



## **FOR IMMEDIATE RELEASE:**

# **DAFOH Rejects the Empty Rhetoric of Beijing's Stage-Managed Conference on China's Organ Donation**

WASHINGTON, October 19, 2016 — There has been extensive Chinese media coverage of a recent Beijing conference on Chinese organ donation processes. The conference was reportedly held with the support of the China National Organ Donation & Transplant Committee (CNODTC), the International Society for Organ Donation and Procurement (ISODP), The Transplantation Society (TTS), and the World Health Organization (WHO). Various eminent international doctors involved in the conference allegedly made statements in praise of China's reforms. Despite the rhetoric, there is no evidence that China now sources organs for transplantation in an ethical or transparent way.

Serious concerns remain. First, there is no actual law prohibiting the use of organs from executed prisoners. The widely proclaimed ban is nothing more than an announcement reported in the media. Second, the semantic trick of re-classifying executed prisoners' donations as voluntary citizen donations makes it impossible to identify the true source of organs within the allegedly voluntary system.

Next, attendees at the conference reportedly inspected selected transplant hospitals, in order to "see for themselves" how the new voluntary system is working. But this proves nothing, other than the capacity of the Chinese host to stage-manage an event. Delmonico has in fact admitted under oath at the June 2016 US Congressional hearing into forced organ harvesting that TTS has no capacity to assess reform in China's transplant system. Nevertheless, some TTS representatives are engaged in doing exactly that. Instead of theatrics, the Chinese party-state should open up their system to independent inspection and audit. Claims that "Chinese practice is safe, transparent, and ethical" (Nunez) are premature until there is true transparency. Assertions have been made that data on the consumption of anti-rejection medication provide an accurate reflection of actual transplant numbers in China. In order to have any credibility, these data must be publicized along with an explanation as to how they account for Chinese pharma counterfeiting.

Fourth, it is highly concerning to see representatives on international bodies praising the alleged reforms, while guests of the Chinese government. These representatives have a duty to their members and to the wider international community to maintain independence in their interactions with China in order to retain any credibility. It is deeply disturbing that WHO officers and others accept the current system as ethical given that the Chinese Red Cross Society has openly implemented a system of offering financial incentives to relatives of deceased patients. This practice is condemned by 4 of the 11 WHO Guiding Principles on organ transplantation.

Finally, it is difficult to see this event as anything more than another propaganda event designed to distract attention from actual practices in China. The onus is on those who would champion China's reforms to demand accurate, auditable data, independent access to practitioners and relatives, unscheduled visits to hospitals (including military hospitals) and open access to financial records regarding organ transplantation.

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