

New developments in organ transplantation in China

by David Matas

I have no financial relationships to disclose.



Introduction: The Chinese Government acknowledged in 2006 that it was sourcing organs from prisoners sentenced to death and then executed. The Government in 2014 indicated that they would stop this sourcing starting from January 2015. Evidence points to the reality that the Government of China continues to source organs from prisoners, killing them for their organs on an industrial scale.

The University of Harvard Medical School hosted a forum on March 8th 2024 on forced organ harvesting. Dr. Francis Delmonico and Dr. Nancy Ascher, both former presidents of The Transplantation Society (TTS), by e-mail sent in advance of the event, asked that information and requests be distributed to those to whom the March 8th event invitation was sent. An extract from the webpages promoting the forum, the e-mail from the former presidents, and a commentary on that e-mail additional to this text, are separate slides in this presentation.

Method: The presentation encapsulates current evidence that organ sourcing from prisoners continues in China. In addressing this evidence, the presentation addresses two cognate issues - onus and remedy.

Results: Evidence of sourcing of organs from prisoners in China since January 1, 2015 is voluminous, hundreds of pages, thousands of cited sources, much larger than the limitations of this presentation (10 slides) allows. A bibliography is attached as a separate slide. The China Tribunal, an independent expert people's tribunal, in its March 2020 judgment, provided this statement about the evidence:

"There has been a population of donors accessible to hospitals in the PRC [People's Republic of China] whose organs could be extracted according to demand for them, and this has coincided with the long-term practice in the PRC of forced organ harvesting [of death penalty prisoners] and of many Falun Gong, along with Uyghurs, being compelled to have medical tests, focused on their organs; the PRC would have no difficulty in committing Falun Gong practitioners to any fate and could readily use them as the population of donors accessible to hospitals in the PRC whose organs could be extracted according to demand for them by means of forced organ harvesting.

This process of step-by-step reasoning leads inexorably from: the clear evidence of a supply chain of organs over many years but from an unaccountable source; the fact that Falun Gong practitioners once incarcerated could be a useable source; and there being no other source identified, to the Tribunal being satisfied that:

In the long-term practice in the PRC of forced organ harvesting it was indeed Falun Gong practitioners who were used as a source - probably the principal source - of organs for forced organ harvesting." (Paragraphs 460 and 461).

The former presidents of TTS, in their e-mail about the Harvard Forum, asked for "the current evidence ... regarding the use of organs recovered from executed prisoners and from specific transplant centers within China today." This request suffers from category confusion. The request is made about executed prisoners. The subject matter of the Harvard Forum was prisoners of conscience.

There is a difference between prisoners sentenced to death and then executed in conformity with their sentences and prisoners of conscience killed through organ extraction. Prisoners sentenced to death for serious crimes are common criminals. Prisoners of conscience are either not charged,

convicted or sentenced at all, or convicted for minor, non-death penalty offences, such as "disturbing social order".

Prisoner of conscience victims of forced organ harvesting have not been and are not being executed pursuant to a sentence. The Government of China has never acknowledged that they were sourcing organs from prisoners of conscience not sentenced to death and never said that they would stop doing so.

Evidence of absence is not absence of evidence. The China Tribunal wrote further that, as of March 2020: "There is no evidence of the practice [of the killing of Falun Gong for their organs] having been stopped and the Tribunal is satisfied that it is continuing." (Paragraph 467). The conclusion that "There is no evidence of the practice having been stopped" includes, of course, no evidence from the Government of China. That observation, accurate in March 2020, remains accurate today.

In light of the findings of the China Tribunal as late as March 2020, that, as of that date, the forced organ harvesting of Falun Gong practitioners was continuing, the onus does not lie on outsiders to provide evidence of the use of organs recovered from political prisoners and from specific transplant centers within China today. The onus lies on China to comply with the World Health Organization Guiding Principles on Human Cell, Tissue and Organ Transplantation of transparency, traceability and openness to scrutiny. The Government of China has not provided that evidence.

The e-mail from TTS former presidents stated: "The current direction of China is clearly altered from the past abuses as it pertains to organ transplantation. BEIJING, Dec. 14, 2023 - Chinese Premier Li Qiang has signed a decree of the State Council to unveil rules on human organ donation and transplantation, which will take effect on May 1, 2024.... These regulations fulfill WHO Guiding Principles of transparency and oversight."

