

**STOPPING THE CRIME OF ORGAN HARVESTING—
WHAT MORE MUST BE DONE?**

HEARING
BEFORE THE
**CONGRESSIONAL-EXECUTIVE
COMMISSION ON CHINA**
ONE HUNDRED EIGHTEENTH CONGRESS
SECOND SESSION

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MARCH 20, 2024
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WEDNESDAY, MARCH 20, 2024

CONGRESSIONAL-EXECUTIVE
COMMISSION ON CHINA,
Washington, DC.

The hearing was held from 10:03 a.m. to 11:46 a.m., in Room 1334, Longworth House Office Building, Representative Chris Smith, Chair, Congressional-Executive Commission on China, presiding.

Also present: Senator Jeff Merkley, Co-chair, and Representatives Steel and Nunn.

**STATEMENT OF HON. CHRIS SMITH, A REPRESENTATIVE
FROM NEW JERSEY; CHAIR, CONGRESSIONAL-EXECUTIVE
COMMISSION ON CHINA**

Chair SMITH. Good morning. This hearing will come to order. It's an important hearing which addresses one of the most persistent and horrific human rights abuses of our time, but sadly, one which has not received widespread attention and scrutiny and the condemnation that it absolutely deserves.

Almost 2 years ago, Sir Geoffrey Nice testified before a hearing I chaired on forced organ harvesting at the Tom Lantos Human Rights Commission. For those who don't know, Sir Geoffrey was the lead prosecutor of Slobodan Milošević at the International Criminal Tribunal for the former Yugoslavia. He is a serious man who engaged in a serious attempt to investigate the evidence of forced organ harvesting, as the chair of the Independent People's Tribunal into Forced Organ Harvesting from Prisoners of Conscience in the People's Republic of China, or simply, the China Tribunal.

Sir Geoffrey summarized for us that day the final judgment of the China Tribunal and he put it this way: "The Tribunal found unanimously, and sure beyond a reasonable doubt, that in China forced organ harvesting from prisoners of conscience has been in practice for a substantial period of time, including a substantial amount of victims." Among those victims, he said, are most certainly the most vulnerable populations in China today: prisoners, Falun Gong practitioners, and Uyghurs.

Forced organ harvesting on an industrial scale in China is an atrocity unmatched in its wickedness, one we have to go back to the horrific crimes committed in the 20th century by Hitler, Stalin,

Mao, and Pol Pot to find a comparatively systematic type of atrocity. The number of those executed for their organs, some even before they were brain dead, is staggering. Thus the China Tribunal final assessment was that state-sanctioned forced organ harvesting in China amounts to “crimes against humanity.”

So here we are, to again contemplate—and this is the third hearing that I have chaired on this issue—an unimaginable and unacceptable crime. We’re here because the Chinese communist government is the world’s largest jailer of political prisoners, and responsible for a genocide targeting the Uyghurs. We are here again because there are those who doubt or ignore the Tribunal’s findings, pointing to the PRC’s 2015 bogus promise to only source organs from voluntary donors, even though evidence presented by one of our witnesses here today, Matthew Robertson, demonstrates that this data has been falsified.

We are here again because nearly 1 year ago the House passed the Stop Forced Organ Harvesting Act by an overwhelming majority, 412 to 2. We need to see the Senate pass it, and to do it immediately. It’s been a year. With respect, I do ask again that the Foreign Relations Committee and the full Senate simply pass the bill. It was bipartisan. We vetted it with the U.S. Department of State. We had tremendous input from so many, and it is ready to become law. I hope and pray that the Senate will move.

That landmark and bipartisan legislation authorizes the Secretary of State to deny passports and visas to any individual involved in illegal organ trafficking in China and globally. It also mandates annual reporting by the State Department on forced organ harvesting globally and authorizes sanctions for individuals and entities that facilitate forced organ harvesting. In December 2023, a group of civil society groups, religious freedom advocates, trade unions, bar associations, and human rights solidarity groups wrote to Senator Ben Cardin and Senator Jim Risch, the chair and ranking member of the Senate Foreign Relations Committee, urging the committee to pass the bill. They said the bill represented “the strongest legislation ever introduced by any country to combat the grotesque atrocity of illegal forced organ harvesting.” We await Senate action, and I am confident—because I know Ben Cardin and others—they are very honorable men. I am confident that they will indeed take up the bill.

Since the China Tribunal’s final judgment, researchers have continued to investigate the Chinese communist government and do a deep dive into the data on organ harvesting. Indeed, we will hear from two of the absolute best—Ethan Gutmann and Matthew Robertson. All of you are tremendous leaders, but these individuals have done amazing investigative work. It is reliable. It is actionable. And we’re so grateful to have them here.

We will also look at how medical journals, bar associations, human rights groups, the United Nations, corporations, and U.S. state legislatures are grappling with the legal, ethical, and human rights issues associated with being complicit in forced organ harvesting. Dr. Maya Mitalipova from MIT and Dr. Tom Oliverson, a Texas state representative who actually wrote a law for Texas on this kind of atrocity in terms of tourism—and I want to thank him for that leadership which is being replicated by other states—they

will discuss what has been done and what more needs to be done to address the PRC's transplantation abuse, including the issue of organ tourism, which often fuels the illegal organ trafficking market.

For more than two decades, I have tried to shed light on forced organ harvesting in China. As a matter of fact, at one of the hearings of my subcommittee—and this goes back to the 1990s when Harry Wu put us in touch with a police officer who had pictures and documentation of executions that were occurring, with the ambulances right next door, all lined up in a queue to take those prisoners and to steal their organs before they died. Then they had the audacity to charge the parents or the family members, the wife or husband, for the bullets. I mean, you talk about—well, they are just incredibly cruel in how they mistreat people.

In the 1990s, Chinese doctors, nurses, and security guards came forward again to describe all of this. Today, I'm announcing an initiative to seek firsthand witnesses' information on forced organ harvesting in China. We hope that people will come forward and tell their stories. They will do it anonymously, to protect their identities and those of their loved ones. We are absolutely committed to that. We need that information to build this case further. When we passed the bill last March that went over to the Senate, the Chinese Embassy here in Washington claimed it was all lies and, you know, completely repudiated it, from their point of view.

They also said, Anybody want to come to Xinjiang, we have nothing to hide. This was said separately, but they said it there as well. Come on. Get your tickets and come on over. We immediately wrote a letter to them saying I wanted to lead a congressional delegation to Xinjiang. We have repeated that offer over and over, and today at this hearing I'm asking the Chinese Embassy to allow me to lead a delegation to Xinjiang immediately. Let's work out the details.

During the worst days of the Soviet Union I went to Perm Camp 35 with Frank Wolf, a Congressman from Virginia. It seemed like it was mission impossible. We talked to the procurator general for all of the Soviet Union, who said: We've got nothing to hide. So we went to Perm Camp 35, where Natan Sharansky and many political prisoners were, and we videotaped every single prisoner there. We worked for their release with very good, keen information. I hope the Chinese will reciprocate and show a very similar openness, since they're claiming they have nothing to hide. Well, let us come. My bags are packed. My staff's bags are packed, and we will have a delegation all ready to go. Just give us the green light.

Finally, I will be sending a letter to Secretary of State Blinken asking him to offer rewards for information from witnesses that will disrupt and deter the forced organ harvesting industry in the PRC and bring accountability to those engaged in this absolutely gruesome practice. The State Department has programs offering rewards for information on crimes against humanity and human trafficking, so this would, I think, be a very good part of that initiative. I invite any of my colleagues to join me in signing this letter, copies of which are available for your consideration.

Silence is unacceptable. Silence is not an option, particularly from medical associations and corporations. They remain silent, but

they are the most at risk of complicity in this heinous crime against humanity. We all bear some responsibility to act. This is an ongoing fight to demand transparency and justice, and an end to this egregious human rights abuse. If we don't act now, many more lives will be lost. I can't thank our witnesses enough for being here and for throughout the year and years being the source of so much credible, actionable information that has informed what we do on this Commission.

I'd like to turn to my good friend and colleague, Commissioner Steel, for any opening comment.

**STATEMENT OF MICHELLE STEEL,
A REPRESENTATIVE FROM CALIFORNIA**

Representative STEEL. Thank you, Mr. Chairman. You know, I think this is one of the most important committees; we are here to show the whole world what the CCP has been doing. So thank you to the witnesses for your courage in raising awareness of this sensitive and prolific problem. My birth parents fled from North Korea from communism. I heard so many stories, but this is really getting worse. The U.S. Congress must use every tool to find evidence of organ harvesting and prevent it from happening. So many political prisoners, including Falun Gong practitioners, are suffering at the hands of the CCP—actually, other communist countries are following that. I see that with Vietnam and other communist countries.

So we must stop this. I have met with several survivors of the CCP's internment camps that torture and enslave minorities, including the Uyghurs, and have heard firsthand about the horrors experienced at the hands of the CCP. In June, I sent a letter to U.S. Secretary of State Antony Blinken, calling for immediate action to prevent those who participate in the CCP's forced organ harvesting industry from earning immigration status in the United States. We must do whatever we can to prevent the organ harvesting industry.

I look forward to learning more today about the steps that we should be taking to prevent these human rights atrocities from continuing. Thank you for coming, witnesses, and Mr. Chairman, thank you for holding this hearing. It is very, very important that the whole world know exactly what the CCP has been doing to these minority communities. So thank you.

Chair SMITH. Commissioner Steel, thank you so very much for your statement and for your leadership on this Commission. It is greatly appreciated.

I'd now like to yield to our good friend and colleague, the co-chair of the China Commission, Senator Merkley.

**STATEMENT OF JEFF MERKLEY, A SENATOR FROM OREGON
AND CO-CHAIR, CONGRESSIONAL-EXECUTIVE COMMISSION
ON CHINA**

Co-chair MERKLEY. Well, thank you very much, Mr. Chairman. This is an important hearing. Welcome, everyone.

The history of human rights abuse in the organ transplant system has been a long-standing concern of this Commission. For example, back in 2006 the Commission reported that "executed pris-

oners likely are the source of the majority of organs used in transplant operations in China, according to reported statements from Chinese officials and reports from U.S. human rights organizations.” The notion that prisoners, including prisoners of conscience, might be executed so their organs can be transplanted into other people, is horrific.

This is an area where we can say that international pressure appears to have produced some results. In 2014, China pledged to stop obtaining organs from executed prisoners and to “ensure the voluntary donation from citizens as the sole legal source of human organs.” But have they done what they promised? Many experts have cast doubt about whether China has adhered to its pledges and abided by international standards, and that’s what we’re here today to explore.

A Congressional Research Service report notes that “Researchers on organ harvesting in China have relied largely on circumstantial evidence, logical inferences, and interviews to support their arguments.” In part, this problem can be blamed on the Chinese authorities, who make it extremely difficult to get accurate and trustworthy data. The system is not transparent. The Chinese government has refused to grant independent or international investigations into its organ transplant practices. The Chinese government has provided information that refutes the allegations of human rights violations.

We need facts to make assessments and formulate policy. We must continue to demand that the Chinese government provide more transparency so we can assess whether they are meeting international standards, and we must take care not to let our policy responses be based on circumstantial or outdated evidence. Two years ago, the Tom Lantos Human Rights Commission in a hearing chaired by today’s chairman, Representative Smith, addressed this topic with two of the witnesses here today. I look forward to any new information that they have uncovered since.

Chairman Smith is also author of the Stop Forced Organ Harvesting Act, which passed the House a year ago. I’m a co-sponsor of the Senate version, and I hope we can soon move it on our side. Last, I observe that one clear action that the Chinese government can take to provide assurances that its institutions are not harvesting organs from executed prisoners is to stop executing prisoners. I urge China to ratify the second optional protocol to the International Covenant on Civil and Political Rights aimed at the abolition of the death penalty. I should note that for different but significant reasons, the U.S. should do so as well. Thank you for being here today for this important discussion, and I look forward to your testimony.

Chair SMITH. Thank you, Chairman Merkley.

I’d now like to introduce our distinguished witnesses. Our first two witnesses are researchers who doggedly pursued the subject of forced organ harvesting and are well known to this Commission. They have both produced some of the most compelling evidence available on forced organ harvesting in the PRC. For that, we owe them a huge debt of gratitude. They have both testified at hearings that I’ve chaired on this issue over the years, and, Ethan, stretching back over a decade now. Both are engaged in important re-

search, and more of that will be forthcoming in the coming weeks and months.

Ethan Gutmann is a China Studies Research Fellow at the Victims of Communism Memorial Foundation, cofounder of the International Coalition to End Transplant Abuse in China, and author of the seminal 2014 book “The Slaughter: Mass Killings, Organ Harvesting, and China’s Secret Solution to Its Dissident Problem.” He is also coauthor of the influential 2016 investigative report “Bloody Harvest/The Slaughter: An Update,” with David Matas and David Kilgour. He is currently working on a new book based on his personal interviews with Uyghur and Kazakh refugees throughout Central Asia, entitled “The Xinjiang Procedure.”

Matthew Robertson, who will be joining us by way of Zoom from Australia, is a Chinese studies research fellow in data sciences at the Victims of Communism Memorial Foundation, a Ph.D. candidate in political science at the Australian National University, and an incoming postdoctoral fellow at the University of Mannheim in Germany. Matthew is a leading expert in organ trafficking harvesting in China and regularly gives lectures and presentations at academic conferences, briefs government officials, and has provided expert testimony to the U.S. Congress and the China Tribunal. His work has been published in peer-reviewed journals, including his groundbreaking 2022 article, “Execution by Organ Procurement: Breaching the Dead Donor Rule in China.” American Journal of Transplantation carried that, which showed that surgeons were being used as executioners in China.

Our third and fourth witnesses will talk about how medical research institutions, corporations, and U.S. state legislatures are grappling with the legal and ethical implications of forced organ harvesting and organ tourism, which often fuels the illegal trafficking of organs.

Dr. Maya Mitalipova is the director of the Human Stem Cell Laboratory at the Whitehead Institute for Biomedical Research, MIT. She was born in Kazakhstan and was trained in genetics and embryology at the Moscow Human Genetics Institute. Her scientific achievements are world renowned and include animal cloning at the University of Wisconsin in Madison and stem cell therapy. Since joining MIT, Dr. Mitalipova has focused on the study of Alzheimer’s and Parkinson’s disease. She has also applied her expertise to the study of DNA collection and mass DNA sequencing in China and its implications. She has previously contributed written testimony to the Commission with regard to complicity with China’s human rights abuses, a topic that she will elaborate on today.

Finally, Dr. Tom Oliverson is a practicing anesthesiologist representing Texas’s 130th State house district in northwest Harris County, including the communities of Tomball, Cypress, Waller, and Hockley. Dr. Oliverson serves as the chair of the House Committee on Insurance and is a member of the Public Health and House Select Committees on Health Care Reform. Nationally, he’s president of the National Council of Insurance Legislators. He is widely regarded as an expert on health care policy solutions, having authored multiple groundbreaking laws that have established Texas as a national leader in health care reform, including a bipartisan law restricting state insurance payments for Texans seek-

ing organ transplantation in China, which is a national model for other states to follow. And I hope my state of New Jersey follows your lead, Doctor. I deeply appreciate that leadership. Congratulations on that, and we look forward to your testimony as well.

Ethan Gutmann, the floor is yours.

STATEMENT OF ETHAN GUTMANN, CHINA STUDIES RESEARCH FELLOW, VICTIMS OF COMMUNISM MEMORIAL FOUNDATION AND AUTHOR OF *THE SLAUGHTER*

Mr. GUTMANN. I'll focus on recent developments today, specifically the CCP systematic harvesting of Uyghurs and other Turkic groups. Just as the rise of China's transplant system was built on the persecution of Falun Gong, harvesting is now bound to the Xinjiang camp system constructed from 2016 to 2018. Now I want to also use this as an opportunity to respond to the CRS casting a little shade on witness statements. So, Congressman Smith, please forgive the repetition with previous testimony in this case, but I will go through estimates of annual camp disappearances, particularly taking into account the strengths and the weaknesses of refugee testimony. I will move to a case study in Aksu, and I will conclude by describing a shift in Western transplant surgeons' attitudes over the last 2 years, and the implications for U.S. policy.

Now let's begin with the Kazakh doctor Sayragul Sauytbay. I'm not good with the pronunciation here. She was employed as a Chinese language teacher and made herself useful throughout her camp. Following a camp-wide health check—that's what they call them—including comprehensive blood tests—Sayragul was asked to sort out the camp's medical files. She noticed a colored checkmark on certain files in the 23- to 35-year-old age range based on tissue typing. From Sayragul's perspective, she only lacked the external list of individuals who would receive the organs. She was certain on this point.

Now several camp survivors noticed that following the blood test results some prisoners were forced to wear colored bracelets or vests. There was no apparent logic to the color grouping, only that these people were in their late twenties and they were healthy. Witness testimony is far from perfect. Personal bias, trauma, and partisanship can influence the results. But I don't believe these elements are distorting the testimony here.

Let me explain why. First, every refugee was from a different camp. There was no collusion.

Second, outside of the rape room, all 20 camps had installed cameras and listening devices. Other than saying something like "pass the plunger," speech did not exist. In an environment of suppressed social contact and omnipresent and arbitrary interrogation or sexual abuse, humans compensate. Like starving animals, hearing becomes acute. Vision sharpens. Minute changes in their environment are keenly observed.

Third, most camp refugees I interviewed in Central Asia were Kazakhs. With a relatively porous border and a nation-state that occasionally lobbies China on their behalf, the Kazakhs view themselves as accidental prisoners. They don't like their Chinese overlords, but most Kazakhs are not loyal to the Uyghur cause. They

had no motive to manipulate numbers to reach a particular result or to please me.

Fourth, the interviews were purposely broad. Most witnesses had no idea that I was forming numerical estimates, and the majority were only dimly aware of organ harvesting in the first place.

I wish to avoid false precision here. Even my most analytical witness, Ovalbek Turdakun, who recently escaped from Kyrgyzstan, could never determine the exact number of detainees in his camp. What emerged from their testimony is that there are two kinds of people who leave the camp early. The first group is about 18 years old on average. The announcement that they are going to work at a factory or perhaps in a bingtuan, a military-run cotton farm, is usually made during lunch. Light applause is often encouraged.

Now, the second group is between 25 and 35. The average is usually 28—this was very explicit from witness to witness—the age the Chinese medical establishment prefers for organ sourcing. They are removed in the middle of the night. There is no applause. They are not to be mentioned again. There were a couple of outlier witnesses, but 90 percent of the witnesses were fairly consistent. 2.5 percent to 5 percent of the camp go missing exactly this way every year.

Now I don't have a plausible alternate explanation for this, and assuming there are one million in the camps, I estimate 25,000 to 50,000 Uyghurs are harvested annually. Let's go with the lower range. The Kilgour-Matas-Gutmann report of 2016 that Congressman Smith mentioned estimated China's annual transplant volume at 60,000 to 100,000. Using the minimum estimate, let's assume that Uyghurs and Kazakhs can be harvested for at least two organs. That translates into a minimum of 50,000 organ transplants. That's the lion's share of China's annual transplant volume, and it's supplied by 25,000 dead people.

Now on the assumption that the Gulf states organ tourists prefer Muslim donors who don't eat pork, the CCP has tried to capitalize on the switch from Falun Gong to Uyghur sources. At least one Chinese transplant hospital blatantly displays a Muslim prayer room and halal canteen on the web. Yet the logistical challenge of shifting away from the coastal area of China to Xinjiang, 4,000 kilometers away from the hospitals that foreign organ tourists prefer, required profusion methods and Western technology. I'd welcome a question on that.

It also required a streamlined infrastructure, and there's one example of that, and it's a very good one. Picture a reeducation camp for 16,000 people. Picture a hospital, Aksu Infection Hospital, that performs organ transplants. Picture a second camp for 33,000 people constructed around that hospital. And picture a large crematorium. And the fact is, in Aksu all these structures are less than a kilometer away from each other. Radio Free Asia reporter Gulchehra Hoja first noticed this anomaly and witnesses can confirm it.

A Uyghur convict explained that the Aksu Infection Hospital was originally for SARS patients. In 2013, it was repurposed as a reeducation hospital for extreme Muslim dissidents. The crematorium has a prominent Chinese sign. The air smells like burnt bones. A second Uyghur male confirmed that the local workers con-

stantly complained about the stench. Now, it's a 20-minute drive to Aksu airport's human organ transplant transport channel—that's an export-only fast lane to move human organs east. That's its only function.

First Hospital Zhejiang Province is near Shanghai—not too far from Shanghai. And it's a designated big brother to Aksu Infection Hospital. They report that their liver transplants increased by 90 percent in 2017, while kidney transplants increased by 200 percent. On March 1st, 2020, First Hospital performed the world's first double lung transplant on a COVID patient. This was an advertisement to foreign organ tourists that China was still open for business.

I'll conclude. I'm over time, and I'll conclude with policy. Beginning in 2012, the Western transplant consensus was not to investigate China but to engage with and lead the Chinese transplant industry to a soft reform. This consensus, however ineffective, acted as a brake on unified congressional action. In 2022, the International Society of Heart and Lung Transplantation, ISHLT, decided to impose an academic boycott of China. The next year, the ISHLT asked me to present my research and the research of Robertson, Lavee, Matas, and Kilgour at their annual conference. And I did that.

Now, no transplant group has followed the ISHLT's lead at this time, but Congress has a responsibility, I believe, to act on an ongoing human rights catastrophe. But they must also respond to ISHLT's courageous act. Realistically, the infrastructure of harvesting may be too robust to save Uyghur and Kazakh lives in the near term. Yet Congress can stop Beijing's ongoing attempts to normalize medical deviance to spread this practice. And the passage of the Stop Organ Harvesting Act could galvanize the international transplant community to stop seeing research and investigation into Chinese harvesting as inflammatory or a deal breaker, but instead as a quest for justice on behalf of those young men and women whose only crime was that they were healthy.

That concludes my remarks. Thank you.

Chair SMITH. Mr. Gutmann, thank you very much for that very extensive testimony. It really does inform us, motivates us, and I want to thank you so deeply for it.

I'd now like to ask Matthew Robertson if he could join us from Australia.

STATEMENT OF MATTHEW ROBERTSON, DOCTORAL CANDIDATE, AUSTRALIAN NATIONAL UNIVERSITY (CANBERRA) AND CO-AUTHOR OF "EXECUTION BY ORGAN PROCUREMENT: BREACHING THE DEAD DONOR RULE IN CHINA," AMERICAN JOURNAL OF TRANSPLANTATION

Mr. ROBERTSON. Hello. Thank you, Mr. Chairman and ranking members, for inviting me to testify at this important hearing, and thank you to the Victims of Communism Memorial Foundation, which has supported my research on this issue for many years.

The atrocity of forced organ harvesting in China has been occurring for decades on a large scale, and it's claimed tens if not hundreds of thousands of lives. It's a state-sponsored program that has targeted political prisoners and members of dissident groups that

Beijing sees as a threat. We know this based on evidence from China's own documents and medical papers, on which rigorous scholarly analysis has been published in leading academic journals, including the American Journal of Transplantation. Anyone who doubts the evidence can consult the work of the China Tribunal, chaired by renowned former war crimes prosecutor Sir Geoffrey Nice. I refer to this in my written testimony.

Beijing says it has reformed its organ transplant industry into a purely voluntary system since 2015. But the official data supporting this claim has been demonstrated to be falsified. My co-authors and I published this analysis—a forensic statistical analysis in a leading academic journal, BMC Medical Ethics, in 2019. Given Beijing's well-documented practices of propaganda and information control, especially around what it deems to be sensitive issues, we have every reason to believe that the atrocity continues today. This means that anyone who traveled to China for a transplant organ could unwittingly cause the murder of an innocent human being and at the same time provide financial gain to an illicit industry that advances Beijing's goals of eliminating its political enemies, real or perceived.

