

Response prepared by the International Coalition To End Transplant Abuse in China (ETAC) to comments contained within *Compassion, Not Commerce: An Inquiry into Human Organ Trafficking and Organ Transplant Tourism* by the Human Rights Sub-Committee of the House of Representatives Joint Standing Committee on Foreign Affairs, Defence and Trade

Authored by Prof Wendy Rogers, Dr David Matas & Susie Hughes

Inquiry page - https://www.aph.gov.au/Parliamentary_Business/Committees/Joint/Foreign_Affairs_Defence_and_Trade/HumanOrganTrafficking

Report download - https://www.aph.gov.au/Parliamentary_Business/Committees/Joint/Foreign_Affairs_Defence_and_Trade/HumanOrganTrafficking/Tabled_Reports

Associated documents - attached/links below

1.14 The Human Rights Sub-Committee was approached by the Falun Dafa Association of Australia who provided a private briefing together with authors David Matas and David Kilgour on 22 November 2016 regarding the alleged ‘harvesting of organs’ sourced from political prisoners, prisoners of conscience, and those sentenced to execution by China.

NOT AVAILABLE

1.18 The Sub-Committee also held a private briefing involving academics specialising in organ transplant medicine and international organ trafficking on the 9 May 2017 which was interrupted by business in the Parliament on the day. Witnesses were invited back on the 13 June 2018 to complete this briefing. These witnesses discussed the extent of organ trafficking participated in by Australians, allegations brought by the Falun Dafa Association against China, and the issue of organ transplant trafficking and tourism more broadly.

SEE LINKS BELOW

1.25 Permission was sought from the participants of the private briefings that were held prior to the commencement of the inquiry to publish the transcripts so that the information taken at the briefing could be used as evidence for the Inquiry. The transcripts of the briefings are available on the Committee’s website. The full list of witnesses is at Appendix B.

AS PER ABOVE 1.14 AND 1.18

2.23 On 22 November 2016, the Sub-Committee received a private briefing from the Falun Dafa Association of Australia, which included the participation of David Matas and David Kilgour, authors of investigative report *Bloody Harvest*, regarding allegations of trafficking of organs sourced from executed prisoners of conscience in China.

NOT AVAILABLE

Hansard links to available briefings:

28 March, 2017 - transcript of briefing by Ms Cole (Dep't of Health), Mr Fletcher (Dep't Foreign Affairs and Trade, Mr Perry (Attorney General's Dep't)

<https://parlinfo.aph.gov.au/parlInfo/search/display/display.w3p;query=Id:%22committees/commjnt/8e9a6054-98de-46d7-9abc-d67cf7cedf18/0001%22>

9 May 2017 - transcript of briefing by Prof Chapman, Prof O'Connell, Dr Martin, Dr Fraser

<https://parlinfo.aph.gov.au/parlInfo/search/display/display.w3p;query=Id:%22committees/commjnt/e55076b0-0589-4e21-9ab4-527e1609b881/0001%22>

13th June 2017 - transcript of briefing by Prof Chapman, Prof O'Connell, Dr Martin, Dr Fraser

<https://parlinfo.aph.gov.au/parlInfo/search/display/display.w3p;query=Id:%22committees/commjnt/b4a04bc4-e877-484a-8741-aa47993b8ea3/0001%22>

8 June 2018 - transcript of briefing by multiple witnesses, including Ms Bridgett, Mrs Hughes and Prof Rogers for ETAC

<https://parlinfo.aph.gov.au/parlInfo/search/display/display.w3p;query=Id%3A%22committees%2Fcommjnt%2F92facda1-3e53-4555-99f9-ebd340b98ca6%2F0009%22>

Excerpts from *Compassion, Not Commerce: An Inquiry into Human Organ Trafficking and Organ Transplant Tourism* (by paragraph number) with ETAC responses

1. Excerpt 2.11 Professor Jeremy Chapman AC, noted renal physician and Past-President of the Transplantation Society, told the Sub-Committee: ...countries where commercial transplantation is occurring [include] Egypt, Turkey, Pakistan, possibly Lebanon, India, Sri Lanka, possibly Singapore, Cambodia, Vietnam, Laos, China, Mexico and Venezuela ... they are mostly typified by having high inequality scores, by having low economic human development indicators and by having a large source of impoverished individuals on whom to prey for donors.¹⁶

¹⁶*Prof Chapman AC, private capacity, Committee Hansard, Canberra, 9 May 2017, p. 2.*

ETAC Response: Prof Chapman's remarks about "commercial transplantation" almost certainly refer to living organ donations, in which a kidney or part of a liver are removed from a living donor and sold for profit to the recipient, usually on the black market (Iran is the only country with a legal market in organs). ETAC agrees that commercial transplantation is a serious problem in a number of countries as it is often associated with trafficking of persons, inadequate or absent consent, exploitation, undue harm to those selling organs and other harms; and ETAC strongly deplores any

form of commerce regarding organ procurement.

In our view, the nature of organ procurement in China is unique in that it involves State-sanctioned, large-scale killing of prisoners of conscience for their organs. We are not aware of commercial transplantation involving the systematic murder of individuals for their organs occurring in any country other than China.

There is likely to also be a black market in commercial transplantations with live donors (kidneys) in China but we do not have information on that as it is a separate issue to the killing of prisoners of conscience for their organs.

We note that in Prof Chapman's full testimony of 9 May 2017 to the Senate Inquiry, he states that his information about commercial transplantations was obtained at the 2017 meeting at the Pontifical Academy of the Sciences (PAS) on global organ trafficking. Huang Jiefu and Wang Heibo represented China at that meeting. At the time, ETAC contacted the PAS with concerns regarding the potential lack of transparency about China given Huang's longstanding involvement in transplantation in China and his own history of ordering spare livers (Rogers et al 2017) and requested that additional speakers be permitted. These concerns were dismissed and the request denied (correspondence available on request).

2. Excerpt 2.16 The majority of countries in which organ trafficking is a growing problem appear to lack a properly established deceased organ donor system. Dr Campbell Fraser noted that those who purchase organs are "generally, fairly wealthy people coming from countries

that do not have a deceased- donation system."²² He further noted that one of the best methods to combat organ trafficking and transplant tourism is to develop these.

²²*Dr Fraser Private Briefing, Committee Hansard 13 June 2017 p. 6*

ETAC Response: As per our response above, although organ harvesting from prisoners of conscience is a form of organ trafficking, most references to organ trafficking refer to black market sales from living vendors. However, like other countries with an organ trade, China lacked a deceased organ donation system of any sort until 2010, and had

only a pilot program until the end of 2014. Thus the demand for illegally sourced organs is present in China as in other countries with little access to ethically and legally sourced organs.

