

Global peer pressure and transplant abuse in China

by David Matas

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Before I launch directly into the topic of my talk, I want to say a bit about our location, Sigmund Freud University, in Vienna.

Over the centuries, the Jewish community diaspora in Europe was the victim of discrimination, not just in practice but in law. Jews could not attend universities, join professions, or work for the government. There were many locations where they could not live or even enter.

At the end of the nineteenth and the beginning of the twentieth century, many of these legal discriminatory provisions lifted and the Jewish community joined the general societies in the countries in which they lived. Some of them became quite successful in their chosen endeavours, no more so than in Austria in general and Vienna in particular.

Austria was the home country of actors Peter Lorre and Paul Muni, of musicians Fritz Kreisler, Erich Korngold, Gustav Mahler, and Arnold Schoenberg, of directors Fritz Lang and Otto Preminger, of authors Arthur Schnitzler and Elias Canetti, of philosophers Martin Buber, Karl Popper and Ludwig Wittgenstein. And of course of the doctor Sigmund Freud.

Austria, at more or less the same time, was the source country of several Nazi leaders. Adolf Hitler was Austrian. So was Adolf Eichmann. There were many other Austrian Nazis whose names are not as well known as these two, but who were instrumental in the Holocaust. The mass killing of Jews physically took place mostly in Poland. It was led by Germany. But Austria was an incubator.

Austria juxtaposed then an extraordinary Jewish community achievement and virulent

eliminationist antisemitic hatred. Adolf Hitler and Ludwig Wittgenstein, as young teenagers, even went to the same school in Linz at the same time.

Is this juxtaposition just a coincidence? I suggest not.

Achievement generates appreciation, compliments, awards and imitation. Accomplishment has fans and disciples. However, achievement also generates suspicion, envy, jealousy, fear and hatred. The greater the achievement the greater the envy and hatred.

Because I have been actively involved in human rights work over long periods, I have become sensitized to the plight of disadvantaged minorities. One disadvantage leads to another; disadvantage accumulates. Disadvantage has to be attacked frontally and systematically.

However, a group in an even more perilous situation than disadvantaged minorities is seemingly advantaged minorities. The plight of the Jewish community is emblematic of the risks these groups face. Disadvantaged minorities risk continued discrimination. Seemingly advantaged minorities risk genocide.

Many of the mass atrocities of the twentieth and twenty first century have this factor in common; they were directed against a minority that the majority saw as advantaged. This was true, for instance, of the Tutsis in Rwanda, the Tamils in Sri Lanka, the ethnic Asians in Uganda at the time of Idi Amin, the ethnic Chinese in Indonesia at the time of the May 1998 riots and the middle class in Kampuchea at the time of Pol Pot.

If one compares Jewish community and Nazi literature in Europe before the Holocaust, there is a substantial overlap. Both sets of publications often pointed to the same figures, the Jewish community identifying its accomplished members with pride and the Nazi

literature referring to the same figures as proof of the world Jewish control conspiracy.

Nobel Peace Prize winner and Holocaust survivor Elie Wiesel said:

"Think of the scientists, medical doctors, scholars, artists, musicians, poets, writers, astronomers, teachers and philosophers these children might have become had they been allowed to live ... We will never know how many future Nobel Prize winners were among the children who perished."¹

Well yes. Crimes against humanity are crimes against us all because of the loss to humanity from these crimes. Yet, this observation is blind to the linkage between accomplishment and the incitement to hatred which feeds on it.

If we want to combat genocide, it is not enough to point to what we lose by mass killings of communities with a concentration of accomplished members. We have to combat directly the incitement to hatred which distorts this accomplishment in order to serve the ends of the propagandists.

What has this got to do with transplant abuse in China? In my view, quite a lot. The victims of transplant abuse in China, according to research I, David Kilgour, Ethan Gutmann and others have done, are primarily practitioners of Falun Gong, a spiritually based set of exercises. The Communist Party of China initially encouraged the practice of Falun Gong because the exercises are beneficial to health and cut down on the bills of the health system. With that encouragement, the practice, from a standing start in 1992, spread throughout China and grew by 1999, in the space of seven years, to an estimated 70 to 100 million practitioners.

