

Testimony of Dr. Jianchao Xu for the Congressional Executive Commission on China

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Honorable Chairman Christopher Smith, members of Congress, and distinguished panelists. Thank you for your invitation to this hearing today. It is my honor and privilege to testify here before you in Congress.

My name is Jianchao Xu. As a kidney specialist, I am an attending Staff Physician at the James J Peters Veteran Administration Hospital in New York. I am also an adjunct Assistant Professor in Medicine at Mount Sinai School of Medicine. In addition, I serve as the Medical Director for the non-profit organization Doctors Against Forced Organ Harvesting (DAFOH), which is comprised of medical professionals from around the world who investigate the practice of illegal or unethical harvesting or transplantation of organs.

The most powerful witness we could have here today would be a victim whose organ was illegally harvested. But as we all know, such victims will never have such a chance after their vital organs are removed from their bodies. Their chairs here will remain empty. After the victims, the next best witness would be a doctor who has removed organs from living prisoners of conscience and is now willing to step forward to tell the world about his or her first-hand knowledge of this crime against humanity. In lieu of their presence, I stand before you to submit my own findings and knowledge on the matter.

Organ transplants are life-saving procedures, and organ donation—which we often call “the gift of life”—make this possible. Unfortunately, demand for organs greatly exceeds supply in every country. And as people live longer, as medical science and technology continues to advance, the demand will only grow with more patients steadily becoming eligible for organ transplant and more qualified doctors and transplant centers becoming available.

A shortage of organ supply opens a door for illegal organ trafficking, organ tourism, and forced organ harvesting. The medical community has known about unethical organ transplant in China since the 1990s. At a Congressional hearing in 2001, first-hand and direct evidence of unethical organ transplant practices in China surfaced. Dr. Wang Guoqi, a Chinese Medical Doctor, testified to the House of Representatives subcommittee on human rights, stating “My work required me to remove the skin and corneas from the corpses of over one hundred executed prisoners, and on a couple of occasions, victims of intentionally botched executions... It is with deep regret and remorse that I stand here today testifying against the practices of organ and tissue sales from death row prisoners.”

Dr. Wang described coordinated procedures that he said government officials and Chinese doctors developed to extract organs from inmates immediately after their executions so that they could be transplanted, in some cases before the prisoners' hearts stopped beating. Dr. Wang became tormented by the practice after he followed orders to remove the skin of a still-living prisoner in October 1995. The incident prompted him to alert the international community to the inhuman practice of organ harvesting in China.

According to Wang's testimony, prisoners received blood tests in prison to determine their compatibility with interested donors. On execution day, he said, the prisoners who were to become organ donors were the first to die—thus, the prisoners' own blood and tissue types dictated how they were executed.

As a nephrologist, I take care of patients whose lives depend on hemodialysis treatment three times a week. Each dialysis treatment typically lasts 3.5 hours. So, including the travel time, these people are basically devoting three days every week to hemodialysis treatment. Think of the burden on their lives, and now think about the fact that if they receive a kidney transplant, their lives immediately improve in every way. However, due to the limited source of kidney donations, only a fraction of my patients can ever receive a transplant, and for those that do, the usual waiting time is more than three years. When I first learned that patients in China can receive kidney and other organ transplants within just days or weeks, I was appalled because I know exactly what process it takes to receive a kidney transplant.

As a potential kidney organ recipient, the patient must contact a transplant center and ask for a transplant evaluation. A team of doctors can then provide an evaluation and determine if the patient is definitely eligible for a kidney transplant. After all of that, if the patient is lucky enough to be deemed a suitable candidate for transplantation, the patient will be put on the waiting list, where they wait—as I said—for an average of more than three years. The key to a successful transplant operation is to have the closest possible blood and tissue match. That is one of the reasons why the waiting time is so long—simply finding the right match takes years.

Yet many Chinese hospitals have openly advertised that the waiting time for kidneys and even livers does not exceed one month; sometimes it's just a matter of a few days. Thus the question we face is: why can a patient in China find a match so quickly? One possibility is that the patient just gets a kidney that does not closely match patient's blood and tissue type, but if that were the case, the rejection rate of transplant patients in China would be alarmingly high. Since we do not see a trend of increased organ rejection in China, the mismatched transplant theory is not likely. The second possibility is that there is a large number of living organ donors representing all possible blood and tissue types; when a patient walks into the hospital, the doctors only need to determine the patient's blood and tissue types, then they simply match the patient with one of the cataloged organ donors who will be killed on demand.

If that process sounds too terrifying to believe or too coldly efficient to think possible, I'd like to present to you findings reaped from multiple investigations, systematic analysis of official medical reports in China, as well as prisoners' personal experiences. Together, I think you'll find that they prove the practice of illegal organ harvesting in China, especially from Falun Gong practitioners, is an expansive and ongoing operation supported and endorsed by the central Party leadership.

