THE KILLING OF INNOCENTS FOR THEIR ORGANS

FORCED ORGAN HARVESTING FROM UYGHURS AND OTHER ETHNIC MINORITIES IN XINJIANG/EAST TURKESTAN

2021

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THE INTERNATIONAL COALITION TO END TRANSPLANT ABUSE IN CHINA [ETAC]
Over the last year, several investigators have made tangible progress in investigating the forced harvesting of organs from Uyghurs, particularly in the area of logistics and scale of the operation. The purpose of this document is to provide an overview of that evidence and, in so doing, to acknowledge that the evidence is quite complex. For those who work at the coalface of forced organ harvesting, this complexity is unsurprising. This is essentially wartime research; our enemy, the perpetrator, is engaged in actively eliminating any evidentiary trail and using every public relations tool available—ignoring, displacing, ridiculing and threatening—to bury the issue on a global scale.

This document may be useful to legislators and their staff, the victim diaspora, researchers and advocates as an overview of what we currently know about forced organ harvesting from the Uyghur and other ethnic minorities in the Xinjiang/East Turkestan region.

The Uyghur investigation is moving from a document-driven to a witness-driven investigation. Solid analysis of leaked Chinese government documents on forced labour by German anthropologist Adrian Zenz has triggered a virulent response in Beijing. Assuming a similar pattern to previous cover-ups—the persecution of Falun Gong, forced organ harvesting and the origin and initial spread of COVID-19—leakers have already been eliminated, and the Chinese Communist Party (CCP) will operate without documents going forward. Following the pattern of official Chinese transplant numbers, official Xinjiang census numbers that reveal collapsing Uyghur birthrates will be firewallled, withdrawn and replaced with new birth rates specifically designed to show modest growth. Subcontractors engaged in open bidding for Uyghur forced labourers—the sort of evidence collected by the Australian Strategic Policy Institute—will vanish from the internet. As internet research diminishes, direct witness accounts—following the pattern of the recent BBC investigation into the systematic sexual abuse in the re-education camps—can partially fill the gap.

Intimations of the CCP’s current Uyghur strategy can be found in one of Ghulja’s hospitals the day after the Ghulja massacre in 1997. In the testimony of a Uyghur nurse, it began with a single key...

Specifically, the hospital administration ordered a prominent ethnic Uyghur doctor to surrender his key to the hospital pharmacy. In the hours that followed, under the cover of bureaucratic pretext, other Uyghur medical staff also had to turn in their pharmacy keys. Given that Chinese armed police had shot hundreds of Uyghur protestors in central Ghulja the day before, the Uyghur staff gleaned that the Han Chinese medical administration had received a CCP directive to prevent Uyghur medical staff throughout the city from secretly giving medical treatment—including antibiotics and any other medical supplies commonly found in hospital pharmacies—to wounded Uyghur protestors. Overall, this interpretation was correct; however, this particular hospital specialised in obstetrics and gynaecology. The Han Chinese staff were planning a pharmacological operation, and the Uyghur staff would only be an impediment.

Defined by the CCP as ‘ethnic minorities’, Uyghurs and Kazakhs were considered exempt from Beijing’s strict one-child policy for Han Chinese families, and it was common to have two-child families. Yet, the Uyghur families were monitored, and it was easy for medical staff to know whether a baby was the families’ first- or second-born. Over the next few days, the Chinese staff began giving ‘antibiotic’ injections to second-born Uyghur infants. Over several days, the injected newborn’s skin would take on a distinct blue appearance—this was the signal that the baby would die soon after.

