



# Report On Forced Organ Harvesting In China

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*An unprecedented form of state-organized domestic organ trafficking from Falun Gong prisoners of conscience as part of a two decades lasting Cold Genocide*

January 31, 2019

## Introduction and summary

When facing the evaluation of alleged forced organ harvesting in the People's Republic of China, the challenging question is what can be recognized as evidence? There is typically a demand for so-called "hard evidence", but how could this hard evidence in the case of China look like? The victims were killed in the process of forced organ harvesting and the remains were subject to cremation. The perpetrators, sometimes second tier doctors and assistants, are expected to be under tight control. It is also very unlikely that a "serial" organ harvester will come forward and incriminate himself, in particular if the harvester would face repercussions from the totalitarian regime. If neither victim nor perpetrator can contribute to provide hard evidence, what would be an acceptable piece of evidence? A video recording of the procedure? — It could be framed as fabricated or to be a film production from a film studio. A witness report? — It happened before, and the allegation that the Sujiatun hospital is a place of systematic forced organ harvesting has been debunked in a pre-planned, staged inspection tour, 5 weeks after the allegations emerged. The insistence on hard evidence in an environment that is controlled by a totalitarian environment, might itself become an obstacle to uncover, what the hard evidence supposed to uncover. When

facing crimes against humanity or genocide, the international community must not be limited to the insistence on hard evidence.

In such environment the demand for hard evidence can probably be only fulfilled if—like the liberation of the Nazi concentration camps by the Allied forces—independent, international inspection teams can access transplant hospitals and detention centers on Chinese soil. Until then, indirect and circumstantial evidence must not be dismissed. This is the approach that we have considered in our report on forced organ harvesting from Falun Gong practitioners in China.

When we examined transplant and organ donor numbers and compared them with available data in other countries, we observed a credibility gap, to such a degree that the officially reported numbers from China simply appeared to be unreliable, if not fabricated.

According to our analysis, the published transplant numbers in China are falsely low. The actual number of transplants in China is larger than officially reported. This creates the need for an explanation where the organs used for transplantation come from. It is impossible in the specific case of transplant medicine to yield large numbers of transplantation without having an ample supply of organs to enable these transplants. This triggers a question for possible organ sources.

The answer to the question where these donor organs come from has to address two phases. In 2013, China began its public organ donation system, and in 2015, China claimed to have ended the organ harvesting from executed prisoners, stating that from 2015 onwards all organs used in transplantation would come from its public organ donation system. In both phases, before 2013 and after 2015, we find gaps and a lack of credibility in China's official explanation.

The gold standard in ethical transplant practices is “transparency”. Transplant medicine, like no other medical discipline is based on trust: The potential organ donor has to trust medical doctors that when his/her life is hanging by the thread the medical team first and foremost will do anything to save his/her life. On the other side the organ recipient also trusts that the organ was donated in an act of altruism. There is no force involved in the process of procuring a transplant organ. The equivalent of the patient's trust is transparency in the medical profession. Transparency in the medical profession creates trust among patients. However, in the case of China's transplant medicine there exist a lack of transparency<sup>1</sup>.

The credibility gap in the transplant numbers and the lack of transparency suggest that there is an undisclosed source of organs. The complex nature of the matching process of transplant organs, different from a generic treatment in the Emergency Room, requires systematic planning and preparation. The combination of all aspects, the large scale of transplants, seemingly ample supply of organs, short wait times, a pattern of “organs on demand” contrary to “organs on wait” as it is common practice in the rest of the world, and advanced scheduling, among others, suggests that there is a stand-by pool of organ donors, ready to be matched and killed for organs.

The killing of organ donors on a large scale would not stay unnoticed, thus one would assume that, if not prosecuted, it would occur with the knowledge of the government. This has been described in the literature as state-organized criminal organ harvesting<sup>2</sup>. If the state fails to prosecute the killing for organs, then the forced organ harvesting occurs without counterbalance and expands unchecked. We cannot assume that there is an independent judiciary system in China that would prosecute illegal organ harvesting, as the CCP has been described as being above the Chinese Constitution. There is no rule of law that could bring justice, if the one-party state decides to approve of the forced organ harvesting.

We observed a discrepancy between the number of performed transplants and the official supply of organs: There is a lack of organ supply. At this stage, witness reports and testimonies gain importance and provide answers that are intertwined with the aforementioned findings. A broader understanding of the situation links the forced organ harvesting to a cold genocide which would not only explain the scale, but also provide an explanation of the intent.

Forced organ harvesting from prisoners of conscience in China is the unprecedented form of “state-organized domestic organ trafficking” from the vulnerable group of prisoners of conscience.

Based on analysis and inference we come to the conclusion that Falun Gong practitioners are the primary victim group of the state-organized, systematic forced organ harvesting in a scale that is unprecedented in history. We have seen medical experiments in the Holocaust, but we have never seen a genocide where organs were harvested from the victims and then turned into a profitable business, and thereby turning even transplant patients into beneficiaries of genocide.

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## 1. Transplant Situation in China

According to its own statements China is ranked second largest in transplant numbers globally (in 2017: >15,000 transplants; announced goal for 2020: surpassing the United States in numbers). In addition China is known for its record short wait times for organs; most of the transplant surgeries are performed after a wait time of 2 days to 4 weeks. We also observed a phenomenon, which could be described as “reverse scheduling”: In China transplant operations are scheduled in advance and on demand. This is unusual: In countries with a voluntary organ donation program, the individual donor will be matched against a large pool of organ recipients, whereas in China the individual organ recipient will be matched against a large pool of organ donors.

Before 2013 China did not have a nationwide public organ donation program, but even after 2013 its numbers are not plausible and the program is not transparent. While China claims that after 2015 all of its organs used in transplantation come from its organ donation program, it is a mystery that so many of its registered donors would pass away so soon after their registration. Another puzzling aspect lies in the eligibility of donor organs. Given an average death rate of 7/1000 in the population, one would expect that only about 2,700 of China's registered organ donors have passed away in 2017. However, not all registered donors would be eligible to become actual organ donors. In the US, UK and other countries only about 1-2% of the deceased, registered organ donors become eventually eligible donors. If the mechanisms in China's organ donation program were comparable, then its donation program would have yielded only about 27 to 54 eligible organ donors in 2017. To put this into another perspective: In the United States, which did not have to overcome a traditional, culturally founded reluctance for organ donation as it is omnipresent in China, it took about 25 years until the voluntary organ donation program was able to be functional. While some transplant doctors expressed excitement about China's organ donation program, scrutiny is indispensable to distinguish between a real organ donation program and a decoy donor program.

Despite the announcement that China ended the organ harvesting from executed prisoners in 2015, the claim has not been independently verified. In Spring 2015 Chinese officials continued to speak of death row candidates as “citizens”, who might wish to redeem themselves and to voluntarily donate their organs. This has been described as semantic trick in the literature<sup>3</sup>.

## 2. Transplant Numbers

### 2.1 Global transplant tourism compared to China's transplant numbers

China is a major destination for global transplant tourism. In a study that reviewed 86 medical papers published over 15 years, the authors found that 63% of all transplant tourists that were documented in academic research papers went to China in order to receive a transplant organ<sup>4</sup>. (Fig. 1)

In 2010 then Deputy Minister of Health, Huang Jiefu, presented annual transplant numbers at a transplant conference in Madrid. (Fig. 2)

The data suggested an increase in transplants of nearly 300% over a 5-year period between 1999 and 2004. The increase appears to be implausible as the only official source of organs at that time were executed prisoners. Aside from detrimental factors of finding eligible organ donors among the

**Table 2:** Travel for transplantation: reported number of patients and their departure and destination countries<sup>1</sup>

Departure countries	No. of patients	Destination countries	No. of patients
Taiwan	1227	China	2700
South Korea	1122	India	817
Malaysia	607	Pakistan	367
Nepal	452	The Philippines	83
Turkey	363	Egypt	68
Singapore	328	United States of America	64
Saudi Arabia	324	South Korea	33
United Kingdom	309	Iran	31
United States of America	246	Iraq	31
Hong Kong	128	United Kingdom	8
Canada	128	Japan	6
Egypt	122	Germany	5
Macedonia	51	Tunisia	5
Dubai	51	Lebanon	4
Brunei	47	France	4
The Netherlands	45	Russia	3
Argentina	40	Syria	2
Mongolia	33	Lebanon	2
Japan	24	Mexico	2
Tunisia	20	Guyana	2
Kuwait	16	Peru	1
Australia	16	Israel	1
Ivory Coast	16	Thailand	1
Israel	11	Nepal	1
Sweden	3	Turkey	1
		Australia	1
		Singapore	1
Total	6002	Total	4244

**Figure 1:** F. Ambagtsheer, et al., "On patients who purchase organ transplants abroad", Mini review, AJT, 2016

assumingly criminal convicts, it is even more implausible to observe an exponential increase of transplants within less than 5 years, as one would not expect a sudden increase in criminal actors nor a sudden increase of death sentences.

To put these transplant numbers into perspective we compared China's annual transplant numbers with global data.

