Proceedings of the Workshop on Organ Harvesting in China
Brussels, 21 April 2015

STUDY

Abstract
This workshop raised awareness on this issue and opens a debate on future transparent investigation by the European Union into organ transplant practice. The workshop consisted of different presentations and an exchange of views between MEPs and established experts in transplantation of organs, organ trafficking and international crime.

The current organ trafficking around the world has created a substantial health risk contributing to a serious abuse of human rights, particularly of the right to life. This document reviews the scope for creating a fair system of organ donation and for the use of a more efficient and transparent organ database accessible to EU and eventually to global citizens. This document was provided by Policy Department A for the Committee on the Environment, Public Health and Food Safety.
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1. INTRODUCTION

WELCOME AND OPENING,

MEP Peter LISE, European Parliament Environment, Public Health and Food Safety Committee (ENVI)

During the past three years, the European Parliament has been addressing the issue of transplant of organs, blood, and human tissue; the focus has been in their source and in the terms of donation. In the EU and worldwide, many people die waiting for organ transplants or are otherwise unable to receive the life-saving treatment that they need.

Over the past decade, European officials have voiced concerns over organ harvesting—especially organs sourced from China. The European Parliament has asked the Commission to take action. Despite efforts such as the November 2014 Commission report, concerns over organ trafficking have not been discussed directly with China during official meetings held by the Council nor by the Commission. There is an urgent need to heighten visibility, to collect more data, and to ensure that global citizens are not being killed for the value of their organs.

Reports claim that Chinese citizens have been killed for the purpose of harvesting their organs, and that live organ donation is taking place on an involuntary basis. European citizens have, in some cases, travelled to China to profit from stolen organs, making this issue relevant to both Europeans and to Human Rights advocates. This is also a public health issue, as European Union citizens are often desperate for organs that are suitable for transplant and are willing to enter the black market to get life-saving treatment. The role of the Human Rights Committee and its 50 members in the European Parliament is to push legislation into a directive. The European Union must create a more ethical alternative to obtain healthy human organs.

MEP Miroslav MIKOLASIK, European Parliament Human Rights Sub-Committee (DROI)

Organ transplants have become increasingly common during the last decade as a medical procedure that saves the lives of hundreds of thousands of patients worldwide. However, transplants of organs and human tissues can involve a serious violation of human rights—including the right to live. China’s role in organ harvesting is a point of focus for the Human Rights Sub-Committee due to its large population and to an extensive history of human rights violations.

The European Organ Directive of 2010/45 lays down rules to ensure standards of quality and safety for human organs intended for transplantation to the human body with the aim of ensuring a high level of human health protection. The directive provides definitions (article 3) alongside a framework for quality and safety (article 4).

The 2010/53 EU Directive of Standards of Quality and Safety of Human Organs Intended for Transplantation outlines a common framework that will protect donors and optimise exchanges between Member States and third countries. The directive covers only those organs to be transplanted into the human body, but not organs used for the purpose of
research. This directive applies to donation, procurement, testing, characterisation, transport, and transplantation of organs. The 2010 directive does not apply to blood, blood components, human tissues and cells, and tissues of animal origin. The directive demands that Member States implement a quality and safety framework, which defines all stages of the organ supply chain, from donation to transplantation. Quality and safety frameworks are intended to define traceability procedures, to implement standard operating procedures, and to establish the qualifications of personnel. The 2010 Directive also mandates characterization of organs in terms of the type of donor, the blood group, the cause of death of the donor, the date of death of the donor and the clinical history of the donor. The directive aims to achieve that all organs procured, allocated and transplanted on EU territory must be traceable from the donor to the recipient.

Another attempt to address the issue of illicit organ trafficking was the European Parliament Resolution of 12 December 2013 on Organ Harvesting in China. This resolution states awareness of credible reports of systematic, state-sanctioned organ harvesting from non-consenting prisoners of conscience in the People’s Republic of China. It recognizes that common targets of this practice are the Falun Gong practitioners as well as other religious and ethnic minority groups. Though China pledged to phase out use of prisoner organs by 2015, the resolution called for China to pursue more immediate action. Calling for public awareness and condemnation of these practices in China, the resolution calls for a UN Special Rapporteur to address the issue with China, as well as requests the immediate release of all prisoners of conscience in China with an emphasis on Falun Gong followers.

The issue of organ harvesting in China can be linked to sensitive issues such as executions, improper application of death penalty, erroneous functioning of the judiciary, and admission through labour systems, as well as instances of forced labour camps and so called “black prisons,” which operate with little to no accountability or transparency.

The targeting of specific groups, such as religious practitioners, also links this issue to freedom of religion and the right to exercise one’s conscience. These issues are regularly raised in the EU-China human rights dialogues. The problem of illicit organ trafficking is proliferated in China; however this issue is prevalent through other countries as well. The goal of the EP Human Rights Subcommittee is to protect both Chinese and European citizens from being afflicted by this practice, which undermines the most basic human rights and poses a risk to public health.

It is the long-term goal of the Committee to provide a comfortable and transparent system of organ transplantation worldwide. Since the 2013 EP Resolution, new research has revealed developments in Chinese practices and policy. The Chinese government has made pledges, including most recently in December 2014 to fully phase out the practice of using the organs of executed prisoners, and to move towards a transparent and voluntary system for organ donation. Not enough time has passed to be able to assess the legitimacy of this pledge.

In addition, the repeated announcements by the government in Beijing denouncing illicit organ harvesting may also suggest that this practice is widespread in China, even today. China has not yet responded in a credible, comprehensive, and transparent way to allegations concerning its organ transplant system and accusations of forced organ harvesting. Both the European Parliament and EU citizens must remain fair but critical—both in China’s track record on the matter, and in considering China’s public statements.

At the same time, we also need to be responsible, constructive, and forward-looking in drafting and passing timely legislative measures that will prevent EU citizens from being
complicit in these practices. The European Parliament must guarantee that patients can quickly and safely receive organs from certified European sources and that no illegally sourced organs are used within the EU. Legislators should consider adopting legislative safeguards of criminal law nature that will prevent citizens from traveling to another country for an illegal organ transplant.

If China, in line with these repeated pledges, is indeed in the process of building a nation-wide system of voluntary transplants based on a system of organ donation, then the EU and its Member States could offer their advice and expertise on best practices and would help the Chinese government to establish such a system. International oversight would also guarantee accountability and transparency for organ donations. Constructive seminars and workshops should be organized with participation of international experts, EU States, regulatory bodies, and health professionals with the goal of facilitating Chinese efforts and with establishing an accountable, reliable, and transparent organ transplant system at international scale.
2. THE STATE OF THE INTERNATIONAL HUMAN ORGAN TRANSPLANTS

2.1. Organ harvesting: a human rights perspective


Why is "organ harvesting" possible in China?

In fact, there are 2 types of situation. Firstly, the policy of removing organs from executed prisoners without real consent, made legal in 1984 and banned on 01/01/2015. Secondly, it is linked to the question of ill-treatment, extrajudiciary killings and suspicions of "organ harvesting" on other prisoners, including Falun Gong followers. Also the issue of organ removal without consent is both a health issue and a human rights issue.

Why is this a Human Rights issue?

Organ removal without consent is a human rights issue because it is linked to the issue of the death Penalty and problems arising from the secrecy that surrounds both death penalty and organ transplant statistics, which has so far made it impossible to gain an accurate picture of the source of transplanted organs (and Death Penalty cases). It also raises the issue of real consent from prisoners about to be executed.

It is also a human rights issue linked to ill-treatment and possible extra-judicial killings in prisons, which would make it possible to kill some prisoners and forcefully remove their organs.

It is an issue of freedom of Religion or Belief, with particular reference to Falun Gong followers who are systematically persecuted.

Finally, it links with the re-education through labour system (now abolished) but replaced by another system even less transparent (black jails), where Falun Gong followers were/are held.

"Organ Harvesting" is raised by the EEAS during Human Rights Dialogues.

During the 33rd EU-China Human rights dialogue, held in Brussels on 8-9 December, the EU welcomed China's decision to cease the forceful removal of organs from executed prisoners, as from 1st January 2015, as announced by the head of the country's organ donation committee, Mr Huang Jiefu, and encouraged them to develop donations. Apparently, nearly 40 organ transplant centres around the country, including those in Beijing, Guangdong and Zhejiang, have stopped using prisoners' organs. However, questions were also asked inter alia about alternatives to the now abolished Re-Education Through Labour and about ill-treatment and torture in prison.

Why the Decision to develop donations will be difficult to implement?

So far, China has struggled to encourage voluntary donations, largely as a result of cultural concerns. Every year, about 300,000 people in China need transplanted organs, but only 10,000 operations are carried out.

This could be an area of enhanced EU-China cooperation, on the basis of the "Action Plan on Organ Donation and Transplantation (2009-2015): Strengthened Cooperation between Member States" that addresses, inter alia the issue of organ availability in the Member States.
Why is "organ harvesting" likely to remain a human rights issue?

In fact, the decision only addresses the legal removal of organs not that of trafficking made possible by the overall Human Rights situation, especially forced disappearances, black jails, etc. Furthermore, the situation in prisons, such as the absence of prisoners' rights, the arbitrary power of prison authorities, the lack of access to medical care and lawyers, the lack of investigative power in cases of abuse, as well as widespread corruption create an environment where organ harvesting and organ trafficking may develop.

In conclusion, we must continue to promote human rights in China across the board so as to eradicate the circumstances that make it possible to have the forceful removal of organs without real consent is possible.

2.2. European model legislation on organ donation and transplantation

Stefaan VAN DER SPIEGEL, Team Leader "Substances of human origin" DG SANTE, European Commission.

Organ donation in the EU has increased with 1/3th over the last decade. This increase is mainly driven by the uptake in living donation of kidneys. Each of the 15,000 annual decisions to donate organs is made by a citizen, or his/her family, who trusts that this choice will help restore health of many severely ill patients in the EU.

The European Union's mandate in this field is to help ensure safety and quality of the transplanted organs. EU legal requirements have been developed to support healthcare professionals in their daily work as well as national authorities overseeing these transplant activities. The European Commission has a mandate to enforce, facilitate and coordinate these national activities.

The EU legislation does however also foresee some other provisions, of more ethical nature, which are essential to maintain trust in the European transplant systems. It requires that every donation is voluntary and unpaid. Advertising is forbidden and procurement activities are to be organised on a non-profit basis. There is a requirement for verifying consent, in line with each Member States' approach.

For living donors, the legislation calls for a thorough selection, registration and follow-up of each donor as well as for a correct compensation for the efforts they make. The Commission supports Member States in their implementation of such topics through (EU-funded) Health Programme projects.

It is also important to clarify that many key elements in transplant systems are not regulated at EU level, but at national level. For example, Member States decide on the management of waiting lists or on the organ allocation system. This does not mean that the Commission has no role to play. Also the development of such national areas can be subject of Health Programme projects. These bring Member States together to share and develop know-how and practices.

The variety between EU Member States, both in focus and level of transplant activities, is an open source for continuous progress. Eventually it is the basis for increasing and improving organ transplants to the benefit of all citizens.
2.3. Trafficking in Human Organs and Human Trafficking for the Purpose of Organ Removal legal perspective to the fight against transplant-related crimes

Dr Marta LOPEZ FRAGA, Secretary to the European Committee on Organ Transplantation (CD-P-TO). Department of Biological Standardisation, OMCL Network & HealthCare (DBO). European Directorate for the Quality of Medicines & HealthCare (EDQM), Council of Europe.

Organ transplantation, one of the medical miracles of the twentieth century, has prolonged and improved the lives of hundreds of thousands of patients worldwide. Despite worldwide initiatives to enlarge the donor pool, organ shortage remains the main obstacle in transplant medicine and no country is yet able to meet the transplantation needs of their patients. Under these circumstances, desperate patients may seek organs outside legal transplantation networks, unscrupulous medical professionals and an array of intermediaries take advantage of a highly profitable, unethical and vulnerable market and human beings are treated as a mere source of organs.

Trafficking in human beings for the purpose of organ removal and trafficking in human organs are real and growing problems all over the world. According to the WHO, 5–10% of all transplants performed worldwide are the result of trade for profit in human organs. This is a highly lucrative business, where recipients usually pay between $70.000-160.000 for an organ.

The issue of organ trafficking is not new. In the 1980s, experts began to notice what was to become known as “transplant tourism”. The most common form of this practice is when patients travel abroad to be transplanted with organs in exchange for payment. This phenomenon is booming, partly because the less restrictive regulations of certain countries allow such “transactions” or do not expressly prohibit them, or because law enforcement mechanisms are lacking. But also because “client countries” have not adopted measures to dissuade patients from travelling abroad to be transplanted under circumstances that would be deemed illegal in their countries of origin.

The most frequently encountered form of trafficking related to organ transplantation involves living unrelated donors. However, deceased donors can also be a source of trafficked organs. In some South American and Asian countries, kidneys, livers and hearts from deceased donors have been sold to patients requiring transplants. Furthermore, in China, organs from executed prisoners have been used for the majority of the transplants performed in the country.

The principle that use of the human body and its parts must not give rise to financial gain is a fundamental tenet of the Council of Europe. This principle was enacted by Article 21 of the Council of Europe Convention on Human Rights and Biomedicine and then reiterated in the Additional Protocol on Transplantation of Organs and Tissues of Human Origin.

In 2009, the Council of Europe and the United Nations published a *Joint Study on Trafficking in organs, tissues and cells and trafficking in human beings for the purpose of the removal of organs*. This Joint Study identified a number of issues related to the trafficking in human organs, tissues and cells which deserved further consideration, in particular the need to distinguish clearly between trafficking in human beings for the purpose of the removal of organs and the trafficking in human organs *per se* and the need to uphold the principle of prohibition of making financial gains with the human body or its parts, the need to promote organ donation, as well as the need for an internationally agreed definition of trafficking in organs, tissues and cells. Most importantly, the Joint Study contained a recommendation to elaborate an international legal instrument setting out a definition of trafficking in organs, tissues and cells and the measures to prevent such trafficking and protect the victims, as well as the criminal law measures to punish the crime.

Against this background, the Council of Europe adopted on 9 July 2014 a *Convention against Trafficking in Human Organs* (CETS No. 216), open to signature on 25 March 2015 in Santiago de Compostela to punish trafficking in human organs, to protect the rights of victims and to facilitate co-operation at both national and international levels.

This Convention identifies distinct activities that constitute trafficking in human organs, which ratifying states were obligated to criminalise. The central concept is “the illicit removal of organs”, which consists of removal without the free, informed and specific consent of the living or deceased donor, or, in the case of the deceased donor, without the removal being authorised under its domestic law; removal when a living donor (or a third party) has been offered or received a financial gain or comparable advantage; or removal from a deceased donor when a third party has been offered or received a financial gain or comparable advantage. It appears clear that this definition includes the removal from organs from any person deprived of his/her liberty, living or deceased.

Additionally, the Convention criminalises the use, preparation, preservation, storage, transportation, transfer, receipt, import, and export of illicitly removed organs and the solicitation or recruitment of organ donors or recipients, where carried out for financial gain or comparable advantage. The promising, offering or giving of any undue advantage to or the request or receipt of any undue advantage by health-care professionals, public officials, or people who direct or work for private institutions for the illicit removal of organs or for the use of organs that have been illicitly removed are also criminalised.

Implementation of this Convention will be monitored and facilitated by a Committee of the Parties. Importantly, the Convention has international scope, because it is open to any nation and not restricted to the 47 Council of Europe member states.

In summary, the worldwide problem of organ trafficking can only be addressed through concerted efforts at global level. International legal instruments present the international consensus and bring legal clarity with regards to acts that constitute transplant-related crimes, including the use of organs from executed prisoners. They also aim at policy harmonisation and lay the foundations for international cooperation in the field, providing a comprehensive legal framework to prevent and combat all transplant activities that violate basic human rights.
2.4. The Istanbul Declaration. Recommended strategies for the EU

Dr Beatriz DOMINGUEZ, Medical Adviser, National Transplant Organization, Spain. Co-chair of the Declaration of Istanbul Custodian Group.