The Chinese staff gave the grieving parents all kinds of explanations. There was a defect. The injection was necessary. The child’s constitution was not strong enough. After a while, the explanations simply faded away, and none of the Uyghur staff asked about getting their keys back.
What struck the Uyghur nurse was how quickly it had all happened. One day, the hospital was a united team—Uyghurs and Han Chinese working, eating, complaining and laughing together. The next, the hospital had become a death factory. Even as the Uyghur staff cloaked themselves in silence, they felt alternately terrified and complicit. It was during this period that the nurse heard about the first Uyghur family who had secretly unwrapped their teenage son’s shroud; they had been given explicit instructions not to touch the corpse or unwrap it at all. They found their son’s familiar body—however, the torso was empty, stripped of vital organs.

A female witness to exactly the same procedure—a young man’s body crudely stitched up—recently surfaced in Belgium. Yet, this is an old story. For the nurse, it began on Thursday, 6 February 1997.

The reason that I bring up her testimony, an entire decade after the interview, is that some of the trends in a single hospital seem to have emerged finally in the mass persecution of Uyghurs that began in 2015 and continues to the current day: the attack on reproduction, the beginning of organ harvesting and, even with the forced quarantine and implicit demotion of the Uyghur medical staff, a hastily improvised version of forced labour.

Why should we care about old stories? The US State Department, under Mike Pompeo, declared in January 2021 that Beijing is engaged in genocide. Antony Blinken, the new Secretary of State, made it clear in his Senate confirmation hearing that he sees no reason to change this characterisation. Yet, it might also be asked: if genocide is present, did the genocide begin in 2021? Or in 2016? Or does it go back to 1997?

Anyone who even glances at the recent history of Xinjiang/East Turkestan will be struck by the disconnect between the ‘Uyghur threat’ and CCP actions. From the Red Army’s nuclear tests in Lop-Nor—and the wave of Uyghur cancers and birth defects that followed—to the Red Guards herding pigs into the mosques, the link to Uyghur terrorism or separatism is an afterthought, a rationalisation for the fact that Xinjiang has always served as the CCP’s experimental laboratory.

In what follows, I describe the nine points of evidence regarding forced organ harvesting from Uyghurs and other minorities in Xinjiang/East Turkestan.

**POINT ONE: LIVE ORGAN HARVESTING OF POLITICAL AND RELIGIOUS PRISONERS BEGAN WITH THE UYGHURS**

Practical organ harvesting in China began in the 1980s, with surgeons harvesting kidneys from freshly executed death row prisoners on a relatively small scale. By the early 1990s, a certain ambiguity regarding the death row aspect crept in. At least one Uyghur surgeon describes taking the kidneys from a freshly executed prisoner who appeared to have been silenced in court by a wire around the neck—likely the mark of a political prisoner.

Prisoners of conscience are seldom drug addicts. Medical surveys of prison inmates at that time suggest that many had used drugs and that hepatitis B was rampant among the general population—particularly among hardened criminals, thus precluding their use as the main organ supply.
We cannot prove that exploiting political prisoners for their organs was driven by these sorts of practical advantages. Chinese medical journals do not openly discuss this kind of thing. However, the Chinese medical system rewards risk-taking and, as the following two witnesses confirm, surgeons were clearly attracted to the long-standing idea that, if an organ can be extracted while the host is still alive, the organ is far less likely to suffer ischemic damage from lack of circulation.\textsuperscript{14}

\textbf{1994: Local Public Security Bureau (PSB) units on Xinjiang execution grounds began shooting not to kill but to send the prisoner’s body into shock. Doctors were ordered to remove the liver and kidneys as the victim died.}\textsuperscript{15}

\begin{figure}[h]
\centering
\includegraphics[width=0.5\textwidth]{Nijat_Abdureyimu_Photo_Simon_Gross}
\caption{Nijat Abdureyimu (Photo by Simon Gross)}
\end{figure}