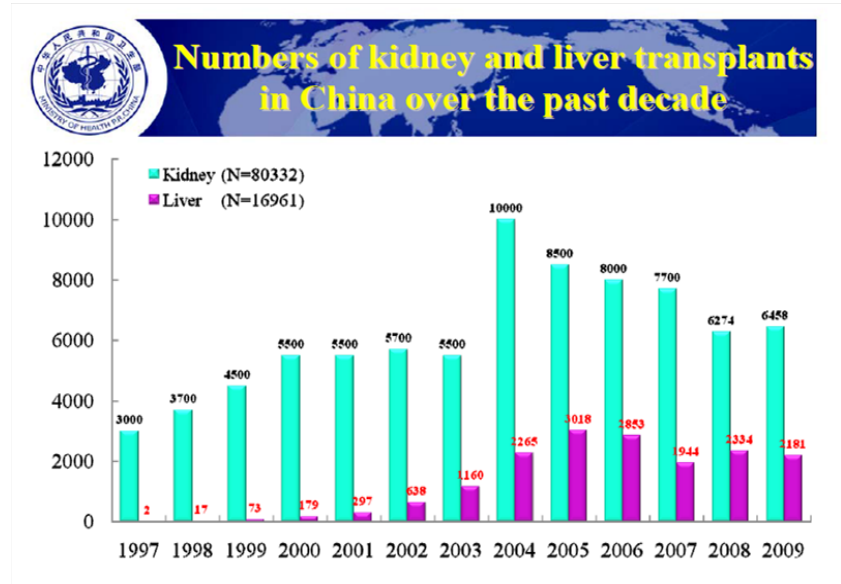


Figure 1: Official annual transplant numbers in China presented in 2010

The *Global Observatory on Donation and Transplantation* (GODT) publishes transplant numbers from over 80 countries. Worldwide transplant numbers increased in average by 2-3% annually and by 10-15% over a 5-year period. (Fig. 3)

When comparing with global transplant numbers, China's official transplant numbers show a 5-year growth in numbers that is twenty times larger than the average observed in the rest of the world. This would also suggest that the access to donor organs in China grew twenty times faster than abroad.

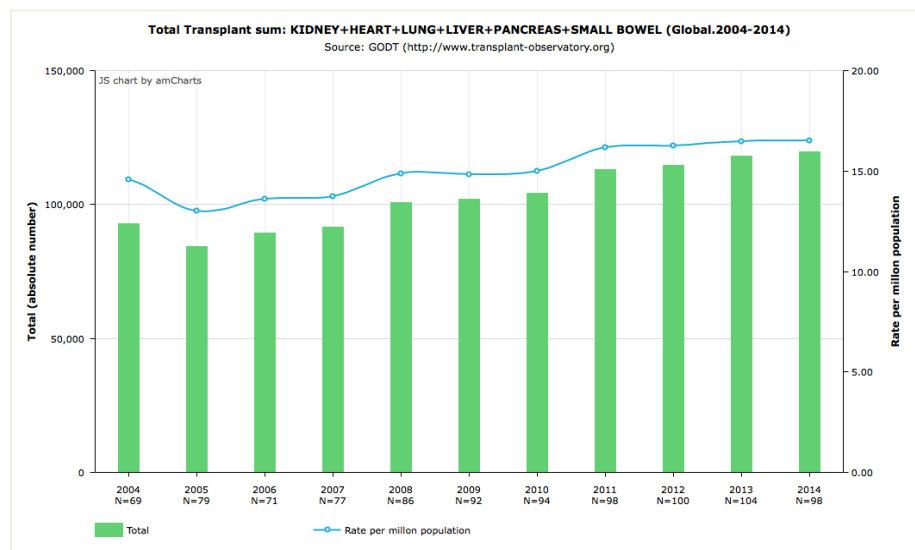


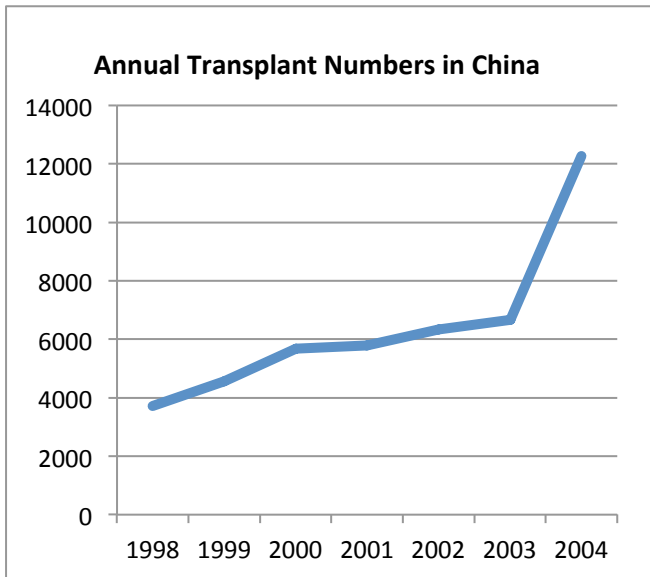
Figure 2: Global transplant numbers according to GODT

A closer look at the presented transplant numbers provides further insights. When isolating the transplant numbers until 2004, we see only increasing numbers. (Fig. 4)

The transplant numbers for the year are usually gathered and published in the following year, i.e. the numbers for the year 2004 were compiled in 2005.

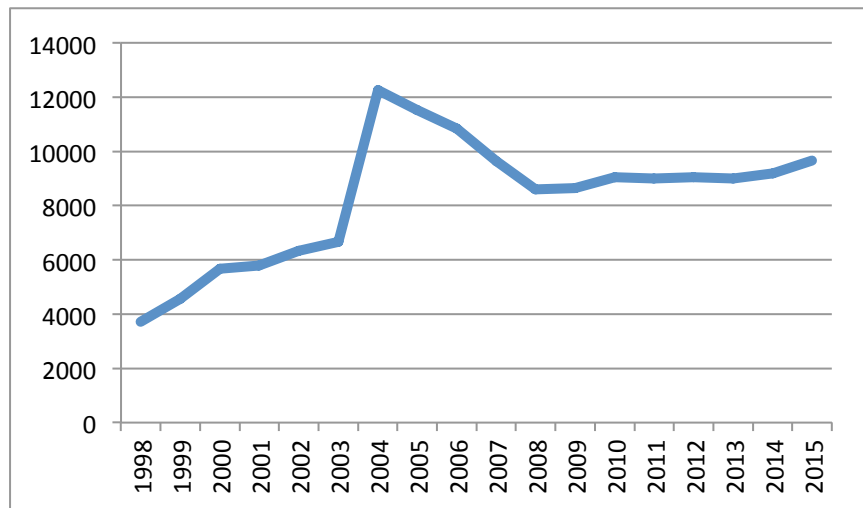
When looking at the transplant numbers between 1999 and 2004, one would extrapolate further growth after 2004, yet the transplant numbers after 2004 did not follow this projection.

Instead the numbers started to decline and then stagnated at a plateau of approximately 10,000 transplants annually for about 10 years between 2006 and 2016. (Fig. 5)



**Figure 3: Annual transplant numbers in China between 1998 and 2004**

While the pattern of the annual transplant numbers followed an exponential increase between 1999 and 2004, this pattern changed after 2006 when the annual transplant numbers plateaued for about 10 years at around 10,000 transplants per year. It is implausible why after a transplant surge for over five years, the numbers would then suddenly reverse and stagnate for ten years. Compared to



**Figure 4: Annual transplant numbers in China between 1998 and 2015**

other countries it raises the question, whether the provided numbers were authentic or fabricated, and whether they were tampered with according to the needs of the time.

But these transplant numbers provoke an even more important question: Why would the annual transplant numbers stay at the same level for ten years, while during the same time the transplant infrastructure showed strong growth and expansion: The 2016 update report by David Kilgour, Ethan Gutmann, and David Matas and the data from other researchers showed that during these years

- the numbers of beds in China's transplant hospitals have increased; e.g. between 2010 and 2012, the number of beds in the Beijing 309 Transplant Hospital increased by 25% from 316 to 393, and in the Tianjin transplant center the number of beds increased from 500 to 700 with a 90-130% occupancy rate;
- the training and employment of transplant doctor teams has increased,
- the working hours of transplant personnel has increased,
- the investments in transplant centers has increased and produced modernization, and
- the revenue of transplant hospitals has increased, e.g. the Beijing 309 Hospital claimed that the transplant department is its most lucrative source of revenue; its revenue had an eight-fold increase from US\$ 4.5 million in 2006 to US\$ 34 million in 2010.

It is implausible that the transplant infrastructure grows at a fast pace, including generating higher revenue, while at the same time transplant numbers are said to stagnate. To illustrate the discrepancy, data from the Tianjin First Central Hospital has been analyzed.

In 2003, the Tianjin First Central Hospital invested US\$ 20 million to build a 17-story transplant building. During the period 2015 to 2017, the hospital further expanded with a US\$ 426 million investment. In 2009, the hospital floor plan showed 450 beds used for transplants. The hospital stated that the “kidney and liver transplantation beds are at 90 percent utilization,” throughout that year. Provided that a new transplant recipient stays 30 days, this hospital alone would perform about 5,000 transplants per year. In other words, the Tianjin transplant center alone would cover already 50% of the officially reported annual transplant numbers for all of China.

In essence there is an implausible disconnection between a strong growth in the transplant infrastructure and the unexpected stagnation of annual transplant numbers over ten years. While the expansion in the transplant infrastructure is visible and verifiable in all of its elements, the annual transplant numbers in China cannot be verified, because the transplant numbers of each individual transplant hospital in China are kept secret.

The official announcement of annual transplant numbers in China is centralized and only pronounced for the entire country, not for individual hospitals, which makes it impossible to scrutinize the transplant numbers per hospital. It appears to be a pattern from Chinese officials to obscure public data and omit certain elements that would allow scrutiny.

Despite the lack of transparency, there are ways to scrutinize the data through further analysis. The turning point of the annual transplant numbers occurred after 2004 in the year 2005. The transplant numbers of 2005 were compiled and published in 2006, thus, in order to assess the number decline in 2005, we need to look at events that took place in 2006. In March 2006, three witnesses said independently that Falun Gong practitioners were subjected to forced organ harvesting<sup>5</sup>.

In 2005, the Chinese transplant profession looked rather optimistically at the future development. One did not anticipate that the secret practice of forced organ harvesting would ever be discovered. The players in China's transplant field were rather *bold* in their future outlook, which probably contributed to the publication of the high transplant numbers in 2004. The confidence in the growth of the transplant field materialized in the expansion of transplant hospitals from 150 hospitals in 1999 to over 600 facilities in 2006. The increase of transplant departments in hospitals is different from the increase of transplant numbers. The increase of transplant hospitals is an infrastructural change. It requires personnel, wards, beds, investments etc. The expansion of the transplant infrastructure is not a reflection of a seasonal availability of organs as this would barely justify the investment in such infrastructure. Instead, it is rather an expression of a confidence, that there will be an abundant supply of organs available for the years to come. Yet, by 2005, China did not prepare for a public organ donation program. Almost all transplant organs came from prisoners. It would be cynical to believe that the confidence of the hospitals to expand and invest in transplant departments was based on the assumption that the amount of crimes and death sentences would increase. However, the confidence in a long-term ample supply of organs would be plausible if there was a large pool of prisoners of conscience that is composed of 70-100 million ostracized Falun Gong practitioners.