¹ "FBI director: U.S. Holocaust museum program mandatory for new agents" JTA, Apr. 17, 2015

There were more practitioners than members of the Communist Party. There were 3,000 outdoor practice stations in Beijing alone. This popularity generated within the Party the suspicion, envy, jealousy, fear and hatred which have so often driven other atrocities and prompted a Party decision to suppress the practice.

The repression led to mass demonstrations. Practitioners of Falun Gong thought that the Party was mistaken, that they had misapprehended the nature of Falun Gong. They showed up in the hundreds of thousands with posters and banners stating "Falun Gong is good."

Like the observation of Elie Wiesel about the loss through the Holocaust of so many potentially accomplished individuals, the observation that Falun Gong is good is both true and oblivious to the dynamics of repression. Falun Gong was repressed not in spite of the fact that it is good, but because, to the Communists, all too many people thought that Falun Gong was good.

Let me get even more directly to the topic at hand, ending organ transplant abuse in China through professional ostracism. Those of you who have followed my talks at this forum, the International Academy of Law and Mental Health, through the years will know that I have been inspired by this forum to draw on the example that the World Psychiatric Association gave when faced with Soviet Psychiatric abuse.

The World Psychiatric Association evicted the Soviet Union for abuse of psychiatry. Psychiatrists world wide condemned the Soviet Union by resolution in 1977. The Soviets withdrew from the Association in 1983 when it faced almost certain expulsion.

The World Psychiatric Association eventually agreed in 1989 to readmit the Soviet Union, provided four conditions were met. They were that the Soviet Psychiatric Association

- 1) acknowledge that systematic abuse of psychiatry for political purposes had taken place

- 2) promise to discontinue the abuses,
- 3) rehabilitate the victims, and
- 4) democratize the psychiatric profession.

The conditions were conditions subsequent, not conditions precedent. The Soviet Union was readmitted pending fulfilment of conditions with a monitoring committee set up to monitor fulfilment of the conditions. If the conditions were fulfilled, membership would become unconditional. If they were not, membership would be suspended.

The Soviet Union dissolved in December 1991. The World Congress of Psychiatry meets every three years. Its next meeting after establishing Soviet Union conditional membership was scheduled for 1992. Membership of the Soviet Union in the World Psychiatric Association remained conditional until the dissolution of the Soviet Union since the World Congress never had a meeting to reconsider the issue of unconditional Soviet membership.

The question with which I have grappled at these International Academy of Law and Mental Health sessions in the past and continue to grapple with today is how this example can be used to address Chinese transplant abuse. Chinese transplant abuse is every bit as serious today as Soviet psychiatric abuse was then, and then some. Chinese transplant abuse should today be as much a matter of concern to the global transplant profession as the Soviet psychiatric abuse was to the global psychiatric profession at the time of the Soviet Union.

It is difficult, though, to draw an exact parallel between psychiatric and transplant abuse because of the different ways the two global professions are structured. The international transplant profession does have an international organization, The Transplantation Society. However, The Transplantation Society is not organized the way the World Psychiatric

Association is.

The Transplantation Society has individual members, not country association members. The Transplantation Society does have a category of affiliates and some of the affiliates are national transplantation societies. However, this affiliation option is far from systematic. Most national transplantation societies are not affiliates. There is no Chinese Transplantation Society affiliate.

The World Medical Association is structured like the World Psychiatric Association, with country membership. In theory, the World Medical Association could, because of organ transplant abuse in China, treat the Chinese Medical Association the same way that the World Psychiatric Association treated the Soviet Psychiatric Association.