Any institution worldwide that collaborates with this industry would be indirectly supporting this activity, including hospitals providing training to Chinese transplant surgeons, universities facilitating transplant research and knowledge transfer, and businesses supplying transplant products and technologies. While Beijing's main target of organ harvesting has been death row prisoners and practitioners of Falun Gong, millions of Uyghurs are now also vulnerable to this abuse, as you've already heard. Beijing has conducted mass blood typing and DNA testing on vast swaths of its Uyghur population under the banner of health checkups. There is no institutional constraint on this data being put to predatory uses, such as organ matching.

Today, for the first time, I can tell you about some new evidence of these practices from internal Chinese police files. A computational analysis of personnel records contained in the Xinjiang police files—this is a cache of thousands of files hacked from police computers in China by an anonymous third party and passed exclusively to my institution, VOC. It shows that over 200,000 of more than 500,000 persons in two counties in Xinjiang have had their blood samples taken. There are also numerous references throughout the file to DNA collection. As the files end in 2018, we can assume that since then, many more Uyghurs have been blood typed and entered into such databases.

On their own, these findings obviously cannot prove that Uyghurs are being harvested for their organs, but blood type is a necessary precondition to organ matching, and DNA data allows for better organ matches. Given the PRC's history here of killing prisoners for their organs, its collection of this information amid this mass internment campaign should be highly concerning. And we've heard the same evidence from two different angles today.

So what can policymakers and lawmakers do about this? I have a few recommendations here. I elaborate on some of them in greater detail in my written testimony, and I'm happy to expand on it in the Q&A. The U.S.-based consultancy Global Rights Compliance

has also published a useful legal advisory, Do No Harm, that has detailed recommendations about cutting ties with PRC entities engaged in this abuse. However, before even cutting ties, there's a lot we don't know about the extent of the complicity and the involvement of U.S. institutions in supporting this activity in China.

To begin with, Congress could ask the National Science Foundation and the National Institutes of Health to audit their grant making over the past two decades to uncover any funding that's been provided to PRC medical entities that have been involved in the transplant industry. Before 2015, almost all transplants in China were exclusively from prisoners. This is even admitted to by Chinese medical leaders, so that there are thousands—at least hundreds—of hospitals involved here. Any of them that have failed to uphold human subject protections should not be receiving Federal funds.

Congress could exercise its oversight powers another way. It could call U.S. hospitals and medical centers that have trained Chinese transplant surgeons to account. They could gather data from those institutions and then that would build a record of which surgeons have been trained and what they have received training in. Then we could match that with VOC's databases about activity in China to understand what knowledge transfer from the United States has facilitated organ trafficking in China.

Finally, and more aggressively, the U.S. Government could freeze the assets of and deny visas to any PRC individuals who have engaged in organ trafficking. We have lists of thousands of surgeons and hundreds of hospitals from Chinese medical databases, and these could be used to build dossiers on perpetrators and to identify them for visa denials and asset seizures. I'll be pleased to share this work with the Commission upon request and correspond further. Thank you.

Chair SMITH. Thank you so very much, and I do hope, God willing, when we get this bill into law, that you would share all of that with the U.S. Department of State and other agencies of the U.S. Government, so that we really draw a very focused scrutiny on this. So thank you so very much.

I'd now like to ask Dr. Mitalipova to present her testimony.

STATEMENT OF MAYA MITALIPOVA, DIRECTOR, HUMAN STEM CELL LABORATORY, WHITEHEAD INSTITUTE FOR BIOMEDICAL RESEARCH, MIT

Ms. MITALIPOVA. Thank you for giving me the opportunity to testify today in front of you.

The Chinese government is building the world's largest DNA database by acquiring DNA sequencing data from companies within China and across the globe, including from the USA. A number of biotech companies are assisting the Chinese police in building this database. They include U.S.-based Thermo Fisher Scientific and the Chinese company BGI, Beijing Genomics Institute. BGI in particular is very dangerous because it collects DNA from Americans and uses it for research with the Chinese military.

Chinese authorities are enrolling in genome surveillance tens of millions of people in Tibet and in Xinjiang, a.k.a. East Turkistan. Those individuals have no control over how their samples are col-

lected, stored, and used, and neither do they know of the potential implications of the DNA collection for them and for their extended families. In 2016, a biometric data collection program was launched in Xinjiang, where data from an estimated 15 million Uyghurs has been collected under the guise of free annual physical exams. Note, the Han Chinese population of the region was exempt from this program.

Despite it being a free exam, no results were returned to these residents. Mass DNA sequencing is a costly project. The least expensive sequencing of a small portion of DNA today can cost \$100 per sample. The sequencing of 15 million samples can cost at least 1 to 2 billion dollars. To maintain this database for tens of millions of samples, you need a substantial number of professional bioinformatics specialists, specialized computers and software, and expensive sequencing machines.

Why is the Chinese government investing billions of dollars to sequence the DNA of the entire population of Xinjiang and Tibet? What can DNA sequencing data be used for? DNA sequencing can be used in basic biological research, disease discovery, finding novel treatments, forensics, ancestry research, and in organ transplantation. Now, let's see which of these uses can be applied to Uyghur people in Xinjiang.

Finding disease mutation and ancestry research in the region where the Chinese government is conducting genocide against Uyghurs? The answer is no. The forensic investigation on the rest of the population of Uyghurs who are not yet detained, on people who are tightly monitored—on the margin it can add to the cost of DNA sequencing by tightening surveillance capacity. But the answer is no.

The only reason left for DNA use is for organ transplantation. And yes, its use for forced organ harvesting and transplantation can absolutely justify the enormous cost of mass DNA sequencing. According to witnesses, authorities in Xinjiang on a mandatory basis withdraw not only blood for DNA but also perform ultrasound checks of all internal organs, including an iris scan. Again, patients never receive the results of these health checks.

China's organ transplantation industry accounts for a minimum of 60,000 organ transplants per year. The least expensive kidney transplant can cost around \$70,000 U.S. And some other organs can cost up to a half million dollars. In free countries like the USA and Europe, organ donor recipients are on a wait list for months, and some for years, for matching donor organs, while in China, the matching donors can be found in a few weeks. According to research conducted by Ethan Gutmann, an estimated minimum of 25,000 Uyghurs are subjected to forced organ harvesting per year.

For successful organ transplantation, doctors rely on several important criteria, including three main blood tests, cell surface tests, and limited DNA tests to determine if a patient and a potential donor are a match. Current genetic tests detect differences in DNA sequences at just a few specific locations in the genome of the transplant recipient and their organ donor. The fewer the differences are, the better the chance for long-term acceptance of the new organ. A whole genome sequencing data for a large number of genes would give a better match of donor and recipient organ,

which in turn will result in no rejection, and long-term survival of the transplanted organs.

When a patient requests an organ in China, his or her DNA sequence data will be blasted against millions of DNA databases stored in computers. Within a few minutes, a perfect match will be found. If a potential donor of the organs is not in a prison or camp, then Chinese authorities can easily find a reason to detain a match to be killed for their organs on demand.

This is one and maybe the main reason why the Chinese government invested billions of dollars in DNA sequencing of the entire population of Xinjiang and Tibet, because it will make exponentially many more billions of dollars per year in return. Thermo Fisher's involvement in forced organ harvesting in Xinjiang is undeniable. But while it has vowed to stop selling sequencing machines to the region and to stop providing technical support to maintain them, the company is very successfully selling HLA kits and other custom-made DNA profiling products for organ transplantation, as high as in the 10 million range.

The continued sale of DNA profiling products and technologies by Thermo Fisher to China has to be stopped by Congress. It's time for the U.S. Congress to pass the bill introduced by Senator Hagerty and Senator Peters, the Prohibiting Foreign Access to American Genetic Information Act of 2024. This legislation will help to protect sensitive genome data of Americans from being used by foreign governments like China, whose business practices threaten U.S. national security.

There is also growing evidence that academic research universities and publishers across the globe, and in particular the U.S., are complicit in aiding in the use of genetic technologies to surveil minority groups—Uyghurs and Tibetans in China. Professor Moreau and his colleagues warned scientific publisher PLOS, based in San Francisco, of 96 published research papers—that these papers hold sensitive genome data of minority ethnic groups. Only 12 of the 96 flagged papers have been retracted so far.

Ethical concerns go beyond scientific publication. Data collection from these publications is commonly deposited into genetic databases, which are a resource not only for medical researchers and population geneticists, but in some cases, law enforcement agencies. I ask Congress to take action to restrict U.S. academic research universities and scientific publishers from sharing any technologies with Chinese companies and the Chinese government, like BGI.

I urge Congress to question and, if necessary, to sanction Thermo Fisher for aiding China in the genocide of innocent Uyghur and Tibetan people and prisoners of conscience throughout mainland China. Thank you so much.

Chair SMITH. Doctor, thank you very much for your testimony. A number of very important recommendations for us that we will follow up on. I thank you for that.

And it is now my privilege to introduce Dr. Tom Oliverson from Texas.

STATEMENT OF TOM OLIVERSON, M.D., TEXAS STATE REPRESENTATIVE AND CHAIR, INSURANCE COMMITTEE, TEXAS HOUSE OF REPRESENTATIVES

Dr. OLIVERSON. Good morning, Chair Smith, Chair Merkley, and members of the Commission. My name is Tom Oliverson, and I'm a board-certified anesthesiologist and Texas state representative, where I chair the House Committee on Insurance. Thank you for allowing me the honor to speak with you today about what Texas has done to combat the horrific practice of forced organ harvesting.

I first became aware of the horrors of forced organ harvesting through the advocacy efforts of the Southern USA Falun Dafa Association. Through the examples and eyewitness testimony that they provided, I became aware of the horrific persecution faced by Falun Gong practitioners in China. Around the same time, I met with members of the Chinese Uyghur community through the advocacy work of the Minaret Foundation. A pattern of religious persecution, incarceration, and execution for government profit became clear.

With the help of these organizations and the Victims of Communism Memorial Foundation, my colleagues and I have worked for several years to honor the victims of communism and advocate for justice for the victims of forced organ harvesting. In 2021, I joint-authored a resolution condemning China for their forced organ harvesting practices, and through separate legislation created the Victims of Communism Memorial Day in Texas. This past year, we approved the creation of a victims of communism monument at the Texas Capitol, the first of its kind at a state capitol, and had our most significant achievement to date, the passage of Senate Bill 1040.

Senate Bill 1040, by Senator Lois Kolkhorst and myself, is an attempt to choke off the demand for stolen organs, since in Texas, obviously, we can't affect the supply. We're attacking the demand by prohibiting health benefit plan issuers in Texas from providing coverage for medical and surgical treatments associated with organ transplants performed in China, or in another country known to participate in forced organ harvesting. While Texas's jurisdiction may be limited, Senate Bill 1040 works precisely because solid organ transplantation surgery and the medical aftercare associated with it is so prohibitively expensive that most Texans could not afford such care without insurance coverage and if you ask any insurer, they will likely tell you that this group of medical and surgical costs are the most expensive of all care subsets that they cover.

As Senate Bill 1040 was working its way through the legislative process, we were able to hold a press conference to allow those impacted by forced organ harvesting to share their stories. I believe these firsthand accounts were the reason that we were able to pass this bill with the overwhelming bipartisan majority that we did. We had several survivors of Chinese detention camps share their powerful stories with us. They told us about the daily horrors of being a religious and political prisoner, and about those in the camps who would suddenly disappear, never to be seen again. They spoke of undergoing a series of medical tests, not for their benefit but rather to assess their overall health and tissue type. They

shared that, because of their healthy lifestyles and abstinence from alcohol, Falun Gong practitioners and Uyghurs were the most often targeted groups.

Bills modeled after Senate Bill 1040 have already been heard in the Arizona House and the Utah Senate, where they have successfully passed the committee stage. A similar bill in the Missouri House recently received a hearing, and Idaho and Illinois are in the process of passing similar legislation. Senate Bill 1040 sets a crucial precedent, but it has limitations. In my home state of Texas, only about 15 percent of all issued health plans are subject to state regulation. The rest are federally preempted and regulated by ERISA.

This, I hope and pray, is where Members of Congress like yourselves come in. Passage of legislation, like Senate Bill 1040, at the Federal level would massively expand the number of health plans subject to this bipartisan human rights protection and strike a huge blow to the inhumane practice of organ harvesting. I'm immensely proud that the work that we started in Texas is being modeled in other states. I'm so thankful for the work that is being done by this Commission to force the conversation at a national level.

I firmly believe that passing this sort of legislation at the Federal level will ensure a future free from the scourge of forced organ harvesting. Thank you for your time today.

Chair SMITH. Dr. Oliverson, thank you for your leadership, for getting a bill that has become the prototype and the pioneering law for all of us to follow. Thank you for that leadership. It's extraordinary. Also, since you are, on the national level, the head of the insurance initiative for lawmakers, others will pick it up. I include my own state of New Jersey in that.

Chair Merkley does have to return to the Senate. He was coming in late because they had a vote and has to go back. I really appreciate him coming across to the House side. I yield to him such time as he would like.

Co-chair MERKLEY. Thank you very much, Mr. Chairman, and thank you all.

Mr. Gutmann, the implication of your testimony is that the individuals, the Falun Gong or Uyghurs who are disappearing, are not returning. Is that my correct reading of your testimony, that your assumption is that they are being executed?

Mr. GUTMANN. The assumption is with the Uyghurs, at least, that they're being transported in some state, sort of suspended animation, to the east coast for harvesting.

Co-chair MERKLEY. In the New York Times this last week, there was an article regarding Afghanistan and people in dire conditions selling their organs, but they were basically selling one kidney. I'm not sure if they were also selling their livers or not, but the kidneys were highlighted. In that case, there are lots of folks who can be interviewed who sold an organ, but we're not seeing that in China? We're not seeing people—was it reinforcing the sense that people are being executed; you don't see people who have sold an organ?

Mr. GUTMANN. Well, I think that certainly—a lot of things are possible in China. There's all kinds of business that takes place, es-

pecially in the kind of gray market—not black market, but kind of gray market in between the white market and the black market. I would say this: what we've seen is a massive growth—I think certainly my colleague Matthew Robertson would have something to say on this as well—hearts and lungs, particularly lungs. There's a very dramatic growth, so China has surpassed the kidney stage on this, quite a while ago actually, and they are the leader in heart transplant operations in the world today, certainly.

Co-chair MERKLEY. And the assumption in Afghanistan is that the organs are supplying a market, perhaps in Herat. It did raise in my mind the question, and I'll ask this of anyone on the panel who has insight on this, as to whether China is also supplementing the organ supply by flying in organs from other countries. Does anyone have any insight on that?

Mr. GUTMANN. I have never seen good, solid evidence that they are flying organs out from China. It is perfectly possible from the site I mentioned, from Aksu, you can get a medium-range airplane to fly to Saudi Arabia, for example. That would be possible, but I've never seen the evidence. I've also heard of the military supplying the Japanese off the coast, and submarines, and so forth, but there's absolutely no critical evidence on that, not a witness, not anything we found.

Co-chair MERKLEY. The weight of the evidence is the organs are all coming internally? The vast majority?

Mr. GUTMANN. Yes.

Co-chair MERKLEY. Well, thank you all very much for your testimony, and what a profoundly troubling situation that people are being executed—identified by their DNA, by their blood type, systematically accounting for that, being matched and supplied—kind of executed on demand—to both folks internal to China and tourists coming in for the organ tourist business. Thank you all for this very powerful testimony.

Chair SMITH. Thank you, Senator.

I'd like to, Mr. Gutmann, thank you again for your leadership, which informs this Commission and, I think, the whole world on this issue. You did point out that on the assumption that the Gulf states organ tourists prefer Muslim donors who don't eat pork, the CCP has tried to capitalize on the switch from Falun Gong to Uyghur sources. At least one Chinese transplant hospital blatantly displays its Muslim prayer room on the web. Yet the logistical challenge of shifting from the coastal area to Xinjiang, 4,000 kilometers away from the hospitals that organ tourists prefer, requires profusion methods and Western technology.

Could you maybe elaborate on that? Because that is really—I mean, we've been trying to figure out why Falun Gong—I mean, they're still murdering thousands of Falun Gong practitioners and stealing their organs. Part of our thought was, Well, maybe they're running out of 28-year-olds, and that's, you know—

Mr. GUTMANN. Running out of what?

Chair SMITH. Twenty-eight-year-old victims; they're looking for others. But this adds another dimension to it, that they're looking to kill other Muslims in order to procure their organs.

Mr. GUTMANN. The evidence is that in 2013 they started running out of Falun Gong organs. The reason we know that is because

they started to visit Falun Gong in their homes, in fact, to do a DNA cheek swab—it was a primitive DNA test—and blood tests in their homes. These were people who were not incarcerated. This was very unusual, and it happened in, I believe, six provinces simultaneously. Now, in 2014, that’s when the mass health checks of the Uyghurs began, so it seems to me that they were looking for another source at that point.

To really—and I’ll make this very quick—what happened was that Dr. Ko Wen-je in Taiwan had pioneered a new method of live organ harvesting that would preserve organs very well, and he was doing this in a kind of gray area legal zone in Taiwan. He then went on to push it. He became a salesman for Medtronic, which is an American company. I think you guys are familiar with that. Medtronic makes ECMO, this oxygenation system, and there was a second off-label use that had been identified about 2008, when he gave a major talk at a conference in China, and that was on organ preservation. You could increase organ viability from, say, 4 hours to 16.

The Medtronic device—ECMO device—is too large. It’s a big machine. They needed a mobile machine. There was a German company—there’s still a German company—named Hemovent—I’m not sure I’m pronouncing that correctly, but they made a miniaturized, portable version of an ECMO machine. Beginning in 2017, Hemovent auctioned their devices to China on a mass scale. Now, we’ve looked at the actual auction records and 50 percent of those hospitals are the transplant hospitals that we identified in our 2016 report as very likely organ harvesting centers.

In June 2019—here’s another clue for you all—sales of ECMO machines stop and they’re replaced by ventilators. Now that may have been an early outbreak of COVID. On its own, it’s just one piece of data, but I think the important point is that—what is not speculative here is that Hemovent was sold to the Chinese company MicroPort in October 2021 for 123 million euros, so this is obviously a very valuable technology. I’m sure the Chinese have reverse-engineered it by now. But you can see how Western technology moved into this gap in China and helped to make the harvesting of Uyghurs profitable.

Chair SMITH. Do you want to speak to that, Dr. Mitalipova?

Ms. MITALIPOVA. Yes. I just want to add that the technologies are developing day by day and month by month, and those technologies can be applied to evil practices like forced organ harvesting. Internal transfer of the organs right now I think is not an issue because if you oxygenate the organs you can transfer them not only within China but maybe to a neighboring country, where they actually train the medical doctors and surgeons. And now I think they started training them in Central Asia, like in Kazakhstan and Uzbekistan, so it’s kind of a warning sign when China starts training medical personnel on this particular technology.

Chair SMITH. Can I ask you, does anybody know when a victim is brought into the hospital to have their organs stolen and then die, are they aware of it? How much pain—we know the psychological pain could be beyond words, but do they experience physical pain? The doctor that testified at our last hearing said his victim

wasn't even anesthetized correctly and was in shock and was awakened as this gruesome Josef Mengele-like process was occurring. I'm wondering if, as an anesthesiologist, Dr. Oliverson, you might want to speak to this as well. How do they get them—do they drug them as soon as they take them away from the camp, that up to 5 percent, as you mentioned, Mr. Gutmann? Do they know where they're going?

Mr. GUTMANN. I think there's a lot of very sketchy evidence on this, but it is true that initially Falun Gong practitioners who were coming in from the camps made this claim that they were using low anesthesia to save money—to make it even more profitable. There is at least some, as I say, sketchy evidence, because some of the stories that come out are kind of outrageous and are seemingly told backwards, in other words, the way witnesses sometimes tell stories. Having said that, Enver Tohti, the doctor who performed live organ harvesting on a living human being, made the point that if you don't use enough anesthesia it is like, he said, you cannot cut a rabbit up even if you have four men holding the rabbit down. So he feels this is impossible. So I think it's mixed on that.

I would imagine that what we're looking at is a very sophisticated operation today in Xinjiang, East Turkistan. And basically, you are looking at an entire people being moved. Now, normally ECMO saves lives in the West precisely because you can move a very sick person from place to place. It is very useful for organ harvesting because you can remove one organ, one kidney, one liver, and then still go back home. After 6 hours everybody can take a break and then come back to it. As long as that heart is still beating, the organs are oxygenated. Now, this is very valuable.

In the Chinese context, it's very sinister. It means, basically, that the PSB, the Public Security Bureau of China, does not want to take living people or people who are not in some sort of state of suspended animation. I don't know how else to describe it because I'm not a doctor, but to put them on a plane, and in the hold, and move them. Now, this has been verified by at least one doctor in Taiwan who works on the mainland on a continuous basis, that that is pretty much how he thinks it is done, though he believes it's possible to move individual organs in a kind of oxygenated form as well.

Chair SMITH. Dr. Oliverson, what about at the Federal level? Obviously we've got Medicare, we've got other kinds of insurance, Obamacare. Is there a place for us to be doing something vis-à-vis Federal insurance policies, health policies?

Dr. OLIVERSON. Yes, Mr. Chairman. I think that any type of insurance product, reimbursement system, that would allow a patient to engage in medical tourism—to be clear, not all medical tourism is bad, per se. But any situation where a person could go overseas to China and receive organ transplantation and care thereafter and be reimbursed for that or have that bill paid, that's what we shut off in the state of Texas. And so I'm not familiar enough with CMS rules, if it would cover a procedure performed on a Federal health insurance product overseas, but assuming that it would, and it could, then yes, sir, I think that should obviously be included.

Chair SMITH. That would also include those reimbursable through tax credit policy that we have in abundance here as well,

so we will follow up on that. Again, your law is inspiring not just other states, but a Federal look that's going to bear fruit, I believe.

You know, one other question to Ethan Gutmann, and then I'll go to my good friend and colleague. You pointed out that in 2022 the International Society of Heart and Lung Transplantation imposed an academic boycott. What are the other groups, if you are aware of them, that have not, and what does that actually mean? Is it robust? Is it, you know, they just don't deal with them, or are they bringing some light and scrutiny to this ongoing, terrible abuse?

Mr. GUTMANN. I'm sorry. I didn't really fully understand the question.

Chair SMITH. The Society of Heart and Lung Transplantation boycott, the academic boycott.

Mr. GUTMANN. Oh, I see. Yes.

Chair SMITH. Exactly what does that really mean? Also, some of the others that should be doing this, who are they and why aren't they?

Mr. GUTMANN. What it means? I mean, it's actually pretty important, because it basically means they cannot publish in our journals or in the journal of the International Society for Heart and Lung Transplantation, which is probably the most important transplant journal in the world today, arguably. So that's significant. It means that they won't attend conferences in China. In fact, when I spoke in Denver last year, two Chinese surgeons had slipped into a crowd of 3,600 surgeons. They hired a bodyguard in case, I guess, they were going to take a blow dart and fire it at me or something. Instead, they just stormed out in the middle of my speech, which is sort of standard behavior.

But the point is that I think it's very significant. There's a huge loss of—look, part of this is about hitting China in the purse, and obviously we've all been talking about that and I think that's very important—but part of this is about face and the International Society for Heart and Lung Transplantation has withdrawn any possibility of the Chinese—you know, they've said: Look, if you can give us evidence, if we can go on the ground and verify it, we'll do that, we'll pull the academic boycott, but until then, it remains in effect. They've held to that this year, as I understand it. They're having a big meeting in Prague, I think, right now. I think that's significant.