Until 2006 official statements said that more than 90% of transplant organs were harvested from executed prisoners. But this number appears to be implausible. Comorbidities, drug abuse, age, and other factors reduce the eligibility of organs. Observations in the UK have shown that only

about 1% of the people who have registered as organ donors become eventually eligible organ donors. This indicates that even if all organs from every executed prisoner in China were harvested, not all of them might be in the condition to be transplanted. This would challenge the official explanation for the source of organs, i.e. executed prisoners, and question whether they are the only, primary organ source.

To illustrate the situation, we provide an example: According to official numbers 10,000 kidney transplants were performed in 2004. This would require at least 5,000 executed prisoners under the ideal scenario that both kidneys from each executee were harvested and transplanted. If only 90% of organs came from executed prisoners, one would still need 4,500 executed prisoners. If comorbidities, infectious diseases, drug abuse, age, etc. decreased the eligibility to only 50%, then one would have to assume 9,000 executions in 2004. If one further considered a) the factor of time (average wait time for transplants is about 14 days), b) the assurance that organs will be available (scheduling in advance) and c) the successful matching of organs, then the proclaimed number of death sentences and executions would need to increase even further.

In summary:

- The large amount of transplants paired with a steep increase of annual transplant numbers between 1999 and 2004 suggests that—in absence of an alternative organ donation program—either the number of death sentences (and criminal records) increased or that a new source of organ supply emerged.
- The discrepancy and disconnection between a growing transplant infrastructure and the apparent stagnation of annual transplant numbers for over ten years is implausible.
- There is a discrepancy between the officially proclaimed source of organs (executed prisoners) and the physicality to provide enough eligible organs from this source group alone.
- Even if we assumed that the officially announced numbers of transplants were correct, what remains is a systematic inconsistency in the explanation of the organ source and the course of transplant related numbers.

## 2.2 Assessing China's use of immunosuppressive drugs

The analysis of the anti-rejection therapy used in China's transplant market reveals further insights. It is fairly common in China that doctors in hospitals and sales representatives from pharmaceutical companies sell drugs to patients under the table, bypassing hospital pharmacies, or that patients may buy drugs in pharmacies not affiliated with hospitals, especially domestic generic drugs to avoid buying high-priced brand drugs. Therefore, the actual use of anti-rejection agents cannot be counted from the data provided by hospital pharmacies.

However, the drugs used as induction therapy before the transplant surgery provide valuable information. In China, three brand drugs are used for induction therapy: Simulect® (Novartis), Zenapax® (Roche), and Xinipie® (CPGJ). Among them, Zenapax® is no longer sold in any other country but still continues to be manufactured and sold in China. Xinipie® was produced and developed by a Chinese pharmaceutical company and has been sold only in China. The indications for induction therapy are mainly kidney transplants as well as liver transplants and cardiac transplants.

The official indication for the use of Simulect® is the *“prophylaxis of acute organ rejection in patients receiving renal transplantation when used as part of an immunosuppressive regimen that includes cyclosporine, USP and corticosteroids. The efficacy of Simulect® for the prophylaxis of acute rejection in recipients of other solid organ allografts has not been demonstrated.”*

The recommended regimen of Simulect® is two doses of 20mg each.

As shown in Table 1, the inferred number of patients using Simulect® in China is 18,500 in 2015. This would amount to 192% of the officially proclaimed number of kidney transplants in China, proving that the official number of kidney transplants—less than 10,000 in 2015—was falsely low.

In addition, both in Taiwan and globally, only about 40% of the patients who received a liver, kidney, or heart transplant used Simulect®, suggesting that only about 40% of the transplant patients chose to pay for the add-on therapy. If applied to the China market, the 40% saturation of the Simulect® therapy would suggest that only 18,500 (=40%) of the up to 46,250 (=100%) kidney transplant patients have decided to opt for an induction therapy with Simulect® in 2015.



In this context, it must also be noted that the volumes of the other two drugs for the induction therapy in China, Zenapax® and Xinipie®, were not considered in this analysis, with Xinipie® sold at only half the price of Simulect®. This would suggest that the actual transplant numbers are even larger than mentioned above. The question where the organs for all these transplants come from is more urgent than ever before.

	China	Taiwan	Globally
<b>Induction therapy for transplants</b>	Simulect® Zenapax® Xinipie®	Simulect®	Simulect®
<b>Official number of transplants in 2015</b>	9,660 transplants  2,620 livers  7,040 kidneys	991 transplants  607 livers  309 kidneys  75 hearts	98,393 transplants  27,759 livers  84,347 kidneys  7,023 hearts
<b>Sales volume for Simulect® in 2015</b>	Simulect® 280 million RMB = US\$ 43.1 million  Zenapax® (N/A) Xinipie® (N/A)	Simulect® 40 million NTD = US\$ 1.33 million	Simulect® US\$ 112 million
<b>Retail price (40 mg)</b>	19,000 RMB (US\$ 2,923)	120,000 NTD (US\$ 4,000)	US\$ 3,644
<b>Inferred number of transplant patients using Simulect®</b>	~ 18,500 patients (192% of the official number of kidney transplants)	~ 400 patients (40% of the official number of kidney transplants)	~ 38,400 patients (39% of the official number of kidney transplants)

**Table 1: Use of induction therapy<sup>6</sup>**

## **2.3 First news on forced organ harvesting of Falun Gong practitioners in 2006**

In 2006, the international community heard for the first time of allegations of forced organ harvesting of detained Falun Gong practitioners in China. To evaluate the quality of the allegations we looked at the methodology how the news emerged in the first half year.

In March 2006, an investigative journalist under the name “Peter” revealed to the Epochtimes that Falun Gong practitioners were killed for their organs in a hospital in Sujiatun, China. A week later “Annie”, the wife of a Chinese surgeon also stated to the Epochtimes that her husband removed corneas from 2,000 Falun Gong practitioners in the Sujiatun hospital. At the end of March an anonymous senior military doctor wrote two letters to the Epochtimes confirming the previous claims and describing that there are more than 30 secret detention camps with tens of thousands of prisoners of conscience whose organs were harvested on demand.

In May 2006, then EU Vice President Edward McMillan-Scott went for a fact-finding mission to Beijing to meet and interview two Chinese who stated that their friend, a Falun Gong practitioner, had been killed while in detention and that he had holes in his body and organs were missing.

In July 2006 David Kilgour and David Matas completed a two-months investigation and published their first investigative report alleging that organs were harvested from detained Falun Gong practitioners. In 14 recorded phone calls doctors in Chinese hospitals admitted to various degrees that they use “fresh organs” from Falun Gong practitioners for their transplants.

In July 2006, Dr. Torsten Trey talked with two transplant doctors from China at the World Transplant Congress in Boston. One of the doctors worked in a research laboratory at the University of Hannover, Germany. He was asked by two Chinese hospitals to return to China to open a transplant department. When asked how this transplant boom can be explained and where all the organs come from, the doctor indicated “from Falun Gong practitioners”. The other transplant surgeon from the Tianjin transplant center said, that they performed 2,000 liver transplants in 2005, which is a very large number for a single transplant center. In 2005 the annual number of liver transplants in all China was 2265 (Fig. 2). Assuming these numbers were correct, all remaining 600+ transplant centers in China would be limited to only 65 liver transplants in 2005. It is no surprise that the official number of liver transplants for the Tianjin hospital in 2005 was

listed as 647<sup>7</sup>. The discrepancy between the number of liver transplants shared by the transplant surgeon and the official number in the literature serves as an example how numbers are tampered with. The intent is likely to deflect suspicion and alertness in the international community, which would be triggered if the transplant numbers were too large to be explained by the official explanation of executed prisoners.

In conclusion, the allegations that Falun Gong practitioners are subject to forced organ harvesting was not initially put forward by Falun Gong practitioners but by non-Falun Gong practitioners. This refutes the theory that the victim group itself has fabricated the allegations. Secondly, the statements that were gathered in the first months of 2006 were less likely restricted by censorship or manipulation, as the Chinese regime had not foreseen the breaking news early 2006.

## **2.4 Reactions and changes in China's transplant field after 2006**

In Malaysia it was not rare that patients in need of transplants went to China. Usually, after receiving a transplant organ in China, the transplant patients returned to Malaysia with written documentation about the transplant surgery. Dr. Ahmad Ghazali reported that this practice has changed in 2006. After 2006 transplant patients from Malaysia were not given any written documentation about the surgery anymore. The lack of transparency increased, and the possibility to scrutinize the transplantation in China decreased. A similar phenomenon has also been observed in Taiwan, where patients returned to Taiwan without medical records after their transplantation in China.

But there is another aspect to this phenomenon: If the transplant surgeons do not provide medical records to the transplant tourists, then the medical records in the Chinese hospitals can also disappear, as if the transplant surgery has never happened. The transplant case is not officially reported and the hospitals don't bear any responsibility. With this trend to not provide medical records to transplant tourists, not only the individual case of the foreign patient disappears, but transplant tourism in general ceases to exist in China.

The number of transplant centers has increased to over 600 in 2006, and the growth in the transplant infrastructure suggested confidence in a long-term ample supply of organs. The annual

transplant numbers in 2006 were still very high. There was no reason to purposely reduce the number of transplant centers against the overall trend to expand the transplant infrastructure. However, in 2007, the number of transplant hospitals was reduced to 165 licensed transplant centers by government directions. The move to reduce the number of transplant centers is implausible in an environment of growth, but if it were seen as a response to the international attention generated in 2006, it would be plausible. In 2006, over 600 transplant hospitals were an alarming number to the international community, 165 was not.