Since 2015, Chinese claims about voluntary donations are unverifiable and research suggests that the figures publicly quoted about donation rates are at least in part fabricated (Robertson et al 2019), indicating that China continues to lack a properly established deceased donation scheme.

Regarding purchasers of organs, we believe that those buying organs include wealthy individuals from within China as well as international tourists, and that the mix varies over time.

Here we wish to raise a point about Dr Fraser's evidence. Dr Fraser has been referred to in Chinese State media, western media and in academic forums as an international human organ trade expert. He appears however, to have published only one paper concerning organ trafficking in his academic career, despite his claim to have been researching this topic since 2008. His sole published paper focuses on the role of social media in labour and human organ trading (Fraser 2016, copy attached). In the abstract, the author refers to interviews with victims in 17 countries, but the list of countries is not provided, the methods are described in scanty detail (for example, there is no information as to how he contacted interviewees, or on his use of interpreters), and details of the necessary Australian human research ethics approval for this kind of research are not provided. Given these omissions in his sole published paper, and the lack of other peer-reviewed and published accounts of his research, we have reservations about the extent and depth of Dr Fraser's claimed expertise. (For relevant information, see <https://experts.griffith.edu.au/academic/campbell.fraser>)

3. Excerpt 2.27 Other witnesses and submitters, such as Professor Chapman, Dr Campbell Fraser, and Dr Dominique Martin disputed these allegations as overstated and unsupported by

the evidence available.⁴⁸ The Sub-Committee also received evidence suggesting that China has undertaken a degree of reform towards the elimination of the use of the organs of execut-

ed prisoners.⁴⁹ These matters are of ongoing debate amongst the international human rights community.

⁴⁸*Dr Fraser, private capacity, Committee Hansard, Canberra June 8 2018, p. 32, Prof Chapman AC, private capacity, Committee Hansard, Canberra, 13 June 2017, pp. 2-3 Dr Martin Co-Chair, Declaration of Istanbul Custodian Group, Committee Hansard, Canberra June 8 2018, p. 41*

⁴⁹*J Huang et al., 'A new era for organ transplantation in China', Chinese Medical Journal, vol. 129, no. 16, 2016, pp. 1891-1893. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4989417/pdf/CMJ-129-1891.pdf>*

ETAC Response: See responses to 8 and 9. We note that the evidence referred to in footnote 49 is a journal article authored by Huang Jiefu that contains assertions and proclamations of change, rather than evidence of ethical practice.

4. Excerpt 2.30 Professor Chapman disagreed that transplant infrastructure utilisation is a viable indicator, arguing that “you cannot invoke the same number of transplants as you

would in an American hospital,” based on transplant infrastructure alone.⁵⁴ Professor Chapman also cited research and reporting from *The Washington Post*, which found that data compiled by healthcare information firm Quintiles IMS indicates that Chinese market demand for

immunosuppressant drugs roughly reflects official transplant statistics.⁵⁵

⁵⁴ *Prof Chapman AC, private capacity, Committee Hansard, Canberra, 13 June 2017, p. 2.*

⁵⁵ *S Denyer, 'China used to harvest organs from prisoners. Under pressure, that practice is finally ending', Washington Post, 15 September 2017, as cited in Prof J Chapman AC and*

ETAC Response: Here Prof Chapman makes two statements that he claims cast doubt on the estimates of transplant volumes published in *The Update*. The first concerns the methodology of estimates of transplant volumes. Prof Chapman claims that *The Update* erred in its estimates of transplant volumes as typically, in China, transplant recipient patients spend far longer in hospital than similar patients would in the USA or Australia. Prof Rogers clarified this statement in email correspondence with Prof Chapman as per her December 2018 witness statement to the Tribunal (“*In that statement [13 June 2017] he [Chapman] says that the figure of 60,000-100,000 transplants per year (based on the research summarised in the Update) is a “concoction”. On page 2 Prof Chapman provides details about the lengths of time that Chinese transplant patients spend in hospital, based upon which he concludes that if there were 60,000-100,000 transplants per year in China, there would need to be 30-40 times the amount of transplant infrastructure that there is in the US. His reasoning is hard to follow. I therefore sought clarification by email and was told that in China, patients stay in hospital for much longer than in the US or Australia - weeks compared to 4-6 days (Chapman, personal communication 6/6/2018, copy provided). This response indicates that Prof Chapman had failed to engage with the methodology in the Update and seemed unaware that in calculating the figure of 60,000-100,000 transplants per year, the authors allowed for a 4 week stay per person per transplant.*”). I note here that Prof Chapman focuses on bed numbers and length of hospital admissions and does not acknowledge any of the other triangulating sources of information used in *The Update*. Specifically, where available, *The Update* used individual hospital posted figures (see for example, page 26 of *The Update* referencing endnote 52; page 63 referencing endnote 265; page 79 of the update referencing endnotes 352 to 354; page 175 referencing endnote 855; and page 295 referencing endnote 1538).

Prof Chapman also cites a *Washington Post* article that claims to prove that transplant volumes in China are far below the estimates in *The Update* and more aligned to official statements of transplant numbers, inter alia casting doubt on accounts of organ sourcing from murdered prisoners of conscience. The *Washington Post* article makes the claim that immunosuppressant drug sales data provided by the American medical data company Quintiles IMS supports the Chinese government’s claims of transplant volumes. A number of academics raised concerns about relying solely upon the IMS data because of significant inaccuracies leading to unreliable conclusions. For example, using IMS data as an indicator of volume underestimates actual volume of transplants as the data take no account of either local production of immunosuppressant drugs sold in unofficial Chinese pharmacies or the low (by international standards) sales price of immunosuppressants in China. To illustrate the extent of these concerns, using the same method of estimating transplant volumes from immunosuppressant sales yields the clearly false conclusion that the number of transplants in Japan surpassed the number in

China for several years. This letter and a full rebuttal of the *Washington Post* article are available on the ETAC website. In addition, David Mata presented an analysis of flaws in using IMS data to estimate transplant numbers at the 2016 TTS conference in Hong Kong in which he argues “It is frivolous to reject such a wide array of consistent cross-checked data [in *The Update*] by reliance on figures for share of global demand for anti-rejection drugs which in other countries produce nonsense figures for transplant volumes” (Matas 2016, <https://endtransplantabuse.org/transplant-volumes-and-anti-rejection-drugs-by-david-matas-tts-madrid-2018/>).

