

Ostracism or engagement in combating unethical medical research

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Introduction

Where any component of medical research in a country is unethical, should the global research network working in that component ostracize or engage with researchers in that country to end the abusive research? The paper attempts to answer that question through the prism of a case study, Chinese transplant research.

China has been sourcing organs in large numbers for transplant research experiments without the consent of the sources or their families. Formally, Chinese laws, even today, allow sourcing from unclaimed bodies without consent.

These sources have been primarily prisoners. The Chinese claim that the sourcing had been prisoners sentenced to death and has now stopped. Credible and persistent evidence indicates that the sourcing from prisoners continues and involves primarily prisoners of conscience.

In what follows I set out

- a) the evidence of organ transplant research abuse in China,
- b) the international ethics of transplant research and
- c) the Chinese ethics systems for organ transplant research.

The global transplant profession has oscillated between ostracism and engagement in addressing Chinese abuse. It remains divided on the best approach to follow.

I intend to set out the history of this oscillation and its results. I attempt to assess the

arguments on each side of the division not just for the purpose of reaching conclusions in the transplant research field but, more generally, to inform those grappling with this sort of issue in other medical research fields.

Chinese abuse

i) The evidence

There is substantial evidence of past and ongoing transplant abuse in China and, in particular, sourcing of organs of transplants from prisoners. Prisoners are killed through organ extraction and their bodies cremated.

The Government of China acknowledges past sourcing from prisoners sentenced to death, but claims that it has stopped. Researchers have concluded that the evidence points to the sourcing of organs from prisoners of conscience, which the Government of China denies.

The prisoner of conscience sources are Uighurs, Tibetans, house Christians (mostly Eastern Lightning) and primarily practitioners of the spiritually based set of exercises Falun Gong, a Chinese equivalent of yoga. The evidence establishing Chinese organ transplant abuse with these victims can be found at

- 1) a 2006 submission to the US Congress by Kirk Allison Director, Program in Human Rights and Health, school of Public Health, University of Minnesota;¹
- 2) a 2007 Yale undergraduate thesis by Hao Wang under the title "China's Organ Transplant Industry and Falun Gong Organ Harvesting: An Economic Analysis";²
- 3) a report dated June 2006, a revision dated January 2007 and a book dated August 2009

¹ http://commdocs.house.gov/committees/intlrel/hfa30146.000/hfa30146_0f.htm

² <http://organharvestinvestigation.net/events/YALE0407.pdf>

- all under the name *Bloody Harvest*, co-authored by David Matas and David Kilgour;³
- 4) the book *State Organs*, a collection of essays from mostly medical professionals, co-edited by David Matas and Torsten Trey, 2012;⁴
 - 5) the book *The Slaughter*, by Ethan Gutmann, 2014;⁵
 - 6) a 2016 joint update by David Matas, David Kilgour and Ethan Gutmann of *Bloody Harvest* and *The Slaughter*;⁶
 - 7) a 2013 documentary by Masha Savitz, titled *Red Reign*;
 - 8) a 2014 documentary by Leon Lee, titled *Human Harvest*, which won a 2015 Peabody Award;
 - 9) a 2015 documentary by Ken Stone titled *Hard to Believe*;
 - 10) the ongoing work of the World Organization to Investigate Persecution against the Falun Gong;⁷
 - 11) the ongoing work of the International Coalition to End Transplant Abuse in China (ETAC);⁸
 - 12) the ongoing work of the China Organ Harvest Research Center;⁹
 - 13) the ongoing work of Doctors against Forced Organ Harvesting (DAFOH);
 - 14) an article "Cold Genocide: Falun Gong in China" by David Matas, Torsten Trey, Maria Cheung, and Richard An, published in *Genocide Studies and Prevention: An International*

³ Seraphim Editions

⁴ Seraphim Editions

⁵ Prometheus Books

⁶ <https://endtransplantabuse.org/an-update/>

⁷ <http://www.upholdjustice.org/>

⁸ <https://endtransplantabuse.org/>

⁹ <https://www.chinaorganharvest.org>

Journal¹⁰, and

15) the judgment of the China Tribunal, an independent people's tribunal mandated to inquire into forced organ harvesting from prisoners of conscience in China and to investigate what criminal offences, if any, have been committed.¹¹

ii) The rules

China has two sets of rules relevant to transplant research - one set of rules enacted in 1984 for sourcing organs from prisoners for transplants¹² and another set of rules enacted in 1979 for research on bodies of the dead.¹³ Neither set of rules requires consent where bodies are unclaimed. This absence of a consent requirement raises obvious ethical problems.

Bodies of prisoners of conscience typically are unclaimed because their family members do not know where they are. When prisoners of conscience are arbitrarily detained, families are typically not notified of the detentions. As well, many prisoners of conscience detainees refuse to disclose their identities to their jailers, even after torture, in order to protect their families from trouble.

¹⁰ <http://scholarcommons.usf.edu/gsp/vol12/iss1/6>

¹¹ <https://chinatribunal.com/>

¹² Temporary Rules Concerning the Utilization of Corpses or Organs from the Corpses of Executed Criminals Article 3(1), Appendix 2 of the same Human Rights Watch report cited in the next footnote.

¹³ "Rules Concerning the Dissection of Corpses", Article 2(1)2 and article 4 reproduced in the Human Rights Watch report Organ Procurement and Judicial Execution in China August 1994 Vol. 6, No. 9, appendix 3, posted at

https://www.hrw.org/reports/1994/china1/china_948.htm

These 1979 rules are similar to the 1984 "Provisional Regulation on the Use of Dead Bodies or Organs from Condemned Criminals" in the sense that they both allow for the transplantation of organs from unclaimed bodies without consent. The dissection rules go further in the sense that they are not limited to condemned criminals or even prisoners.

The Chinese state/ party, after our report came out, enacted a law in 2007 which said consent was necessary for sourcing organs.¹⁴ Yet, they have not repealed or amended either of these laws which allow for sourcing of organs for transplantation without consent. The continuation of these old laws which allow for sourcing of organs for transplantation without consent is a signal to those working in the field that the law requiring consent means little or nothing and everyone can carry on as before. The fact that these laws continue is evidence that the abuse continues.

iii) An example of abuse

One glaring piece evidence of transplant research abuse in China is the transplant research of Wang Lijun. In May 2003, Wang Lijun became Jinzhou police commissioner. Wang does not have a medical background but, soon after he took up the position, he established an "On-Site Psychological Research Center" located under the Jinzhou Public Security Bureau. He worked for 29 universities and research institutions with such titles as a part-time professor, Ph.D. advisor, and chairman.¹⁵

¹⁴ The Regulations on Human Organ Transplantation adopted at the 171st executive meeting of the State Council on March 21, 2007 implemented as of May 1, 2007. State Council Order No. 491
http://www.gov.cn/zwqk/2007-04/06/content_574120.htm

¹⁵ Cover story - Thoroughly expose Wang Lijun Source: Southern Weekly Issue 48, December 17, 2012
<http://forum.home.news.cn/detail/111484556/1.html>
<https://web.archive.org/web/20150929120154/http://forum.home.news.cn/detail/111484>

He received an award of two million RMB in 2006 for his transplant research. In his acceptance speech on September 17 Wang stated that

"our scientific and technological achievements in the field are the crystallization of the thousands of intensive on-site tests and the efforts of many of our people ... to those who have served in the police force for many years, when we see a person go to the place of execution and in a matter of minutes this person's life is transformed and extended into the lives of other people, it is soul-stirring. This is a momentous undertaking."¹⁶

Ren Jinyang, Secretary-General of the Guanghua Foundation which gave the award, further remarked,

"Professor Wang Lijun and the research center carried out basic research and clinical experiments to solve the problem of recipients' body rejecting the extracted organs for transplant after lethal injections. They researched and developed a brand new protective solution, which is used to provide a perfusion treatment for livers and kidneys both in vivo and in vitro. Through animal experiments, in vitro experiments, and clinical application, they have made step-by-step scientific success in making it possible for an organ to be accepted by the recipient."¹⁷

[556/1.html](#)

¹⁶ The Speech of Professor Wang Lijun at the Award Ceremony of "China Guanghua Science and Technology Development Foundation Special Innovation Contribution Award" http://www.360doc.com/content/12/0211/11/7915662_185743859.shtml
<https://archive.is/obsrD>

¹⁷ "China Guanghua Science and Technology Development Foundation Special Innovation Contribution Award" given to the public security front researchers Beijing Guanghua Science & Technology Development Foundation official website September 21, 2006
<https://web.archive.org/web/20090203134248/http://ddfchina.org/71/109-2008-07-07-03>

In September 2004, Sanlian Life Weekly contained an article titled "Tianjin Survey: 'Asia's Number One' in Organ Transplantation,"¹⁸ in which the head medical resident at Tianjin Oriental Organ Transplant Center, Zhang Yamin, said that donor organ procurement is costly, that a single organ perfusion preservation solution is not a small expenditure, and that every major organ requires four bags of preservation solution at 5,000 RMB each. At the beginning, there were no domestic manufacturers of perfusion solutions, so they had to use preservation solutions brought back from Japan, bag by bag. Wang Lijun's drug experimentation with living subjects included improving medication for lethal injections to reduce complications from rejection responses after organ extraction and transplantation, as well as improving organ preservation solutions.