The exponential increase of annual transplant numbers by 300% between 1999 and 2004 as well as the fourfold expansion of transplant hospitals between 1999 and 2006 suggested a confidence in a long-lasting transplant market. Against the trend of growth and expansion until 2004, the official annual transplant numbers decreased in 2006.

After the first allegations were made in March 2006, China did not respond for about 4 weeks. Afterwards, China invited an international delegation to inspect the hospital in Sujiatun. The openness (!!) to offer inspections to an international delegation is unusual and unprecedented for China. If today, independent investigators requested inspections of Chinese transplant hospitals, the request would be rejected. The mere fact to invite an international delegation to inspect a location on Chinese soil 5-6 weeks after allegations of forced organ harvesting emerged is unusual. Of course, no evidence was found.

In short, in 2006/2007 major changes occurred in China's transplant field. The changes had in common to decrease traceability and transparency, and to reduce alertness.

### **3. Public organ donation program in China**

In 2013, after a three-year pilot study, China announced to open a public organ donation program. Traditionally voluntary organ donations are rare in Asian countries, in particular in China, due to cultural convictions. Because organ donations are rare in their home countries, transplant candidates from many Asian countries travel to China.

### 3.1 Traditional reluctance in the Chinese and Asian populace to donate organs

In 2009, Prof. Chen Zhonghua from the Institute of Organ Transplantation, Tongji Hospital, China, stated that “only about 130 people on the mainland have signed up to donate their organs since 2003 [until 2009].”<sup>8</sup>

Similar low organ donation numbers are also observed in other Asian countries.

### 3.2 Unreliable organ donor numbers in China

In 2010, at the transplant conference in Madrid, the following numbers were presented: Kidney transplants from living donors (purple) were said to increase by > 470% from 2006 to 2007 and then stagnated at a 0% growth from 2008 to 2009. (Fig. 6) The discrepancy between the living donor numbers in two consecutive years raises questions whether these numbers are real and true. How reliable are the published organ donation numbers?

China's Organ Donation Administrative Center published organ donation numbers on its website.

In order to better understand China's organ donation system DAFOH monitored the website of the Organ Donation Administrative Center for 30 months. (Tab. 2)

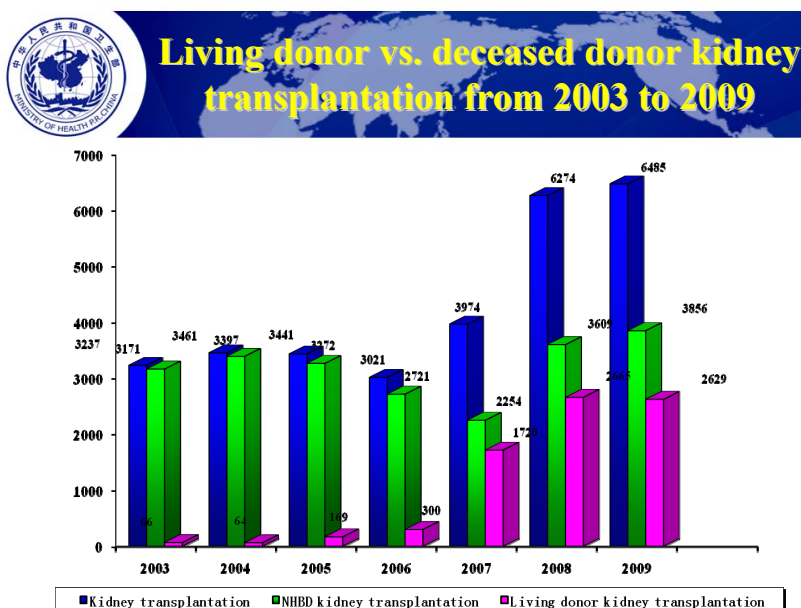


Figure 5: Living donor kidney transplants

As of date	Number of registered organ donors	Number of successful organ donations	Number of treated patients
04/07/14	21731	1622	4413
01/18/15	34239	2996	8326
03/25/15	35806	3292	9151
05/07/15	36861	3676	10243
08/09/15	38210	4305	12072
08/23/15	38372	4378	12282
09/15/15	38906	4527	12730
09/20/15	38980	4548	12793
09/25/15	39039	4601	12941
10/20/15	39238	4732	13330
10/31/15	39407	4788	13510
11/23/15	39693	4933	13939
12/18/15	40162	5592	15354
<b>12/30/15</b>	<b>40322</b>	5847	15944
<b>12/31/15</b>	<b>65322</b>	5862	15993
01/29/16	65837	6171	16707
02/04/16	65911	6238	16827
02/26/16	66192	6439	17286
03/06/16	66336	6529	17464
03/10/16	66410	6594	17590
03/20/16	66734	6624	18230
03/31/16	67012	6664	18344
05/05/16	68900	7101	19417
05/20/16	69379	7212	19967
05/26/16	69592	7272	20133
06/24/16	70217	7593	20986
07/10/16	70737	7774	21447
07/22/16	70990	7918	21877
10/09/16	74199	8887	24467

**Table 2: Numbers from the Organ Donation Administrative Center**

On December 31, 2015, we noticed that the number of registered organ donors increased by exactly 25,000 from the previous day. (Fig. 7)



## Monitoring Website of Public Donor System



Figure 6: Screenshots of the website on Dec 30 and Dec 31, 2015

It is not only rare to see an increase in the range of 25,000 new registrations on one day, but even more rare to see an increase by a number ending on three zeros. This urges the question whether this number reflects real people and whether a list of exactly 25,000 real names can be provided, or whether it is a fabricated number that has been added to the donor registry on New Year's Eve. It also provokes the question whether the public organ donation program operates with fabricated or genuine numbers. (Fig. 8)

Upon further monitoring we observed a similar increase repeating in 2016. In the last week of December, before New Year's Eve, 88,830 people were added to the donor registry. It is noteworthy that the sudden steep increases of registered organ donors in 2015 and 2016 are accompanied by very slow increases over 18 months.

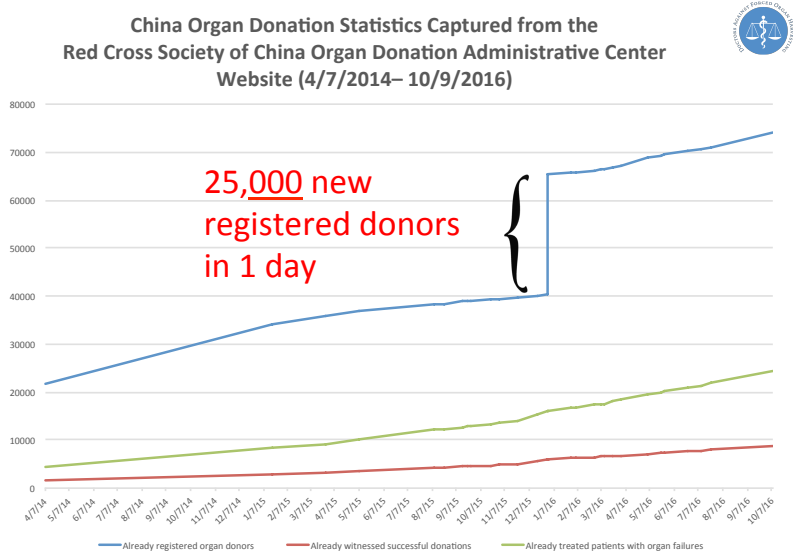


Figure 7: Course of registered organ donors

It is noteworthy that since opening of the organ donation program in 2013, more than 60% of all newly registered organ donors were registered in only 7 days—in the four years the program existed. (Fig. 9)

It appears as if there are two “growth models” at play, one is a slow and steady increase, and the other one produces sudden increases. Do both growth models show true numbers? When analyzing the numbers of the organ donation program after 2013, one is tempted to compare them with the course of the transplant numbers after 1999: In both cases, transplant and donor numbers, do the numbers not follow organic growth but show extreme behavior, either sudden jumps or plateaus. The stark contrast between both behaviors reminds of the contrast between reality and 5-year plans: Real transplant and donor numbers rub against predetermined transplant and donor plans.

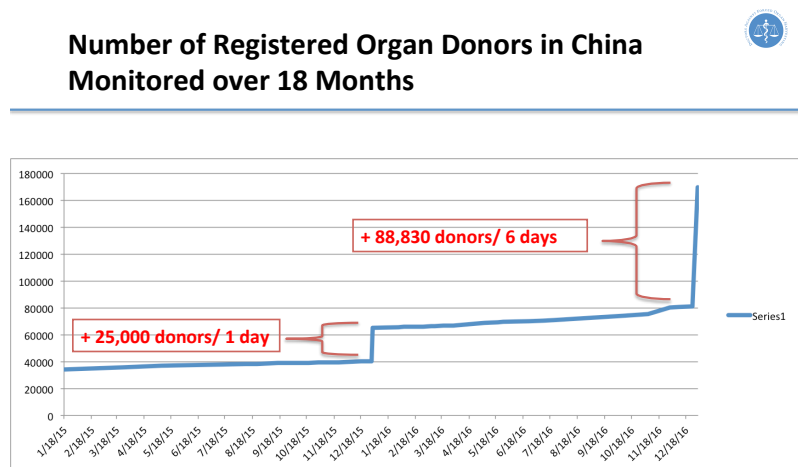


Figure 9: Steep surges of new organ donor registrations are accompanied by slow donor growth



The sudden surge of large numbers of organ donors in a short period of time stands in contrast to the traditionally reluctant attitude in the Chinese and Asian populace to donate organs.

Due to the lack of transparency it is unknown whether behind each organ donor registration is a real person who voluntarily registered as organ donor, or whether the numbers are empty.

### 3.3 Implausible ratio between registered organ donors and actual number of transplants

A comparison of organ donor numbers in the US, UK, and China reveals a discrepancy between registered organ donors and actual, eligible organ donors. Although the US and UK have a decades-old organ donation program and a large amount of registered organ donors—approximately 35-45% of its population—the number of those who eventually become actual, eligible organ donors is small, and the ratio between actual, eligible organ donors and those who have registered as organ donors during their lifetime is <0.01%. (Fig. 10)

Compared to the pools of registered organ donors in the US and the UK, the number of registered organ donors in China is much smaller, yet the amount of actual, eligible organ donors in China is much higher.