Nijat Abdureyimu was the lone Uyghur guardsman in an otherwise Han Chinese PSB unit that specialised in arresting, interrogating and killing Uyghur separatists.\textsuperscript{16} In 1994, he described a fellow officer telling him that he had heard screams coming from the medical vans parked on the execution grounds, ‘like someone was still alive’—the screams sounded ‘like [they were coming] from hell’—while their organs were removed. In 1996, the medical director confirmed to Nijat that the PSB unit was engaged in live organ harvesting from the prisoners.\textsuperscript{17}

\begin{figure}[h]
\centering
\includegraphics[width=0.5\textwidth]{Enver_Tohti_Photo_Simon_Gross}
\caption{Enver Tohti (Photo by Simon Gross)}
\end{figure}
In 1995, Enver Tohti, a surgeon in the Western Railway Hospital of Urumqi, was forced to drive out to Western Mountain Execution Grounds to extract the kidneys and liver from a living human being who had been shot in the chest. According to Enver, the shot was enough to send the body into shock—so that he could operate without excessive movement from the man’s body—but not enough to kill the man. As Enver has since admitted, the man could have received medical treatment and lived. In short, Enver performed an execution, under duress, for the Chinese state.\footnote{18}

Many readers will already be familiar with Enver’s story. However, few may be aware of how telling that story has turned Tohti into an object of surveillance, possibly by several groups simultaneously. Long-lost contacts from China periodically invite him to travel to ‘neutral’ countries, and an operative who claimed to come from the British foreign office met casually with Enver and delivered an explicit message that he should only speak to small groups about harvesting, also dropping at least one hint regarding a deadly outcome if Enver ignored the directive. The Transport for London authorities recently threatened to revoke Tohti’s Uber license, ostensibly because he gave an interview to a London newspaper about his live organ harvesting experience.\footnote{19}

A respected Taiwanese doctor involved in transplant activities, Dr Ko wen-je, personally confirmed that Falun Gong organs were being used in at least one mainland hospital\footnote{20} when the doctor later decided that he wanted to be the mayor of Taipei, Ko publicly denied his account during his campaign—testimony that he had previously agreed to in writing.\footnote{21} He even tried, unsuccessfully, to initiate criminal charges to discredit the account.\footnote{22} The point here is not Dr Ko’s character—he made a rational political decision. The point is that, on balance, there is little personal or political advantage for any professional with inside knowledge of the Chinese transplant apparatus to come forward—that is what makes Dr Tohti’s confession so unique. Just as we do not expect to see a Han Chinese guard step forward with the admission that he raped an Uyghur woman in the camps, and we do not expect the CEO of a Western company to confess that he knew all about Uyghur slave labour in his corporation’s production line, we must be realistic about the likelihood of collecting further evidence from inside Chinese operating rooms. Yet, even without doctors admitting to outright murder, it is possible to piece together the origins of political and religious prisoner harvesting from inside sources.

\textbf{1997: In the wake of the Ghulja incident, Uyghur medical staff were quarantined while the PSB purged Uyghurs from the police force, executed local Uyghur activists, wrapped and sealed their bodies and patrolled the cemeteries to prevent family members from examining the corpses.}\footnote{23}
While this is probably the most important witness statement in the entire investigation, the young Uyghur doctor who I spoke to must remain anonymous to protect his family back in Xinjiang/East Turkestan. The fact is that this young doctor ended up working remarkably close to the coalface, taking blood samples of Uyghur political prisoners, with the full awareness that these samples would be tissue-typed to match their organs with Chinese Communist Party officials.

Over the years, Chinese official media has tried again and again to blame Chinese organ harvesting on rogue doctors. Dramatic arrests are followed by show trials—and Western media such as Reuters, the BBC, and other respected press organs uncritically report these announcements. Yet, the significance of the young doctor’s testimony is that the organ harvesting of prisoners of conscience was a Party operation, tightly controlled by Beijing, right from the beginning.

What did the Party learn in the Ghulja lab? We have no documents. Yet, based on the CCP’s actions, we can extrapolate that CCP officials realized that infanticide was probably too crass a method for long-term population control, that forced labor needed to begin with the physical separation of the Uyghurs from the means of control (which meant discarding policies of assimilation). The critical discovery was that transplantation could be relatively discreet—and that transplantation had a significantly higher probability of medical, and potentially financial, success if it exploited healthy young people without a criminal lifestyle. All this appears to have emerged in the hospitals of Ghulja. Once the precedent was established, it rapidly spread to Urumqi—and, ultimately, to every province of China.

