

Submission to a joint subcommittee hearing
Committee on Foreign Affairs
House of Representatives
US Congress
Washington DC
23 June, 2016

by David Matas

David Kilgour and I have been researching, writing, and speaking on the killing of Falun Gong for their organs now for ten years. Ethan Gutmann is a journalist who interviewed us on our work and then did his own.

Since David Kilgour and I published *Bloody Harvest*, the third version of our report in book form, and Ethan Gutmann published his book *The Slaughter*, we three have remained active in writing, researching, investigating and speaking on organ transplant abuse in China. Yesterday, at the National Press Club, we released an 817 page update to our work. It is now available on line.

This update undertook seven different tasks. One was to make our own assessment of transplant volumes. In looking at the sources for organ transplants in China, we have, in the past, taken Chinese government official statements of overall transplant volumes at face value and focused on attempting to identify the sources for those asserted volumes. However, Chinese government statistics for transplant volumes are not necessarily reliable. One effort which needed to be made and which we finally have made is to determine on our own what Chinese transplant volumes are.

We did that by looking at and accumulating the data from the individual hospitals where transplants occur. Some hospitals state their transplant volumes. For those who do not, we can, from their bed counts, personnel strength, potential patient groups, rate of growth, technological development, academic publications, and media reports, come to a conclusion on their transplant volumes.

A second task we undertook, flowing from the first, was addressing cover-up. Cover-up is a standard reaction to wrongdoing. Chinese Communist Party coverup is not a new story. But, because we are dealing new data, we consequently have to address cover up anew, attempts to hide individual hospital transplant figures.

Deception in the data limits the yield of research from that data. Because of the Chinese corruption of the data with which we are working, we cannot make specific numerical conclusions with complete certainty. Accordingly, our estimates of Chinese transplant volumes are not expressed in single integers but in a numerical range.

Despite the cover up and corruption of data, despite our inability to produce an exact figure, we are convinced that transplant volume is substantially higher than the official figure. The

high volume led us into a third component of this update, to explore the driving factors behind these volumes.

Once we started looking at what is generating the volume, we had to look at the extent to which the Chinese Communist Party is in the driver's seat, the structure the regime has built around organ harvesting, and the culpability of some individual Party members. The update accordingly addresses that topic as well.

Fifth, we analyzed the Party's claims of recent transplant reform. The Chinese regime announces changes regularly on organ transplant sourcing, some of which are real, while some are not. Because the Party has moved since our last published works, we too have to move, to assess their claims of change and attempt to determine how real those claims are.

A sixth new feature of our new work was incorporation of whistleblower evidence. In the past, we have tended to avoid reproducing that evidence, even though we had it. We have to protect the identities of whistleblowers. That protection, while understandable, means that an independent researcher cannot identify and question the whistleblowers him or herself.

Whistleblower evidence nonetheless deserves to be presented publicly, albeit with the identities of the whistleblowers disguised, if for no other reason than to encourage other whistleblowers to come forward. So it was presented in the update.

Finally, the update addressed plastination, in addition to organ sourcing, a subject we have mostly not addressed before. In the past, we have shied away from addressing plastination, because plastination is different from our focus, organ transplantation. Nonetheless, there is compelling evidence that practitioners of Falun Gong are killed for both plastination and organ sourcing. The evidence supporting each abuse is also evidence in support of the other abuse.

No one in the West has witnessed organ transplant abuse in China; yet a large number have seen plastinated bodies from China on display. Furthermore, plastinated body parts from China have been sold to medical schools and universities throughout the Western world. Plastination gives an immediate, widespread, publicly visible reality to the abuse that the killing of innocents for their organs cannot.

The ultimate conclusion of the update is that the Chinese Communist Party has engaged the State in the mass killings of innocents, primarily practitioners of the spiritually-based set of exercises, Falun Gong, but also Uyghurs, Tibetans, and select House Christians, in order to obtain organs for transplants.

Even with the volumes of transplants the Chinese government has asserted in the past, there

is a substantial discrepancy between the number of transplants and the number of sources which the Government of China has identified - prisoners sentenced to death and voluntary donors. This discrepancy is one reason, among several, that had led us in the past to the conclusion that the above groups have been the source of many, and indeed most, organs for transplants.

The fact that the evidence we have now examined shows much larger volumes of transplants than the Government of China has asserted points to a larger discrepancy between transplant volumes and Government of China-identified sources than we had previously thought existed. That increased discrepancy leads us to conclude that there has been a far larger slaughter of practitioners of Falun Gong for their organs than we had originally estimated.

When we look at hospitals and doctors one by one, a number of features jump out. One is the sheer volume of transplants. The total number of transplants which officials ascribe to the country as a whole, ten thousand a year, is easily surpassed by just a few hospitals. Whatever the total number is, it must be substantially more, by a multiple, than the official figure.