In contrast, China has a cultural heritage where

#### Implausible Donor Numbers in China — Donor Rate is > 140x Higher Than in Other Countries



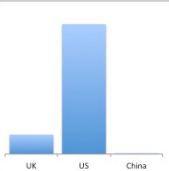
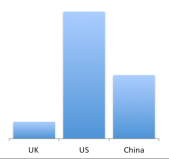
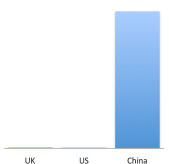
	UK	US	China (2017)	
<b>Registered organ donors</b>	~21 million	~140 million	~375,000	
<b>Eligible organ donors per year</b> (registered organ donors who eventually donated their organs)	1,364	10,284	5,146	
<b>Donor rate</b> (eligible organ donors / registered organ donors)	1,364/21m < 0.01%	10k/140m < 0.008%	5,146 / 375,000 = 1.4%	

Figure 10: Correlation between registered donors and eligible organ donors

people are reluctant to donate organs; it is less likely to find new organ donors within the older generation because of the ingrained traditions.

It is more likely that people with a relative older age pass away and become organ donors. The death rate in the younger generation is smaller than in the older generation. It would be implausible why people who just registered as organ donors—the organ donation program is only six years old and more than half of the donors have registered only in the past 2-3 years—would pass away soon after signing up as organ donors. These inconsistencies are also reflected in the correlation between the number of registered donors and actual, eligible organ donors, which in the case of China is 140 times higher than in the US and the UK. It would suggest that China's organ donation program yields 140 times more eligible organ donors than the programs in the US and UK.

In comparison, the correlation between registered and eligible organ donors in China is implausible. The numbers from the US and the UK are exemplary for countries with a voluntary organ donation program. The computing includes a natural death rate of 7/1000 people per year and considers that typically only about 1% of the deceased registered organ donors become actual, eligible organ donors. In this context the numbers of China's organ donation program do not follow the patterns observed in other countries. In other words, the amount of organ donors that China claims to have is 140 times too high for its organ donation registry. This is implausible and prompts the question whether the numbers are reliable. If the organ donation program cannot provide enough eligible organ donors, who are the organ donors whose organs are harvested to reach the very large transplant numbers?

In summary, the analysis of China's own organ donor and transplant numbers reveals significant inconsistencies and implausible, incoherent correlations. It also prompts the question whether the organ donor numbers are real or fabricated.

### **3.4 Questionable reliability and trustworthiness of assertions made by the Chinese government?**

On August 27, 2016, a news article from the *Associated Press* (AP) reported that a Canadian citizen received a kidney transplant at the price of US\$ 150,000 after waiting just three days during

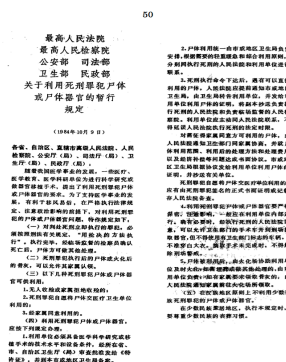
his recent visit to China. In response to the international request for investigation, Huang Jiefu later confirmed that the hospital, an armed police hospital, indeed used an executed prisoner's organ to perform transplantation for the Canadian patient. Huang stated, "both the licenses of the hospital and the operating surgeon were revoked, and the district court was punished as well". However, Huang still withheld any information about the hospital or the surgeon. Further monitoring revealed that none of the listed 169 (now 173) hospitals licensed for performing transplant surgeries has been disqualified or removed from the list. This suggests that contrary to the official statement the respective hospital remains on the list and continues performing transplants.

In 1984 provisions permitting the harvesting of organs from executed prisoners were adopted. (Fig. 11)

In 2015 it was announced that the organ harvesting from executed prisoners is prohibited. However, after research and monitoring of relevant

laws we did not find a law text that would penalize the organ harvesting from prisoners, nor was there any hint that the 1984 provisions were abolished. In other words, contrary to the assertions of change the legal situation suggests that the organ harvesting from executed prisoners is still legally permitted.

To understand the elasticity of the “rule of law” in China, we turn to Zhou Qiang, president of China’s Supreme Court. In 2017 he stated, “The Chinese Communist Party is formally above the Constitution.” (Fig. 12)



**Permission to harvest organs from executed prisoners.**

Until today, 2018,  
provisions have not been  
abolished.

**Figure 8: The text of the provisions permitting harvesting of organs from executed prisoners (1984)**

23



If the Chinese Communist Party is above the Chinese Constitution, then it considers itself also above the “rule of law” (the provisions from 1984) and certainly also above ethical standards in medicine (WHO Guiding Principles on Transplantation). In other words, it would be naïve to believe that China’s assertions and pledges to follow international ethical standards in medicine are put to practice.

## Communist Party vs Constitution vs Ethical Standards

*Financial Times*, Jan 18, 2017:



Zhou Qiang, president of China’s Supreme Court, denounces idea of judicial independence:

**“the Chinese Communist Party is formally above the Constitution.”**

If the **Chinese Communist Party** is above the law, then it is also **above ethical standards**.

**== > Forced organ harvesting from prisoners can be lawful if approved & directed by the State.**

**Figure 12: The CCP is above the Chinese Constitution**

For the purpose of better understanding the dynamics behind the announcements and pledges, we elaborate on this aspect. If the Chinese Communist Party is above the Constitution then the fabrication of transplant and organ donation numbers in China would not be an illegal act whatsoever, but instead, if directed by the Party’s leadership, perceived as a service to the country—and Party. If the provisions from 1984 permit organ harvesting from executed prisoners then it is not perceived as unethical in China, even if international ethical standards consider it unethical. This creates a situation where China and the international community are talking at cross-purposes: What the international community declares unethical might be legal and thus perfectly ethical in China. However, if there is intention to hide and obscure, and China pairs the unethical procedure with misinformation and a lack of transparency—which would be perfectly “ethical” in obedience to the Party’s directives—, then it would be naïve and tragic if the international community trusted China’s pledges of transplant reforms because contrary to the pledges the forced organ harvesting abuse would just continue unabatedly.

In February 2017, former Deputy health minister Huang Jiefu stated at a transplant conference in the Vatican: *"In my governmental organisation there is zero tolerance [for transplant tourism]."* *"However, China is a big country with a 1.3 billion population, so sure, definitely, there is some violation of the law, which will be severely punished."*<sup>9</sup> Prof. Jacob Lavee, former president of the Israeli Transplant Society, also attended the conference and recalled Huang Jiefu stating, *"There is no transplant tourism in China. It would be punished."*

Contrary to the reassurance, a documentary filmed with a hidden camera showed that the Tianjin transplant center performs thousands of transplant surgeries for foreign patients each year. In November 2017, only 9 months after Huang Jiefu reassured the international transplant community during the conference in the Vatican, that there is no transplant tourism in China, the Korean TV Chosun proved them wrong.

The Tianjin transplant hospital is specialized on transplantation. About 1,000 patients from Korea go to Tianjin for transplantation each year, and there are also other Koreans who go to other hospitals in China. According to a nurse that was filmed in the documentary there are even more transplant tourists from Middle East, and also from other countries. The Tianjin transplant center lists three international (!) wards on its directory. The nurse said, "It just takes two hours to bring fresh organs." Referring to the previous day, the nurse talks about the volume of transplants and said, "Yesterday we had 3 kidneys, 4 livers and 1 heart transplant." Most surprising is the fact that a monetary fee can accelerate the availability of donor organs. The nurse also stated, "A Kidney transplant costs US\$130,000. It takes 2-3 weeks to get an organ; if you donate extra money [US\$ 10,000] to the hospital, you can get it within 2 days." That is unseen and unheard-of in the world.

In context with the reassurance given during the transplant conference at the Vatican the following statement by the nurse is revealing, "Foreigners are not admitted to other hospitals. The government has banned it. But we are different. It's a transplant center. Not a single [other] surgery. The government pretends not to know about it." The obvious intention by China to deceive the international community about its true transplant practices provokes again the question: What is there that needs to be hidden?

## 4. Falun Gong as primary target of forced organ harvesting in China

### 4.1 If there is no logic in the transplant numbers, then one might as well not find logic in the organ procurement that produces these numbers

The numbers and mechanisms of the Chinese transplant market and organ donation program are implausible. If the numbers and mechanisms in China's transplant field are implausible and do not follow a logical explanation, then we might be principally misled if we attempt to find logical answers. We have to take into consideration that the phenomena in China's transplant system do not follow common logic and that answers to the question how many transplants were performed and where the organs for these transplants come from might be beyond our logical comprehension. In short, to answer the question where those organs come from, we need to be able to look beyond what common sense and common logic would expect.

The annual transplant numbers that were officially presented by Chinese officials were between 4,000 and 13,000 per year. However, the report "Bloody Harvest/The Slaughter: An Update" (2016) by David Kilgour, Ethan Gutmann, and David Matas estimates that the numbers of annual transplants are rather in the range of 60,000 to 100,000. This requires a shift in our thinking.

Based on observations and reports by investigators, witnesses, and transplant tourists the organ source needs to meet the following criteria among others:

A) A large number of organ donors: Due to the short wait time, the on-demand system, the tissue matching, and other factors, the pool of eligible, available organ donors needs to be larger than the number of actual transplantations. It is unlikely that in 2017 about 2,700 registered organ donors pass away under conditions where all their organs (primarily kidneys and livers) were procured and transplanted with a 100% matching rate, on short notice, and on-demand.

B) Concealed disappearance of organ donors: the on-demand system and the short wait time rules it out that organs are procured via an altruistic organ donation system which has no control over who (relevant to the organ matching) and when (relevant to the wait time)

someone dies; it would be plausible if the organ source is outside the donation program and does not follow the mechanisms of an altruistic organ donation system. However, it is unlikely that thousands of citizens disappear from the society and become victims to forced organ harvesting without being noticed and investigated by police. We postulate a factor that includes concealed disappearances.