Just looking at the numbers, it is obvious that something is wrong. There are vastly more transplants in China every year than there are identifiable sources of organs. For cultural reasons, Chinese people are reluctant to donate their organs after death. At least 98% of the organs for transplants come from someone other than family donors. In the case of kidneys, for example, only 227 out of 40,393 transplants (less than 0.6%)—done between 1971 and 2001 in China came from family donors. There is no organized, effective system of organ donation yet formed in China. The government of China has openly admitted to using the organs of executed prisoners. According to Amnesty International's reports, the average number of officially recorded executed prisoners between 1995 and 1999 was 1680 per year. The average between 2000 and 2005 was 1616 per year. The average number for the periods before and after Falun Gong persecution began is the same. Even if we are to assume that every single execution results in an organ transplant, there is still not enough to account for the increase in transplants that came about after 1999, when the persecution of Falun Gong began.

According to public reports, prior to 1999, there had been a total of approximately 30,000 transplants in China's history, with 18,500 of those cases in the six-year period during 1994 to 1999. Dr. Bingyi Shi, vice-chair of the China Medical Organ Transplant Association, stated that there were about 90,000

transplants as of 2005, which means that there were 60,000 transplants in the six-year period of 2000 to 2005.

Where do the increased organ donors come from? The identified sources of organ transplants, consenting family donors and the brain dead, have always been small fraction of the donor pool. For example, in 2005, living-related kidney transplant consists of 0.5% of total transplants national wide. There is no indication of a significant increase in either of these categories in recent years. It is reasonable to assume that the identified sources of organ transplants which produced 18,500 organ transplants in the six-year period 1994 to 1999 produced the same number of organs for transplants in the next six year period 2000 to 2005 because there has been no recorded change in the donation system or the overall willingness of the population to participate. Without a significant change in the donation process, the source of 41,500 transplants from 2000 to 2005 is unexplained. Where do the organs come from for these extra transplants? The allegation of organ harvesting from Falun Gong practitioners provides an answer.

Because of China's lack of transparency, the precise statistics are impossible to obtain. However, independent lines of investigation using different methodologies from each other have reached the same conclusion: Organs are being harvested from living prisoners.

Even if we use the China Deputy Minister, Wang Jiefu's own data there are approximately 30,500 unexplained sources of organs from 1997-2007.¹

Another method of calculating the mysterious source of organ is from Mr. Ethan Gutmann, an adjunct Fellow of the Foundation for Defense of Democracies. He painstakingly interviewed victims who were imprisoned in China's prison and labor camps. As detailed in his chapter in the book "State Organs", his estimate is that 65,000 Falun Gong practitioners have been killed for their organs.³

Gutmann found that Falun Gong practitioners detained in prisons and labor camps were often singled out to receive medical exams aimed at assessing the health of their vital organs, and that afterwards, some would disappear.

It is also important to note that even though most of the statistics we are working from only go up to the middle or end of the last decade, we have every reason to believe that organ harvesting is ongoing in China. According to a report from NTDTV, a patient this year traveled from Taiwan to Mainland China's Tianjin First Central Hospital and received concurrent liver and kidney transplantations. It only took one month to find a matching liver and kidney, whereas he had been waiting for years in Taiwan. During his hospitalization, he was told that some transplant tourists had received matching donor organs within one week of initial evaluation there. The patient stated that, "There were other foreign patients [at the Tianjin First Central Hospital], but I didn't ask where they were from. I know there is a special guarded international patient ward on the hospital's 10th floor. I guess the patients inside have special backgrounds."

As a medical doctor, I struggle to understand why this is happening at this order of magnitude. I could not comprehend that fellow doctors, members of a noble profession, people granted special status in our society, could use their knowledge and skills to kill another human being.

What has been done so far

The practice of harvesting organs from executed and living prisoners in China has seen distinct opposition from the medical community and other professions. Aside from medical organizations and associations like Doctors Against Forced Organ Harvesting (DAFOH), The Transplant Society (TTS) and World

Medical Association (WMA), many individual doctors have started to oppose the unethical organ harvesting practices in China. Our collective effort to expose the illegal organ harvesting in China has generated results.

The work of DAFOH is an exemplary resource for those from both medical and non-medical backgrounds to learn more about the unethical procedures in China. Since its inception a few years ago, DAFOH enlisted a host of well-respected doctors around the world to speak out against illegal organ harvesting in China. Our collective efforts also contributed to several publications in medical journals, including a letter in the prestigious *Journal of American Medical Association* in 2011 (JAMA).⁴

DAFOH's mission is to raise awareness and to call for an end to the unethical organ harvesting practices. DAFOH has co-hosted or organized forums and participated in panel discussions, including a panel discussion in the U.S. Capitol. There are many colleagues who share the same wish as us. Upon requesting a statement from TTS in early 2012, President-Elect Dr. Francis Delmonico replied: "TTS is opposed to the use of organs from executed prisoners, and through the efforts of the Declaration of Istanbul Custodian Group, TTS opposes the presentation of reports from China at international congresses and the publication of papers from China in the medical literature that involves the use of organs from executed prisoners."