The other groups have not joined them. There are a lot of different transplant groups, but certainly, of course, the Transplantation Society, you're very familiar with because you've talked to the main guy, one of the presidents there. What we've gotten from them is silence—ever since the Uyghur business began. They used to carry Beijing's water—give us Beijing talking points. They don't do that anymore, and so it's an interesting effect. We don't know.

Jacob Lavee, the Israeli doctor who changed Israel's policy, particularly on insurance—HMO insurance to go to China for transplants—he's on the ethics committee of ISHLT and he really pushed this through. It really comes down to him. He's a hero for doing that, but as he says, right now, the ISHLT is in a state of "brilliant isolation," so that is where we stand. That's why I tried to make a point of looking to the political system here to kind of

stand with them at this time, because I think that's such a significant change in the medical community.

Chair SMITH. Mr. Robertson, did you want to weigh in on that?

Mr. ROBERTSON. Yes. There's something to say about, for instance, the Transplantation Society. It has had a very different perspective from ISHLT for these many years and so the current president of the TTS, I mean, he has personally worked with Chinese surgeons who have been among the most egregious in their abuses, and some of them have circulated through institutions that he was at, like the Cleveland Clinic in the United States, so they basically believe that China has reformed its transplant system, and they seem to think that whatever abuses may have happened in the past, number one, they're not that curious about what the nature of them was. Number two, they think they've all been cleaned up.

And the TTS is the global professional body for transplantation, not just heart or a particular subfield, so the leadership there influences the views of the larger international body of transplant professionals, and even the wider medical groups. So that's why ISHLT's stand here is so much more impressive, because they've looked at the evidence very closely and made a determination, and hopefully those other groups will come along.

Part of my recommendations about looking into what institutions in the United States have trained Chinese surgeons and getting accountability over that, and investigating the funding, is—it's part of a deterrent effect to kind of join the more isolationist camp and put some teeth into these policies. Because otherwise, there's no social cost for these surgeons, because they don't get negative attention from the media or the major human rights groups. They don't have a cost to this and they've been friends with these Chinese surgeons engaged in these activities for a long time, so they just don't have an incentive to change their policy at the moment.

Chair SMITH. Thank you very much. You know, the End Organ Harvesting Act will help not only sanction those who are committing these horrific crimes, but it'll also empower the State Department to do robust reporting in a way that will be very similar to what we do on human trafficking, religious freedom. So it will make a difference and people will no longer be able to say, Oh, I didn't know.

Michelle Steel, our commissioner from California.

Representative STEEL. Thank you so much, Chairman. This is very, very important. It's not just in the United States. We are making sure that our citizens are aware of what the CCP's been doing in China, especially when you're hearing the CCP saying that organ harvesting is a voluntary system. That's just totally nonsense and we all know it.

I think the whole world has to know that what's going on inside of China, that's going to open up other communist countries such as Vietnam and other areas, because they're so closed. We don't even know what's going on in those prisons and what these people are doing. I sent a letter out to 17 of the Olympic corporate sponsors before the Beijing Olympics, and I asked them, since they were spending billions and billions of dollars on advertising, can we spare some of the money to let people in the world know what the

CCP has been doing, not just organ harvesting but other stuff too. But you know what? Seventeen companies, I never even got one answer.

So for them, profit is more important than human rights. It's really sad to see that we are not going in the right direction. How can government and nongovernmental medical organizations work together to raise awareness? What tools are needed to stop this in the world and what do we have to do? Because we must work together. Not just the United States but the whole world has to work together. So if any witnesses would like to answer these questions—

Ms. MITALIPOVA. I would say the universities that develop the technologies. There's such a different range of technologies that can be used for the practice of organ transplantation in the medical field, and so many technologies are shared.

I would say programs at the universities like Confucius Institutes, or the Thousand Talents program that they have launched to specifically fund the professors. And it's in any field, and especially in the field of science, like chemists, and biologists, and so on. They have done it by giving grants to these professors and training their scientists. Science is international, and you can't really discriminate against a Chinese scientist. I work with Chinese scientists. They're great, my colleagues, you know, and I know they want to do science for humanity and it probably doesn't even cross their mind to do something else. But their government, you know, censors them, and I don't know if they are even aware of those professors in the United States who are working on the Thousand Talents program, and been funded. You know how it goes, that you have access to internal university services, and where the IP is, where the intellectual property office is.

And when you are beyond the firewall of the university, it's stealing those technologies, and those technologies that have been developed with the tax money of the American people. We, as scientists are developing these technologies. But the U.S. Government has to look into—we closed quite a lot of Confucius Institutes, created under the guise that there would be a cultural exchange and so on and so on. But those were propaganda—CCP propaganda institutes.

Representative STEEL. I'll reclaim my time.

Ms. MITALIPOVA. Oh, sure.

Representative STEEL. Thank you very much. I'm on the Ways and Means Committee and I'm on the Education Committee. My Deterrent Act just passed. The Chinese government actually pours money, over \$200 million, into UC Berkeley in California, my state. And UC Berkeley never reported. They brought Chinese officials and researchers to their really sensitive research center, and they did a tour and they received the money. My Deterrent Act passed, so anything they received from China, Iran, or those countries of concern—even coffee—they have to report to the department what they're receiving, because it's getting really dangerous. It's not just for China, but all these pro-Hamas, and terrorists too. Qatar was putting in a lot of money. We see that, and we are looking into those universities, so I totally agree with you.

Second, the question that you were talking about—we have to stop involuntary collection of medical and DNA information in American companies. You're talking about the CCP stealing our data to send to BGI and use those data, for what? And how can we stop here? Is it going to be helpful to stop organ harvesting?

Ms. MITALIPOVA. The BGI is run by the CCP. I don't think there's any question about that, but the Beijing Genomic Institute, by itself, really hasn't developed any technologists in DNA sequencing. What they have been doing, the Chinese government pays money to acquire a lot of companies, small or big. They couldn't acquire Illumina, as far as I know, but there are lots of small companies in the United States they acquired—they bought—literally bought it.

Once they buy these companies, like 23andMe, and we submitted—a lot of Americans submitted their DNA information, and how it can be used in the future when the technologies will develop—we don't know what technologies—and the technologies are developing. You know, what can they be used for? We call the 21st century the century of biotechnology. The medical fields have developed, and that's how we have improved human health, and the average lifespan has increased, especially in Western countries, because those technologies have been developed.

When it comes to the CCP, when they hold that genetic information of Americans, that is private information. Of course, they might not create some bioweapon, per se; they tell me probably it's impossible at this moment. But what they can do is jeopardize somebody's private information about carrying a mutation. Let's say somebody in Congress had submitted to 23andMe to find out some of their mutations or something, or even where their ancestors come from. That information right now is in the hands of the CCP, literally, if BGI had acquired this.

How can this be used? They can actually, just knowing about some disease mutation that somebody in power in the United States or a decisionmaker in Congress might have—that information could be used by the Chinese government to jeopardize that person, perhaps with information. Maybe in an election. Or let's say, like, you know, they had a child outside of marriage. You know, they could blackmail them—this information is so private and sensitive.

I can't believe that companies like 23andMe, or any other DNA companies, can actually sell all our personal data. It's almost like my passport or my credit card was sold to China and they now know everything about me, including my home address, and everything—even my kids and grandchildren wouldn't be safe because I share my DNA with them.

Representative STEEL. Thank you so much. My time is up. Mr. Chairman, I yield back.

Ms. MITALIPOVA. I think it is so important that the government take care of this.

Chair SMITH. Commissioner Nunn is recognized.

Representative NUNN. Well, thank you very much, Commissioner. I want to compliment Commissioner Steel. Ma'am, do you have any follow-up that you wanted to take on that? I didn't want to cut into your time, if you've got a follow-on.

Representative STEEL. I have actually so many questions regarding this. And, you know what, I'm so very interested in this. Organ harvesting is an awful thing. This should just stop. And not just in our Commission do we have to do it, but we have to do it all over the world. We have to stop the CCP—you know, these are innocent people's organs—we really have to stop it. I am just so frustrated. We've known about this issue for the last 30 years and we really have to do something more than just the hearing here. The whole world has to work together to stop these horrific things. Thank you very much for giving me a little more time.

Representative NUNN. Thanks, Commissioner Steel.

Well, I first want to begin by thanking the panel. I want to thank Chairman Smith for leading what is absolutely a difficult conversation to have, but it's also an important conversation to have with the American people, one that too often we see in this bipartisan, bicameral committee really examining the autocracy that is happening within the Chinese Communist Party today. For years, the U.S. has heard rumors of the nonconsensual transplanting of human organs, otherwise known as organ harvesting, happening inside communist China. I can think of no act more heinous than taking a political prisoner, strapping them to a medical bed, and stealing their body parts from the inside out, and then launching those on a black market—or, worse, the type of genetic analysis that we're talking about today.

As you can see behind me, though, this is not a sci-fi movie. This is not written from a horror book. This is happening right now, today, in the most populous country in the world. Those who have repeatedly been persecuted, the Uyghurs, Falun Gong, and detainees are oftentimes the subject of these heinous crimes. But they are not alone. It is expansive and it is routine throughout China. In 2006, independent reports alleged that tens of thousands of Falun Gong practitioners in the reeducation through labor detention facilities in China were victims of organ harvesting while they were still alive, but which ultimately resulted in their death.

Independent reports have also shown that nearly 25,000 Uyghurs were the victims of organ harvesting every single year. The madness, the wholesale slaughter of a population, has to stop, particularly when it's used under the guise of doing science. I applaud Chairman Smith for his leadership on this and for the difficult issues that he continues to bring forward with this Commission but, most importantly, for those who cannot defend themselves.

With our witnesses today, I'd like to begin with Ethan Gutmann. You're a Chinese Studies fellow/researcher. You've helped lead at the Victims of Communism Memorial Foundation. We'll begin with looking inward. Have Western corporations been complicit in the oppression of Uyghurs and Falun Gong members here in the United States or been co-opted as agents of communist China in their endeavors?

Mr. GUTMANN. I'm going to—I think Maya might have more to say on that question than me, so I'd hand it over to her. I just mentioned the Medtronic ECMO connection, which I think was significant. Let's put it this way: before ECMO—Medtronic-ECMO, got involved, you could maybe do one or two organs from a human being and get away with it, keep them fresh and get them to the

right places. This is also something Didi Kirsten Tatlow from the New York Times looked at very closely, the logistics of it.

After ECMO, it became possible to harvest as many as four healthy organs from a single person. Suddenly turning a person from \$100,000 into half a million dollars or more from foreign organ tourists. This is a dramatic difference. It became an incentive to harvest Falun Gong. It improved the chances that you'd make real money.

Ms. MITALIPOVA. I think transplant technologies and medical practice has been—really progressed over the years, especially in the 1990s and 2000s, in organ transplantation. The organ transplant only can develop if the organs are accepted by the recipient. This is not just DNA sequencing, but it's a lot of blood tests and HLA, as they call it, a specific antigen on the surface of the cells and the organs as well, that has to match with the donor. Now I think the technology is HLA typing. So now the matching donor and recipient are a match, and they can.

After organ transplant care—immunosuppressant drugs—all of those have been developed really well. The first 2 years after organ transplant, there was up to a 60 percent rejection rate before; right now that's decreasing because of the post-transplant care that has been developed. The medical field has—the scientists worked on it. I think the immunosuppressant drugs help. The DNA sequencing comes into that, because the more the genes can be sequenced, the less differences between the donor and the recipient in the genome, the better the outcome that that organ will live not just 10 years. It can live in that recipient for 20 to 30. You really prolong the transplanted organ life in the recipient by DNA sequencing.

Representative NUNN. So is it fair to say, Dr. Mitalipova, that not only is China working to develop an exploitation and long-term facilitation of organs for profit, but that DNA sequencing on the front end, making sure that that organ is capable to be transferred, is a huge part of the business model, if you will, of how this is done?

I'd like to talk with Matthew Robertson here. I know you're coming in from Australia to us. Mr. Robertson, you're working on a number of studies, your most recent being "Execution by Organ Procurement." We just talked about DNA here. You documented through the Australian Strategic Policy Institute in 2020 that the Chinese authorities have been building a DNA database largely of the male population. We have some folks in the audience here in Washington who are still looking for family members associated with this. Is it fair to say not only is this the largest police-run DNA database in the world, but that there is a concerted effort to identify and track all men in the country in this type of roundup?

Mr. ROBERTSON. Thank you for your question. The scale of that program is very extensive. It was almost not known about until an enterprising investigator (not myself) began looking, on a large scale, at Chinese media reports. It's unclear what the purpose of that was. It does appear to have been a campaign to gather DNA data on males across the country. The connection with that and the organ trade is unclear. It's not clear that there is any connection.

I want to touch on a point that you made about the complicity of Western corporations with this industry in China. I think it's

fair to say that Western companies and institutions—health care, hospitals, medical centers—have been instrumental in the rise of China’s organ transplantation industry. I can just give you a couple of examples. Roche, it’s a Swiss company. It has a U.S. financial presence. They built the first organ registry for the PLA in the early 2000s. Some of the other drug companies have been sponsors of the Chinese official transplant associations and they’ve funded research by Chinese surgeons during a time when there were no voluntary transplants.

And this is not even to mention extensive training. At least hundreds of Chinese surgeons who have engaged in organ trafficking have been trained in the United States. The Chinese transplant industry simply could not have capitalized on the incarcerated population of political prisoners without gaining the know-how from the West. This is something that has already happened, and we need to study it, investigate it, understand, actually, the dimensions of that contact. But there could still be ongoing ties, money being made, and things that can be done now. So I think the first step is understanding what has happened and then stopping it to the extent that it continues.

Representative NUNN. Mr. Robertson, if such an investigation were to be taken, particularly into how the West has intentionally or unintentionally emboldened the harvesting of organs from China, would you have recommendations for this Commission that we could take for both the investigation piece and to be able to do that fact-finding mission, as you’ve done on the DNA side?

Mr. ROBERTSON. Yes. One idea, just a starter, is an audit of what the NSF and NIH have funded and whether money has gone, as subgrantee, probably not as the principal awardee, but as subawardee, to any of the many hundreds, nearly 1,000 hospitals, in China that have engaged in organ trafficking. These are some of the biggest hospitals in China, biggest health care centers. It would be almost surprising if NIH money has not gone to them. So that should be accounted for.

There’s also going to be training at taxpayer-funded medical centers across the United States. The Cleveland Clinic is certainly one. Now, some of these are going to be private and some of them are going to be public, but there may be record requests that could be lodged with these institutions. Congress could put some muscle behind getting them to look through their databases, because they’ll have this information in an archive somewhere about who has come from China and received what training. And so, as part of an investigation that can be put together with our data sets of transplant surgeons and entities in China, from this data set of medical publication and our cache of surgeon biographies.

So we could put together on the U.S. side—when they came, what training they received, and then their activities in China—what transplants they participated in prior to 2015, let’s say. Then you could get a picture of what the complicity of U.S. institutions has been, but there’s much more. There’s visa bans. I mean, the most provocative suggestion I’ve made is actually using the SDN list. The same way that Iranian nuclear physicists are treated, where there’s just no financial ties, no U.S. ties at all, no export controls, the works. The blocked persons list.

That would be the most stringent or extreme response that the U.S. Government could engage in. But if we're going to buy the story that's being told here about the gravity of these abuses, that would seem perfectly warranted. I understand that would be a huge process, but certainly, I think it'd be worth considering. And in principle, there's nothing preventing the U.S. Government from doing that if it so wished.

Representative NUNN. You've laid out a compendium, I think, that we should all look at. I'd ask the rest of the panel—I mean, things that are immediately concerning are one, that we have U.S. taxpayer dollars knowingly going to potentially thousands of hospitals inside China that would be harvesting these organs. I think, second, it's safe to say that it's not just China that is benefiting from this practice. We have seen time and time again that others, particularly those in the West, are benefiting from this harvesting of organs. And three, to your point, that the facilities and the medical professionals who have been trained here in the West under the aegis of the medical code and Hippocratic Oath, are then being used as instruments of either the state or with knowing negligence to then harvest their fellow countrymen, is beyond the pale.

I would like to open it up to the panel. Are there other recommendations that you would have here, either on the DNA mapping program that China is undertaking, or, two, in holding the actual institutions accountable within China who are doing this harvesting? What can we do on this side of the Pacific?

Mr. GUTMANN. I'm going to make a very quick suggestion on this. One thing I wanted to mention, just very quickly, was that Matthew talked about Roche, and, you know, it's interesting that Roche was testing its immunosuppressive drugs in China. It was using China as a very cheap place to do that kind of testing. Got a big population of people who received an organ, but those organs were from Falun Gong, in some cases, undoubtedly, especially at that time when Roche was doing this in the early 2000s. It is also true that Pfizer got involved in that as well. Pfizer did testing in China. They seemed to truncate their testing program, or at least try to do it as quickly as possible, because it was a controversial idea at that time, since 2007, something like that. But I think it's really worth looking at the immunosuppressive industry because this is—people were killed to allow other people to test in China. I think that's a really unethical idea.

I'd mention one other thing. I don't know how this falls into a category of how American policy could affect it, but that's for you guys to figure out, to some extent. A real problem of the spillover from China—and I get this from David Matas—he says, in Busan, Korea at a symposium in November 2022, the first Asian Organ Donor Donation International Symposium—this was Korea, China, and Japan. I've looked at the records for that, and a couple of the speakers talk about replicating the Euro transplant system. That is to say, a cross-border allocation of organ donations. The speakers showed absolutely no awareness that such a system would mean the allocation to Japan and Korea of organs sourced from prisoners of conscience in China, killed for their organs.

This is a classic case of, as I say, the normalization of deviance. It's exactly what China wants. Their system of reform, that they

have always touted, has really been about that. It's about—it's not about reforming themselves—it's about putting these systems in so that other people are doing them too so the Chinese will feel okay about it. Or whatever. The evidence is going that way, and that is, it seems to me, one of the most important boils to lance here. I'm not quite sure how to do it, but I know the ISHLT thing is very helpful on that. But obviously, maybe just even some explicit language from the U.S. Government on this would help a lot.

Representative NUNN. Dr. Oliverson, did you have a follow-up on that?

Dr. OLIVERSON. Yes, Commissioner. You know, we're in the Natural Resources hearing room, as I understand it, and I think the simplest answer to your question, which is the approach we took in Texas, is you're not going to stop the supply. I think it's important to understand that in its clearest form, a communist government—whether it's China or another government—looks at a human being not as an individual with inalienable rights but as a natural resource. If that can be monetized for the benefit of the collective good, you're never going to stop that unless you can choke off the demand. That's the approach that we took in Texas and that's what I'm here today urging you to do—aggressively stop the flow of dollars from Americans to China and other countries paying for these procedures. If nobody wants the organs, then they'll stop taking them.

Representative NUNN. I think that is probably one of the most salient recommendations that we can have is that holding folks accountable outside of China, as well as identifying the threat coming from inside China, is a two-tier approach that we need to take comprehensively.

Mr. Chairman, what I'd like to do going forward as well is to come up with a list of recommendations that could be actioned by committees of jurisdiction to be able to address this, both holding China accountable on the international scene—particularly those doing business with those thousand-plus medical institutions operating in China—but then equally, holding ourselves and our allies accountable for the export market that has proven so lucrative for the destruction of human life inside China. With that, I yield back the remainder of my time. And I thank the Commission.

Chair SMITH. Commissioner Nunn, thank you. As always, thank you for your very well-informed and incisive questioning, but also your recommendations. We will work with you on all of that. Thank you so very much.

Mr. Gutmann, the first time I heard you talk about the ideal age for harvesting being 28 years of age, we know that when somebody gives their heart in a voluntary fashion, or one of their loved ones does it, it's the result of a car accident that has been catastrophic or something. It is not, you know, a government official saying, Let's look at the 28-year-olds and cull those out of the herd in order to destroy them to steal their organs. About 25 years ago I read a book about Unit 731, that Imperial Japan had operated inside of China, where vivisection was performed on POWs, many, many Chinese, without anesthesia—Dr. Oliverson, as you know.

They also did some organ harvesting there, not for transplant, as far as we can tell, but for other reasons. They tested all kinds of

things like anthrax and other things on them. Horrible, horrible stuff. And the Chinese, rightfully, are outraged by what had been done at Unit 731. Well, this is their Unit 731 in China today, taking these wonderful young men and women. I think, Ethan, you had said previously that it's pretty much equally divided between males and females. So we've got a lot of young women and a lot of young men in the prime of their lives being taken by a dictatorship to steal their organs.

And one of the things—and maybe you might want to speak to this—that we've been hearing about more and more is that there are also dedicated wings or hospitals where, from Xi Jinping on down, in the Chinese Communist Party, if they need a liver or they need some other organ, you know, a very young and vibrant and healthy 28-year-old will be involuntarily providing that to them. So it's their way toward longevity at the cost of committing murder in order to get there. Plus, there's also the financial incentive as well, that they make money on this. If any of you wanted to respond to that. But when I read that book, and when I first heard through Harry Wu about organ harvesting, the first thing I thought of was Unit 731, having read that book as a newer Member of Congress way back when.

The designated hospitals, would any of you want to speak to that? Or, you know, I thought you made a very good point, Ethan, about the hospital in Aksu. That was very enlightening. And if you wanted to elaborate on that at all . . . and then your final comment that Congress can stop Beijing's ongoing attempts to normalize medical deviance. And that the passage of the Stop Organ Harvesting Act could galvanize the international transplant community to stop seeing research and investigation into the Chinese harvesting as inflammatory, but rather as a quest for justice on behalf of those young men and women whose only crime was that they were healthy. What a profound ending to your testimony.

Mr. GUTMANN. Thank you. I have nothing to add.

Chair SMITH. Anybody else like to add before we close the hearing? Thank you so much. You've given us so much to act upon, so many insights, as you do on a regular basis but now in an open hearing. I deeply appreciate it. The hearing is adjourned.

[Whereupon, at 11:46 a.m., the hearing was concluded.]

A P P E N D I X

PREPARED STATEMENTS

PREPARED STATEMENT OF ETHAN GUTMANN

I'll focus on recent developments today, specifically the CCP's systematic harvesting of Uyghurs and other Turkic groups. Just as the rise of China's transplant system was built on the persecution of Falun Gong, harvesting is now bound to the "Xinjiang Camp System" constructed from 2016 to 2018.

I'll go through estimates of annual camp disappearances, taking into account the strengths and weaknesses of camp refugee testimony, move to a case study in Aksu, and conclude by describing a shift in Western transplant surgeons' attitudes over the last 2 years—and the implications for U.S. policy.

Let's begin with the Kazakh doctor, Sayragul Suaytbay. "Employed" as a Chinese language teacher, Sayragul made herself useful throughout her camp. Following a camp-wide "health check" including comprehensive blood tests, Sayragul was asked to sort out the camp's medical files. She noticed a colored check mark on certain files in the 23- to 35-year-old age range based on tissue typing. From Sayragul's perspective, she only lacked the external list of individuals who would receive the organs.

Several camp survivors noticed that following the blood test results, some prisoners were forced to wear colored bracelets or vests. There was no apparent logic to the color grouping, only that they were in their late twenties and "they were healthy."

Witness testimony is far from perfect. Personal bias, trauma, and partisanship can influence the results. Yet I don't believe those elements are distorting the testimony here.

First, every refugee was from a different camp.

Second, outside of the rape room, all 20 camps had installed cameras and listening devices, talking was not allowed. Other than saying something like "pass the plunger," speech did not exist. In an environment of suppressed social contact and omnipresent and arbitrary interrogation or sexual abuse, humans compensate. Like starving animals, hearing becomes acute. Vision sharpens. Minute changes are keenly observed.

Third, most camp refugees whom I interviewed in Central Asia were Kazakhs. With a relatively porous border and a nation-state that occasionally lobbies China on their behalf, the Kazakhs view themselves as "accidental prisoners." They don't like their Chinese overlords, but most Kazakhs are not loyal to the Uyghur cause. They had no motive to manipulate numbers to reach a particular result or to please me.

