienceCare in Arizona and BioGift in Oregon, which market "free cremation." Luckily, members have been enlightened and dissuaded.

It's no surprise then--business is booming.

"The prices have been escalating," said ethicist Arthur Caplan. "There is more demand."

Vidal Herrera, owner of a forensic services business with the name 1-800-Autopsy, noted: "I get calls all the time from medical researchers, corporations. They want to purchase bodies, or they want to purchase tissue."

"We don't have to advertise," said Brent Bardsley, executive director of the Maryland-based Anatomic Gift Foundation (AGF). "It's the supply that's a problem."

Mr. Bardsley was quoted in the Register, which included AGF among its "notable players" of body-parts-suppliers. Because this company is in Maryland, I was curious. I only knew of Maryland's Anatomy Board, a highly reputed State Agency, to which many of our FCA members have willed their bodies over the years. AGF I had never heard of.

So in 2001 I phoned Mr. Bardsley, who told me that AGF was founded in 1994. First headquartered in Georgia, it re-located to Phoenix, then to Laurel, Md. in late 1998 with its Phoenix office serving as satellite. A search in 2001 on [www.guidestar.org](http://www.guidestar.org), which lists IRS form 990's for nonprofit organizations, produced a posting for Anatomic Gift Foundation, Inc., in Woodbine, Ga.: For fiscal year 1995 AGF earned income of \$458,953, with assets of \$91,837.

I phoned AGF again several weeks ago. This time I learned that the Phoenix satellite had closed, the company's name had changed to the Anatomy Gifts Registry (AGR), and it had moved its office to Hanover, Md.--"ten minutes away from Baltimore Washington Airport," said the receptionist.

In the donor application packet which I requested, I found a sheet entitled "Future Donor Program," which posed the following question: "Are you thinking about whole body donation for the benefit of Medical Science and Education? Please consider the following ..." Among points listed was this:

"AGR has an immense database of researchers and clinicians worldwide hailing from academia, industry, and government. As the largest non-transplant anatomic bank, AGR has the ability to preserve and store tissues for future needs, as well as the immediate applications. This enables AGR to serve literally countless research endeavors without the limitations of local State and University programs."

It was the word "non-transplant" which caught my eye. AGR says it is the largest "non-

transplant anatomic bank."

Writer Annie Cheney explains that "non-transplant tissue banks"--which procure tissue for researchers, not for transplants or surgical products--receive no federal oversight. My immediate thought was: If transplant tissue banks, which are regulated, exhibit problems, imagine what a free-for-all exists for non-transplant tissue banks which are not regulated at all! Non-transplant tissue banks aren't subject to FDA rules nor, in Maryland, to Health Department regulations.

So I'm aghast. Why is there no oversight of tissue banks which obtain tissue exclusively for researchers? What about those surgical courses held at resorts, like the one described by Cheney? Aren't those body parts a public health hazard? Cheney explains that researchers prefer tissue to be lifelike, in other words, "fresh." Isn't that a potential source of disease transmission? What if a hotel guest inadvertently wandered into a back-room training session and stumbled into it all--blood and fresh cadaver parts?

And then I re-read a January 10, 1998 article in the Arizona Republic, which I had filed away after my initial contact with the Maryland-based Anatomic Gift Foundation (now the Anatomy Gifts Registry). Entitled "Cold Shoulders: Thief gets Box of 6," it reported an incident in which frozen body parts were stolen from a truck transporting frozen shoulders from the Anatomic Gift Foundation in Phoenix to an air freight service near Sky Harbor International Airport. The theft occurred when the driver stopped for a break.

Humorous though it sounds, this incident was troubling. First, an AGF spokesman promptly noted that the company accepts donations--not for transplantation--but for research only. Why is this point repeatedly made? Second, the shoulders were wrapped in such a way that "it wouldn't be immediately obvious what was in there," said the company spokesman. But didn't the shoulders constitute a biohazard? Are there no guidelines for the proper transport of biohazardous material? Was it appropriate to transport a biohazard "so it wouldn't be immediately obvious"?

But when it comes to non-transplant tissue banks, here's the most shocking point of all: Obtain a basic business license, find a warehouse with a freezer, buy a few cutting tools, and hire someone adroit at disarticulating bodies--That's all it takes to set up shop!