POINT TWO: CHINA’S TRANSPLANT INDUSTRY BECOMES A HUNGRY BEAST

The CCP’s harvesting of religious and political prisoners could have remained a regional policy or been interpreted as a precedent for the exclusive harvesting of Uyghurs. However, two factors intervened.

The first was the Chinese transplant industry’s—particularly the non-military sector—growing confidence, ambition and desire to engage the foreign market (Western universities, medical journals and import and export of medical equipment) and attract foreign doctors to Chinese medical conferences. In this context, desperate foreign organ tourists were not only seen as prized revenue—which paid out at a rate ten times higher than a Chinese citizen for the same transplant—but also as a sort of status symbol.

Second, in the summer of 1999, the PSB launched the crackdown on Falun Gong, the most extensive action of scale since the Cultural Revolution. Within a year, I estimate that over two million Falun Gong were in some form of detention, constituting, however briefly, the majority of the Laogai System (black jails, psychiatric centres, re-education and labour camps, long-term detention centres and prisons). Over time, my field research indicates that Falun Gong practitioner numbers in the Laogai stabilised at approximately 450,000–1,000,000 at any given time. However, having seen a pattern of repercussions for their families, Falun Gong practitioners also stopped giving their names to the police, making them highly vulnerable to organ harvesting.
The specific logistics of how mass incarceration caused an explosion of organ harvesting has not been fully mapped out. According to Dr Ko Wen-je, hospitals participated in a kind of eBay-style bidding system for Falun Gong practitioners; however, no web archive to confirm this has emerged. Falun Gong refugee witnesses have provided some insight into the mystery; clearly, the selection or ‘health check’ process was marked, initially, by fear and some measure of hesitation on the part of the authorities. For example, female Falun Gong practitioners were taken into the hospital for blood tests compatible with tissue typing, each woman accompanied by an armed guard.

Yet, following a slow start in 2000-2001, organ harvesting from prisoners of conscience soared. It would encompass not only Falun Gong but also House Christian groups and Tibetans. It would create an infrastructure of hundreds of hospitals, all competing to be the number one liver transplant hospital in their province or all of China, all operating under a loose system of central CCP command. It would create a boom in crematoriums, immunosuppressive drug knockoffs and Chinese nurses fluent in Japanese, English, Russian, Arabic and German. Foreign organ tourists would become pawns in a game of financial complicity, fuelled by sales of medical equipment and legitimised by medical exchanges, hospital and sister-city arrangements, the World Health Organization, the World Medical Association, the Transplantation Society and, ultimately, the Vatican.

In short, organ harvesting would become the great constant of Falun Gong persecution. Further, although it took time—a shameful length of time, really—it would become the focus of extensive research and investigation by a loosely linked group of investigators, then an international coalition and, finally, a People’s Tribunal in London that would rigorously interrogate and confirm the legitimacy of the evidence.

In most countries, the wait time for an organ is about two years. In China, with a stable of Falun Gong tissue types ready to be harvested, the wait time became two weeks. ‘Killing on demand’ reached its peak in certain hospitals that specialised in ‘emergency liver transplants’ with a wait time of only four hours.

Figure 4: Chinese execution ground, early 1990s. (Photo provided by author)
The speed at which China could supply a transplant became extremely attractive to foreign organ tourists who faced wait times of two years or more in their home countries. The increased volume of transplants led to changes in the process. Instead of using armed police on a legally sanctioned execution field to kill prisoners of conscience (see Figure 4), the process was medicalised, as illustrated in the scene below: three doctors carrying freshly extracted organs to a waiting transplant patient.