5. Excerpt 2.31 Dr Dominique Martin, Co-Chair of the Declaration of Istanbul Custodian Group, also doubted the validity of the use of transplant infrastructure as a basis for estimation, asserting: The methodology by which these large estimates have been derived simply does not add up. It is really a gross overestimate of any kind of transplant activity that has

been taking place in China ...⁵⁶

⁵⁶ Dr Martin, *Declaration of Istanbul Custodian Group, Committee Hansard, Canberra, 13 June 2017, p. 5.*

ETAC Response: Unfortunately Dr Martin does not explain which aspects of the methodology of *The Update* she finds problematic. Here we note that The Update examined multiple data sources including:

- i. Number of hospitals performing transplants (approved national military, civilian and regional; other types of transplant centres)
- ii. Number of transplant beds per hospital
- iii. Occupancy rates of transplant beds (individual hospital data where available plus estimates based on Chinese hospitalization times)
- iv. Building programs for new transplant centres
- v. Numbers of transplants per year per team/unit/centre/hospital (from multiple sources, e.g. hospital data including newsletters, reports by staff in the media etc)
- vi. Numbers of clinical transplant staff
- vii. Training capacity of teams/units/centres/hospitals
- viii. Research activities of transplant teams/units/centres/hospitals
- ix. Evidence of copious supply of organs (eg multiple transplants for the same patient; multiple simultaneous transplants; spare livers as back up for operation; short waiting times)

- x. Growth in capacity for domestic production of immunosuppressive drugs

In the absence of further clarification from Dr Martin, we do not know which of these data sources she includes as “transplant infrastructure”, whether she is aware of the full range of data sources underpinning the estimate of 60,000-100,000 transplants per year, or where she finds errors that she thinks result in a “gross overestimate” in *The Update*.

6. Excerpt 2.36 The Submission of Doctors Against Forced Organ Harvesting highlighted transcripts of purported telephone conversations between *Bloody Harvest* researchers posing

as prospective patients and staff at Chinese hospitals.⁶³ In these alleged transcripts, the hospital staff appear to indicate that organs sourced from imprisoned Falun Dafa practitioners are available for transplantation. However it is not possible to evaluate or confirm the authenticity of this material.

⁶³ *Doctors Against Forced Organ Harvesting, Submission 22, appendix 2, reproduced from D Matas and D Kilgour, Bloody Harvest, 2007, appendix 14.*

ETAC Response:

- i. The DAFOH report only included two calls from 2006. Since that time there have been many more investigative calls, some of which have been submitted to the Tribunal by WOIPFG. The Subcommittee did not receive a submission from WOIPFG so have not seen these calls or questioned Dr Wang on them. Matthew Robertson is currently compiling a report for VOC evaluating the authenticity of the WOIPFG calls which we hope will be available before the Tribunal issues its final report. ETAC notes that the calls not only contain information on the source of the organs but also the short waiting times and payments made for organs.
- ii. The second call referred to in the DAFOH report was from the investigation Bloody Harvest (2006) with Dr Lu (Lu Guo Ping). After the report came out,

Phoenix Television aired a documentary where Dr Lu was filmed talking about the recorded call. Lu Guo Ping acknowledges that he received the call and that he said what the transcript said he said, except for the part about Falun Gong. There is no indication in the Phoenix documentary that there is a recording. All the documentary suggests exists is a transcript. The documentary implies that David Matas and David Kilgour fiddled with the transcript. However the fact that there is a recording means that the authors would had to have seamlessly interwoven, in Dr Lu's own voice, the words that he admits having said and the words he denies having said. In 2006 this would not have been technically possible (we don't know if it's possible today). Moreover, the documentary states that all the calls in the Bloody Harvest investigation can be explained in this way. They could have said that the recorded responders were only saying that Falun Gong organs were available in order to promote the 'sale' and that these rogue promoters are being disciplined. (A common Communist form of deflection.) The fact this did not happen, in combination with the implausible alternative explanation given, supports the conclusion that the recipients of the calls (including Dr Lu) were originally answering truthfully. *(The statements by Dr Lu in the Phoenix Television documentary can be viewed in the film Human Harvest.)*

7. Excerpt 2.41 Dr Fraser asserted his view that the apparent blood testing of imprisoned Falun Dafa practitioners may have been to support the detection of communicable diseases,

rather than for tissue typing to support organ matching for transplantation purposes.⁶⁸ Dr

Fraser stated: I asked [Falun Dafa practitioners], 'How much blood did you have removed?' they said they had two 10-millilitre vials of blood taken. I have consulted with my clinical colleagues, and we do not believe that two vials of blood is anything like what is required for

testing for tissue typing, blood grouping and all the other tests that are required.⁶⁹

⁶⁸ *Dr Fraser, private capacity, Committee Hansard, Canberra, 13 June 2017, p. 3 [sic – the quote is on p. 2].*

⁶⁹ *Dr Fraser, private capacity, Committee Hansard, Canberra, 13 June 2017, p. 3.*

ETAC Response: Prof Rogers provided evidence to the Senate Inquiry (13 June 2018)

regarding the purpose and volume of blood taken from practitioners of Falun Gong while in detention. Contra Dr Fraser's assertions:

(i) It is highly unlikely that blood was taken for the purpose of detecting communicable diseases as only FG practitioners were blood tested. If the blood testing were for infection control purposes, all prisoners would need to be tested in order for the program to be effective. Multiple testimonies (eg in Gutmann's *The Slaughter*) independently and consistently report that FG practitioners were the only prisoners who were blood tested.

(ii) The assertion that the amount of blood taken is insufficient for tissue typing and other blood tests associated with organ transplant is incorrect. Prof Rogers verified this point with two separate transplant professionals, according to whom initial tests for tissue typing can be done on less than 10ml of blood (*private communication, Australian transplant anaesthetist and Israeli cardiac transplant surgeon*). Once prisoners have been blood and tissue typed, this information can be stored and used for reverse matching to potential recipients, at which point, further testing for cross matching between individuals may be required. Thus after initial testing for blood group, HLA antigens, infectious diseases etc, prisoners may then have been subject to further and multiple tests for specific cross-matching to potential recipients at later points in time.

(iii) We also note that during interviews that Dr Fraser conducted with Falun Gong practitioners in Sydney, several of the people he interviewed described organ scanning in conjunction with blood tests, but Dr Fraser failed to mention this relevant evidence in his 13 June statement.

