

Funding of transplant abuse in China

(Remarks for a Doctors Against Forced Organ Harvesting Forum, 18 July 2012, Berlin, Germany)

by David Matas

The killing of Falun Gong for their organs happens because of a mixture of hatred and greed. Stop the hatred, stop the greed and the killing will stop.

Hatred and greed are basic human emotions and no one can have any realistic ambitions for ending either. Nonetheless, the impact of those emotions on the Falun Gong can end.

It may not be realistic to end hatred, but it is realistic to combat the incitement to hatred against Falun Gong. It may not be realistic to end greed, but it is realistic to end the financial benefit the greedy get from complicity in the killing Falun Gong for their organs.

We should do what we can to end the making of big money from the killing of Falun Gong for their organs. What can we do? I have a number of suggestions to make. However, before I make them, a few words of background are in order.

Organ transplant abuse in China is widespread and systematic. It occurs under state auspices, through state institutions - hospitals, prisons, detention camps and courts. The authorities acknowledge it is happening.

In July of 2005 Huang Jiefu, Chinese Deputy Minister of Health, indicated as high as 95% of organs derive from execution¹. Speaking at a conference of surgeons in the southern city of Guangzhou in mid-November 2006, he said: "Apart from a small portion of traffic

¹ The Congressional Executive Commission on China Annual Report 2006, p. 59, note 224, p.201: "Organ Transplants: A Zone of Accelerated Regulation" Caijing Magazine (Online), 28 November 05.

victims, most of the organs from cadavers are from executed prisoners"². In October 2008, he said "In China, more than 90% of transplanted organs are obtained from executed prisoners"³. In March 2010, he stated that: "... over 90% of grafts from deceased donors are from executed prisoners"⁴.

I⁵ and David Kilgour⁶ concluded that the bulk of prisoners who are the source of organs for transplants in China are prisoners of conscience, Falun Gong practitioners who do not consent, who are killed by the organ harvesting operation and who are not sentenced to death. There is neither time nor space to go here through the evidence which led us to this conclusion. Those who are interested are invited to read the two reports and book we produced on the subject under the title *Bloody Harvest* as well as the book I co-edited with Torsten Trey under the title *State Organs*. Ethan Gutmann concluded that other prisoners of conscience - Uighurs, Tibetans and House Christians are also victims of this abuse⁷.

Falun Gong is a set of exercises with a spiritual foundation banned by the Communist

² http://news3.xinhuanet.com/english/2006-11/16/content_5335427.htm

³ <<http://press.thelancet.com/chinaorgan.pdf>>

⁴ "Tomorrow's Organ Transplantation Program in China". Presentation delivered at the Madrid Conference on Organ Donation and Transplantation, Madrid 2010, by Prof. Huang Jiefu, Vice Minister of Health, P.R.C.

⁵ See the chapter "Numbers" *State Organs: Transplant Abuse in China* Co-editors David Matas and Torsten Trey, publisher Seraphim Editions, Hamilton, Ontario.

⁶ David Matas and David Kilgour, a study released in report form in July 2006 and then January 2007 at <www.organharvestinvestigation.net> and in book form in November 2009 under the title *Bloody Harvest: The Killing of Falun Gong for their Organs*, Seraphim Editions.

⁷ See the chapter titled "How many harvested?" in the book *State Organs*.

Party and then the Government of China in 1999. After the banning, Falun Gong practitioners were arrested in the hundreds of thousands. Those who recanted spontaneously or after torture were released.

Those who refused to recant disappeared into what the Government of China euphemistically calls re-education through labour camps. The Laogai Research Foundation estimated in 2008 that the number in the camps then currently detained were between 500,000 and two million souls⁸. An estimated one half are Falun Gong practitioners⁹.

When China shifted from socialism to capitalism, the state withdrew funds from the health system. Since 1980, government spending dropped from 36% of all health care expenditure to 17%, while patients' out-of-pocket spending rocketed up from 20% to 59%¹⁰. Additional revenue came from drug prescriptions and commissions for selling drugs¹¹. A World Bank study reported that reductions in public health coverage were worsened by increases in costs by the private sector¹².

