Outline

I. Introduction

A. Minorities and organ shortage
The term minority often has negative connotations. Sadly, that is something I will not be able to change. However, I would like to note that when I refer to a minority group it encompasses not one but three different groups as it relates to my research. The term minority in this case is going to be referring to African Americans, Latinos, and the poor or indigent. In researching this topic the African American community makes up the larger portion of the minorities, so that demographic has much more support and education available to help with the problem of the organ shortage that is affecting America

B. Thesis Statement: Although many people choose not to donate their organs for various reasons, the rising trend seems to be that more minorities are needing to receive organ transplants than are willing to donate. (reword)

II. Number of minorities currently on transplant waiting list

According to the Organ Procurement and Transplantation Network (OPTN) website, the waiting list as of July 4th is: white 50,354, black 30,673, and hispanic 17,586. The number of deceased donors as of July 4, 2008 are as follows: white—1,801, black—402, and Hispanic—378. The living donors thus far: white 1364, black 200, and Hispanic 253. The number of transplants performed in the year 2008 from Jan.-July are strikingly different...kidneys transplanted into white patients were well of two thousand, as compared with blacks at just over a thousand, and Hispanics under a thousand. Livers-for whites almost fifteen hundred, where as blacks and Hispanics are in the two hundred range (OPTN website).

A. What organ to which demographic
According to OPTN the waiting list for kidneys are: whites 31,683; blacks 28,194; and Hispanics 14,093.

“Studies show that the poor, the uneducated and minorities are less
likely to consent to organ donation than affluent, educated whites.

Meanwhile, blacks and Hispanics have higher diabetes rates because they need more kidney transplants” (Hansen).

“African Americans constitute nearly 36 percent of the people on the waiting list for kidneys, compared with 40 percent for whites. Meanwhile, blacks accounted for only 23 percent of the kidney transplants performed in 2001, compared with 58.2 percent for whites, according to UNOS” (Hansen 17).

“Although race isn’t an explicit factor, minority patients—especially African-Americans—are more genetically diverse, making it harder for them to find suitable tissue matches. Black and Hispanic people donate organs at the same rate as whites, but they are predisposed to organ-damaging diseases like diabetes, so that in spite of campaigns to promote organ donation in minority communities, there’s no way for minority donation alone to keep up with the minority demand for organs” (Whitford).

Dr. Denise Dudzinski, of the University of Washington School of Medicine suggests that there should be strict criteria for which transplant patients are assessed. There are only a small percentage of patients who do not actually make it on the transplant list after evaluation; however they may wait for long periods of time for an organ. Dudzinski feels that perhaps due to relationships formed between these patients and the center from which they seek care, they may be
listed out of a sense of duty, even if transplantation is not the best option. Social assessment as well as psychological assessments can help determine the patient’s eligibility as well. If patients were made to follow strict guidelines such as abstaining from smoking, drinking, and using drugs, then it would be in the hands of the patient to adhere to these guidelines and it would appear that it is not an institutional decision, but a personal one (Dudzinski 35).

III. Minorities untrusting of medical community. 
MOTTEP is a national organization that receives funding from the government. It was founded by Dr. Clive Callender, a transplant surgeon who started working in Washington D.C. “Through a black donor eduction effort he initiated in 1978 in Washington D.C. he found five reasons why African Americans were shying away from donating: a lack of awareness about renal disease and transplantation; religious beliefs and superstitions; distrust of the medical community; a fear that by signing an organ donor card, medical professionals would not try as hard to save them; and racism-the belief that their organs would only go to whites” (Basu).

In an article written by Laura Siminoff, et al for the Kenndey Institute of Ethics Journal, it is stated that “Studies link minorities’ lower rates of organ donation to their distrust of the medical profession.”

“African-Americans are significantly more likely than whites to fear that doctors will let a person die if they obtain permission to recover his organs” (Hanson 16).

