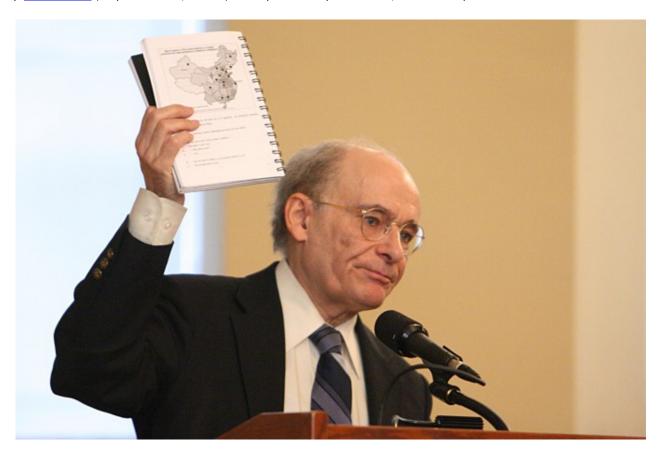
David Matas: `Transplant Tourism from the Middle East'

Remarks prepared for delivery to the Middle East Society for Organ Transplantation, Istanbul, Turkey, 10 September, 2014

By David Matas | September 13, 2014 | Last Updated: September 13, 2014 4:29 pm



There needs to be more of an effort in the Middle East to combat transplant tourism from the Middle East. National professional associations should require compliance with international standards.

My focus is, in particular, transplant tourism from the Middle East into China. Why I have this focus will, in the course of this presentation, become apparent.

International Standards

These professional international standards worth noting:

- The Transplantation Society Ethics Committee Policy Statement Chinese Transplantation Program November 2006 and Mission Statement (TTS).
- The Declaration of Istanbul on Organ Trafficking and Transplant Tourism May 2008 (Istanbul)
- World Health Organization Guiding Principles on Human Cell, Tissue and Organ Transplantation, May 2008 (WHO)
- World Medical Association Statement on Organ and Tissue Donation October 2012 (WMA)

These standards provide:

Policies

Every national and regional professional association and society should develop a written ethics policy on the clinical practice of transplantation, including the subject of executed prisoners. (TTS)

Sources of organs

There should be no recovery and no complicity in the recovery of organs or tissues from executed prisoners. (TTS and WMA)

Transplant tourism

Organ trafficking and transplant tourism violate the principles of equity, justice, and respect for human dignity. (Istanbul)

Advertising and brokerage

There should be no advertising (including electronic and print media), soliciting, or brokering for the purpose of transplant commercialism, organ trafficking, or transplant tourism. (Istanbul)

Accountability

The practice of donation and transplantation requires oversight and accountability by health authorities in each country to ensure transparency and safety. (Istanbul)

Mechanisms for transparency of process and follow-up should be established. (Istanbul).

The organization and execution of donation and transplantation activities, as well as their clinical results, must be transparent and open to scrutiny. (WHO)

Research and collaboration

Only those doctors who conduct clinical practice ethically should be permitted to become members of professional associations.(TTS)

Collaboration amongst transplant professionals in different countries must protect the vulnerable, promote equality between donor and recipient populations, and not violate other basic organ transplant principles. (Istanbul).

Collaboration within clinical studies should only be considered if the study does not violate ethical principles, for example through the sourcing of organs or tissues from executed prisoners. (TTS)

Collaboration with experimental studies should only be considered if no material derived from executed prisoners or recipients of organs or tissues from executed prisoners is used in the studies. (TTS)

Clinical scientific studies which analyse patient outcome or entail therapeutic or mechanistic approaches should be considered for acceptance only if they have been performed under ethical principles. (TTS)

Presentations of studies involving patient data or samples from recipients of organs or tissues from executed prisoners should not be accepted. (TTS)

Omar Healthcare Service

The Omar Healthcare Service website dated from 2007 and changed over the years. Its opening page used both the Arabic and English languages at the same website, which explains the use of the name Omar. The website then appeared to target in particular transplant tourists from the Middle East.

The website address was <www.cntransplant.com>. The website promoted transplants in Tianjin, China. The website was user friendly. It had forms to fill out and a system for remitting fees. The home page blurb stated:

"We are here to assist you in getting a kidney, liver or heart transplant in China. Please browse through the website to find out more information about our services and contact us for the next step. We are working directly with the most qualified two hospitals in China:

Tianjin First Central Hospital

International Cardiovascular Hospital

Those above-mentioned hospitals of which the First Central is famous for liver & kidney treatment/transplant while the International Cardiovascular for heart, with the license issued by the Ministry of National Health of the People's Republic of China, are surely where the dying-patients reborn." 1

After clicking on "Organ transplant in China", you see this:

"As a sector of modern medical system, Chinese doctors and scientists in line with organ

transplantation have been winning satisfactory achievements worldwide recognized. More and more dying patients from all directions of the world are coming to China to seek for rebirth, of which most are survived successfully. It is true that the source of organ supply are fairly abundant in China compared with that in western countries (italics added), but the excellent skill in performing such demanding operations is no doubt an important factor for them to make decisions before leaving home for China."2

The Omar Healthcare website promoting transplant tourism into China as well as other information prompted an open letter from The Transplantation Society to President of China Xi Jinping sent the end of February 2014. That letter stated

"The Tianjin website http://www.cntransplant.com continues to recruit international patients who are seeking organ transplants ... the fact that foreign patients are still undergoing transplantation in China suggests that some hospitals are boldly and irresponsibly violating Chinese government regulations, thereby rendering the law a mere 'paper tiger'. These centers are both jeopardizing the public trust at home and tarnishing China's reputation on the international stage."

The letter noted that "the anecdotal reports of patients returning from China to their native countries with complications from clandestine organ transplants are many" and gave one example. The letter stated that "Chinese media report that even as the new [organ donor] program is being piloted, it has already been infiltrated by persons driven by the same corrupt practices who have assumed authority for the distribution of organs." The letter asked China to get matters right3.

The letter from the Society led to a couple of responses. One is that the Omar Health Care website is now gone. I do not have the exact date it was taken down because I was not checking it every day, but it was there as late as May 7th. I archived every page of the site in my hard drive and you can also see the site yourself by using the way back search engine on the internet 4.

Sourcing of Organs From China

While transplant tourism generally is a concern, transplant tourism into China has to be of particular concern because of compelling evidence that the bulk of organs for transplants comes from innocent prisoners of conscience in China detained arbitrarily because of their beliefs.

I wrote a report with David Kilgour in June 2006 which concluded that practitioners of the spiritually based set of exercises Falun Gong, were being killed for their organs which were being sold at high prices to transplant patients. Falun Gong is a blending an updating of the Chinese exercise and spiritual traditions. It began in 1992 with the teachings of Li Hongzi. Its increasing popularity led the Communist Party in 1999, out of ideological jealousy, to ban the practice.

David Kilgour and I produced a second version in of our report in January 2007 and a third version in book form under the title Bloody Harvest in November 2009. Our report prompted the founding of a non-governmental organization Doctors against Forced Organ Harvesting or DAFOH. I and Dr. Torsten Trey, the founder of DAFOH, co-edited a book of essays on organ transplant abuse in China published in August 2012 under the name State Organs.

Ethan Gutmann and Jaya Gibson, in work made public in June 20105, stated that the killing of innocents for their organs had spread from Falun Gong to Tibetans, Eastern Lightning house Christians and Uighurs. They gleaned this information from interviewing members of these victim groups who got out of Chinese detention centres and then out of China. Ethan Gutmann has updated and expanded this work in the book The Slaughter released a few weeks ago, in August 2014.

Falun Gong practitioner prisoners remain the most plausible source for the bulk of transplants in China. Uighurs and Tibetans are detained in specific geographical locations in China, not throughout China. Eastern Lightning house Christians suffer nowhere near the rate of detention or extremes of vilification of Falun Gong.

While it would take me far too long to go through all the evidence which led me, David Kilgour and other researchers to the conclusion that Falun Gong practitioners are being killed for their organs, I will mention a few bits.

- Investigators made calls to hospitals throughout China, claiming to be relatives of patients needing transplants, asking if the hospitals had organs of Falun Gong practitioners for sale on the basis that, since Falun Gong practitioners through their exercises are healthy, the organs would be healthy. We obtained on tape, transcribed and translated admissions throughout China.
- Falun Gong practitioners and non-Falun Gong practitioners alike who were detained and who then got out of detention and out of China told that...
- 1) Falun Gong practitioners were systematically blood tested and organ examined while in detention. Other detainees were not. The blood testing and organ examination could not have been for the health of the practitioners of Falun Gong since they had been tortured; but it would have been necessary for organ transplants.

2) Falun Gong practitioners who came from all over the country to Tiananmen Square in Beijing to appeal or protest were systematically arrested. Those who revealed their identities to their captors would be shipped back to their home localities. Their immediate environment would be implicated in their Falun Gong activities and penalized.

To avoid harm to people in their locality, many detained Falun Gong practitioners declined to identify themselves. The result was a large Falun Gong practitioner population in detention `whose identities the authorities did not know. As well, no one who knew them knew where they were. This population is a remarkably undefended group of people, even by Chinese standards. This population provided a ready source for harvested organs.