8. Excerpt 2.44 In 2007, Dr Huang Jiefu, director of the China Organ Donation and Transplant Committee and then Vice-Minister of Health of the People's Republic of China, confirmed that the organs of executed prisoners were being used in organ transplants, but maintained that this was occurring on a voluntary basis, saying: "...most of the cadaveric organs come from executed prisoners. It should be clarified that, at present, the only prisoners who are subject to capital punishment in the PRC are convicted criminals. In addition, the relevant governmental authorities require that prisoners or their family provide informed consent for

donation of organs after execution.⁷³

⁷³ J Huang, 'Ethical and legislative perspectives on liver transplantation in the People's Republic of China' *Liver Transplantation*, vol. 13, 2007, p. 194.

ETAC Response: This all is rhetoric without force given that the 1984 law permitting removal of organs from executed prisoners remains on the books and does not require consent.

Huang Jiefu uses the word “ban” quite freely. Mostly when he says something is banned, he is referring to Communist Party policy and not law. Even the law cannot be enforced against the Party.

Claims of enforcement of law or policy are not independently verifiable.

9. Excerpt 2.46 In December 2014, Dr Huang reportedly announced China would cease the use of organs sourced from executed prisoners from 1 January 2015.⁷⁵ Dr Huang claimed this measure followed the establishment of a national digital organ matching and allocation system, the China Organ Transplant Response System (COTRS), in September 2013, as well as other initiatives to encourage voluntary deceased donation.⁷⁶

⁷⁵ *ABC News*, ‘China to stop using executed prisoners’ organs in transplant operations’, 5 December 2014.

⁷⁶ *J Huang et al.*, ‘A new era for organ transplantation in China’, pp. 1891-1893.

ETAC Response: As noted above, there are many announcements of reform and claims about the move to a 100% volunteer donor system. However, these are impossible to verify in the absence of independent inspection of the claimed reforms, including access to the electronic system mentioned above. The existence of a national organ matching and allocation system (COTRS) does not provide any evidence about the source of the organs that are matched and allocated in that system. It is entirely possible that organs harvested from prisoners of conscience are entered into the system, alongside any organs procured from patients dying in hospitals who become donors.

As per the testimony of Dr Shapiro (China Tribunal, April hearing), there is no transparency about the source of organs, and even those who openly praise the alleged Chinese reforms are not willing to guarantee that all organs are procured from volunteers (testimony of Dr Shapiro, referring to his communication with Frances Delmonico).

10. Excerpt 2.47 Dr Campbell Fraser, Professor Philip O’Connell and Dr Dominique Martin all advised the Sub-Committee that to the best of their knowledge it would appear China is transitioning away from the use of the organs of executed prisoners. Dr Fraser observed: [China is] clearly moving towards an ethical, deceased donation model. There are still some isolated cases of executed prisoners’ organs being used, but there is no evidence whatsoever that any of those organs are coming from prisoners of conscience.⁷⁷

⁷⁷ *Dr Fraser, private capacity, Committee Hansard, Canberra, 9 May 2017, p. 2.*

ETAC Response: Drs Fraser, O’Connell and Martin receive their information from Chinese organ transplantation specialists (notably Huang Jiefu and Wang Heibo), and

(in the cases of Fraser and O’Connell) from visits to China as guests of the Chinese government. They have no information or evidence that is obtained independently or first hand (rather than curated by and filtered through their Chinese hosts). There may be a nascent scheme for obtaining organs from deceased patients, but the existence of such a scheme does not preclude the ongoing harvesting of organs from prisoners of conscience. Both sources of organs may be operating simultaneously, or each may be dominant in particular areas of China. Without accurate information we cannot know with any certainty. Dr Fraser has at no time presented research evidence in the public domain to support the assertions he makes here and elsewhere.

We believe that China probably has a ‘hybrid’ system in place that incorporates several sources: (i) a small number of voluntary donations (secured at least in part through financial incentives to the family) (ii) criminal prisoners subject to the death penalty who have been redefined as ‘citizens’; and (iii) and a large number of prisoners of conscience, primarily FG practitioners.

It is our concern that Uyghurs are beginning to replace Falun Gong as sources of organs as the Falun Gong organ bank depletes. The Falun Gong population in indefinite arbitrary detention has been relatively stable since the early 2000s, but is depleting secondary to widescale organ harvesting. We note that in the early years of transplantation in China, Uyghurs were not a viable source of organs nation wide because of the absence of a national organ distribution system. This is now in place, in partial evidence of which we have a photo of the VIP lane sign in the Kashgar Airport of Xinjiang giving priority to flights exporting organs from that area. The airport is near to Xinjiang mass arbitrary detention centres.

11. Excerpt 2.48 Professor O’Connell observed that China was moving away from the use of executed prisoners’ organs in favour of deceased donation, “albeit with issues that we would say would be inappropriate in Australia and, I think, from a global ethical perspective

are not appropriate.”⁷⁸ Dr Martin elaborated on these ethical concerns: ...[China is] now offering financial incentives to families to agree to donation after death, which of course is preferable to executing people to take their organs but is not something that much of the in-

ternational community would endorse.⁷⁹

⁷⁸ *Prof O'Connell, the Transplantation Society, Committee Hansard, Canberra, 9 May 2017, p. 3.*

⁷⁹ *Dr Martin, Declaration of Istanbul Custodian Group, Committee Hansard, Canberra, 13 June 2017, p. 5.*

ETAC Response: As per our previous response, claims of reform made by these speakers simply repeat and amplify claims made by Chinese officials, and have not been independently verified by the speakers or anyone else. Frances Delmonico (past president of TTS) has stated under oath that it is not possible to access the military hospitals in China to ascertain sources of organs used in those facilities and was unable to offer assurances of ethical organ procurement to Dr Shapiro.

At the 2017 Pontifical Summit, Haibo Wang stressed the sheer impossibility of trying to fully control China's transplant activity since there are one million medical centres and three million licensed doctors operating in the country (as reported by New York Times Europe: *Sparks Fly as Vatican Conference Challenges China on Organs*. AP, Feb 7, 2017 <https://www.scmp.com/news/china/policies-politics/article/2069050/sparks-fly-vatican-conference-challenges-china-over>

Further, in Dr Fraser's later testimony to the Senate Inquiry, he retreated somewhat from his earlier apparent certainty, stating:

We are not in any way trying to say that our group has eradicated the problem of organ trafficking in China. We're also not saying that there are not prisoners of conscience in detention in China. We're not saying that at all. We accept a number of the testimonies that individuals have given about certain human rights issues in China, and we're not trying to escape from that. We're also perfectly aware of the way the Chinese government will present facts. Some will call that propaganda. We have spent a lot of time trying to understand that there's going to be that element but, within that, we try and really hone down into what is really happening. We'll certainly never be able to know ex-

actly everything that happens in China (Fraser, 8 June 2018).