C) Available on-demand at any time: records indicate that organs are available at any time throughout the year, which also allows to accommodate prescheduled transplants.

D) Availability of organs on short notice (between 2 to 14 days): the documentary of the Korean TV Chosun showed that with an extra donation of US\$ 10,000 to the hospital the wait time can be accelerated to two days. In 2005, Huang Jiefu asked for two donor livers and received them even within 24 hours.

E) Steady availability of organs over past two decades: The large organ donor pool exists not only at one point in time, but is continuously available over two decades. In the US this can be achieved through an extreme large pool of voluntary organ donors, however in China there is no large organ donor pool. To compensate the size of the organ donor pool as present in the US and UK, the small Chinese organ donor pool needs to be continuously replenished over a period of two decades.

F) The matching of blood type and tissue factors, comorbidities, consumer illnesses, age etc. limits the eligibility of organs. Even the officially admitted organ source, executed prisoners, was not able to meet all these criteria. If convicted to death, the death sentence has to be carried out within 7 days according to the criminal code in China. That means, that prisoners sentenced to death cannot contribute to build a “standing” pool of organ donors, i.e. they might be executed before they can be matched with an organ recipient. Besides, criminals do not commit capital crimes “on-demand”. They cannot contribute to an organized, predictable pool of organ donors. In addition, a death sentence becomes a record at the court and could be monitored. This makes the concealed disappearance of people more difficult.

Considering these limiting criteria, executed prisoners are not a practical source of transplant organs, in particular in a large scale, but prisoners of conscience are. They form a live standing pool of organ donors, readily available, and since their detention occurs often without court trial, there is no record, and disappearances can be concealed. In the case of detained Falun Gong practitioners, the disappearances occur based on the exploitation of an inherent vulnerability: Falun Gong practitioners cultivate compassion, and out of compassion they want to protect their families and friends. Therefore they often do not reveal their identity to prevent their families and friends from being persecuted. In those cases, the detained practitioner has no name, becomes an anonymous prisoner, and is given a number. These “number prisoners” can disappear without leaving any trace and are at highest risk.

In 2006 a senior military doctor from Shenyang described in a letter to the Epochtimes how “number prisoners” came about:

*“Anyone targeted for organ transplantation would be taken away from prisons, forced labor camps, detention centers, secret camps, etc. At that point, their real name would be replaced with a code corresponding to a forged voluntary donor’s name ... the next step would be to undergo the live organ transplant ... this person is no longer seen as a human being, but an animal. .... All donors targeted are said to be voluntary. Falun Gong and other inmates don’t use their real names during custody. However, a fake name is used during organ transplantation. They become a fictitious person, but this person’s information is complete. There was also a signature on the voluntary organ donation form, but of course it was signed by someone else. I have seen more than 60,000 such counterfeit forms.”<sup>10</sup>*

This surgeon said that more than 60,000 organ donors were not executed prisoners but a different kind of prisoners that the Chinese government had not disclosed by that time. To conceal the real identity of the organ donors counterfeiting their names was needed. This provokes another question: If just one senior military doctor witnessed so many counterfeited forms, how many more counterfeits have occurred in other regions?

Furthermore, former President Jiang Zemin, who instigated the persecution of Falun Gong in 1999, has been quoted as saying that “if Falun Gong practitioners are tortured to death, it is counted as suicide.” This indicates that prisoners of conscience can “disappear” under obscure situations,



including suicide as cause of death, or even being used as target for forced organ harvesting. Such disappearances are, unlike to western understanding of justice, not unlawful, but permitted by the state. The assumption in western minds that prisoners of conscience cannot “disappear”, i.e. be killed, without court trial, does not apply to China.

Transplantation requires meticulous preparation, including testing of blood type and tissue factors. The transplant specialty is different from other medical specialties where the treatment is standardized and the application of medical drugs can usually start instantly. Criminal organ trafficking rings will not be able to organize the logistics of these preparations in a large scale, for over two decades, as police, media or the public would most likely discover it.

For these reasons, a closer look at prisoners of conscience as primary target for forced organ harvesting is needed.

## 4.2 Prisoners of conscience in China

There are four major groups in China that are considered to be prisoners of conscience. These groups are, according to the size of the group, Falun Gong, Christians, Uyghurs and Tibetans. We compare these four groups in various aspects. (Fig. 13)

	Falun Gong	Christians	Uyghurs	Tibetans
Group size	70-100 million	~68 million (2010)	15-18 million	6-9 million
Region of primary persecution	Nationwide	Nationwide	Local: Xinjiang	Local: Tibet
Office charged with the persecution	610 Office (secret task force targeting only Falun Gong)	Police	Police	Police
Alleged % of torture victims in detention camps <sup>11</sup>	66%	N/A (~ <2%)	11%	6%
Means of control and suppression	Detention camps with re-education & torture; nationwide defamation as “evil cult” through state-controlled media; threats of forced organ harvesting	Demolition of churches; Catholic bishops selected by the Communist Party	DNA testing of the population; CCTV cameras; local detention camps & re-education; mixed marriages with Han Chinese & migration	Mixed marriages with Han Chinese and migration
Connection to family & friends during detention	Tendency to remain anonymous and isolated	Tendency to stay connected	Tendency to stay connected	Tendency to stay connected
Transportation of organs	Falun Gong adherents can be detained across the country with short transportation distances to local hospitals		Xinjiang is in the Northwest of the country; organs would need to be transported across the country	Tibet is in the Southwest of the country; organs would need to be transported across the country

Figure 9: Comparison of main groups among prisoners of conscience

Falun Gong is the group among prisoners of conscience that is by far the largest in number of practitioners. They are persecuted nationwide, which adds a logistic factor as they are detained everywhere in the country close to transplant hospitals around the country. While other groups are mostly persecuted by public police, Falun Gong is targeted by the so-called “610 Office”, a secret police force that was created in 1999 with the specific goal to persecute Falun Gong.

The degree and extent of torture applied to a group of prisoners is also a parameter to assess the degree of persecution that the group faces. Manfred Nowak observed that 66% of the alleged torture was reported by Falun Gong detainees, whereas the next group, Uyghurs, reported only 11% of torture while in detention.

The extent of torture helps to assess to which degree the group has been ostracized and dehumanized. Torture, ostracism and dehumanization lower the threshold to commit other abuse, including forced organ harvesting. If one is willing to torture a prisoner group, then the inhibition to harvest their organs is decreased.

While other groups face persecution in a more local, contained way, it is impossible to apply this approach to Falun Gong because of its lack of organizational structure. Therefore a nationwide defamation campaign with nonstop reporting of falsified news combined with the framing as “evil cult” has been implemented to reach a nationwide saturation of marginalization and exclusion from society, which in return justified the persecution by the state. The process of this campaign created a vicious circle: Due to the intense form of persecution detained Falun Gong practitioners usually do not reveal their identity once captured in order to protect their families and friends. Thus, they do not have visitors or other outside witnesses. They become “number prisoners” without an identity and their anonymity puts them at highest risk to disappear in detention and become a victim to forced organ harvesting.

In summary: In terms of number of prisoners, availability in time and location, systematic organization of the persecution, lack of alternative forms of control and the high risk to disappear anonymously, no other group among the prisoners of conscience is more vulnerable to being organ harvested than Falun Gong.

Because Falun Gong is so successful as spiritual, religious discipline with its universal appreciation of truthfulness, compassion and forbearance, with its proven benefits to health, with its decentralized approach to self-improvement, it has made itself the primary victim to forced organ harvesting. Practitioners of Falun Gong follow a healthy lifestyle, are compassionate, tolerant and peaceful, thus they are vulnerable to exploitation.

According to an interview in the US News & World Report in February 1999, an official of China's Sports Ministry acknowledged that each Falun Gong practitioner saves the country US\$ 100 per year in health care expenses, because their bodies are in good health. Their healthy lifestyle and good health makes them an ideal organ donor and puts them at even higher risk to forced organ harvesting.

Despite two decades of the most abominable persecution, countless torture deaths and forced organ harvesting, Falun Gong has never resorted to violence against the Chinese regime. *"Like sheep to the slaughter"*, Falun Gong practitioners are the preferred target for forced organ harvesting.

## **4.3 Testimonies and evidence**

### **4.3 A) Torture of Falun Gong practitioners in images**

For aforementioned reasons it is challenging to provide imagery that proves forced organ harvesting. In terms of imagery, photos showing the abominable abuse of torture might help to illustrate the coldblooded brutality that would be needed to commit forced organ harvesting. While torture itself is not equivalent to forced organ harvesting, the distance between torture—including torturing to death—and forced organ harvesting from living human beings is narrow.

The torturing of Falun Gong practitioners finds its origin in an order given by Jiang Zemin who directed to "destroy [Falun Gong practitioners] physically". He also said that torture deaths are interpreted as "the prisoner committed suicide", i.e. prison guards who torture Falun Gong practitioners to death do not face legal consequences. Torture deaths as well as forced organ

harvesting are forms of physical destruction. What follows are images of Falun Gong practitioners who were tortured and in some cases killed.



## Case Study: Gao RongRong, Falun Gong Practitioner

Gao RongRong was a young mother and practiced Falun Gong.



Gao RongRong lived by the principles of **truthfulness, compassion and forbearance.**



Figure 10: Gao Rongrong



## Case Study: Gao RongRong, Falun Gong Practitioner

In detention she was tortured with electrocution because of her belief.



Figure 11: Gao Rongrong after torture; died after detention in 2005



## Case: Practitioner Tan Yong Jie: Burned Skin



Figure 12: Tan Yong Jie; skin burned with hot iron rods



## Case: Falun Gong Practitioner Wang Bin



After Mr. Wang died, two doctors removed his heart and brain without consent of his family. The picture above shows the rough stitches he received after his body was cut open to remove his organs. As of late 2000, Wang Bin's corpse was stored at the morgue of the Daqing City's People's Hospital, but his heart and brain were missing.