Fourth, the interviews were purposely broad. Most witnesses had no idea I was forming numerical estimates, and the majority were only dimly aware of organ harvesting.

I wish to avoid false precision here. Even my most analytical witness—Ovalbek Turdakun, who escaped from Kyrgyzstan—could never determine the exact number of detainees in his camp.

What emerged is that there are two kinds of people who leave the camp early: The first group is about 18 years old on average. The announcement that they are going to work at a factory, or perhaps in a bingtuan—a military-run cotton farm—is usually made during lunch. Light applause is encouraged.

The second group is aged between 25 to 35. The average is usually 28—the age that the Chinese medical establishment prefers for organ sourcing. They are removed in the middle of the night—no applause, not to be mentioned again. There were a couple of outlier witnesses, but 90 percent of the witnesses were fairly consistent: 2.5 percent to 5 percent of the camp go missing exactly this way every year.

I don't have a plausible alternate explanation. Assuming there are one million in the camps, I estimate 25,000 to 50,000 Uyghurs are harvested annually.

Let's go with the lower range. The Kilgour-Matas-Gutmann report of 2016 estimated China's annual transplant volume at 60,000 to 100,000. Using the minimum

estimate, let's assume that Uyghurs and Kazakhs can be harvested for at least two organs. That translates into a minimum of 50,000 organ transplants—the lion's share of China's annual transplant volume—supplied by 25,000 people.

On the assumption that Gulf states' organ tourists prefer Muslim "donors" who don't eat pork, the CCP has tried to capitalize on the switch from Falun Gong to Uyghur sources. At least one Chinese transplant hospital blatantly displays its Muslim prayer room and halal canteen on the web. Yet the logistical challenge of shifting from the coastal area to Xinjiang—4,000 kilometers away from the hospitals which organ tourists prefer—required perfusion methods and Western technology. It also required a streamlined infrastructure. One example:

- Picture a "re-education camp" for 16,000 people.
- A hospital—"Aksu Infection"—that performs organ transplants.
- A second camp for 33,000 people, constructed around the hospital.
- And a large crematorium.

In Aksu, all these structures are less than a kilometer away from one another. RFA reporter Gulchehra Hoja first noticed this anomaly, and witnesses can confirm it. A Uyghur convict explained that the Aksu Infection Hospital was originally for SARS patients. In 2013, it was repurposed as a re-education hospital for "extreme Muslim" dissidents. The crematorium has a prominent Chinese sign, and "the air smells like burnt bones." A second Uyghur male confirmed that local workers constantly complained about the stench.

It's a twenty-minute drive to Aksu Airport's "Human Organ Transport Channel"—an export-only fast lane to move human organs east. "First Hospital Zhejiang Province" as a designated "big brother" to Aksu Infection Hospital reports its liver transplants increasing by 90 percent in 2017, while kidney transplants increased by 200 percent. On March 1, 2020, First Hospital performed the world's first double lung transplant on a Covid patient—an advertisement to foreign organ tourists that China was still open for business.

I'll conclude with policy. Beginning in 2012, the Western transplant consensus was not to investigate China, but to engage with and lead the Chinese transplant industry to a "soft reform." This consensus, however ineffective, acted as a brake on unified congressional action.

In 2022, the International Society of Heart and Lung Transplantation (ISHLT) decided to impose an academic boycott of China. The next year, the ISHLT asked me to present my research—and the research of Robertson, Lavee, Matas and Kilgour—at their annual conference. No transplant group has followed the ISHLT's lead at this time. Congress has a responsibility to act on an ongoing human rights catastrophe but must also respond to the ISHLT's courageous act.

Realistically, the infrastructure of harvesting may be too robust to save Uyghur and Kazakh lives in the near term. Yet Congress can stop Beijing's ongoing attempts to normalize medical deviance, and the passage of the Stop Organ Harvesting Act could galvanize the international transplant community to stop seeing research and investigation into Chinese harvesting as inflammatory, but rather, as a quest for justice on behalf of those young men and women whose only crime was "they were healthy."

That concludes my remarks.

ORGAN TRAFFICKING IN CHINA: BACKGROUND AND CURRENT CONCERNS

by Matthew Robertson

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1. Background

In the world of organ transplantation, the People's Republic of China (PRC) is an outlier. With few exceptions, organs always come from voluntary donors. Yet until 2015 the PRC's organ transplantation sector was effectively a state-sponsored system of human trafficking and killing on demand, with organs sourced almost entirely from death row prisoners and, after 1999, political prisoners. After 2015, it became more difficult to assess—though as I explain below there are still major concerns.

This organ procurement method seemingly originated as a means of providing healthcare for the elite. Surgeons and healthcare workers appear to have personally participated in medicalized executions to extract vital organs such as hearts and lungs.

Since the inception of organ transplantation in China, the practice has been closely tied to the state judicial and security systems, which supplied nonconsenting organ donors to transplant hospitals. That is, organ procurement in China has gone hand-in-hand with abuses against criminal prisoners and political enemies. The earliest reported instance of such abuse occurred in 1970, with the reported live organ harvesting of an 18-year-old former Red Guard commander sentenced to death for political heresy. The most well-known early case took place in 1978, when a young political prisoner reportedly had her kidneys extracted on the execution ground while she was still alive.

With China's economic reforms, the organ transplantation system also became subject to market forces. Beginning in 2000, China's organ transplantation sector exploded in activity. Thousands of transplant surgeons were trained, and hundreds of hospitals began offering transplants as a routine therapy. The military-medical complex became heavily involved in transplant activity and research. Transplant waiting times went from many months to just weeks, days, and sometimes hours. Organ transplantation went from a specialized therapy catering primarily to Party cadres to a routine treatment available country-wide. Hospitals began posting organ availability and price lists on websites, and transplant tourists from around the world flew to China to receive organs on designated dates (meaning the timing of the execution of the donor must have been planned in advance.)

Chinese-language sources reveal that the two key shifts in China's transplant sector beginning in 2000 were volume and waiting times: tens of thousands of transplants were performed annually, many on an on-demand basis, coinciding with a gradual and then sudden drop in judicial executions. The use of political prisoners as an organ source, particularly Falun Gong adherents incarcerated en masse from July 1999, is the only plausible explanation for this outcome.

In 2015, facing international scrutiny, China's medical administrators announced a transition from using prisoners to voluntary donors. Chinese officials reported extraordinary success in these reforms, but China's standards for public transplant data provision differ significantly from international norms, with official registries remaining inaccessible.

Regrettably, the PRC seems to have fabricated its voluntary organ donation data. Analysis of the available data casts grave doubts on the veracity of China's assertions, with official statistics exhibiting an implausibly smooth growth rate, discrepancies across datasets, and the misclassification of nonconsenting donors as voluntary. Although some genuine voluntary reform is taking place, the systematic manipulation of data obscures its actual scope. This data falsification can be understood as a strategic act by the state to project an image of reform while maintaining opacity and control over the organ transplantation system.

Much of the above relates to events in the past. There are at least two grounds for ongoing concern.

First, there has been almost no accountability for this multi-decade program of large-scale human trafficking and extrajudicial killing. PRC surgeons involved in this campaign still travel freely to international medical conferences. They are enabled by many people in the international medical community who ignore the topic.

Second, just as during the repression of Falun Gong in 1999, the large-scale internment of Uyghurs in Xinjiang has been accompanied by large-scale blood testing. Approximately one third of the individuals identified in the Xinjiang Police Files, a cache of internal documents hacked from public security computer systems in two counties of Xinjiang, have had their blood samples taken. That is, in many of the files the ID and name of an internee is listed alongside the blood type. There are several thousand cases of explicitly labeled DNA collection from internees, and thousands of files through the corpus discuss DNA collection from Uyghurs.

While this alone does not prove Uyghurs are being harvested for organs, blood type is a necessary precondition for organ matching, and DNA data can improve

matches. Given China’s history of killing prisoners for organs, the mass collection of such data from extrajudicially detained Uyghurs is disturbing.

1.1 Methods

I am a social scientist with expertise in computational and quantitative methods, professional fluency in Chinese, and a strong interest in the scientific study of political violence and genocide. I have studied China’s organ transplantation system for many years. My primary method of work is to write code to scrape data from a wide variety of sources, then to construct large-scale datasets and searchable databases from these documents. I analyze the data using both statistical models and close, qualitative reading. I situate my work in the public choice tradition—where I am interested in understanding the private incentives of state actors.

Below, I have tried to summarize the most important parts of my findings in six factual arguments.

2. Six key factual claims

2.1 The PRC state has sponsored a marketplace in human organs for many years

This assertion is supported by admissions from Chinese medical authorities, media reports, and the listing of organ transplant prices on hospital websites. Chinese medical officials have acknowledged that executed prisoners were the primary source of organs, a fact reported in both domestic and international media, as well as in official statements and medical papers.

Dr. Huang Jiefu, formerly China’s vice minister of health and for decades the leader of the transplant sector, has admitted in interviews with Beijing-friendly Chinese media that China’s organ transplantation system was characterized by complex entanglements and vested interests, leading to a “filthy” and murky trade. In an interview, he stated: “There are definitely all kinds of intricate entanglements, interests, and chains of interests involved, which makes it filthy. It becomes filthy, becomes unclear and inexplicable, and turns into a particularly sensitive and complex area, a forbidden zone.”¹

Hospital websites have openly listed prices for various organ transplant operations. For example, the China International Organ Transplant Center website displayed prices ranging from tens of thousands to over \$100,000US for foreign patients, while domestic prices were significantly lower, in the range of tens of thousands RMB. The Zhongshan Hospital at Xiamen University provided an Excel file on their website detailing prices for a wide range of transplant therapies.²

In addition, the First Affiliated Hospital of Inner Mongolia Medical University, a regional-level heart and lung transplant center, published a list of service charges for various transplant surgeries. These prices, ranging from 600 to 5,000 RMB, appeared to cover only the transplant surgery and excluded organ and procurement costs.³ A large portion of the payments for surgery in China also takes place in cash transactions.

Similarly, the Fujian Provincial Hospital, a regional-level kidney transplant center, listed prices on its website for an extensive number of organ transplants, despite only being certified for kidney transplants. The prices ranged from 3,000 RMB for keratoplasty to 33,000 RMB for heart-lung transplantation, with the organ cost not included.⁴

These examples illustrate a state-sponsored marketplace for human organs in China, with prices openly advertised on hospital websites and substantial price disparities between foreign and domestic patients.⁵ The state’s role in enabling and profiting from this market suggests a strategic exploitation of prisoner populations for financial gain.

2.2 Prisoners have been blood tested, held captive, and then killed on demand for their organs

Substantial evidence indicates that prisoners in China have been subjected to blood tests, held in captivity, and killed on demand for their organs. This assertion is corroborated by evidence and admissions from high-level Chinese officials, medical professionals, and official publications. Prisoners here are treated as a resource—a captive pool of organ supply to be exploited as needed.

Dr. Huang, a prominent liver transplant surgeon, has been intimately involved in the organ transplantation system in China. In 2005, he traveled to Xinjiang to perform a complex autologous liver transplantation on a local Communist Party official. As a backup, Huang ordered two extra livers from hospitals in Chongqing and Guangzhou, which were delivered the next morning.⁶ This event demonstrates the extraordinary ability to procure organs on demand, which is effectively impossible

to do reliably and at scale in systems relying on voluntary donations. Given Huang's high-ranking position and expertise, his actions suggest knowledge of the methods used to source organs from prisoners.

Prior to the allegations of organ harvesting from Falun Gong practitioners in 2006, Chinese hospitals openly advertised organ transplants on short waiting times, ranging from weeks to months. They also scheduled foreign tourists for heart transplants on specific dates.⁷ The China Liver Transplant Registry in 2005 and 2006 revealed that a significant portion of liver transplants were conducted on an "emergency" basis, defined as within 24 to 72 hours of a patient's presentation at the hospital.⁸ The only plausible explanation for this phenomenon is the existence of a pool of pre-blood-typed, healthy donors who could be killed on demand for their organs.

Medical papers and anecdotes from Chinese surgeons further support the claim of organ sourcing from prisoners on demand. In one instance, doctors flew a donor to Tibet for a liver extraction, ensuring the simultaneous removal of the recipient's liver to maintain the viability of the transplanted organ.⁹ This constitutes an admission of human trafficking for killing and organ removal, given that they expressly flew a living forced donor to a different location, only to then conduct the execution and organ procurement. Chinese media also documented cases of rapid re-transplantation after rejection, with hospitals guaranteeing re-transplantation within a week in case of failure.¹⁰ Surgeons expressed enthusiasm for performing a high volume of transplants, with one stating that his team was "militarized" and ready to procure organs at any time.¹¹

These pieces of evidence, along with the disconnect between the volume of transplants and the number of executed prisoners, strongly suggest that prisoners in China have been blood tested, held captive, and killed on demand for their organs. The involvement of high-ranking officials, the short waiting times, and the ability to procure organs rapidly all point to a state-sanctioned system of organ harvesting from prisoners, likely including prisoners of conscience.

2.3 State agents have engaged in human trafficking and extrajudicial killing to secure organs

Evidence of human trafficking is apparent from the above anecdotes—that is, if a prisoner is moved from one location to another for the purposes of their being killed and having their organs trafficked, this constitutes human trafficking for the purpose of organ removal.¹²

To conclude that the PRC has also engaged in extrajudicial killing in the process of organ trafficking requires different evidence, and inference on that evidence.

The main reason to believe that the PRC has engaged in this practice is that it is the only plausible explanation that accounts for the observations.

First, there are numerous reports of prisoners, particularly Falun Gong detainees, being subjected to unusual blood tests and physical examinations focused on assessing organ health.¹³ These tests, which include blood typing, are a necessary precursor to organ matching and transplantation. Falun Gong refugees have reported that buses would arrive at labor camps, and only Falun Gong practitioners would be called out for examinations and blood tests. In the following months, many of those tested would disappear.¹⁴

Second, investigators making calls to Chinese hospitals and posing as potential transplant recipients have elicited admissions from doctors and nurses that organs are available on demand, with some of them stating explicitly that the organs come from Falun Gong prisoners.¹⁵ The short waiting times promised, often just weeks or even days, further suggest a large pool of pre-screened, living donors who can be executed as needed.

Third, as noted above, a significant portion of transplants in China were being performed on an emergency basis, with recipients receiving a matching organ within 24 to 72 hours of presenting with liver failure. In 2005 and 2006, 26–29 percent of reported liver transplants fell into this "emergency" category.¹⁶ This suggests a bank of living donors who can be killed on demand. This phenomenon only began in the PRC following the anti-Falun Gong campaign.

Fourth, the official explanation that China's transplant boom was driven by death-row prisoners is inadequate. Executions in China have been in steady decline since 2000, with a particularly sharp drop after 2007 due to legal reforms requiring Supreme Court review of all death sentences.¹⁷ However, transplant activity continued to grow during this period, with hospitals expanding their transplant centers and bed capacity.¹⁸

Finally, there is no evidence of a major shift in transplantation technology or practices around 1999–2000 that could explain China's sudden growth in transplant volume. While other countries saw steady increases in transplants per capita from 1989 onward, China's numbers jumped dramatically after 1999, suggesting a funda-

mental difference in organ sourcing—not technology that allows greater yield from the same population of donors.¹⁹ The surge in transplants also took place immediately after the onset of the persecution of Falun Gong.

In summary, the transplant activity observed in China, particularly in the post-2000 period, cannot be adequately explained by voluntary donations or death-row prisoners. The most plausible explanation, based on the available evidence, is that the Chinese state has been systematically killing prisoners of conscience, primarily Falun Gong practitioners, to obtain organs for transplantation. This would be consistent with blood and physical tests indicating organ harvesting, on-demand transplant availability, and a captive population that can be executed without consequence. There is no other known source of organs able to explain the outcome we observe.

While some have made an isolated demand for rigor about these claims—that only incontrovertible proof is acceptable before speaking about it or taking action—standards of evidence and burdens of proof are inherently political. The social scientist can only argue about which explanation is best able to account for the observations. This is why I believe we should adopt this explanation as adequate until a better one presents itself, or we come to uncover new, contradictory facts about this period of organ transplantation system development in the PRC.

This line of argumentation—inference to best explanation—is particularly relevant when considering the large scale blood testing of Uyghur detainees discussed below.

2.4 China’s organ transplantation system appears to have begun as a means of health care for the elite

The Chinese Communist Party (CCP) has long provided confidential, high-quality health-care exclusively for its top leaders. The CCP established a secret healthcare system for state leaders as far back as the 1940’s, which included special hospitals, clinics, and physicians dedicated to treating the elite.²⁰ This system, known as the Central Commission Healthcare Committee, operates under the direct control of the CCP Central Committee’s General Office. It coordinates with hospitals run by the Ministry of Health and the military to provide comprehensive medical care for the Party’s upper echelons. The Healthcare Committee uses this system as a tool of political control—leaders in good standing receive a high level of treatment, while those who have erred politically may be deprived of care.

This system has been tightly bound up with organ transplantation expertise. Key personnel involved in both the early development of this elite healthcare system, as well as its modern incarnation, have had deep transplant expertise which they presumably used in the care of Party leaders. These figures include Wu Jieping, a renowned urologist and confidant to Zhou Enlai, and Li Yantang, another leading kidney transplant surgeon.²¹ In 1964, when Mao Zedong shut down the Healthcare Committee, Wu was appointed by Zhou to lead a small team that continued to provide exclusive care for the Politburo Standing Committee. Wu went on to become a trusted physician to many top leaders. Li Yantang also cultivated close relationships with the Party leadership through his role providing them healthcare. He served as the personal physician to Deng Xiaoping and other revolutionary leaders for over 20 years.²²

This elite Party-controlled medical network appears to have served as an incubator for China’s organ transplantation system. The same top hospitals and expert doctors that were charged with treating the leadership also took the lead in developing and performing transplant surgeries, including the China—Japan Friendship Hospital, the 301 and 305 military hospitals, and others.

There are many ongoing connections between leading transplant physicians and the CCP’s secret healthcare systems. As noted above, Huang Jiefu was for many years a vice chair on the Healthcare Committee.²³ Similarly, the prolific liver surgeon Shen Zhongyang has long been appointed a “core expert” for the Committee,²⁴ while He Xiaoshun, another major figure in the transplant field, has also served on the committee.²⁵

2.5 Surgeons and health care workers have personally engaged in killing by heart removal

A recent study of which I was a co-author provides strong evidence that transplant surgeons in the PRC have participated directly in the execution of prisoners by organ procurement.²⁶ Our work finds that for decades, Chinese surgeons and other health workers played a key role in a state-sponsored program of medicalized execution by procuring vital organs from prisoners who were not properly declared brain dead. This finding challenges fundamental ethical principles of transplant medicine and implicates medical professionals in severe human rights abuses.

To reach this conclusion, we examined 2,838 Chinese-language transplant publications using computational text analysis. We searched for evidence of problematic brain death declarations during organ procurement, which would violate the dead donor rule—the ethical norm forbidding the procurement of vital organs from living donors. Our algorithm identified papers with language similar to text strings associated with dead donor rule violations.

We defined as problematic any declaration of brain death where the report stated that the donor was intubated after the declaration of brain death, or the donor was intubated immediately before organ procurement as part of the procurement operation, or the donor was ventilated by face mask only. In such cases, brain death could not have been properly diagnosed before organ procurement began, which makes the surgical removal of organs the proximate cause of death.

We identified 71 papers published between 1980 and 2015 containing such problematic descriptions. These papers came from 56 hospitals nationwide, with 348 medical personnel listed as authors, indicating a widespread and systematic practice. We discarded many other papers documenting transplant operations because they did not meet our stringent criteria.

Our findings challenge Chinese officials' claims that transplant surgeons are never involved in executions. The study documents what appears to be a state-sponsored program of medicalized execution in which surgeons and other health workers played a crucial role. Subsequently, the International Society for Heart and Lung Transplantation initiated a policy to reject submissions related to human organ transplantation from the PRC.²⁷ It is the only professional medical society to have enacted such a policy.

2.6 The PRC state has falsified its organ transplant data

In response to international pressure based on the facts above, Chinese officials announced a series of reforms starting in 2010 with the stated goal of transitioning to a voluntary organ donation system. They reported extraordinary successes, with annual voluntary deceased donors increasing from 34 in 2010 to over 6,300 by 2018. This data, along with assurances that China was no longer using prisoner organs, led international medical organizations to endorse China's organ donation reform.

However, a careful analysis of the available data on China's organ transplant system casts serious doubt on the integrity of China's reported numbers. In another paper I co-authored with Dr. Jacob Lavee, we found that the official figures on voluntary deceased donors conformed almost perfectly to a mathematical formula, specifically a quadratic equation.²⁸ China's data adhered extremely closely to this arbitrary formula, different from every other country about which data was available. That is, only China's data exhibited this artificial smoothness. Subsequently, updated 2017 data—which came out after our initial analysis—strengthened the hypothesis that the data was manufactured, because it provided even stronger evidence that the data had been generated based on a model. Such precise conformity to a mathematical model is extremely unlikely to occur organically from a complex, geographically dispersed voluntary donation system.

Further investigation revealed anomalies suggestive of data falsification in two other datasets—central-level Red Cross figures and provincial Red Cross data. The central-level Red Cross data contained multiple instances of implausible transplant rates that were “corrected” in subsequent data points to maintain an arbitrary organs-per-donor ratio. Provincial Red Cross data was found to be inconsistent with transplant activity reported by hospitals. Attempts to verify official transplant numbers were stymied by a lack of transparency, with key data either withheld or tightly controlled by authorities.

We conclude in the paper that the patterns identified cannot plausibly be explained by real underlying organ donation activity, and that the main datasets must have been manufactured and manipulated, apparently to create a false impression of the successes of China's voluntary donation reform.

While genuine voluntary donations do appear to be occurring, the corruption of official datasets makes it impossible to determine the actual scale of China's transplant activity and the extent to which organs from nonconsenting prisoners may still be entering the system. The deliberate falsification of such important data is a serious breach of trust that undermines the credibility of China's claims of reform and ethical organ sourcing.

3. Current concerns

3.1 Lack of accountability means there are no incentives for the cessation of the abuse

The grave human rights abuses and extrajudicial killings associated with China's organ transplantation system, as detailed in the preceding sections, have been met with little to no domestic accountability within China. The Chinese judicial system has not taken action against the state agents involved in these abuses, which is unsurprising given that they were acting in their official capacities in furtherance of Party interests. This lack of internal consequences removes a crucial incentive for change and reform.

On the international stage, the repercussions for China's transplant community have also been limited. Despite the evidence of their involvement in unethical and abusive practices, top Chinese transplant surgeons continue to publish in prestigious medical journals (with the notable exception of the International Society for Heart and Lung Transplantation's journals) and participate in conferences alongside leading Western colleagues. This stands in stark contrast to the international isolation and professional ostracization faced by Soviet psychiatrists for their complicity in human rights abuses, or even the pressure exerted by the World Psychiatric Association on Chinese psychiatrists that led to a temporary cessation of psychiatric abuse in China. The threat of damaged reputations and stunted careers can be a powerful motivator for medical professionals to reject unethical practices, but this pressure has not been sufficiently brought to bear on China's transplant sector.

The absence of meaningful accountability, both domestically and internationally, sends a signal that reform is optional rather than imperative. Without tangible consequences, there is little incentive for China to fundamentally alter its organ sourcing practices, as evidenced by ongoing reports of suspiciously short waiting times for organ transplants in Chinese hospitals. Investigators and documentary filmmakers have continued to uncover evidence suggestive of ongoing abuses in recent years.

Given the severity and scale of the abuses that have been credibly alleged and documented, the burden of proof should lie with China to demonstrably prove that its organ transplantation system is now ethical and abuse-free. The only credible mechanism for China to demonstrate this would be large-scale accountability for the system of extrajudicial killing. In the absence of such accountability efforts there are fewer incentives for ceasing the abuses, and it is difficult to justify the belief that they have stopped.