In May 2004, World Health Assembly Resolution 57.18 urged Member States ‘to take measures to protect the poorest and vulnerable groups from transplant tourism and the sale of tissues and organs, including attention to the wider problem of international trafficking in human tissues and organs’\(^1\). Overcoming this stain on the value and legitimacy of transplantation required not only governmental action. Action on the side of transplant professionals was also needed to protect donors and recipients from harm and exploitation inherent to transplant-related crimes.

The Declaration of Istanbul on organ trafficking and transplant tourism (DOI) emerged as an initiative of the transplant professional community to address the urgent and growing problem of organ sales, transplant tourism and trafficking in organ donors in the context of the global shortage of organs\(^2\). The DOI was produced at a dedicated summit convened by The Transplantation Society and the International Society of Nephrology in Istanbul (Turkey) from April 30 to May 2, 2008. The summit was attended by 159 representatives of scientific and medical bodies from 76 countries around the world, including government officials, social scientists and ethicists. The DOI defines organ trafficking, transplant commercialism and transplant tourism (as opposed to proper travel for transplantation). It contains a set of principles to prevent and combat these practices and recommendations to facilitate the implementation of the DOI principles.

Since its creation in 2008, the DOI has been profoundly influential upon national legislations and professional practices. Today more than 125 professional organizations and governmental agencies endorse the principles of the DOI. Conceived to be a live document, the Declaration of Istanbul Custodial Group (DICG) was created to promote, implement and uphold the principles of the DOI so as to combat organ trafficking, transplant tourism and transplant commercialism and to encourage the adoption of effective and ethical transplantation practices around the world\(^3\). Based on the experience acquired by the DICG, the following are recommendations for the European Union (EU) to curtail unethical practices within and beyond the European borders.

**Acknowledgment the reality of transplant-related crimes in the EU**

- Transplantation needs of patients are hardly met by EU countries and the problem of organ shortage has been dealt with in an extremely unequal manner across EU Member States, this being the underlying root cause of improper travel for transplantation or transplant tourism.

- Every year patients having been transplanted abroad under uncertain circumstances return to their countries of origin in the EU for follow-up care. These cases rarely derive on proper investigations intending to dismantle the trafficking rings behind. The duty of health-care professionals to maintain patient confidentiality precludes the investigation of these accounts.

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\(^3\) [http://www.declarationofistanbul.org/](http://www.declarationofistanbul.org/).
• Living donation activity is progressively increasing in the EU as a necessary means to progress towards self-sufficiency in transplantation. The lack of regulations and guidance for the appropriate psychosocial screening and selection of living donors might lead to the exploitation of the vulnerable and/or to transplants carried out as a result of financial transactions between donors and recipients, directly or indirectly established.

Continue promoting self-sufficiency in transplantation
The DICG acknowledges the extraordinary value of the European Commission’s Action Plan on organ donation and transplantation, with ten identified priority actions targeted, among others, to increase the availability of human organs. Best practices have been shared and key recommendations produced through a number of dedicated projects and Joint Actions (e.g. ACCORD, FOEDUS4). **The high value of the Action Plan should make the EU consider the possibility of extending the duration of such plan beyond 2015.**

Promote harmonized legislations against trafficking in human organs in the EU
The EU holds a privileged position with regards to harmonized national legislations derived from Directive 2010/53/EU on standards of quality and safety of human organs intended for transplantation5. Although not directly targeted to combat transplant-related crimes, this Directive sets down important provisions to prevent these practices, e.g. through the designation of oversight Competent Authorities, or the authorization of transplant centers. Directive 2011/36/EU on preventing and combating trafficking in human beings and protecting its victims is also a key international legal instrument6. But harmonizing legislation in the particular setting of trafficking in human organs is the next step forward. **The EU should urgently consider to become a Party to the Council of Europe Convention against trafficking in human organs**, an instrument that for the first time provides an internationally agreed upon definition of such crime and includes provisions for prosecuting and preventing this practice, and protecting its victims7.

Provide guidance and promote international cooperation in the following aspects
**Definition and framework of proper travel for transplantation with participation of Competent Authorities**
The DICG considers that travel for transplantation is only acceptable if the following conditions are fulfilled:
- For transplantation from living donors:
  - If the recipient has a dual citizenship (in the country of residence and also in the destination country) and wishes to undergo transplantation from a living donor that is a family member in the destination country of citizenship that is not their residence;
  - If the donor and recipient are genetically or emotionally related and wish to undergo donation and transplantation in a country not of their residence to gain access to better health services.

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- For transplantation from deceased donors: if official regulated bilateral or multilateral sharing programs exist between or among jurisdictions (countries) that are based on reciprocated organ sharing programs between or among jurisdictions.

**Screening of living doors (inclusive of psychosocial screening)**
There is a need to provide guidance to countries on the appropriate screening of living donors, inclusive of psychosocial aspects. Additional safeguards should be put in place in the case of non-resident living donors.

**Obligation of professionals to report illicit activity (overcoming confidentiality) to Competent Authorities**
Overcoming patient confidentiality if required, transplant professionals should report organ trafficking and transplant tourism cases to national authorities to help identify and unveil criminal networks and places where illicit operations are taking place. Mandatory reporting mechanisms should be developed in close cooperation with Competent Authorities.

**Training and educational programs for all stakeholders that can identify, report, prevent and combat transplant-related crimes**
Legislators, law enforcement bodies, health-care professionals, patients and public support groups should be subject to training and educational programs on the identification, reporting, prevention and combatting of transplant-related crimes. In conclusion, the EU has made important efforts in combating unethical practices in the field of organ donation and transplantation. But additional measures are urgently needed. The DICG is willing to support the EU in a journey that will not only be impacting upon unethical practices within the European landscape, but also become a model of reference to the entire world.

### 2.5. Donation and transplantation in China: current policies

Dr Francis L. DELMONICO. Executive Director Declaration of Istanbul Custodian Group; World Health Organization. Advisory for Human Transplantation. Professor of Surgery, Harvard Medical School, Massachusetts General Hospital, Transplant Center. U.S.

In 2004, the World Health Assembly urged its member states to protect the poor and vulnerable individuals from the sale of organs. The trafficking in human tissues and organs had become rampant. In 2005, The Transplantation Society (TTS) was engaged by the World Health Organization (WHO) to become a technical advisor in the development of guiding principles of practice that could curtail the tide of organ trafficking. The WHO was seeking leadership on this issue from its NGO professional societies; and so in 2008, TTS partnered with the International Society of Nephrology (ISN) to convene a summit of medical professionals, ethicists and legal scholars from 75 countries ---in Istanbul, Turkey, to address the issue of organ trafficking and transplant tourism.

**The Declaration of Istanbul:**
The Declaration of Istanbul (DOI) subsequently published in the *Lancet_2008 Jul 5; 372(9632):5-6* defined clearly the dimensions of transplant tourism and commercialism---and called for a prohibition of organ trafficking. The DOI also set forth a framework of ethical principles and a proposal that countries strive to achieve a self-sufficiency in organ donation by providing a sufficient number of organs for residents in need from within the country or through regional cooperation. These DOI principles became an important reference for the adoption of a World Health Assembly Resolution in 2010 calling for a
prohibition of organ sales that targets the marginalized of society ---, minors, the illiterate and impoverished, undocumented immigrants, prisoners, and political or economic refugees.

The DoI developed a set of proposals not only to combat transplant tourism and commercialism but a comprehensive set of principles regarding government and society responsibility to achieve self-sufficiency. Jurisdictions, countries and regions should strive to achieve self-sufficiency in organ donation by providing a sufficient number of organs for residents in need from within the country or through regional cooperation. Collaboration between countries is consistent with national self-sufficiency as long as reciprocity is established regarding the availability of organs from one country to the other. This proposal to achieve self-sufficiency was further elaborated in a meeting of international scientific and medical bodies, government officials and ethicists in Madrid, in March, 2010. This global consultation was organized by the World Health Organization, The Transplantation Society, and the Spanish National Transplant Organization (Organización Nacional de Trasplantes), and supported by the European Commission. The result was to call for a national goal of responsibility in fulfilling the organ donation and transplantation needs of a country, with sufficiency based on resources obtained within that country; and as needed, with regulated and ethical regional or international cooperation.

Although the Declaration was widely disseminated in medical journals, TTS and ISN were determined that the Declaration would be more than merely a statement in the literature. Therefore, in 2010 they created the Declaration of Istanbul Custodian Group (DICG) as a means of actively promoting, sustaining and monitoring the implementation of the Declaration’s principles. The DICG works with partner organizations to complement the efforts of governments and intergovernmental bodies in stopping organ trafficking by mobilizing professional opinion and facilitating practices that can reduce the global shortage of organs for transplantation and thus meet patient needs in an ethical fashion.

The Evolution of China in Combatting Organ Trafficking:

For the past decade, the country with the largest number of transplant tourists had been China, which differs from other countries where organ trafficking occurs in having relied mainly on executed prisoners as the source of organs for transplantation. The Transplantation Society and subsequently the DICG has worked diligently with Chinese officials to discontinue the use of organs from executed prisoners.

On November 6, 2006 TTS wrote the following memorandum to all TTS members: “TTS is now working officially with the World Health Organization and with cooperating government agencies to develop a legal framework that achieves TTS standards of practice and guiding principles of the WHO. In seeking to accomplish change in China, TTS is aligned with the WHO to work directly with the Vice Minister of Health of China Jiefu Huang. Interaction with Chinese officials is the only true route to effect long term change and this change must be derived from Chinese Governmental policies. The Vice Minister has sent a statement of new ethical standards to TTS that the Society has endorsed in its reply to the Vice Minister. This recent interaction is an illustration of TTS leadership for our members and for the constituent organizations of the Global Alliance for Transplantation. The following realities and principles must be considered as TTS engages Chinese professionals:

1. China’s prominence in organ transplantation, (> 11,000 transplants performed in China in 2005);
2. Almost all organs are likely to have been obtained from executed prisoners;
3. As a professional society, TTS cannot dictate to China that its practice regarding capital punishment is unethical. However, TTS should express concern that the
recovery of organs from executed prisoners has resulted in rampant commercialism and transplant tourism.

4. TTS has commended the Vice-Minister’s recent statement that the Chinese government seeks to
   - create a legal framework for National Chinese oversight
   - establish credentials for Chinese transplant officials
   - ban the purchase and sale of human organs
   - prevent organ trafficking and transplant tourism
   - establish deceased organ donation through brain death criteria
   - establish a national self-sufficiency that includes deceased and living donors.

It is a fundamental principle for The Transplantation Society that organs and tissues are given freely and without coercion. Because of the restrictions in liberty in a prison environment it is unlikely that prisoners are truly free to make independent decisions and thus an autonomous informed consent for donation cannot be obtained. Further, the financial incentive for recovering organs from executed prisoners may become an incentive to increase the number of such organs available for transplantation. Thus, The Transplantation Society is opposed to the recovery of organs and tissues from executed prisoners and from any other individual where an autonomous consent for the procurement is lacking.”

One very powerful tool used by the DICG to push Chinese colleagues to stop using organs from executed prisoners (and other transplant professionals from relying on trafficked organs) has been its ability to persuade many medical societies to disallow presentations at their congresses and publications in their journals that involve transplants derived from organ sales or from executed prisoners. Cutting off the connections and the recognition that follow from being visible in such venues has led Chinese physicians and researchers to pressure their government to remove this blot on their collective professional standing internationally.

By 2013 profound changes were accomplished in China with the development of the national program for deceased organ donation adhering to the World Health Organization (WHO) Guiding Principles, and compliant with the Declaration of Istanbul. The new program respected the cultural and social framework of the Chinese people by not demanding immediately the acceptance of a brain death determination throughout the country. Pilot trials of deceased organ donation after cardiac death were conducted between 2010 and 2012 to generate a comprehensive design of what could be become a national program of organ donation and transplantation for implementation throughout China. The legal basis for this program was established by a series of legislative steps initiated in 2007. The Ministry of Health (MOH) accredited 164 organ transplant hospitals in China, each of which had an organ procurement organization (OPO) to conduct organ donation and organ recovery. The national protocols for deceased-organ donation in China include the specific categories: I (organ donation after brain death), II (organ donation after circulatory death), and III (organ donation after brain death followed by circulatory death). The China Organ Transplant Response System (COTRS) was simultaneously developed to allocate organs equitably and transparently.

The Hangzhou Resolution of October 2013 reflects the resolve of Chinese authorities to bring about ethically proper and internationally recognized practices of organ donation and transplantation. In addition to calling for the end of “donation by execution”, the Resolution calls for transparency in the distribution of organs to a computerized waitlist of those in
medical need, irrespective of social status, gender and religious beliefs. It seeks a national self-sufficiency in providing organs for Chinese patients with end-stage organ failure and rejects the practice of permitting foreign patients to undergo transplantation in China.

As of January, 2015 China has pronounced its intention to discontinue the use of organs from executed prisoners. It does so following an astonishing evolution of change from a time when there was no acknowledgment of this practice to subsequently declaring it to be unacceptable and finally to the developing an alternative program of deceased organ donation. China has the technical capacity to perform organ donation and transplantation by highly skilled Chinese surgeons and physicians. The number of hospitals catering to transplant tourists has been reduced and the promise has been made to develop other sources of organs for transplantation that are ethically proper by international standards. The DICG intends to collaborate with respected Chinese colleagues to assist in the establishment of the organ donation agencies. The ability to achieve the cessation of using organs from executed prisoners will be dependent upon the successful accomplishment of this objective.
3. ORGAN TRAFFICKING IS ON THE RISE: INTERNATIONAL ALLEGATIONS

3.1. State Organs: Transplant Abuse in China

Mr David KILGOUR, former Secretary of State for Africa, the Caribbean, Latin America and Asia-Pacific; Member of Parliament for the Southeaster area of Edmonton, Alberta, Canada

Information on: http://www.david-Kilgour.com

3.2. Towards a global framework for the ethical donation and use of human organs

Dr Marie Charlotte BOUESSEAU. Adviser, Service Delivery and Safety, World Health organisation (WHO)

The author is a staff member of the World Health Organization. The author alone is responsible for the views expressed in this publication and they do not necessarily represent the decisions or policies of the World Health Organization.

3.3. Organ procurement from death-row prisoners and prisoners of conscience in China

Prof. Huige LI, Professor of Vascular Pharmacology, Institute of Pharmacology, Johannes Gutenberg University, Mainz (Germany); DAFOH European Delegate.

China ranks number 2 in organ transplantation worldwide – without an organ donation system before 2010. Before 2010, about 120,000 organs have been transplanted in China, which is in contrast to the official number of totally 130 deceased organ donations. The vast majority of organ transplants in China are procured from unethical sources, which can be divided into three categories:

Category 1: prisoners sentenced to death and then executed. This practice had been denied by the Chinese government for decades before it was finally admitted in 2005. Since then, China presented itself at least twice with untrue statements to the world: the unfulfilled promise to end the practice in the letter of the Chinese Medical Association to the World Medical Association in 2007 and the failed Hangzhou Resolution in 2013. In December 2014, Huang Jiefu, Director of the China Organ Donation Committee, announced that only voluntarily donated organs from citizens could be used for transplantation after January 1, 2015. This announcement, however, proves to be a semantic trick, because death-row prisoners are allowed to “voluntarily” donate organs, which is clearly against international ethical standards. On January 28, 2015, Huang told People’s Daily that “death-row prisoners are also citizens. The law does not deprive them of the right to donate organs. If death-row prisoners are willing to atone for their crime by donating organs, they should be encouraged”. Thus, the use of prisoner organs has not been stopped in China. These organs are now integrated into the national voluntary donation system and classified as voluntary donations from citizens. Moreover, by re-defining prisoners as regular citizens for “voluntary” organ donation, China’s national organ donation system may be abused for the whitewashing of organs from both death-row prisoners and prisoners of conscience.