However, Dr Fraser provides no details as to how he and others “try and really hone down into what is really happening” given that their only access to Chinese hospitals, transplant centres, medical personnel and transplant recipients is managed by their hosts and all communication is via interpreters or to those who speak English.

Regarding financial incentives to families of alleged voluntary donors, we refer the Tribunal to a report by DAFOH on this topic, which points out that such payments clearly violate principle 5 of the WHO Guiding Principles on organ transplantation and may also be in breach of Principles 6-8 (see <https://dafoh.org/public-organ-donation-system-china-largely-depends-monetary-incentives-families-deceased-relatives/>).

12. Excerpt 2.52 At the Pontifical Academy Summit (PAS) which was held by Holy See’s Pontifical Academy of Sciences in 2016, Professor Huang, professor and chairman of the China National Organ Donation and Transplantation Committee, presented data on China’s new policy on prohibiting the use of organs from executed prisoners. According to a Xinhau news report, Professor Huang stated that: The total number of deceased donor liver and kidney transplant between 2010 and 2016 were 27,600 and China’s Ministry of Health has submitted the detailed statistics to the Geneva-based World Health Organization (WHO) for public release. From the beginning of 2015, China imposed a total ban on the use of executed prisoners’ organs for transplantation, Huang said, describing the process as “an arduous journey.” “Rome is not built in one day, the same as for the forbidden city”, he added. According to Huang, hundreds of foreigners used to come to China every year for transplant tourism before the Chinese government banned the practice in 2009. From 2007 to 2016, the Chinese authorities formed joint task forces and cracked down on 32 illegal intermediaries, investigated 18 medical institutions, prosecuted, convicted and imprisoned 174 people including 50 medical personnel, and eradicated 14 black market dens, Huang said, referring to the “Zero

Tolerance” action to behaviours violating organ transplantation regulations and laws.⁸³

⁸³ *Xinhua*, ‘China vows to crack down on organ trafficking’, *China Daily*, 8 February 2017,

ETAC Response: As per our response to 2.44 above, there is no way of independently verifying these claims, and both the legal status and practical reach of the “new policy” are unknown. There is however, ongoing evidence of foreigners travelling to China for transplants (TV Chosun’s Korean Documentary) indicating that the claimed ban on organ tourism has not been successful in eliminating this practice. China has not released for public scrutiny detailed statistics on donations and transplantations, contradicting Huang Jeifu’s statement above. In addition, there is recent evidence that Chinese nationals are still receiving organs within extraordinarily short waiting times and Chinese transplant recipients have been recorded saying that the wait time depends on how much money you pay. Whilst we believe that international transplant tourism continues to China, large quantities of organs, probably the majority, are being provided to mainland Chinese.

13. Excerpt 2.55 Citing data collated by participants of the Pontifical Academy of Sciences Summit on Organ Trafficking, however Professor Chapman observed however that the number of transplants being performed in China for foreigners has “collapsed” in recent years.⁸⁸
⁸⁸ *Prof Chapman AC, private capacity, Committee Hansard, Canberra, 9 May 2017, p. 2.*

ETAC Response: We agree that the number of foreigners receiving transplants in China may have decreased significantly since the mid-2000s when many hospitals openly advertised for international recipients. However, there are significant challenges in collecting data on recipients of extra-territorial transplants. In Australia and many other countries, there is no mandatory reporting of extra-territorial transplants, and no way for doctors who take up the ongoing care of patients who receive off-shore transplants of knowing the circumstances in which the transplant was received. In addition, given the illegality of organ sales to foreigners in all jurisdictions, there is a strong incentive for recipients to conceal the origin of their transplant to the extent possible. For these reasons, we believe it is impossible to know with any certainty how many foreigners continue to obtain transplants in China, especially as this is likely to be the only country where full liver transplants are available.

Without seeing the data upon which Prof Chapman makes this assertion, we are unable to provide further detail. The presentation at the Pontifical Summit on organ trafficking in China was made by Huang Jiefu and Haibo Wang, and has been criticised for lack of detail: “Huang conceded that “China is a big country, with 1.3 billion people, so sure, definitely, there is some violation of the law.” He could not refer to any law or provision banning the use of prisoner organs (<https://dafoh.org/chinas-participation-vatican-transplant-summit-draws-worldwide-concern-and-sharp-criticism/>).

We note that in his evidence to the Senate Inquiry (*Hansard 8 June 2018*), Professor Coates (Honorary Secretary and President-elect, Transplantation Society of Australia and New Zealand; Director of Transplantation, Royal Adelaide Hospital; and Councilor, Declaration of Istanbul Custodian Group) discussed the lack of data collection on Australian residents who travel overseas for a transplant. Prof Coates reported preliminary results from a survey of transplant professionals that he is running which investigates this question in an anonymous manner. He found that many patients discuss this option with their transplant doctor, and that over 50% of the respondents to the survey (n = 175) had been involved with a case, which is a much higher figure (by a factor of 3-4) than reported in the official ANZDATA registry. He estimated that 20-30 Australians travel overseas each year for a transplant, that the majority of those travelling for transplants are born overseas rather than in Australia, the most common country of birth of those individuals is China, and China is the most common destination for Australian transplant tourists. We highlight this finding because Prof Coates makes the point that there is no comprehensive data on overseas transplants in Australia or many other countries, so assertions about the collapse of transplants for foreigners in China are not based on strong evidence. To date, this report has not been published.

14. Excerpt 2.56 Dr Martin and Professor O’Connell both stated that China had significantly reduced its intake of transplant tourists, though not necessarily completely eliminated the

practice. Professor O’Connell described it as having been restricted to a “trickle.”⁸⁹ Dr Martin described having received only “occasional reports.”⁹⁰

⁸⁹ *Prof O’Connell, The Transplantation Society, Committee Hansard, Canberra, 9 May 2017, p. 2*

⁹⁰ *Dr Martin, Declaration of Istanbul Custodian Group, Committee Hansard, Canberra, 13 June 2017, p. 5.*

ETAC Response: See previous response.

15. Excerpt 2.57 Dr Fraser observed that, in the early 2000s, China was a preeminent destination for transplant tourism, noting that “the norm was, if there was a Malaysian patient who required a transplant, they would be officially and formally referred by their doctor to China.”

