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“Stopping the Crime of Organ Harvesting”
1334 Longworth House Office Building
March 20, 2024, 10am

I’ll focus on recent developments today, specifically the CCP’s systematic harvesting of Uyghurs and other Turkic groups. Just as the rise of China’s transplant system was built on the persecution of Falun Gong, harvesting is now bound to the “Xinjiang Camp System” constructed from 2016 to 2018.

I’ll go through estimates of annual camp disappearances, taking into account the strengths and weaknesses of camp refugee testimony, move to a case study in Aksu, and conclude by describing a shift in Western transplant surgeons’ attitudes over the last two years – and the implications for US policy.

Let’s begin with the Kazakh doctor, Sayragul Suaytbay. “Employed” as a Chinese language teacher, Sayragul made herself useful throughout her camp. Following a camp-wide “health check” including comprehensive blood tests, Sayragul was asked to sort out the camp’s medical files. She noticed a colored check mark on certain files in the 23-to-35-year-old age range based on tissue typing. From Sayragul’s perspective, she only lacked the external list of individuals who would receive the organs.

Several camp survivors noticed that following the blood test results, some prisoners were forced to wear colored bracelets or vests. There was no apparent logic to the color grouping, only that they were in their late twenties and “they were healthy.”

Witness testimony is far from perfect. Personal bias, trauma, and partisanship can influence the results. Yet I don’t believe those elements are distorting the testimony here.

First, every refugee was from a different camp.

Second, outside of the rape room, all 20 camps had installed cameras and listening devices, was not allowed. Other than saying something like “pass the plunger,” speech did not exist. In an environment of suppressed social contact and omnipresent and arbitrary interrogation or sexual abuse, humans compensate. Like starving animals, hearing becomes acute. Vision sharpens. Minute changes are keenly observed.

Third, most camp refugees whom I interviewed in Central Asia were Kazakhs. With a relatively porous border and a nation-state that occasionally lobbies China on their behalf, the Kazakhs view themselves as “accidental prisoners.” They don’t like their Chinese overlords, but most Kazakhs are not loyal to the Uyghur cause. They had no motive to manipulate numbers to reach a particular result or to please me.

Fourth, the interviews were purposely broad. Most witnesses had no idea I was forming numerical estimates, and the majority were only dimly aware of organ harvesting.

I wish to avoid false precision here. Even my most analytical witness – Ovalbek Turdakun, who escaped from Kyrgyzstan – could never determine the exact number of detainees in his camp.

What emerged is that there are two kinds of people who leave the camp early: The first group is about 18 years old on average. The announcement that they are going to work at a factory, or perhaps in a *bingtuan* – a military-run cotton farm - is usually made during lunch. Light applause is encouraged.

The second group is aged between 25 to 35. The average is usually 28 – the age that the Chinese medical establishment prefers for organ sourcing. They are removed in the middle of the night - no applause, not to be mentioned again. There were a couple of outlier witnesses, but 90% of the witnesses were fairly consistent: 2.5% to 5% of the camp go missing exactly this way every year.

I don't have a plausible alternate explanation. Assuming there are one million in the camps, I estimate 25,000 to 50,000 Uyghurs are harvested annually.

Let's go with the lower range. The Kilgour-Matas-Gutmann report of 2016 estimated China's annual transplant volume at 60,000 to 100,000. Using the minimum estimate, let's assume that Uyghurs and Kazakhs can be harvested for at least two organs. That translates into a minimum of 50,000 organ transplants – the lion's share of China's annual transplant volume - supplied by 25,000 people.

On the assumption that Gulf States' organ tourists prefer Muslim "donors" who don't eat pork, the CCP has tried to capitalize on the switch from Falun Gong to Uyghur sources. At least one Chinese transplant hospital blatantly displays its Muslim prayer room and halal canteen on the web. Yet the logistical challenge of shifting from the coastal area to Xinjiang - 4000 kilometers away from the hospitals which organ tourists prefer - required perfusion methods and Western technology. It also required a streamlined infrastructure. One example:

- Picture a "re-education camp" for 16,000 people.
- A hospital - "Aksu Infection" - that performs organ transplants.
- A second camp for 33,000 people, constructed around the hospital.
- And a large crematorium.

In Aksu, all these structures are less than a kilometer away from one another. RFA reporter Gulchehra Hoja first noticed this anomaly, and witnesses can confirm it. A Uyghur convict explained that the Aksu Infection Hospital was originally for SARS patients. In 2013, it was repurposed as a re-education hospital for "extreme Muslim" dissidents. The crematorium has a

prominent Chinese sign, and “the air smells like burnt bones.” A second Uyghur male confirmed that local workers constantly complained about the stench.

It's a twenty-minute drive to Aksu Airport's “Human Organ Transport Channel” – an export-only fast lane to move human organs east. “First Hospital Zhejiang Province” as a designated “big brother” to Aksu Infection Hospital reports its liver transplants increasing by 90% in 2017, while kidney transplants increased by 200%. On March 1, 2020, First Hospital performed the world's first double lung transplant on a Covid patient – an advertisement to foreign organ tourists that China was still open for business.

I'll conclude with policy. Beginning in 2012, the Western transplant consensus was not to investigate China, but to engage with and lead the Chinese transplant industry to a “soft reform.” This consensus, however ineffective, acted as a brake on unified Congressional action.

In 2022, the International Society of Heart and Lung Transplantation (ISHLT) decided to impose an academic boycott of China. The next year, the ISHLT asked me to present my research - and the research of Robertson, Lavee, Matas and Kilgour - at their annual conference. No transplant group has followed the ISHLT's lead at this time. Congress has a responsibility to act on an ongoing human rights catastrophe but must also respond to the ISHLT's courageous act.

Realistically, the infrastructure of harvesting may be too robust, to save Uyghur and Kazakh lives in the near term. Yet Congress can stop Beijing's ongoing attempts to *normalize medical deviance*, and the passage of the Stop Organ Harvesting Act could galvanize the international transplant community to stop seeing research and investigation into Chinese harvesting as inflammatory, but rather, as a quest for justice on behalf of those young men and women whose only crime was “they were healthy.”

That concludes my remarks.