“If we correctly assume that African-American persons are less likely to behave altruistically toward a medical system tat has mistreated them, then public education efforts designed solely to increase cadaveric donation without addressing issues of trust and equity will not be as effective as possible.” (Siminoff and Arnold 609)

“The Tuskegee Syphilis Study was initiated in the USA in 1932 and continued into the early 1970s. The study involved enrollment and follow-up of 400 untreated latent syphilitic black males (and 200 uninfected controls) in order to trace the course of the disease. In recent years, the trial has come under severe criticism because of the fact that the syphilitics remained
untreated even when penicillin, and accepted form of treatment for the disease, became available” (Everitt and Pickles 55).

IV. Allocation process when it comes to minorities

A. Racially motivated for medical reasons

“Other researchers have found that minorities shun organ donation because they believe the allocation process is rigged to favor affluent, white transplant candidates” (Hanson 16).

The United Network for Organ Sharing program modified its policy for allocating cadaveric kidneys in response to critics who charged that its policy was unfair to minorities on the waiting list. The new policy downplays the importance of human leukocyte antigen (HLA) matching, a predictor of compatibility between donated organs and potential transplant recipients...Minorities vying for transplants under the old policy were frequently told that they did not qualify for organs recovered from Caucasian donors...less importance on HLA matching, will result in some 200 additional kidney transplants annually for minority patients (Hansen 17).

B. Predisposed to already existing medical problems?

“Black and Hispanic people donate organs at the same rate as whites, but they are predisposed to organ-damaging diseases like diabetes, so that in spite of campaigns to promote organ donation in minority communities, there's no way for minority donation alone to keep up with the minority demand for organs”.

According to Whitford, “In 2003, UNOS set less-stringent matching criteria for kidney transplants to channel more organs to minority candidates, while in
the organ-procurement district covering northern California, doctors eliminated tissue typing altogether and now match organs by blood type alone. Modern immunosuppressants help compensate for less-than-perfect matches, although inevitably, more organs are rejected”.

“The need for more donor organs among minority women is especially great because minority women suffer disproportionately from certain diseases of the kidney, heart, lung, pancreas, and liver that can lead to organ failure (Wider)

V. Conclusion

A. Awareness programs and success rate

“African-American persons were less likely than white persons to have discussed their wishes about donation with their families.” (Siminoff and Arnold 608)

One single organ and tissue donor can save or improve the lives of up to 50 people.(Office of Minority Health website)

National Minority Awareness Day, “This day is designed to increase awareness of the need for more organ/tissue donors. The annual observance reaches out to minorities and focuses on the various fears and obstacles associated with donation. The campaign’s goal is to promote healthy living and disease prevention, as well as increase the number of people who sign donor cards, have discussions with their families about their wishes, and become donors. Minority Donor Awareness Day is also aimed at increasing awareness of the behaviors that may lead to the need for transplantation, such as smoking, alcohol and substance abuse, and poor nutrition” (NationalMOTTEP website).

In 1998, Walter Payton, award winning running back for the Chicago Bears, developed an uncommon disease of the liver that would require a transplant. He was subsequently placed on the waiting list, however he died because of the delay in finding a matching donor. Prior to his death, he admitted that he did not know enough about organ donation. He began speaking on the topic to heighten awareness of the need for organs. His daughter, Britney, who was only fourteen when he died, began her own initiative. She was still a student in high school when she formed the Youth for Life campaign. This campaign was aimed at teenagers in order to increase their understanding of organ donation. This project has helped the state of Illinois become one of the country’s leaders in organ donation (Drehs).

“Having a story of a celebrity like Payton or professional basketball player Alonzo Mourning, a transplant kidney recipient, or Sean Elliott, who received a kidney from his brother, can only help (Drehs)”.

Dr. Callender stated that the edification of black donors helped to improve the amount of black people willing to donate between the years 1982 through
1992. The donations made by the minority population in the ‘80s was 15 percent, however in 2001 the number increased dramatically to 28.5 percent (Basu).

Dr. Callender states, “I want people to go from not signing donor cards to signing them, to not being donors to becoming donors, in life and death. Our modus operandi goes into the community and educates and empowers community members about how they are going to change the behaviors in their own community. Awareness is when you make people aware, but we want to take it a step beyond that. We want them to put their awareness into an action, so they will do something positive” (Basu).