According to cardiovascular doctor Hu Weimin, the state funding for the hospital where he was working was not enough to even cover staff salaries for one month. He stated: "Under the current system, hospitals have to chase profit to survive." Human Rights in

⁸ Laogai Handbook 2007-2008 page 18 at <www.laogai.org>

⁹ 2010, the United States Department of State Country Reports on Human Rights Practices: China (27 March 2010)

¹⁰ "The high price of illness in China", Louisa Lim, BBC News, Beijing, 2006/03/02

¹¹ "Public Health in China: Organization, Financing and Delivery of Services". July 27, 2005, Jeffrey P. Koplan page 14.

¹² *Ibid.*

China reports: "Rural hospitals [have had] to invent ways to make money to generate sufficient revenue"¹³.

Hospitals needed to find private funding to replace state funding. Foreign sales of organs became the primary money maker. The Organ Transplant Centre of the Armed Police General Hospital in Beijing for instance stated on its website:

"Our Organ Transplant Centre is our main department for making money. Its gross income in 2003 was 16,070,000 yuan. From January to June of 2004 income was 13,570,000 yuan. This year (2004) there is a chance to break through 30,000,000 yuan."¹⁴

The Chinese health system began the organ transplant business by charging large sums for the organs of prisoners sentenced to death. However, eventually, despite the significant number of death sentences and executions in China, this supply became insufficient. So hospitals and prisons turned to another source, the vast number of Falun Gong practitioners detained indefinitely in the re-education through labour camps¹⁵.

Now back to the topic at hand. How do we dam the flow of money going into the killing of Falun Gong for their organs? I have fourteen suggestions.

1. Oppose the sale of improperly procured organs

It might seem that opposition to the sale of improperly procured organs would not counter

¹³ "Implementation of the International Covenant on Economic Social and Cultural Rights in the People's Republic of China", April 14, 2005, paragraph 69, page 24.

¹⁴ This page was available in early July, 2006 and has been removed afterwards. The archived page is available at <www.organharvestigation.net>.

¹⁵ David Kilgour and David Matas, *Bloody Harvest: The Killing of Falun Gong for their Organs*, Seraphim Editions, 2009.

the killing of Falun Gong for their organs since neither Falun Gong nor their relatives sell the organs which are harvested. The organs are stolen, not sold.

The exorbitant charges levied in China for transplants are paid to doctors and hospitals. In form, they are not that different from charges of hospitals for transplants in other countries. The money that goes to prison guards involved in handing over prisoners for their organs is closer in form to the selling of organs. Yet, even here, technically, the guards are not being paid for the organs of prisoners, since the guards do not extract the organs themselves and hand them over for money.

In substance though a ban on the sale of organs is violated when Falun Gong are killed for their organs. Those who participate in the killing of Falun Gong for their organs are both murderers and thieves. Thieves sell stolen organs. Laws prohibit the trading of organs in any form. Killing Falun Gong for their organs and then charging patients high prices for transplants of these organs is a form of trading in Falun Gong organs.

The Government of China has a law prohibiting the sale of organs, but not an effective law. The law was introduced first through a Ministry of Health notice issued on March 16, 2006 titled "Clinical Application of Human Organ Transplant Technology Management Interim Provisions" which came into effect on July 1st, 2006 and second through a State Council regulation issued March 31, 2007 titled "Regulations on Human Organ Transplant" which came into effect May 1, 2007.

Both the interim provisions and the regulation ban the trade or sale of organs. The regulation states

"Organizations and individuals are not allowed to trade human organs in any form and are not allowed to be engaged in any activities related to trading human

organs."¹⁶

The trouble with this law, as with any law in China, is that it is unenforceable by individuals against state institutions. The Constitution of China, after all, guarantees freedom of speech¹⁷ and freedom of religious belief¹⁸. If the constitution is not respected when it conflicts with what the Communist Party wants, how likely is it that a law banning the sale of organs will be respected when it conflicts with what the Party wants?

Because there is no rule of law in China, it is impossible to challenge the hospital charges for transplants and the prison cooperation in transplants for money as a form of trade of organs or a violation of the fee regulation scheme. Individuals can not go to court to challenge actions of the state. Even if they could, the courts in China are not independent from government. So the result of such a challenge would be pre-ordained.