Category 2: prisoners sentenced to death; organs harvested before death. Enver Tohty, a former surgeon from western China has testified at a European Parliament hearing on January 29, 2013. In 1995, Tohty was ordered to harvest organs from an executed prisoner. However, the body he got was not dead. The gunshot was on the right chest side. He took the liver and the kidneys from the still-living body. Unfortunately, this was not the
only case. Actually, the history of this barbaric practice is almost as long as China’s transplant medicine itself. An early case was well documented in the book “China’s eyes”. In 1978, Zhong Haiyuan, a school teacher from the Jiangxi Province, was sentenced to death for her “counter-revolutionary” thoughts. Her execution was performed by three officers. Two of them fixed Zhong while the third officer put the gun against her back on the right side and then fired the bullet. Waiting army doctors immediately took her body for organ harvesting. Years later, one of the officers told the book author that the order was not to kill Zhong immediately. “The kidneys must be harvested before she dies”, because the army doctors wanted high quality kidneys, “kidneys from a living person”. In March 2015, Jiang Yanyong, “China Hero Doctor” who exposed the SARS cover-up by the Chinese government in 2003, told to Hong Kong reporters that corruption, illegal transplantation and organ trade were common in military hospitals. Jiang revealed in the TV interview that many prisoners were shot but not killed before organ harvesting. The purpose was to keep the warm ischemia time of the donor organs as short as possible.

Category 3: prisoners of conscience without death sentence. Since 2006, mounting evidence (e.g. investigations by David Matas, David Kilgour and Ethan Gutmann) suggests that prisoners of conscience are killed for their organs in China with the brutally persecuted Buddhist practice, Falun Gong, among others, being the primary target. In a resolution on December 12, 2013, the European Parliament expressed “its deep concern over the persistent and credible reports of systematic, state sanctioned organ harvesting from non-consenting prisoners of conscience in the People’s Republic of China, including from large numbers of Falun Gong practitioners imprisoned for their religious beliefs, as well as from members of other religious and ethnic minority groups”.

From 2004 to 2006, Wang Lijun, the former police chief of Jinzhou City carried out a transplantation study entitled “research on organ transplantation from donors subjected to drug injection”. The research was awarded by the Guanghua Science and Technology Foundation. In his speech at the award ceremony on September 17, 2006, Wang stated that the outcome of his research was a result of several thousand cases. Given that 6,250 executions were reported from 2004 to 2006 in China, Jinzhou City with a population of about 3 million would have a projected amount of 14 executed death-row prisoners during this time period in which the transplantation research was performed. This suggests that the majority of the several thousand people who died for Wang’s transplantation research could not be death-row prisoners. Recent investigations indicate that the victims were likely to be prisoners of conscience, primarily Falun Gong practitioners. In 2012, when Wang Lijun was under investigation by the Chinese government, World Organization to Investigate the Persecution of Falun Gong (WOIPFG) investigators conducted phone calls to one of Wang’s partners, Dr. Chen Rongshan, the urology chief physician of the People’s Liberation Army (PLA) 205 Hospital in Jinzhou City. The caller pretended to be a “member of the Wang Lijun inter-departmental investigation team” from the Chinese government. The WOIPFG investigator asked Chen, whether he collaborated with Wang Lijun. Chen didn’t answer the question directly but said that Wang’s collaboration partners also included the China Medical University. Then, the investigator continued, “Wang Lijun told us that some organ donors were jailed Falun Gong practitioners. Is that true?” Chen answered on the phone, “Those were arranged by the court”. In China, courts are the authorities that oversee prisons and labour camps. Because no Falun Gong practitioners were sentenced to death, the use of organs from Falun Gong practitioners implies the killing of the organ “donors”.

Because of the inhuman persecution since 1999, Falun Gong practitioners have lost all rights in China. There are nearly 4000 documented death cases directly caused through torture in detention. None of the torture perpetrators have been charged. If policemen and prison guards are allowed to torture Falun Gong practitioners to death, it is not implausible
that military doctors are allowed to kill members of this vulnerable group for their organs. The reality, however, is likely to be worse than this assumption. Recent investigations suggest that the killing of Falun Gong practitioners for their organs is a crime organized from the very top level of the Chinese Communist Party. The order was issued by the former party chief Jiang Zemin himself and executed by the military and by the Political and Legal Affairs Commission (PLAC) of the party. Both Bai Shuzhong (Minister of Health of the PLA General Logistics Department) and Bo Xilai (former Governor of Liaoning Province) stated in telephone investigations that Jiang Zemin personally issued the order. In another telephone investigation on organ harvesting from Falun Gong practitioners, Li Changchun (former propaganda chief and Politburo Standing Committee member) said that “Zhou Yongkang (former PLAC chief) is in charge of this”. Tang Junjie (former vice chief of Liaoning PLAC) admitted to be responsible on the phone and said that “this was regarded as a positive thing”. From the “class struggle” ideology of the Communist Party, taking organs from the “enemy” to save the life of other people could be perversely regarded as a “positive thing”. The EU should help to enable independent investigations into the forced organ harvesting issue in China, seek prosecution of those engaged in this crime and call for its immediate end.
4. CONCLUSIONS

MEP Peter LIESE, European Parliament Environment, Public Health and Food Safety Committee (ENVI)

Thanks to all in attendance, including distinguished speakers and the audience. Thanks to those who organized the workshop. We have all learned some information today. This new law is not a bad thing but we need to be very vigilant if it is implemented. The European Parliament is very keen to help people that are waiting for an organ. My background as a medical doctor makes me familiar with how urgent and desperate these situations can be. But the question of illegal harvesting and paid donation is so directly linked. The most successful country in organ donation is Spain, but at the same time they are vigorously fighting against paid donations more so than other countries. Organ trafficking are crimes that need to be punished, regardless of the desperation of those involved. People waiting for organs suffer on top of those who are vulnerable and donating. Everyone suffers when people break the rules of the system. When this system is not clean, we cannot ensure proper help for the patients. So not only we must fight the donation process, but also we must fight the waiting list system and the transplant process to make sure that this is being done in an acceptable manner. The European Parliament is committed to this cause in the long term because Human Rights have always been a key priority in the European Parliament.
MORE INFORMATION:

http://www.scandiatransplant.org/.
http://www.who.int/bulletin/volumes/85/12-06-039370/en/.
http://www.declarationofistanbul.org/component/content/article/118-uncategorised/83-links.
https://www.tts.org/.
http://www.who.int/topics/international_health_regulations/en/.
ANNEX 1: PROGRAMME

WORKSHOP

Organ Harvesting in China

Tuesday, 21 April 2015 from 10.00 to 13.00
European Parliament, A5G-3, Brussels

Organised by the Policy Department A-Economy & Science for the Committee on the Environment, Public Health and Food Safety (ENVI)

AGENDA

10.00-10.10
Welcome and opening by MEP Peter LIESE, Environment, Public Health and Food Safety Committee (ENVI) and MEP Miroslav MIKOLASIK, Human Rights Sub-Committee (DROI).

Part 1  The State of the International Human Organ Transplants

10.10-10.20  Organ harvesting: a human rights perspective
Jöelle HIVONNET, European Official, Chinese and European Perspectives on the Rule of Law and International Law, European External Action Service (EEAS)

10.20-10.30  European model legislation on organ donation and transplantation
Stefaan VAN DER SPIEGEL, Team Leader "Substances of human origin" DG SANTE, European Commission

10.30-10.40  Trafficking in Human Organs and Human Trafficking for the Purpose of Organ Removal: legal perspective to the fight against transplant-related crimes
Dr Marta LOPEZ FRAGA, Secretary to the European Committee on Organ Transplantation (CD-P-TO). Department of Biological Standardisation, OMCL Network & HealthCare (DBO). European Directorate for the Quality of Medicines & HealthCare (EDQM), Council of Europe.

10.40-10.50  The Istanbul Declaration. Recommended strategies for the EU
Dr Beatriz DOMINGUEZ, Medical Adviser, National Transplant Organization, Spain. Co-chair of the Declaration of Istanbul Custodian Group.
10.50-11.20  **Donation and transplantation in China: current policies**  
*Dr Francis L. DELMONICO. Executive Director Declaration of Istanbul Custodian Group; World Health Organization. Advisory for Human Transplantation. Professor of Surgery, Harvard Medical School, Massachusetts General Hospital, Transplant Center. U.S.*

11.20-11.40  **Questions & Answers**

**Part 2  Organ trafficking is on the rise: International Allegations**

11.40-11.55  **State Organs: Transplant Abuse in China**  
*Mr David KILGOUR, former Secretary of State for Africa, the Caribbean, Latin America and Asia-Pacific; Member of Parliament for the southeaster area of Edmonton, Alberta Canada*

11.55-12.05  **Title Towards a global framework for the ethical donation and use of human organs**  
*Dr Marie Charlotte BOUESSEAU. Adviser, Service Delivery and Safety, World Health organisation (WHO).*

12.05-12.15  **Organ procurement from death-row prisoners and prisoners of conscience in China**  
*Prof. Huige LI, Professor of Vascular Pharmacology, Institute of Pharmacology, Johannes Gutenberg University, Mainz (Germany); DAFOH European Delegate.*

12.15-12.50  **General Discussion**

12.50-13.00  **Conclusions by MEP Peter Liese**
ANNEX 2: SHORT BIOGRAPHIES OF EXPERTS

Dr Jöelle Hivonnet

European Official, Chinese and European Perspectives on the Rule of Law and International Law, European External Action Service (EEAS)

Dr Joëlle Hivonnet has been a European official since 1992 and has worked in Brussels, New York and Geneva. In the course of her EU career, she has contributed inter alia to the European anti-discrimination and gender equality legislation and the renewed European Social Agenda. She has also represented the EU in various multilateral fora (UN, ILO, WHO, etc.), dealing with Human Rights, Humanitarian and Social Affairs, as well as Peacekeeping Operations.

In 2012, upon her return from the EU Delegation in Geneva, where she was head of the UN section, she joined the China Division in the European External Action Service where she is now contributing to the implementation of the EU-China strategic partnership, with a focus on human rights, Rule of Law, Health and Labour issues. She is the author of a Ph.D thesis (1987) on "The Effects of the ratification by the United Kingdom of the European Convention on Human Rights" (Paris X) and a dissertation "L'Egalité des chances dans le Traité d'Amsterdam" as part of an M.A in International Politics (ULB-1999). She has recently published several papers and participated in many conferences to discuss various aspects of EU-China relations.

Prior to her EU career, Dr Joëlle Hivonnet was a senior lecturer at the University of Northumbria (UK) where she taught Joint Honours Degree (Politics/Economics and Foreign Languages) and M.A students, with a specific interest in Migration, Gender and Demographic issues, as well as post-war planning.
Dr Stefaan Van Der Spiegel

Stefaan Van der Spiegel coordinates the work of the European Commission's team on Substances of Human Origin (SoHO), including blood, organs and tissues&cells. He joined the Commission in 2004 as policy officer on pricing, reimbursement and access of pharmaceuticals, amongst others managing the European Commission's Pharmaceutical Forum.

He started his career as strategy consultant with McKinsey&Co for several actors in the healthcare sector (hospitals, biotech startups, pharmaceutical companies, medical device companies, ...). He is trained in medicine (MD) and in business administration (MBA).

Dr Beatriz DOMINGUEZ

Beatriz Domínguez-Gil is medical doctor, PhD in internal medicine, and specialized in Nephrology. She joined the medical team of the Spanish National Transplant Organization (Organización Nacional de Trasplantes- ONT) in November 2006. ONT is acknowledged worldwide for the development of the so-called Spanish Model on Organ Donation and Transplantation, leading Spain to extraordinary levels of deceased donation.

In her position at the ONT, she has been mainly involved in international cooperation through different organizations, promoting and participating in a range of initiatives targeted to enhance organizational models, and quality and safety of organ donation, procurement and allocation, and to the fight against organ trafficking.

On behalf of the European Committee on Organ Transplantation at the Council of Europe, Beatriz Domínguez-Gil co-authored the Joint Study of the Council of Europe and the United Nations on Trafficking in organs, tissues and cells and trafficking in human beings with the purpose of the removal of organs. This study called for the development of an international
treaty defining the trafficking in human organs, and including provisions for its prosecution and prevention, as well as for the protection of its victims.

The Study would later derive on the recently adopted Council of Europe Convention against Trafficking in Human Organs, a Convention open for signature in Santiago de Compostela (Spain) last March 25, 2015.

Beatriz Domínguez-Gil was part of a dedicated team set down by the Spanish government to lead the adoption of Directive 2010/53/EU of the European Parliament and of the Council of 7 July 2010 on standards of quality and safety of human organs intended for transplantation during the last Spanish presidency of the European Union.

At the level of the WHO, Beatriz Domínguez-Gil has lead the development of landmark recommendations, as those reflected at the Madrid Resolution on Organ Donation and Transplantation, published in 2011.

Beatriz Domínguez-Gil is immediate past chair of the European Donation and Transplant Coordination Organization (EDTCO), a section of the European Society for Organ Transplantation (ESOT). She is councillor for Europe at The Transplantation Society (TTS), as well as chair of its Ethics Committee. She is co-chair of the Declaration of Istanbul Custodian Group on organ trafficking and transplant tourism, a professional platform that promotes the implementation of the principles of this Declaration. She has more than 100 publications in scientific journals and book chapters.

Dr Marta Lopez Fraga

Marta López Fraga, Ph.D., is the Scientific Officer in charge of the organ, tissue and cell donation and transplantation activities at the European Directorate for the Quality of Medicines & Healthcare (EDQM)/ Council of Europe.

She received her B.Sc. in Biology from the Complutense University of Madrid and a Ph.D. in Immunology from the Autónoma University of Madrid (Spain). She was a postdoctoral fellow at La Jolla Institute for Allergy and Immunology in San Diego (USA), working on the cellular regulation of T cell immunity and tolerance through co-stimulatory molecules.

In 2006, she joined Neurome Inc. of the University of California, Riverside (USA), to work on the development of targeted mucosal vaccine delivery technologies for the Bill and Melinda Gates Foundation. In 2008, she became a Senior Scientist with Sylentis, a Spanish biotech company that focusses on the development of new drugs based on RNAi technology.
Since 2011, she has been in charge of the Council of Europe’s European Committee on Organ Transplantation (CD-P-TO), the Steering Committee responsible for transplantation activities at the Council of Europe.

The CD-P-TO actively promotes the non-commercialisation of organ donation, the fight against organ trafficking and the development of ethical, quality and safety standards in the field of organ, tissue and cell transplantation.

Its activities include the collection of international data and monitoring of practices in Europe related to the donation and transplantation of organs, tissues and cells with regards to quality, safety and ethical standards and their implementation.

The CD-P-TO is also involved in the transfer of knowledge and expertise between organisations and experts through training and networking, the elaboration of reports, surveys and recommendations and the promotion of organ, tissue and cell donation for transplantation among the general public.

**Dr Francis L. Delmonico**

Francis L. Delmonico, M.D. FACS is Professor of Surgery Harvard Medical School at the Massachusetts General Hospital, where he is Emeritus Director of Renal Transplantation. He has been a member of the MGH Department of Surgery for nearly 35 years.

He is Immediate Past-President of The Transplantation Society and appointed as an Advisor to the World Health Organization in matters of organ donation and transplantation since 2006.

Dr. Delmonico is the Medical Director of the New England Organ Bank since 1995.