By 2007, the Chinese medical establishment was claiming that the system as a whole produced 10,000 transplants per year. However, individual hospitals in every province of China were claiming—in many cases, outright bragging about—performance of 1,000 transplants a year and, in some cases, four times that. It required a few highly dedicated Chinese refugees to discover those raw inputs, in what David Matas called a nearly ‘superhuman’ effort. Data promptly disappeared from public view on hospital sites, making it unlikely that the calculations could be repeated or checked by independent investigators. Nevertheless, the data provide valuable insights.

From 2000 to 2016, with an estimated 450,000 to 1,000,000 Falun Gong practitioners in detention at any given time, the Chinese transplant industry quickly surpassed the transplant volume of all other countries in the world. By 2012, China was transplanting over 60,000 organs per year, some to foreign ‘organ tourists’.
The above photographs show two monuments to the age: Shenyang prison city, a vast purpose-built structure to hold Falun Gong (Figure 6), and Tianjin Central Hospital, the largest transplant hospital in the world (Figure 7), capable of transplanting approximately 5,000 organs per year—one of the top destinations for foreign organ tourists.

Although Beijing declared that selling organs to foreigners was illegal in 2007, as Figure 8 shows, Tianjin Central Hospital openly advertised transplant opportunities on the English-language web as late as 2014. Upon entering the site in 2009, the site asked if one wanted to continue in English or in Arabic, indicating that Tianjin hospital was casting a wide net. It is noteworthy that, while Falun Gong organs are desirable for most people because practitioners do not smoke or drink, and do qi gong exercises that keep one’s organs healthy, concerns are mounting that a market aimed at Muslims may be emerging based on the fiction that Uyghur organs are ‘halal’—because Uyghurs do not eat pork.

Figure 6: Satellite view of Shenyang Prison City. (Photo provided by author)

Figure 7: Tianjin Central Hospital. (Photo provided by author)

Figure 8: Tianjin Central Hospital English webpage, 2013. (Photo provided by author)
All Falun Gong in detention after 2001 were subject to organ scanning and blood tests for tissue typing (or ‘cross matching’) with potential organ recipients. From 2001 to 2016, the author estimates that organs from 125,000–250,000 Falun Gong were harvested.41

Figure 9: Falun Gong refugees with the author. (Photo by Leeshai Lemish)

This photograph of Falun Gong refugees was taken in Bangkok. All these women were in labour camps; all of them were tortured, and one was sexually violated. The woman on the left, Jing Tian, had a series of tests performed on her organs (approximately 20 per cent of all Falun Gong practitioners received serious medical tests targeting the health of their organs under the Laogai System). Ultimately, they decided not to harvest her; however, she reported a series of suspicious disappearances following the medical ‘health checks’ that were being conducted on Falun Gong and, in some cases, also House Christians.

New victim groups were exploited for organs: House Christians in 2002 and Tibetans in 2003.42 As part of the Go West campaign in Qinghai, a hospital was built into a prison.43 In Xinjiang, there were sporadic reports of young Uyghur men, and even a 12-year-old girl, being subject to organ scanning and blood tests.44
In 2013–2014, police forces in several provinces entered Falun Gong homes to take blood samples and DNA cheek swabs (a highly accurate method of cross matching an organ for potential transplant). One possible interpretation is that China’s transplant industry had grown so relentlessly, and the CCP had so aggressively undertaken the attrition of Falun Gong, that the demand for organs was beginning to outstrip the number of Falun Gong in detention.25
Thus ends the period we can consider the first phase of organ harvesting—with the Chinese transplant industry beginning to run out of fresh organs in custody. It also signals the end of documented evidence, however fragmentary, of organ harvesting. For over a decade, the Chinese transplant system had somewhat carelessly provided clues: individual hospitals would often brag about their transplant volume; their preferred age group for extraction was approximately 28 or 29 years old; they could consistently find a tissue-typed organ in two weeks; and they were interested in perfusion and oxygenation methodologies, both as a means of keeping organs in optimal condition during live transplant and as a potential method of maintaining viable organs during transport from far-flung regions such as Xinjiang. After 2015, this sort of information simply disappeared. The official Chinese numbers of transplants would rise, seemingly in an effort to lower the gap between our claim (60,000 per year) and theirs (10,000 per year). Currently, the Chinese medical establishment is acknowledging that they on their way to a transplant volume of 50,000 per year.47