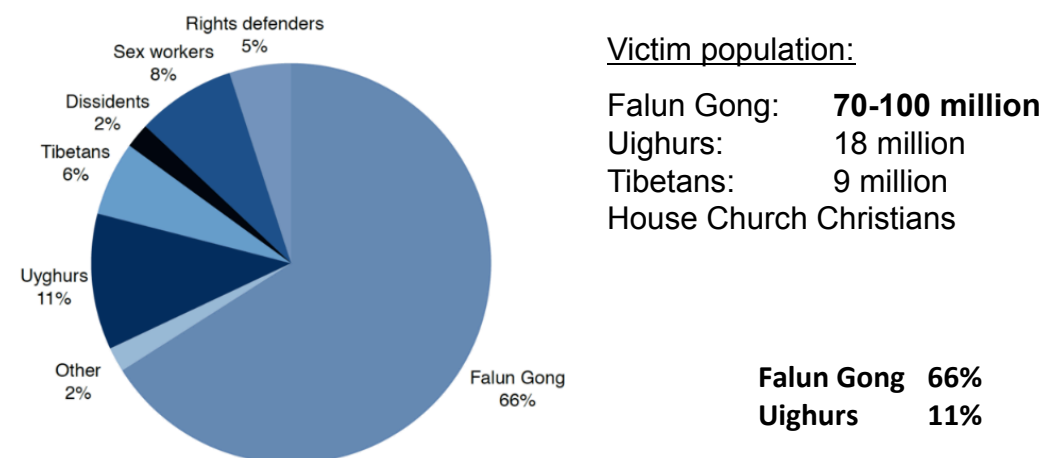
Figure 13: Wang Bin

These cases of torture are not single incidents. According to a report by the United Nations Falun Gong practitioners are most vulnerable to torture while in detention. (Fig. 18)



## UN Special Rapporteur on Torture, Manfred Nowak (2006)

### Chinese victims of alleged torture



Source: Report of the United Nations Special Rapporteur on torture and other cruel, inhumane and degrading treatment or punishment, Manfred Nowak (2006)

Figure 14: U.N. report on alleged torture in Chinese detention camps (2006)<sup>2</sup>

### 4.3 B) Phone interviews conducted by David Kilgour and David Matas in 2006

In May and June 2006, David Kilgour and David Matas conducted phone calls to more than 80 hospitals in China pretending to be a patient or a relative who needed a transplant. In about 20% of these phone interviews, the doctors at the Chinese hospitals admitted to varying degree that they have “fresh organs” from Falun Gong practitioners.

Here we include one of such phone interviews from May 22, 2006 with a doctor at the Nanning City Minzu Hospital in Guangxi Autonomous Region.

**Investigator:** What you used before, were they from detention centre(s) or prison(s)?

**Dr. Lu:** From prisons.

**Investigator:** ... And it was from healthy Falun Gong practitioners...?

**Dr. Lu:** Correct. We would choose the good ones because we assure the quality in our operation.

**Investigator:** That means you choose the organs yourself.

**Dr. Lu:** Correct...

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**Investigator:** Usually, how old is the organ supplier?

**Dr. Lu:** Usually in their thirties.

**Investigator:** ... Then you will go to the prison to select yourself?

**Dr. Lu:** Correct. We must select it.

**Investigator:** What if the chosen one doesn't want to have blood drawn?

**Dr. Lu:** He will for sure let us do it.

**Investigator:** How?

**Dr. Lu:** They will for sure find a way. What do you worry about? These kinds of things should not be of any concern to you. They have their procedures.

**Investigator:** Does the person know that his organ will be removed?

**Dr. Lu:** No, he doesn't.

Aside from David Kilgour and David Matas there are other investigators and organizations that conducted phone interviews with similar results. While each of these phone calls alone might not provide hard evidence, it is the magnitude of admissions and the non-stereotype character of these admissions that provide significant evidence indicating that Falun Gong practitioners are used as a source of transplant organs.



### 4.3 C) Testimonies by Falun Gong practitioners

In response to the persecution of Falun Gong online platforms have been created to report about the persecution, such as faluninfo.net or clearwisdom.net. The websites provide thousands of articles, reports and testimonies from Falun Gong practitioners in detention camps. The articles and testimonies are different in length, depth, style, level of details, etc. While some of these reports appear amateurish, are vague and more emotional than rational, they have in common that they are individual and independent in style. It is the mainly the amount of testimonies and the individual, independent style of writing that add credibility to the witness reports. Over the past years, DAFOH has conducted multiple interviews with Falun Gong practitioners. Each interview lasted at least 2-3 hours, in which not only the experience itself but also circumstances and other details were discussed. We found the interviewees credible.

**Witness A:** female Falun Gong practitioner, mid-age, detained for two years before 2007. During the detention she was 10 times blood tested without having any health problems or illnesses. She noted that non-Falun Gong practitioners were not medically examined or blood tested.

[Note: repeated blood tests without illness are implausible; but blood tests are needed to test if organs match.]

**Witness B:** female Falun Gong practitioner, mid-age, detained in one of the most notorious women detention camps in Masanjia. She was a head-nurse by profession and has a clear understanding about the medical procedures. She was taken by bus with 19 other female inmates to a hospital. She refused the blood testing but 7-8 police guards pressed her to the floor and blood was drawn. Later, she learned that on the same day 10 more busses with a total of 200 Falun Gong practitioners were taken to the hospital and blood tested.

[Note: blood tests on Falun Gong practitioners are not individual exams by systematic and widespread.]

**Witness C:** female Falun Gong practitioner, mid-age, detained in Beijing in 2000. One day during her detention, she was taken by bus with 20 other inmates to a hospital for blood testing. At that time she thought the blood testing was a routine. The practitioner said there were around 700 inmates in the detention camp at that time. About 90% of the inmates were Falun Gong practitioners, and only 10%, around 70 inmates, were real criminals.

[Note: blood testing is not a routine procedure in Western or Chinese prisons. This testimony gives an idea about the abundance of Falun Gong practitioners among prisoners.]

**Witness D:** male practitioner, mid-age, student at China's Tsinghua University, engineer; detained in a prison in Beijing early 2000, for 3 years, his wife for 10 years. He recounts that the prison was divided in about 13 sections. There were about 60 prisoners of conscience, 58 of them were Falun Gong practitioners, and the other two were dissidents. The Falun Gong practitioners were separated and split over the 13 prison sections. In 2001, 40 of the Falun Gong practitioners (none of the other prisoners) were lined up in the prison yard and taken to a hospital for medical exams. The exams included blood tests, urine tests, eye-exams, x-ray, and ultrasound. After return to his prison cell, a prisoner asked him why they took him away. He replied, because they worry about his health, which made the other prisoner laugh at him. Other prisoners were not medically examined, nor was it routine for prisoners to be examined. The practitioner was also subjected to solitary confinement and torture before and after the hospital visit.

[Note: the costs for these extensive medical exams are about US\$ 1,000. Who pays for it? Torture contradicts the purpose of the medical exams. Non-Falun Gong prisoners are not medically examined and seem to doubt the health care intent.]

**Witness E:** male practitioner, mid-age, worked in one of the most prestigious scientific institutes. He was detained and then brought to a hospital, where he was the only patient on a ward. The rest of the rooms on the ward were unused. He noticed that his room did not have a room number, and two police guards were standing at the door. He did not have any illnesses or health problems. Later he overheard a conversation of the doctor who said "surgery this evening". Shortly afterwards he was pushed in gown on a bed into an operation room. But then the apparent operation was aborted. He did not know at that time that his wife and his colleagues were aware of his stay in the hospital. They brought international attention to the hospital and asked for his release.

[Note: The experience of this Falun Gong practitioner is one of the closest testimonies related to an operation room. The empty ward, the police guards and the apparent abort of a pending surgery hint towards the secrecy of the events.]

**Witness F:** male practitioner, mid-age, escaped to the US in 2017. He said he was arrested in 2016. On the day of his arrest, he was taken to a hospital. They wanted to draw blood, but he

refused. He said to the policeman that he did not want his blood drawn because they want to harvest his organs. The 610 Officer admitted in reply “that’s exactly what we want to do”.

[Note: This case is noteworthy because it took place in 2016, one year after China has officially announced to end organ harvesting from executed prisoners. While many in the western hemisphere took China’s word at face value and believed China is changing, this witness testimony suggests that China has not changed its practice of forced organ harvesting from prisoners of conscience.]

**Witness G:** male practitioner, mid-age, detained in 2006. Immediately after detention he went into hunger strike. After 3 weeks of hunger strike he was forced to undergo a surgery. According to the witness, the surgeons aborted the surgery and did not harvest any organs, because his organs were too small due to his hunger strike. At that time, June 2006, the forced organ harvesting of Falun Gong practitioners was not widely revealed in the international community, and there was no reason to cremate the practitioner to erase traces. Maybe there was a plan to postpone the organ harvesting until the organs would grow again after eating or force-feeding. (Fig. 19)



**Figure 19: abdominal scar, 14 cm long,  
after forced surgery**

Many Falun Gong inmates experience torture and blood testing while in detention. The torture indicates that the medical exams were not performed for health reasons. Medical exams are costly, but they are needed to assess organs for a potential transplantation. While the exams do not prove the intent of organ harvesting, there is little alternative explanation why a full medical exam that would cost about US\$ 1,000 in the US would be routinely conducted on Falun Gong prisoners, unless there is a return for the money.

In 2014, DAFOH conducted a research study<sup>12</sup> on witness reports with data extracted from the website [www.clearwisdom.net](http://www.clearwisdom.net), a platform where Falun Gong practitioners share what they have experienced during their persecution. By using various search terms, we found several thousand entries related to medical exams, blood testing etc. Some of the reports do not reflect what the individual experienced for himself, but reflect observations in the detention camp where dozens or hundreds of Falun Gong inmates were subject to blood testing and other medical exams. In other words, the actual number of forced medical exams and blood testing is likely to exceed the number of the search hits.

In summary, we observe that there is a large amount of witness reports that vary in many aspects, including amateurish recounts of events, but also reports of important details. Overall the reports provide repeated patterns but do not appear to be simply “copies”. We find the eyewitness reports and testimonies overall credible.

