Mr. ROHRABACHER. Thank you very much for that excellent testimony.
And Dr. Allison, you may proceed.

STATEMENT OF KIRK C. ALLISON, PH.D., DIRECTOR, PROGRAM IN HUMAN RIGHTS AND HEALTH, SCHOOL OF PUBLIC HEALTH, AND ASSOCIATE DIRECTOR, PROGRAM IN HUMAN RIGHTS AND MEDICINE, MEDICAL SCHOOL, UNIVERSITY OF MINNESOTA

Mr. ALLISON. Chairman Rohrabacher, thank you for your attention to this issue and for the privilege of my presenting testimony. Although I am the Director of the Program in Human Rights and Health in the School of Public Health, and the Associate Director of the Program in Human Rights and Medicine in the University of Minnesota, in my remarks I am speaking for myself rather than for my institution and, secondly, my concern is general as I am not a Falun Gong practitioner.

Since July 1999, the systematic persecution of nonviolent Falun Gong practitioners constitutes the single greatest concentration of human rights violations in China against a specific group since the Cultural Revolution. A program of ideological eradication has been systematically pursued in a double strategy: Publicly with high visibility in terms of state propaganda but hermetically in actions of detainment and sanction outside of conventional judicial processes. Nonetheless, events and practices have been recounted in affidavits, structurally inferred from publicly available information, forensically, and through telephone interviews.

While the People’s Republic of China repudiated the International Covenant of Civil and Political Rights signed by Taiwan, it ratified the International Covenant of Economic, Social and Cultural Rights. This includes “the right of everyone to the enjoyment of the highest attainable standard of physical and mental health,” and the right to take part in cultural life “without discrimination of any kind as to race, color, sex, language, religion, politics or other opinion, national or social origin, property, birth or status.”

Notably, before October 1988, China also ratified the Convention Against Torture or Cruel or Degrading Treatment or Punishment, but rejected the Committee Against Torture’s power of inquiry under Article 20. Manfred Nowak, the China mission special rapporteur regarding civil and political rights, including the issue of torture and detention, concluded in 2005:

“The combination of deprivation of liberty as a sanction for the peaceful exercise of freedom of expression, assembly and religion, with measures of re-education through coercion, humiliation, and punishment aimed at admission of guilt and altering the personality of detainees up to the point of breaking their will, constitutes a form of inhuman or degrading treatment or punishment which is incompatible with the core values of any democratic society based upon a culture of human rights.”

Mr. Nowak notes that Falun Gong practitioners comprise 66 percent of victims of alleged torture in China. Those who defend practitioners are sanctioned, as is the case of Attorney Gao Zhisheng, whose third open letter in 2005 protesting the treatment of Falun
Gong practitioners resulted in closure of his law firm and loss of his law license. He has recently been in detention since August 15, 2006, and continues to this date.

The systematic program of ideological eradication of Falun Gong coincided with an inexplicable increase in whole organ transplantation and international organ transplant tourism to China. This raises the question of the organ source. In July 2005, Huang Jiefu, Vice Minister of Health, indicated as high as 95 percent of organs derived from execution. Under the 1997 Criminal Law, capital crime offenses were expanded from 27 in 1979 to 68, with over half for nonviolent crime.

While the number of executions is a state secret, Liu Renwen of the Chinese Academy of Social Sciences Law Institute estimated 8,000 executions in 2005. Regional claims of low rates are contradicted by strong circumstantial evidence. Amnesty International reports that Yunnan Province admitted to only 17 executions in 2002 but purchased 18 mobile execution vans in 2003 at about $60,000 each. Such mobile execution vans have been cited as providing a smooth transition from execution to organ extraction with physicians involved in both phases.

Coordination of execution by gunshot followed by organ extraction has been cited in congressional testimony by Dr. Wang Guoqi, far beyond the latitude of Article 3 of China’s Provisional Regulations on the Use of Executed Prisoners’ Corpses or Organs of 1984. That allows extraction of organs if the prisoner agrees, if the family agrees or if the body is not claimed, which is frequently the case because of distance.