⁹¹ Dr Fraser indicated that “foreigners can no longer enter China for transplantation.”⁹² Dr Fraser stated that several patients he had interviewed had been prevented from entering Chi-

na.⁹³ Dr Fraser indicated that it is predominantly Egypt which is now meeting the demand previously filled by China.⁹⁴ This is apparently despite the fact that since 2010 it has been a criminal offence in Egypt to buy or sell an organ.⁹⁵

⁹¹*Dr Fraser, private capacity, Committee Hansard, Canberra, 13 June 2017, p 3.*

⁹² *Dr Fraser, private capacity, Committee Hansard, Canberra, 9 May 2017, p. 2.*

⁹³ *Dr Fraser, private capacity, Committee Hansard, Canberra, 9 May 2017, p. 2.*

⁹⁴ *Dr Fraser, private capacity, Committee Hansard, Canberra, 13 June 2017, p 3.*

⁹⁵ *In 2010, the Transplantation of Human Organs and Tissues Act was established in Egypt making it a criminal offence to buy or sell an organ. See: S Columb 'Excavating the organ trade'*

ETAC Response: As noted previously, it is not possible to offer a detailed critique of Dr Fraser's claims as none of his research is in the public domain. Given his secrecy about his research methods, his results, his sources of funding for research and travel, and the lack of peer scrutiny of any of his claims, we do not accept them at face value.

16. Excerpt 2.62 Mr Graham Fletcher, First Assistant Secretary, North Asia Division, of the Department of Foreign Affairs and Trade informed the Sub-Committee of the Australian Government's position on the allegations that organs are forcibly taken from prisoners of conscience killed in China: ...we are aware of the statistics which allege that there are a very large number of transplants occurring in China, but we do not have any basis for accepting that those statistics are accurate ... we have conducted our own investigations both in China and elsewhere to seek to establish whether the claims made about organ harvesting from prisoners of conscience have any basis, and our conclusion is we have not found evidence that supports them ... we have no evidence that prisoners of conscience are being killed in China.

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¹⁰² *Mr Fletcher, Department of Foreign Affairs and Trade (DFAT), Committee Hansard, Canberra, 28 March 2017, pp. 2-3.*

ETAC Response: In the 28 March 2017 hearing, Mr Fletcher is asked for details about DFAT's investigations and the evidence that he might have to disprove claims of 60-100,000 transplants taking place per year. Mr Fletcher replied: "Information we have from Chinese media would say between 10,000 and 20,000. I cannot remember the exact number, but it is in the low thousands." He was then asked by Senator Ludlam: "And that is on the basis of central statistics or record keeping?" to which he replied: "No, that is just two Chinese media reports, one from a government newspaper and one from an economic magazine." (p. 2). Mr Fletcher then dismisses figures derived from hospital websites by asserting "There are lots of numbers in China which are not reliable" before conceding that "I am not saying that one [Chinese media] is necessarily more accurate than the other [estimates based on hospital websites]. Information in China is very hard to verify" (p. 2).

Mr Fletcher later states that the lack of named victims is further evidence that forced organ harvesting does not occur. His reasoning is however faulty, because it is not possible for those whose relatives have disappeared in Chinese detention centre to know whether they were killed for organ harvesting. There are lists of those who are known to have died in detention (for example, on Minghui) but without testimony from those perpetrating the crimes, the cause of those deaths is unknowable.

17. Excerpt 2.63 Mr Fletcher indicated that the Department of Foreign Affairs and Trade has met with advocacy groups in relation to the allegations.¹⁰³ Mr Fletcher added that the Australian Government has expressed opposition to the use of the organs of executed prisoners with the Chinese Government through the Australia-China human rights dialogue process.¹⁰⁴ The Department has also specially raised allegations relating to the trafficking of organs of prisoners of conscience.¹⁰⁵

¹⁰³ *Mr Fletcher, DFAT, Committee Hansard, Canberra, 28 March 2017, p. 3.*

¹⁰⁴ *Mr Fletcher, DFAT, Committee Hansard, Canberra, 28 March 2017, p. 3.*

¹⁰⁵ *Mr Fletcher, DFAT, Committee Hansard, Canberra, 8 June 2018, p. 52*

ETAC Response: These allegations are raised in the Australia-China human rights dialogues, but, according to Mr Fletcher, are dismissed as “complete nonsense” by the Chinese participants (*Senate Inquiry transcript, 8 June 2018, p 53*). This dismissal is consistent with the longstanding denial of organ harvesting from prisoners of conscience by the Chinese government.

18. Excerpt 2.61 In June 2016, the House of Representatives of the United States Congress passed by unanimous consent House Resolution 343. The resolution condemned the practice of “state-sanctioned forced organ harvesting in China” and called on China to “end the practice of organ harvesting from prisoners of conscience.”¹⁰⁰ The resolution also called upon the United States Department of State to report annually to Congress on implementation of a visa ban to be imposed on persons identified as directly involved with the coercive transplantation of human organs or bodily tissue.¹⁰¹

¹⁰⁰ *United States Congress, ‘H.Res.343 - Expressing concern regarding persistent and credible reports of systematic, state-sanctioned organ harvesting from non-consenting prisoners of conscience in the People’s Republic of China, including from large numbers of Falun Gong practitioners and members of other religious and ethnic minority groups’, 114th Congress of the United States.*

¹⁰¹ *United States Congress, ‘H.Res.343 -, 114th Congress of the United States*

ETAC Response: This resolution was passed unanimously by the House, following close examination of *The Update* by US State Department China specialists. This indi-

cates that these specialists found *The Update* collation of evidence to be credible.

19. Excerpt 2.64 Mr Fletcher did not provide further detail on the nature of DFAT's own

investigations.¹⁰⁶ Mr John Deller, Secretary of the Falun Dafa Association of Australia, drew an analogy to the United Nations Commission of Inquiry on Human Rights in the Democratic People's Republic of Korea. Mr Deller observed of the Hon Michael Kirby AC CMG, who led the Commission of Inquiry: He couldn't get into North Korea; he couldn't get any of that information that we were talking about. He interviewed people who had been abused and tortured, and they gave testimony, and from that he formed a very clear picture and conclusion, which is widely accepted around the world.¹⁰⁷

¹⁰⁶ *Mr Fletcher, DFAT, Committee Hansard , Canberra, 8 June 2018, pp. 51- 52*

¹⁰⁷ *Mr Deller, Secretary, Falun Dafa Association of Australia, Committee Hansard , Canberra, 8 June 2018, p. 12.*

ETAC Response: See previous responses

20. Excerpt 2.66 In correspondence to the Sub-Committee, Mr Fletcher advised that the Chinese Government has consistently rejected reports of forced organ harvesting in China, including at our bilateral dialogues. At various times Chinese officials have admitted that organs were previously transplanted from executed prisoners, but have highlighted more recent growing regulation in China's organ translation system, including requirements that all organ donations must be voluntary.¹¹⁰