The new law, the Regulation on Donation and Transplantation of Human Organs, does not mention the words "transparency", "traceability" and "openness to scrutiny". The law asserts, in Article 3 that "Supremacy of the people shall be insisted on in the work of donation and transplantation of human organs." The relevant component of the Regulation forms another slide of this presentation.

In China, "supremacy of the people" is another way of saying "supremacy of the Chinese Communist Party". The very first substantive provision of the Constitution of China states: "The People's Republic of China is a socialist state under the people's democratic dictatorship led by the working class and based on the alliance of workers and peasants Leadership by the Communist Party of China is the defining feature of socialism with Chinese characteristics. ..."

The regulatory oversight for which the new law provides is Government of China/ Chinese Communist Party "dictatorship" oversight. The new law does not allow oversight by those independent from the Government of China/ Chinese Communist Party.

The China Tribunal observed that "Doctors speaking in support of the PRC [the People's Republic of China] were effectively complicit in the denial by their failure to highlight the fact that essential material was missing." The relevant excerpt from this judgment is another slide in this presentation.

Conclusion: The Transplantation Society 2006 Ethics Committee policy on the Chinese Transplantation Program, in light of subsequent developments, needs updating. There is a separate slide suggesting what that updating should be.



Forced Organ Harvesting: A Threat to Humanity |
March 7 - 8, 2024

FORUM ON EVIDENCE AND PREVENTION
MARCH 7 | 2:00–4:00 PM | YENCHING LIBRARY
|
2 DIVINITY AVE

"STATE ORGANS" DOCUMENTARY SCREENING +
LIVE Q&A
MARCH 7 | 6:00–8:00 PM | SCIENCE CENTER |
LECTURE HALL E

Speakers

David Matas, JD, International Human Rights Lawyer nominated for the 2010 Nobel Peace Prize

Devin E. Eckhoff, MD, Chief of Transplant Surgery and Director of the Transplant Institute at the Beth Israel Deaconess Medical Center

Torsten Trey, MD, PhD, Founder and Director of Doctors Against Forced Organ Harvesting (DAFOH), which was nominated for the Nobel Peace Prize in 2016, 2017 and 2024

Jennifer Zeng, MS, Human rights activist, author, and survivor of Beijing Women's (Xinan) Labor Camp

G. Weldon Gilcrease, MD, Associate Professor in the University of Utah School of Medicine Oncology Division and Huntsman Cancer Institute (HCI) investigator

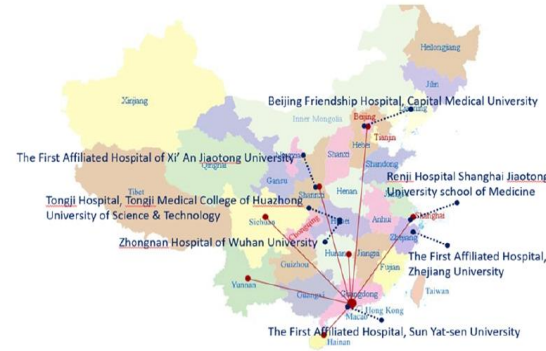
Cindy Song, Producer and writer of the award-winning documentary "State Organs"

Rain Yu, The daughter of a forced organ harvesting victim

Moderators

Erping Zhang, MPA, East Asia Specialist, Former Edward Mason Fellow of Harvard Kennedy School of Government

Kevin Tie, MD, Resident physician in Otolaryngology- Head and Neck Surgery at the Beth Israel Deaconess Medical Center



From: Francis Delmonico, M.D. <Francis_Delmonico@neds.org>
Sent: Friday, March 1, 2024 2:46 PM
To: SLegaspi@mgb.org <SLegaspi@mgb.org>; lweinstein@mgb.org <lweinstein@mgb.org>; Ascher, Nancy <Nancy.Ascher@ucsf.edu>
Cc: Lillemoe, Keith D., MD <KLILLEMOE@mgh.harvard.edu>; Eckhoff, Devin (HMFP - HMFP - Surgery) <deckhoff@bidmc.harvard.edu>
Subject: [External] Requesting a Harvard wide distribution

Dear Ms. Legaspi and Weinstein:

We have been corresponding with Drs. Lillemoe and Eckhoff to bring to attention an alternative perspective regarding the *Forced Organ Harvesting: A Threat to Humanity* that is scheduled for a Harvard Medical School presentation March 7-8 <https://sites.google.com/view/fohharvard/event>

With Dr. Lillemoe's sanction, we are requesting the enclosed information be distributed to the colleagues that the event invitation was sent.