3.2 Uyghurs are highly vulnerable to this abuse

The mass internment of Uyghurs and other Muslim minorities in Xinjiang since 2017 has been accompanied by a range of disturbing practices that raise concerns about their vulnerability to organ harvesting. These include the widespread, coercive collection of DNA and blood types, blood tests and physical examinations consistent with assessing organ health, deaths in custody and disappearances, the secretive transfer of detainees by rail to prisons across China, and the continuation of organ trafficking in China post-2017.

Particularly alarming is the evidence of large-scale blood testing and biometric data collection from Uyghurs in detention. A preliminary computational review of the Xinjiang Police Files, a cache of internal documents hacked from public security computer systems in two counties of Xinjiang, reveals that over 200,000 individuals from a pool of over 500,000 have had their blood samples taken. In many cases, the ID and name of an internee is listed alongside their blood type. The files also contain several thousand instances of explicitly labeled DNA collection from internees, with thousands of files throughout the corpus discussing DNA collection from Uyghurs.

While the collection of blood type and DNA data does not in itself prove that Uyghurs are being harvested for their organs, it is a necessary precondition for organ matching. Blood type compatibility is essential for successful transplantation, and DNA data can be used to improve donor-recipient matches and post-transplant outcomes.¹ In the context of China's history of killing prisoners for their organs and the ongoing reports of organ trafficking, the mass collection of this sensitive biological information from a population subjected to extralegal detention is deeply concerning.

The parallels between the current repression of Uyghurs and the earlier persecution of Falun Gong practitioners, which coincided with a surge in organ transplants and evidence of forced organ harvesting, are striking. Uyghur detainees have reported being subjected to unexplained blood tests and medical examinations focused on assessing organ health, mirroring the accounts of Falun Gong detainees in the

early 2000s.² The transfer of Uyghur prisoners by rail to facilities across China,³ the lack of accountability for deaths in custody, and the continuation of organ trafficking in Chinese hospitals⁴ despite claims of reform all contribute to an environment in which Uyghurs are highly vulnerable to being exploited as an organ source.

Given the gravity of the allegations and the mounting evidence of abusive practices targeting Uyghurs, it is imperative that the international community demand transparency and independent investigations into China's organ transplant system. The mass collection of blood samples and biometric data from Uyghur detainees, in light of China's history of organ harvesting from prisoners, should be treated as a matter of urgent concern and a potential precursor to severe human rights violations.

4. Recommendations

My expertise is in the substantial and methodological questions associated with researching this and other social scientific questions—not in what lawmakers and policymakers ought to do in response.

Organizations like the International Coalition to End Transplant Abuse in China, Global Rights Compliance, medical groups like Doctors Against Forced Organ Harvesting, and professional associations like the International Society for Heart and Lung Transplantation have proposed a variety of policies that would isolate Chinese surgeons engaged in unethical transplant activity, rejecting their publications or denying their participation in conferences.

With sufficient political will, additional measures could be implemented. A high-level menu of action items for the U.S. and other governments (in rough escalatory order) might include:

4.1 Investigate federal funding

The U.S. Government should investigate whether federal funding has been provided to Chinese entities involved in unethical organ transplantation practices. Through my research, I have compiled several large datasets from primary Chinese-language sources, including over 100,000 medical publications, biographies of surgeons, and transplant textbooks. These can be used to identify thousands of surgeons, healthcare workers, and hundreds of affiliated hospital institutions engaged in these activities. The practices described, such as organ trafficking and human trafficking for the purpose of organ removal, are not only criminal but also violate human subject research protections outlined in the Common Rule and the NIH's policy on human subjects protections.¹

Some of the hospitals involved are among the largest in China and have many international ties. Have they received Federal funding from U.S. agencies, such as the National Institutes of Health and the National Science Foundation? Congress should write letters to these organizations, requesting a review of past and current funding to entities that have violated human subject protections and engaged in organ trafficking. Grantee institutions should be asked to account for their level of oversight of potential subawardees implicated in these practices.

4.2 Increased congressional oversight

Another area that requires further scrutiny is the role of U.S. medical schools in training Chinese surgeons who have subsequently engaged in unethical transplant practices. My preliminary analysis of a cache of surgeon biographies indicates that hundreds of PRC doctors received training at U.S. institutions—but the full scope of this training remains unclear.

Congressional oversight could include getting a much more thorough understanding of which U.S. hospitals have trained Chinese surgeons, specifically which surgeons they have trained, what they have trained them in, and when. This data could then be joined with our data on doctors and hospitals that have engaged in organ trafficking, in order to understand the extent to which U.S. institutions, particularly those in receipt of Federal funding, have been complicit in the training of PRC surgeons.

This sort of investigation is relevant even if the training took place many years ago. Without congressional oversight, it would be difficult to get the records held by these U.S. entities showing the full scope of their interaction with and training of PRC surgeons. We have a number of leads on the U.S. hospitals in question and we would be pleased to share them directly with Congress.

4.3 Individual sanctions

The United States could freeze any U.S. assets and deny visas of all surgeons and health care workers who have participated in organ transplant surgeries prior to 2015. I suggest the cutoff as 2015 because even though data associated with the

transplant reforms was falsified, there is evidently some level of reform taking place. A 2015 cutoff gives Chinese health care workers the benefit of the doubt. Prior to 2015, however, there was no national voluntary organ procurement system, and thus almost all transplants were illicit and involved coercion, trafficking, and often extrajudicial killing.

It is possible that the U.S. could enroll allied governments in putting similar pressure on perpetrators. This may make it impossible for surgeons to travel to Western-aligned countries. The deterrent and shaming effect of measures like this might help to spur further reform and help to reduce any ongoing abuses.

4.4 Diplomatic pressure

The United States could present specific information of criminal or unethical transplant activities about named facilities and doctors to the Chinese government and pressure the government to investigate and prosecute them. As we know, the individuals in question work for the state and engaged in human trafficking and extrajudicial killing in their capacity as agents of the state—nevertheless, publicly and privately drawing attention to this information and demanding that action be taken could have some effect.

4.5 Entity sanctions

This would be the most forceful set of sanctions.

Some of the hospitals and medical centers that engaged in these illegal activities, and apparently still engage in them, are among the largest and most well-resourced in China. It may be feasible to craft export bans that prevented any transplant-related technology or pharmaceuticals from entering China, and/or preventing any U.S.-connected businesses from transacting in China's transplant sector.

It may also be possible for the Treasury's Office of Foreign Assets Control to add these hospitals to the Specially Designated Nationals and Blocked Persons list, which would prevent financial transactions with U.S. persons. Gathering the intelligence and conducting the legal analysis needed to responsibly make these designations would be a major interagency effort, but adding thousands of hospitals and surgeons to OFAC's SDN list would send an extremely strong signal about the U.S.'s opposition to the PRC's practices of human trafficking, extrajudicial killing, and organ harvesting.

[Endnotes appear on the following two pages.]

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Section 3

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Section 4

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PREPARED STATEMENT OF MAYA (MAISAM) MITALIPOVA, Ph.D.

FORCED ORGAN HARVESTING AND CORPORATE COMPLICITY IN CHINA

The Chinese government is building the world's largest DNA database by acquiring DNA sequencing data from companies within China and across the globe, including the USA.

Numerous biotechnology companies are assisting the Chinese police in building this database and may find themselves complicit in these violations. They include multinational companies such as U.S.-based Thermo Fisher Scientific and major Chinese companies like BGI (Beijing Genomics Institute), AGCU Scientific, and Microread Genetics. BGI in particular is dangerous because it collects genetic data of Americans and uses it for research with the Chinese military.

Chinese authorities are enrolling in genome surveillance tens of millions of people in Tibet and Xinjiang (a.k.a. East Turkistan), who have no history of serious criminal activity. These individuals have no control over how their samples were collected, stored, and used. Neither do they know of the potential implications of DNA collection for them and for their extended families.

The indiscriminate collection of biometric data in China was first reported by Human Rights Watch. Beginning in 2013, state authorities obtained biometric samples from nearly the entire population of Tibet (3 million residents) and in 2016, a similar program was launched in Xinjiang, where data from the region's estimated 15 million Uyghurs and other Turkic people, was collected under the guise of free annual physical exams. Note, the Han Chinese population of the region was exempt from this program. Despite these being "free exams," no results were returned to these residents.

Mass DNA sequencing is a costly project. The least expensive sequencing of a small portion of DNA today costs \$100 per sample. To sequence 15 million samples in Xinjiang can cost at least \$1–2 billion. To maintain these databases for tens of millions of samples you need a substantial number of professional bioinformatic specialists, specialized computers and software, and expensive sequencing machines.

Why is the Chinese government investing billions of dollars to sequence the DNA of the entire population of Xinjiang and Tibet?

What can DNA sequenced data be used for?

DNA sequencing can be used in basic biological research, disease discovery, finding of novel treatments, forensics, ancestry research and in organ transplantation.

Now let's see which of these uses can be applied to Uyghur people in Xinjiang:

- Finding disease mutations and ancestry research? In the region where the Chinese government is conducting genocide against the Uyghur people by detaining up to 3 million (according to the State Department) of them in prisons and camps? The answer is "NO."
- For forensic investigation? On the rest of the population of Uyghurs who are not yet detained? On people who are tightly monitored by extensive surveillance cameras? On people whose passports have been confiscated by authorities since 2016? On people whose kitchen knives are chained in their homes? They live in an open-air prison. They have no way to commit a criminal act even if they wanted to. On the margins, forensic investigation might add to the cost of DNA sequencing by tightening surveillance capacity. But the answer is "NO."

The only reason left for DNA use is organ transplantation. And "YES," its use for forced organ harvesting and transplantation can absolutely justify the enormous cost of mass DNA sequencing.

According to a witnesses, authorities in Xinjiang, on a mandatory basis, withdraw not only blood for DNA, but also perform an ultrasound check of all internal organs, including iris scans. Again, patients never receive results from these health checks.

China's organ transplantation industry accounts for, at a minimum, 60,000 organ transplants per year. The least expensive kidney transplant costs around \$70,000 and some other organs can cost up to half a million dollars.

In free countries like the USA and Europe, organ donor recipients are on a waitlist for years for matching donor organs, while in China the matching donors can be found in a few weeks. The Chinese government favors forced-organ harvesting from prisoners of conscience and this has been practiced for decades involving a very large number of Falun Gong practitioners and now Uyghurs. According to research conducted by Ethan Gutmann, an estimated minimum of 25,000 Uyghurs are subjected to forced organ harvesting per year.

For successful organ transplantation, doctors rely on several important criteria including three main blood tests, cell surface tests and limited DNA tests to determine if a patient and a potential donor are a match. Current genetic tests detect dif-

ferences in DNA sequences at just a few specific locations in the genomes of transplant recipients and their organ donor. The fewer differences, the better the chance of long-term acceptance of the new organ. Whole genome sequencing data for a large number of genes would give a better match of donor and recipient organs, which in return will result in no rejection and the long-term survival of transplanted organs.

When a patient requests an organ in China, his/her DNA sequenced data will be blasted against millions in the DNA database stored in computers. Within a few minutes, a perfect match will be found. If a potential donor of the organs is not in prison or a camp, then Chinese authorities can easily find a reason to detain a match to be killed for their organs on demand.

This is the main reason why the Chinese government invested billions of dollars into DNA sequencing of the entire population of Xinjiang and Tibet. Because it will make exponentially many more billions of dollars per year in return.

Thermo Fisher's involvement in forced organ harvesting in Xinjiang is undeniable. But while it has vowed to stop selling sequencing machines to the region and to stop providing technical support to maintain them, the company is very successfully selling HLA kits and other custom-made DNA profiling products for organ transplantation as high as in the ten-million-dollar range. Thermo Fisher's Huaxia PCR amplification kit was developed specifically to identify the genotypes of Uyghur, Tibetan and Hui ethnic minorities.

The continued sale of DNA profiling products and technologies by Thermo Fisher to China has to be stopped by Congress! It is time for the U.S. Congress to pass the bill introduced by Senators Hagerty and Peters, the "Prohibiting Foreign Access to American Genetic Information Act of 2024" (S. 355). This legislation will help to protect sensitive genome data of Americans from being used by foreign governments like China, whose business practices threaten U.S. national security.

There is also growing evidence that academic research universities and publishers across the globe and in the U.S. are complicit in aiding the use of genetic technologies to surveil minority groups like Uyghurs and Tibetans in China. Professor Moreau and his colleagues warned scientific publisher PLOS, based in San Francisco, of 96 of its published research papers—that these papers hold sensitive genome data from minority ethnic groups. Only 12 of these 96 flagged papers have been retracted so far. Ethical concerns go beyond scientific publications. Data collected from these publications is commonly deposited into genetic databases, which are resources not only for medical researchers and population geneticists but also, in some cases, law-enforcement agencies.

I ask Congress to take action to restrict U.S. academic research universities and scientific publishers from sharing any technologies with Chinese companies like BGI or the like.

I urge Congress to question and if necessary, to sanction Thermo Fisher for aiding China in the genocide of the innocent Uyghur and Tibetan people and prisoners of conscience throughout the Chinese mainland!

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PREPARED STATEMENT OF TOM OLIVERSON, M.D.

Good afternoon, Chair Smith and Chair Merkley, and members of the Commission. My name is Tom OliverSON, and I serve as a state representative in Texas, where I chair the Insurance Committee. Thank you for allowing me the opportunity to be here today to speak about the horrific practice of forced organ harvesting.

I first became aware of forced organ harvesting through the advocacy work of the Southern USA Falun Dafa Association. There is a sizable number of Falun Gong practitioners in the Houston area where I live and represent, many of whom are political and religious refugees of China. Later, I was introduced to the Minaret Foundation and learned about their advocacy work on behalf of the Chinese Uyghur population.

I have worked with both of these groups for several years to honor the victims of communism and recognize the horrors of forced organ harvesting, but our most significant victory came during the most recent Texas legislative session, when we passed SB 1040.

Senate Bill 1040 is an attempt to prevent Texans from becoming unknowingly complicit in the act of forced organ harvesting. Senate Bill 1040 prohibits health benefit plan issuers from covering human organ transplants that are performed in China or in another country known to participate in forced organ harvesting and allows the Commissioner of the Texas Department of State Health Services to designate additional countries who are known to participate in organ harvesting.

Each bill and resolution that the Texas legislature has passed addressing this extreme violation of human rights did so with overwhelming bipartisan support. To the extent we faced barriers in passing this legislation, they came from unexpected sources. For instance, we faced a decent amount of opposition from church groups who send missionaries to countries like China. They were fearful that their volunteers would need to undergo surgery during their missions and be unable to be reimbursed by their insurance companies. We were able to overcome this opposition, pass the bill, and send it to Governor Abbott.

As Senate Bill 1040 was working its way through the legislative process, we were able to hold a press conference to allow those impacted by forced organ harvesting to share their stories. I believe these firsthand accounts were the reason we were able to pass this bill with the overwhelming majority that we did.

We had several survivors of Chinese detention camps share their powerful stories with us. They told us about the daily horrors of being a religious and political prisoner and about how often those in the camps would suddenly disappear—never to be seen again. They spoke of the horror of knowing what was happening to those that vanished and being unable to do anything to stop it. They shared that, because of their healthy lifestyles and abstinence from alcohol, Falun Gong practitioners and Uyghurs were most often targeted. I am confident that their bravery in sharing their stories helped us to pass this bill, which has now become a model for other states.

Bills modeled after Senate Bill 1040 have already been heard in the Arizona House and the Utah Senate, where they successfully passed the committees. A similar bill in the Missouri House recently received a hearing, and Idaho and Illinois are also in the process of passing legislation.

I am proud that the work we started in Texas is being modeled in other states, and I am so thankful for the work that is being done by the Commission to force this conversation at the national level.

 PREPARED STATEMENT OF HON. CHRIS SMITH

This hearing will come to order—and it is an important hearing, one which addresses one of the most persistent, horrific human rights abuses of our time, but sadly, one which has not received the widespread attention and condemnation it deserves.

Almost 2 years ago, Sir Geoffrey Nice testified before a hearing I chaired on forced organ harvesting at the Tom Lantos Human Rights Commission.

For those that do not know, Sir Geoffrey was the lead prosecutor of Slobodan Milošević at the International Criminal Tribunal for the former Yugoslavia. He is a serious man who engaged in a serious attempt to investigate the evidence of forced organ harvesting as the chair of the Independent People's Tribunal into Forced Organ Harvesting from Prisoners of Conscience in the People's Republic of China—or, simply, the China Tribunal.

Sir Geoffrey summarized for us that day the final judgment of the China Tribunal this way—[The Tribunal] found “unanimously and sure beyond a reasonable doubt—

that in China forced organ harvesting from prisoners of conscience has been practiced for a substantial period of time involving a substantial amount of victims.”

Among those victims, he said, were most certainly the most vulnerable populations—prisoners, Falun Gong practitioners, and Uyghurs.

Forced organ harvesting on an industrial scale in China is an atrocity unmatched in its wickedness—one has to go back to the horrific crimes committed in the 20th century by Hitler, Stalin, Mao, or Pol Pot to find comparably systemic atrocities.

The numbers of those executed for their organs—some even before they are brain dead—is staggering. Thus, the China Tribunal’s final assessment was that state-sanctioned forced organ harvesting in China amounts to “Crimes Against Humanity.”

So here we are, to again contemplate an unimaginable and unacceptable crime. We are here again because the Chinese Communist government is the world’s largest jailer of political prisoners and responsible for a genocide targeting Uyghurs.

We are here again because there are those who doubt or ignored the Tribunal’s findings—pointing to the PRC’s 2015 promise to only source organs from voluntary donors, even though evidence presented by one of our witnesses here today, Matthew Robertson, demonstrates that this data has been falsified.

We are here again because nearly one year ago, the House passed the Stop Forced Organ Harvesting Act by an overwhelming 412–2 vote, and we need the Senate to bring the bill across the finish line.

That landmark and bipartisan legislation authorizes the Secretary of State to deny passports and visas to any individual involved in illegal organ trafficking—in China and globally.

It also mandates annual reporting by the State Department on forced organ harvesting globally and authorizes sanctions for individuals and entities that facilitate organ harvesting.

In December 2023 a group of civil society groups, religious freedom advocates, trade unions, bar associations, and human rights solidarity groups wrote to Senator Ben Cardin and Senator James Risch—the Chair and ranking member of the Senate Foreign Relations Committee—urging committee consideration.

They said this bill represented the “strongest legislation ever introduced by any country to combat” the “grotesque . . . atrocity” of illegal organ trafficking.

We await Senate action.

Since the China Tribunal’s final judgment, researchers continue to investigate the Chinese Communist government and dive deep into the data on organ harvesting. Indeed, we will hear from two of the best, Ethan Gutmann and Matthew Robertson.

We will also look at how medical journals, bar associations, human rights groups, the United Nations, corporations, and U.S. state legislatures are grappling with the legal, ethical, and human rights issues associated with being complicit in forced organ harvesting.

Dr. Maya Mitalipova from MIT and Dr. Tom Oliverson, a Texas state representative, will discuss what has been done and what more needs to be done to address the PRC’s transplantation abuse—including the issue of “organ tourism,” which often fuels the illegal organ trafficking market.

For more than two decades, I have tried to shed light on forced organ harvesting in China. At one hearing in my subcommittee, a Chinese security official testified that he and his other security agents were executing prisoners—with doctors, of course, there, and ambulances—to harvest their organs for transplantation.

In the 1990’s, Chinese doctors, nurses, and security guards came forward to describe the harvesting of organs from prisoners and the political economy of organ procurement for the elite members of the Chinese Communist Party.

Today I’m announcing an initiative to seek firsthand witness information on forced organ harvesting in China. I will be sending a letter to Secretary of State Blinken asking him to offer rewards for information from witnesses that will disrupt and deter the forced organ harvesting industry in the PRC and bring accountability to those engaged in this gruesome practice. The State Department offers rewards for information on crimes against humanity and human trafficking.

I invite any of my colleagues to join me in signing this letter, copies of which will be available for your consideration. Silence is unacceptable—particularly from medical associations and corporations. If they remain silent, they are the most at risk of complicity in a crime against humanity.

We all bear some degree of responsibility to act. This is an ongoing fight to demand transparency and justice for the victims of forced organ harvesting and other horrific human rights abuses in the PRC. If we don’t act now, many more lives will be lost.

Thank you, and I look forward to hearing your compelling testimony.

PREPARED STATEMENT OF HON. JEFF MERKLEY

Thank you, Mr. Chairman, for convening this hearing.

The issue of human rights abuse in the organ transplant system has been a long-standing concern of this Commission. For example, back in 2006 the Commission reported that “Executed prisoners likely are the source of the majority of organs used in transplant operations in China, according to reported statements from Chinese officials and reports from U.S. human rights organizations.”

The notion that prisoners, including prisoners of conscience, might be executed so that their organs can be transplanted into other people, is horrific.

This is an area where we can say that international pressure appears to have produced some results. In 2014, China pledged to stop obtaining organs from executed prisoners and to “ensure the voluntary donation from citizens is the sole legal source of human organs . . .”

But have they done what they promised? Many experts have cast doubt about whether China has adhered to its pledge and abided by international standards. That is what we are here to explore.

A Congressional Research Service report notes that “researchers on organ harvesting in China have relied largely on circumstantial evidence, logical inferences, and interviews to support their arguments.”

In part, this problem can be blamed on Chinese authorities, who make it so difficult to get accurate and trustworthy data. The system is not transparent. The Chinese government has refused to agree to independent or international investigations into its organ transplant practices or provided information that refutes the allegations of human rights violations.

We need facts to make assessments and formulate policy. We must continue to demand that the Chinese government provide more transparency so that we can assess whether they are meeting international standards. But we must also take care not to let our policy responses be based on circumstantial or outdated evidence.

Two years ago the Tom Lantos Human Rights Commission, in a hearing chaired by today’s chairman, Representative Smith, addressed this topic with two of the witnesses with us today. I look forward to hearing any new information that they have uncovered since then.

Chairman Smith is also the author of the Stop Forced Organ Harvesting Act, which passed the House a year ago. I am a co-sponsor of the Senate version and hope we can move it soon on our side.

Last, I observe that one clear action that the Chinese government can take to provide assurance that its institutions are not harvesting organs from executed prisoners is to stop executing prisoners. I urge China to ratify the Second Optional Protocol to the International Covenant on Civil and Political Rights aimed at the abolition of the death penalty. I should note that for significant but different reasons the United States should do so as well.

I look forward to the testimony of the witnesses.

Congressional-Executive Commission on China

Hearing on

“Stopping the Crime of Organ Harvesting – What more must be done?”

Wednesday, March 20, 2024

**“EU’s Responses to Forced Organ Harvesting
by the CCP and Urgent Measures to be Taken”**

Written Testimony of Lebin Ding,

Falun Gong practitioner & Human Rights Advocate

Chairman Smith, Chairman Merkley, ranking members, members of the Commission and staff, thank you so much for inviting me to present my testimony.

After the European Parliament resolution of 12 December 2013 on organ harvesting in China (2013/2981(RSP))¹ and the European Parliament resolution of 5 May 2022 on the reports of continued organ harvesting in China (2022/2657(RSP)),² on January 18, 2024, the European Parliament passed the landmark resolution titled “The ongoing persecution of Falun Gong in China, notably the case of Mr. Ding Yuande (2024/2504(RSP)).”³

The resolution strongly urges the CCP to immediately end the persecution of Falun Gong practitioners and other minorities, including Uyghurs and Tibetans.