While the World Medical Association’s Resolution on Physician’s Conduct on Human Organ Transplantation of 1994 enjoins severe discipline for physicians involved in the nonconsensual extraction of organs from executed prisoners, on May 22, 2006, the Council of the World Medical Association called on China to cease using executed prisoners as sources for organ transplantation carte blanche.

Coordination across the state bureaucracy between execution and transplantation is clear. The Web site of the China International Transplant Center states openly:

“So many transplantation operations are owing to the support of the Chinese Government. The Supreme Demotic Court, Supreme Demotic Law-officer, Police, Judiciary, Department of Health and Civil Administration have enacted a law together to make sure that organ donations are supported by the government. This is unique in the world.”

In this sense, the confluence of Falun Gong persecution and organ sourcing is a variation on a larger theme noted in popular press and before Congress. While a new temporary regulation to curb the blatant selling of organs came into force on July 1, 2006, transplant tourism at high prices continues: A BBC story on Wednesday of this week—9/28/06—reported organ sales thriving in China, while officials state that nonconsensual organ removal is a fabrication. Yet consent “free of undue pressure,” is difficult to conceive in the context of impending execution with little resources for substantive appeal—aside from the reported extrajudicial tissue typing and selection of Falun Gong detainees.
Concerning Falun Gong practitioners as nonvoluntary victims, the most compelling evidence has been compiled by David Kilgour and David Matas in the *Report into Allegations of Organ Harvesting of Falun Gong Practitioners in China* July 6, 2006. Using Chinese information, the source of some 41,500 organs between 2002 and 2005 remains ambiguous and unaccounted for. Systematic blood testing of arrested Falun Gong practitioners is known. The report assesses overlapping evidence pointing with high likelihood to organ sourcing from Falun Gong practitioners.

In my meeting with practitioners in June 2006, evidence included transcripts of queries to identified hospitals and physicians on organ availability. Falun Gong sources were characterized as being of high quality and often available in as short a time as a week, in some cases with a guarantee of a backup organ should the first fail.

My statement on July 24, 2006, titled, “Mounting Evidence of Falun Gong Practitioners Used As Organ Sources in China and Related Ethical Responsibility,” made several points, and I have submitted that document for the record.

The short time frame of on-demand system transplantation requires a large pool of donors pretyped for blood group and Human Leukocyte Antigen (HLA) matching to prevent rejection. It is consistent with execution timing. Given a 12- to 24-hour window for kidney tissue and a 12-hour window for liver matching for transplants tourists cannot be assured on a random death basis. Queried physicians indicated selecting live prisoners to ensure quality and compatibility. The coordination of transplantation can take place only through communication, in particular in an on-demand context.

Some people have written, “Oh, they wouldn’t admit it,” but it is the only way to make the system work and, as is indicated by the new law, the selling of organs is a fact.

Given the seriousness of the matter, it is fitting for this Subcommittee to review the evidence, whether confirmatory or exculpatory, and to formulate clear policy and legislation and exercise appropriate pressure. The current level of evidence calls for this step.

Thank you for the opportunity to present this testimony to the Subcommittee.

And as a footnote, I would add the academic community has an incumbent responsibility to apply standards of human subjects protection to research coming to the United States from China that is being applied for medical journals.

And with that, I conclude my testimony.

[The prepared statement of Mr. Allison follows:]

PREPARED STATEMENT OF KIRK C. ALLISON, PH.D., DIRECTOR, PROGRAM IN HUMAN RIGHTS AND HEALTH, SCHOOL OF PUBLIC HEALTH, AND ASSOCIATE DIRECTOR, PROGRAM IN HUMAN RIGHTS AND MEDICINE, MEDICAL SCHOOL, UNIVERSITY OF MINNESOTA

Chairman Rohrabacher, ranking member Delahunt, Congresswoman McCollum and esteemed Committee members, thank you for your attention to this issue and for the privilege of presenting testimony. In my remarks I am speaking for myself rather than for my institution, and, secondly, my concern is general as I am not a Falun Gong practitioner.
Since July 1999 the systematic persecution of nonviolent Falun Gong practitioners constitutes the single greatest concentration of human rights violations in China against a specific group since the cultural revolution. A program of ideological eradication has been systematically pursued under a double strategy: Publicly with high visibility in terms of state propaganda, but hermetically in actions of detainment and sanction outside conventional judicial processes. Nonetheless events and practices have been recounted in affidavits, structurally inferred from publicly available information, forensically, and through telephone inquiries.