Francis Delmonico and Nancy Ascher

Dear Colleagues:

As we are the subject of a commentary to be published by a political group that includes David Matas and Torsten Trey, we are writing to request a distribution of the following information to the Harvard colleagues this event announcement (Forced Organ Harvesting: A Threat to Humanity) has been sent.

The Harvard event is categorized as "evidence-based" to indeed inquire of the current evidence this political group can share regarding the use of organs recovered from executed prisoners and from specific transplant centers within China today.

We recognize that such unethical practice was the source of transplantable organs in China a decade ago; but thereafter, the Chinese government has proclaimed a prohibition.

Since 2015, we have traveled extensively throughout China representing the World Health Organization and the Transplantation Society to confer with Chinese transplant professionals in support of that prohibition of organ trafficking.

We have met with the PRC Minister of Health Ma in Beijing to maintain a vigilance of the international community that China fulfill its pledge.



We have no illusion about the possibility of being duped in these deliberations (as claimed by Matas) and we do not guarantee or be responsible for the actions of the Chinese government; but our extensive involvement to promote the change of transplantation practices within China propel the request to Matas and Trey to detail the current evidence that organ trafficking continues in China.

The current direction of China is clearly altered from the past abuses as it pertains to organ transplantation.

BEIJING, Dec. 14, 2023 -- Chinese Premier Li Qiang has signed a decree

of the State Council to unveil rules on human organ donation and

transplantation, which will take effect on May 1, 2024.

[https://english.www.gov.cn/policies/latestreleases/202312/14/content](https://english.www.gov.cn/policies/latestreleases/202312/14/content_WS657a6be9c6d0868f4e8e228c.html)

[WS657a6be9c6d0868f4e8e228c.html](https://english.www.gov.cn/policies/latestreleases/202312/14/content_WS657a6be9c6d0868f4e8e228c.html)

These regulations fulfill WHO Guiding Principles of transparency and oversight.

The government of China has also officially proclaimed its co-sponsorship (with Spain and several other Member States) for a Resolution to be presented to the (77th) World Health Assembly in Geneva in May, 2024 that calls for regulatory oversight of every organ transplant, reporting the identity of every deceased and living donor. (attached)

Torsten Trey of the Doctors Against Forced Organ Harvesting, still claims however that the latest rules are "unlikely to scratch the surface of the illegal organ trade in China" and there is a "plethora of witness testimonies that suggest that living prisoners of conscience are killed in operation rooms without any court convictions". <https://www.rfa.org/english/news/china/china-organ-trade-12192023141747.html#:~:text=Since%20Jan,be%20provided%20free%20of%20charge>

We respectfully request that Torsten Trey provide current evidence and cite specific witness testimonies of specific transplant centers ---- to aligned in a mutual mission of combating organ trafficking not only in China but throughout the world (and to do so without a political agenda). Thus, we are not opponents, as we should seek to bring current data to the attention of the Chinese government and the international community.

Meanwhile, China performed more than 20,000 organ transplants in 2023 (more than 900 heart and 900 lung transplants and nearly 7000 liver and 15,000 kidney transplants). The Harvard community should be engaged to support the positive direction of Chinese transplant colleagues that is evident. The 2022 data are available at the WHO Global Observatory <https://www.transplant-observatory.org/> that are reported annually by the China Organ Transplant Response System (COTRS) with more than 5000 deceased donors reported from inpatient intensive care units.

Finally, we suggest the Matas/Trey group be refocused on the true threat of organ trafficking that is day by day in other parts of the world such as the Indian subcontinent of Asia.

One can readily contrast what is happening in India and what is the direction of China.

Dr. Vivek Jha *The Seamy Underbelly of Organ Transplantation in India: How preferential allotment of organs to foreigners and the well-off is undermining trust in the process of organ donation.*

<https://thewire.in/health/underbelly-organ-transplantation-india>

<https://www.telegraph.co.uk/global-health/science-and-disease/kidney-organ-trafficking-scandal-private-healthcare-india-myanmar/>

<https://www.pbs.org/newshour/show/human-trafficking-victims-forced-to-sell-their-organs-share-harrowing-stories>

Francis L. Delmonico, MD

and

Nancy L. Ascher, MD PhD

Comments on the e-mail from Drs. Delmonico and Ascher

E-mail: "We have been corresponding with Drs. Lillemoe and Eckhoff to bring to attention an alternative perspective regarding the Forced Organ Harvesting: A Threat to Humanity that is scheduled for a Harvard Medical School presentation March 7-8
<https://sites.google.com/view/fohhardvard/event>"

Comment: In the e-mail address "harvard" is misspelled as "hardvard". The correct URL is <https://sites.google.com/view/fohharvard/event>"

E-mail: "The Harvard event is categorized as 'evidence-based'".