Meanwhile, the European Parliament calls for the EU and its Member States to publicly condemn organ transplant abuses in China and to use the EU Global Human Rights sanctions regime and national human rights sanctions regimes against all perpetrators and entities that have contributed to the persecution of Falun Gong practitioners in China and abroad.

Moreover, the European Parliament addressed EU-wide measures including refusing visas, freezing assets, expulsion from EU territories, criminal prosecution, including on the basis of extraterritorial jurisdiction, and bringing international criminal charges.

Mr. Ding Yuande is my father. He and my mother, Mrs. Ma Ruimei, are tea farmers and Falun Gong practitioners. Only because of his faith in the Chinese spiritual practice Falun Gong (also called “Falun Dafa”), on December 15, 2023, my father was sentenced to three years in prison and fined approximately \$2,100 USD (or 15,000 CNY) by the Wulian County People’s Court—without any legal basis. My father

¹ European Parliament resolution of 12 December 2013 on organ harvesting in China (2013/2981(RSP)), [Texts adopted - Organ harvesting in China - Thursday, 12 December 2013 \(europa.eu\)](#)

² European Parliament resolution of 5 May 2022 on the reports of continued organ harvesting in China (2022/2657(RSP)), [Texts adopted - Reports of continued organ harvesting in China - Thursday, 5 May 2022 \(europa.eu\)](#)

³ European Parliament resolution of 18 January 2024 on the ongoing persecution of Falun Gong in China, notably the case of Mr Ding Yuande (2024/2504(RSP)), [Texts adopted - The ongoing persecution of Falun Gong in China, notably the case of Mr Ding Yuande - Thursday, 18 January 2024 \(europa.eu\)](#)

appealed the judgement. The Rizhao City Intermediate People's Court did not hold a hearing before issuing its ruling on January 29, 2024, to uphold the wrongful conviction against my father.⁴

In the first 12 days after the illegal arrest of my parents on May 12, 2023, they were just disappeared. Nobody knew where they were being detained and what happened to them.

On May 24, 2023, my mother was released on bail due to the rescue campaign abroad. Since then, she has been under surveillance.

On March 20, 2024, my father was transferred from the Rizhao Detention Center in Rizhao city to a prison likely in the capital city Ji'nan of Shandong province. The Chinese authorities have not informed my mother about the name and place of the prison, so my father is disappeared again.

Mrs. Zhang Hui was the former party secretary of Rizhao City and first party secretary of the military in Rizhao City at the time of the mass arrest in May 2023, and she must be held accountable for the mass persecution in Rizhao.

As of August 2023, she is now the deputy party secretary of Qingdao, the former German colony city. Because forced organ harvesting has long been conducted in military hospitals, Zhang Hui's military connection raises concern about the lives of my father and other persecuted Falun Gong practitioners in my hometown city, Rizhao, Shandong province.

However, my parents are not the only victims. Dozens of Falun Gong practitioners from my hometown city of Rizhao, Shandong province, including my parents, were arrested around May 13, 2023—the anniversary of the introduction of the Chinese spiritual practice Falun Gong in China in 1992.

Shortly after my father was tried on November 28 at the Wulian County People's Court, over 20 Falun Gong practitioners, who are the victims of the mass arrest last May in my hometown city, were tried from December 4-6, 2023, at the same court as my father.⁵ On December 25, 2023, Wulian County People's Court sentenced them to a maximum of 5.5 years in prison and a maximum fine of 30,000 CNY.

The Society for Threatened People (STP, in German: Gesellschaft für Bedrohte Völker), an international NGO and human rights organization established in 1970 and based in Göttingen, Germany, which has advisory status at both the UN Economic and Social Council (ECOSOC) and at the Council of Europe, stresses in its written statement (AHR55NGO34) of February 5, 2024⁶ to the 55th session (26 February–5 April, 2024) of the UN Human Rights Council:

Since 1999, the Government of China has engaged in systematic persecution to eradicate the Falun Gong spiritual practice. This campaign involves nationwide harassment and detention of Falun Gong believers, who are then subject to forced conversion via torture—at times resulting

⁴ Shandong Tea Farmer Loses Appeal Over Three-Year Prison Sentence for His Faith in Falun Gong, [Shandong Tea Farmer Loses Appeal Over Three-Year Prison Sentence for His Faith in Falun Gong | Falun Dafa - Minghui.org](https://faluninfo.net/wave-of-falun-gong-show-trials-ahead-eu-china-summit-including-father-of-berlin-resident/)

⁵ Falun Dafa Information Center, Wave of Falun Gong Show Trials Ahead of EU-China Summit Includes Father of Berlin Resident, <https://faluninfo.net/wave-of-falun-gong-show-trials-ahead-eu-china-summit-including-father-of-berlin-resident/>

⁶ Written statement submitted by Society for Threatened Peoples, a non-governmental organization in special consultative status, AHR55NGO34, UN Human Rights Council, Fifty-fifth session, 26 February–5 April 2024, Agenda item 3, Promotion and protection of all human rights, civil, political, economic, social and cultural rights, including the right to development. https://ap.ohchr.org/documents/sdpage_e.aspx?b=10&se=237&t=7

in death—and even forced organ harvesting. International human rights experts have deemed this campaign a cold genocide.

For thousands of years, spirituality has been central to Chinese culture. Falun Gong (also called “Falun Dafa”) is a Chinese meditation practice rooted in the Buddhist tradition. Following the practice’s introduction to the public in 1992, many people in China saw it as a revival of traditional Chinese culture. The practice’s core values of truthfulness, compassion, and forbearance resonated across the country, and according to Chinese government estimates, 70 million to 100 million people had taken up the practice by 1999.

From 1949 on, the Government of China has sought to control the thoughts of the Chinese people, carrying out campaign after campaign to stamp out ideological diversity. Though Falun Gong was spiritual in nature and focused on improving the character of the individual rather than advocating for societal changes, the then-State and Communist Party leader, Jiang Zemin, gave the order to “ruin their reputations, bankrupt them financially and destroy them physically.” Thus, in July 1999 Chinese citizens who practice Falun Gong across the country, including even members of the Chinese Communist Party and officials, abruptly became targets of China’s violent suppression.

According to the Falun Dafa Information Center,⁷ in June 2023, total documented Falun Gong deaths due to persecution since July 1999 had reached 5,032, as recorded by Minghui.org. The actual number of those killed for practicing Falun Gong is believed to be many times larger, reflecting the difficulty of obtaining detailed information, including for countless victims targeted for organ harvesting.

Around the time of the Chinese New Year, the CCP continued to carry out Jiang Zemin’s persecution orders against Falun Gong, abducting, harassing, detaining and framing Falun Gong practitioners for persecution. According to statistics reported on Minghui.org, in January-February 2024 it was reported that at least 310 Falun Gong practitioners had been abducted and harassed, including 192 abducted, 118 harassed, 15 forcibly brainwashed, 6 forced to leave their homes, and 78 illegally raided. Between January and February of this year, it was determined that 177 Falun Gong practitioners had been illegally sentenced to prison, and 23 Falun Gong practitioners had been persecuted to death or had died in the course of persecution.⁸

It is extremely important to continue to publicly condemn the CCP’s crime of forced organ harvesting and to continue to strongly urge the CCP to immediately stop the ongoing persecution of Falun Gong practitioners, Uyghurs and Tibetans, human rights defenders, as well as other prisoners of conscience during all political and human rights dialogues with the Chinese authorities.

Meanwhile, the EU resolution on the ongoing persecution of Falun Gong in China (2024/2504(RSP)) calls for the EU and its Member States to support and facilitate an international investigation into the persecution of Falun Gong practitioners.

⁷ Falun Dafa Information Center, The Persecution of Falun Gong: Key Developments in 2023, [The Persecution of Falun Gong: Key Developments in 2023 - Falun Dafa Information Center \(faluninfo.net\)](#)

⁸ Minghui.org, Reported in January and February 2024: 310 Falun Gong Practitioners Arrested or Harassed for Their Faith, [Reported in January and February 2024: 310 Falun Gong Practitioners Arrested or Harassed for Their Faith | Falun Dafa - Minghui.org](#)

Following the concept of the three EU resolutions of the last decade, The Society for Threatened Peoples has clearly and in detail given the following measures in its Written Statement⁹ to the UN Human Rights Council that should be urgently applied to end the forced organ harvesting by the CCP:

- 1. Strongly urge China to prosecute and punish perpetrators of torture under articles 7 and 12 of the UN Convention against Torture, which China has ratified;*
- 2. Call on UN Member States' embassies in China to monitor the court proceedings of Falun Gong practitioners, Uyghurs, Tibetans, Christians and other prisoners of conscience, as well as to visit them in detention centers or prisons; Call on UN Member States' embassies in China for assistance in investigating the forced organ harvesting from prisoners of conscience;*
- 3. Call on UN Member States to use relevant sanctions against all perpetrators and entities that have contributed to the persecution of Falun Gong practitioners in China and abroad;*
- 4. Publicly condemn organ transplant abuses in China, appoint a Special Rapporteur on forced organ harvesting of living prisoners of conscience in China, and establish an international criminal tribunal for forced organ harvesting in China.*

⁹Written statement submitted by Society for Threatened Peoples, a non-governmental organization in special consultative status, AHRC55NGO34, UN Human Rights Council, Fifty-fifth session, 26 February–5 April 2024, Agenda item 3, Promotion and protection of all human rights, civil, political, economic, social and cultural rights, including the right to development. https://ap.ohchr.org/documents/sdpage_e.aspx?b=10&sc=237&t=7



Written Testimony for the Record

Cynthia Sun, Researcher at the Falun Dafa Information Center

Before the Congressional-Executive Commission on China,

Hearing entitled: *“Stopping the Crime of Organ Harvesting—What More Must Be Done?”*

March 20, 2024

Chairman Smith, Co-Chairman Merkley, and distinguished members of the Commission, thank you for holding a hearing on the crucial issue of forced organ harvesting. We appreciate the opportunity for our organization to provide additional written testimony on this subject.

As we speak, we believe that the cogs of the state-subsidized industry of organ harvesting are churning in China. Chinese hospitals are colluding with police departments and the justice system to hold prisoners of conscience against their will, often in violation of legal procedures.¹ The victims are then subjected to examinations for organ compatibility, after which they are matched with patients under extremely short wait times. At the allotted time, their healthy organs are systematically removed to meet the demands of “organ tourists” and Chinese patients in a rapidly growing industry. After victims are killed in the process, their bodies are cremated—a practice reportedly aimed at erasing evidence of transplantation abuse, according to families alleging organ harvesting.²

Among the primary targets of this practice in China are Falun Gong practitioners, with credible estimates suggesting the number of victims could be in the tens of thousands annually.³ Numerous allegations of mass murder of Falun Gong practitioners for organs have surfaced since 2006. In recent years—even after Chinese health authorities claim to have switched to a voluntary donor system—substantive reports from whistleblowers, victims’ families, and independent investigators have emerged, rendering the position of the Chinese Communist Party (CCP) and its defenders, who seek to deny the claims, increasingly untenable.⁴ According to a Freedom House 2017 report, “the organ transplant industry in China remains enormous and growing, even as the number of judicially executed prisoners has declined over the past decade.”⁵ The final judgment of the China Tribunal in 2019 agrees, “Forced organ harvesting has been committed for years throughout China on a significant scale and that Falun Gong practitioners have been one – and probably the main – source of organ supply.”⁶

¹ Faluninfo Library, “Falun Gong: 24 Years of Persecution: Key Developments and Prisoner Cases 2022-2023,” July 2023, <https://library.faluninfo.net/falun-gong-24-years-of-persecution-report/>.

² Faluninfo TV, “Han Yu Story”, 2022. <https://tv.faluninfo.net/han-yu-story-irf-summit-organ-harvesting/>.

³ David Matas & David Kilgour, “Bloody Harvest: Revised Report into Allegations of Organ Harvesting of Falun Gong Practitioners in China”, January 31, 2007. http://organharvestinvestigation.net/report0701/report20070131.htm#_Toc160145138.

⁴ <https://faluninfo.net/forced-organ-harvesting-in-china-falun-gong/>; Interview with Huang Jiefu, January 8, 2015. <http://tl.cn-healthcare.com/article/20150108/content-468177.html>.

⁵ Sarah Cook, “Falun Gong,” The Battle for China’s Spirit, Freedom House, 2017, <https://freedomhouse.org/report/2017/battle-china-spirit-falun-gong-religious-freedom>.

⁶ China Tribunal, “Judgement”, China Tribunal, June 17, 2019, <https://chinatribunal.com/final-judgment/>.

This submission presents updates on three areas related to forced organ harvesting, followed by policy recommendations:

- **Survivors of Chinese incarceration report blood testing and medical examinations, alluding to reverse and unethical donor matching**, according to dozens of personal interviews documented by the Falun Dafa Information Center in 2023.
- **At least six states have drafted, introduced, or passed legislation aimed at stopping forced organ harvesting in China.** Similar international government actions include those taken by the European Parliament, the United Kingdom, Canada, and Taiwan.
- **Even as some international actors are taking steps to address this crime, others seek to discredit sound evidence or choose to stay silent on the issue of forced organ harvesting**, effectively aligning their interests with Beijing and enabling transplant abuse to continue.

1. Systematic Testing on Falun Gong Practitioners in Custody

Unlike the voluntary donor system in the United States, blood testing and medical examinations of people held in Chinese custody suggest “extrajudicial organ sourcing from these populations are the most plausible and parsimonious explanation” for the rapid availability and extraordinary growth of China’s market, according to a 2020 report by Victims of Communism Foundation.⁷ In June 2021, U.N. independent experts also expressed concern that prisoners of conscience in China are “forcibly subjected to blood tests and organ examinations such as ultrasound and x-rays, without their informed consent; while other prisoners are not required to undergo such examinations. The results of the examinations are reportedly registered in a database of living organ sources that facilitates organ allocation.”⁸

The aforementioned reports are consistent with interviews conducted by the Falun Dafa Information Center in 2023 with refugees who had previously been detained in China for practicing or sharing information related to Falun Gong and the persecution suffered by believers. Over a dozen survivors who emigrated from China attest to extensive physical examinations and frequent blood tests conducted at detention facilities or prisons by third-party affiliated nurses or medical staff. According to our documentation, Falun Gong practitioners were singled out and transferred as a group to a local hospital for testing, or escorted individually into a blacked-out van parked in front of the prison, accompanied by nurses wearing unmarked scrubs and medical equipment. Other detainees were reportedly not targeted for such medical procedures, nor were they escorted to other locations or subjected to the same frequency of medical check-ups.

The following cases of Falun Gong practitioners forcibly having blood drawn by the police suggest that the atrocities still continue. Unfortunately, most victims of forced organ harvesting are not reported due to the CCP’s routine cremation of their bodies, often without the permission of their families. Besides the cases listed below, three additional individuals who left China since

⁷Matthew Robertson, “Organ Procurement and Extrajudicial Execution in China: A Review of the Evidence (March 10, 2020).” Available at SSRN: <https://ssrn.com/abstract=3598791> or <http://dx.doi.org/10.2139/ssrn.3598791>.

⁸“China: UN human rights experts alarmed by ‘organ harvesting’ allegations,” United Nations, <https://www.ohchr.org/en/press-releases/2021/06/china-un-human-rights-experts-alarmed-organ-harvesting-allegations?langID=E&NewsID=27167>.

2023 have relayed similar experiences in interviews, but for privacy and security reasons have asked that the full details not be made public at this time.

- Mr. Huang Liwu was sentenced to two years in Fanjiatai, Hubei Province. From July 2016 to September 2018, his blood was drawn four times for physical examinations. Huang moved to Australia in 2018.⁹
- In 2017, Ms. Zhang Yanhua, a China Tribunal witness, was held in Qiqihar City Detention Center. Her blood was taken once when she first entered the detention center but she was never given a reason why. During her detention, her blood was tested two additional times, and her heart was examined. She did not witness other detainees undergo medical exams. Zhang moved to the Netherlands in 2018.¹⁰
- In 2015, when Mr. Zhang Su was serving a six-year sentence in Hubei, prison guards ordered all Falun Gong practitioners to have blood drawn. They claimed to be checking for infectious diseases, but non-practitioner prisoners were excluded. In a previous detention in 2011, officer Jiang Lili reportedly threatened him, “The Communist Party will kill you like killing an ant. Tomorrow, they can execute you and say that you committed suicide. All your family gets is a box of ashes. They can send you to the hospital to take your organs out, like what happened in Sujiatun.”¹¹ Zhang moved to New Zealand in 2018.
- In 2013, Ms. Wei Jun, a middle school teacher, was twice transferred to detention without trial or notice to her family. Guards in the first detention center reportedly threatened her, “We will cut you open, harvest your organs, and sell them.” The director of the second detention center, Li Lijun, allegedly said, “Doctors in the hospital are cooperating with us in the name of medical exams for your health, to see if your physical indicators meet the standards for organ harvesting.” The local 610 Office director, Yu Xiaofeng, also remarked, “Your eyes are good [for being harvested].”¹² Wei moved to Australia in June 2023.
- From 2006 to 2008, Mr. Bu Dongwei, a high-profile Amnesty International rescue case, was placed into a re-education through labor facility. Medical tests were reportedly performed on him and other Falun Gong practitioners every three months while other prisoners were not tested.¹³ Bu currently lives in California.

2. Actions in the United States and Abroad

In the United States, two pieces of federal legislation have moved forward. The bipartisan Stop Forced Organ Harvesting bill, introduced in February 2023, was passed by the House of Representatives in March 2023 with a 413-to-2 vote.¹⁴ Its Senate companion bill remains

⁹Huang Liwu, Interview by Cynthia Sun, Falun Dafa Information Center, September 13, 2023.

¹⁰China Tribunal, “Zhang Yanhua,” December 2018, <https://chinatribunal.com/wp-content/uploads/2019/11/Zhang-Yanhua.pdf>

¹¹Mr. Zhang Su Poisoned and Beaten in Brainwashing Center, Police Threaten to Harvest His Organs,” Minghui.org, September 25, 2012, <https://en.minghui.org/html/articles/2012/9/25/135583.html>.

¹²Cindy Li, “Victim of CCP Persecution Told to ‘Contribute’ Herself to Beijing’s Live Organ Harvesting Program,” *The Epoch Times*, July 19, 2023, <https://www.theepochtimes.com/world/victim-of-ccp-persecution-told-to-contribute-herself-to-beijings-live-organ-harvesting-program-5402691>; “If You Don’t Sign Your Name, We Will Cut You Open, Harvest Your Organs, and Sell Them,” Minghui.org, November 30, 2013, <https://en.minghui.org/html/articles/2013/11/30/143440.html>.

¹³“Bu Dongwei,” Amnesty International, 2008, <https://www.amnestvusa.org/victories/bu-dongwei/>; “Speakers Expose the Transplants that Take Lives,” International Coalition to End Transplant Abuse, July 31, 2014, <https://endtransplantabuse.org/speakers-expose-the-transplants-that-take-lives/>.

¹⁴Cynthia Sun, “The Stop Forced Organ Harvesting Act Passes in US House with Bipartisan Support,” Falun Dafa Information Center, <https://faluninfo.net/the-stop-forced-organ-harvesting-act-passes-in-us-house-with-bipartisan-support/>.

pending. The Falun Gong Protection Act, re-introduced in June 2023, remains pending in the House.¹⁵ If adopted, the two bills would impose sanctions on perpetrators (individuals and entities) involved in forced organ harvesting and create a reporting mechanism on organ harvesting.

At least six states—Texas, Utah, Arizona, Idaho, Missouri, and Massachusetts—have drafted, introduced, or passed legislation aimed at preventing American demand for and complicity in organ harvesting in China.¹⁶ A seventh state, Virginia, has passed multiple city-wide resolutions to target organ harvesting. Texas and Utah are the only states thus far that have adopted laws; the former came into effect in September 2023 and the latter will begin in May 2024. The laws aim to end health insurance coverage for organ transplants conducted in countries known to have organ harvesting like China. The bipartisan Texas law states that “organs may have been harvested from hundreds of thousands of incarcerated people, mainly Falun Gong practitioners.” These state laws are the first in the United States to enact complicity prevention measures for American patients. Relevant laws in other democracies, like the United Kingdom, Canada, the European Parliament, and Taiwan, also target forced organ harvesting in China.¹⁷

After an article in the American Journal of Transplantation was published, which demonstrated unethical use of claimed brain-dead donors in 2022, medical organizations have also implemented stricter regulations on transplant publications, and in some cases, even issued bans due to organ harvesting concerns in China.¹⁸ The International Society for Heart and Lung Transplantation prohibited article submissions involving organs or tissue from donors in China, while cautioning against training physicians for potentially unethical transplants.¹⁹ A peer-reviewed article in the Cambridge Quarterly of Healthcare Ethics called for a “systematic investigation into organ donation from claimed brain-dead donors [in China].”²⁰ Subsequently, in July 2023, the Association of American Physicians and Surgeons urged against any involvement in forced organ harvesting, specifically highlighting China: “The United States government and American physicians should refuse to condone, enable, facilitate, or participate in forced organ harvesting, as by: educating or training personnel from a totalitarian country like . . . China.”²¹

3. International Actors Enabling CCP Impunity

Even as some members of the medical profession are taking serious action to avoid complicity and reduce incentives for organ harvesting, other leading medical professionals, academic

¹⁵ Congress.gov, “H.R.4132 - 118th Congress (2023-2024): Falun Gong Protection Act,” June 21, 2023.

<https://www.congress.gov/bills/118/4132>; <https://www.congress.gov/bills/118/4132>.

¹⁶ Texas S.B. 1040, <https://capitol.texas.gov/Bills/lookup/History.aspx?LegSess=88R&Bill=SB1040>; Utah S.B. 262,

<https://leg.utah.gov/-/2024/bills/static/SB0262.html>; Arizona HB2504, <https://apps.azleg.gov/BillStatus/BillOverview/80377>; Idaho House Bill 670, <https://legislature.idaho.gov/sessioninfo/2024/legislation/H0670/>; Missouri HB2624, <https://trackbill.com/bill/missouri-house-bill-2624-establishes-the-end-organ-harvesting-act-of-2024/2505596/>; Massachusetts—legislation yet to be introduced.

¹⁷ Bill 147, “An Act to amend the Criminal Code and the Immigration and Refugee Protection Act (trafficking in human organs),” 1st Sess, 44th Parl, 2022 (assented to 15 December 2022), 2022, c 18. <https://www.parl.ca/LegisInfo/en/bill/44-1/s-223>.

¹⁸ Jacob Lavee and Matthew P. Robertson, “Execution by organ procurement: Breaching the dead donor rule in China,” *American Journal of Transplantation*, 22 (July 2022): <https://doi.org/10.1111/ajt.16969>.

¹⁹ “Aftermath of 20th Party Congress in China and Canada,” Falun Dafa Information Center, <https://faluninfo.net/aftermath-of-20th-party-congress-in-china-and-canada/>; Adnan Sharif, Sheldon Stone, Susie Hughes, “ISHLT, transplant ethics and forced organ harvesting,” *The Journal of Heart and Lung Transplantation*, 41, no. 12, (2022) 1657-1659. <https://doi.org/10.1016/j.healun.2022.09.013>.

²⁰ Paul, Norbert W., Kirk C. Allison, and Huige Li, “Cases Abusing Brain Death Definition in Organ Procurement in China,” *Cambridge Quarterly of Healthcare Ethics* 31, no. 3 (2022): 379–85. <https://doi.org/10.1017/S0963180121001067>.

²¹ “AAPS Position Statement on Forced Organ Harvesting,” Association of American Physicians and Surgeons, July 4, 2023, <https://aapsonline.org/aaps-position-statement-on-forced-organ-harvesting/>.

research institutions, and media companies have unfortunately acted in support of the CCP by training doctors or trying to suppress discussion or news reporting on the issue. Some claim that CCP officials and their transplant industry align with the World Health Organization's (WHO) Guiding Principles on transparency and oversight, but investigations such as the ones noted above raise doubts that this is the case.

