Tom Lantos Human Rights Commission

Hearing
on
Forced Organ Harvesting in China: Examining the Evidence
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Thank you. I also want to thank Gulchehra Hoja, Serkizhan Bilash, Rahima Mahmut, and several unnamed Central Asian fixers and researchers for advancing my investigation.

I'll begin with numerical estimates of Uyghurs harvested per year. I'll explore a specific case study, which I call the "Aksu Complex". And I'll close with a few ideas about policy.

Over the last three years, I've interviewed over twenty Xinjiang camp refugees in Europe, Turkey, Kyrgyzstan, and Kazakhstan. These were wide-ranging interviews, yet my underlying focus was on medical exams and disappearances.

There are two kinds of people who leave the camps early: The first are young people, about 18 years old. The announcement that they are "graduating" is often made during lunch. Sometimes light applause is encouraged. "Graduation" is a euphemism for forced labor, often at a factory out east.

The second group's average age is usually 28 or 29 - *the exact stage of physical development that the Chinese medical establishment prefers for organ harvesting.*

Following a camp-wide "health-check" including comprehensive blood tests, certain individuals are cross-matched for harvesting. For example, Sayragul, a Chinese teacher, had access to printouts of the blood tests. Pink check marks had been added to certain names. Other witnesses recalled that certain individuals were forced to wear colored bracelets or vests. Either way, approximately a week after the tests, the color-coded individuals vanished in the middle of the night.

Witness testimony from approximately twenty camps is strikingly consistent: between 2.5% to 5% annual disappearances for the 28-year-old age group.

If we assume that at any given time since 2017, there are approximately a million Uyghurs, Kazakhs, Kyrgyz and Hui in the camps, my estimate is that 25,000 to 50,000 camp detainees are being harvested every year. The Kilgour-Matas-Gutmann report of 2016 estimated China's total

transplant volume as 60,000 to 100,000 annually. 28-year-olds from the Xinjiang camps can be theoretically harvested for two or three organs, translating into a minimum of 50,000 organs or a maximum of 150,000 organs. It's clearly possible to dial these numbers up or down, depending on transplant industry demand.

What does this look like in practice? Picture the following:

- A "re-education camp" for 16,000 people.
- A hospital - "Aksu Infection" - that performs organ transplants.
- A second camp for 33,000 people, built around that hospital.
- A large crematorium.
- And all of these structures are less than a kilometer away from each other.

A Uyghur male who was in and out of the Aksu prison system explained to me that the Aksu Infection Hospital was originally used for SARS patients. By 2013, it evolved into a treatment center for "extreme Muslim" dissidents – a "re-education" hospital. The associated crematorium has a prominent sign, and "the air smells like burnt bones."

Another Uyghur male from the Aksu area drove by the crematorium every day. He adds that the smell was a common complaint among local workers.

It's a twenty-minute drive from the Aksu Infection Hospital to the Aksu Airport and a "Human Organ Transport Channel" - an export-only fast lane to move human organs east. I've identified one probable end user near Shanghai: "First Hospital Zhejiang Province"; as a "big brother" to Aksu Infection Hospital, First Hospital liver transplants increased by 90% in 2017. Kidney transplants increased by 200%.

On March 1, 2020, First Hospital performed the world's first double lung transplant on a Covid patient. It was a flare in the night sky for foreign organ tourists; even during the pandemic, China was open for business.

I'll conclude with an idea. As a child, I knew that if a citizen of the Soviet Union disagreed with their government they could be sent to a mental hospital. I also knew that my parents - they were both psychoanalysts - didn't think that was okay.

From 1971 on, the World Psychiatric Association routinely denounced their Soviet counterparts over systematic torture of Russian dissidents. Guided tours of Soviet mental hospitals were dismissed as Potemkin Villages; Soviet psychoanalysts were not welcome at Western conferences. They couldn't publish in Western journals. No joint development of psychoactive drugs. No academic exchanges.

The Western consensus was that the Soviet psychiatric system represented a dangerous perversion of medicine. Reform was impossible. We couldn't eradicate the Soviet virus, but we could quarantine it.

And yet we actually know more about Chinese transplant hospitals than we ever knew about Soviet mental hospitals. The current problem is the Western medical community's response.

Beijing understood the Western doctors: *You say that you are here to help. But you are weak. You hunger for the status we can provide. You are afraid of our anger, of causing offence, of being seen as intolerant. Above all, you are afraid of missing out on the financial opportunities of a Chinese world. And to avoid being left behind, you will rationalize nearly anything.*

So "Chinese transplant reform" was declared - along with semantic games, fake donation numbers, and false assurances. Chinese harvesting adapted by becoming more efficient and focused on a single population in a discreet geographic area.

This catastrophe was created by Beijing, yet it was continuously enabled by a handful of Western doctors who thought they could ride the Chinese dragon and come back home as if everything was normal.

I don't know the policy mechanisms that can reverse that. But the precedent is clear. We need to abolish all Western contact with the Mainland Chinese transplant industry. No Chinese transplant surgeons in our medical journals, our universities, and our conferences. And a freeze on all sales of surgical equipment, pharmaceutical development, and testing in China.

That concludes my statement. Thank you again for this opportunity.