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Sir Geoffrey Nice  
Chair, China Tribunal  
Independent Tribunal into Forced Organ Harvesting from Prisoners of Conscience in China

Via email as PDF to [susie.hughes@endtransplantabuse.org](mailto:susie.hughes@endtransplantabuse.org)

Dear Sir Geoffrey:

**Re: China Tribunal Statement of Contribution**

Thank you for providing this opportunity to provide representation of our position at the University of Alberta in Edmonton, Canada with respect to collaborations in islet cell transplantation in China.

By way of background, I serve as the Director of the Clinical Islet Transplant Program at the University of Alberta, and hold a Tier 1 Canada Research Chair in Transplantation Surgery and Regenerative Medicine. I was the lead investigator that developed the *Edmonton Protocol* for transplantation of human islets into the livers of patients with unstable forms of type 1 diabetes, and published our findings in the first seven treated patients in the *New England Journal of Medicine* in the year 2000. Since then we have treated almost 300 patients in Edmonton, and up to 2,000 patients have received similar treatments internationally with variants of the *Edmonton Protocol* since 2000. The islets we transplant are derived from human organ donors across Canada that have previously expressed their wish before their unexpected death to become organ donors. They further informed their family members, and family members of the deceased provided written approval to proceed with organ donation under the accepted ethical standards set out by all of the Provinces in Canada and validated by Health Canada and Canadian Blood and Transplant Services. Donors include brain dead organ donors (neurological determination of death (NDD) as well as deceased cardiac death donors (DCD)).

I was approached in 2017 to help train scientists and clinicians from Zhejiang University Fourth Affiliated Hospital set up a clinical islet transplant program to treat patients with diabetes with cells that make insulin, taken from organ donors. This process was not initiated by me, but came through the Dean of Medicine and Chair of Surgery at the University of Alberta. A delegation went to visit the President and team at Zhejiang University First Affiliated Hospital. I was not party to that visit. I was then asked to train scientists and physicians in the process of islet extraction and clinical care of transplant recipients. The President of Zhejiang University First Affiliated Hospital came to Edmonton in 2017.

I subsequently discovered that Zhejiang University First Affiliated Hospital clearly was, and likely still is, actively engaged in 'forced organ harvest.' (as reported in the Guardian newspaper, BMI report, and retractions in the journal *Liver International* as of 2017). I was concerned based on the data available that Zhejiang University Fourth Affiliated Hospital continued to access donated organs that far exceeded expected rates for this region, and source their organs from an organ donor pool that overlaps with the First Affiliated Hospital. It is therefore remained highly likely in my mind that at least a majority of donated pancreas organs continued to be derived from forced organ harvest. While I understand that organ donation practice in China had supposedly changed (computerized registry system and new prohibitive laws), it is clear from extensive US congressional hearings held in June 2016 that this practice was continuing unchecked in China

([https://www.youtube.com/watch?v=fXXihdjo\\_jo](https://www.youtube.com/watch?v=fXXihdjo_jo)). Further, I was in communication with the past president of the International Transplantation Society (Professor Frank Delmonico), an expert and WHO representative involved in assessment of Chinese organ donation practice, and with David Matas who wrote the Kilgour-Matas report on organ harvest from Falun Gong practitioners in China, both of whom underline ongoing concerns in this region. It was abundantly clear that we in Alberta are incapable of monitoring organ donation practice at the Fourth Affiliated Hospital with sufficient resolution to be absolutely certain that not even a single organ used for islet isolation could have been derived from any unethical source. I felt that if there was any possibility whatsoever that Albertan transplant professionals could end up collaborating, training and aiding transplant practice in a country where unethical forced organ harvest is actively practiced, that this would be unethical and would have serious potential knock on impact to our own ethical transplant programs in Canada. **I therefore made the choice that the Clinical Islet Transplant Program would not comply with the Dean and Chair's request, and to refuse to collaborate with the Fourth Affiliated Hospital of Zhejiang University in any areas that involved transplantation science of clinical practice.** The University of Alberta has continued collaborations in the area of teaching and education in General Surgery, but not in any areas that involve transplantation surgery or research to the best of my knowledge.

Clearly my decision was based on hearsay evidence, and I do not pretend to have direct knowledge of current practice of transplantation in China. I just felt that the weight of evidence was so concerning that I could not personally justify knowingly or unknowingly crossing this ethical line.

I trust this letter and testament is helpful to your committee, and I applaud the contributions that your team are making internationally to this issue. I further hope that with the pressure of public awareness that Chinese officials will change their practice and ensure that transplantation surgery in China meets internationally recognized ethical standards.

Yours sincerely

A handwritten signature in blue ink that reads "James Shapiro". The signature is written in a cursive, flowing style with a large, sweeping flourish at the end.

**A.M. James Shapiro**

Professor of Surgery, Medicine and Surgical Oncology, University of Alberta