Last week, an investigation by *The Telegraph* exposed that Oxford University had organized training programs in 2023 attended by at least 16 Chinese transplant doctors reportedly involved in organ harvesting.²² Two weeks ago, I spoke at an event on organ harvesting at Harvard University in Boston, and personally saw emails sent out by American surgeons trying to deter people from attending and at least one moderator from speaking at the event.

In a 2022 Hudson Institute report on organ harvesting, Nina Shea points to the support of CCP officials by individuals like Harvard's Dr. Francis Delmonico, who "praised Huang [Jiefu] as a 'courageous leader' in congressional testimony" after touring Chinese hospitals in a WHO investigation.²³ Notably, Huang Jiefu proposed and appointed himself to that 2017 WHO organ transplant task force to investigate China. International pressure for a re-investigation has surged.

Media companies in the United States have also played a role in limiting public attention on this issue. While several U.S. outlets reported on the findings of the China Tribunal in 2019, there have been almost no original investigations. On the contrary, leading papers like the *New York Times* have been silent on forced organ harvesting. This is despite the fact that in 2015-2016 one of the *Times*' China reporters—Didi Kirsten Tatlow—was eager to pursue the story after she overheard an exchange between two Chinese doctors indicating that harvesting of organs from prisoners of conscience had occurred and appeared to be common knowledge among some medical specialists, while a reported ban on continuing the practice was not. In testimony that Tatlow relayed to the China Tribunal, she noted that:

I'd like to say that it was my impression the New York Times, my employer at the time, was not pleased that I was pursuing these stories [on organ transplant abuses], and after initially tolerating my efforts made it impossible for me to continue.

Such dismissiveness vis-à-vis brutal and systematic human rights violations is irresponsible and contributes to the impunity that enables the perpetrators to continue.

Recommendations

Investigate the extent of American participation in aiding and/or abetting forced organ harvesting in China. Additional congressional hearings on this issue and media investigations, like the one conducted by The Telegraph on Oxford, need to be conducted on American entities to increase transparency on the extent of domestic involvement with organ harvesting in China.

²² Henry Bodkin, "Oxford University held training sessions attended by Chinese doctors accused of harvesting organs," March 9, 2024, <https://www.telegraph.co.uk/news/2024/03/09/oxford-university-training-chinese-accused-organ-harvesters/>.

²³ Nina Shea, "China's Forced Organ Harvesting Demands US Response," Hudson Institute, RealClearPolitics, September 1, 2022, <https://www.hudson.org/foreign-policy/china-s-forced-organ-harvesting-demands-us-response>.

Reevaluate China's presence in international medicine, with particular attention to American institutions having trained at least 344 of China's transplant doctors. A 2022 editorial in the British Medical Journal argued for a reevaluation of Beijing's presence in the World Medical Association, because "the Chinese government systematically deployed medical professionals, medical skills, and medical technologies in pursuit of these [organ harvesting] crimes."

Adopt legislation to minimize potential international complicity in organ transplant abuses, including in China. The Senate should immediately mark up and pass the Stop Forced Organ Harvesting Act in the Senate. The legislation would grant authority to the U.S. Government to punish perpetrators involved in organ harvesting in China and other countries, including visa-blocking sanctions, a maximum of \$1 million fine or 20 years in prison. State legislatures who have yet to do so should introduce state legislation to educate Americans and prevent patients from unwittingly being complicit in forced organ harvesting.

Formally evaluate and consider a determination of whether crimes against humanity and/or genocide have been committed against Falun Gong, particularly considering the issue of forced organ harvesting raised by this hearing today.

Meet with former detainees, torture survivors, and families of organ harvesting victims at the state, federal, and diplomatic level to signal support. High-level officials, including presidents, vice presidents, prime ministers, secretaries of state, ambassadors, and diplomatic staff should meet with recent survivors or relatives to better understand conditions in China that would otherwise be inaccessible.

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Written Testimony of Anne Zimmerman¹

**Hearing of the Congressional-Executive Commission on China: Stopping the Crime of Organ Harvesting—What More Must Be Done?
 March 20, 2024**

Thank you for holding today’s hearing to discuss forced organ harvesting. I am pleased to contribute testimony concerning not just state-sanctioned forced organ harvesting, but other crimes in the organ transplantation ecosystem. Law and public policy can create well-defined responsibilities and obligations. Law and other public policies should encourage or require individuals and corporations to perform human rights due diligence,² mitigate human rights risk, and refrain from complicity that may arise out of medical institution, business, or individual actions.

Sometimes medicine and science, or scientific discovery, are privileged above our common humanity. In the case of forced organ harvesting,³ the killing of humans for the sake of providing organs for transplant, bad actors are intentionally violating human rights, killing people. Organ trafficking⁴ and trafficking in persons for organ removal⁵ are forms of criminal exploitation, in the same vein as

¹ Anne Zimmerman, JD, MS, Columbia University; Chair, New York City Bar Association Bioethical Issues Committee; Chair, Innovative Bioethics Forum / Modern Bioethics. This testimony was prepared independently – it is not on behalf of nor does it necessarily represent the views of Columbia University, the New York City Bar Association, or the Innovative Bioethics Forum.

² Global Rights Compliance. (2022) Do No Harm: Mitigating Human Rights Risks when Interacting with International Medical Institutions & Professionals in Transplantation Medicine. Legal Advisory Report. 2022, p. 7. <https://globalrightscpliance.com/project/do-no-harm-policy-guidance-and-legal-advisory-report/> (“ Human Rights Due Diligence: The proactive conduct of a medical institution and transplant-associated entity to identify and manage human rights risks and adverse human rights impacts along their entire value and supply chain.”)

³ Global Rights Compliance, 2022, p. 7. (Forced organ harvesting is “The killing of a person so that their organs may be removed without their free, voluntary and informed consent and transplanted into another person.”)

⁴ The Inter-Agency Coordination Group Against Trafficking in Persons (2021). Trafficking in Persons for the Purpose of Organ Removal: Issue Brief.

https://icat.un.org/sites/g/files/tmzbd1461/files/publications/icat_brief_tip_for_or_final.pdf. (“Trafficking in organs” covers a range of illicit practices associated with the removal of organs from living or deceased donors including: (i) Removal of organs without free, informed and specific consent; (ii) Removal of organs for financial gain or comparable advantage; (iii) Implantation or other use of illicitly removed organs; (iv) Preparation, preservation, storage, transportation, transfer, receipt, import and export of such illicitly removed organs; (v) Illicit solicitation or recruitment of organ donors or recipients; and (vi) Offering and requesting of undue advantages to or by healthcare professionals or officials with a view to performing or facilitating such removal or implantation and other use; (vii) Attempting to commit or aiding or abetting the commission of any of these criminal acts.)

⁵ The Inter-Agency Coordination Group Against Trafficking in Persons (2021). (“According to the Trafficking in Persons Protocol, the offence ... involves: (i) The recruitment, transportation, transfer, harbouring or receipt of persons; (ii) Through threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments of benefits to achieve the consent of a person having control over another person; (iii) For the purpose of exploitation through removal of organs.”)

state-sanctioned forced organ harvesting. All violate the requirements that organ donation be voluntary and consensual.⁶ I believe that those testifying in person have laid out the evidence of forced organ harvesting, but I have included some sources in the footnotes as well.⁷ Some of the strategies to identify, decrease, and punish forced organ harvesting would also apply to organ trafficking and trafficking in persons for organ removal, and this testimony therefore examines them together.⁸

Torture, genocide, crimes against humanity,⁹ modern slavery,¹⁰ and exploitation all provide frameworks and context for approaching, suppressing, and punishing forced organ harvesting. Many UN Conventions and international declarations, protocols, and principles apply, for example, the Palermo Protocol¹¹ to prevent and punish human trafficking and the Declaration of Istanbul on trafficking and transplant tourism.¹² Despite a robust body of international human rights conventions, forced organ harvesting in an authoritarian regime remains stealth and escapes enforcement mechanisms.

⁶ WHO Guiding Principles on Human Cell, Tissue, and Organ Transplantation, May 2010, <https://apps.who.int/iris/bitstream/handle/10665/341814/WHO-HTP-EHT-CPR-2010.01-eng.pdf?sequence=1>; World Health Assembly Resolution 57.18, Human organ and tissue transplantation, May 22, 2004, http://www.who.int/gb/ebwha/pdf_files/WHA57/A57_R18-en.pdf; International Summit on Transplant Tourism and Organ Trafficking (2008). The Declaration of Istanbul on Organ Trafficking and Transplant Tourism. *Clinical Journal of the American Society of Nephrology*. 3(5), 1227–1231. <https://doi.org/10.2215/CJN.03320708>

⁷ See The Independent Tribunal into Forced Organ Harvesting from Prisoners of Conscience in China, p. 416-417. https://chinatribunal.com/wp-content/uploads/2020/03/ChinaTribunal_JUDGMENT_1stMarch_2020.pdf; DAFOH Special Report, 2022. <https://epochpage.com/wp-content/uploads/sites/3/2022/12/DAFOH-SpecialReport-2022.pdf>; Do No Harm: Mitigating Human Rights Risks when Interacting with International Medical Institutions & Professionals in Transplantation Medicine, Global Rights Compliance, Legal Advisory Report, April 2022, <https://globalrightscpliance.com/project/do-no-harm-policy-guidance-and-legal-advisory-report/>; Gonzalez, J., Garijo, I., & Sanchez, A. (2020), Organ Trafficking and Migration: A Bibliometric Analysis of an Untold Story, *International Journal of Environmental Research and Public Health*, 17(9), 3204, <https://doi.org/10.3390/ijerph17093204> (illegal organ transplants generate \$1.5 billion annually.)

⁸ Examining the three phenomena together leads to workable recommendations because laws and policies can impact demand for organs, supply of the equipment and training/knowledge/skill development, and the research ecosystem of international collaborations.

⁹ The Universal Declaration of Human Rights (UDHR), (1948), adopted by the United Nations General Assembly (Article 5 states that “No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment” and Article 7 states that “all are equal before the law and are entitled without any discrimination to equal protection of the law.”); UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, art. 1, Dec. 10, 1984, 1465 U.N.T.S. 85; UN Convention on the Prevention and Punishment of the Crime of Genocide, Office on Genocide Prevention and the Responsibility to Protect, Genocide. <https://www.un.org/en/genocideprevention/genocide.shtml>.

¹⁰ Stammers, T. (2022). Chapter 2: Organ trafficking: a neglected aspect of modern slavery. In *Modern Slavery and Human Trafficking*. Bristol, UK: Policy Press. <https://doi.org/10.51952/9781447363668.ch002>

¹¹ United Nations, Human Rights Office of the High Commissioner, Protocol to Prevent, Suppress and Punish Trafficking in Persons Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime, adopted November 2000, Article 3, (the Palermo Protocol), <https://www.ohchr.org/en/instruments-mechanisms/instruments/protocol-prevent-suppress-and-punish-trafficking-persons>.

¹² “Transplant tourism” generally refers to traveling to undergo an organ transplant where the organ is procured through the commercial organ trade or other nonconsensual means and includes all aspects of commercialization. Shimazono, Y. (2007). The state of the international organ trade: a provisional picture based on integration of

The United States could take action to address forced organ harvesting, organ trafficking, and trafficking in humans for organ removal elsewhere. A failure to act may allow forced organ harvesting and related crimes to continue. The market for human organs is global and includes a network of participants. Consumers of transplants who engage in transplant tourism or who pay for organs for transplant in their home country are generally wealthy or middle-income. To isolate any one country leads to ignoring the nature of the broader underground market, supply chains, researchers, and people seeking organ transplants. I contextualize forced organ harvesting, human trafficking for the removal of organs, and organ trafficking in the ecosystem of business, research, money-making, and exploitation, a system in which wrongdoers could be oblivious and even think they are participating in something good – medical research or saving lives. Corruption and an inability of the international community to stifle corruption are at the root of many ethical breaches in organ transplant. Combating crimes in organ transplant will require international law and diplomacy as well as strong legal frameworks in countries where residents may be complicit due to traveling for organ transplants, providing goods and services used by wrongdoers providing transplants, and training professionals or engaging in research collaborations with wrongdoers and countries harboring them.

Corruption and exploitation

Corruption can range from bribery to murder. Corruption includes structural deficits that allow for violence that targets the poor or the disenfranchised. An organ transplant generally requires paperwork and approvals at various levels: institutional, professional association, and government. Bribery and kickbacks in obtaining paperwork to travel, getting law enforcement to ignore crimes, and pushing paperwork that leads transplant doctors to believe that the organ they are transplanting was sourced legitimately are just a few of the ways corruption provides a backdrop for crimes in organ transplant. In state-sanctioned forced organ harvesting, as in the other organ-related crimes, whistleblowers are suppressed. At various points in the organ transplant ecosystem, the “illegal hides among the legal.”¹³

Organ markets include many people beyond the victims¹⁴ and purchasers. There are people paid to ignore the source of organs, paid to kidnap people for their organs, and paid to look for potential organ sellers in the world’s poorest neighborhoods. Even when forced organ harvesting is state-sanctioned, there is a network of agents advertising and finding international patients, setting the prices, and providing equipment and medications. Whether or not they are victims of authoritarian regimes, victims are “invariably poor, uneducated, and disenfranchised.”¹⁵ One study of Egypt and Bangladesh found that corruption in the form of kickbacks and payoffs is implicated at all stages of the organ trade. It is highly

available information, *Bulletin of the World Health Organization*. 2007 Dec; 85(12): 955–962. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2636295/>.

¹³ Steiner, P. (2017). Chapter 3: Secrecy and frontiers in illegal organ transplantation, in *The Architecture of Illegal Markets: Towards an Economic Sociology of Illegality in the Economy*, ed. by Beckert, J. and Dewey, M. UK: Oxford University Press.

¹⁴ The term “victim” applies to those from whom organs have been nonconsensually removed, forcibly removed, removed in exchange for consideration in the form of money or items of monetary value, removed under invalid consent such as that given under duress, coercion, threat of harm, and promise of financial gain.

¹⁵ Columb, S. and Moniruzzaman, M. (2024). The state of the organ trade: Narratives of corruption in Egypt and Bangladesh. *Trends in Organized Crime*. <https://doi.org/10.1007/s12117-024-09524-6>; Lee, E. (2020) Poverty in Xinjiang, China. <https://borgenproject.org/poverty-in-xinjiang-china/> (Uyghurs experience poverty despite significant poverty alleviation in Xinjiang.)

profitable to provide organ transplants to tourists or wealthy residents and citizens – the market for illegal organ transplants generates an estimated \$1.5 billion annually.¹⁶ In China alone, a much higher number is estimated based on evidence including the increase in the number of transplants, the biometric testing of swaths of the population, and the high numbers of otherwise unaccounted for disappearances of prisoners of conscience and Uyghurs.¹⁷ Forced organ harvesting has the same profit motive as human trafficking for the removal of organs and organ trafficking. In the context of forced organ harvesting, trafficking in humans for organ removal, and organ trafficking in Africa's northern corridor, shared with access to the Middle East,¹⁸ the United Nations Office on Drugs and Crime notes the relationship to corruption and the increasing sophistication of the brokers, advertisers, and smugglers.¹⁹ The criminal networks include translators, providers of medical screening tools for matching organs to recipients, purveyors of falsified or illegally obtained medical licenses, and creators of fraudulent documentation of organ legitimacy.²⁰

Examples of cases investigated by national authorities show that traffickers may operate over prolonged periods of time with high numbers of victims, before being caught. One case showed that one trafficking group conducted up to 500 kidney operations in different private homes and hospitals over a period of seven years. In another case, traffickers organized the pairing of donors with recipients in an advanced logistical operation involving language interpretation for foreigners arriving at local hospitals, medical screenings for ensuring compatibility between donor and recipient, medical procedures, and postsurgery treatment.²¹

Officials accept bribes in exchange for which they provide official government documentation like passports and visas. Travel can appear to be for a legitimate purpose. In some cases, organ sellers pretend to be relatives of the patient. They say they are providing organs altruistically when they are in fact very poor people selling organs to strangers, and sometimes traveling with the patient to do so. In countries where donation must be altruistic and from a relative, there is evidence that embassy officials

¹⁶ Gonzalez, J., Garijo, I., & Sanchez, A. (2020), Organ Trafficking and Migration: A Bibliometric Analysis of an Untold Story, *International Journal of Environmental Research and Public Health*, 17(9), 3204, <https://doi.org/10.3390/ijerph17093204>

¹⁷ Coalition to End Transplant Abuse in China. China's \$\$\$-Billion Murder for Organs Industry - Explainer [Updated] <https://www.youtube.com/watch?v=u2bUusvh3c0>

¹⁸ United Nations Office on Drugs and Crime (UNODC). Global Report on Trafficking in Persons (2018). https://www.unodc.org/documents/data-and-analysis/glotip/2018/GLOTIP_2018_BOOK_web_small.pdf (there were 100 confirmed incidents of human trafficking for organ removal from 2014-2017 and over 700 incidents from 2004 to 2017; both numbers are likely underestimates.); See Taye, B., Atnafu, A., Endalew, Y. W., & Beyene, S. D. (2023). Organ Trafficking in Africa: Pragmatist Ethical Reconsiderations. *Contemporary Pragmatism* 20, 169-195. https://brill.com/view/journals/copr/20/3/article-p169_001.xml

¹⁹ UNDOC, 2018, p. 30.

²⁰ UNDOC, 2018, p. 30 (noting that while some surgeons are knowingly complicit others are duped.)

²¹ UNDOC, 2018, p. 30, citing European Parliament, 2015, Trafficking in Human Organs, United Nations, General Assembly, 2017, Strengthening and promoting effective measures and international cooperation on organ donation and transplantation to prevent and combat trafficking in persons for the purpose of organ removal and trafficking in human organs, A/RES/71/322, preamble, p. 8 and *State v. Netcare Kwa-Zulu Limited*, United Office on Drugs and Crime, Case Law Data Base (SHERLOC), https://sherloc.unodc.org/cld/case-law-doc/traffickingpersonscrimetype/zaf/2010/state_v_netcare_kwa-zulu_limited.html; See Farrer, S. (2020). Why Illegal Trafficking in Organs is Growing Fast but Few Are Talking About It. *Financial Crime News*. <https://thefinancialcrimenews.com/why-illegal-trafficking-in-organs-is-growing-fast-but-few-are-talking-about-it-by-steve-farrer/>

provide papers falsifying country of origin and age.²² Additionally, some victims who are arrested are forced to bribe officials for their release. The criminal enforcement mechanisms and the corruption in the criminal systems target poor sellers rather than wealthy people purchasing transplants. Law enforcement approaches to identify and punish the people and entities in organ markets rarely succeed due to corruption. In Bangladesh, doctors are nearly completely protected from criminal charges despite knowingly harvesting organs illegally and transplanting illegally obtained organs. They are absolved of the need to confirm the identity of the “donor”. In countries with higher level corruption, there is some evidence that criminal codes do not prevent the trade or the atrocities associated with the market in human organs.²³

Poverty and oppression are a common thread in jurisdictions with higher rates of corruption. Oppressed religious and ethnic groups are vulnerable to forced organ harvesting. In China, evidence indicates that Uyghurs and Falun Gong practitioners are victims of forced organ harvesting.²⁴ Uyghurs perform forced unpaid labor and suffer deprivation – they do not have the paperwork necessary to move freely within China. They are often detained against their will and moved to isolated areas where they work for little to no pay in egregious working conditions.²⁵ In other regions, outside of China, migrants are especially vulnerable. Migrants cannot always access government protection from crime. *People residing in countries where they do not have the full protection of local law are at risk.* For example, Sudanese refugees seeking asylum in Egypt have been victims of forced organ harvesting.²⁶ In the process of migration, people risk being kidnapped and trafficked. Like Uyghurs and Falun Gong practitioners, there are many minority groups at elevated risk due to their inability to access legal protection. Corruption impacts the poorest or most outcast members of any society. When a jurisdiction’s legal apparatus does not protect members of a group, those members are at high risk of exploitation. Bribery is five times as prevalent in low-income countries and people often must pay off an official to receive public goods and services like health care, education, and the protection and safety of law enforcement.²⁷ Bribery and payoffs are part of the exploitative organ transplant ecosystem.

Corruption and poverty coexist with a lack of education. The poorly educated are more vulnerable not only because of their lack of opportunity, but also because a lack of basic scientific knowledge may lead

²² Columb and Moniruzzaman, 2024. (for example, Egypt and Bangladesh.)

²³ Teye, B., Atnafu, A., Endalew, Y. W., & Beyene, S. D. (2023). Organ Trafficking in Africa: Pragmatist Ethical Reconsiderations. *Contemporary Pragmatism* 20, 169-195. https://brill.com/view/journals/copr/20/3/article-p169_001.xml

²⁴ Global Rights Compliance (2022). Do No Harm: Mitigating Human Rights Risks when Interacting with International Medical Institutions & Professionals in Transplantation Medicine, Global Rights Compliance, Legal Advisory Report. <https://globalrightscpliance.com/project/do-no-harm-policy-guidance-and-legal-advisory-report/>

²⁵ Against Their Will: The Situation in Xinjiang. Bureau of International Labor Relations. US Government. <https://www.dol.gov/agencies/ilab/against-their-will-the-situation-in-xinjiang>

²⁶ Coalition for Organ Failure Solutions (2011). Evidence-based Findings on African Victims of Organ Trafficking in Egypt. <https://cofs.org/home/wp-content/uploads/2012/06/REPORT-Sud-Victims-of-OT-in-Egypt-NEW-COVER-16-Jan-20124.pdf>

²⁷ Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels. United Nations Department of Economic and Social Affairs, Statistics Division. <https://unstats.un.org/sdgs/report/2021/goal-16/> (Sustainable Development Goals)

them to go along with selling their organs. Some organ brokers even convince people that having two kidneys is abnormal and that they would be better off with just one.²⁸

The corruption in China is unique. There is corruption at all levels despite President Xi Jinping's purported crackdown. China is an outlier in that corruption there correlates with economic gain rather than interfering with it.²⁹ Private-public partnerships often require resources from public officials who stand to benefit from using their position for personal gain. In the forced organ harvesting context, government approval means there is no gatekeeper or protective government oversight. There may be no need to bribe an official as officials have allegedly implemented and carried out the crime of forced organ harvesting. The crackdown on lower-level corruption allows higher-level control that disregards human rights. Anticorruption initiatives exist to instill trust in the one-party system and to "preserve the credibility of the Communist Party."³⁰ Rooting out low-level corruption could maintain or even exacerbate human rights violations.

The organ transplants themselves do not always take place in the country where organs have been wrongfully harvested or where the victim resides. Just about a year ago, in the UK, a wealthy couple paid a poor person from Lagos to fly to the UK and "donate" his kidney. The doctors in the UK questioned whether the person was truly an altruistic donor and revealed the scheme.³¹ The couple was convicted under the UK's Modern Slavery Act.³² In the United States, people and organizations have exploited poor people for organs in violation of the prohibition on paying for organs here.³³ While it appears that illegal transplants rarely occur in the United States, the web of seemingly legitimate businesses and universities involved or at risk of being unknowingly involved is part of the global network³⁴ and in some cases U.S. businesses and people may be complicit ethically, if not legally as well.

A Medical Issue

I wanted to touch on three groups who may inadvertently or even purposely engage in exploitation or simply ignore it or avoid looking into it. They are doctors and healthcare practitioners, corporations, and people seeking organ transplants. Forced organ harvesting, human trafficking for the purpose of organ removal, and organ trafficking are medical issues. Medical associations have not taken responsibility or action, nor have they condemned the acts in the strong language one might expect of murder and exploitation.

²⁸ UNDOC, 2018, p. 30.