In June 2005, an example of his research was reported by Liao Shen Evening News as "the entire process of lethal injections in executed prisoners," which was intended to help more people understand the research.¹⁹ At 5:00 am on June 9, 2005, in Cuijiatun in the Jinzhou City Economic and Technological Development Zone, a field experiment and study was carried out with a lethal injection. A researcher gave an introduction:

"Through the entire process of a convict's death via lethal injection, the healthy person's vital signs will be measured before and after the injection, the amount of

[-11-47.html](#)

¹⁸ Tianjin Survey: No. 1 of organ transplants in Asia Sanlian Life Weekly 2004-09-22
<http://www.lifeweek.com.cn/2004/0922/9783.shtml>
<http://web.archive.org/web/20121103070413/http://www.lifeweek.com.cn/2004/0922/9783.shtml>

¹⁹ Eyewitness: "cannibal demons" calmly accepted lethal injection Liao Shen Evening News, June 13, 2005, Jinzhou Correspondent: Chang Chin
http://218.66.46.104/frame_a/ReadNews.aspx?webnum=100&rec_id=11185
<https://web.archive.org/web/20050831070033/http://news.qq.com/a/20050613/000395.htm>

poison residue in various organs afterwards, the prisoner's psychological changes when facing death ... this data will provide important help to organ transplantation after death by lethal injection and other aspects of human organ transplantation. Whether in China or abroad, this is cutting-edge research."

The reporter described the experts gathered at the execution site as if they were staff of a research laboratory. The reporter referred to Wang Lijun as director of the Psychological Research Center. The reporter also listed professor and doctoral advisor Xi Huanjiu, the dean of Jinzhou Medical College, and other experts in medicine, criminal investigation, and psychology. They were described as conducting psychological analyses and clinical research on reportedly violent criminals who received the lethal injections.

According to the Chinese Ministry of Commerce website, "Jinzhou Public Security Bureau's On-Site Psychological Research Center" works with over ten universities and medical institutions, among which are the China Criminal Police College, Peking University, Beijing Institute of Technology, Northeastern University of Finance and Economics, China Medical University, Jinzhou Medical School and the People's Liberation Army No. 205 Military Hospital. It is dedicated to live psychological research and techniques. It also collaborated with universities in more than ten countries in joint research and academic exchanges, including the United States, Japan, Italy, Norway, and Sweden.²⁰

Wang Lijun also presided over a major project on atraumatic dissection in the Asia-Pacific region.²¹ The Swiss Virtual Dissection Foundation, the Tribunal Science Institute of

²⁰ The Psychological Research on-site Center of the Public Security Bureau in Jinzhou City Ministry of Commerce of People's Republic of China
http://csn.mofcom.gov.cn/fwhy/display.php?e_id=50894
https://web.archive.org/web/20120220014110/http://csn.mofcom.gov.cn/fwhy/display.php?e_id=50894

²¹ 1935 Wang Lijun, former deputy Mayor of Chongqing

University of Bern in Switzerland, Medical University of Graz in Austria, China Medical University, Jinzhou Medical College, and the People's Liberation Army No. 205 hospital all took part in this project.

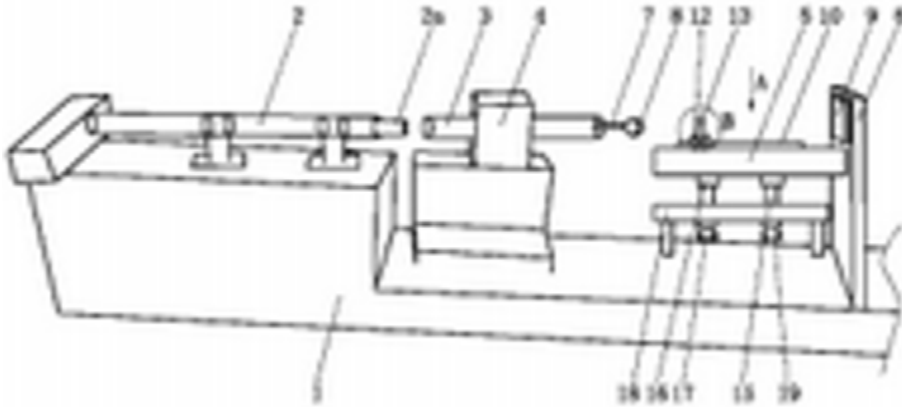
Between 2003 and 2008, Wang Lijun carried out thousands of what were effectively live human experiments. This raises questions both as to how Jinzhou, a third-tier city with a population of less than 900,000, had thousands of executed prisoners available for these experiments, and whether the prisoners were actually conventional death-row convicts.

Wang Lijun was transferred to Chongqing City in June 2008, and served as deputy mayor and the police commissioner of Chongqing City. During this period, he established the On-Site Psychology Research Center in Southwest University, and acted as its director, professor, and doctoral advisor. He continuously intensified the study on atraumatic dissection.

On August 27, 2014, Beijing Youth Daily reported that Wang Lijun had been awarded 254 patents in his office in Chongqing, 211 of which were submitted in 2011, an average of one application every 1.7 days. The report also mentioned a high-tech product called the "Primary Brain Stem Injury Impact Apparatus", pictured below.²²

[http://www.baike.com/wiki/%E7%8E%8B%E7%AB%8B%E5%86%9B\[%E5%8E%9F%E9%87%8D%E5%BA%86%E5%B8%82%E5%89%AF%E5%B8%82%E9%95%BF](http://www.baike.com/wiki/%E7%8E%8B%E7%AB%8B%E5%86%9B[%E5%8E%9F%E9%87%8D%E5%BA%86%E5%B8%82%E5%89%AF%E5%B8%82%E9%95%BF)
<https://archive.is/9T2Y0>

²² 1936 Corrupt official engaged in inventions sought profit and fame through patents, Source: Beijing Youth Daily, 2014-08-2
http://epaper.ynet.com/html/2014-08/27/content_81838.htm
<https://archive.is/lRFvt/image>



The patent's inventors were Wang Lijun and the fourth laboratory of the Field Research Institute of Surgery in Daping Hospital, affiliated with the Third Military Medical University. They published a paper in Trauma Surgery in 2008 Issue 2, entitled "Finite Element Simulation and its Clinical Significance of Traumatic Brain Injury Caused by Temporal Impact in the Quasistatic State."²³

The paper claimed that the purpose of this study was to

"Establish a simulation of a traumatic brain injury caused by a temporal impact ... discuss the biomechanics of brain injuries caused by a temporal impact ... results: the pressure at the hit point of the temporal bone and intracranial pressure increased

²³ Finite Element Simulation and its Clinical Significance of Traumatic Brain Injury Caused by Temporal Impact in the Quasistatic State, Source: CNKN. net
[http://www.cnki.net/KCMS/detail/detail.aspx?recid=&filename=CXWK200802021&dbname=CJFD2008&dbcode=CJFQ&urlid=&yx=&uid=WEEvREcwSIJHSldRa1FiL0NvZXB6MHpYUFF2OW9BM1QvRU9PY1RTaHRFSINVNkIXWjVNM01uOEIXZG5kdVcrR3hRPT0=\\$9A4hF_YAuvQ5obgVAqNKPCYcEjKensW4IQMowHtwkF4VYPoHbKxJw!!&v=MDk1MTRxVHJXTTFGckNVUkx5ZlkrWnBGeWprVUxyT0pqWGNAYkc0SHRuTXJZOUhaWVI4ZVgxTHV4WVM3RGgxVDM=https://web.archive.org/web/20160406033245/http://www.cnki.net/KCMS/detail/detail.aspx?recid=&filename=CXWK200802021&dbname=CJFD2008&dbcode=CJFQ&urlid=&yx=&uid=WEEvREcwSIJHSldRa1FiL0NvZXB6MHpYUFF2OW9BM1QvRU9PY1RTaHRFSINVNkIXWjVNM01uOEIXZG5kdVcrR3hRPT0=\\$9A4hF_YAuvQ5obgVAqNKPCYcEjKensW4IQMowHtwkF4VYPoHbKxJw!!&v=MDk1MTRxVHJXTTFGckNVUkx5ZlkrWnBGeWprVUxyT0pqWGNAYkc0SHRuTXJZOUhaWVI4ZVgxTHV4WVM3RGgxVDM=](http://www.cnki.net/KCMS/detail/detail.aspx?recid=&filename=CXWK200802021&dbname=CJFD2008&dbcode=CJFQ&urlid=&yx=&uid=WEEvREcwSIJHSldRa1FiL0NvZXB6MHpYUFF2OW9BM1QvRU9PY1RTaHRFSINVNkIXWjVNM01uOEIXZG5kdVcrR3hRPT0=$9A4hF_YAuvQ5obgVAqNKPCYcEjKensW4IQMowHtwkF4VYPoHbKxJw!!&v=MDk1MTRxVHJXTTFGckNVUkx5ZlkrWnBGeWprVUxyT0pqWGNAYkc0SHRuTXJZOUhaWVI4ZVgxTHV4WVM3RGgxVDM=https://web.archive.org/web/20160406033245/http://www.cnki.net/KCMS/detail/detail.aspx?recid=&filename=CXWK200802021&dbname=CJFD2008&dbcode=CJFQ&urlid=&yx=&uid=WEEvREcwSIJHSldRa1FiL0NvZXB6MHpYUFF2OW9BM1QvRU9PY1RTaHRFSINVNkIXWjVNM01uOEIXZG5kdVcrR3hRPT0=$9A4hF_YAuvQ5obgVAqNKPCYcEjKensW4IQMowHtwkF4VYPoHbKxJw!!&v=MDk1MTRxVHJXTTFGckNVUkx5ZlkrWnBGeWprVUxyT0pqWGNAYkc0SHRuTXJZOUhaWVI4ZVgxTHV4WVM3RGgxVDM=)