While the People’s Republic of China repudiated the International Covenant of Civil and Political Rights signed by Taiwan, it ratified the International Covenant of Economic, Social and Cultural Rights. This includes “the right of everyone to the enjoyment of the highest attainable standard of physical and mental health” and the right to take part in cultural life “without discrimination of any kind as to race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.”

Notably on 4 October 1988 China also ratified the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, but rejected the Committee Against Torture’s power of inquiry (Article 20). Manfred Nowak, the China mission Special Rapporteur regarding civil and political rights, including the issue of torture and detention, concluded in 2005:

The combination of deprivation of liberty as a sanction for the peaceful exercise of freedom of expression, assembly and religion, with measures of re-education through coercion, humiliation and punishment aimed at admission of guilt and altering the personality of detainees up to the point of breaking their will, constitutes a form of inhuman or degrading treatment or punishment, which is incompatible with the core values of any democratic society based upon a culture of human rights.

Mr. Nowak notes that Falun Gong practitioners comprise 66% of victims of alleged torture in China. Those who defend practitioners are sanctioned as is the case of Attorney Gao Zhisheng whose third open letter in 2005 protesting the treatment of Falun Gong practitioners (among others) resulted in closure of his law firm and loss of his law license. He has recently been in detention since 15 August 2006.

The systematic program of ideological eradication of Falun Gong coincided with an inexplicable increase in whole organ transplantation, and international organ transplant tourism to China. This raises the question of the organ source. In July of 2005 Huang Jiefu, Vice Minister of Health, indicated as high as 95% of organs derive from execution. Under the 1997 Criminal Law capital crime offenses were expanded from 27 in 1979 to 68, with over half for nonviolent crime.

While the number of executions is a state secret, Liu Renwen of the Chinese Academy of Social Sciences Law Institute estimated 8,000 executions in 2005. Regional claims of low rates are contradicted by strong circumstantial evidence: Amnesty International reports that Yunnan Province admitted to 17 executions in 2002 but purchased 18 mobile execution vans in 2003 at about $60,000 each. Such mobile vehicles have been cited as providing a smooth transition from execution to organ extraction with physician involved in both phases.

Coordination of execution by gunshot followed by organ extraction without consent has also been cited in Congressional testimony by Dr. Wang Guoqi, far beyond the latitude of Article 3 of China’s Provisional Regulations on the Use of Executed Prisoners’ Corpses or Organs (1984). While the World Medical Association’s Resolution on Physician’s Conduct Concerning Human Organ Transplantation of 1994 enjoins “severe discipline” for physicians involved in the nonconsensual extraction of organs from executed prisoners, on 22 May 2006 the Council of the World Medical Association called on China to cease using executed prisoners as sources for organ transplantation carte blanche.

Coordination across the state bureaucracy between execution and transplantation is clear. The website of the China International Transplant Center states openly:

So many transplantation operations are owing to the support of the Chinese government. The Supreme Demotic Court, Supreme Demotic Law-officer, Police, Judiciary, Department of Health and Civil Administration have enacted a law together to make sure that organ donations are supported by the government, This is unique in the world.

In this sense, the confluence of the Falun Gong persecution and organ sourcing is a variation on a larger theme noted in popular press and before Congress. While a new ‘temporary’ regulation to curb the blatant selling of organs came into force on 1 July 2006, transplant tourism at high prices continues. A BBC story on Wednesday of this week reported “organ sales thriving in China” while officials
state nonconsensual organ removal a fabrication. Yet consent “free of undue pressure” is difficult to conceive in a context of impending execution with little recourse to substantive appeal—aside from the reported extrajudicial tissue typing and selection of Falun Gong detainees.