- 3) The Party has engaged in a prolonged, persistent, vitriolic national and international campaign of incitement to hatred against practitioners of Falun Gong. The campaign has prompted their marginalization, depersonalization and dehumanization in the eyes of many Chinese nationals. To their jailors, practitioners of Falun Gong are not human beings entitled to respect for their human rights and dignity.
- Patients we interviewed who went to China for transplants told that...
- 1) Waiting times for transplants of organs in China are days and weeks. Everywhere else in the world waiting times are months and years. A short waiting time for a deceased donor transplant means that someone is being killed for that transplant.
- 2) There is a heavy militarization of transplantation in China. Hospitals with a ready supply of available organs are often military hospitals. Even in civilian hospitals, the doctors performing operations are often military personnel. The military have a common culture with prison guards and readier access to prisoners as organ sources than civilian hospitals and civilian personnel do.

In China, the military is a conglomerate business and the sale of organs is a prime source of funds. Military hospital web sites used to boast this fact before we started quoting them. Though they have since taken down the boasts, we archived this information so that independent researchers can still see them.

- 3) There is an inordinate secrecy surrounding transplantation in China. The names of doctors are not identified. Patients are not allowed to bring their own doctors with them. Before our 2006 report came out, Chinese doctors used to provide letters to patients indicating the treatment given and counselled. The letters ceased after the publication of our report.
- The standards and mechanisms which should be in place to prevent the abuse are not in place, neither in China nor abroad. International organ transplant abuse should be treated like international child sex tourism, an offence everywhere with extraterritorial effect. However, so far that is not the case.

On the one hand, we have organ transplant abuse which is possible without legal consequences. On the other hand, we have huge money to be made from this abuse, as well as desperate patients in need of transplants. This combination is a recipe for victimization of the vulnerable. Standards and mechanisms to prevent the abuse need to be introduced.

• Going through all relevant evidence to come to an informed conclusion either one way or the other on the killing of practitioners of Falun Gong for their organs is a time consuming task, and it may be unrealistic to expect everyone interested in the issue to do that. I do not expect all other interested in the issue to replicate our research, though I would be pleased if you had the time and inclination to do so. Nor do I expect you to trust our conclusions. But that does not mean that you should do nothing.

The onus does not fall on me to show that Falun Gong practitioners are being killed for their organs. I do not have to explain where China gets its organs for transplants. China does. It falls on the Government of China to explain the sourcing for their organs.

The Government of China attributes the sourcing of the bulk of organs to prisoners sentenced to death and then executed but then refuses to provide death penalty statistics on the basis that they are state secrets.

The Government of China at first took the position that all organs came from donations, even though at the time they did not have a donation system. They then acknowledged that the overwhelming proportion of organs for transplants in China came from prisoners but asserted that the prisoners who are the sources of organs are all sentenced to death. Falun Gong practitioners have been given short sentences for disrupting social order or sentenced to nothing.

Yet, the number of prisoners sentenced to death and then executed that would be necessary to supply the volume of transplants in China is far greater than even the most exaggerated death penalty statistics and estimates. Moreover, in recent years, death penalty volumes have gone down, but transplant volumes, except for a short blip in 2007, remained constant.

China is the second largest transplant country in the world by volume after the US. Yet, until 2010 China did not have a deceased donation system and even today that system produces donations which are relatively small. Until this year, China did not have an organ distribution system. The organ distribution in place today is limited to the relatively small donated organs, and does not distribute organs from prisoners. The living donor sources are limited in law to relatives of donors and officially discouraged because live donors suffer health complications from

giving up an organ. There is no other explanation for the transplant numbers than sourcing from Falun Gong practitioners.

Transplant Tourism From the Middle East

The Middle East Society for Organ Transplantation (MESOT) is engaged in the process of establishing a registry for Middle Eastern countries. Each country was asked to provide data, amongst other matters,

- a) for each organ about the number of transplants performed outside the country either deceased or living
- b) the laws regarding transplants

The registry information though is only as good as the information which comes from the countries providing the information. If countries do not collect statistics about transplants performed outside, the registry will not be able to record that information.

A registry report published in April 2013 under the title "Solid-Organ Transplant Activity in MESOT Countries" by Marwan Masri, Mehmet Habera in the journal Experimental and Clinical Transplantation provided preliminary information from a number of countries. The report provided information though only from Kuwait about out of country transplants. The report stated that one hundred deceased-donor kidneys were from outside Kuwait.

There is anecdotal information, some of which I myself heard at this Congress, of patients going from the region to China for transplants. However, without proper reporting, getting figures is difficult.

I have not looked at all the various transplant laws for the various countries in the region. However, in light of my experience in examining laws in countries in other regions, it seems likely to me that the laws in the region do not require compulsory reporting to the health authorities of out of country transplants. And they should. It is impossible to counter transplant tourism without knowing the facts.