with increased hit velocity ... the results of the simulation matched the results of the biological experiment ... this study has important significance for the diagnosis and prevention of brain injuries caused by temporal impacts."

The paper referred to a software simulation in which this process would be explored, to provide data for real-world scenarios. The paper also set out an experiment, stating that until October 2007, twelve corpse heads were used for the impact tests. All of the subjects for the experiments were male, age 26-38, with an average age of 31. However, the overall purpose of the study seems contrary to its claim of saving lives. Instead, it studies injuries to the brain at different levels, (following injuries resulting from violent impacts to the primary brain stem, victims are left with various levels of cognitive and sensory motor dysfunctions, which can lead to respiratory and circulatory malfunctions that can be life-threatening²⁴) which could be used to determine how best to kill; an impact to the temple that is placed just right can cause brain stem injury, loss of consciousness, and even brain death. The heart is still beating, and various organs and tissues continue to live. This impact is an effective alternative to lethal injection while maintaining organ function and reducing rejection responses.

In the China Patent Search System, we can find the "primary brain stem injury impact apparatus"²⁵; the inventors are Wang Lijun and the same authors of the paper who conducted the impact experiment on the 12 heads. The instructions also claim that the device has a "simple structure, is easy to produce, and adapted to promote the application."

²⁴ Brain stem injury Medical Encyclopedia
http://big5.wiki8.com/naogansunshang_37550/
<https://archive.is/jUPhI/image>

²⁵ Utility model patent under patent number 201120542042X
<https://docs.google.com/viewer?url=patentimages.storage.googleapis.com/pdfs/051961132af5eeb77814/CN202376254U.pdf>
<https://archive.is/eYYvc>

The protection of utility model patents is ten years from the filing date in China. This patent application was submitted on December 11, 2011 and published in August 2012; the patent was terminated in February 2016.

Technically, the work of Wang Lijun could fall within the Dissection Rules since he had set up a research institution and no one had claimed the corpses. The fact that no one possibly could have claimed the corpses, since the families did not know where the victims were, would not have concerned Wang Lijun or those working with him.

International ethical developments

i) The Transplantation Society

The Transplantation Society, an international organization of transplant health professionals, in 2006 set out a policy that made an attempt to address the problem. The Society recommended seven principles. In what follows, I set out these principles and my reaction to them in light of subsequent experience.

The first principle The Transplantation Society recommended was this:

Only those doctors who sign the Statement of The Transplantation Society for Membership agreeing to conduct clinical practice according to The Transplantation Society policy about not sourcing organs from prisoners should be permitted to become members.

My reaction to this is that it needs some enforcement. There has to be a reality behind the signatures and a price for dishonesty, including wilful blindness. There needs to be added to this statement the principle that anyone about whom there are reasonable grounds to believe has participated in sourcing organs from prisoners would, if not already a member, not be allowed to join, or, if already a member, have his or her membership revoked. That

principle should also be true for national transplantation societies.

The second principle The Transplantation Society recommended was this:

Presentations of studies involving patient data or samples from recipients of organs or tissues from executed prisoners should not be accepted.

This principle needs a bit of tweaking. Chinese Communists, as noted, have admitted to sourcing organs from prisoners but deny sourcing organs from prisoners of conscience, prisoners who are not sentenced to death and are typically sentenced to nothing. The phrase "executed prisoners" buys into this Chinese Communist fantasy that the prisoners sourced for organs are or were common criminals sentenced to death and rejects only the narrative that these prisoners donated their organs to atone for their crimes. The phrase "executed prisoners" should be instead "executed prisoners or prisoners of conscience".

The third principle The Transplantation Society recommended was this:

Doctors and health care personnel from transplant programs in China or other countries that utilize organs or tissues from executed prisoners should be accepted as registrants in meetings of The Transplantation Society.

The Transplantation Society justified that principle by reasoning that acceptance would allow for promotion of dialogue and education of doctors engaged in abusive practices. My reaction to this principle is that it has been contradicted by history.

The notion that Chinese Communists are killing prisoners of conscience for their organs out of ignorance and that if only they were properly educated they would stop is itself ignorant. It is the transplantation professions who need education - on human rights, the dynamics of persecution and Chinese communism.

China Communists have propagandized any form of contact as endorsement and acceptance of current practices. Ostracism works. It should not be abandoned in favour of naive hopes of education.

The fourth principle The Transplantation Society recommended was this:

Collaboration within clinical studies should not be considered if the study involves recipients of organs or tissues from executed prisoners. Collaboration with experimental studies should also not be considered if the material derived from executed prisoners or recipients of organs or tissues from executed prisoners is used in the studies.

That principle is fine, with the caveat expressed earlier that the to the phrase executed prisoners should be added the phrase "prisoners of conscience". The problem here is application.

A study published in February 2019 canvassed 445 papers reporting research on Chinese transplant recipients. 412 (92.5%) failed to report whether or not organs were sourced from executed prisoners. 439 (99%) failed to report that organ sources gave consent for transplantation. Of the papers claiming that no prisoners' organs were involved in the transplants, 19 of them involved transplants that took place prior to 2010, when there was no volunteer donor programme in China. The study called for retraction by the publishers of all the papers studied called for retraction of all the papers published pending investigation of individual papers.²⁶

²⁶ Wendy Rogers, Matthew P Robertson, Angela Ballantyne, Brette Blakely, Ruby Catsanos, Robyn Clay-Williams, Maria Fiatarone Singh, "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"
<https://bmjopen.bmj.com/content/9/2/e024473>

If simple dishonesty is enough to circumvent the policy, then the policy is meaningless. The principle sets up a dichotomy between organs sourced from prisoners and organs not sourced from prisoners. While in theory the dichotomy is real, in practice it is not, because of Chinese Communist practices of denial, cover up, bamboozlement, bafflegab, propaganda, and dishonesty.

The onus should not fall on publishers or transplant professionals to show something is amiss in China. The onus is rather the reverse. The onus falls on the Chinese transplant profession to show beyond a reasonable doubt that there is no sourcing of organs from prisoners of conscience. Studies emanating from China which do not show that should be rejected for publication.

The fifth principle The Transplantation Society recommended was this:

Members of The Transplantation Society should accept invitations to give scientific or educational lectures or to provide their expertise to support various transplant program activities in China with the proviso that care is given to ensuring that the participation facilitates development of Chinese transplantation programs does not promote the practice of transplantation of organs from executed prisoners.

This principle is a half-way house, assuming that proper transplant practices can live side by side with improper practices and encouraging foreigners to promote the proper component. This half way house is a form of self-delusion. In reality it amounts to foreign contribution in building a Communist facade, making a Potemkin village/ Theresienstadt an international effort.

The notion that the Chinese transplant system can be part good and part bad and that foreigners can participate in the part that is good is a form of self-delusion. One rotten apple

spoils a whole barrel. When the Chinese Communists tolerate transplant abuse anywhere the whole system is wrong.

How do we impact on transplant abuse in China? The answer is to exact as high a price as possible for that abuse. Funneling those Chinese transplant professionals who want international endorsement into a component of the system that the internationals are prepared to accept relieves pressure on the transplant profession in China generally by removing the incentive from those who want contact with foreign professionals to be an agent of change.