Concerning Falun Gong practitioners as nonvoluntary victims, the most compelling evidence has been compiled by David Kilgour and David Matas in the Report into Allegations of Organ Harvesting of Falun Gong Practitioners in China of 6 July 2006. Using Chinese information, the source of some 41,500 organs between between 2000 and 2005 remains ambiguous and unaccounted for. Systematic blood-testing of arrested Falun Gong practitioners is known. The report assesses overlapping evidence pointing with high likelihood to organ sourcing from Falun Gong practitioners.

In my meeting with practitioners in June 2006 evidence included transcripts of queries to identified hospitals on organ availability. Falun Gong sources were characterized as being of high quality and often available in as short a time as a week, in some cases with a guarantee of a backup organ. My statement on 24 July 2006 titled “Mounting Evidence of Falun Gong Practitioners used as Organ Sources in China and Related Ethical Responsibilities,” made several points:

The short time frame of an on-demand system requires a large pool of donors pretyped for blood group and HLA matching. It is consistent with execution timing. Given a 12–24 hour window for kidney tissue, and a 12 hour window for liver, matching for transplant tourists cannot be assured on a random-death basis.

Queried physicians indicated selecting live prisoners to ensure quality and compatibility. The coordination of transplantation can take place only through communication, in particular in an on-demand context.

Given the seriousness of the matter, it is fitting for this Committee to initiate an independent investigation from which, on the basis of evidence, whether confirmatory or exculpatory, clear policy can be articulated, and appropriate pressure exercised. The current level of evidence calls for this step.

Thank you for the opportunity to present this testimony to the subcommittee.

1 The suppression of Falun Gong was organized under the so-called “610 Office” whose charge is to “eradicate Falun Gong.” The formula, reportedly of 610 Office head Li Lanqing during a mass meeting in the Great Hall of the People in 1999, comprises “defaming their reputations, bankrupting them financially and destroying them physically.” Reported by Li Biagen, assistant director of the Beijing Municipal Planning Office. In Matas and Kilgour Report (note 2), p. 9. China is a signatory to the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (ratified 12/12/1986) but excuses itself from Article 20 (investigation of alleged violations) and Art. 30 paragraph 1, arbitration between states.


4 Report of the Special Rapporteur on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, Manfred Nowak, on his Mission to China (20 November to 2 December 2005); E/CN.4/2006/6/Add.6, p.2.

5 Percentages: Falun Gong 66; Uighurs [a Muslim separatist minority] 11; sex workers 8; Tibetans 6; Human rights defenders 5; political dissenters 2; others (HIV/AIDS infected; religious groups) 2. See Table 1: Victims of alleged torture. E/CN.4/2006/6/Add.6, p.13.

6 Congressional Executive Commission on China Annual Report 2006, p. 59; note 224, p.201: “Organ Transplants: A Zone of Accelerated Regulation” (Qiguan yizhi: jiakuai guizhi de didai), Caijing Magazine (Online), 28 November 2005, reporting that over 95 percent of organs transplanted in China come from executed prisoners.

7 Circa 65% of capital offenses were for nonviolent crime. Congressional Executive Commission on China Annual Report 2006, note 210, p. 200.


10 Calum MacLeod, “China makes ultimate punishment mobile,” USA Today, 15 June 2006, 8A [with photo].


13 Circa 65% of capital offenses were for nonviolent crime.
22

20 Take for example United Nations General Assembly Resolution 59/156 of 20 December 2004, Preventing, combating and punishing trafficking in human organs: “34. To be able to give valid consent, the competent donor must be thoroughly informed about the purpose and nature of the removal, as well as its consequences and risks. In addition, the consent must be voluntary, free from coercion and undue pressure.”
21 See Matas and Kilgour Report, pp. 18–19.
22 9 June 2006 in Minneapolis, Minnesota.
24 An interview with a physician at Nanning City Minzu Hospital in Guangxi Autonomous Region (22 May 2006) with a Dr. Lu indicates physicians select the prisoners to be used for organ sources at the point of demand. See Matas and Kilgour Appendix 14, p. 3–4.
Mounting Evidence of Falun Gong Practitioners used as Organ Sources in China and Related Ethical Responsibilities

24 July 2006

Kirk C. Allison, PhD, MS
Associate Director
Program in Human Rights and Medicine
University of Minnesota

The systematic government persecution of nonviolent Falun Gong practitioners in China since July 1999 has constituted the greatest concentration of human rights violations against a single cultural group in China since the cultural revolution. It is a program of suppression separated from conventional judicial processes or appeals. This persecution should cease immediately.