The trouble with this parallel is that the abuse in the Soviet Union with which the World Psychiatric Association was concerned was not centred in a small subspecialty of Soviet psychiatry, but rather in Soviet psychiatry as a whole. The Chinese Medical Association, in contrast, has about 500,000 members from about two millions doctors and assistant doctors in China. Transplantology is one of eighty five specialties under its umbrella. Transplant professionals are a small percentage of the membership of the Chinese Medical Association.

Evicting the Chinese Medical Association from the World Medical Association would mean cutting off links between the World Medical Association and all Chinese doctors, most of whom have nothing to do with organ transplant abuse. Such a step may be warranted if it can be established that Chinese non-transplantologists, through inaction, are complicit in organ transplant abuse; but other steps have to be tried first.

What would those other steps be? The Transplantation Society, as one might expect, has been sensitive to this problem. Shortly after the report that David Kilgour and I co-authored,

The Transplantation Society issued two ethics statements - one opposed to the sourcing of organs from executed prisoners and the other discouraging contact or collaboration with Chinese transplant professionals engaged in transplant abuse.

While one can argue about the formulation of these policies, and I myself have done so, a more troubling question is how they were to be enforced. The Transplantation Society, to its credit, has not ignored the issue. There has been some attempt at enforcement. For instance, the Society refused to allow 35 Chinese participants for ethical reasons to attend the World Transplant Congress in San Francisco in July 2014.²

International transplant experts stayed away from the 2014 Hangzhou, China transplant conference. A year before, in October 2013, the China Transplant Congress, also held in Hangzhou, had a raft of foreign expert attendees.

There is a Chinese transplant conference scheduled for 6-8 August 2015 at East Lake in Hubei Province at the International Conference Centre. In my view, the non-attendance which marked the 2014 Hangzhou conference should continue.

Avoiding collaboration has taken the form of avoiding training. Neil Laurie, Clerk of the Queensland Parliament, by letter dated November 1, 2006, sent a petition to Stephen Robertson, the Minister of Health for the Queensland Government in Australia, asking for an investigation of the forced organ harvesting from Falun Gong. The Minister of Health, on December 1, 2006 in response, wrote that the Prince Charles Hospital has "a policy of not

² China Medical Tribune

http://www.cmt.com.cn/detail/623923.html&usg=ALkJrhj1Ume7SWS_04UtatL3pWKYRbFqxw. See Matthew Robertson, "From Attack to Defense, China Changes Narrative on Organ Harvesting" Epoch Times, November 24, 2014, <http://m.theepochtimes.com/n3/1099775> from attack to defense china changes narrative on organ harvesting/?sidebar=hotarticle

training any Chinese surgeon in any transplant surgical technique'.

The Prince Charles Hospital is one of the major transplant hospitals in Queensland. I have been told informally that, though no other Australian State Health Minister has issued a similar statement, other transplant hospitals in Australia now follow a similar policy.

Yet, another form of distance has been refusal to publish research of Chinese transplant professionals using data garnered from organ transplant abuse. The Editors and Associate Editors of the journal *Liver Transplantation*, wrote in 2007 that they

"have decided that original publications dealing with clinical liver transplantation outcomes submitted to this journal should explicitly exclude the use of executed prisoners or paid donors as a source of donor organs."³

The American Journal of Transplantation issued as instructions to authors a new policy effective May 2011 which states:

"AJT will not accept manuscripts whose data derives from transplants involving organs obtained from executed prisoners. Manuscripts writing about this practice (e.g. an editorial or a report recounting the secondary consequences of this practice) may be considered at the discretion of the Editorial Board, but require a written appeal to the Board prior to submission of the manuscript."

One form of ostracism is immigration control. US visa application forms from 2012 ask visa applicants this question: "Have you ever been directly involved in the coercive transplantation of human organs or bodily tissue?"⁴

³ Issue 13:182, 2007

⁴ Immigration form DS 160

The likelihood of a person answering yes to such a question is small. The question all the same has a significant value, practical as well as symbolic. Those directly involved in the coercive transplantation of human organs or bodily tissue may well, in the face of such a question, be discouraged from applying for a visa.

