Transplant volumes in China

by David Matas

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David Kilgour and I have been researching, writing, and speaking on the killing of Falun Gong for their organs now for twelve years. Our work has been published under the title Bloody Harvest. Ethan Gutmann is a journalist who interviewed us on our work and then did his own, under the title The Slaughter.

David Kilgour, Ethan Gutmann and I released in June 2016 an update to our previous work. Our update is posted on our joint website, www.endtransplantabuse.org The update is 680 pages and has almost 2,400 footnotes.

The update undertook seven different tasks:

1) First, we made our own assessment of transplant volumes instead of relying on official Chinese government figures.

2) Second, we addressed Chinese official cover-up of actual transplant volumes.

3) Third, we explored the driving factors behind actual volumes.

4) Fourth, we addressed the structure the Communist regime has built around organ harvesting.

5) Fifth, we analysed the Party’s claims of recent transplant reform.

6) Sixth, we incorporated whistle-blower evidence of transplant abuse, something we mostly had not done before, because we could not and still did not, for their own safety,
identify them.

7) Finally, we addressed plastination as similar fact evidence, a subject we had mostly not addressed before.

The update drew seven conclusions:

1) Organ transplantation volume in China is far larger than official Chinese government statistics indicate;

2) The source for most of the massive volume of organs for transplants is prisoners of conscience murdered through organ extraction: Uyghurs, Tibetans, House Christians and, primarily, practitioners of the spiritually based set of exercises Falun Gong;

3) Organ harvesting of prisoners of conscience in China is a crime in which the Communist Party, state institutions, the health system, hospitals and the transplant profession are all complicit;

4) The global intergovernmental community should establish an institution-based, independent investigation into organ transplant abuse in China;

5) The global transplant community should avoid connection and collaboration with the Chinese transplant community unless set criteria are met;

6) Organ tourism to China should not be shielded by medical confidentiality, but openly monitored;

7) No nation should allow their citizens to go to China for organs until China has allowed a
full investigation into the organ harvesting of prisoners of conscience, both past and present.

The main focus of our update and the report being released today is volumes of transplants in China. So, I will say a bit more about that.

The numbers we got for transplants from individual hospitals, when added up, far exceeded the official totals which, at the time of our update, were 10,000 a year. We looked, hospital by hospital, at what hospitals claimed their transplant numbers to be and at a wide variety of other factors besides. We looked at bed numbers and staff numbers, grants and awards citations. We also looked at publications, both hospital newsletters, local media and research studies.

We did not rely on any one piece of evidence for any hospital to tell us what its transplant volume is. Rather, as we did for our previous research, we suspended coming to any conclusion until we looked at all the data.

Addition hospital by hospital, cross checking all data sources for each hospital, is a time consuming and laborious task. It is the reason our update is so long and has so many footnotes. Yet, there a couple of shortcuts to confirm quickly how realistic our totals are and how far from reality the official figures are.

For hospitals approved to perform transplants by the Ministry of Health, you can calculate minimum transplant capacity using the Ministry's minimum bed requirements to maintain certification. Our survey of hospitals indicated widespread facility constraints, including transplant centres that exceeded 100% bed utilization and had a long line of patients waiting for transplants.

Capacity constraints mean that the vast majority of existing capacity has been utilized to
perform transplants. With 100% bed utilization, our calculations indicated that the 146 officially approved liver and kidney hospitals combined would conduct 69,300 transplants per year.

Another way to approach the problem is to consider the number of transplants that transplant teams performs in a year. The average of one transplant per day for each Ministry approved transplant centre is a low figure, given that these centres, at a minimum have two or three transplant teams. For the 146 certified kidney and liver hospitals, if we multiply 146 by 365 days in a year we get 53,290 transplants a year.

The minimum requirement scenario based on beds and the scenario based on one transplant per day are understatements; neither one fully takes into account highly productive transplant centres. Most national transplant centres have the capacity to perform more than 1,000 transplants a year, with some far exceeding that.

For example, Beijing No. 309 Hospital has 393 beds and has the capacity to perform more than 4,000 transplants per year. Tianjin Central Hospital's Oriental Organ Transplant Centre has at least 500 transplant beds and claims to have a 131% utilization, which means that it is performing almost 8,000 transplants a year. Just two hospitals were producing, then, on their own more than the total official Chinese transplant figures.

More than 1,000 hospitals applied for permits to conduct transplants. In order to apply, those hospitals would have met the minimum requirements or were close to meeting them.

To get to actual transplant volumes, we need to add to the minimum volumes for certified kidney and liver transplant hospitals the minimum volumes for heart and lung transplant centres. We need also to take into account that many certified hospitals are operating far beyond minimum levels and that some hospitals not certified still continue to do transplants.
With those considerations, we concluded that the transplant volume range per year in China is 60,000 to 100,000 a year, with the higher numbers being the more likely.

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