He is the Executive Director of the Declaration of Istanbul Custodian Group:

[http://www.declarationofistanbul.org](http://www.declarationofistanbul.org)

In 2005, Dr. Delmonico was elected President of the United Network for Organ Sharing (UNOS), the federally designated Organ Procurement Transplant Network (OPTN) that oversees the practice of transplantation in the United States. He served on numerous UNOS Committees, and was elected by his colleagues in New England as its regional representative to UNOS Board of Trustees in 1988.

Dr. Delmonico is a former Board member of the National Kidney Foundation and a recipient of the NKF’s David M. Hume lifetime achievement award. He was a co-recipient of the Prince of Asturias award on behalf of The Transplantation Society for his efforts in the establishment of the Declaration of Istanbul. Dr. Delmonico is the recipient of the Shumakov Medal from the Moscow Institute of Transplantation and the Gold Medal of the Catalan Transplantation Society. As a former Councilor of the American Society of
Transplantation, Dr. Delmonico was also a recipient of the AST’s Senior Clinician Award. As an Alumnus of Mount St. Mary’s College, he is the recipient of the Founder’s Bruté Medal.

Dr. Delmonico has been an invited lecturer and Visiting Professor in numerous cities and universities in more than 70 countries throughout the world. He was awarded an Honorary Doctorate from the Pan American University of Mexico City. He has authored or co-authored more than 300 publications, including in the New England Journal of Medicine, Lancet, the Journal of the American Medical Association and the New York Times. He has appeared on numerous television and radio programs including Nightline, Good Morning America, CBS Sunday Morning America, Bloomberg News and NPR News.

Mr David Kilgour

David Kilgour is co-chair of the Canadian Friends of a Democratic Iran, past chair of the Latin America and Caribbean policy working group of the Ottawa branch of the Canadian International Council, a director of the Washington-based Council for a Community of Democracies (CCD), a Fellow of the Queen's University Centre for the Study of Democracy, a director of the New York-based NGO Advancing Human Rights and a director of the Ottawa Mission Foundation.

First elected to the House of Commons in 1979, he was re-elected seven times, most recently in 2004, for the south-east region of Edmonton. During his time in Parliament, he was Deputy Speaker and Chair of the Committees of the Whole House, Secretary of State for Latin America & Africa (1997-2002) and Secretary of State for Asia-Pacific (2002-2003). He did not stand in the 2006 election.

David remains active on issues of human dignity. A 2007 book, Uneasy Neighbo(u)rs, co-authored with David Jones, a former American diplomat, discusses the relationship of Canada and the USA. µ

In 2009, he published with David Matas Bloody Harvest-The Killing of Falun Gong for their Organs. He and Matas were awarded the 2009 Human Rights Prize of the International Society for Human Rights in Switzerland for their work in raising awareness of state-sponsored organ pillaging in China. For further information, see: www.david-kilgour.com.

Dr Marie Charlotte Bouesseau

After receiving her Doctor of Medicine degree from Paris University, Marie-Charlotte Bouësséau practiced cardiology in France for several years before undertaking postgraduate studies in epidemiology, social sciences, and philosophy in France and Chile. Since 1995, her activities have been wholly focused on questions of bioethics. Until October 2002,
she worked in Chile, where she took part in several projects of co-operation with Chilean institutions, at the request of the Chilean Government, she set up a Bioethics Unit in the Ministry of Health; she also took part in several research projects with Chilean academic institutions and collaborated with many international governmental and nongovernmental organizations.

In November 2002 Dr. Bouësseau joined the World Health Organization, in Geneva for the creation of the Ethics and Health Unit established by the Director General. She led the activities of this team during six years and coordinated numerous projects in the field of public health ethics and research ethics, especially in low and middle income countries, in close collaboration with the three levels of the Organization, with the Global Network of WHO Collaborating Centers for Bioethics and with a number of other international organizations active in the field of bioethics. In May 2013, she was asked to work with the WHO Department of Service Delivery and Safety, with a focus on ethical issues related to the use of medical products of human origin, person centered care and palliative care.

Prof. Huige Li

Huige Li studied medicine (1985 - 1991) at the Tongji Medical University in Wuhan, China. In 1995, he moved to Germany, and earned his doctoral degree (Dr. med.) in 1997 at the Johannes Gutenberg University of Mainz. After the habilitation in 2007, Huige Li was appointed as Professor of Vascular Pharmacology in 2011 at the University Medical Center of Mainz, Germany. He joined Doctors Against Forced Organ Harvesting (DAFOH) in 2011 and is acting as the DAFOH European Delegate. Huige Li has been giving lectures on "unethical organ harvesting in China" at the European Parliament (January 29, 2013), the UK Parliament (April 29, June 24, and November 11, 2013), the Swedish Parliament (November 20, 2013), the International Society for Human Rights (IGFM; April 12, 2013), the European Economic and Social Committee (EESC; March 19, 2014), and the annual meeting of the German Transplantation Society (October 17, 2014).
ANNEX 3: PRESENTATIONS
Presentation by Dr Joelle Hivonnet

WORKSHOP ON "ORGAN HARVESTING IN CHINA"
21 APRIL 2015 (10.00-13.00) - EUROPEAN PARLIAMENT

Why is “organ harvesting” possible in China ?

• Policy of removing organs from executed prisoners without real consent, made legal in 1984 and banned on 01/01/2015
• Extrajudiciary killings and suspicions of “organ harvesting” on other prisoners
WORKSHOP ON "ORGAN HARVESTING IN CHINA"
21 APRIL 2015 (10.00-13.00)- EUROPEAN PARLIAMENT

Why is this a Human Rights issue?

- The death Penalty: secrecy that surrounds both death penalty and organ transplant statistics, which has so far made it impossible to gain an accurate picture of the source of transplanted organs
- Extra-judicial killings in prisons
- Freedom of Religion or Belief, with particular reference to Falun Gong followers
- The re-education through labour system (now abolished) but replaced by another system even less transparent (black jails),

"Organ Harvesting" is raised by the EEAS during Human Rights Dialogues.

- 33rd EU-China Human rights dialogue, held in Brussels on 8-9 December
- The EU welcomed China’s decision to cease the forceful removal of organs from executed prisoners, as from 1st January 2015, as announced by the head of the country’s organ donation committee, Mr Huang Jiefu.
- Apparently, nearly 40 organ transplant centres around the country, including those in Beijing, Guangdong and Zhejiang, have stopped using prisoners’ organs.
- Questions about alternatives to the now abolished Re-Education Through Labour, about torture in prison, etc.
WORKSHOP ON "ORGAN HARVESTING IN CHINA"
21 APRIL 2015 (10.00-13.00) - EUROPEAN PARLIAMENT

Why the Decision will be difficult to implement?

- So far, China has struggled to encourage voluntary donations, largely as a result of cultural concerns.
- Every year, about 300,000 people in China need transplanted organs, but only 10,000 operations are carried out.
- Area of enhanced EU-China cooperation, on the basis of the "Action Plan on Organ Donation and Transplantation (2009-2015): Strengthened Cooperation between Member States" that addresses, inter alia the issue of organ availability in the Member States.

WORKSHOP ON "ORGAN HARVESTING IN CHINA"
21 APRIL 2015 (10.00-13.00) - EUROPEAN PARLIAMENT

Why "organ harvesting" is likely to remain a human rights issue?

- The decision only addresses the legal removal of organs not that of trafficking made possible by the:
  - Overall Human Rights situation: forced disappearances, black jails, etc.
  - Situation in prisons: absence of rights, arbitrary power of prison authorities, lack of access to medical care and lawyers, lack of investigative power in cases of abuse
  - Corruption
In conclusion, we must continue to promote human rights in China across the board so as to eradicate the circumstances that make it possible to have the forceful removal of organs without real consent and extra-judicial killings are possible.

Thank you for your attention!
Presentation by Stefaan Van der Spiegel

European Legislation on Organ Transplantation

Stefaan Van der Spiegel, MD, MBA
Team Leader Substances of Human Origin (SoHO)

European Commission
DG Health and Food Safety (SANTE)
Unit D4/ Substances of Human Origin and Tobacco Control

GROWING IMPORTANCE OF LIVING ORGAN DONORS in EU

Source: Council of Europe / ONT Newsletters
The Treaty of the Functioning of the European Union
Article 168

- Health is a competence of the Member States (MS)
- EU role: to complement national policies, foster cooperation between MS and third countries.

Exceptions: some common safety concerns, including substances of human origin (SoHO): blood, tissues, cells, organs
Policy Department A: Economic and Scientific Policy

**EU LEGAL FRAMEWORK**

3 levels of requirements

- **Flow**
  - Donor
  - **SoHO**
  - Recipient

1. **Actors**
   - Selection/deferral, ...
   - HIV, Hepatitis B, Hepatitis C, ...
   - Handling: Quality requirements

2. **National Competent Authorities**
   - Oversight: vigilance, traceability, accreditation, inspection...

3. **European Commission**
   - Coordination/Support: NCA meetings, rapid alerts, ...

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**Key legal requirements on principles and consent**

**Art 13 and 14 of Directive 2010/53/EU**

- **Art 13.1:** "MS shall ensure that donations of organs from deceased and living donors are voluntary and unpaid"

- **Art 13.2:** "[this principle] shall not prevent living donors from receiving compensation, limited to making good the expenses and loss of income related to donation. MS shall define the conditions under which such compensation may be granted, while avoiding there being any financial incentives or benefit for a potential donor"

- **Art 13.3:** "MS shall prohibit advertising the need for, or availability of, organs with a view to offering or seeking financial gain or comparable advantage"

- **Art 13.4:** "MS shall ensure that the procurement of organs is carried out on a non-profit basis"

- **Art 14:** "Procurement shall be carried out only after all requirements relating to consent, authorisation or absence of any objection in force in the MS concerned have been met"
Art 15.2: "MS shall ensure **living donors are selected** on the basis of their health and medical history, by suitably qualified or trained and competent professionals. Such assessments may provide for the exclusion of persons whose donation could present unacceptable health risks."

Art 15.3: "MS shall ensure that a registers or record of the living donors is kept, in accordance with Union and national provisions on the protection of personal data and statistical confidentiality"

Art 15.4: "MS shall endeavour to carry out the **follow-up of living donors** and shall have a system in place in accordance with national provisions, in order to identify, report and manage any **event** potentially relating to the quality and safety of the donated organ, and hence of the safety of the recipient, as well as any **serious adverse reaction** in the living donor that may result from the donation."
The Action Plan allows to address (some of) these broader topics:

1. Improve quality and safety
2. Make transplantation systems more efficient and accessible
3. Increasing organ availability

EU Legal Framework
= Directive (July 2010)

10 Priority Actions (2009-2015)
= Action Plan (Dec. 2008)


- Objective 2 (of 5): MS should promote living donation programmes following best practices
  - Priority action 3: exchange of best practices and support registers
    - Action 3.1. "...promotion of altruistic donation programmes for living donors, with safeguards built in concerning the protection of living donors and the prevention of organ trafficking"
    - Action 3.2. "...registers for living donors to evaluate and guarantee their health and safety"

- Supported by EU-funded projects (PHP): ex. on living donation
  - EULID
  - COORENOR
  - Support to EL-PAT conferences
  - ELIPSY
  - ODEQUUS
  - ACCORD Joint Action

- Dedicated working groups:
  - WG on living donation (2012-3) developed a "toolbox on living kidney donation"
LIVING DONOR KIDNEY TRANSPLANTS - 2013

Overall, a diverse EU landscape with...
- Evolutions over time: increase in living donation
- Potential for more organs, also from living donors
- Potential to learn from each other

Source: Council of Europe / ONT 2014 Newsletter

THANK YOU FOR YOUR ATTENTION
Presentation by Beatriz Dominguez

The Declaration of Istanbul
Recommended strategies for the European Union

Beatriz Domínguez-Gil
Organización Nacional de Trasplantes, Spain
Co-Chair of the Declaration of Istanbul Custodian Group

www.declarationofistanbul.org

From the Eighth Plenary Meeting of the World Health Assembly

22 May 2004, A57/VR.8. WHA 57.18

1. URGES Member States:
(1) to implement effective national oversight of procurement,
    processing and transplantation of human cells, tissues, and organs,
    including ensuring accountability for human material for transplantation;
(2) to cooperate in the formulation of recommendations and guidelines
    to harmonize global practices in the procurement,
(3) to consider setting up ethics commissions to ensure the ethics of cell,
    tissue, and organ transplantation;
(4) to extend the use of living kidney donations when possible,
    in addition to donations from deceased donors;
(5) to take measures to protect the poorest and vulnerable groups
    from transplant tourism and the sale of tissues and organs,
    including attention to the wider problem of international trafficking
    in human tissues and organs;
The Istanbul Summit

158 representatives of scientific and medical bodies from around the world, including government officials, social scientists and ethicists

Istanbul (Turkey), April 30 - May 2, 2008

The Declaration of Istanbul on Organ Trafficking and Transplant Tourism

DOI definitions: Organ Trafficking

Act
- Recruitment, transport, transfer, harboring or receipt of
  - living or deceased persons or their organs

By means of the threat or use of
- Threat, force
- Coercion
- Abduction
- Fraud
- Deception
- Abuse of power or of a position of vulnerability, or
- Payments to a third party to achieve control of the donor

For purpose of
- Exploitation by the removal of organs for transplantation
DOI definitions: Transplant Commercialism

**Transplant commercialism** is a policy or practice in which an organ is treated as a commodity, including by being bought or sold or used for material gain.

Transplant commercialism should be prohibited because it targets impoverished and otherwise vulnerable donors and leads inexorably to inequity and injustice.

DOI definitions: Travel for Transplantation

**Travel for transplantation** is the movement of organs, donors, recipients or transplant professionals across jurisdictional borders for transplantation purposes.

Travel for transplantation is considered an acceptable practice.
DOI definitions: Transplant Tourism

Travel for transplantation becomes **transplant tourism** if:

1. It involves **organ trafficking** and/or **transplant commercialism**
2. The resources (organs, professionals and transplant centers) devoted to providing transplants to patients from outside a country or region, **undermine the country’s ability to provide transplant services for its own population**

*Transplant tourism should be forbidden by law.*

**Summary of DOI Principles**

- **Screening, prevention, treatment of organ failure programs**
  - Should be implemented by local governments

- **Recovery of organs from deceased and living donors**
  - Should be legislated by local governments according to international standards

- **Allocation**
  - Should be equitable and fair

- **Medical care for living donors**
  - Short and long-term care should be provided

- **Organ trafficking and transplant tourism**
  - Should be prohibited to protect impoverished and vulnerable donors and prevent inequity and injustice
The Declaration of Istanbul Custodian Group

"The Mission of the Declaration of Istanbul Custodian Group (DICG) is to promote, implement and uphold the Declaration of Istanbul so as to combat organ trafficking, transplant tourism and transplant commercialism and to encourage adoption of effective and ethical transplantation practices around the world"
A COUNTRY BY COUNTRY APPROACH TO CURTAIL UNETHICAL PRACTICES AND PROMOTE SELF-SUFFICIENCY

Open Letter to Xi Jinping, President of the People’s Republic of China: China’s Fight Against Corruption in Organ Transplantation

Francis Delmonico, Jeremy Chapman, John Fang, Gabriel Danovitch, Adeera Levin, Alexander Capron, Ronald Bosuttii, and Phillip O’Connell

China to stop using executed prisoners’ organs in transplant operations.

Although the outcomes of this unethical practice can...
Impact of legal measures prevent transplant tourism: the interrelated experience of The Philippines and Israel

2008 – Organ Transplantation Law
2008 – Presidential ban on transplantation to foreigners
2009 – Implementing rules Human Trafficking Law


The DECLARATION of ISTANBUL
on ORGAN TRAFFICKING and TRANSPLANT TOURISM

Vasile Cepoi: M.D.
Minister of Health
Republic of Romania

Dear Minister Cepoi:

The action plan of Romania to increase deceased donation entails three priority initiatives:

- the identification of a Key Donation Person in the employ of County Hospitals with intensive care unit services;
- the appointment of an in-house transplantation coordinator at centers that you would deem appropriate for such designation;
- higher level of care classification of county hospitals participating in the national transplant program.