Additionally, there is accumulating convincing evidence of the use of Falun Gong practitioners as involuntary sources for organ transplantation in China. This implies a scope of human rights violations involving institutional medicine not documented since the 1940s. Many recipients of such organs are foreign patients from Malaysia, Japan, Europe and United States.

The 6 July 2006 “Report into allegations of Organ Harvesting of Falun Gong Practitioners in China” by attorney David Matas and Canadian former Asia-Pacific Secretary of State David Kilgour confirms with high likelihood sourcing of Falun Gong organs. Evidence includes interviews and telephone inquiries to specifically identified medical institutions and doctors in China. These interviews identify organs from Falun Gong practitioners as being of high quality, in supply, and usually accessible in a short period of time. This extends concern regarding a system of transplantation already sourced from executed of prisoners.

Between 2000 and 2005 the source of some 41,500 organs remains ambiguous. Family donors or nonfamily brain-dead donors account for less than 1% of donation in China. A national voluntary donor program is undeveloped. Kidney transplants nearly tripled in the same period. Liver transplants increased nationwide from about 135 in 1998 to over 4000 in 2005. Various advertised ranges widely from about $24,000 (200,000 yuan) for Chinese to $98,000 or more U.S. dollars for foreigners.

Various transplantation websites have promised a liver within an average of one week, a month, or guaranteed by two. A kidney is promised within two weeks, with a second in one week should the first prove “unsuitable.” This time frame requires a large pool of donors pretyped for blood group and HLA-matching. Systematic blood-testing of arrested Falun Gong practitioners is known. Given a 12-24 hour window for kidney transplantation, and a 12 hour window for liver, scheduled matching cannot be assured on a random death basis. Heart or whole liver transplantation requires donor death, either prior to or directly by taking the organs.

Recorded telephone inquiries to transplant sites and even detention centers repeatedly identify Falun Gong practitioners as “live”, “healthy” and consistently available as sources of organs. Physicians have indicated selecting live prisoners to ensure compatibility.
While reform of the transplantation system has been promised in a new “temporary” regulation taking effect on 1 July 2006, the regulation has not been published verbatim for scrutiny. It reportedly requires that a local hospital ethics committee approve transplants and confirm legal sources. However, there is no indication of less reliance on execution in the transplantation system of China, and certainly no less persecution of Falun Gong.

Given the prominence of the transplantation institutions reflected in the inquiries, it cannot be claimed that such human rights abuses are isolated rogue occasions, unknown or incidental to China’s “unique” system of organ procurement. Concern applies both to civilian hospitals ultimately accountable to the Ministry of Health and to military hospitals which are not.

Given a transplantation system relying on executed prisoners generally, and strong evidence of Falun Gong practitioners as sources in particular, the following ethical principles and policy implications apply:

1. An organ transplantation system relying on execution, to which China admits, cannot embody non-coercive informed consent. An option between immediate execution or execution at an arbitrary future time, when blood group type and HLA matches a prospective recipient, makes free, uncoerced, informed consent impossible – if sought at all.

2. The advent of “organ transplantation tourism” as a source of foreign medical income, and the confluence execution-related organ sourcing and high organ demand increases the likelihood of execution for marginal offenses. Capital offenses in China range from murder, to economic corruption, to nebulous anti-state activity – as leveled against Falun Gong practitioners.