2. Oppose the purchase of improperly procured organs

Banning the sale of improperly procured organs, where the seller works in one country and the purchaser lives in another, is often impractical. Sales occur because in the country of sale either the practice is legal or, if illegal, the law is not enforced.

Banning the purchase of improperly procured organs though is different. Many transnational organ purchasers come from countries subject to the rule of law.

The Indian Transplantation of Human Organs Act of 1994 is an example of a law banning the purchase of all organs. It states that "Whoever makes ... any payment for the supply

¹⁶ Regulation article 3. See also Interim provisions article 27.

¹⁷ Article 35

¹⁸ Article 36

of, or for an offer to supply, any human organ;" is guilty of an offence¹⁹.

A prohibition like this though has little impact on transplant tourism generally and transplant abuse in China in particular because these prohibitions are typically territorial. They have no extra-territorial reach.

Buy an organ in your own country and you are in trouble. Buy an organ abroad and you are in as much or as little trouble as the law contemplates in the place where you bought the organ.

In order to make the prohibition against purchase of improperly procured organs to work, countries with territorial criminal jurisdiction need to enact extra-territorial laws. Countries with nationality criminal jurisdiction need to enact compulsory reporting legislation, so that anyone involved in after care of a transplant patient on return would have to report to the authorities the payment by their patients for organ abroad.

3. Oppose referrals to vendors of improperly procured organs

If payment for organs is wrong, the facilitation of payment for organs is also wrong. Opposing one means you should oppose the other.

Practically, if the object is to cut off the flow of funds for improperly procured organs, we need to impact the middleman. The patient will be unlikely to know where to go to pay for organs unless someone in the field passes on the information. Cut off the flow of information about vendors will inevitably have an impact on sales.

Advertising is bad enough. Referrals are even worse, because they provide information from a trusted source. Advertising requires assessment. With referrals, the assessment is

¹⁹ Section 19(a).

done for the patient.

Patients trust referring doctors. A referral to a vendor selling an improperly procured organ then is a breach of trust, because a doctor referring a patient to a vendor is suggesting that the patient engage in an unethical and illegal practice.

Medical practitioners have a duty to help their patients. But they also have a duty not to inflict harm on other individuals. A person who refers a patient to a vendor selling improperly procured organs contributes to the harm inflicted on the donor.

The World Health Organization Guiding Principles on Human Cell, Tissue and Organ Transplantation of 2008 set out a number of principles²⁰. Part of the commentary to World Health Organization Guiding Principle 7 states:

"Physicians and health care facilities should also not refer patients to transplant facilities in ... countries that make use of ... organs obtained through payments to .. vendors..."

4. Oppose referrals to vendors where the status of the donor can not be ascertained

The sale of improperly procured organs though rarely comes unadorned. Typically, the fact of improper procurement is disguised.

It is rare for doctors and hospitals in China to tell patients that the organs they are selling come from Falun Gong prisoners, although, as the research David Kilgour and I did for *Bloody Harvest* shows, it does happen. It is much more common, when the organs are improperly procured, for the vendors to disguise the sources of the organs.

²⁰ WHO Document EB123/5 noted by the Executive Board at its 123d session on 26 May 2008, with a requested modification.

In this context, it is not enough to ban referral to a vendor when it is known what the organ is improperly procured. Rather referral should be banned where there is any doubt whether the donation meets ethical standards.

The Professional Code of Conduct of the Medical Council of Hong Kong is a useful guide. It states:

"35.2 The benefit and welfare of every individual donor, irrespective of whether he is genetically related to the recipient, should be respected and protected in organ transplantation.

35.3 Consent must be given freely and voluntarily by any donor. If there is doubt as to whether the consent is given freely or voluntarily by the donor, the doctor should reject the proposed donation.

35.4 In the case of a referral for an organ transplant outside the HKSAR from any donor, a doctor would be acting unethically if he made the referral without ascertaining the status of the donor or following these principles."