Second, many of the hospitals are relatively new or have new transplant wings or beds. This development would not have occurred without confidence in a continuing supply of organs for transplants. The transplant business in China has developed with not only an abundance of available organs from 2001 on, but also with a confidence that this abundance would continue into the indefinite future.

Third, concomitant with the large number of transplants, there is a large number of qualified staff. The transplant industry in China employs a lot of people. The investment in people as well as buildings is another testimonial to the ready availability of high volumes of organs available for transplants, not only in the immediate past and present, but also, in the view of those who have committed their careers and the careers of others to this profession, into the indefinite future.

Fourth, the transplant professionals in China are engaged in substantial training and research. Research and training in transplants cannot be done without transplants. The high volume of research bespeaks itself a high volume of transplants and a ready availability of organs for transplants.

Fifth, the combination of a large professional corps, a substantial building stock and significant research speaks money. Transplantation in China means money, lots of it.

What is the volume when we add in all transplant centres and hospitals? We would say that the range is between 60,000 to 100,000 transplants a year, with an emphasis on the

higher numbers. The update indicates how we calculate that range.

Well what is to be done? We have to commend the House of Representatives for what they have already done, both the resolution adopting the "Strategy To Oppose Predatory Organ Trafficking Act or the "STOP Organ Trafficking Act" as well as the resolution condemning the practice of state-sanctioned forced organ harvesting in the People's Republic of China. We welcome the provision of the United States Code which bars provision of visas to Chinese and other nationals engaged in coerced organ or bodily tissue transplantation. Yet, there is more that could be done.

Organ transplant abuse in China is primarily a donor source problem, a supply problem, not a patient or demand problem. We could end transplant tourism into China entirely and organ transplant abuse in China could still continue. Yet, we must do what we can to avoid complicity in that abuse.

House resolution 343 calls on the United States Department of State to conduct a detailed analysis on state sanctioned organ harvesting from non-consenting prisoners of conscience in the annual Human Rights Report. I would suggest that this analysis must be more than just a presentation of the work that we and other researchers have done coupled with empty Chinese government denials. The Department of State Bureau of Human Rights, to fulfil the mandate given by the House, should come to its own conclusions.

Let me present an historical analogy, by referring back to a different issue - slavery, a different country - Belgium, a different century - the early twentieth, and a different person - Edmund Morel, a shipping line clerk.

Edmund Morel came to the conclusion that King Leopold was engaged in slavery in the Congo from looking at shipments of goods between the Congo and Belgium. The goods to the Congo were guns, ammunition and explosives, which went to the state or its agents; no commercial goods were sent. The goods from the Congo were ivory and rubber, of much higher value than the goods sent. The locals were not allowed to use money. Edmund Morel asked, how were the ivory and rubber which were shipped to Belgium being purchased in the Congo? The answer, he concluded in research published first in 1901, was that they were not; the people producing the ivory and rubber were not being paid. They were slaves.

The conclusion was noteworthy because it was made without any eye witness evidence of slavery. It came just from shipping records. His work was initially met with official denials. Yet it was accurate.

Many people at the time were worried about offending Belgium by pressing the issue. The British Government nonetheless commissioned their consul in the Congo, Roger Casement, to conduct an independent investigation and write a report, which he did in 1904. Casement

travelled throughout the Congo for three months and came back with a report which established the existence of slavery in the Congo beyond shadow of a doubt, despite, it should be said, the continuing denials of King Leopold of Belgium.

Today there is as much of a discrepancy today between the volume of transplants in China and sources of organs the Government of China is prepared to admit - death penalty prisoners and voluntary organs - as there was in the early twentieth century between the commercial value of goods being shipped into Congo and the commercial value of goods being shipped back to Belgium. The China discrepancy today points as much to a human rights violation as the Belgium discrepancy did yesterday. The need for an independent investigation is as great.

Perhaps David Kilgour, Ethan Gutmann and I can be cast in the role of Edmund Morel. But it is the Department of State Human Rights Bureau, with the mandate given to it by the House of Representatives, which should do what Roger Casement did, engage in an official investigation and produce a report.

There also needs to be more direct confrontation of transplant tourism. US legislation should make organ transplant abuse and brokerage extraterritorial crimes. The legislation should require compulsory medical and hospital reporting of all out of country transplantation. That sort of reporting is necessary to make a law against complicity in foreign transplant abuse workable. Insurers should be prevented from covering and paying for abusive transplantation abroad. Pharmaceutical companies should not be allowed to participate in drug trials with patients using organs from improper sources.

When it comes to abusive transplantation, we have to think not only of the patient in need of an organ, but also the source of the organ. It is unconscionable to kill a healthy person so that a sick person can live. The US must do everything in its power to stop that from happening.

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David Matas is an international human rights lawyer based in Winnipeg, Manitoba, Canada.