In November 2011, Chinese medical professionals published an article in the respected British medical journal *Lancet*, entitled "A pilot programme of organ donation after cardiac death in China,"⁵. The article can be characterized as an acknowledgement of China's unethical transplant. Of note, the lead author is Dr. Jiefu Huang, China's deputy minister of Health, making the article almost an official public policy statement rather than a scientific research.

In Europe, a DAFOH petition drive to call upon UNHRC to lead an international investigation in China has generated 160,000+ signatures. Among the signers were more than 200 parliamentarians in Europe, including EU parliament's Vice President.

Bob Doris, member of the Scottish parliament released a statement against organ harvesting on November 5.

Michael Prue, member of Ontario's Legislation Assembly, has also spoken up against the forced organ harvesting.⁶

The President of the Taiwanese Medical association has publicly condemned unethical organ harvesting in a November 2012 statement.

Taiwan's Legislative Yuan made the following resolution on November 22, 2012:

The 2011 annual human rights report of the U.S. State Department released on May 24, 2012 for the first time mentioned organ transplants in China, and overseas, the media and human rights groups continued to report on organ harvesting of Falun Gong practitioners and Uighurs. According to the statistics of Taiwan's Department of Health from 2000 to 2011, up to 1,754 Taiwan citizens received organ transplants overseas with 86% of those being conducted in China. And from 2005 to 2011, the National Health Insurance payments for postoperative anti-rejection drugs rose to \$7,734,540,000 NTD. But because the Department of Health has no law to require organ transplant recipients abroad who return home and receive anti-rejection drugs by the health insurance subsidies to register the transplant hospitals and physicians, it may allow the recipients of organs of unknown origin to become accomplices of organ harvesting while still enjoying the benefits of health insurance and anti-rejection drugs. This is a significant oversight. Therefore, within three months, the Department of Health shall require major

medical institutions and physicians to register the transplant country and hospital information (including surgeons) of those who have received organ transplants in a foreign country while they apply for post-operative health insurance payments after returning home. It is reasonable for foreign organ transplant information to be transparent to gain health insurance benefits.” While this is a very welcoming change, we hope the Taiwan government can further tighten their restriction on organ tourism.

In addition to political leaders and other organizations, we have also seen individual citizens from different countries starting grassroots movements against organ harvesting.

DAFOH petition in US: within 4 weeks, 30,000+ signatures collected

DAFOH petition in Europe: 160,000+ signatures collected

DAFOH petition in Australia: 30,000 signatures collected

Additionally, an independent signature drive among Taiwanese doctors generated 2,000+ signatures to call for further investigations.

Within the international medical community there have also been strong steps. At the July 2010 biennial World Transplant Congress meeting of TTS in Vancouver over 30 abstracts were submitted from China and considered for acceptance; the data for the research came from several hundred transplants where the donor source was deemed likely to be executed prisoners. This occurred despite the fact that a standard ethics filter mechanism was in place, and the TTS ethics policy regarding organs from executed prisoners had been published and was well known. Fortunately the failure of the ethics filter to prevent acceptance of these abstracts was recognized, and authors were specifically required to state, in the text of their abstracts, as a condition of acceptance, that no data from studies using executed donor organs were included. As a result, most abstracts were withdrawn.

Recent actions taken by the editorial board of the American Journal of Transplantation are very encouraging. Starting in May 2011, changes have been made to the instructions to authors submitting manuscripts to these journals. The instructions now include the following statement: “The American Journal of Transplantation (AJT) will not accept manuscripts whose data derives from transplants involving organs obtained from executed prisoners...”

Similarly, a firm stance was undertaken by one of the most respected clinical journals in the world: the *Journal of Clinical Investigation*. In its January issue of 2012, an editorial statement was made as follows: “The practice of transplanting organs from executed prisoners in China appears to be widespread. We vigorously condemn this practice and, effective immediately, will not consider manuscripts on human organ transplantation for publication unless appropriate non-coerced consent of the donor is provided and substantiated.”

The statement continues, “This disparity in the supply of organs is a particular problem in China, where rapid expansion of the capacity to perform transplants has not been accompanied by the development of a system for recovering organs from those who die in hospitals while on life support, as is international practice. There is almost no systematic recovery of voluntarily donated cadaver organs. No regional or national system exists for soliciting consent to donate organs in advance from those who die or their relatives after death. Unfortunately, the evidence is clear that some physicians in China, in an effort to perform more transplants, are engaged in a practice that violates basic standards of medical ethics and human rights, namely the use of organs from executed prisoners.”

