

Transplant Tourists: Unwitting Beneficiaries of Prisoner Organ Harvest

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INTRODUCTION

“Every person who travels to China for an organ causes the death of another human,” says Dr. Torsten Trey, a founding member of Doctors Against Forced Organ Harvesting.¹

ANALYSIS

The reasons for this accusation are not without basis; China has no legislation prohibiting the procurement of organs without consent or donation, primarily from prisoners executed for just that purpose. The most notorious figure in China’s organ-harvesting scheme is Wang Lijun, vice-mayor and head of police in Jinzhou City. Wang has blown up headlines recently for an incident wherein he sought to defect from the People’s Republic of China (PRC). His political dealings have been scrutinized, and yet no article seems to mention Wang’s role as director of the “On-Site Psychology Research Center” (OSPRC) of the Public Security Bureau of Jinzhou, for which he received an award from the Guanghua Science and Technology Foundation honoring his organ harvesting efforts. Those organs were culled from prisoners, whom the center has been charged with executing in a setup that has been described as akin to “a scientific research lab.” Wang also supervised a project entitled “Organ Transplantation from Donors Who Have Been Subjected to Drug Injection”; the project implicates several universities and a military hospital. Data collected from these executions is touted as “contributing greatly to the research on subjects like the dying process of the criminal, the physiological changes before and after the injection into a healthy person, the residual toxin in different organs after the injection of the toxin, psychological changes of a person facing death, [and] organ transplant after the injection,” according to a *Liaoshen Evening News* article.¹

According to David Matas, a Canadian human rights lawyer, the shift from gunshot execution of prisoners to injection of prisoners is a deliberate effort to paralyze and remove the organs while the body is still animate. “The whole point of drugging in this context is to keep the organ alive while it’s removed, so the organ would be healthier... The disadvantage medically is that the drug taints the organ to an extent, but the organ is kept alive.”²

The prisoners most at risk for organ-harvesting related executions? Falun Gong practitioners, who are imprisoned on the basis of their spiritual discipline alone. Wang Lijun ordered that we “must eradicate them all.”²

Culling organs for transplantation from executed prisoners have been unequivocally repudiated by internationally respected declarations and pronouncements such as the Nuremberg Code, the

Helsinki Declaration, and the Belmont Report; the United Nations Office on Drugs and Crime has expressly stated that “the reason to oppose organ trafficking is the global injustice of using a vulnerable segment of a country or population as a source of organs (vulnerable defined by social status, ethnicity, gender or age).”¹ Nevertheless,

executed prisoners have been the primary source of organs and tissues in China since the 1980s, and the system continues to this day. Recent changes in Chinese regulations have added the requirement that consent for organ donation be obtained from prisoners prior to execution, but consent is often coercive if obtained at all.²

According to the World Health Organization, kidney transplants are carried out in 91 countries²; Shimazono estimates that 5 to 10 percent of kidney transplants performed worldwide annually are via organ trade. Circumstantial evidence shows that over half of the 900 kidney and liver transplants performed in one major transplant center in China in 2004 were for non-Chinese citizens from 19 countries. In contrast, the Islamic Republic of Iran allows paid kidney donations but strictly regulates the allocation of organs to non-residents, thereby restricting the international organ trade.⁴

Transplant tourists—those who travel out of their home country to secure organ transplants abroad—should consider that China has yet to develop a system for recovering organs from those who die in hospitals and voluntarily donate their organs, as is international practice; no regional or national system exists for obtaining consent to donate organs pre-mortem from the deceased, or post-mortem from the relatives.² And yet transplant tourists, who can be on transplant waiting lists in their home countries for months or years, are enticed by the fact that a trip to China yields an organ match in just a sliver of that time; in fact, websites advertise transplants in China in five different languages, and in some cases guarantee availability of a matching organ within two weeks.¹ Transplant tourists neglect to find out just how the nation can provide organs so quickly—through prisoners executed for just that purpose, violating basic standards of medical ethics and human rights.⁵ Medical staff has even expressly admitted that many of those prisoners are killed for practicing Falun Gong.⁵

Transplant tourists should also consider that although the practice violates neither current U.S. law nor the National Organ Transplant Act, transplant procedures abroad may use substandard surgical techniques, unhealthy donors, and poor organ matching, and cause post-transplant infections.⁶ Even physicians who are critical of the organ trade end up forced to bear some responsibility for the medical care of those who return to their home countries after an organ transplantation abroad, often with inadequate reports of the operations, and with unknown risks of donor-transmitted infection or donor-transmitted malignancy.¹

As posited by Budiani-Saberi and Delmonico, organ harvesting and transplant tourism has turned organs into commodities, and “financial considerations become the priority for the involved parties instead of the health and well-being of the donors and recipients.”⁶

What can be done to rectify this critical ethical crisis? The World Health Organization has issued the following:

While considerable disagreement exists over whether the legally regulated market and the use of financial rewards and incentives are ethically acceptable, the international organ trade could be an issue on which international consensus and policy harmonization could be effectively pursued... The paucity of previous efforts to monitor the international organ trade arguably indicates an inadequate current mechanism to deal effectively with this global issue. Establishing a platform on which researchers, policymakers, professional societies and international governing bodies cooperate in gathering and sharing information may be considered an essential step towards a more substantial international health policy.³

The Chinese Medical Society itself, in agreement with the WHO and the World Medical Association, has stated that the practice must cease, but efforts thus far seem deficient.⁸ International conferences continue to allow presentations about organ transplantation in China, and peer-reviewed journals continue to abide articles about the practice as well.⁵ It is also important to note that the organ harvesting centers in China actually receive technological

support and participation from medical institutions in the U.S. and Europe; Arthur Caplan has stated that he believes that Western medical partners may be largely unaware of China's unethical practices.³

One publication that has decided to declare its opposition to the killing of prisoners for organs is the *Journal of Clinical Investigation*, which stated in January of this year that they will no longer consider for publication "any submissions pertaining to or containing information about human organ transplantation in China unless there is an attestation that the organ sources are not executed prisoners." The authors further state that "the international biomedical community, including especially journal editors and editorial boards, must not be complicit with the practice of killing on demand to obtain organs from executed prisoners."²

CONCLUSION

Doctors Against Forced Organ Harvesting is also attempting to shed light on the problem; they want doctors to impress upon their patients that organs in places like China are taken from unwilling prisoners, most of whom are imprisoned for their religious beliefs and who have the organs removed while still alive; they want hospitals and universities to close their doors to visiting Chinese transplant physicians; they want medical journals to reject research on transplants in China.¹ "Medical science cannot build up any knowledge which is based on inhuman and unethical procedures," says Dr. Trey, thereafter comparing China's organ harvesting to Nazi medical experimentation during the Holocaust.¹

Further action to be taken could include pharmaceutical companies ensuring that no executed prisoners are the source of organs used in their studies, and that training of Chinese transplant doctors by the international community be predicated on a commitment that trainees will not engage, directly or indirectly, in the use of organs from executed prisoners. These proposals would of course be greatly strengthened by regular inspections of Chinese transplant centers by organ transplant professionals in the international community.⁹

It's not as though China is the only country without an established means of obtaining organs ethically, through a system of voluntary donation post-mortem. It has been shown, however, that establishing such a system is not only feasible but also viable. Brazil, for instance, launched efforts to create a well-organized national transplant program in the last decade or so, with the number of deceased donors increasing by 161 percent between 1999 and 2010 and the number of solid organ transplants increasing by 121 percent. In fact, by 2009 Brazil was the second largest country in absolute number of kidney transplants. Thus, there exists no reason why every country cannot establish a system of deceased organ donation⁹

"If another 18,000 executed prisoners with 'severe brain injury in all cases' become organ donors in China, and we have not done our utmost to put an end to this practice, we will all have blood on our hands," conclude Danovitch et al.

¹ China Kills to Harvest Organs." The Ottawa Citizen 18 May 2007

² Danovitch, G.M., M. E. Shapiro, and J. Lavee. "The Use of Executed Prisoners as a Source of Organ Transplants in China Must Stop." *American Journal of Transplantation* 11.3 (2011): 426-28

³ "The State of the International Organ Trade: A Provisional Picture Based on Integration of Available Information." Bulletin of the World Health Organization. World Health Organization, <http://www.who.int/bulletin/volumes/85/12/06-039370/en/>

⁴ Caplan, Arthur L., Howard A. Rockman, and Laurence A. Turka. "Editorial Position on Publishing Articles on Human Organ Transplantation." The Journal of Clinical Investigation 122.1 (Jan 2012)

⁵ Budiani-Saberi, D. A., and F. L. Delmonico. "Organ Trafficking and Transplant Tourism: A Commentary on the Global Realities." American Journal of Transplantation 8.5 (2008): 925-29

⁶ "Transplant Tourism Poses Ethical Dilemma for US Doctors." ScienceDaily. 26 Jan. 2010. Web. <http://www.sciencedaily.com/releases/2010/01/100126133354.html>.

⁷ The State of the International Organ Trade: A Provisional Picture Based on Integration of Available Information." Bulletin of the World Health Organization. World Health Organization, <http://www.who.int/bulletin/volumes/85/12/06-039370/en/>.

⁸ Danovitch, G.M., M. E. Shapiro, and J. Lavee. "The Use of Executed Prisoners as a Source of Organ Transplants in China Must Stop." American Journal of Transplantation 11.3 (2011): 426-28

⁹ Tsai, Pamela. "Medical Community Disturbed by China's Organ Centers." The Epoch Times. 6 Mar. 2012

¹⁰ Silva Jr., H. Tedesco, et al. "The Emerging Role of Brazil in Clinical Trial Conduct for Transplantation." The American Journal of Transplantation 11.7 (Jul 2011): 1368-375