Deceased donation in Romania
65 (3 pmp) in 2012 → 132 (6.1 pmp) in 2013
The New York Times

Transplant Brokers in Israel Lure Desperate Kidney Patients to Costa Rica

August 7, 2014

FANMAY CANA, Israel — Aside from the six-figure price tag, what was striking was just how easy it was for Ofra Dovin to buy a kidney.

Two years ago, as she faced the dispiriting prospect of spending years on dialysis, Ms. Dovin set out to find an organ broker who could help her bypass Israel’s lengthy transplant wait list. Only 36, she had a promising job at a software company and dreams of building a family. To a woman who had raced cars for kicks, it seemed unthinkable that her best days might be tethered to a soul-sapping machine.

Commentary

An Open Letter to HHS Secretary Burwell on Ethically Increasing Organ Donation

American Journal of Transplantation 2015, 15: 1-6

Personal Viewpoint

Living and Deceased Organ Donation Should Be Financially Neutral Acts

P. L. Delmonico1,*, D. Martin1, B. Dominguez-Gil2, E. Meller1, V. Jha3, A. Lewis4, O. M. Danovitch5 and A. M. Capron6

New England Organ Bank, Boston, MA

Centre for Health Equity, School of Population and Global Health, The University of Melbourne, Melbourne, Victoria, Australia

Received 23 November 2014, revised 13 January 2015, and accepted for publication 14 January 2015.

1,*, 2, 3, 5 and 6Correspondence to: P. L. Delmonico, Center for Health Equity, School of Population and Global Health, The University of Melbourne, Melbourne, Victoria 3010, Australia.
GUIDANCE AND TOOLS FOR GOVERNMENTS & PROFESSIONALS

Materials to Help Combat Organ Trafficking and Transplant Tourism
Available on the website

- Full text of the Declaration of Istanbul
- Some proposals on how to promote the ethical practice of donation and transplantation
- Latest information on organ trafficking
- Patient Information/Brochure translated into many languages

Patient Information brochure

www.declarationofistanbul.org
**Transplantation®**

**Instructions for Authors**

**Ethics**

The Journal requires all procedures and studies involving human subjects to have been carried out according to the ethical guidelines outlined by The Transplantation Society at [http://www.tts.org/index.php?option=com_content&view=article&id=11&Itemid=223](http://www.tts.org/index.php?option=com_content&view=article&id=11&Itemid=223) and have involved no illegal commercial transactions, the use of organs or other material from executed prisoners, or other unethical practices in obtaining donor organs. A prerequisite for reviewing a manuscript is that the authors' work complies with the Declarations of Helsinki [http://www.wma.net/en/37publications/10policies/b3/](http://www.wma.net/en/37publications/10policies/b3/) and Istanbul [www.declarationofistanbul.org](http://www.declarationofistanbul.org). Transplantation journal adheres to the ethical principles outlined by COPE (Committee on Publication Ethics) available at [http://publicationethics.org](http://publicationethics.org).

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**Alliance**

**Council of Europe Convention against Trafficking in Human Organs**

[Santiago de Compostela, 25 III. 2015]

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**THE LANCET**

Comment

A needed Convention against trafficking in human organs

Marta López-Fraga, Beatriz Domínguez-Gil, Alexander M. Capron, Kristof Van Assche, Dominique Martin, Emanuele Cozzi, Francis L. Delmonico
PROPER TRAVEL FOR TRANSPANTATION

Travel for transplantation may be acceptable if the following conditions are fulfilled:

for transplantation from a live donor:
- if the recipient has a dual citizenship (in the country of residence and also in the destination country) and wishes to undergo transplantation from a live donor that is a family member in the destination country of citizenship that is not their residence;
- if the donor and recipient are genetically or emotionally related and wish to undergo donation and transplantation in a country not of their residence to gain access to better health services;

for transplantation from a deceased donor:
- if official regulated bilateral or multilateral organ sharing programs exist between or among jurisdictions (countries) that are based on a reciprocated organ sharing programs between or among the jurisdictions.

REPORT TO AUTHORITIES

The pivotal role of health professionals in the fight against transplant-related crimes

REPORT TO AUTHORITIES
RECORDING IN REGISTRY

Transplant professionals should report organ trafficking cases to national authorities to help identify and unveil criminal networks and places where illicit operations are taking place.
Bill can help stamp out organ trafficking

There are also persistent accounts among medical professionals of having to treat patients on the NHS who purchased a trafficked organ abroad in order to side-step the waiting list, but who returned to the UK with medical complications, though accounts which are difficult to investigate because of the duty of physicians to maintain patient confidentiality.

RECOMMENDATIONS TO THE EUROPEAN UNION
The DECLARATION of ISTANBUL on ORGAN TRAFFICKING and TRANSPLANT TOURISM

A HARMONIZED LEGISLATION IN THE EU

DIRECTIVE 2010/45/EU OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 7 July 2010
on standards of quality and safety of human organs intended for transplantation

DIRECTIVES

on preventing and combating trafficking in human beings and protecting its victims, and replacing Council Framework Decision 2002/629/JHA

Council of Europe Convention against Trafficking in Human Organs
[Santiago de Compostela, 25.III.2015]

The DECLARATION of ISTANBUL on ORGAN TRAFFICKING and TRANSPLANT TOURISM

GUIDANCE FOR NATIONAL REGULATORY FRAMEWORKS IN THE EU

Define and set down a framework of proper travel for transplantation – involvement of Competent Authorities

Proper (inclusive of psychosocial) screening of living organ donors - particular care with non-resident living donors

Obligation of professionals to report illicit activity (overcoming confidentiality) to Competent Authorities

DICG WILLING TO SUPPORT
## Training & Education Programmes

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**DICG willing to support**

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**Thank you**

[www.declarationofistanbul.org](http://www.declarationofistanbul.org)
Presentation by Marta Lopez Fraga

ORGAN TRAFFICKING IS A GLOBAL PHENOMENON

On a global level, it is estimated that up to **5%-10%** of kidney transplants performed annually are the result of trafficking.

That’s **3,400-6,800** kidneys per year (still possibly an underestimate).

Highly lucrative business: recipients usually pay between $70,000-160,000 for an organ.
MULTIFACETED APPROACH TO THE FIGHT AGAINST TRANSPLANT-RELATED CRIMES

TRANSPLANT-RELATED CRIMES: HUMAN TRAFFICKING FOR THE PURPOSE OF ORGAN REMOVAL AND TRAFFICKING IN HUMAN ORGANS
TRAFFICKING IN HUMAN BEINGS FOR THE PURPOSE OF ORGAN REMOVAL

**Actions**
- The recruitment, transportation, transfer, harboring or receipt of persons,

**Means**
- by means of the 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 or benefits to achieve the consent of a person having control over another person

**Purpose**
- for the purpose of exploitation...including the removal of organs

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TRAFFICKING IN HUMAN BEINGS FOR THE REMOVAL OF ORGANS VS TRAFFICKING IN HUMAN ORGANS

**The need to distinguish** clearly between "Trafficking in Human Organs" (THO) and "Trafficking in human beings for the purpose of the removal of organs" (HTOR)

**HTOR:** effectiveness of existing international standards and no need for further international legal instruments

**THO:** need for an internationally agreed definition

Recommendation to elaborate an international legal instrument setting out a definition of THO, the measures to prevent it and protect victims, and criminal law measures to punish the crime

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http://www.oce.int/dghl/monitoring/trafficking/docs/news/e forgiving_activity_n_20090318.pdf
The Council of Europe Convention against Trafficking in Human Organs was adopted by the Committee of Ministers of the Council of Europe on July 9, 2014.

Purpose

- To prevent and combat the trafficking in human organs by providing for the criminalisation of certain acts
- To protect the rights of the victims
- To facilitate co-operation at national and international levels on action against trafficking in human organs
WHAT ACTIONS CONSTITUTE TRAFFICKING IN HUMAN ORGANS?

The human body and its parts shall not, as such, give rise to financial gain or comparable advantage

- **Illicit removal of organs:**
  - removal without the free, informed and specific consent of the living donor, or, in the case of the deceased donor, without the removal being authorized under its domestic law;
  - where in exchange for the removal of organs, the living donor, or a third party, has been offered or has received a financial gain or comparable advantage;
  - where in exchange for the removal of organs from a deceased donor, a third party has been offered or has received a financial gain or comparable advantage.

- **Use of illicitly removed organs for implantation or other purposes**

- **Illicit solicitation and recruitment** (of organ donors or recipients), offering and requesting of undue advantages (to/by health professionals or public officials)

- Preparation, preservation, storage, transportation, transfer, receipt, import and export of illicitly removed human organs

- Aiding or abetting and attempt

OTHER PROVISIONS

Extraterritorial jurisdiction, when the offence is committed:

a. in its territory; or
b. on board a ship flying the flag of that Party; or
c. on board an aircraft registered under the laws of that Party; or
d. by one of its nationals; or
e. by a person who has his or her habitual residence in its territory.

Protection of victims and witnesses
**PREVENTION MEASURES**

**National**
- Transparent domestic system for the transplantation of human organs, with equitable access to transplantation;
- Adequate collection, analysis and exchange of information related to the offences;
- Information or strengthen training for healthcare professionals and relevant officials;
- Awareness-raising campaigns addressed to the general public;
- To prohibit the advertising of the need for, or availability of human organs, with a view to offering or seeking financial gain or comparable advantage.

**International**
- Report to the Committee of the Parties on the number of cases of trafficking in human organs within the respective jurisdiction;
- Designation of a national contact point for the exchange of information pertaining to trafficking in human organs.

**MONITORING MECHANISM: COMMITTEE OF THE PARTIES**

**Independent monitoring mechanism**

**Functions**
- Evaluate implementation of the Convention (multisectorial and multidisciplinary approach)
- Facilitate the collection, analysis and exchange of information, experience and good practice between States
- Make specific recommendations related to the implementation of the Convention
PRACTICES TO BE CRIMINALISED UNDER THE NEW CONVENTION

- Brokers who recruit donors (even if they did not use coercion, fraud, deception or abuse of power or vulnerability) and recipients for financial gain
- Selling an organ from another person. For persons who have sold their own organ in the absence of means listed in the definition of HTOR, it is left open for ratifying States to decide whether or not to criminalise them.
- Purchasing and organ. In the specific case of recipients who have purchased an organ, it is left open for ratifying States to decide whether or not to criminalise them.
- Solicitation of donors or recipients for financial gain, including persons who advertise that they are willing to purchase an organ and persons who advertise that they are willing to sell an organ.
- The use of organs from a deceased person without valid consent or authorisation or in exchange for financial gain.
- Active and passive corruption of healthcare professionals and public officials.
- Healthcare professionals involved in the removal of an organ without valid consent or authorisation or in exchange for financial gain.
- The preparation, transportation and implantation of an illicitly removed organ.

COMPLEMENTARITY TO THE EXISTING LEGAL FRAMEWORK

Complementarity to HTOR framework, for instance:

- when it is difficult to prove that the person whose organ was illicitly removed had been subjected to human trafficking (e.g. when sellers take the initiative, by contacting potential recipients or intermediaries)
- when it is difficult to prove that the perpetrator has engaged in actions within the scope of the definition of HTOR or has used any of the legal means set forth in the definition of HTOR
- use of organs from a deceased person without valid consent or authorisation or in exchange for financial gain
- diversion of properly obtained organs for illicit use by physicians providing transplant services to patients who do not qualify to receive them within national programs or at facilities that serve "transplant tourists"
WHO CAN BE PARTY TO THE CONVENTION?

Member States of the Council of Europe

European Union

Non-member States with observer status

Non-member States upon invitation by the Committee of Ministers

OPENING CEREMONY: SANTIAGO DE COMPOSTELA
25 MARCH 2015
**14 COUNTRIES SIGNING THE CONVENTION IN SANTIAGO DE COMPOSTELA**

| ALBANIA |  |
| AUSTRIA |  |
| BELGIUM |  |
| CZECH REPUBLIC |  |
| GREECE |  |
| ITALY |  |
| LUXEMBOURG |  |
| MOLDOVA |  |
| NORWAY |  |
| POLAND |  |
| PORTUGAL |  |
| SPAIN |  |
| TURKEY |  |
| UNITED KINGDOM |  |

**CONCLUSIONS**

- The worldwide problem of organ trafficking can only be addressed through concerted efforts at global level;
- International legal instruments present the international consensus and bring legal clarity with regards to acts that constitute transplant-related crimes;
- They also aim at policy harmonisation and lay the foundations for international cooperation in the field;
- International legally binding instruments criminalising human trafficking (including for the purpose of organ removal) and trafficking in human organs provide a comprehensive legal framework to prevent and combat all transplant activities that violate basic human rights;
- However, making these legal instruments truly effective requires as many states as possible to accede to them and take a firm joint stance to put an end to transplant-related crimes. Consequently, States and the EU are urged to consider swiftly accession.
Thank You!

marta.fraga@edqm.eu

For any questions regarding signatures/ratifications please contact the Treaty Office:
treaty.office@coe.int

The text of all Council of Europe treaties, their explanatory reports, the status of signatures and ratifications, declarations and reservations made by States and the notifications issued by the Treaty Office are available at:
http://conventions.coe.int
Presentation by Francis L. Delmonico

Donation and transplantation in China: Current policies

Francis L. Delmonico

Professor of Surgery
Harvard Medical School
Massachusetts General Hospital
Transplantation Center
Immediate Past-President
The Transplantation Society
Advisor
World Health Organization
Medical Director
New England Organ Bank

The Transplantation Society

November 6, 2006

To TTS members:

TTS is now working officially with the World Health Organization and with cooperating government agencies to develop a legal framework that achieves TTS standards of practice and guiding principles of the WHO.

In seeking to accomplish change in China, TTS is aligned with the WHO to work directly with the Vice Minister of Health of China. Interaction with Chinese officials is the only true route to effect long term change and this change must be derived from Chinese Governmental policies. The Vice Minister has sent a statement of new ethical standards to TTS that the Society has endorsed in its reply to the Vice Minister. This recent interaction is an illustration of TTS leadership for our members and for the constituent organizations of the Global Alliance for Transplantation.

The following realities and principles must be considered as TTS engages Chinese professionals:

1. China’s prominence in organ transplantation, (> 11,000 transplants performed in China in 2005);
2. Almost all organs are likely to have been obtained from executed prisoners;
3. As a professional society, TTS cannot dictate to China.
3. As a professional society, TTS cannot dictate to China that its practice regarding capital punishment is unethical. However, TTS should express concern that the recovery of organs from executed prisoners has resulted in rampant commercialism and transplant tourism.

4. TTS has commended the Vice-Minister’s recent statement that the Chinese government seeks to:
   - create a legal framework for National Chinese oversight
   - establish credentials for Chinese transplant officials
   - ban the purchase and sale of human organs
   - prevent organ trafficking and transplant tourism
   - establish deceased organ donation through brain death criteria
   - establish a national self-sufficiency that includes deceased and living donors.

The question that remains then, is how can we best prevent the exploitation of donors and recipients not only in China but globally as well?

The Ethics committee, superbly led by Annika Tibell, has composed the following comprehensive set of guidelines for TTS members and for consideration by the GAT constituent organizations.

It is a fundamental principle for The Transplantation Society that organs and tissues are given freely and without coercion. Because of the restrictions in liberty in a prison environment it is unlikely that prisoners are truly free to make independent decisions and thus an autonomous informed consent for donation cannot be obtained. Further, the financial incentive for recovering organs from executed prisoners may become an incentive to increase the number of such organs available for transplantation. Thus, The Transplantation Society is opposed to the recovery of organs and tissues from executed prisoners and from any other individual where an autonomous consent for the procurement is lacking.