## 5. From ostracism to the targeting of Falun Gong as organ source

Large-scale forced organ harvesting over decades cannot occur without the knowledge and approval of the state itself. State-organized forced organ harvesting, which could also be described as state-approved domestic organ trafficking, in the scale of hundreds of thousands or more cases, requires an environment that is either numb, indifferent or even hostile towards the victims. A look at China's society will contribute to understand the forced organ harvesting from living prisoners of conscience.

China's present society is ruled by one party, the Chinese Communist Party (CCP), which makes all relevant decisions for the country. The one-party system does not allow a “second opinion” next to the party's ruling. This has led to the incarceration of countless dissidents and prisoners of conscience over the past decades. The “one voice”-ruling of the CCP suppresses any other philosophical theory that could potentially expand in the society and possibly undermine or endanger the monopoly of the CCP.

Falun Gong has a solid teaching of universal principles to guide people in their own cultivation and their spiritual self-improvement. It teaches the people how to apply these universal principles in daily life. These principles include truthfulness, compassion and tolerance and are widely known and appreciated in the world. Falun Gong's three universal principles and the good-hearted, healthy life style appear to be innately "immune" to the CCP's ideology and control of people. Although Falun Gong did not have the intention to oppose the one-party system, the simplicity and purity of its three core principles appear to naturally stand in opposition to the misinformation, bribery and compulsive suppression found in China's totalitarian society. Where Falun Gong tolerates, the one-party system controls other opinions and suppresses free thinking. Then how can Falun Gong be controlled?

Falun Gong has little to none organizational structure and does not provide any target areas for control that other victim groups offer, like ethnicity (Uyghurs), region (Tibet; Uyghurs), hierarchical (appointment of Catholic bishops) and architectural structures (Christian churches). The only target area for suppression of Falun Gong was the book, *Zhuan Falun*, which conveys the teachings. Consequently, this book has been subjected to book burning and destruction early on in the persecution. Other than the book, there was no structural element that could be targeted. This "decentralized" structure blocked the CCP from controlling and suppressing Falun Gong. For example, in order to control the Catholic Church in China the Chinese government only had to control the appointment of the bishops, and in order to control the Uyghurs, DNA tests, surveillance cameras and mixed marriages have been deployed in Xinjiang. There was no comparable option in the case of Falun Gong. Instead, the control and suppression had to focus on each individual practitioner, and a 610-Office was created. When Jiang Zemin started the persecution of Falun Gong in 1999, he expected to wipe out the cultivation practice within three months. After his plan had failed, he ordered a systematic eradication campaign that has been described as Cold Genocide in the literature.<sup>13</sup>

Under these circumstances, large-scale detentions, "re-education", torture and torture deaths increased rapidly starting from July 1999. The directives of Jiang Zemin protected torturers, when they tortured Falun Gong prisoners to death—torture deaths were labeled as committing suicide. Yet, a cadaver from torture death was a "waste" of biomass. Instead the forced organ harvesting of living Falun Gong prisoners of conscience emerged, where the prisoner's biomass was turned into a profitable transplant business.

All the following factors contributed to making Falun Gong a primary target for forced organ harvesting:

- Because of a healthy lifestyle and a good health, organs of Falun Gong practitioners are preferred.
- Because of the large amount of Falun Gong practitioners in detention camps, they were exploited as a standing pool of organ donors, were medically examined and categorized, and were ready to be harvested on-demand.
- Because of the rampant torture and torture deaths, the distinction between state-tolerated torture deaths and state-approved organ harvesting disappeared.
- Because the one-party state did not have any other options to control and suppress the practice of Falun Gong, it turned its eradication campaign against the individual practitioner. The individual who practiced Falun Gong had not committed any crimes, and the individual was not a threat to China. Yet, the Chinese regime permitted the killing of this individual and the harvesting of his organs, because it did not have any other means to control and suppress Falun Gong as a cultivation practice.

There is a principled intent behind the forced organ harvesting of Falun Gong practitioners that is not found in the other groups among prisoners of conscience. The lack of control and suppressive alternatives has created an environment in the CCP that vents its hatred in propaganda and forced organ harvesting. The environment itself has also become a piece of evidence in the transplant abuse.

## **6. Proposed steps to stop the forced organ harvesting of Falun Gong practitioners and other prisoners of conscience**

A report about China's forced organ harvesting would be incomplete without offering steps to end it. When analyzing the data and information that we collected we observed specific patterns in the Chinese regime's defense against the allegations of forced organ harvesting.

## **6.1 Traceability**

China eliminates all aspects that would allow tracing the organs back to their origins. When it installed the China Organ Transplant Response System (COTRS), it effectively created a computerized system that allowed the whitewashing of the donor organs. After the international community was alerted about forced organ harvesting from prisoners of conscience, transplant tourists returned to their home countries without medical records and documentation, as if the transplantation never took place. China publishes annual transplant numbers, but does not publishes transplant numbers by individual transplant centers, which would allow scrutiny and verification of the actual transplant numbers. The primary target of forced organ harvesting are prisoners of conscience; other than convicted prisoners who leave a record in the court system, prisoners of conscience can disappear in detention camps without trials. When the family and colleagues inquired for the whereabouts of the male practitioner, the apparent organ harvesting was aborted and the practitioner was released. Public attention creates pathways of tracing and saves lives. In contrast, detained practitioners who do not reveal their identity to protect their family and friends from persecution, become number prisoners, without visitors, and can disappear without leaving traces.

## **6.2 Transparency**

China avoids providing critical information that would allow scrutiny. The lack of transparency is not only found in transplant numbers, but also in medical publications. In many countries transplant hospitals publish the number of performed transplant surgeries almost instantly, which allows an objective scrutiny, but this is not the case in China. All the critical information that would allow scrutiny of transplant numbers or the origin of donor organs is kept opaque.

## **6.3 Solutions**

It is most important for the international medical community as well as other countries to demand traceability and transparency of China's transplant system.

Implementing national or international DNA-databases could help generating traceability. This approach takes advantage of a unique aspect in transplant medicine: Although there is little leverage for the international community to conduct investigations on Chinese soil, the transplant tourists who return to their home countries “carry” the evidence of the possible crime in their bodies in the form of the donor organ. Routine biopsies of the transplanted organ would provide the tissue samples to establish a DNA-database, which then could be matched with the DNA from missing prisoners of conscience.

The lack of transparency in China's transplant system should be addressed with international, public attention and investigations.

The public discussion and attention on forced organ harvesting and the Cold Genocide of Falun Gong are the most powerful steps to help end the abuse.

A legislative approach could include the passing of a “Reciprocal Transplant Transparency Act”, where transplant tourism would be penalized if patients receive organs in countries that do not have the same standards of transparency in transplantation as in the home country.

## 7. Conclusion

The People's Republic of China performs beyond doubt a large amount of transplant surgeries. Its transplant infrastructure and transplant know-how has grown faster than other countries that are “slowed” down by ethical restrictions. The amount of transplant surgeries is a multiple of the publicly stated number of transplants, however the numbers of its organ donation program and the organ harvesting practices before 2015 show a divergent course, which presents itself as an implausible discrepancy between input and output. In order to achieve the amount of transplants performed in China, there must be an extra, undisclosed organ source.

Taking all parameters and phenomena observed in China's transplant system into consideration, the undisclosed source of organs is found among prisoners of conscience. Of all main victim groups among prisoners of conscience, Falun Gong is the primary target of forced organ



harvesting. The forced organ harvesting of Falun Gong practitioners is embedded in a Cold Genocide against Falun Gong. International attention and awareness campaigns are one of the most important steps to stop these atrocities.

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DAFOH is a medical ethics advocacy association registered in the United States. The mission of DAFOH includes providing the medical community and public with objective findings on forced organ harvesting, which is understood as organ procurement without consent, against the will of the organ donor under circumstances where the organ donor is killed for the purpose to harvest the donor's organs.

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<sup>1</sup> <https://onlinelibrary.wiley.com/doi/epdf/10.1111/ajt.14014>

<sup>2</sup> [https://www.uitgeverijparis.nl/scripts/read\\_article\\_pdf.php?id=1001349943](https://www.uitgeverijparis.nl/scripts/read_article_pdf.php?id=1001349943)

<sup>3</sup> <https://blogs.bmj.com/bmj/2015/10/08/chinas-semantic-trick-with-prisoner-organs/>

<sup>4</sup> <https://onlinelibrary.wiley.com/doi/full/10.1111/ajt.13766>

<sup>5</sup> [https://www.theepochtimes.com/going-public-about-communist-concentration-camps\\_1416713.html](https://www.theepochtimes.com/going-public-about-communist-concentration-camps_1416713.html)

<sup>6</sup> Inferred number of patients using Simulect® = sales volume/wholesale price; wholesale price = retail price\*0.8; US\$1 = 30 NTD, US\$1 = 6.5 RMB; the number of patients receiving heart transplants is not available. However, the number is traditionally relatively low compared with those receiving liver and kidney transplants.

<http://www.transplant-observatory.org/contador1/>

<http://www.cotdf.org/>

<https://www.torsc.org.tw/>

<https://www.organdonation.gov.hk/tc/statistics.html>

<sup>7</sup> \*Liver transplantation at Tianjin First Central Hospital. Clin Transpl. 2005;221-3.

<sup>8</sup> [http://www.chinadaily.com.cn/china/2009-08/26/content\\_8616938.htm](http://www.chinadaily.com.cn/china/2009-08/26/content_8616938.htm)

<sup>9</sup> <https://www.irishtimes.com/news/world/asia-pacific/china-mending-ways-on-organ-trafficking-says-transplant-doctor-1.2967824>

<sup>10</sup> <http://www.epochtimes.com/gb/6/4/30/n1303902.htm>

<sup>11</sup> According to the report of UN Special Rapporteur on Torture, Manfred Nowak, after a visit to China (2006)

<sup>12</sup> <https://dafoh.org/articles-and-reports/implausible-medical-examinations-falun-gong-forced-labor-camp-workers/>

<sup>13</sup> <https://scholarcommons.usf.edu/gsp/vol12/iss1/6/>