The guiding principle here is do not refer a patient outside the country if there is any doubt whether consent is freely given. Because of the coercive environment of prison, no consent by a prisoner to a donation, even if the consent exists, can be considered to be freely given. Given the widespread use of prisoners for organs in China, it is virtually impossible to be certain that an organ for transplant will be sourced from a person not in prison. There is bound to be some doubt. And doubt itself is enough to require that there be no referral.

Taiwan has a similar take on the issue. The Government of Taiwan on October 30, 2006 issued a bulletin stating that doctors and other medical personnel, in order to respect the Physicians Act, which requires conformity to medical ethics, must not direct patients to a

place where information on organ sourcing is not transparent²¹.

5. Oppose payment for brokerage of improperly procured organs

If payment to vendors is wrong, then payment to brokers is equally wrong. Brokers do not sell organs. Brokers sell instead the sale of organs. They find and match willing buyers and sellers.

Brokers negotiate and facilitate sales. They perform a useful service when the sale of the good is legal. They perform a nefarious service when the sale of the good is illegal.

The Indian Transplantation of Human Organs Act is an example of a law prohibiting brokerage. It states

"Whoever

(b) seeks to find person willing to supply for payment any human organ;

(d) initiates or negotiates any arrangement involving the making of any payment for the supply of, or for an offer to supply, any human organ;

(e) takes part in the management or control of a body of persons, whether a society, firm or company, whose activities consist of or include the initiation or negotiation of any arrangement referred to in clause (d);"

is guilty of an offence.

Again here the issue is the territorial reach of the law. To be effective, such laws must be extra-territorial in reach and reporting must be compulsory. If patients contemplating transplant tourism to a place like China know before they leave that they will be prosecutable on return and that medical authorities who provide them with aftercare on

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return will have to report them for their transplant tourism, they will think twice about going.

6. Oppose referral to brokerage of improperly procured organs

If an act is improper by taking one direct step, it should also be improper by taking several roundabout steps. What should matter is the result, not how one got there. Medical personnel would circumvent a prohibition against sales of improperly procured organs if they could refer patients to brokers who in turn arranged transactions with vendors who sell improperly procured organs.

Part of the commentary to World Health Organization Guiding Principle 7 states: "Physicians and health care facilities should also not refer patients to transplant facilities in ... countries that make use of ... organs obtained through payments to... brokers". The Taiwan October 30, 2006 bulletin stated that medical personnel must not introduce patients to organ transplant brokers.

7. Oppose payment for referrals to hospitals which transplant improperly procured organs

A patient should not be paying either a vendor or a broker for an illegally procured organ. A patient should not be paying the patient's own doctor for referral either.

There should be no payment for referrals to vendors or brokers where organs brokered or sold are improperly procured. If payment to vendors or brokers is wrong, it would follow that payment for referrals to those vendors or brokers is also wrong.

A separate wrong though is paying doctors for referrals to hospitals which transplant improperly procured organs. With transplant tourism, this wrong is located squarely in the country of departure, not the country of destination. As such, its ban should be easier to

enforce.

8. Oppose posting of the sale or brokerage of improperly sourced organs

Patients who need transplants get their information not just from their own doctors, or vendors or brokers. They can and do get a lot of information directly from the internet. When the internet posts the availability of improperly sourced organs and the means to get them, that facilitates their purchase. Here, as elsewhere, the internet often obviates the need for a middleman.

The posting of the sale of prohibited goods is, in general, itself prohibited. Posting on the internet the sale of say cocaine is no more legal than the sale of cocaine. That principle should apply to the sale of improperly procured organs.

Right now there are websites which post the availability of organ transplantation in China. There are other websites which post the availability of organ transplantation globally and include China in the mix. It is not that hard, using these websites, for a patient to make his or her own arrangements with a Chinese hospital for a transplant. This means of access should be cut off.

Every website has a host. Every host has terms of service. While individual terms of service vary, the posting of the sale of improperly sourced organs would, I am confident, violate these terms. Simply notifying the host of the violation, at least for those hosts outside of China, should mobilize the host to end the violation.