The sixth principle The Transplantation Society recommended was this:

Members of The Transplantation Society should accept clinical or pre-clinical trainees from transplant programs that use organs or tissues from executed prisoners, provided care is taken that it is their intention that their clinical career will not involve sourcing organs from prisoners.

This is a most strange principle. Those who use organs or tissues from prisoners of conscience are accessories after the fact to murder. It is not ok to train murderers in enhanced killing techniques as long as they say they do not intend to kill again. This principle, suggesting the contrary, goes in exactly the wrong direction.

Not every ethical breach justifies professional disqualification. But surely, for transplant professionals, being complicit in sourcing organs from prisoners of conscience, even if the complicity amounts only to wilful blindness, should justify disqualification.

Future intentions in this context are hard to enforce or even credit. But even if they could be credited, even if they could be enforced, the past history of such candidates should put them out of contention for any training.

The seventh principle The Transplantation Society recommended was this:

International registries should accept data from patients transplanted with organs or tissues from executed prisoners, provided the source of the organ or tissue is clearly identified and recorded as procured from an executed prisoner and provided also that the data is not incorporated in the total analysis of outcomes of transplantation or other scientific registry studies.

Here the notions of clear identification and executed prisoners clash. China sources organs from prisoners in secrecy. It does not identify even one prisoner of conscience as a source of organs. The proviso of clear identification is fine. The trouble is that it sets a standard that can not be met in any case. The Transplantation Society can not be clear unless the Chinese Communists are clear. Yet, they are anything but.

That does not mean that we should ignore data from patients who come from China. What it does mean is that we should be classifying that data as all entirely problematic until it is established beyond a reasonable doubt that it is not.

Obviously I do not agree with all principles that The Transplantation Society has proposed. The Transplantation Society has not given the right answers. But they have asked the right questions. The questions they have asked are questions Canadian transplant professionals must ask if they want to develop a comprehensive set of transplant ethics.

ii) The Helsinki declaration

The World Medical Association Declaration of Helsinki - Ethical Principles for Medical Research involving Human Subjects was first articulated in 1964 and has been revised many

times since, including as recently as 2013.²⁷ The Declaration states, for instance, that

“7. Medical research is subject to ethical standards that promote and ensure respect for all human subjects and protect their health and rights.

8. While the primary purpose of medical research is to generate new knowledge, this goal can never take precedence over the rights and interests of individual research subjects.

9. It is the duty of physicians who are involved in medical research to protect the life, health, dignity, integrity, right to self-determination, privacy, and confidentiality of personal information of research subjects. The responsibility for the protection of research subjects must always rest with the physician or other health care professionals and never with the research subjects, even though they have given consent.

10. Physicians must consider the ethical, legal and regulatory norms and standards for research involving human subjects in their own countries as well as applicable international norms and standards. No national or international ethical, legal or regulatory requirements should reduce or eliminate any of the protections for research subjects set forth in this Declaration.”

The Helsinki Declaration, not surprisingly, has not been successfully implemented in China.²⁸

Authors who have jointly assessed the application of the Helsinki Declaration in China have noted that China does not have independent legislation for the legal rights of subjects. The

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<https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/>

²⁸ Journal List J Biomed Resv.32(2); 2018 Mar 26 PMC5895571, Logo of jbr J Biomed Res. 2018 Mar 26; 32(2): 77-80, Published online 2017 Oct 30. doi: 10.7555/JBR.32.20170073 PMCID: PMC5895571 PMID: 29921746 "Legal protection of the rights of clinical trial subjects in China" Yuanpeng Ren, Xinrui Jin, Shan Jiang, and Baisheng Jiang <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5895571/>

authors write that it is generally believed that the ethical review committees can safeguard clinical subjects' rights but caution that supervision is not satisfactory. They write:

"Many problems exist in ethics committee review, such as loose organization structure, unreasonable personnel composition, little training, incapability, non-standard recruitment of members, weak supervision and management mechanism, and unqualified informed consent system, etc."

Generally, the Helsinki Declaration is a set of principles without an implementation mechanism. Internationally, there is no reporting, no compliance assessment, and no possibility of petitioning for violation of the standards. Implementation is left entirely to individual states. When a country like China does not implement the Helsinki declaration, nothing internationally is said, because there is no one officially identified to say it.

Chinese transplant research ethics

i) The organization of professions

In many countries, professions are self-governing. They set out admissions standards which require for candidates both an ethical history and a knowledge of ethics of the profession. The professional bodies or their mandating legislation establish ethical standards and complaints and disciplinary systems to enforce those standards. Professionals who violate those standards are subject to various penalties, such as fines, required supervisory work, suspension or even ejection from the profession.

None of that exists in China, either for the organ transplant profession or for the medical profession as a whole. In China, there is not just an absence of self-governing professions. There is an absence of self-governing everything.

In China, the Communist Party governs. It controls not just the Government. It asserts

control over every aspect of Chinese life. Though there is now considerable private enterprise in China, even in the health sector, that private enterprise, when it comes to control, remains under the thumb of the Party.

The organ transplantation profession, like every other aspect of Chinese work or life, is subject to one overriding principle, loyalty to the Party. While it would be perverse to call that principle ethical, to the Party, everything else is secondary.

So, if we look for ethics in the standards set by a self-governing organ transplantation profession or self-governing medical profession, we will not find them in China, because neither the organ transplantation profession nor the overall medical profession is self-governing. Organ transplantation ethical standards, if they exist at all, would come from somewhere else. But where would that somewhere else be?

ii) The Chinese Medical Association

The Chinese Medical Association is a Government tolerated non-governmental organization. Membership is voluntary. One of the 97 speciality societies within the Association is the Chinese Society of Medical Ethics.

The website of the overall Association states:

"Mission of the CMA includes uniting and organizing medical professionals, abiding by the National Constitution, laws and regulations of the State and implementing the principle of science and technology work and health care work of the State."²⁹

As one can see, there is no mention of ethics, but there is mention of the National

²⁹ <http://en.cma.org.cn/>

Constitution. The Constitution states, at the very beginning:

"The Communist Party of China is the vanguard of the Chinese working class, the Chinese people, and the Chinese nation. It is the leadership core for the cause of socialism with Chinese characteristics and represents the developmental demands of China's advanced productive forces, the orientation for China's advanced culture, and the fundamental interests of the greatest possible majority of the Chinese people. The Party's highest ideal and ultimate goal is the realization of Communism."³⁰

The World Medical Association at its General Assembly, in Pilanesberg, South Africa, in October 2006 adopted a resolution stressing the importance of free and informed choice in organ donation, stating that prisoners and other individuals in custody were not in a position to give consent freely, and demanding that the Chinese Medical Association condemn any practice in violation of these ethical principles and basic human rights and ensure that Chinese doctors were not involved in the removal or transplantation of organs from executed prisoners. The resolution demanded that China immediately cease the practice of using prisoners as organ donors.

The World Medical Association issued a press release on October 5, 2007 announcing that it had reached an agreement with the Chinese Medical Association against transplantation of prisoners' organs, except for members of their immediate family. The agreement was reported at that day's meeting of the World Medical Association Annual General Assembly in Copenhagen. The Chinese Medical Association undertook to promote the strengthening of management of human organ transplantation and prevent possible violations of the regulations against the sale of organs made by the Chinese Government.

The Chinese government has shrugged off the agreement between the World Medical

³⁰ <http://www.china.org.cn/20171105-001.pdf>

Association and the Chinese Medical Association at the Copenhagen General Assembly. Liu Zhi, from the CMA international department, told the Sydney Morning Herald in October 2007 said that the agreement had no legal effect.³¹

Liu Zhi expressed the hope that the agreement would influence the government. Yet, he also said that the current transplant system in China is "clean". It is hard to know what influence Mr. Liu could expect the agreement to have on the government when he was not prepared to acknowledge that the system had any problems.

iii) Registration

When China began organ transplantation, any hospital that wanted could do transplants. The rapid growth in organ transplantation in China was not just the result of an endless supply of organs from arbitrarily detained prisoners of conscience, primarily Falun Gong. It was also the result of a rapid growth in capacity to take advantage of this endless supply.

In 2006 and 2007, shortly after the first version of the report Bloody Harvest that David Kilgour and I wrote, the Party/State decided to take control of this burgeoning system by imposing hospital registration. Registered hospitals could do transplants. Unregistered hospitals could not. Hospitals which wanted to continue transplantation had to apply for registration.

A 2007 regulation set out registration criteria, including ethical standards.³² In theory, a hospital which before registration failed to meet the ethical standards would not be

³¹ Mary-Anne Toy, "Olympic jitters behind China's organ pledge" Sydney Morning Herald, October 10, 2007

³² http://www.chinadaily.com.cn/m/chinahealth/2014-06/05/content_17566177.htm

registered. In theory, a hospital which failed to meet the ethical standards after registration would lose their registration.