### **AND, IN CONCLUSION: THE BOTTOM LINE IS THE BOTTOM LINE ...**

Profit is the last thing on the minds of potential tissue donors, who wish to serve others through humanitarian deeds. Thus future donors would find it unfathomable that donated tissue is pursued ferociously. Yet the Register makes that clear. The high demand for tissue has sparked "predatory competition" and downright pettiness among tissue and transplant banks:

A California medical examiner insisted that three tissue banks--in constant quarrel over access to bodies at a county morgue--hire their own personnel instead of pestering morgue receptionists about their scheduled access times.

When an eye bank bought a coveted Web address, a rival locked up at least 50 domain names--which it never used.

A Los Angeles tissue bank hired an attorney whose clients include celebrity movie stars.

A Texas tissue bank closed after a competitor bid the yearly sum of \$180,000 for the right to

procure tissue at the county morgue. It remains unclear how the winner knew to raise its initial offer because the bidding was supposedly sealed.

Tissue banks vie for hospital contracts. Thus the Musculoskeletal Transplant Foundation (MTF) beat out another tissue bank for the right to sell processed bone to three hospitals. Complained the loser: "They've gone into various facilities and tried to strike a better deal. They've been very aggressive about getting more business."

No one can deny the rigor with which business principles apply. "To capture a market share, you have to undercut the market," said the director of one tissue bank. "You take a loss in your first year until you prove your reliability, then you increase the price." Said another: "It has nothing to do with medicine anymore. The bottom line is it has become a bottom line."

## **SO WHAT CAN WE DO?**

Some would argue that profit is good: the impetus that spurs the creation of beneficial products. However, isn't the issue here greed? Isn't there the danger that we have become so inured to immense profitability that we, as a nation, shrug it aside as normal? This is already the case with much of our society. Must it pervade the altruistic realm of tissue donation as well? Are we correct to allow lucre to cloud our thinking about how we distribute life-saving tissue and ensure its safety? And finally, what do we make of the immorality that allows payoffs and profits to take precedence over the public good?

How ironic. We devote such energy to moralistic thinking: marriage among gays, abortion, school prayer. Yet respect for the dead--a rudimentary decency--is ignored. Potential donors, whose sole desire is to serve humanity, are never told that their selfless act may be misused for the sake of greed.

Last year the FCA wrote to the National Conference of Commissioners on Uniform State Laws requesting an investigation of this issue and is still waiting to hear back. In the meantime, the FCA suggests questions which potential donors might ask: Where does donated tissue go? Will the tissue bank distribute tissue to those in greatest need? How much are "processing fees"?

But, in light of the documents and reports cited in this article, the gnawing question remains: Will tissue banks and organ agencies be forthright?

In the end, we must contact our legislators and urge them to action. When it comes to tissue donation, we must call for laws ensuring decency and respect to replace profiteering and deceit. We have no choice. For the sake of our loved ones, we must halt this disgrace.

*The sources used were:*

### Articles

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([www.ocregister.com/features/body/](http://www.ocregister.com/features/body/)) Specific articles used:

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Cheney, Annie. "The Resurrection Men." Harper's, March 2004.

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### Reports

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United States General Accounting Office (GAO). "Human Tissue Banks: FDA Taking Steps to Improve Safety, but Some Concerns Remain." December 1997. GAO Document no. GAO/HEHS-98-25.

## **OPENING FOR CONSUMER REP ON OFFICE OF CEMETERY OVERSIGHT COUNCIL ...**

Maryland's Office of Cemetery Oversight, together with its Board of Morticians, constitute the State's governance of the funeral industry. The 11-member advisory council of the Office of Cemetery Oversight currently has an opening for a consumer who lives in the Baltimore area. The council, an advisory group focusing on policies and trends in the cemetery industry, meets once a month in Baltimore (except for one meeting per year which is held in Silver Spring). If you are interested, contact David Goodman at 240-777-1465 or call the number at the top of this newsletter.

## **HANDSOME CREMATION URNS ...**

The Reverend Robert Wohlfort has a hobby: woodworking. And luckily for us he has put his talent to good use. He crafts cremation urns made from oak, and they are indeed tasteful and handsome. The price is \$150 each. Besides his woodcarving ability, Rev. Wohlfort is a very dear man. He says that he has "some wonderful memories regarding the Cedar Lane Church and what was once known as the Maryland Memorial Society." He is a pastoral counselor and for 25 years was on the staff of the Pastoral Counseling and Consultation Centers of Greater Washington, during which time he had an office at the Cedar Lane church; he knew the staff quite well, and he knew Bruce Bowman, the co-founder of our chapter.

Should you be interested in one of Rev. Wohlfort's urns, contact him at 202-628-9177. His Website is [www.wohlfort.com](http://www.wohlfort.com).