The following principles are recommended for a member in The Transplantation Society considering interaction with individuals or transplant programs in China or in other countries where the standards of practice described in the Policy & Ethics Statement (http://www.transplantation-soc.org/policy.php) and the Statement of The Transplantation Society for Membership are not established. The overall goal of interaction with such countries should be to promote a development of clinical practice towards the standards described above.

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**The Telegraph**

**China admits organs removed from prisoners for transplants**

*By Peter Foster in Beijing*

3:30PM BST 26 Aug 2009

Facing a growing demand for transplants, the Beijing government finally conceded that abuses had taken place after years of allegations that prisoners and even young conscripts in its army were targeted for their organs.

It announced a national plan to curb a rampant black market organ trade where a single kidney can sell for as much as £50,000.

Promising a major initiative to clean up China's murky organ donation business, the country's vice-minister for health, Huang Jiefu, said Death Row inmates were "definitely not a proper source for organ transplants."
China Announces a System for Voluntary Organ Donors

By MICHAEL WINES
Published: August 26, 2009

BEIJING — China has inaugurated a voluntary organ donor program, hoping to overhaul a system that now harvests a vast majority of its organs from black-market sellers and executed prisoners and leaves millions of ailing people without hope of getting transplants.

The new program, run by the national Red Cross Society with help from China’s Health Ministry, was reported by the state-run English-language newspaper China Daily on Wednesday.

The newspaper quoted the vice minister of health, Huang Jiefu, as saying the goal was to create an organ donation system that “will benefit patients regardless of social status and wealth.”

The National Program for Deceased Organ Donation in China

Jiefu Huang,1,2,8 Haibo Wang,3,4 Sheung Tat Fan,3,4 Baige Zhao,5 Zongjiu Zhang,2 Lina Hao,5 Feng Hua,6 and Yongfeng Liu7

China has developed a new national program for deceased-organ donation to address the need for plantation in the country. The program adheres to the World Health Organization (WHO) guiding principles, with the Declaration of Istanbul, and respects the cultural and social values of the Chinese people.

China organ donation and transplantation update: the Hangzhou Resolution.

National Organ Transplant Committee.

- Eradicate the use of organs from executed prisoners
- Prohibit foreign patients from undergoing transplantation in China
- Allocate organs transparently to patients medically suitable on a computerized waitlist
The international media have recently focused attention on the resolve of China’s new leadership to combat the rampant corruption within its society. The January 13, 2014, article in the China Daily, “For a clean and fair society,” reported your guidelines for political and legal reform. The judicial system is now charged to “carry the sword of justice and scale of equality” for all of China. “The Chinese dream” you have proposed amounts to a call for a culture of human rights linking the dignity of a great nation to the dignity of each citizen. Therefore, it is timely for the international transplant community to urge China to address the unethical practices in organ transplantation as another measure of your commitment to rid Chinese society of corruption.

The 63rd World Health Assembly in a May 2010 resolution adopted by all member states, including China.

Some Chinese officials contend that prisoners give “consent” before their execution. It is obvious, however, that prison inmates condemned to death are not truly free to make an autonomous and informed consent for organ donation and that no legal due process exists to assure consent. First-hand reports from our Chinese colleagues and a number of investigations suggest that the practice of obtaining organs from prisoners in China involves notorious transactions between transplant surgeons and local judicial and penal officials.

Although the outcomes of this unethical practice can-
China to stop harvesting executed prisoners’ organs

China has promised to stop harvesting organs from executed prisoners by 1 January, state media report.

Voluntary Organ Donation System Adapted to Chinese Cultural Values and Social Reality

Jiefu Huang, 1 J. Michael Millis, 2 Yilei Mao, 1 M. Andrew Millis, 2 Xingting Song, 1 and Shouxian Zhong 1

1 Peking Union Medical College Hospital, Beijing, China; and 2 Section of Transplantation and Hepatobiliary Surgery, University of Chicago, Chicago, IL

Organ donation and transplant systems have unique characteristics based on the local culture and socioeconomic context. China’s transplant and organ donation systems developed without regulatory oversight until 2006 when regulation and policy were developed and then implemented over the next several years. Most recently, the pilot project of establishing a voluntary citizen-based deceased donor program was established. The pilot program addressed the legal, financial, and cultural barriers to organ donation in China. The pilot program has evolved into a national program. Significantly, it established a uniquely Chinese donor classification system. The Chinese donor classification system recognizes donation after brain death (category I), donation after circulatory death (category II), and donation after brain death followed by circulatory death (category III). Through August 2014, the system has identified 2226 donors and provided 6416 organs that have been allocated through a transparent organ allocation system. The estimated number of donors in 2014 is 1147. As China’s attitudes toward organ donation have matured and evolved and as China, as a nation, is taking its place on the world stage, it is recognizing that its past practice of using organs from executed prisoners is not sustainable. It is time to recognize that the efforts to regulate transplantation and provide voluntary citizen-based deceased organ donation have been successful and that China should use this system to provide organs for all transplants in every province and hospital in China. At the national organ transplant congress on October 30, 2014, the Chairman of the China’s national organ donation and transplantation committee, Jiefu Huang required all hospitals to stop using organs from executed prisoners immediately and the civilian organ donation will be sole source for organ transplant in China starting January 2015. Liver Transpl 000:000-000, 2015. © 2015 AASLD.
EDITORIAL

Year: 2015 | Volume: 128 | Issue: 2 | Page: 143-146

Advances in China’s Organ Transplantation Achieved with the Guidance of Law

Jie-Fu Huang¹, Hai-Bo Wang², Shu-Sen Zhang³, Yong-Feng Liu⁴, Bing-Yi Shi⁵, Zhong-Yang Shen⁶, Sheng-Shou Hu⁷, Qi-Fa Ye⁸, Wu-Jun Xue⁹, Xiao-Shun He¹⁰, Jing-Yu Chen¹¹, Feng Hu²

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² Hong Kong University, Hong Kong, China
³ Department of Surgery, The First Affiliated Hospital of Zhijiang University, Hangzhou, Zhejiang 310058, China
⁴ Department of Surgery, The First Hospital of China Medical University, Shenyang, Liaoning 110001, China
⁵ Department of Surgery, 309 Hospital of People’s Liberation Army, Beijing 100094, China
⁶ Department of Surgery, The First Central Hospital of Tianjin, Tianjin 300192, China

"Transplantation" (Volume 97, Number 8, April 27, 2014) published an open letter from Professor Delmonico along with other seven professors to Mr. Xi Jinping, President of the People’s Republic of China. China’s Fight Against Corruption in Organ Transplantation. The article sharply posed this concern, thus evoking great attention at home and abroad within the transplant community. To this end, we hereby state our views and declare our position with regard to the concerns mentioned in the open letter about China’s organ transplant undertaking.

We sincerely appreciate the enthusiastic support and help from the international community to China’s organ transplant reform in recent years and earnestly welcome any good-willed or realistic suggestions and even criticism. China’s transplant community wishes to make a joint effort with the international transplant community to propel the development of transplant science and fulfill the sublime mission of saving lives. Nonetheless, any exchanges or cooperation within the international academic circles can only carry on through scrupulously abiding by mutual respect for each other’s sovereignty and non-interference with each other’s internal affairs, the fundamental principle guiding international relations, in order to establish a situation of cooperation among nations based on the principle of taking advantage of each other’s strengths, mutual benefit and common development. As a member of the world community of nations, China cannot develop itself in isolation from the rest of the world, and the world also needs China for its development. China’s reform and opening-up, as well as its modernization drive, shall prosper with friendly relations and cooperation with all other countries and the world’s peace and development also need China’s participation and contribution. China has consistently advocated conducting dialogues and exchanges with all countries on the basis of justice and equality after full consultation.

Organ transplantation is one of the greatest advances, and also the most challenging and complex areas of modern medicine. Originated from western countries, organ transplantation technology is not culture-free, especially donation from deceased donors is dependent on local culture, rooted in specific cultural and socio-economical context. While organ donation from deceased donors has progressed in western countries, deceased donation in Asia has lagged. China is very different from the western countries in terms of cultural traditions and stages of socio-economic development. The western model of organ transplantation cannot be fully duplicated in Chinese Society. China’s legal progress in organ transplantation lagged behind the advances in transplant biology and technology. The discordance between the Chinese legal structure and the impact of transplantation on the individual and society led to tremendous concern in China and abroad regarding modernizing regulatory control of both the donor system and the transplant centers. The Chinese government realized that some socio-cultural beliefs and customs must be re-aligned to keep pace with the current social development. As a responsible member of the global family, China must develop a national transplant program, which is rooted in Chinese culture and socio-economic reality and consistent with the World Health Organization (WHO) guiding principles and Declaration of Istanbul on organ transplantation through intensive consultations with national and international medical and ethical experts. [1-2]
In 2010, the Ministry of Health and the Red Cross Society of China jointly launched a pilot program of voluntary human organ donation among citizens. For 4 years, the Health Administrative Departments and the Red Cross of China have step by step issued more than 30 supporting regulations on organ donation, and gradually established five systems for human organ transplant in China: Organ donation system, organ procurement and distribution system, organ transplant clinical service system, scientific registration system after organ transplantation and the supervision and regulation system of organ transplantation. In 2013, the newly established Chinese National Health and Family Planning Commission (NHFPC) initiated the pilot program of China’s human organ donation and then promulgated the “The Regulation on the Procurement and Distribution of Donated Human Organs (Interim)” forming departmental regulations of organ donation in China, to ensure organ sources in compliance with medical ethics and build improved organ procurement organizations (OPOs) and professional teams of human organ donation coordinators (coordinator) strictly following the three types of Chinese criterion and procedures (brain death, cardiac death, brain and cardiac death) for voluntary organ donation after citizens’ death; the commission also advocated the strict use of Chinese human organ allocation and sharing computer system (COTRS) for organ distribution. The Chinese Red Cross should give full play to their roles in organ donation, such as mobilization and advocacy, registration, donation witness, recalling relief and so on, to ensure open, fair and transparent organ procurement and distribution. We adhere to unpaid, voluntary organ donation with love and dedication and encourage honor and recognition of donor families and reasonable and legitimate humanitarian relief. [5][6][7][8][9][10][11] On October 20, 2013, Li Bin, the Director of NHFPC, met with Professor Dementico, the President of TTS and announced to the international community about the initiatives and determination of the Chinese government in organ transplant reform. On November 1, 2013, the Clinical Technology Application Committee for Human Organ Transplant of NHFPC passed the “Hangzhou Resolution” in the Chinese Medical Association National Conference on Transplant held in Hangzhou, reaching a high degree of consensus in the transplant community and concentrating our determination on reform for abolition of dependence on recovering organs from executed prisoners. China’s organ transplant undertaking began to enter a new era of historical development dominated by voluntary donation after citizens’ death. [5] As of November 21, 2014, there were 2097 cases of voluntary donation after citizens’ death in China, rescuing 7837 patients with end-stage organ failure. China’s organ donation progressed rapidly recently. Taking Guangdong, Zhejiang, Hunan, Hubei, Shanxi, Guangxi and other provinces for instance, nearly 80% of the organs came from voluntary organ donation after citizens’ death this year. [5] Many touching stories about donation were widely reported in the Chinese media, winning enthusiastic responses from the masses. By the end of 2013, the General Office of the CPC Central Committee and the General Office of the State Council issued “opinions about party cadres to take the lead on promoting funeral reform,” encouraging party cadres to donate organs or remains after death, bringing powerful positive energy for organ donation. [7] Influence of organ donation on the whole society has exceeded transplant medical services itself. Such a caring deed as a gift for life with boundless beneficence in the interest of the current and future generations shall concurate in the new era its fame of humanity in traditional virtues of the Chinese nation.


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**Optimism seen for organ donations**

By Zheng Xin (China Daily)

Updated: 2015-03-10 07:55:18

Former vice-minister of health Huang Jiefu, a CPPCC member, said China’s organ donations won’t fall further short of demand after the suspension, which began in January, of using executed prisoners as a source of organs.

In fact, Huang said, the country’s organ donation situation in the first two months since the change has given him reason to be optimistic.
About 380 people donated organs between Jan 1 and March 3, with a total of 937 organs donated. Huang said he is confident that there will be more than 10,000 organs donated this year.

Due to insufficient organ donations, executed prisoners had long been the main source of organs to ease the demand, although in recent years they were no longer the major source.

Since the controversial, decades-long practice ended in China on Jan 1, all organs now come solely from voluntary donations from citizens. This has prompted concerns about a greater shortage.

Due to organ scarcity, the organ transplant system has been troubled in the past, with illegal trades frequent in the black market and even in some hospitals.

Huang said China was one of the countries with the lowest rate of organ donations before 2009. With the launch in 2010 of pilot projects nationwide for organ donations by citizens, the situation has gradually improved.

“The country became the top one in organ donation in Asia in 2014,” he said.

Last year saw about 1,700 cases of organ donation, with more than 5,000 organs donated. About 80 percent were donated by citizens, while 20 percent came from executed prisoners.

“A transparent organ donation system will lead to more qualified doctors and an increasing willingness of donation by citizens,” Huang said.

From Huang Jiefu

日期: 2015年3月30日 GMT+8上午11:31:00

News conference of CPPCC on March 10, 2015

All Chinese hospitals must follow the governmental order to stop use of the organs from executed prisoners from January 1, 2015 and community based civilian organ donation must be the sole legitimate source for OTx in China.

As for the updated data of OTx in 2015, there were 548 cases of deceased civilian organ donation including over 1400 organs from January 1 to March 30 this year.

Apart from deceased organs, more than 180 organs came from living related relative donation in the same period of time.
From: huangjeffrey  
Sent: Tuesday, March 31, 2015 7:16 PM  
To: Francis Delmonico  

Dear Frank,  
100 percent to have my words and assurance, organs from executed prisoners will be totally banned, there will be not such distribution in China’s COTRS system as long as I am in charge of the direction for OTx development.  
Best wishes,  
Jeffrey  

在 2015年3月31日，下午11:01，Francis Delmonico <Francis_Delmonico@neob.org> 写道:  

Dear Jeffrey:  

May I ask of your attention to this question as a prelude to DICG Executive Conference Call this week  
whether, and if so, under what circumstances, organs from condemned prisoners will be included in the national organ pool for distribution along with organs donated by the general public?  

Thank you for your anticipated reply  

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INTERNATIONAL HIGH-LEVEL CONFERENCE ON THE FIGHT AGAINST TRAFFICKING IN HUMAN ORGANS  

25-26 March 2015  
Santiago de Compostela, Spain  
Palacio de Congresos  

www.coe.int/santiago_de_compostela2015  

PROGRAMME  

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Conseil de l'Europe
25 MARCH 2015

09.30 – 10.30 OPENING SESSION

- Opening by Mr Thorbjorn JAGLAND, Secretary General of the Council of Europe
- Welcoming remarks by:
  - Mr Agustín HERNANDEZ, Mayor of Santiago de Compostela
- Opening statements by:
  - Mr Thorbjorn JAGLAND, Secretary General of the Council of Europe
  - H.E. Mr Pierre LABOUVERIE, Ambassador of Belgium in Spain
  - Ms Liliane MAURY PASQUIER, Chairperson of the Sub-Committee on Public Health, Parliamentary Assembly of Council of Europe
  - Ms Margaret F.C. CHAN FUNG, Director General, World Health Organisation - Video message
  - Mr Alfonso ALONSO ARANEGUI, Minister of Health, Social Services and Equality of Spain
  - Mr Rafael CATALA POLO, Minister of Justice of Spain
  - Mr Alberto NÚÑEZ FEIJOO, President of the Xunta de Galicia

10.45 – 11.15 SIGNING CEREMONY OF THE CONVENTION AGAINST TRAFFICKING IN HUMAN ORGANS

Greetings from the World Health Organization in Geneva.