“Using organs from executed prisoners violates basic human rights. It violates core ethical precepts of transplant medicine and medical ethics. Worse still, some of those who are killed may be prisoners whose ‘crimes’ involve no more than holding certain political or spiritual beliefs.”

“...the international biomedical community, including especially journal editors and editorial boards, must not be complicit with the practice of killing on demand to obtain organs from executed prisoners. We are not naive. We recognize that a boycott by this journal and its peers is unlikely, by itself, to bring an end to this practice. But we do hope that our actions will bring attention to this outrage and, in doing so, encourage China to develop policy options for obtaining organs consistent with international standards, conventions, and ethics.”

We have seen progress, but more need to be done.

What can we do?

To the medical community:

As medical doctors, we will continue to inform and advise the professional transplant community to implement policies to dissuade organ harvesting. This includes advocating for international and national professional medical societies and journals to not accept abstracts, publications, or presentations from Chinese transplant centers unless the authors clearly indicate that the data presented is in accordance with the most recent Chinese government regulations regarding transplant tourism and that executed prisoners were not the source of organs.

Membership of international professional societies by Chinese transplant professionals must be conditioned by acceptance of ethics policies that specifically express the unacceptability of executed prisoners as a source of organs.

Memberships of Chinese doctors should be suspended if they fail to comply with the ethical standards of medical associations.

Training of Chinese transplant professionals by the international community must be conditioned on commitments that trainees will not engage, directly or indirectly, in the use of organs from executed prisoners.

Pharmaceutical companies must ensure that no executed prisoners are the source of organs used in their studies and that Chinese government regulations regarding transplant tourism are adhered to rigorously.

To society and our government:

I urge the United States government and anyone with any knowledge of organ harvesting to publicly release all evidence they have with regard to China's use of prisoners as a source of organ donation. I believe that a well-informed citizen will stop going to China for transplants if they know clearly that someone will be killed for his or her organ transplant. Likely this is the most effective and least expensive way to decrease demand for organs in China.

Together with my other two colleagues, Dr. Arthur Caplan, director of medical ethics with New York University's Langone Medical Center and Dr. Centurion, a practicing physician in California, we have launched a petition on the White House website urging President Obama to speak out and help stop this gruesome practice on December 2, 2012. Within 2 weeks, we have collected over 10,000 signatures. People can visit www.organpetition.org to learn more.

I ask Congress to adopt legislative changes, to prohibit patients going abroad to receive illegal organ transplants, or at the very least, congress could require the patients to register their operations with the

Department of Public Health. Their respective transplant information must include the name of the transplant center, the attending physician, and most importantly, the source of organ donation.

I urge Congress to adopt legislative changes to limit health care insurance coverage for those who receive organs from unknown sources. It has been well documented that the medical outcomes of such transplants are much poorer with unusually high mortality and morbidity rates, and the economic burden is being shifted to the United States for the post-operative care for these patients.

All countries should strengthen their laws against the crime of trafficking in organs. The laws should require doctors to report to the authorities of their country any evidence suggesting that a patient has obtained an organ from a trafficked person abroad, defined to include persons in detention abroad.

Until the Chinese law on organ transplants is effectively implemented, foreign governments should not issue visas to doctors from China seeking to travel abroad for the purpose of training in organ or bodily tissue transplantation. Any doctor in China known to be involved in trafficking in the organs of prisoners should be barred entry by all foreign countries.

Until the international community is satisfied that the new Chinese law on organ transplants is effectively implemented, foreign funding agencies, medical organizations, and individual health professionals should not participate in any Government of China-sponsored organ transplant research or meetings. Foreign companies that currently provide goods and services to China's organ transplant programs should cease and desist immediately until the government of China can demonstrate that their law on organ transplants is effective.

Concluding remarks

I would like to express my deepest gratitude to the CECC and especially the honorable Chairman Smith; you have been a true champion in advocating for Falun Gong and Human rights, and particularly the work you have done to expose organ harvesting, such as by spearheading in the bipartisan dear colleague letter expressing concern about China's forced organ harvesting from prisoners of conscience, particularly from Falun Gong detainees, and asking the Department of State to share any information they have received about unethical organ harvesting in China, including anything that Wang Lijun, a Chinese police chief who met with consular officials in China, might have divulged to U.S. consular officials. Wang is believed to have been intimately involved in organ harvesting; he has received an award for "innovation" in organ harvesting, and also, as a police chief, he directly oversaw the persecution of Falun Gong with his jurisdiction, which included hospitals. Thus, Mr. Wang information may hold the key to unlock the mystery of organ harvesting in China. Revealing this information may put an end to the horrific crime against humanity.

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