There were a reported 1,000 hospitals which applied for registration and eventually 169 selected. Although over 800 applicants were rejected, there is not one reported instance of rejection for a poor ethical history. There is no public system of complaints or public record of disposition of complaints for ethical breaches.

In China, military hospitals engage in transplantation and sell organs to the public. These hospitals are not subject to the Health Ministry registration system and its ethics, such as they are.

iv) Licensing

Doctors in China are examined and licensed not by a self-governing professional body but rather by the state.³³ The regulation provides for the assessment of ethics, suspension and revocation of licensing by

"Institutions or organizations that are entrusted by administrative departments for public health of the people's government at or above the county level".³⁴

There over 3,000 such institutions or organizations in China.³⁵

The regulation does not set out what ethical breaches can lead to suspension or revocation of licensing. Here, too, there is no public system of complaints or public record of

³³ http://www.npc.gov.cn/englishnpc/Law/2007-12/11/content_1383574.htm
http://www.npc.gov.cn/englishnpc/Law/2007-12/11/content_1383574.htm

³⁴ Article 31

³⁵ http://iris.wpro.who.int/bitstream/handle/10665.1/11408/9789290617280_eng.pdf

disposition of complaints for ethical breaches.

The Associated Press in August 2016 reported the revocation of the license of a Chinese transplant doctor and the registration of the hospital in which the doctor worked. The patient was a Canadian transplant tourist who had purchased a kidney in Canada. The patient told his doctors about the purchase, his doctors told The Transplantation Society, an international association of transplant professionals, and The Transplantation Society wrote the head of the Chinese transplant system calling for an investigation. Neither the doctor nor the hospital was identified.³⁶

The Associated Press wrote, in prefacing the Chinese response to The Transplantation Society request, "What happened next could be considered a positive sign by those working with China." Yet, the opposite is true.

If an expression of international concern is necessary to trigger Chinese action against ethical breaches, those actions will be few and far between. The message this sort of reaction sends is not "Be ethical", but rather "Cover up better. Don't let outsiders know what is happening."

Something similar happened in response to a Korean documentary about transplant abuse in China.³⁷ According to Chinese transplant official Wang Haibo, speaking at the Madrid conference of The Transplantation Society in July 2018, a Chinese nurse interviewed for the documentary had become a fugitive from justice. It seems that, when it comes to organ transplant abuse in China, there is only one enforced ethical rule - do not let outsiders know

³⁶ <https://nationalpost.com/news/world/canadian-gets-kidney-in-china-after-three-days-sparking-fears-beijing-still-harvests-organs-of-executed-prisoners>

³⁷ An English version of the documentary can be seen at www.dafoh.org

what is happening in China.

v) Hospital committees

Registered organ transplant hospitals must have ethics committees.³⁸ However, hospital ethics committees in China generally suffer from a number of defects.³⁹

The committees lack qualified members. They are not trained before appointment; nor are they educated after appointment.

Conflicts of interest are rife. The head of the ethics committee may have a senior management position in the hospital. Ethics investigators may be administratively responsible for those they are investigating.

The committees lack enforcement mechanisms and provide few instructions for investigators. The ethics review process is often a formality, a rubber stamp.

The ethics committee system is weakened by corruption. Authorities evade laws that exist on paper if there are patients willing to pay.⁴⁰

These are, of course, criticisms presented earlier about hospital committees when

³⁸ The State Council of the People's Republic of China Issue No. 491, Regulation on Human Organ Transplant, passed on the 171st executive meeting of the State Council effective as of May 1, 2007, Article 11(3)

³⁹ Prof Qingli Hu "Challenges regarding the Research Ethics in China"
http://www.wpro.who.int/health_research/ethics/challenges_and_issues_of_concerned_regarding_the_research_ethics_qinglihu.pdf

⁴⁰ yangYangyang Cheng, April 13, 2018 "China Will Always Be Bad at Bioethics"
<http://foreignpolicy.com/2018/04/13/china-will-always-be-bad-at-bioethics>

implementing the Helsinki Declaration. It is hardly surprising that these same criticisms hold valid for hospital committees generally.

vi) Research standards

China has ethical standards for medical research which suffer from the same problems as ethical standards for functioning medical procedures, and then some, because of the priority that the Communist Party gives to scientific development. Every hospital has a Communist Party branch office. When it comes to research, the Party gives priority to technological progress, ethics be damned.⁴¹

Yangyang Cheng has written that China will always be bad at bioethics because the Chinese Communist Party will always prioritize power over ethics. He writes:

"It's no accident that the Chinese government is leading the world in medical advances - and in dangerous ethical lapses."⁴²

There was an Amnesty International campaign directed against Chinese transplantation research, The Swiss section of Amnesty International in August 2010 issued an appeal which stated:

"Companies should exercise due diligence to ensure that they are not directly or indirectly implicated in the taking or use of organs from executed prisoners."

It called on pharmaceutical companies

"to ensure that they do not directly or indirectly assist, encourage or support the sourcing of organs from executed prisoners."⁴³

⁴¹ Yangyang Cheng, April 13, 2018 "China Will Always Be Bad at Bioethics" <http://foreignpolicy.com/2018/04/13/china-will-always-be-bad-at-bioethics>

⁴² <http://foreignpolicy.com/2018/04/13/china-will-always-be-bad-at-bioethics/>

⁴³ "Anti-rejection Drug Trials and Sales in China" American Transplant Congress,

Drug company Novartis stated in August 2010 that it was observing a moratorium for its clinical immunosuppressive drug trials in China. Its spokesman, Satoshi Sugimoto, declared that Novartis supported the public statement of Amnesty and would work on bringing together the stakeholders for the next steps.

Dr. Eric J. Goldberg, chief medical research director of an international clinical pharmaceutical research corporation was given an invitation to conduct clinical research trials in China. He refused the request and persuaded his employer to locate another country to conduct the research. He has attempted to sway other pharmaceutical companies to do the same.⁴⁴

vii) The Leadership

Leadership matters. Respect for ethics in organ transplantation in China is weakened by the conduct of the leadership.

Huang Jiefu, Chair of the China National Organ Donation and Transplantation Committee and former China Deputy Minister of Health, makes an artificial distinction between those who harvest organs and those who transplant and claims that those who transplant harvested organs are more innocent than those who harvest them. In an interview with Phoenix TV posted in January 2015 on their website ifeng.com, Huang was asked these questions and gave these answers:

Philadelphia, April 30, 2011 at https://dafoh.org/Matas_speech.php

⁴⁴ Robin Kemker, "Organ Transplant Expert Refuses China's Invitation", Epoch Times Dec 29, 2010

"Reporter: Minister Huang, have you ever taken organs from executed prisoners?

Huang: I said I went there once, but I was not the one who did the extraction. But after that one time, I did not want to go again. I am a doctor. Doctor has a moral bottom line, which is respecting life and helping the sick. This must be done in sacred places; otherwise, it is against the moral bottom line of a doctor.

Reporter: Do you remember which year was it?

Huang: 1994.

Reporter: Was that the first year you did human organ transplant?

Huang: First year. Because organ transplant is divided into two teams. One is the donor team, who extracts the organs. One is the recipient team, who transplants the organs.

Reporter: You?

Huang: I am in the recipient team. I've never been in the donor team. But I did go once to see how they do it. So, I have only been there once. After that time, I never wanted to have anything to do with the donor team. But I feel that I need to change it.

Reporter: When you help the recipient, you think it is saving a life. But do you try not to think about the donor?

Huang: Majority of the transplant surgeons feel helpless. On the one hand, you face the patient who has a failing organ. As a doctor, you have the technique and responsibility to save people. But the other side of the story, when you think about the organ source, you feel helpless."⁴⁵

⁴⁵ 31 January 11, 2015, Phoenix TV, <https://docs.google.com/document/d/1w7MFiqIiDejdEK6Kh6CYcCwKZi75qb9AyiXcdwT7hjI/editpli=1>

In criminal law, there is a term for this sort of behaviour. It is called wilful blindness. A person who commits a criminal act and is wilfully blind is as guilty of a crime as a person who commits the act with full knowledge.

Huang said he felt helpless. But he was not helpless. He could have said "no" to participation in organ transplantation using an organ from an improper source. If Huang truly "never wanted to have anything to do with the donor team" then he should have stopped transplanting. The notion that he has nothing to do with the donor team when he is taking organs from the donor team is a fantasy.

If organ harvesting goes against the moral bottom line of a doctor, and in this case Huang acknowledged that it did, then, in transplantation, using an organ from an improper source also goes against the moral bottom line of the doctor. There is no difference in the morality of harvesting from an improper source and transplanting an organ harvested from a source which the transplanting doctor knows to be improper or to which the transplanting doctor is wilfully blind.