Moreover, if the question is asked and a person directly involved in the coercive transplantation of human organs or bodily tissue lies on application, that lie can have legal consequences. An applicant for a visa can be barred from entry on the basis that the applicant has foreclosed relevant inquiries. It is not necessary to establish that the inquiries, if made, would have led to a finding of inadmissibility on a ground other than the misrepresentation.

Moreover, a misrepresentation once made can have consequences for the rest of the life of that person. Once the lie is uttered, then any status acquired on the basis of that lie, even citizenship, can be later unravelled because of that lie. For revocation of citizenship or permanent residence as well as for entry, authorities need not prove that the person was directly involved in the coercive transplantation of human organs or bodily tissue. It is sufficient for the authorities to establish that the lie foreclosed enquiries whether the person was directly involved in the coercive transplantation of human organs or bodily tissue.

So, in terms of enforcement of The Transplantation Society ethical standards, we have not seen nothing. But we do not see the systematic conditionality that we saw with Soviet abuse of psychiatry and the World Medical Association. I suggest that The Transplantation Society needs to develop that systematic conditionality.

The Transplantation Society needs to develop criteria to determine whether its ethical standards are being met, criteria to determine whether Chinese transplant professionals should or should be allowed to attend The Transplantation Society events, whether the

international transplant profession should or should not attend Chinese national transplant congresses. It also needs a monitoring structure to assess whether conditions it adopts are met.

My suggestion of criteria which need to be met before there can be connection between the Chinese and international transplant community are these:

1. an admission of past wrongdoing, including full disclosure of the sourcing of organ transplants in the past;
2. a commitment to bring to justice all perpetrators of past organ transplant abuse and commencement of proceedings;
3. expulsion from the Chinese Medical Association of transplant professionals who can not establish beyond a reasonable doubt that their sourcing of organs is proper;
4. cooperation with an international investigation into present and past sourcing of organs for transplant;
5. publication of present and past death penalty statistics;
6. public access to the past and present aggregates for the Chinese four transplant registries - lung, liver, heart and kidney;
7. full, independently verifiable transparency of current sourcing of organs for transplant;
8. establishment of a system of traceability of sources for transplants and use of that system; and
9. cooperation with an outside, independent verification system for compliance with international standards.

The suggestions of conditions I have set out above are not etched in stone, though I think there is merit in each of them. My general point is that something is better than nothing.

Peer pressure may or may not work. But at the very least, the global transplant profession should not be complicit in any way in Chinese transplant abuse. That means not only clear

standards, but also clear and effective mechanisms for their implementation.

Peer pressure as a vehicle for transplantation reform in China has disadvantages. Transplant professionals are after all not sinologists. They are not experts in Communist Party criminality, propaganda techniques, cover up and dissimulation.

They are moreover, a constantly changing lot. They are by career transplant professionals, but not transplant organization professionals. The positions in the various organizations representing transplant professionals have new incumbents virtually every year.

When it comes to dealing with the Communist Party of China, transplant professionals are amateurs. We can not realistically expect a continually shifting cast of amateurs to solve on their own the deep seated problem in China of the killing of prisoners of conscience for their organs.

We should not place more expectations on the shoulders of transplant professionals than they can realistically be expected to bear. While we have to welcome the efforts they have made, ending organ transplant abuse in China is not just a transplant professional challenge. It is a human rights challenge which we all must confront.

Peer pressure as a vehicle for transplantation reform in China also has advantages. Chinese transplant professionals are more susceptible to outside influence than Communist Party officials. Chinese transplant professionals, to advance their own careers, value the status, the collaboration, the increase in skills which comes from contact with their peers world wide.

Since my involvement on the Chinese organ transplant abuse file since 2006, I have seen many changes both in China and abroad. Within China, the biggest changes have been

driven by the local transplant profession, affected by global peer pressure. Global peer pressure is a lever for change in China we should make our best to use.

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David Matas is an international human rights lawyer based in Winnipeg, Manitoba, Canada