Comment: Though the phrase "evidence-based" is placed in quotation marks, that phrase is not found in the advertisement for the event. The word "evidence" can be found in the advertisement, but in a different context. The event is described as a "Forum on Evidence and Prevention".

E-mail: "we are the subject of a commentary to be published by a political group".

Comment: The commentary to which reference is made has now been published, in June 2024, in a peer reviewed journal, "Transplantation". This commentary is shown in a separate slide. The authors of the commentary are not a political group. They are individual experts who have determined, each separately through their own independent research, the mass killing of a diverse collection of political prisoners in China for their organs.

E-Mail: The e-mail presents and inquires about "the current evidence this political group can share ..."

Comment: The inquiry in the e-mail is addressed to the authors of the commentary published in Transplantation, not the participants in the Harvard Forum. Six of the eight

signatories of the Transplantation commentary did not participate in the Harvard Forum. Seven of the nine participants in the Harvard Forum did not sign the Transplantation commentary. There is, accordingly, a mismatch between the persons to whom the inquiry is addressed and the purpose of the e-mail, which is "to bring to attention an alternative perspective regarding" regarding the Harvard Forum which consisted, almost entirely, of different persons.

Torsten Trey and I were the only persons both signatories of the Transplantation commentary and speakers at the Harvard Forum. The e-mail referred only to the two of us by name. Yet, neither of us proposed, suggested, planned or organized either the Transplantation commentary or the Harvard Forum. We are also not associated one with the other organizationally in any way. We are independent researchers, independent from each other, who have both come to the same conclusion on forced organ harvesting in China. That is our only commonality.

Regulation on Donation and Transplantation of Human Organs [Not Yet Effective] 人体器官捐献和移植条例【尚未生效】 [法宝引证码] Issuing authority: State Council Document Number: Order No. 767 of the State Council of the People's Republic of China Date issued: 12-04-2023 Level of Authority: Administrative Regulations Effective date: 05-01-2024 Area of Law: Health and Sanitation

Table with 2 columns: English text and Chinese text. Row 1: Order of the State Council of the People's Republic of China / 中华人民共和国国务院令. Row 2: (No. 767) / (第767号). Row 3: The Regulation on Donation and Transplantation of Human Organs, adopted at the 17th Executive Meeting of the State Council on October 20, 2023, is hereby issued, and shall come into force on May 1, 2024. / 《人体器官捐献和移植条例》已经2023年10月20日国务院第17次常务会议通过, 现予公布, 自2024年5月1日起施行. Row 4: Premier: Li Qiang / 总理 李强. Row 5: December 4, 2023 / 2023年12月4日. Row 6: Regulation on Donation and Transplantation of Human Organs / 人体器官捐献和移植条例. Row 7: Chapter I General Provisions / 第一章 总 则.

Article 1 For the purposes of regulating the donation and transplantation of human organs, guaranteeing the quality of medical care, protecting the legitimate rights and interests of citizens, and carrying forward the core socialist values, this Regulation is developed.

Article 2 This Regulation shall apply to the donation and transplantation of human organs in the territory of the People's Republic of China; and shall not apply to the donation and transplantation of human tissues such as human cells, cornea and bone marrow.

For the purposes of this Regulation, donation of human organs refer to the voluntary and free provision of all or part of human organs with specific physiological functions such as heart, lung, liver, kidney, pancreas or small intestine for transplantation.

For the purposes of this Regulation, transplantation of human organs refers to the activity of implanting donated human organs into recipients' bodies to replace their diseased organs.