In the afternoon of September 28, 2005, Huang Jiefu, then Deputy Minister of Health, accompanied Luo Gan, then Secretary of the Chinese Communist Party's Central Politics and Law Committee, at the 50th anniversary celebration for the establishment of Xinjiang Uyghur Autonomous Region. Huang demonstrated to Luo a transplant operation at the First Affiliated Hospital of Xinjiang Medical University.⁴⁶

After Huang opened the abdominal cavity of liver cancer patient Yao Shufa, Huang discovered that Yao's liver met the criteria for an operation not requiring a liver from another donor (an autologous transplant). Huang instructed the others to suture the incision and

⁴⁶ www.wlmqwb.com and www.sina.com.cn

contacted Sun Yat-Sen University of Medicine First Affiliated Hospital in Guangzhou City and the Third Medical University's Southwest Liver Medical Centre in Chongqing City, requesting them to provide a spare liver each, in case the autologous liver transplant failed.

Matching livers were found in Gaungzhou and Chongqing several hours after the request. China Nurse reported:

"At 6:30 pm on Sept. 29, a matching liver arrived from Chongqing. Virtually at the same time, three medical personnel from Guangzhou the Third (Affiliated) Sun Yat-Sen Hospital also arrived with another matching liver and some bypass devices."⁴⁷

Huang Jiefu's operation lasted from 7 pm on September 29 to 10 am on September 30. After 24 hours of observation, Huang announced the operation was successful; the spare livers were no longer needed.

Liver cold ischemic time (survival outside the body) should be less than 15 hours.⁴⁸ The two spare livers brought from Chongqing and Guangzhou must have been sourced from two living persons.⁴⁹

The time between the request and the arrival of the spare livers indicates that the human sources were killed for their livers. Given the procedures in place necessary to execute prisoners under death sentence, the organ sources killed for their organs could not have

⁴⁷ iFeng Weekly, www.ifengweekly.com "Human Organ Trade in China, Story Behind the Dark Curtain", November 5, 2013

⁴⁸ Ministry of Health 2006 specifications for technical management of liver transplantations

⁴⁹ iFeng Weekly, www.ifengweekly.com "Human Organ Trade in China, Story Behind the Dark Curtain", November 5, 2013

been death row prisoners.⁵⁰

viii) Hong Kong

The Hong Kong organ transplant ethics are striking because they confront squarely the problem mainland Chinese organ transplant abuse presents. The Hong Kong ethics are long standing and unique. They amount to saying to the mainland Chinese, we know what you are doing and we do not want any part of it.

In Hong Kong, the onus is on the medical professionals to ascertain the status of the Chinese donor. The medical professional is not acting ethically as long as he or she makes no inquiries or only cursory ones. The medical professional, after investigation, has to be satisfied beyond any doubt before referring a patient to China that consent was given freely or voluntarily by the donor.

The Professional Code of Conduct of the Medical Council of Hong Kong states that "If there is doubt" as to whether the consent is given freely or voluntarily by the donor, the profession should have nothing to do with the donation. The very least one can say about China, in light of the lack of transparency, is that there is doubt in almost every case whether the consent is given freely or voluntarily by the donor.

Specifically, the Professional Code of Conduct of the Medical Council of Hong Kong, as revised in January 2016, states:

"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.

⁵⁰ <https://www.upholdjustice.org/node/289>

35.4 In the case of a referral of the recipient to a place outside Hong Kong for an organ transplant from any donor, it is unethical for a doctor to make the referral without ascertaining the status of the donor or following these principles."⁵¹

ix) Conclusion on Chinese ethics

One of the reasons, though far from the only, that I and other researchers have come to the conclusion we did that prisoners of conscience are the primary source of organs for transplants is that the precautions which should be put in place to prevent that abuse are not in place. That is certainly true of ethics. China has ethical standards, but they are not implemented.

It is also no accident that the primary victims of forced organ harvesting are prisoners of conscience and that the primary victims among those prisoners are practitioners of Falun Gong. From an ethical standpoint, this victimization is abhorrent. From a Chinese Communist Party standpoint, where Falun Gong, because of its widespread popularity, is seen as ideological enemy number one, this victimization has a power seeking logic.

What is to be done, short of ending Communist Party rule in China, something which is not an immediate prospect? There would have to be a change in the power equation, so that the power dynamic which drives the Party would lead it away from organ transplant abuse, not just in words, which is now the case, but also in deeds. For that to happen, the political cost from organ transplant abuse would have to be so high that the Party would feel that politically it would have more to gain from ending than from continuing the abuse.

That is where outsiders become relevant. Outsiders can not change what happens in China.

We can change the political cost from ethical abuse. Outsiders should make that political cost so prohibitive that real respect for ethics will seem to the Party the better power option.

Ostracism or engagement?

Should there be any interaction at all between global transplant researchers and Chinese transplant researchers? Should there be ostracism or engagement?

Transplant health professionals today and mental health professionals yesterday faced similar dilemmas but have reacted quite differently. In the days of the Soviet Union, mental health professionals globally faced the abuse of psychiatry in the Soviet Union and acted strongly against it.⁵²

Today, transplant professionals globally face the abuse of transplant surgery in the Communist China. However the global professional response has been nowhere near as strong.

The global psychiatric profession, at the time of Soviet abuse of psychiatry, was part of the solution to that abuse. The global transplantation profession, with a few notable exceptions, when it comes to transplantation abuse in China, has, regrettably, become part of the problem.

i) San Francisco and Hangzhou 2014

The Transplantation Society, a global association of transplant professionals, refused to

<https://endtransplantabuse.org/david-matas-speaks-at-international-academy-of-law-mental-health-congress/>

allow 35 Chinese participants for ethical reasons to attend the World Transplant Congress in San Francisco in July 2014.⁵³ For the October 2014 Hangzhou, China transplant conference, many invited overseas transplant experts failed to attend. A year before, in October 2013, the China Transplant Congress, also held in Hangzhou, had a raft of foreign expert attendees.

Ostracized professionals do not have the deep Party connections that make it easy for them to shrug off this foreign behaviour. What matters to them more is their careers. So, the Party had to react.

The strategy of choice to counter the specific problem of global transplantation peer ostracism was to target the global transplantation profession. Bring them on board or, at least, hoodwink their own professionals into thinking that outside professionals are on board and the specific problem which was disgruntling their own transplantation profession would be solved.

In what follows, I give three specific examples of Chinese Communist attempts to overcome the ostracism their professionals suffered in San Francisco in July and in Hangzhou in October 2014. The examples are The Transplantation Society Congress in Hong Kong in August 2016, the Vatican Transplant Summit in February 2017, and the Chinese transplant conference Kunming, Yunnan, China August 2017.

One could add on more examples. The general point is the same. The Chinese

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http://www.cmt.com.cn/detail/623923.html&usg=ALkJrhj1Ume7SWS_04UtatL3pWKYRbFw See Matthew Robertson, "From Attack to Defense, China Changes Narrative on Organ Harvesting" Epoch Times, November 24, 2014, <http://m.theepochtimes.com/n3/1099775-from-attack-to-defense-china-changes-narrative-on-organ-harvesting/?sidebar=hotarticle>

Communist initiative was successful in hoodwinking the transplantation profession. The Communists told the transplant professionals what they wanted to hear, generated some show displays, fabricated some statistics, and the professionals, with a few notable exceptions, were beguiled.

ii) **Hong Kong August 2016**

The Transplantation Society had planned its 2016 conference for Bangkok, but decided to relocate to Hong Kong because of the Thai coup. Dr. Jay Lavee, president of the Israel Transplantation Society, a heart transplant surgeon, and a former member of Ethics Committee boycotted the conference. He wrote that to providing China a global platform, while ignoring reports of organ harvesting from prisoners of conscience, "is a moral stain on TTS ethical code".⁵⁴

This relocation became an opportunity for the Chinese Communist Party. The Party/state newspaper Global Times reported:

"Scholars say this special Chinese organ transplant meeting shows that the Chinese organ transplant world has been truly accepted by the Transplantation Society".⁵⁵

Philip O'Connell, the then President of the Transplantation Society rejected this boast, but in a peculiar way. He said

"It is important that you understand that the global community is appalled by the

⁵⁴ Matthew Robertson "A Transplant Conference Plays Host to China, and Its Surgeons Accused of Killing", Epoch Times, August 2, 2016
<http://www.theepochtimes.com/n3/2130297atransplantconferenceplayshosttochinaanditsurgeonsaccusedofkilling/>

⁵⁵ Didi Kirsten Tatlow "Chinese Claim That World Accepts Its Organ Transplant System Is Rebutted" New York Times, August 19, 2016
<https://www.nytimes.com/2016/08/20/world/asia/chinahongkongorgantransplants.html>

practices that the Chinese have adhered to in the past ... As a result of these practices, the Chinese transplant centers have allowed a trenchant political opposition to their government to prosper ..."