3. What, then, are the human rights responsibilities of the international medical and research community?

   a. Professional associations, such as The Transplantation Society, should place a moratorium on research support and collaboration with transplantation in China given that such collaboration tacitly facilitates the continuance of a gross violation of human rights.

   b. Academic journals and educational venues, such as the World Transplant Congress, must reject papers and presentations relying on data derived from practices violating standards described in Helsinki Declaration of the World Medical Association Ethical Principles Regarding Medical Research Involving Human Subjects and international instruments.

      i. The Helsinki Declaration states: “Concern for the interests of the subject must always prevail over the interests of science and society.”

      ii. It is unethical to publish research data generated by unethical research processes. Data derived from a transplantation system violating the canons of informed consent clearly falls within this category. This applies to papers based on transplantation data involving procedures where organs are obtained by illicit means. An ethical review of past publications is in order.
iii. It is unethical for tenure or review committees to consider publications or presentations derived from such data as a basis for advancement—despite any technical merit.

iv. While there is a scientific, professional, and even personal cost to ethical and moral consistency, the human rights cost of its generation and underlying practices, and the tendency of after-the-fact legitimization of such data by rationalization and use, is much higher.

1. The publication of unethically generated data, or results based on this data, is also unethical, as it violates the canons of consent. Doing so creates additional demand and allowances for such data, here irrespective of the deaths of nonvoluntary donors.

c. Academic institutions should review and suspend research collaborations involving transplantation, and transplantation data sourced from the People’s Republic of China. This also applies to practice collaborations or demonstration procedures.

i. While not all transplant surgeons within the Chinese system approve of state practices, the practices in this area are pervasively in violation of fundamental human rights and canons of medical ethics.

d. There is an ethical obligation for funding agencies and foundations to direct or redirect funding to projects with licit sources of data.

4. Given the evidence at hand, international transplant patients who obtain organs in China do so at the cost of benefiting from, and tacitly supporting, the continuance of an ongoing lethal violation of human dignity and human rights. Prospective patients should be informed of this fact and actively discouraged from pursuing this avenue of treatment.

Kirk C. Allison, PhD, MS
Associate Director
Program in Human Rights and Medicine
University of Minnesota
Minneapolis, MN 55455
612-626-6559
all0001@umn.edu

1 The suppression of Falun Gong was organized under the so-called “610 Office” whose charge is to “eradicate Falun Gong.” The formula reportedly of 610 Office head Li Lanqing in a mass meeting in the Great Hall of the People in 1999 comprises “defaming their reputations, bankrupting them financially and destroying them physically.” Report by Li Biaosen, assistant director of the Beijing Municipal Planning Office. In Matas and Kilgour Report (note 2), p. 9. China is a signatory to the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (ratified 12/12/1986) but excises itself from Article 20 (investigation of alleged violations) and Art. 30 paragraph 1, arbitration between states.

Response of David Kilgour and David Matas to the Chinese Government Statement (7 July 2006)
1 In Matas and Kilgour Report, pp. 16-18. (source)
2 In Matas and Kilgour Report, p. 18. (source)
4 On advertisement of the Changzhou Hospital in Shanghai, See Matas and Kilgour, Report, p.28. (source)
7 See Matas and Kilgour Report, pp. 18-19.
9 An interview with a physician at Nanjing City Minzu Hospital in Guangxi Autonomous Region (22 May 2006) with a Dr. Lu indicates physicians select the prisoners to be used for organ sources at the point of demand. See Matas and Kilgour Appendix 14, p. 3-4.
10 The Supreme Demotic Court, Supreme Demotic Law-officer, Police, Judiciary, Department of Health and Civil Administration have enacted a law together to make sure that organ donations are supported by the government. This is unique in the world.” China International Transplant Center – Facts about Translation in China. http://en-cowiceboh.com/facts.htm.
11 The total number of executions in China carries the status of state secret. One official mentioned up to 10,000 cases resulting in “immediate executions.” Various estimates range from the low thousands to 10,000 per year. For a general overview of human rights violations in China (2009): Country Reports on Human Rights Practices. China (includes Tibet, Hong Kong and Macau). United States State Department. 
12 The UN GA Res. 59/156 of 20 December 2004, entitled “Preventing, combating and punishing trafficking in human organs.” The UN Secretary General’s 2006 annual report to the General Secretary states: “14. To be able to give valid consent, the competent donor must be thoroughly informed about the purpose and nature of the removal, as well as its consequences and risks. In addition, the consent must be voluntary, free from coercion and undue pressure.” p. 8. 
14 See for example the Universal Declaration on Bioethics and Human Rights (adopted by acclamation, 33rd Session of the General Conference of UNESCO, 19 October 2005).