Article 3 Supremacy of the people shall be insisted on in the work of donation and transplantation of human organs. The state shall establish a working system for donation and transplantation of human organs, promote donation of human organs, regulate the

第一条 为了规范人体器官捐献和移植, 保证医疗质量, 保障人体健康, 维护公民的合法权益, 弘扬社会主义核心价值观, 制定本条例。

第二条 在中华人民共和国境内从事人体器官捐献和移植, 适用本条例; 从事人体细胞和角膜、骨髓等人体组织捐献和移植, 不适用本条例。

本条例所称人体器官捐献, 是指自愿、无偿提供具有特定生理功能的心脏、肺脏、肝脏、肾脏、胰腺或者小肠等人体器官的全部或者部分用于移植的活动。

本条例所称人体器官移植, 是指将捐献的人体器官植入接受人身体以代替其病损器官的活动。

第三条 人体器官捐献和移植工作坚持人民至上、生命至上。国家建立人体器官捐献和移植工作体系, 推动人

acquisition and distribution of human organs, improve the service capacity for transplantation of human organs, and strengthen supervision and administration.

Article 4 The health departments of the people's governments at or above the county level shall be responsible for the supervision and administration of donation and transplantation of human organs. The departments of development and reform, public security, civil affairs, finance, market supervision and administration, and medical security of the people's governments at or above the county level shall be responsible for the work related to donation and transplantation of human organs within the scope of their respective responsibilities.

Article 5 The Red Cross Society shall participate in and promote the work of donation of human organs according to the law, carry out the work of publicity and mobilization, willingness registration, donation witness, remembrance and humanitarian care for donation of human organs, and strengthen the construction and administration of the network of human organs donation organizations and teams of human organs donation coordinators.

Article 6 Any organization or person shall neither trade in any way human organs, nor carry out any activity related to trade of human organs.

Article 7 Any organization or person shall have the right to report any violation of this Regulation to the health department and other relevant departments; and have the right to submit tip-off on any failure to perform the supervision and administration responsibilities of the health department and other relevant departments to the people's government at the same level or the relevant department of the people's government at a higher level. The people's government, health department and other relevant departments shall verify and handle tip-offs in a timely manner, and notify the informants of the handling results of real-name tip-offs.

Chapter II Donation of Human Organs

Article 8 The donation of human organs shall be made under the principle of free will free of charge.

A citizen shall be entitled to donate or not to donate his or her human organ; and any organization or person shall not force, cheat or entice others into donating their human organs.

Article 9 A citizen with full capacity for civil conduct shall have the right to independently decide to donate his or her human organs according to the law. A citizen shall express his or her intention to donate human organs in writing and may also conclude a will. A citizen shall have the right to withdraw his or her intention to donate his or her human organs.

Where a citizen expresses his or her opposition to donation of his or her cadaveric organs during his lifetime, no organization or individual may donate or obtain the cadaveric organs of the citizen; and where a citizen has not expressed opposition to donation of his or her cadaveric organs during his lifetime, after the death of the citizen, his or her spouse, adult children and parents may jointly decide to donate his or her cadaveric organs, and a decision on donation shall be made in writing.

Article 10 Any organization or individual shall not obtain any living organ of a citizen under the age of 18 for transplantation.

Article 11 A recipient of a living organ shall be limited to the spouse, lineal relative by blood or collateral relative by blood within three generations of the living organ donor.

体器官捐献, 规范人体器官获取和分配, 提升人体器官移植服务能力, 加强监督管理。

第四条 县级以上人民政府卫生健康部门负责人体器官捐献和移植的监督管理工作。县级以上人民政府发展改革、公安、民政、财政、市场监督管理、医疗保障等部门在各自职责范围内负责与人体器官捐献和移植有关的工作。

第五条 红十字会依法参与、推动人体器官捐献工作, 开展人体器官捐献的宣传动员、意愿登记、捐献见证、缅怀纪念、人道关怀等工作, 加强人体器官捐献组织网络、协调员队伍的建设和管理。

第六条 任何组织或者个人不得以任何形式买卖人体器官, 不得从事与买卖人体器官有关的活动。

第七条 任何组织或者个人对违反本条例规定的行为, 有权向卫生健康部门和其他有关部门举报; 对卫生健康部门和其他有关部门未依法履行监督管理职责的行为, 有权向本级人民政府、上级人民政府有关部门举报。接到举报的人民政府、卫生健康部门和其他有关部门对举报应当及时核实、处理, 对实名举报的, 应当将处理结果向举报人通报。