²⁹ Huang, Y. (2015). The Truth About Chinese Corruption. Carnegie Endowment for International Peace. <https://carnegieendowment.org/2015/05/29/truth-about-chinese-corruption-pub-60265>

³⁰ Huang, Y., 2015.

³¹ ITV News. Senior Nigerian politician and wife guilty of organ harvesting plot in London. <https://www.youtube.com/watch?v=kCuREUXF-co>

³² Modern Slavery Act 2015 c-30. House of Parliament, UK.

<https://www.legislation.gov.uk/ukpga/2015/30/contents/enacted>

³³ Witt, E. (2009). How Did Organ Trafficking Scheme Stay Hidden? *ProPublica*.

<https://www.propublica.org/article/how-did-organ-trafficking-scheme-go-unnoticed-810>

³⁴ Farrer, S. (2020). Why Illegal Trafficking in Organs is Growing Fast but Few Are Talking About It. *Financial Crime News*. <https://thefinancialcrimenews.com/why-illegal-trafficking-in-organs-is-growing-fast-but-few-are-talking-about-it-by-steve-farrer/> (see chart depicting the ecosystem of the underground market organ transplant.)

Medical Side

Hospital systems collaborate in research, train physicians, and benefit from producing published research and implementing improved techniques. Academics can be dog-eat-dog and collaborations with biotech can incentivize those in medicine to prove the effectiveness of new techniques, products, and procedures. And in medicine, for the sake of patients, there are strong incentives to develop new techniques that allow organs to last longer prior to transplantation, allow for transporting them further, and lead to better acceptance of organs post-transplant. With new developments in perfusion technology, more organs can go to more people in need of them. People wishing to collaborate on research and clinical trials often justify their participation as potentially helping the sick. This medical idea – curing disease – a great goal, can cloud out some fundamental characteristics of principled medical research. Medical organizations like the American Medical Association (AMA) should do more to prevent unethical research collaborations. The AMA's statement on forced organ harvesting is not as strong as that of the Association of American Physicians and Surgeons.³⁵ Various professional societies in

³⁵ AAPS (2023) AAPS Position Statement on Forced Organ Harvesting. <https://aapsonline.org/aaps-position-statement-on-forced-organ-harvesting/> (“There is overwhelming evidence that by the authority of the Chinese Communist Party, which holds absolute power in China, members of the Chinese Communist Party have arrested Falun Gong practitioners, Uyghurs, Christians and others in China, incarcerated them, done medical testing without consent for the purpose of matching their organs with transplant recipients, and removed their organs for transplantation, killing them in the process of doing so, engaging in “transplant tourism” for money. Chinese nationals who are physicians and students, coerced or indoctrinated, approved by the Chinese Communist Party to leave the country, have been admitted to U.S. colleges, universities and medical schools and internship/residency programs, where they are taught science, absorb medical knowledge, and learn to perform procedures:

The Association of American Physicians and Surgeons condemns imprisonment for religious practices, dissent, and ethnic background.

The Association of American Physicians and Surgeons condemns any and all forms of forced organ harvesting.

The United States government and American physicians should refuse to condone, enable, facilitate, or participate in forced organ harvesting, as by: Educating or Training personnel from a totalitarian country like communist China, or any other country, in skills that might be used for forced organ harvesting or referring patients to programs that use forced organ harvesting or participating in their care.”); American Medical Association (2021) Forced Organ Harvesting for Transplantation D-370.982. (“1. Our AMA: (a) continues to engage the Chinese Medical Association and the transplant community in the People’s Republic of China through support of relevant activities of the World Medical Association; and (b) endorses the goals of the World Health Organization Task Force on Donation and Transplantation of Human Organs and Tissues and other international efforts for oversight of organ procurement and transplantation. 2. Our AMA: (a) will continue to engage the Chinese Medical Association and the transplant community in the People’s Republic of China (PRC) through promotion and support of relevant activities and policies of the World Medical Association that relate to organ transplantation; (b) will, through its membership in the World Medical Association, continue to call for the PRC’s compliance with internationally recognized organ transplantation standards, such as those of the World Health Organization, and for the PRC to make available externally verifiable data on organ transplantation; and (c) condemns the retrieval of organs for transplantation without the informed consent of the donor.”)

the transplant and medical fields appear hesitant to take a strong stance. Others do take a stand.³⁶ And academic journals must do more to vet the research they publish.³⁷

Academic medical centers should engage in serious due diligence prior to holding educational training events and seminars. An investigation revealed that Oxford University held “dozens of courses” over three years attended by doctors accused of forced organ harvesting in China.³⁸ There were concerns over fifteen medics who took part in the sessions in 2023. Wayne Jordash of Global Rights Compliance said, “Oxford University’s Centre for Evidence in Transplantation has a clear international legal responsibility that, at a minimum, obliges them to ask the difficult questions about the known risks in the field of organ transplantation in China. If those questions have not been asked, nor answered, satisfactorily by the relevant Chinese institutions, then Oxford University’s Centre for Evidence in Transplantation will have violated its international legal obligations.”³⁹ In the United States, there has not been a universal vetting of research and educational collaborations that may pose the same risks as the infractions at Oxford University.

Bioethics often privileges access to health care over restraint. This is an area where restraint is necessary. I suspect there is consensus on that – that my colleagues broadly condemn organ trafficking, forced organ harvesting, and human trafficking for organ removal.⁴⁰ The bioethics field often operates inside the halls of medicine – bioethicists sit on IRB boards and hospital ethics committees, are involved in medical research collaborations, have roles in medical education, and work in the biotech and pharmaceutical industries. They should have a duty to ensure their organizations engage in human rights due diligence.

³⁶ International Summit on Transplant Tourism and Organ Trafficking (2008). The Declaration of Istanbul on Organ Trafficking and Transplant Tourism. *Clinical Journal of the American Society of Nephrology*. 3(5), 1227–1231. <https://doi.org/10.2215/CJN.03320708> Footnote states, “The Council of the American Society of Nephrology (ASN) unanimously endorses The Declaration of Istanbul on Organ Trafficking and Transplant Tourism. ASN stands with The Transplantation Society, the International Society of Nephrology, and other organizations in condemning these practices.”)

³⁷ See Rogers, W., Robertson, M., Ballantyne, A., et al. (2019). Compliance with ethical standards in the reporting of donor sources and ethics review in peer-reviewed publications involving organ transplantation in China: a scoping review. *British Medical Journal*. Vol. 9(2). <https://bmjopen.bmj.com/content/9/2/e024473>; Wilson, C. (2019) 15 studies retracted due to fears they used Chinese prisoners' organs. *New Scientist*.

<https://www.newscientist.com/article/15-15-studies-retracted-due-to-fears-they-used-chinese-prisoners-organs/>
³⁸ Bodkin, H. (2024). Oxford University held training sessions attended by Chinese doctors accused of harvesting organs. *Telegraph*. <https://www.telegraph.co.uk/news/2024/03/09/oxford-university-training-chinese-accused-organ-harvesters/>

³⁹ Bodkin, H., 2024.

⁴⁰ The New York City Bar Association Bioethical Issues Committee, International Human Rights Committee, and Asian Affairs Committees (2023). Human Organ Supply: Report on Ethical Considerations and Breaches in Organ Harvesting Practices. New York City Bar Association. <https://s3.amazonaws.com/documents.nycbar.org/files/20221145-OrganHarvestingEthics.pdf> (There are mixed views on organ markets with some justifying them based on the good to the person receiving the organ transplant and the financial gain to the organ seller. The relevant committees of the New York City Bar Association vehemently condemn organ sales as described in the report. Major human rights organizations condemn organ markets as exploitative and dangerous. The World Health Organization requires donation to be voluntary, “without any monetary payment or other reward of monetary value.”)

Equipment and drugs

Corporations sell technology, drugs, and machinery used for diagnostics, collection of biometric data used to match, preparation for and recovery from organ transplant, surgery, and medical complications of transplant. Again, there is a profit-driven ecosystem. Countries that host transplant tourism order products on the global market – some use parts from a variety of countries; some are directly sold by American companies. From DNA sequencing to lung perfusion equipment, companies make money globally. The law should explain human rights due diligence, require reporting when goods are sold to countries where forced organ harvesting, organ trafficking, or human trafficking for organ removal take place. The corporate requirement should explain complicity. Having one’s own corporate human rights due diligence policy is a start – the US has examples in which failing to follow one’s own policy may be a violation of the law.

Patients

People seeking organ transplants should be held accountable. The United States should not tolerate its residents and citizens going to other countries for organ transplants that violate United Nations conventions, WHO Guiding Principles, and human rights. In the United States organ donation must be voluntary and the purchase and sale of organs are prohibited, although it is permissible to pay for some expenses of live donors.⁴¹ Those seeking transplants in the global medical tourism industry may be tempted by China’s ability to find a match quickly. As long as China has this ability, we must question its supply. Local laws can deter travel to countries that violate ethical standards for organ transplants. Texas recently adopted a law to bar those who seek organ transplant in China from access to insurance reimbursement.⁴² People seeking an organ transplant should not be able to claim ignorance. They too should engage in some due diligence. Organ transplant is not like other medical care – human organs are special, unlike other medical treatments, and the risk of exploitation is high. “The ban on paying for organs should apply to all individuals, including transplant recipients who attempt to circumvent domestic regulations by travelling to states where prohibitions on commercialization are not fully or properly enforced.”⁴³ Forced organ harvesting relies on patients in need.

⁴¹ National Organ Transplant Act (1984.) Public Law 98-507, 42 USC § 273, § 274. (Section 301 prohibits the exchange of organs for transplantation for valuable consideration); See also National Conference of Commissioners on Uniform State Laws. Revised Uniform Anatomical Gifts Act.

file:///C:/Users/annes/Downloads/UAGA_Final_Aug09.pdf ((a) Except as otherwise provided in subsection (b), a person that for valuable consideration, knowingly purchases or sells a part for transplantation or therapy if removal of a part from an individual is intended to occur after the individual’s death commits a [[felony] and upon conviction is subject to a fine not exceeding [\$50,000] or imprisonment not exceeding [five] years, or both)[class[] felony].); Donor Alliance. Organ and Soft Tissue Can You Sell Organs in the United States? <https://www.donoralliance.org/newsroom/donation-essentials/can-you-sell-organs/>

⁴² Relating to health benefit plan coverage of a transplant of an organ that originated from or is transplanted in a country known to have participated in forced organ harvesting. Texas SB1040 (2023-2024; passed June in 2023)) 88th Legislature. <https://legiscan.com/TX/text/SB1040/id/2819559>

⁴³ UNDOC Toolkit on the Investigation and Prosecution of Trafficking in Persons for Organ Removal, Module 2: International Legal Framework, p.8. https://www.unodc.org/res/human-trafficking/glo-act2/tip-for-or-toolkit/Module_2.pdf

Solutions

One important task to consider when looking to end forced organ harvesting (state-sanctioned and not), organ trafficking, and trafficking in humans for organ removal is identifying which people and entities are appropriate subjects of international and local laws. Put more plainly, *which people and parts can the US Congress, individual states, and the international community legitimately and democratically control?* Criminal laws in high-corruption countries are inadequate. However, US law can impact countries with state-sanctioned forced organ harvesting or where crimes in organ transplant are ignored. The Department of Justice should add organ removal in its definitions and policies concerning human trafficking.⁴⁴ Policies and laws should disrupt access to equipment and training, prohibit publication of research performed unethically, and prevent customers from purchases of organs and organ transplants that involve unethically sourced organs, and thereby impact the organ transplant ecosystem regardless of country.

The United States Trafficking Victims Protection Act of 2000⁴⁵ is effectively a modern slavery law. Additionally, the United States has approaches like banning products that are created with child labor or other unethical, unpaid labor,⁴⁶ for example, the Uyghur Forced Labor Prevention Act. New York State has a proposed bill also directed at supply chains of imports. It is arguably easier to prevent imports than control exports, but some human rights due diligence and reporting requirements could help significantly.

Legal solutions

The room for reform is apparent in three areas:

Supply chain

Laws should require human rights due diligence, outline reporting requirements, and include an enforcement mechanism. Disengagement should be required when products have a high likelihood of use in the context of forced organ harvesting, organ trafficking, or trafficking in persons for organ removal. Complicity and continued engagement should be penalized if due diligence reveals high risk. Corporations also should be aware of their potential complicity under international law.

Academic medical centers, hospitals, research centers, etc.

As medical associations have not uniformly adopted strong stances on collaboration, laws should create straightforward reporting requirements and set forth conditions for disengagement. Proof that training, collaboration, or consultation would not be used for criminal or unethical organ transplants should be required when there is a high risk of complicity. Human rights due diligence should be required. Organ

⁴⁴ Maginn, S. (2023). Organ Trafficking Facts. *The Exodus Road*. <https://theexodusroad.com/organ-trafficking-facts/#>

⁴⁵ Pub. L. 106-386, as amended, (TVPA).

⁴⁶ <https://www.walkfree.org/global-slavery-index/country-studies/united-states/#> (see Title 19 – Customs Duties, Chapter 4 – U.S. Tariff Act of 1930; Bureau of International Labor Affairs (2022). List of Goods Produced by Child Labor or Forced Labor, United States Department of Labor <https://www.dol.gov/agencies/ilab/reports/child-labor/list-of-goods-print>; Blinken, J. (2022). 'Implementation of the Uyghur Forced Labor Prevention Act', United States Department of State, 21 June. <https://www.state.gov/implementation-of-the-uyghur-forced-labor-prevention-act/> (act created a rebuttable presumption that goods are prohibited); H.R. 6279 Business Supply Chain Transparency on Trafficking and Slavery Act of 2020 (introduced but not voted on/notenacted.)

transplant data resulting from forced organ harvesting, organ trafficking, or trafficking in persons for organ removal should not be published by academic journals.

Patients

The degree of control over patients seeking medical care elsewhere is unclear. An explicit law defining complicity would clarify patient responsibility. There is a moral obligation regardless of law. Additionally, like the law in Texas, there should be federal law with restrictions on insurers reimbursing people who have received transplants abroad of organs obtained by forced organ harvesting, organ trafficking, or trafficking in persons for organ removal.

U.S. law should fill any gaps and clarify expectations. Other countries have adopted laws to identify and curb complicity.⁴⁷ International human rights law applies and may already dictate complicity.⁴⁸ I urge the US Senate to pass the Stop Forced Organ Harvesting Act.⁴⁹ It passed the House of Representatives 412 to 2 last March and would provide tools like sanctions, visa revocation, and reporting requirements.

Decreasing demand

One of the goals of the Declaration of Istanbul on Organ Trafficking and Transplant Tourism is that each country become self-sufficient, balancing its supply and demand of organs. Poor health is causing increased demand for organs. We should also improve the health of our population and the global population. For example, forty-two percent of adults in the United States are obese, a condition that increases the risk of chronic kidney disease and heart disease. The need for organs arises in many ways. Organ health is a public health issue. From kidneys to hearts and even eyes, many health problems could be prevented or reduced, reducing the demand for organ transplants. Even the UN Office on Drugs and Crime notes that improving population health is an important strategy to combat crimes involving organ transplants.⁵⁰ Whether state-sanctioned forced organ harvesting or an individual selling an organ to a wealthy foreigner, demand for organs is at the crux of the financially motivated exploitation.

Raising awareness

Global Rights Compliance created a short video that summarizes some of its lengthy reports on business and legal obligations relating to organ transplants. The video introduces the crimes and human rights abuses in China and provides some background. Sharing it would improve public awareness in the United States. Awareness often leads to change. It could improve public support for U.S. laws like the Stop Forced Organ Harvesting Act. Awareness also may contribute to public pressure on medical centers, corporations, and individuals to do the right thing, eliminating the need for laws.

⁴⁷ Global Rights Compliance (2022). Do No Harm: Mitigating Human Rights Risks when Interacting with International Medical Institutions & Professionals in Transplantation Medicine, Global Rights Compliance, Legal Advisory Report. <https://globalrightscpliance.com/project/do-no-harm-policy-guidance-and-legal-advisory-report/>. (Global Rights Compliance notes that Belgium, France (passed law on human rights due diligence in the value supply chain), United Kingdom, Canada, Australia, and New Zealand have legal approaches, resolutions, and pending laws. p. 45.)

⁴⁸ Global Rights Compliance, 2022.

⁴⁹ Stop Forced Organ Harvesting Act of 2023. S. 761. (2023-24)

<https://www.congress.gov/bill/118th-congress/senate-bill/761/text>

⁵⁰ UNODC (2008). Toolkit to Combat Trafficking in Persons. <https://www.unodc.org/documents/human-trafficking/HT-toolkit-en.pdf>

Additionally, the UN Department of Drugs and Crime has a toolkit outlining the crime of trafficking in persons for organ removal.⁵¹ The toolkit explains every aspect of the ecosystem, from finding sellers to transplantation. Some of the red flags for trafficking touch on transplant tourists and are relevant to identifying and criminalizing state-sanctioned forced organ harvesting.

Countries where corruption is less common and not expected in the common course of attaining identification, health care, education, or the full protection of the law should take active legal measures to protect the globally unprotected. Falun Gong practitioners and members of various ethnic groups including Uyghurs cannot seek any legal recourse inside corrupt systems. They protest nearly daily in New York to draw attention to their treatment by China's government. They want the help of the international community.

Setting an example

In the United States, where we do not have an authoritarian regime and the law does protect civil liberties, we should remain vigilant in preventing involvement in the illegal organ trade and all violations of human rights. Migrants in other countries are at known risk – organ crimes could happen here. Helping people seeking asylum obtain all the paperwork necessary to work and live freely in the United States would protect them here. The United States does have human trafficking, often in the form of sex trafficking, and often victimizing immigrants.⁵² As more people join our communities, immigration reform and other legislation, especially that addressing poverty, should ensure that all people here have legal protection and the ability to enforce their human rights and report violations.⁵³ Our commitment to freedom of the press, religion, speech, and equal rights sets us apart from authoritarian governments, nondemocracies, and places where individuals or groups are deemed not worthy of legal protection.

Companies doing business in the United States must create human rights policies and take the abuses in transplantation medicine seriously. Whether a company makes biometric tests or lung perfusion equipment, there is an important ethical duty to identify the end-users of exports and know whether products could end up in the hands of those performing forced organ harvesting or transplanting organs from victims of exploitation into wealthy tourists. Rather than eliminating collaborations or disincentivizing global businesses from providing equipment to legitimate medical facilities and people, the human rights obligation should begin with due diligence and continue based on what unfolds.

Renewing the commitment to democracy, trustworthy medicine, anti-authoritarianism, and respect for human rights is essential. In the global ecosystem of transplant crime, every country should take strong steps to ensure respect for human rights at home and abroad. The United States has an opportunity to lead by example, beginning with the Stop Forced Organ Harvesting Act.

⁵¹ UNDOC Toolkit on the Investigation and Prosecution of Trafficking in Persons for Organ Removal. <https://www.unodc.org/unodc/en/human-trafficking/glo-act2/tip-for-or-toolkit.html>

⁵² Bisram, J. (2024). Migrants in New York City shelters falling victim to human trafficking. *CBS News*. <https://www.cbsnews.com/newyork/news/nyc-migrants-asylum-seekers-human-trafficking-sex-trafficking/>; Human Trafficking Data Collection Activities, 2023 (2023). US Department of Justice, Bureau of Justice Statistics. <https://bjs.ojp.gov/document/htdca23.pdf>

⁵³ Transparency International (2023). Corruption Perceptions Index. <https://www.transparency.org/en/cpi/2022> (US is down from a score of 76 in 2015. Corruption in the United States may be on the rise. While it is difficult to assess, the United States ranks 24th with a score of 69 on the Corruption Perceptions Index. 100 is very clean and 0 is highly corrupt.)



**United States House of Representatives
Congressional-Executive Commission on China**

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Witness Biographies

Ethan Gutmann, China Studies Research Fellow, Victims of Communism Memorial Foundation and author of *The Slaughter*

Ethan Gutmann is a Senior Research Fellow in China Studies for the Victims of Communism Memorial Foundation and co-founder of the International Coalition to End Transplant Abuse in China. He has written for publications such as *The Wall Street Journal Asia*, *The Weekly Standard*, *National Review*, and *Investor's Business Daily*, and has provided briefings for the U.S. Congress, the Central Intelligence Agency, the European Parliament, and the United Nations. In 2017, Gutmann was nominated for the Nobel Peace Prize. Gutmann's research into Chinese surveillance, the laogai system, and the intersection of Western business with Chinese security objectives began to receive sustained attention following the publication of his first book, *Losing the New China*, in 2004. His next book, *The Slaughter: Mass Killings, Organ Harvesting, and China's Secret Solution to Its Dissident Problem*, was released in 2014. He also co-authored the influential 2016 investigative report "Bloody Harvest/The Slaughter: An Update." He is currently working on a new book based on his personal interviews with Uyghur and Kazakh refugees throughout Central Asia, titled *The Xinjiang Procedure*.

Matthew Robertson, doctoral candidate, Australian National University (Canberra) and co-author, "Execution by Organ Procurement: Breaching the Dead Donor Rule in China," *American Journal of Transplantation*

Matthew Robertson is a China Studies Research Fellow with the Victims of Communism Memorial Foundation. He is concurrently a Ph.D. student in political science at the Australian National University in Canberra. His research interests include biopolitics, political violence, and authoritarian politics. His dissertation, using computational methods and process tracing, explores the political logic of state control over citizen bodies in the case of China's organ transplantation industry. Previously he has worked as a reporter, researcher, and translator for several non-profit organizations, and as an interpreter (from Chinese) for financial services firms. His research using statistical forensics to demonstrate the falsification of Chinese organ donor registry data was published in the leading journal of medical ethics, *BMC Medical Ethics*. Other peer-reviewed publications he has co-authored have appeared in *BMJ Open* and *The BMJ*.

Maya (Maisam) Mitalipova, Ph.D., Director of the Human Stem Cell Laboratory at the Whitehead Institute for Biomedical Research, MIT

Dr. Mitalipova is from the Almaty region of Kazakhstan. She has advanced degrees in genetics and embryology from the Moscow Human Genetics Institute. Her scientific research on animal cloning at the University of Wisconsin in Madison and stem cell therapy are world renowned. In 2001, working for an Australian biotech company, BresaGen, Inc., she led a cell therapy program that established four human embryonic stem cell lines from human embryos. These lines were approved for Federal funding by the National Institutes of Health by President George W. Bush. These four human stem cell lines were distributed worldwide for research on various diseases. In August 2005 Maya joined the Whitehead Institute for Biomedical Research at MIT, where she accepted a position as Director of the Human Stem Cell Laboratory. Working with world-renowned stem cell professor Rudolf Jaenisch, she is conducting research on neurodegenerative diseases using stem cells. Since joining MIT, Maya has isolated more than 20 human embryonic stem cell lines and reprogrammed hundreds of induced pluripotent stem (iPS) cell lines using a new technology of reprogramming somatic cells to stem cells for the study of Alzheimer's and Parkinson's disease.

Tom Oliverson, M.D., Texas State Representative, Chair of the Insurance Committee, Texas House of Representatives

Dr. Tom Oliverson is a practicing anesthesiologist who represents Texas's 130th State House District in northwest Harris County, including the communities of Tomball, Cypress, Waller, and Hockley. Dr. Oliverson serves as the Chair of the House Committee on Insurance and is a member of the Public Health and House Select Committee on Healthcare Reform. Nationally, he is the President of the National Council of Insurance Legislators (NCOIL), the immediate past National Legislative Chair for the National Association of Christian Lawmakers, and the Vice Chair of the National Council of Physician Legislators. He has been chosen by his

Republican colleagues as “Best Freshman Legislator” and has also been named to Texas Monthly’s “10 Best Legislators List.” He is widely regarded as an expert on healthcare policy solutions, having authored multiple groundbreaking laws that have established Texas as a national leader in healthcare reform.