One website visible in the internet today offers to foreigners transplants at The Tianjin Oriental Organ Transplant Center. The website of the Omar Health Care Service:

"We, Omar Healthcare Service (OHS), are here to assist the overseas patients who intend to be treated in China by those world-famous specialists, or who are seeking

a help of getting a kidney, liver or heart transplant in China. Please browse through our website to find out more information about the service we provide and contact us for more customized items. We are cooperating directly, as a service provider, with the most qualified two hospitals concerning transplantation in China:

Tianjin First Central Hospital

International Cardiovascular Hospital

Those above-mentioned hospitals of which the First Central is famous for liver & kidney treatment/transplant while the International Cardiovascular for heart, with the license issued by the Ministry of National Health of the People's Republic of China, are surely where the dying-patients reborn."²²

After clicking on "Organ transplant in China", you see this:

"As a sector of modern medical system, Chinese doctors and scientists in line with organ transplantation have been winning satisfactory achievements worldwide recognized. More and more dying patients from all directions of the world are coming to China to seek for rebirth, of which most are survived successfully. It is true that the source of organ supply are fairly abundant in China compared with that in western countries (*italics added*), but the excellent skill in performing such demanding operations is no doubt an important factor for them to make decisions before leaving home for China."²³

The website languages are English and Arabic.

9. Require a justifiable fee for transplants

The payment for improperly procured organs should be zero. There is no such thing as a justifiable fee for an improperly procured organ. Yet, addressing fee levels is relevant to combatting the vice of illegally procured organs.

²² <http://cntransplant.com/>

²³ <http://cntransplant.com/index1.htm>

The higher the fee, the more the money to be made, the more is the incentive to procure organs improperly. Fees kept to reasonable levels even for properly sourced organs diminish the likelihood that organs will be improperly procured.

World Health Organization Guiding Principle 8 provides:

"All health care facilities and professionals involved in cell, tissue or organ procurement and transplantation procedures should be prohibited from receiving any payment that exceeds the justifiable fee for the services rendered."

Chinese regulation has a fee limitation. It states:

"Medical institutions engaged in organ transplant shall collect only these fees and expenses:

1. The expense of surgery for harvesting and transplanting organs;
2. The expense of storing and transporting organs;
3. The cost of medicine, the examination fee, the cost of medical materials and fees for use of equipment.

The fee collection structure must take this form; the amounts will be set out separately."²⁴

Fees beyond the stipulated charges are forbidden. There is no amount hospitals can allocate to pay prison guards to hand over prisoners for transplant.

Before its removal from the web on 25 in April, 2006, the size of the profits for transplants was suggested in the following price list for the China International Transplantation Network Assistance Centre in Shenyang City²⁵:

²⁴ Regulation article 21. See also interim provisions article 33.

²⁵ <http://en.zoukiishoku.com>

Kidney US \$56,000

Liver US \$98,000

Liver-kidney US \$120,000

Kidney-pancreas US \$100,000

Lung US \$129,000

Heart US \$98,000

Cornea US \$30,000

Fees today in China are not public. Transparency in organ transplantation like much else is an ideal that China honours in the breach.

Over time, information about transplantation in China has become harder to get. The experience David Kilgour and I had in writing the two reports and book *Bloody Harvest* was that any official Chinese source of information we found disappeared almost immediately after we cited it. We archived all citations, and readers can see on our website <www.organharvestinvestigation.net> what we saw. People in China though can not see it, since our website is blocked.

The Hong Kong liver transplant registry, which provides liver transplant data for all China, used at one time to be publicly accessible. However, after we started quoting and citing it, public access was cut off.

Are fees today in China justifiable? We have to presume not, since we know organs still continue to be sourced from prisoners. If there was no money in this, that would not happen. As long as organs are being sourced from prisoners, we can conclude that the fees being charged are too high.

10. Deny insurance for improperly sourced transplants

Money for transplants does not always come from the pockets of patients. More often it comes from insurance companies. The mere fact that patients have to pay discourages the purchase of organs, whether properly or improperly obtained. Once someone else pays, without asking any questions, the purchase of improperly procured organs becomes all too easy.