第二章 人体器官的捐献

第八条 人体器官捐献应当遵循自愿、无偿的原则。

公民享有捐献或者不捐献其人体器官的权利; 任何组织或者个人不得强迫、欺骗或者利诱他人捐献人体器官。

第九条 具有完全民事行为能力 的公民有权依法自主决定捐献其人体器官。公民表示捐献其人体器官的意愿, 应当采用书面形式, 也可以订立遗嘱。公民对已经表示捐献其人体器官的意愿, 有权予以撤销。

公民生前表示不同意捐献其遗体器官的, 任何组织或者个人不得捐献、获取该公民的遗体器官; 公民生前未表示不同意捐献其遗体器官的, 该公民死亡后, 其配偶、成年子女、父母可以共同决定捐献, 决定捐献应当采用书面形式。

第十条 任何组织或者个人不得获取未满18周岁公民的活体器官用于移植。

第十一条 活体器官的接受人限于活体器官捐献人的配偶、直系血亲或者三代以内旁系血亲。

The Independent Tribunal into Forced Organ Harvesting from Prisoners of Conscience in China

JUDGMENT

Tribunal Members

Sir Geoffrey Nice QC (Chair)

Prof Martin Elliott

Andrew Khoo

Regina Paulose

Shadi Sadr

Nicholas Vetch

Prof Arthur Waldron

Date

1 March 2020

their knowledge and free consent. In the absence of such a demonstration by the Chinese authorities, the world is entitled to question assertions of claims to the contrary.

ETAC response

*We agree with the sentiment of this statement by the Sub-Committee; we note however the omission of mention of prisoners of conscience. We strongly support the view that “the onus is on the Chinese authorities to demonstrate to the world that they are not overseeing or permitting the practice of harvesting organs from executed prisoners without their knowledge and free consent” but would add: **or the killing of prisoners of conscience for their organs.** In the absence of such a demonstration by the Chinese authorities, the world has a **responsibility to not only question assertions of claims to the contrary but to urgently take action.***

426. An ‘Additional Comment by Dr David Matas’ is part of ETAC’s response to the Tribunal’s request for assistance. It is largely opinion or argument that cannot assist the Tribunal in its forensic function, and so is not set out here. It can be found in the response itself, at <https://chinatribunal.com>. Its second and third paragraphs contain useful summaries.³¹⁰

427. In its overall assessment of the Australian report and ETAC’s response two things are clear to the Tribunal. First, however this fact may have been ‘covered-up’ or disguised in the interests of the comity of nations, the PRC denied to the Australian Sub-Committee material that would normally, in any truly rigorous forensic setting, be demanded as essential to deal with allegations as important as those under consideration. None of the essential background material showing consent of patients – or even showing that donors and recipients could be identified at all – was provided; nor was any verifiable material dealing with numbers of operations etc.

428. Doctors speaking in support of the PRC were effectively complicit in the denial by their failure to highlight the fact that essential material was missing. In making presentations to the Sub-Committee they should not have been allowed to get away with failing to produce supporting material, which must have been available if the propositions advanced were accurate.³¹¹

The Tribunal detected in the reactions of those Australian parliamentarians questioning witnesses, and in the (only just) agnostic position adopted as a conclusion, the possibility that they experienced frustration of the kind the Tribunal has, in the face of the obdurate failure by the various named doctors to assist in the production of essential raw material.

³¹⁰ ETAC’s response can be found at <https://chinatribunal.com> Appendix 4, item 28

³¹¹ It should be noted that the Tribunal’s view is not that the **doctors** who gave evidence in favour of the PRC are necessarily to be judged as poorly motivated. It is simply that the report – after analysis and with the ETAC responses available – provides no evidence on which this Tribunal can properly act. The **Tribunal records its disappointment that the doctors named** did not respond to request by the Tribunal to cooperate and to give evidence so that their evidence could be tested.

Bibliography

All references below date after January 1, 2015, the date from which the Government of China claimed sourcing from prisoners for their organs had stopped. They are listed below in chronological order. All of the published articles and letters, that is to say items 1, 3, 4, 5, 6, 9, 12, 13 and 15, have been subject to peer review before publication.