One can look at the phenomenon from the other end of the telescope, the hospitals in Tianjin catering to Arabic speaking transplant tourists. What are those hospitals doing?

Statistics up to September 3, 2014 show that in Tianjin there have been 100 voluntary donation after cardiac death (DCD) donors in the last four and a half years. There were 870 registered voluntary donors. Tianjin is a city with a population of 7.5 million. Tianjin has a 200 bed transplant centre which has done 6,000 transplants within the last 11 years 7. It is apparent that those 6,000 transplants did not come from donors.

Let us suppose that they all came from prisoners sentenced to death and then executed. That would make 545 executions a year. Let us extrapolate that figure over the whole Chinese population. The Chinese population is 1.351 billion. It is 180 times the size of the population of Tianjin at 7.5 million. If we multiply 545 times 180 we get a figure of 98,100. That would be the number of executions per year if the Tianjin figures were uniform throughout the country.

Even if one introduces qualifications to the extrapolation, the figure of close to 100,000 executions a year is so far off the mark of the likely real execution numbers in China that no amount of qualification can bring that figure down to a realistic number. Patients in the Middle East going to China for organs are more likely than not benefiting from the organs of prisoners of conscience killed on demand for money.

Middle East Efforts

Israeli legislation has addressed directly the problem of transplant tourism outside of Israel. The Israel Organ Transplant Act of 2008 provides:

"Prohibition on Trade in Organs

- 3.(a) No person shall receive a reward for an organ removed from his body or from the body of another person, or designated to be so removed, regardless of whether the removal be performed during the lifetime of the person or after his death.
- (b) No person shall give a reward for an organ transplanted into his or another's body, or that is designated to be so transplanted.

Prohibition on Brokering

4. No person shall act as a broker between donor and recipient, directly or indirectly, for the removal or transplant of an organ, if a reward of the sort prohibited under Article 3 of this Act has been promised to another person for the organ's removal, nor shall anyone receive a reward for brokerage in the said circumstances.

Qualifications to the Preceding Prohibitions

5. Nothing in the provisions of this Act shall prohibit organ transplantation conducted outside Israel,

including the contribution of an Israeli entity to funding such transplantation, provided both the following conditions are met:

- (1) The organ removal and transplant are carried out under the laws of the foreign country;
- (2) The provisions of this Act with regard to the trade in organs are met.

Penalties

- 36. (a) Anyone committing any of the following is liable to a penalty of three years' imprisonment or a fine as fixed by Section 61(a)(4) of the Penal Act, 5737-1977 (hereinafter the Penal Act):
- (1) Receiving reward for an organ removed or designated for removal from the body of another living person who is not his first-degree relative, in violation of the provisions of Article 3;
- (2) Giving a reward for an organ transplanted or designated for transplant into another person who is not his first-degree relative, that organ having been removed from the body of a living person in violation of the provisions of Article 3;
- (3) Brokering an arrangement between donor and recipient, directly or indirectly, for the removal or transplant of a prohibited organ in violation of the provisions of Article 4, or receiving reward for brokering in the said circumstances;
- (b) The provisions of Clauses 36(a)(1) to 36(a)(3) shall apply whether the organ removal or transplant is intended to take place inside or outside Israel."

The legislation prohibits buying or selling organs abroad and brokering the purchase or sale of organs abroad. It further prohibits reimbursement by insurance companies of transplants abroad which do not meet the standards of Israel law, by allowing only those reimbursements for transplants abroad which do meet Israeli standards.

Conclusion

There is every reason to conclude that there is substantial transplant tourism from countries in the Middle East to countries where the patients are not nationals and to China in particular. Moreover, transplant tourism into China means receiving organs from prisoners of conscience killed for their organs. The efforts in the region to combat this transplant tourism are underdeveloped. Precautions need to be put in place to prevent abuse.

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- 1 http://cntransplant.com/
- http://cntransplant.com/index1.htm
- 3 Matthew Robertson "International Transplant Community Raises Voice Against China's Abuses" Epoch Times, April 7, 2014
- 4 The best snapshot can be found at February 22, 2007 at https://web.archive.org/web/20070222164806/http://www.cntransplant.com/?
- 5 Ethan Gutmann, "China's Policies Toward Spiritual Movements" Congressional Executive Commission on China, Roundtable discussion, Friday, June 18, 2010; Julia Duin, "China accused of vast trade in organs", Washington Times April 27, 2010
- 6 Volume 11 Supplement I Pages 1-8

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http://www.exploringtianjin.com/2014-09/03/content_18537207.htmhttp://www.tj-fch.com/en/subjects/1904_4028.htm

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URL to article: http://www.theepochtimes.com/n3/954464-david-matas-transplant-tourism-from-the-middle-east/

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