This was a problem facing Israel. The Israeli health system paid for transplants in China, and patients readily took advantage of the offer. Once the Israeli transplant profession realized that Chinese organs were being sourced from prisoners, they took steps to change the insurance scheme. The result was a law which ended funding through the health insurance system of transplants in China for Israeli nationals²⁶.

The Israeli Organ Transplant Law 2008 states:

"This chapter does not forbid performance of organ transplantation outside Israel, including reimbursement of such transplant, as long as both of the following are maintained:

1. Organ procurement and transplantation have been performed according to local laws;
2. All the provisions of this law against the trade in organs have been respected."²⁷

It further states under the heading "Penalties", which are potentially three years in prison and a fine:

"The above penalties will apply whether organ procurement or transplantation has been performed in Israel or anywhere outside Israel".²⁸

²⁶ Shahar Ilan, "With top rabbis' blessing, Knesset approves organ donation", Haaretz 24/03/2008

²⁷ Clause 5

²⁸ Clause 36(B)

11. Deny insurance for aftercare for improperly sourced transplants

Typically health insurance schemes cover after care for transplants, whether the transplants are done at home or abroad. That should not happen for transplants done in China.

A patient willing to pay large amounts of money for a transplant in China should be expected to pay for after care. Before going abroad, patients should be counselled that they would be expected to pay after care for unethically procured organs. This is a rule which would need exceptions so that people are not denied after care because of poverty. However, when people can afford after care, turning to insurance to pay for follow up after transplants from improper sources should be prevented.

12. Impose standards for transplant referrals on which insurance is conditioned

An insurance scheme of the sort Israel now has which says no payment for transplants which do not meet certain standards is unusual. More typical is insurance conditioned on referral from a doctor. It is left to the referring doctor to determine whether the transplant is proper and necessary.

Insurance companies should impose referral standards. They should not just leave referrals up to the vagaries and knowledge of referring doctors.

Provinces in Canada will allow compensation for transplants out of country provided there is a recommendation and referral from a local medical practitioner.

The Government of Canada agreed to pay to persons infected by Hepatitis C Virus through the blood transfusion system the costs incurred for treatment due to the infection on the

recommendation of the claimant's physician. One claimant infected with the virus went to China for a liver transplant, paid for it and then died. His estate requested that the Government pay for the transplant. An administrator of the compensation plan, a referee on appeal and the British Columbia Supreme Court on review all denied compensation.

The reason for the denial was that neither the patient's physician nor the referred specialist had recommended that the patient go to China. The Court reasons state that the specialist "was not opposed to the deceased going to China for that purpose and would not say no should he want to go". The family doctor said to the patient that "if he had the means, he should go to China for a transplant as he had nothing to lose." The referee concluded that both doctors "indicated that there was no other choice for the deceased, but that is not the same thing as a recommendation on their part."²⁹

This process is troubling. The communication between the patient and the doctors was equivocal. The patient was left with the impression that there had been a recommendation. Indeed, there is a fine line between what the patient was told, that "he should go to China" and a recommendation. There was no counselling before departure to China that compensation would not be available. To prevent patients' leaving to China with the impression that they would be compensated by health insurance on return, there needs to be a better procedure than this case manifested.

13. Stop clinical trials of anti-rejection drugs with improperly sourced organs

Multinational pharmaceutical companies have been conducting clinical trials in China of anti-rejection drugs³⁰. The trials are conducted on patients undergoing transplants.

²⁹ *HCV Settlement Agreement Claim #15930* 2010 BSSC 917 Pitfield J.

³⁰ See David Matas "Anti-rejection Drug Trials and Sales in China" American Transplant Congress, Philadelphia, April 30, 2011 posted on the website <www.dafoh.org>

These trials pose substantial ethical problems because the transplant sources are most likely improper. They also inject funds into an abusive system.

The pharmaceutical companies, along with the hospitals and the doctors, become the beneficiaries of organ theft. The money they save through this theft as well as the money they spend is tainted.

14. Stop CROs from arranging clinical trials of anti-rejection drugs with improperly sourced organs

Contract Research Organizations or CROs are brokers between pharmaceutical companies and hospitals for clinical trials of anti-rejection drugs. They have been heavily involved in arranging for multinational pharmaceutical companies clinical trials in China of these drugs³¹. For the same reason that brokers for patients getting transplants in China need to be stopped, CROs for pharmaceutical companies arranging for clinical trials in China of anti-rejection drugs need to be stopped.