- 1) Trey T, Sharif A, Schwarz A, et al. Transplant medicine in China: need for transparency and international scrutiny remains. *Am J Transplant*. 2016;16:3115-3120.
<https://pubmed.ncbi.nlm.nih.gov/27532896/>
 - 2) David Kilgour, Ethan Gutmann, David Matas "Bloody Harvest / The Slaughter" June 22, 2016, revised, April 30, 2017.
https://endtransplantabuse.org/wp-content/uploads/2017/05/Bloody_Harvest-The_Slaughter-2016-Update-V3-and-Addendum-20170430.pdf
- This work looks specifically at transplant volumes, questioning the then official Beijing Chinese Government transplant volume figure of 10,000 transplants a year. The work adds transplant volumes from individual hospitals, posted on their websites and reproduced in their newsletters, and came up with a range of 60,000 to 100,000 transplants a year. The update runs to almost seven hundred pages and almost 3,000 footnotes, each providing citations to verifiable supporting information.
- 3) Paul, Norbert & Caplan, Arthur & Shapiro, Michael & Els, Charl & Allison, Kirk & Li, Huige. (2017). "Human rights violations in organ procurement practice in China." *BMC Medical Ethics*. 18. 10.1186/s12910 017 0169 . <https://pubmed.ncbi.nlm.nih.gov/28178953/>
 - 4) Chung, Maria; Trey, Torsten; Matas, David; and An, Richard (2018) "Cold Genocide: Falun Gong in China", *Genocide Studies and Prevention: An International Journal*: Volume 12: Issue 1: 38 62
<https://digitalcommons.usf.edu/cgi/viewcontent.cgi?article=1513&context=gsp>
 - 5) Rogers W, Robertson MP, Ballantyne A, et al "Compliance with ethical standards in the reporting of donor sources and ethics review in peer reviewed publications involving organ transplantation in China: a scoping review" *BMJ Open* 2019; 9:e024473. doi: 10.1136/bmjopen 2018 024473
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6377532/>
 - 6) Robertson, M.P., Hinde, R.L. & Lavee, J. "Analysis of official deceased organ donation data casts doubt on the credibility of China's organ transplant reform" *BMC Med Ethics* 20, 79 (2019)
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Recommendations

The Transplantation Society, in addressing political abuse of organ transplantation in China, should follow the example of what the World Psychiatric Association did to address political abuse of psychiatry in the former Soviet Union.

The Transplantation Society should:

- 1) recognize that organ transplant abuse in China with prisoners sentenced to death as sources is not the only form of organ transplant abuse in China with prisoner victims;
- 2) acknowledge that prisoners of conscience not sentenced to death and in most cases not convicted of anything have been and, absent evidence to the contrary, continue to be the primary source of organs for transplantation in China;
- 3) condemn organ transplant abuse in China with prisoner of conscience organ sourcing;
- 4) call on all transplant health professionals in China or visiting China to renounce and disassociate themselves from organ transplant abuse in China with prisoner of conscience organ sourcing;
- 5) acknowledge that the onus falls upon the Government of China to establish that the sourcing of organs from prisoners of conscience has stopped, that the onus does not fall on The Transplantation Society to establish that this abuse continues;
- 6) establish its own review committee mandated to address political abuse of organ transplantation in China by examining, factually, whether the Government of China and its transplantation system have discharged the onus which falls upon them to establish that the sourcing of organs from prisoners of conscience for transplantation has ceased,
- 7) impose as a pre-condition for participation at TTS events, including Congresses, whether it be presentations or just registration, of anyone involved in the Chinese transplantation system, that the to be established TTS review committee determine that
 - a) the would-be participants are sincerely cooperating with The Transplantation Society in ending organ transplant abuse in China with prisoner of conscience victims,
 - b) the Government of China and its transplantation system
 - i) have unconditionally accepted The Transplantation Society review committee as a valid instrument of review;

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- ii) have acknowledged organ sourcing for transplant not just from executed prisoners but also from prisoners of conscience;
- iii) have provided concrete evidence the sourcing of organs from prisoners of conscience has stopped,
- iv) have reviewed with the review committee every case identified by the review committee where there is evidence of organ transplant abuse with prisoner of conscience sourcing; and
- v) have allowed on-site visits by the review committee and an unimpeded access to all relevant documents and witnesses.

There are further steps that The Transplantation Society could take. In principle, all perpetrators in China of organ transplant abuse with prisoner of conscience victims are guilty of crimes against humanity and arguably genocide and should be brought to justice.

However, no such requirement was imposed by the World Psychiatric Association on the Soviet Union for its abuse of psychiatry. So, if The Transplantation Society were to limit themselves to following the World Psychiatric Association model, the actions above would suffice.

These actions, though, are not all that can be done. Bringing to justice the perpetrators could and should happen. Following the World Psychiatric Association model should, for The Transplantation Society, be a bare minimum.