¹¹⁰ *Supplementary Submission 1.1, Email correspondence with DFAT, 19 January 2018.*

ETAC Response: See previous responses

21. Excerpt 2.68 (China's Response) On 2 October 2018, shortly before the completion of this report, the Sub-Committee received from the Embassy of the People's Republic of China

a submission from the Chinese Organ Transplant Development Foundation.¹¹³ This submission provided a substantive statement of the Chinese Government's official position in relation to human organ transplantation and organ donation. The submission states that the Chinese Government has "a consistent and clear attitude towards human organ transplantation" and follows "internationally-acknowledged ethical principles of organ transplantation".¹¹⁴ The Foundation's submission contends that since the introduction in 2007 of the Regulation on Human Organ Transplantation (RHOT), China has developed a reformed human organ donation and transplantation system that "reflects China's identity, culture and governance of society, including donation system, procurement and allocation system, clinical transplant

service, post-transplantation registry system and transplant service regulation system."¹¹⁵

22. Excerpt 2.69 (China's Response) The Chinese Organ Transplant Development Foundation's submission identifies the adoption of the RHOT as the beginning of the "legalisation and standardisation" of organ donation and transplantation practice in China to ensure that the rights of both donors and recipients are protected. The submission also highlights the adoption in 2011 of "the Eighth Amendment to the Criminal Law of the People's Republic of China" which distinguishes organ donation with informed consent from organ trafficking and states that "whoever organises others to sell human organs shall be convicted and

punished."¹¹⁶

¹¹³ *Chinese Organ Transplant Development Foundation, Submission 170 (Translation), p.1*

¹¹⁴ *Chinese Organ Transplant Development Foundation, Submission 170 (Translation), p.1*

¹¹⁵ *Chinese Organ Transplant Development Foundation, Submission 170 (Translation), p.1*

¹¹⁶ *Chinese Organ Transplant Development Foundation, Submission 170 (Translation), p.1-2*

ETAC Response: The Chinese Organ Transplant Development Foundation’s submission refers to a regulation and a law that no doubt exist. However, a directly contrary law from 1984 allows organ sourcing from prisoners without consent. This 1984 instrument remains the law despite the new 2011 law. As well, since the Communist Party of China controls and directs the police, the investigators, the prosecutors, and the judges, the 2011 law is not applied against the Party or its institutions. It applies, occasionally, against black market marginal outliers who become too obvious, whose prosecutions can then be publicised as evidence that China is “cracking down” on organ trafficking.

23. Excerpt 2.70 (China’s Response) Further, the submission notes the work China has done in conjunction with international organisations around the world: such as WHO, The Transplantation Society (TTS) and the International Society for Donation and Procurement and international experts (including famous Australian organ transplant expert, former TTS president Philip O’Connell) have come to China to participate in and witness the establishment of [China’s] human organ donation system. ¹¹⁷

¹¹⁷ *Chinese Organ Transplant Development Foundation, Submission 170 (Translation), p.*

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ETAC Response: This is an example of how Chinese officials use their interactions with WHO and TTS to prop up claims of reform. The unjustified TTS and WHO whitewashing of the situation in China impedes progress towards actual reform and real consistency with international standards. The stance of TTS is in fact contradictory, as on the one hand officials such as Prof Delmonico state that TTS is unable to perform inspections and that such inspections are not its responsibility, while at the same time, TTS supports Chinese claims of reforms (despite acknowledging that they are unable to verify any evidence of the claimed reforms). This position is incoherent.

Setting aside the sources of organs, China is in obvious breach of other international ethical standards, which again are largely ignored by TTS and WHO. For example, China has no laws, guidelines or compulsory confirmatory tests to determine death although this breaches the Declaration of Istanbul's (DoI) Principle 5 'Each country or jurisdiction should develop and implement legislation and regulations to govern the recovery of organs from deceased and living donors and the practice of transplantation, consistent with international standards.'

https://www.declarationofistanbul.org/images/Policy_Documents/2018_Ed_Do/2018_Edition_of_the_Declaration_of_Istanbul_Final.pdf

Implications of the 2018 Edition of the Declaration of Istanbul https://journals.lww.com/transplantationdirect/Fulltext/2019/03000/Strengthening_Global_Efforts_to_Combat_Organ.8.aspx/?cid=eTOC%20Issues.2019-transplantationdirect-01845228-201903000-00000&rid=V_0000000021718976&NPID=&TargetID=&EjpToken=&mkt_tok=eyJpIjoiWXPnNE16YzBNV0k0WkRWaSlInQiOiJPSE5pRk9OTVZjSDI-TQmt1YUF5dm9mbTkwMUtkMmUyOWU4TVZxXC9uTG0yWG5zTDFrNmhzSlJBdGNZMn-A1VkJhZ2hFVnZKaDBXaU8xd3c5MEtvNThiNTV5YWxnRjc5eHIwekVFNEYyRUFWd-VZTV1pueGtVNXFFdXJjMDNTS3ptZWoiQ%3D%3D#R3-8

24. Excerpt 2.71 (China's Response) The Foundation's submission strongly emphasises voluntary, informed consent as a key principle underlying China's reformed organ donation and transplantation system, noting that Chinese citizens have the right to donate, or indeed to not donate, their organs: Any organization or individual shall not make others donate their

organs by coercion, deception or temptation. Organ donors should have full capacity for civil conduct and written consent is required for organ donation. Donors who already gave consent have the right to withdraw. If a citizen has refused to donate their organs, any organisation or individual shall not donate or procure their organs. If a citizen has not refused to donate, their organ can be donated after their death with the joint written consent of their spouse, children

over the age of 18 and parents.¹¹⁸

¹¹⁸ *Chinese Organ Transplant Development Foundation, Submission 170 (Translation), p. 1-2.*

ETAC Response: Many of China’s “altruistic organ donations” come from hospitals that employ social workers to convince relatives to allow organ procurement from their ICU-bound dying relatives by offering significant monetary incentives to cover inflated hospitals expenses. This practice clearly violates Principle 5 of the WHO Guiding Principles in transplantation that demand ‘no financial incentives for organs’, and likely also violates Principles 6-8. (https://www.who.int/transplantation/Guiding_PrinciplesTransplantation_WHA63.22en.pdf)

For further information on payments to families, see DAFOH (<https://dafoh.org/public-organ-donation-system-china-largely-depends-monetary-incentives-families-deceased-relatives/>).