Honourable Ministers,

Organ donation is one of the most benevolent gifts that one human being can offer another. This act of benevolence must not be ethically degraded or medically jeopardized by the buying and selling of human body parts.

Trafficking in human organs is a health issue, an ethical issue, and a criminal issue. It is motivated by greed, not benevolence. It is driven by the dynamics of a supply of donated organs that falls drastically short of the need.

This official signing ceremony, generously hosted by the government of Spain, is an historical event made possible by a great deal of hard work by the Council of Europe and its various committees. The legal framework established by the Convention is fully in line with resolutions and decisions adopted in recent years by WHO’s governing bodies.

The Convention against trafficking in human organs requires signatory governments to take the necessary measures, including the introduction of legislation, to make the illegal removal of human organs from a living or deceased person a criminal offence.

The Convention also tackles the problem at its roots by recognizing the need to raise public awareness of the issues and put in place a system which encourages people to become donors.

As mandated by its Member States, WHO is strongly committed to working on concrete measures that can ensure that organ donation and transplantation are always carried out in an appropriate, safe, and ethical way. Rest assured of our full support.

I encourage all ministers of health in Europe and beyond to become a party to this Convention. Doing so extends the power of legislative and other measures to prevent the affront to human dignity and ethical principles that occurs when desperate people are exploited to sell their body parts and equally desperate people buy them.
Mr. Muhammad Nawaz Sharif
Prime Minister
Islamic Republic of Pakistan
Prime Minister’s Office
Islamabad

December 23, 2014

Dear Prime Minister Sharif:

The World Health Organization and the Declaration of Istanbul Custodian Group (DICG) are concerned about reports in the media that the "organ transplant racket is active again in Pakistan".
7 arrested, hospital sealed in Rawalpindi

Illegal kidney trade

January 11, 2015

RAWALPINDI - Police swooped down a private hospital in Gulzar-e-Quaid and arrested seven persons including a surgeon and an anaesthetist for their alleged involvement in illegal transplantation of kidneys on Saturday.

Police also took four people, including a foreigner, into custody who were present in the private hospital for kidney's transplantation. A kidney and other surgical instruments were also seized by police while the patients were sent to Benazir Bhutto Hospital for medical treatment.

According to Deputy Superintendent of Police (DSP) Civil Line Circle Farhan Aslam, a police team led by Station House Officer (SHO) Police Station Airport Wasim Faraz conducted a raid on a private hospital "Hira Hospital" located in Commercial Centre at Gulzar-e-Quaid and held seven people including two senior doctors engaged in illegal kidney transplantation.

He said that police also recovered four people including a foreigner from the hospital who were there for kidney selling and transplantation.

The New York Times

Transplant Brokers in Israel Lure Desperate Kidney Patients to Costa Rica

August 17, 2014

RAMAT GAN, Israel — Aside from the six-figure price tag, what was striking was just how easy it was for Ophira Dorin to buy a kidney.

Two years ago, as she faced the dispiriting prospect of spending years on dialysis, Ms. Dorin set out to find an organ broker who could help her bypass Israel’s lengthy transplant wait list. Only 36, she had a promising job at a software company and dreams of building a family. To a woman who raced cars for kicks, it seemed unthinkable that her best days might be tethered to a soul-sapping machine.
Lured to sell liver lobe, he is now unable to work

Organ trading gang cheats him financially too

Kongkon Karmaker, Dinajpur

Twenty-five-year-old Mehdhi Hasan, financially cheated after getting tempted to sell a part of his liver by an organ trading network in Joypurhat district over two years ago, has become too ailing and weak to lead a normal life.

Mehedi, son of Md Mahatab Uddin of Bamongram under Kalai upazila of Joypurhat, earlier worked as a rickshaw van puller to support his family.

“One Md Abdul Sattar made me agree to sell my kidney, saying that I would get Tk 2 lakh. He took me to Dhaka early May in 2011 and conducted several tests at a hospital in the capital,” Mehdhi told this correspondent.

“Later, Sattar introduced me to Saiful Islam Mollah alias Daud (later arrested and now on bail) who lured me to sell a part (lobe) of liver for Tk 3 lakh. But after removal of my liver, they gave me Tk 45 thousand only,” said Mehdhi.

“As a result of selling liver, I have been suffering from different physical complications. I could not bear the treatment cost and my belly inflated. As I cannot do any laborious job, I wanted to open a shop near my home, but failed to arrange the initial capital,” he said.

In June 2012 Mehdhi became a father.

The hapless youth has appealed to the affluent people for financial help or a ‘light job’ to enable him to manage his family.
The pivotal role of health professionals in the fight against transplant-related crimes

- Distinguish proper travel for transplantation from transplant tourism and transplant commercialism;
- Provide care and support by establishing a process of referral to a physician and center in a foreign destination;
- Provide care for the recipient and if appropriate the donor upon return of these patients to their native country.
Alliance

Council of Europe Convention against Trafficking in Human Organs

[Santiago de Compostela, 25.II.2015]
Presentation by David Kilgour

EUROPEAN PARLIAMENT WORKSHOP ON ORGAN HARVESTING IN CHINA
Revised Notes for Hon. David Kilgour, J.D
Committee on the Environment, Public Health and Food Safety
Brussels
21 April 2015

Committee chair, Dr. Med Peter Liese,

On the issue before us today and many others, we must keep in mind that China is primarily its hard working peoples, history and cultures. The criticisms many of us within and outside the country make relate to its Leninist governance/crony capitalism model.

Bloody Harvest

Falun Gong is a China-wide movement using exercises and meditation derived from Buddhism/Daoism, which numbered 70—100 million persons in the mid-1990s by the government’s own estimate.

This presentation is about one instance of systematic violence periodically unleashed by China’s party-state since 1949 upon its deemed enemies: here it is the large scale pillaging of vital organs from Falun Gong practitioners for commercial transplantation purposes. No-one survives these operations because all organs are seized and the bodies of “donors” are cremated.

In May 2006 the Coalition to Investigate the Persecution of Falun Gong in China (CIPFG) asked David Matas and me as volunteers to investigate the claims of organ pillaging/trafficking from Falun Gong practitioners. We released two reports and one book and have continued to investigate this issue. (Our revised report is available in 18 languages from www.david-kilgour.com). We concluded that for 41,500 transplants done in the years 2000-2005 alone in China, the only plausible explanation for sourcing was Falun Gong.

Our main conclusion reads that there “continues today to be large-scale organ seizures from unwilling Falun Gong practitioners (...) Their vital organs, including kidneys, livers, corneas and hearts, were seized involuntarily for sale at high prices, sometimes to foreigners, who normally face long waits for voluntary donations of such organs in their home countries.”
Evidence of Organ Harvesting

Permit me to mention only a small fraction of the evidence that led us to our conclusion:

- Investigators made many calls to hospitals, detention centres and other facilities across China claiming to be relatives of patients needing transplants and asking if they had organs of Falun Gong for sale. We obtained on tape and then transcribed and translated admissions that a number of facilities trafficking in the Falun Gong organs provided.

- Falun Gong prisoners, who later got out of China, testified that they were systematically blood-tested and organ-examined while in forced-labour camps across the country. This could not have been for their health since they were regularly tortured, but it is necessary for organ transplants and for building a bank of live “donors”.

- In a few cases, family members of Falun Gong practitioners were able to see mutilated corpses of their loved ones between death and cremation. Organs had been removed.

- We interviewed the ex-wife of a surgeon from Suijiutun in Shenyang City, Liaoning. The surgeon told her that he had removed corneas from 2,000 Falun Gong prisoners between 2001 and 2003. He made it clear to her that none of these sources survived because different surgeons removed other organs and their bodies were then burned.

The Slaughter

The seminal 2014 book, The Slaughter (Prometheus), by Ethan Gutmann places the persecution of the Falun Gong, Tibetan, Uyghur, and House Christian communities in context. It focuses mostly on Falun Gong, the group most viciously and continuously targeted since 1999.

Gutmann explains how he arrives at his “best estimate” that organs of 65,000 Falun Gong and “two to four thousand” Uyghurs, Tibetans and House Christians were “harvested” in the 2000-2008 period alone. No “donors” survive pillaging because all vital organs are removed to be trafficked for high prices to wealthy Chinese nationals and “organ tourists”.

The closing words of The Slaughter are addressed to responsible governments, organizations and persons: “No Western entity possesses the moral authority to allow the (Party) to impede the excavation of a crime against humanity in exchange for promises of medical reform. As a survival mechanism of our species, we must contextualize, evaluate, and ultimately learn from every human descent into mass murder ... The critical thing is that there is a history. And only the victims’ families can absolve the (Party) from its weight.”
WHAT PARLIAMENTS/GOVERNMENTS CAN DO

European Parliament

The European Parliament resolution of May 19, 2010, an action plan on organ donations and transplantations (2009-2015), featuring strengthened cooperation among Member States, was useful.

Circumstances now call for additional measures, including one proposed by Dr. Torsten Trey, founder and executive director of Doctors Against Forced Organ Harvesting (DAFOH):

- The European Parliament and EU member national parliaments should make illegal the purchase of trafficked organs, with such legislation to apply extraterritorially to residents of the respective countries, and enact penalties for those convicted of participating in the trafficking in organs which enter EU countries.

During three years, DAFOH and many other groups and individuals collected a total of two million signatures from people calling for action on organ pillaging/trafficking across China. The UN High Commissioner for Human Rights has to date not make a single comment. The silence contrasts with the speed with which reports on ISIS-triggered statements emerged:

(see for example: http://www.dafoh.org/open-letter-to-un-high-commissioner-human-rights-121014/).

Parliament of Canada

On Feb 3, 2015, the Parliament of Canada all-party House Subcommittee on International Human Rights released a statement condemning the pillaging of organs from Falun Gong. It expressed “deep concern over credible allegations that prisoners of conscience and members of religious and ethnic minority groups, including but not limited to practitioners of Falun Dafa and Uighurs, in the People’s Republic of China are being executed for the purposes of harvesting and transplanting their organs.”

The statement as amended was adopted after testimony that “Witnesses indicated that police, military and medical professionals in a number of regions of China were involved in illegal organ harvesting, implicating doctors, researchers, hospital and clinical staff, as well as justice sector professionals.”

In its call to end the transplantation of organs from living or deceased donors without consent, the subcommittee:

- “encourages Canadian medical professionals, scientists, researchers and their professional organizations as well as regulatory bodies to continue their efforts to put an end to illegal and unethical transplantation practices.”
“calls on medical and scientific professional and regulatory bodies to name, shame and ostracize individuals, institutions and their affiliates involved in the forced harvesting and trafficking of human organs.

“calls on the Government of Canada to consider ways to discourage and prevent Canadians from taking part in transplant tourism, where the organs have not been obtained in an ethical, safe and transparent fashion.”

**Doctors Against Forced Organ Harvesting (DAFOH)**

DAFOH, the medical organization which has brought so much international attention to this issue, recently cautioned policy makers not to accept at face value Beijing’s latest promise to end the harvesting of organs from executed prisoners. It noted that the party-state has a lengthy record of “secrecy, misleading numbers and contradictory statements, and, despite mounting evidence and international demands to stop, the government has refused to acknowledge the illegal harvesting of organs from prisoners of conscience.”

A recent media release by DAFOH stresses that a reduced reliance on executed capital offenders means “an increased reliance on organ procurement from prisoners of conscience. This vulnerable group, of which the brutally persecuted Buddhist... Falun Gong, among others, is the primary target, is at increased risk of falling victim to the demand for forcibly procured organs”.

The release points at several related issues, including:

- Since an implemented regulation in 1984, China has harvested organs from executed prisoners. In an analysis, David Matas criticizes Huang Jiefu’s numerous statements on organ harvesting, (accessible at www.david-kkilgour.com/2015/Matas_04162015.pdf)

- Chinese hospitals have been scrubbing their websites of evidence to downplay the extent of the transplant business.

- China is not ready to join the ethical value-based transplant community as an equal, trusted partner. In order to take the Chinese government’s claims seriously, international monitoring groups and medical organizations should demand: full disclosure of the use of prisoners of conscience as organ source, transparency of organ sources, and access to China’s organ procurement pathways.

**Forced Labour Camps/Climate Change/Exports/ Jobs**

Many of the Falun Gong prisoners of conscience who are unwilling organ “donors” are in the estimated 350 forced labour camps across China. Matas and I visited about a dozen countries to interview Falun Gong, who managed to leave both the camps and the country. They told us of working in appalling conditions for up to sixteen hours daily in these camps with no pay and little food, crowded sleeping conditions and torture. Inmates make a range of export products as
subcontractors to multinational companies. As indicated by Jennifer Zang and Charles Lee in the film, Free China-The Courage to Believe, inmates make numerous exports for consumers in the West.

This constitutes gross corporate irresponsibility and a violation of WTO rules; it also calls for an effective response by all trading partners of China. Every government should place an onus on importers to prove their goods are not made in effect by slaves.

Professors Peter Navarro and Greg Autry in California have pointed out in their book, Death by China, that across the U.S. more than 50,000 manufacturing plants and more than 20 million American jobs in the sector have been outsourced over several decades, mostly to China.

Dr. Eija-Riitta Korhola, a former member of the European Parliament for Finland, examines in her Ph.D. dissertation the Kyoto Protocol and Climate Change. Her central conclusion is that most government emission control initiatives have not achieved their objective to combat climate change and reduce greenhouse gases effectively. Instead, EU countries reduced CO2 emissions with a number of initiatives, but the costs to meet them resulted in the relocation of much manufacturing from Europe to nations, such as China, lacking any effective regulation of emissions.

Korhola adds: “...the EU’s unilateral and expensive climate measures... can be called decarbonising of the production or outsourcing the jobs or emissions, but the EU strategy does not mitigate the emissions globally... the impoverishing (of) our continent, along with inefficient climate and energy policy, is a significant political damage.”

Nature of Economy in China

He Qinglian, a Chinese author and economist, wrote a few years ago that in China today. “Over 100 million farmers do not have land. Tens of millions of city dwellers are unemployed...there are four basic requirements for a society to sustain itself: the ecological system...; the moral system...; basic living rights...; (and) a political system that maintains the normal operations of a society. Currently, the...only thing left is the political dictatorship.
A report on state capitalism in the January 21, 2012, issue of the Economist made related points. For example, it quoted a central bank of China estimate that between the mid-1990s and 2008 some 16,000-18,000 Chinese officials and executives of state-owned companies “made off with a total of $123 billion (about six million each).” It concluded, “By turning companies into organs of the government, state capitalism simultaneously concentrates power and corrupts it.”

Former premier Wen jiao-bao noted before he left office, “The reform in China has come to a critical stage. Without the success of political structural reform, it is impossible for us to fully institute economic structural reform. The gains we have made... may be lost, new problems that have cropped up in China’s society cannot be fundamentally resolved and such a historical tragedy as the Cultural Revolution may happen again.”

Governments, investors and business people should examine why they are supporting the violation of so many basic human rights in order to increase trade and investment with China. For years this has resulted mostly in national jobs being outsourced to China and continuous increases in bi-lateral trade and investment deficits. Are we so focused on access to inexpensive consumer goods that we ignore the human, social and natural environment costs paid by abused Chinese nationals to produce them?

**Conclusion**

The world’s democrats, including our national governments and civil society institutions, should continue to engage with Beijing and the broadest possible range of citizens across China. Democracy with very Chinese features is probably much closer than many think. No-one on the democratic side should forget that the values we represent include dignity for all, the rule of law and independent judges, multi-party democracy, corporate social responsibility, transparency and accountability.

The people of China seek the same things as the rest of the world: safety and security, the rule of law, respect, education, good jobs, democratic and accountable governance and a good natural environment. If the party-state ends its systematic violations of human rights and begins to treat its trade partners fairly, the 21st century can move towards harmony and coherence for China and the world. The first step in a better direction is to end organ pillaging now.