Pharmaceutical companies can not pretend that they do not know or can not reasonably be expected to attempt determine the sourcing of organs in China because they operate through the intermediary of CROs. Operating through intermediaries is no excuse for turning a blind eye.

As well, CROs have their own responsibilities. CROs are as much bound by the global ethics of the transplant profession as any other actor. The money may come from pharmaceutical companies. The fact that CROs are a conduit for this money and are not spending their own money does not absolve them from complying with ethical standards.

³¹ Dr. Faiz Kermani and Eric Langer "Clinical Trials In China: Is China fulfilling its clinical trial promise?" posted on the website <www.bioplanassociates.com>

15. Deny approval to drugs tested in clinical trials with improper organ sources

The Food and Drug Administration in the United States, the European Medicines Agency for the European Union and Health Canada all rely on data from clinical trials conducted according to certain standards to grant approval for the sale of drugs within their jurisdictions. None of those agencies should accept data generated from clinical trials in China of transplant anti-rejection drugs. It is impossible to verify, beyond any reasonable doubt, that the sources of organs in China consented to the use of their organs for these trials.

China has a State Food and Drug Administration with its own drug approval process which, as one would expect, accepts results of Chinese clinical trials. Nonetheless, denying approval outside of China to transplant anti-rejection drugs tested with clinical trials in China would be a substantial financial disincentive to conducting those trials. That would in turn be likely to discourage those trials and cut down the flow of funds to China to pay for trials which benefit from organ transplant abuse.

Conclusion

Implement all these recommendations and organ transplant abuse in China may well continue. What would remain is Chinese patients paying Chinese hospitals for transplants, regardless of the source of organs.

That would not, of course, happen if the rule of law prevailed in China, if the Chinese laws against sourcing organs without consent and requiring justifiable fees were enforceable by individuals against state institutions. However, if the rule of law existed in China, we would not need these recourses. The problem would not exist. Falun Gong would not be banned and persecuted. The education through labour camps with their system of arbitrary detention would empty. Killing of Falun Gong for their organs is the end of a chain which starts with the control of the Communist Party over the institutions of China.

It is, one can hope, not necessary to wait till the Communist Party loses control of China for organ transplant abuse in China to end. However, if it stops in the meantime, it will stop because the Party decides to stop it and not because of enforcement in courts of Chinese laws at the initiative of individuals.

For the Party to stop organ transplant abuse, the abuse has to work against the interests of the Party. Those interests are both political and financial. The less money Chinese institutions make from organ transplant abuse the less the incentive to continue the abuse. As well, the more money the international community withdraws from the Chinese health system because of organ transplant abuse, the more the political pressure on the Party to end the abuse.

Hate trumps greed. Even if there is no money to be made at all from the killing of Falun Gong for their organs, the demonization, the marginalization and the depersonalization of the Falun Gong as well as their vast numbers in arbitrary indefinite detention will continue to put them at risk. Withdrawing from the system the money made from organ transplant abuse will not on its own end the abuse; ending profitability of the killing of Falun Gong for their organs has to be part of a multi-pronged strategy.

If we want to end organ transplant abuse in China, we have to get at the sources of the abuse. Following the money trail will get us to one source. Closing down the money trail, whether or not it ends the abuse, will certainly impede it.

Some of the changes advocated here are addressed to external actors. Others are directed to Chinese official actors. External actors on their own can and should end their contribution to funding organ transplant abuse in China.

There is no one magic button one can press to stop oppression. Rather every technique available has to be used. It is often their cumulation that has an impact rather than any one technique. Impacting on Chinese official actors means applying peer pressure from the global transplant profession, advancing human rights education and advocacy, undertaking political and diplomatic bilateral and multilateral initiatives, focusing media attention, using moral suasion, engaging in research and publication, enacting legislation, filing foreign lawsuits and using any other available technique which makes the point that the flow of funds to organ transplant abuse in China must stop.

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