25. Excerpt 2.72 The (Chinese Organ Transplant Development Foundation) submission does not, however, address the allegations of organ harvesting from prisoners of conscience.

ETAC Response: This is consistent with all commentary from Chinese officials and representatives in that they deal with evidence and claims by ignoring or denying without offering any countervailing evidence.

26. Excerpt 2.79 (Sub-Committee conclusions) The Sub-Committee is not in a position to conclusively establish the veracity of the allegations either in relation to past activity or current practice, but, on the balance of evidence, is inclined to conclude that organ trafficking has occurred in China and may continue to occur, albeit on a lesser scale. If the full extent of the allegations made were to be verified, it would represent a systemic campaign of human rights abuse against vulnerable ethnic and spiritual minority groups. These groups have sub-

stantial diasporas in the Australian community. The Sub-Committee considers that the Australian Government has a responsibility to apply the full extent of its available capability to investigate these allegations as far as possible.

ETAC Response: We agree with the sentiment of this statement by the Sub-Committee but disagree that organ trafficking, including forced organ harvesting from prisoners of conscience, is decreasing. Regarding the Sub-Committee's view that they are 'not in a position to conclusively establish the veracity of allegations', we note that the mandate of the Inquiry was to address multiple issues to do with organ trafficking and organ tourism - a far broader set of questions than those raised by organ harvesting in China alone. We therefore assume the Inquiry would have had limited time and resources to devote to assessing the situation in China, which may explain their lack of a definitive view on recent and current practice. The lack of detailed and meticulous scrutiny of the available evidence about organ harvesting in China has however been a recurring issue internationally and is one of the reasons why ETAC initiated the China Tribunal.

27. Excerpt 2.80 (Sub-Committee conclusions) The progress of ethical reforms to the organ matching and transplantation system in China is a matter of dispute. **While reform may be occurring, the Sub-Committee believes the available evidence is insufficient to conclude that China has in fact ceased the use of organs sourced from executed prisoners.** It is not clear whether China remains a major destination for transplant tourism. The Sub-Committee is however concerned that any person travelling to China to receive an organ transplant today may be participating in unethical practice.

ETAC Response: We agree that it would be very premature to say that China has ceased using organs from prisoners, including prisoners of conscience. Regarding the status of China as a destination for Australian organ tourists, we await the results of Prof Coates research (see response 14). We have contacted him for an update on his results but have not yet had a response. If we receive one in the near future, we will forward this to the Tribunal. Evidence indicates that transplant tourism to China is still occurring from South East Asian countries and Saudi Arabia.

28. Excerpt 2.81 (Sub-Committee conclusions) There is sufficient evidence that China used the organs of executed prisoners in the past without their free consent. There are contending views about whether this practice is still occurring- although other evidence points to an ongoing, possibly worsening, regime of repression and human rights violations in China. Given this, the onus is on the Chinese authorities to demonstrate to the world that they are not overseeing or permitting the practice of harvesting organs from executed prisoners without their knowledge and free consent. In the absence of such a demonstration by the Chinese authorities, the world is entitled to question assertions of claims to the contrary.

ETAC Response: We agree with the sentiment of this statement by the Sub-Committee; we note however the omission of mention of prisoners of conscience. We strongly support the view that “ the onus is on the Chinese authorities to demonstrate to the world that they are not overseeing or permitting the practice of harvesting organs from executed prisoners without their knowledge and free consent” but would add: **or the killing of prisoners of conscience for their organs.** In the absence of such a demonstration by the Chinese authorities, the world has a **responsibility to not only question assertions of claims to the contrary but to urgently take action.**

ADDITIONAL COMMENT BY DR DAVID MATAS

I continue to be amazed by the work of Western apologists for the Chinese Communist Party. The Party has a wide range of ridiculous responses to our work. Yet, Western apologists manage to outdo them, generating excuses that even the Party is not so brazen as to suggest. For example, we hear from Western apologists, but not from the Party, that Chinese law changed in 2015 to ban organ sourcing from prisoners or that, as here, our update assumes that hospitalization times in China are the same as Western times.

The hospitalization time argumentation made by Jeremy Chapman ignores the fact that we considered hospitalization times by using individual hospital posted figures wherever those figures were available. See, for instance, page 26 of the update referencing endnote 52; page 63 of the update referencing endnote 265; page 79 of the update referencing endnotes 352 to 354; page 175 of the update referencing endnote 855; and page 295 of the update referencing endnote 1538.

In addition to a hospital by hospital consideration, we did also hypothesize the volume of transplants needed to meet minimum requirements for registration. This hypothesised time was an extrapolation from the high end of the actual Chinese hospitalization times we had identified and not from Western times. This hypothesis led, as one might expect, to lower transplant volumes than the actual hospital by hospital addition. So, if we put the calculations needed to meet minimum requirements to one side, we are left with a higher figure for transplant volumes and not, as Jeremy Chapman suggests, a lower figure.

Let us suppose that Jeremy Chapman or Campbell Fraser could generate more plausible alternative explanations for the high Chinese transplant bed numbers than they have done (say bed use by non-transplant patients). As I testified at the Tribunal, this is something as a litigation lawyer I habitually do, which is to imagine the most plausible counter-argument I can.

Let us suppose that we can imagine, as indeed I tried to do for all of our evidentiary streams for all versions of our report and the update, plausible alternative explanations not just for the extraordinarily high transplant bed numbers but, individually, for each and every evidentiary stream. Even if we could do this, Chapman, Fraser and company still have problems.

One is that, if there is a more plausible explanation and the Party has not used it, the reason presumably is that the more plausible explanation is not real. The Party may well have a poor capacity to engage in hypothetical disputation. But it is well capable of observing the obvious.

The second problem is the accumulation of considerations. The critique Jeremy Chapman offers of our consideration based on bed counts, aside from the fact that it is an inaccurate reflection of our update, is, as Prof Wendy Rogers points out, one of many considerations, all of which point to the same result.

Let me use an analogy that has nothing to do with organ transplants. In Canada, we have many different water fowl and the need to distinguish among them. How do we know if a particular water fowl is a duck? Well, if it looks like a duck, walks like a duck and quacks like a duck, the conclusion has to be that it's a duck. Western apologists for Chinese Communist organ transplant practices lose sight of this simple logic.

Now, I do not suggest that Chapman, Fraser, Delmonico and others are acting in bad faith. They are, I would venture to say, making no more of a mess in addressing Communist Party propaganda than I would if I tried my hand at transplant surgery. Ignorance, like knowledge, is endless. The reflections of the Western apologists for Chinese Communist Party organ transplant abuse is a sober reminder of that dreary fact.