Thank you

[www.david-kilgour.com](http://www.david-kilgour.com)
Presentation by Marie Charlotte Bouesseau

Towards a global framework for the ethical donation and use of human organs

Dr Marie-Charlotte Bouësseau
Service Delivery and Safety Department

Overview

• Global situation of organ transplantation and its consequences
• Main pillars of the ethical framework
• WHO's work
Existing evidence

According to the world experience, transplants provide excellent long term survivals and quality of life, most of them in diseases with no other solutions:

- prolongs life
- reduces morbidity
- improves quality of life
- enables social rehabilitation

Current activities

2013

$\approx 117,221$ organs transplanted
($\approx 10\%$ of estimated global needs)

<table>
<thead>
<tr>
<th></th>
<th>Kidney</th>
<th>Liver</th>
<th>Heart</th>
<th>Lung</th>
<th>Pancreas</th>
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<td>24786</td>
<td>6135</td>
<td>4659</td>
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</tr>
</tbody>
</table>
Needs

Every ten minutes, someone is added to the national transplant waiting list. On average, 21 people die each day while waiting for a transplant.

UNOS

Unethical practices

10% of organ transplants result from some form of commercialization

global concern

2009
Ethical framework

- Respect for the dignity of donors and recipients
  - autonomous, free, informed decisions
  - protection of vulnerable persons
  - privacy
- Optimizing risk/benefit: safety, surveillance, reporting systems
- Equitable access to organ transplantation: avoiding discrimination

Good governance mechanisms

- Transparency e.g. registries
- Efficiency e.g. preventive measures to limit the demand
- Accountability e.g. oversight of the process from donor to recipient
- Responsiveness e.g. increasing deceased donations
- Inclusiveness e.g. participation of all stakeholders
WHO’s work

1987

Recognizing the scientific progress achieved in human organ transplants in many Member States

- Concerned at the trade for profit in human organs among living human beings

- Affirming that such trade is inconsistent with the most basic human values and contravenes the Universal Declaration of Human Rights and the spirit of the WHO Constitution

- Commending the measures taken by some Member States to regulate human organ transplants and their decision to develop a unified legal instrument to regulate these operations

- Requests the Director-General to study, in collaboration with other organizations concerned, the possibility of developing appropriate guiding principles for human transplants
2004

WHA57.18

1. URGES Member States:

   (1) to implement effective national oversight of procurement, processing and transplantation of human cells, tissues and organs, including ensuring accountability for human material for transplantation and its traceability;

   (2) to cooperate in the formulation of recommendations and guidelines to harmonize global practices in the procurement, processing and transplantation of human cells, tissues and organs, including development of minimum criteria for suitability of donors of tissues and cells;

   (3) to consider setting up ethics commissions to ensure the ethics of cell, tissue and organ transplantation;

   (4) to extend the use of living kidney donations when possible, in addition to donations from deceased donors;

   (5) to take measures to protect the poorest and vulnerable groups from “transplant tourism” and the sale of tissues and organs, including attention to the wider problem of international trafficking in human tissues and organs;

WHO guiding principles on human cell, tissue and organ transplantation as endorsed by the 63rd World Health Assembly in resolution WHA 63.22
WHO guiding principles

- GP1: consent from the deceased donor
- GP2: no conflict in determination of death
- GP3: need to develop deceased donation but adult living person can donate – if genetically or emotionally related to the recipient, if a valid free informed consent is given
- GP4: prohibition of donation from minors
- GP5: prohibition of monetary payment or reward of monetary value

WHO guiding principles (cont.)

- GP6: promotion of altruistic donation
- GP7: professional responsibilities
- GP8: reasonable payment of professionals
- GP9: allocation of organs following clinical criteria and ethical norms; equitable, justified, transparent
- GP10: safety, efficacy, quality of procedures
- GP11: transparency (respecting privacy)
Next steps

Draft Decision on principles for global consensus on the donation and management of blood and other MPHO
- EB 136-

"Request the Director-General to convene consultations with Member States and international partners, to support the development of global consensus on guiding ethical principles for the donation and management of the mentioned MPHO; good governance mechanisms; and common tools to ensure quality, safety and traceability, as well as equitable access and availability as applicable, to result in a document to be submitted, when appropriate, to the World Health Assembly for consideration."

bouesseaum@who.int
Organ procurement from death-row prisoners and prisoners of conscience in China

Prof. Dr. Huige Li
DAFOH European Delegate

China started organ transplantation in the late 1960s, but had no organ donation program before 2010

130 donations / 120,000 transplants
The vast majority of organ transplants in China are from unethical sources

- From prisoners sentenced to death and then executed
- From prisoners sentenced to death; organs harvested before death
- From prisoners of conscience without consent nor death sentence

China’s new announcement
(Dec. 03, 2014)

“After January 1, 2015 only voluntarily donated organs can be used for transplantation”.
- Huang Jiefu: Director of the China Organ Donation Committee and former Vice-Minister of Health
China’s new trick with prisoner organs

**ÄrzteZeitung**

Organtransplantation

Was hinter Chinas neuer Ankündigung steckt

**THE LANCET**

Organ transplantation in China: concerns remain

Summary

On Dec 3, 2014, Jietai Huang, Director of the China Organ Donation and Transplant Committee and former Vice-Minister of Health, announced that, from Jan 1, 2015, only voluntarily donated organs would be used for transplantation. Worldwide media reported that China would stop organ donations from executed prisoners as an organ source. The Editorial in the Lancet pointed out that the announcement was made in a similar manner, unfortunately, this interpretation does not reflect the reality.

As early as March, 2014, Huang announced the plan to integrate organs from executed prisoners into the existing, voluntary organ donation and allocation system. The intention of this unprecedented plan is clearly shown in Huang’s interview with The Beijing News: “Death-row prisoners are also citizens and have the rights to donate organs.... Once the organs from willing death-row prisoners are assigned to an entitled allocation system, they are then counted as voluntary donation items.

China’s new trick with prisoner organs

**Franzfurter Allgemeine**

Gescheiterter Organtausch

China

Spenderorgane nur noch von Freiwilligen


02.01.2015, von PETRA KOLONKO, PEKING

Huang Jiefu’s recent statements regarding organs from executed death-row prisoners

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<tr>
<th>Date</th>
<th>Statement</th>
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<tr>
<td>Dec 4, 2014</td>
<td>“Prisoners are still among the qualified candidates for donations, but their organs will be registered in the computerized system instead of being used for private trades, which will be the main difference in the future”, Huang told reporters.</td>
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<td>(China Daily)</td>
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<td>Jan 28, 2015</td>
<td>“Death-row prisoners are also citizens. The law does not deprive them of the right to donate organs. If death-row prisoners are willing to atone for their crime by donating organs, they should be encouraged”.</td>
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<td>(People’s Daily)</td>
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The vast majority of organ transplants in China are from unethical sources

- From prisoners sentenced to death and then executed

- From prisoners sentenced to death; organs harvested before death

- From prisoners of conscience without consent nor death sentence

Live organ harvesting
Live organ harvesting from still-living “executed” prisoners

In summer 1995, Dr. Tohti was ordered to take the liver and the kidneys from an “executed” prisoner.

“The body was still breathing”.
“The gunshot was to the right side”.

Enver Tohti
at the EU Parliament hearing on Jan. 29, 2013

http://www.unpo.org/article/15404
http://www.bbc.co.uk/programmes/p017k033
http://www.abc.net.au/7.30/content/2013/s3763410.htm

Two officers fixed Zhong while the third officer put the gun against her back on the right side and fired the bullet. Years later, one of the officers told the author of the book “Chinas eyes” that the order was not to kill Zhong immediately.

“The kidneys must be harvested before she dies”, because the army doctors wanted high quality kidneys. “kidneys from a living person”!

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Jiang Yanyong
“China Hero Doctor” who exposed the SARS cover-up in 2003

i-Cable News (Hong Kong)
March 6, 2015

Later, the prisoners were shot but not killed. The purpose was to keep the warm ischemia time of the donor liver as short as possible

The vast majority of organ transplants in China are from unethical sources

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- From prisoners sentenced to death; organs harvested before death
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The number of execution cannot explain the huge increase in transplantation after 2003

Huang Jiefu: >90% of transplanted organs are obtained from executed prisoners

Number of Executed Death-Row Prisoners (cases confirmed by Amnesty International)
Average waiting time for live transplantation:

2 weeks (Tianjin, 2005)


Average waiting time for live transplantation:

1 week (Shanghai, 2005)

China’s organ-on-demand system

“During my visit in Beijing in 2007, a hospital invited us to watch a heart transplantation operation.
The organizer asked us whether we would like to have the transplantation operation in the morning or in the afternoon.
This means that the donor would ‘die’, or be killed, at a given time, at the convenience of the visitors. I refused to participate.”

Franz Immer, M.D.
Chair of the Swiss National Foundation for organ donation and transplantation

Heart transplantation scheduled
2 weeks in advance

Prof. Jacob Lavee, M.D.
Director, Heart Transplantation Unit,
Sheba Medical Center, Tel Hashomer, Israel

"In 2005, I was approached one day by a patient of mine with an unusual message. This patient ... was told by his medical insurance company to go to China in two weeks’ time as he was scheduled to undergo heart transplantation on a specific date. ...
The patient, indeed, went to China and underwent the operation on the exact date as promised ahead of time."
— Jacob Lavee, in »State Organs«, page 108.

Israel’s reaction: Israeli Organ Transplantation Law (2008)
Results:
• Transplant tourists ↓ from 155 (2006) to 26 (2011)
• Domestic organ donations ↑ by 68% (2011 vs 2010).
Evidence for the use of organs from prisoners of conscience with focus on Falun Gong

Persecution of Falun Gong by the CCP

- On June 10, 1999, the then party chief, Jiang Zemin ordered the creation of the “610 Office”, an extrajudicial security apparatus, given the mandate to “eradicate Falun Gong”

- The policy of “610 Office”: “Defaming [Falun Gong practitioner’s] reputations, bankrupting them financially, and destroying them physically”
  (Li Lanqing, Head of 610 Office, Great Hall of the People, November 30, 1999)
Investigation by David Matas and David Kilgour

David Matas  
Order of Canada  
2008

David Kilgour  
former Canadian Secretary of State for Asia-Pacific


http://organharvestinvestigation.net/

Ethan Gutmann’s investigation

US Congress hearing  
Sep. 12, 2012  
http://archives.republicans.foreignaffairs.house.gov/hearings/view/1468

Falun Gong practitioners underwent torture and peculiar medical tests.

... In fact there was nothing that could constitute a proper physical examination. The tests were aimed at the health of liver, kidneys, heart, and corneas – the retail organs”!


Total Falun Gong harvested (2000 - 2008): 65,000
Wang Lijun

Police chief of Jinzhou City (2003-2008)
Police chief of Chongqing (2008-2012)
Sentenced to 15 years in prison (2012)
(for abuse of power, bribe taking, defection and bending the law for selfish ends)

Several thousand people were killed for Wang Lijun’s transplantation research

- In 2004, Wang founded the On-Site Psychology Research Center (OSPRC) of the Public Security Bureau of Jinzhou
- Title for research:
  "Research on Organ Transplantation from Donors Subjected to Drug Injection"
- “The 'on-site research' is the result of several thousand (execution) on-site cases”
  [from Wang’s speech on receiving the award on Sept. 17, 2006]

Wang Lijun
former Police Chief of Jinzhou City,
received an award in 2006 for his research involving several thousand transplants (2004-2006)

http://www.upholdjustice.org/node/214
Executed death-row prisoners only contributed to a minority of the organs used for Wang’s research

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<td>China</td>
<td>1,347 million</td>
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<td>6,250 (A.I.)</td>
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<td>(0.00046% / population)</td>
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<tr>
<td>Jinzhou</td>
<td>3 million</td>
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<td>? (0.00046% =&gt; 14)</td>
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Many organs for Wang’s transplantation research were seized from Falun Gong practitioners

Chen Rongshan:
collaboration partner of Wang, the urology chief physician of the PLA 205 Hospital in Jinzhou City

Liaoxi Business Daily (May 23, 2006):
“The highest realm and pursuit of a military doctor.” The report praised Chen Rongshan for having completed 568 cases of kidney transplants.

Telephone recording:
Investigator: I’m from the Wang Lijun inter-departmental investigation team. ...
Investigator: Wang Lijun told us that some organ donors were jailed Falun Gong practitioners. Is that true?

Chen: Those were arranged by the court.

http://www.upholdjustice.org/node/234
The order for the forced organ harvesting from Falun Gong practitioners was issued by former CCP chief Jiang Zemin, and executed by the military and the Political and Legal Affairs Commission (PLAC) of the CCP.

China’s former security chief Zhou Yongkang implicated in organ harvesting

Such a source, prisoner organs, it developed naturally into a system with all kinds of murky and difficult problems in it...

Zhou Yongkang is the ‘big tiger’;

Zhou Yongkang was the Secretary of the Central PLAC, a former member of the Politburo Standing Committee. Everyone knows this. ... So as for where executed prisoner organs came from, isn’t it very clear?”

March 14, 2015
Phoenix Satellite Television

Huang Jiefu:
Director of the China Organ Donation Committee and former Vice-Minister of Health

https://www.youtube.com/watch?v=wME1HfY8Smk
Structure of the ‘legal’ system in China

- **2002-2007:** Minister of Public Security
- **2007-2012:** Secretary of the Central PLAC
- **Dec 5, 2014:** expelled from the CCP; “transferred to judicial organs”
- **April 3, 2015:** charged with bribery, abuse of power and the intentional disclosure of state secrets

Zhou Yongkang and the Political and Legal Affairs Commission (PLAC) are implicated in organ harvesting from Falun Gong practitioners

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<th>Answer on telephone</th>
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<tr>
<td>Li Changchun</td>
<td>April 17, 2012</td>
<td>“Zhou Yongkang is in charge of this [removing organs from Falun Gong practitioners] specifically. He knows it”.</td>
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<tr>
<td>Politburo Standing Committee (2002-2012)</td>
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<tr>
<td>Tang Junjie</td>
<td>April 13, 2012</td>
<td>“I was asked to take care of this task [removing organs from Falun Gong practitioners for transplantation]. ... It was considered a positive thing”.</td>
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<td>Liaoning PLAC (2000-2011)</td>
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<td>Wei Jianrong</td>
<td>Sep 26, 2008</td>
<td>“This thing [organ harvesting from the jailed Falun Gong practitioners] happened a long time ago”.</td>
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<td>Central PLAC (1994-2010)</td>
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http://www.upholdjustice.org/node/216
**Telephone investigations on organ harvesting from Falun Gong practitioners**

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<td>Bai Shuzhong</td>
<td>September 2014 [1]</td>
<td>“It was Chairman Jiang... There was an order, a sort of instruction... I remember, because back then, after Chairman Jiang issued the order, we all did a lot of anti-Falun Gong work”.</td>
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<td>Bo Xilai</td>
<td>September 13, 2006 [2]</td>
<td>Bo Xilai admitted that Jiang Zemin had issued the order to harvest organs from living Falun Gong practitioners.</td>
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<tr>
<td>Liang Guanqie</td>
<td>May 2012 [3]</td>
<td>“I am not in charge of it. ... I've heard of this. ... It was discussed [during the Central Military Commission meetings]”.</td>
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**What needs to be done to stop the transplant abuse in China?**

- Demanding a statement from China about the use of prisoners of conscience as source for transplant organs
- Demanding an immediate end of using organs from any kind of prisoners, including prisoners of conscience
- Demanding an international investigation led by the UN, to clarify:
  - the identity of every “donor” in Wang Lijun’s transplantation research
  - the organ source in the time period of the exponential surge in the number of transplants in China (e.g. 2004-2006)

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