What is this political opposition to which he is referring? The New York Times wrote that "he may have been referring to Falun Gong, a spiritual movement that is outlawed in China and that accuses the Chinese authorities of extracting organs from its members."

What O'Connell is saying, as interpreted by the New York Times, takes a bit of unpacking. He endorsed, albeit elliptically, four elements of Chinese Communist Party propaganda.

One is that Falun Gong is a political movement opposed to the Chinese Communist Party. The second is that conclusion of the killing of prisoners of conscience for their organs comes from this political movement. The third is that sourcing of organs for transplant in the past have virtually all come from prisoners sentenced to death and then executed. The fourth is that those abuses are all past history.

O'Connell, after having entered into this imaginary framework, then proceeded to give the Chinese Communist Party political advice. He suggested that China should not have been sourcing organs from prisoners sentenced to death and then executed because this sourcing has provided an opportunity for his fantasized Falun Gong political opposition to fabricate charges of political prisoner transplant abuse victims.

Prisoners sentenced to death and then executed should not, of course, be organ harvested. However, even if one puts aside the sequence of factually incorrect assumptions on which O'Connell's suggestion is based, for O'Connell to suggest that sourcing organs from prisoners sentenced to death has weakened the hold of the Chinese Communist Party over

China is foolish.

Suppose that Falun Gong actually were a political movement. Why should O'Connell be giving the Chinese Communist Party advice about how to prevent a political opposition to prosper? It is unlikely he would be giving that advice to the governing party in his own country. Why should he give such advice to a ruling party in another country, and a repressive one, no less?

The implication of the advice he gives is chilling. His line of reasoning leads to the conclusion that those who want to oppose the Chinese Communist Party, who want the political opposition to prosper, should welcome the sourcing of organs from prisoners sentenced to death. That sort of conclusion makes no sense and was unlikely what he intended.

I do not pretend to know anything much about transplantation technology. I would not dream of walking into an operating room and attempting a transplant, even if I were allowed to do so. I am confident that, if I tried, I would make a total mess of the operation and put the life of the patient at risk. O'Connell makes a similar mess when talking about human rights violations in China, as much of a mess as I would in a transplant operating room.

The ultimate conclusion of O'Connell about the Party, that the global community was appalled by past Chinese practices, was unfriendly. Yet, in arriving at that conclusion, he swallowed and regurgitated Party propaganda.

O'Connell approached the issue of organ transplant abuse in the way the Party would expect any good apparatchik to do, from a base of Party propaganda and the perspective of what is good for the Party. The scolding O'Connell gave the Party must have led Party officials to rub their hands with glee.

iii) **The Vatican February 2017**

The Vatican hosted a Summit on Organ Trafficking and Transplant Tourism in February 2017. The invitation to the summit of Chinese Communist Party/ state health officials became a flash point of controversy.

The Party newspaper Global Times reported

"Senior Chinese health officials are preparing to attend a high level summit at the Vatican on organ trafficking Tuesday, an invitation which recognizes China's recent achievements in the field."

Israeli transplant surgeon Dr. Jay Lavee opposed the invitation. About Huang Jiefu, the chief Party/state health official invited, Lavee said:

"Given his personal record and the fact that he still does not admit the use of organs of prisoners of conscience, he should not have been invited,"

Dr. Francis Delmonico, a former head of The Transplantation Society, who planned the summit, defended the invitation to Chinese officials. He said it that the summit was "an opportunity for them to proclaim a new day and be accountable" that the practice has stopped.

Chinese Party officials are quite happy to proclaim a new day, every day. As for being accountable, there is nothing in place. There are no accountability mechanisms. Nor did Delmonico propose any. As for accountability done through independent investigation, Delmonico just is not interested.

At a Congressional hearing on Chinese organ transplant abuse held in Washington DC in

June 2016, Delmonico was asked:

"How do you independently verify that even though he [Huang Jiefu] may be very sincere that anything he says, zero foreign customers for organ trafficking in 2016, how do you independently verify that when there has been such a backdrop of terrible duplicity, lies, and deception on the part of the government?"

The answer Delmonico gave was this: "I am not here to verify. That is not my job."

So, Delmonico wants accountability, but will not himself verify. Delmonico sees verification or accountability as the job of someone else. But who would that someone else be?

The separation between hosting Chinese health officials, on the one hand, and verification/accountability, on the other, means that there is no linkage between the two. Delmonico was prepared to host Chinese health officials no matter what they did or would do, as long as they said the right thing, proclaimed a new day. Determining whether that verbiage meant anything he left for someone else.

Verification, for Delmonico, would not be that hard. He would not have to do the research himself. All he would have to do is read it and assess it. But that, so he says, is not his job.

Lavee said that Delmonico "is simply willing right now to close one of his eyes and be blind to what continues to go on while celebrating the fact that there has been some reform in China." For the Chinese Communist Party, that is all just fine.

iv) **Kunming, Yunnan, China August 2017**

Chinese Communist Party/state health officials hosted a transplant conference at Kunming,

Yunnan, China in August 2017 in which many international transplant figures issued supportive statements for the Chinese transplantation program. While the international media ignored the conference, other than for a passing reference in an Associated Press story, the Communist Party press gave it a great deal of attention.

The Global Times, in advance of the meeting, wrote:

"In an unprecedented move, four top international health organizations expressed their appreciation for China's efforts in organ donation and transplantation reform, and also their expectations for more engagement from the country to global governance in the sector.

The acknowledgment was expressed in a letter sent to Huang Jiefu, a former Chinese vice minister of health and current head of the National Human Organ Donation and Transplant Committee, ahead of the upcoming national conference on organ transplantation next week.

The letter that was disclosed to media on Wednesday said that China's reform of its organ donation and transplantation program is 'ethically proper,' which experts and officials hailed as a powerful response to the criticism and scepticism the country has faced for years. ...

The letter also shows China's model of building an open, transparent and fair organ donation and distribution system is acknowledged by international society, Huang added.

'The acknowledgment from the four organizations is historic, as this is the first time they jointly expressed a crystal clear and positive appreciation of China's progress on organ transplant reform,' Wang Haibo, head of the China Organ Transplant Response System, told the Global Times.

The letter was signed by heads and senior officials from the World Health Organization (WHO), the Vatican's Pontifical Academy of Sciences (PAS), The Transplantation Society (TTS) and the Declaration of Istanbul Custodian Group

(DICG), four of the most influential societies in promoting global ethical practices in organ transplantation."

The article adds:

"The acceptance from international organ transplant bodies is due to China's efforts to introduce its progress and reform to the world, including to those who hold a sceptical or even hostile attitude toward China's organ transplantation systems, Huang said. 'We need to keep our friends close, and our enemies closer' he said."

Like most Communist Party propaganda, the story is inaccurate. Indeed a reader can get a better picture of reality by assuming the exact opposite.

Despite the statement that the letter from the four organizations was released to the media, it is not publicly available and we do not know what it says. In light of the Party penchant for fabricating quotes, we do not know even if the claimed quotes from the letter are accurate.

As well, the statement of an effort to engage "those who hold a sceptical or even hostile attitude toward China's organ transplantation systems" is a fabrication. None of the sceptics were invited to the Kunming meeting.

The reference to critics as "enemies" is a fair portrayal of the way the Party views them. Say that the Party has done something wrong, even if accurate, does not make you just an enemy of what was done wrong; it makes you an enemy of the Party.

China Central Television or CCTV showed a video of Jose R. Nunez, from the World Health Organization, who attended the Kunming meeting, saying:

"Well, I think that China, especially since January 2015 when they decided not to use

organs from prisoners any more, that's a great reform. It's a hard reform to do. But they are doing and they're moving in the proper direction right now, and what they are achieving now is just amazing!"

Nunez, as one can see, equates the Chinese Communist Party says with reality. The Party announces reform. Nunez asserts that the reform is happening.

CCTV also broadcast a video clip of Nancy Ascher, current president, Transplantation Society:

"We were at a recent meeting at the Vatican, where every single country talked about their people who went outside their own countries to get transplants at other places. And what was clear from that meeting was that people who are looking for illegal transplants are not coming to China."

It seemed not to occur to Ascher that people who are coming to China and the doctors in the countries from which they came might not want to talk about it openly. Yet, there is plenty of evidence to this effect, transplant tourism into China blanketed by a conspiracy of silence.

CGTN, the China Global Television Network, in a report of the Kunming meeting quoted Jose Nunez from the World Health Organization as saying:

"I think the reform in China is great, especially since January 2015 when they decided not to use organs from prisoners any more. They are moving towards a proper direction now,"

The gist is the same as that of the CCTV clip, that what the Chinese Communist Party says in its propaganda is reality.

CGTN quotes Nancy Ascher from The Transplantation Society as saying:

"What I've seen in this visit is the Chinese people are embracing the notion of organ transplantation and I have no doubt that you will be able to achieve a very large number of voluntary donors. I think as Chinese transplant professionals become involved, and they will also reach out and be able to teach the rest of the world because Chinese experiences will soon be greater than the rest of the world,"

The notion that Chinese within China are free to embrace or not to embrace Chinese Communist Party propaganda as they see fit is something only someone unfamiliar with China could say. Not only does Ascher give the Party the benefit of the doubt. Her faith in the Party is doubt free, a faith in which she has "no doubt".

Delmonico, in his testimony to Congress in June 2016, noted the Haibo Wang, the deputy health official to Huang Jiefu, had been put under house arrest for his efforts at transplant reform. At the San Francisco World Transplant Congress in 2014, which I attended, I went to hear him speak, but he did not show up, because he had just been arrested at that time.

Even if the global transplant leadership does not have the time to read research into transplant abuse in China, or the grace to invite researchers to the events the leadership helps organize, they should at least listen to what they themselves are saying. People in China, especially state officials, who deviate from the Party line get arrested. That is pervasive across all areas of policy, and not just something which happens in the transplantation field. They get released only if, before release, they undertake after release to conform to the Party line. There is no other basis for release, except for extreme illness. For foreign transplant leaders to then take at face value what a released official says, without investigation or verification, means that they too are adopting the Party line.

Outside of China, organ sources are either dead, at least brain dead, both before and after

the sourcing or alive both before and after. China is the only country where sources are killed by organ extraction, where sources are alive before and dead afterwards.

This practice, as well as being murderous, presents unusual transplantation problems, because the practice increases the amount and type of pharmaceuticals required to be injected into the source. That increase can potentially cause problems for the patient who receives the organ. Substantial Chinese transplant research has gone into addressing this problem, trying various combinations of drugs which can create the desired impact on the source without harming the organ being transplanted.

Chinese transplant professionals may well someday be teaching foreigners about the killing of political prisoners for their organs. But we outside China should do what we can to prevent that.

Just prior to the Kunming conference, the Xinhua news agency reported:

"Recent correspondence with the World Health Organization (WHO), the Pontifical Academy of Sciences, the Transplantation Society (TTS) and the Declaration of Istanbul Group both surprised Huang when his dedication to organ transplants was recognized by world professionals.

'You are widely acknowledged as an academic leader who has revitalized liver transplantation in China and led the transplant reform by Chinese transplants professionals, with organ transplant regulations in China consistent with WHO (international) principles of practice and shared by the global community,' said an email."

There is an equation here of Chinese law and policy with practice, showing a lack of awareness that the law can in China can not be enforced against the Party, since the Party controls all aspects of the enforcement of the legal system. The four organizations are

pleased that the Party said what they wanted to hear.

Generally, repressive regimes, when faced with criticism of their human rights records, produce one of two responses. Either they say "go away, this is our business, your own country has many human rights violations which should concern you". Or, they say, "you are right, come help us, we need your expertise", but nothing changes. In both cases, the result, in terms of respect for human rights is the same. The only difference is that in the second case the beguiled are disgraced. Lack of expertise in human rights includes ignorance of this pattern, an ignorance the four organizations manifest.

Governments often face the question whether to engage or boycott. Relations between governments cover a wide range of matters. Deciding whether to engage or boycott involves trade-off. Is it worth the cost of cutting off relations in areas where engagement is beneficial in order to express strongly enough the repugnance for the behaviour which prompted the call for a boycott?

The transplantation profession does not have to consider any such trade-offs. Relations between the foreign and Chinese transplantation professions concern transplantation only. The question whether the value of engaging in one area is worth the loss suffered by not boycotting for repugnant behaviour in another area does not arise. Transplant professionals who preach engagement rather than boycott as a way of effecting change in China are oblivious to this difference.

In the Xinhua quote, the four agencies refer to a Communist Party propagandist as an academic, giving him and the Party a false aura of expertise and authority. The problem here is not just a propagandist is recast as an academic. As noted earlier, The Transplantation Society recasts independent researchers as politically motivated. This is the sort of inversion of reality which would make the Chinese Communist Party proud.

The Transplantation Society immediate past president O'Connell said at the Kunming conference

"Now no one up here has any evidence that supports the Falun Gong claims. If we had, we wouldn't be up here,"

The statement of O'Connell that "no one up here", that is to say Kunming, had any evidence of the killing of prisoners of conscience for their organs is likely true, since anyone who had that evidence or even was aware of that evidence was not invited. He confirms the New York Times analysis of remarks he made at the time of the Hong Kong conference, first that he endorses the Chinese Communist Party propaganda about Falun Gong that a set of exercises is an organization. Second, he attributes research coming from disinterested researchers who do not practice the exercises to this imaginary organization.

v) **Conclusion**

The Chinese Communist Party has no credible factual answers to the work of independent researchers who have demonstrated the mass killings of innocents for transplantation. Indeed, given the massive scale of the transplantation business in China, it is impossible to deny this research in any credible manner. Party propaganda, denying official data, pretending what is there is not there, can persuade only the gullible or the wilfully blind.

A main line of defence for the Party has become the statements of these gullible or wilfully blind, what Communists refer to as useful idiots. The Party publicizes and exaggerates the endorsements of the naive and the foolish.

The struggle against transplant abuse in China faces a paradox. Those outside of China who know most about the situation and are best equipped to do something about it are the

least likely to be effective in stopping the abuse. Those outside China who are the most likely to be effective in stopping the abuse know little or nothing about the situation and are among the least equipped to counter it.

Those outside of China who know most about the situation and are best able to do something about it are the transplant abuse researchers, the China human rights experts, and foreign affairs China hands. Yet, the Party finds it as easy to ignore civil society abroad as it does at home. Foreign affairs China professionals operate behind closed doors and engage with thick skinned Party stalwarts who are indifferent to even the most blistering and well-founded criticism.

Those outside China who are the most likely to be effective are foreign transplant professionals, because they can exercise peer pressure. But, by and large, they know little or nothing about the situation and are among the least able to take meaningful action.

Human rights belong to all humanity. Their rights should be asserted by everyone. Nonetheless, there remains such a thing as human rights expertise - knowledge of the international human rights instruments, familiarity with discourse and patterns of behaviour of human rights violators, the lessons of history and so on. This is an expertise transplant professionals typically do not have.

Chinese Communist Party discourse about organ transplant abuse is similar to discourse about a long list of other well documented violations - Mao's forced starvation, the cultural revolution, the Tiananmen square massacre, forced abortion and sterilization, torture, forced labour camps, sex trafficking, censorship and prison conditions and so on. Transplant professionals typically are not familiar with the history of Party human rights violations and the propagandistic discourse the Party has used to exonerate itself.

The global transplantation profession can be broken down into three groups - the aware, the naive and the foolish. The aware have bothered to take the trouble to read the research and realize that what is going on in China with transplantations is mass killing of innocents and cover up. They react accordingly, distancing themselves from the Chinese transplant profession and encouraging others to do likewise.

The naive do not consider the research and claim that doing so falls outside their area of responsibility. They hear the research conclusions on the one hand and Chinese Communist Party propaganda on the other and draw no conclusions one way or the other. They encourage change in China and welcome claims from China of change.

The foolish buy Chinese propaganda hook line and sinker. They parrot the Party line that the research demonstrating mass killing of innocents for transplantation is based on rumour, though it is not. They echo the Party line that the research is unverifiable, though it is both verifiable and verified. They repeat the Party claim that abuses are in the past, when they are not. They make the outlandish claim that disinterested researchers are political and that Chinese Communist Party officials are academics. They accept Theresienstadt/Potemkin facades as reality. They endorse what they are misled into thinking is happening in China wholeheartedly.

A specific cost to the Party of Chinese internationalism is global push back. The more Chinese who go abroad, the more Chinese engaged in human rights abuses there are who go abroad. Indeed, perpetrators are more likely to go abroad than victims, since many of the perpetrators are the Party's own, and many of the victims are hostile to the Party.

All too many non-Chinese are prepared to turn a blind eye to Chinese human rights violations. But there are sufficient numbers of others who care and are prepared to act to cause the Party a problem. Perpetrators may be allowed exit from China, but denied entry to foreign

countries. The Party may allow and even encourage those complicit in abuses to teach, study or go to conferences abroad, but foreigners will deny them the opportunities they seek.

The mass killing of prisoners of conscience for their organs is part of the new China. It developed through the introduction of modern technology and catered to an international transplant tourist market. But it had an unintended side effect, the global ostracism of the Chinese transplant profession.

In the old days, that sort of ostracism would not have mattered. But in the new, internationally focused China it does.

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