Point two, regarding the growth of the Chinese transplantation business, compresses a significant amount of complex material. It is vital to acknowledge that this material is the foundation of the entire investigation.

**POINT THREE: BEIJING FORCES 10 MILLION UYGHURS TO GIVE BLOOD SAMPLES COMPATIBLE WITH TISSUE MATCHING.**

*In 2016, provincial health authorities enforced mandatory ‘health checks’ on all Uyghurs, examining over 13 million people. Ultimately, the tests would incorporate Kazakh, Kyrgyz and possibly Hui.*49

There are approximately 12–15 million Uyghurs in Xinjiang/East Turkestan. To test such a large and geographically diffuse population, the CCP had to use some creative new methods, such as mobile rail clinics.
Han Chinese, nearly half the population of Xinjiang/East Turkestan, were exempt from the tests (thus ruling out the possibility that Beijing was concerned about infectious diseases).\textsuperscript{50}

The above photograph (Figure 14) shows Chinese surveillance equipment being sold in Kazakhstan. I have spoken to one of the software engineers who worked on this project; they confirmed that it can detect if somebody is Uyghur or Chinese using evolutionary algorithms and can detect stress.
Figure 15 shows the entrance to a market. The only Han Chinese people in the picture are the guards and the man on the screen. The facial recognition software being employed—there is a surveillance camera just behind the peak of the umbrella—can distinguish between Han Chinese and Uyghur. In terms of threat level, with 100 being a pure threat, a Han Chinese face scores as a ‘0’ whereas a Uyghur face scores as a ‘60’. If there is stress detected on the face, that scores an additional ‘20’. An ‘80’ is sufficient for an immediate arrest.\(^{51}\)

None of the Uyghurs/Kazakhs reported receiving medical results or follow-ups from the health checks (in short, the tests were not aimed at improving individual health).\(^{52}\)

Some may recognise the woman in Figure 16. This is Tursunay Ziyawudun, recently a key witness in the BBC story on sexual abuse in the camps. However, there is another element to her camp experience: severe health problems. In this photo, she is in Almaty with her husband. During the interview, she collapsed, apparently from heart palpitations. No group in China has received as many ‘health checks’ as the Uyghurs, and no group has received less basic medical care. Ironically, Tursunay acknowledged that the heart problems she developed in the camp might have saved her from being selected for organ harvesting.\(^{53}\)

According to the Uyghurs/Kazakhs, the one universal feature of the tests was, rather than a DNA test, a large blood test compatible with cross matching for organ transplantation (ruling out the theories of human rights organisations that the health checks were solely for surveillance/anti-terrorism purposes). A blood test can also be exploited as a DNA sample. Essentially, approximately ten million Uyghurs received the same combined cross matching test used on select Falun Gong three years previously.\(^{54}\)
It is noteworthy that every Uyghur or Kazakh from Xinjiang/East Turkestan whom I interviewed remembered being given a blood test during the mandatory health checks. Only approximately a third recalled being given a DNA check swab.\textsuperscript{55}

**POINT FOUR: THE NET CLOSES, THE CAMPS ARE CONSTRUCTED, AND THE TESTING BEGINS.**

Beginning in 2015, CCP authorities ordered the construction of camps across the Xinjiang/East Turkestan region and a mass surveillance structure—using both human checkpoints and electronic readers that can determine both race and stress levels—became standard across the region.\textsuperscript{56}

The claim that, by the end of 2016, at least one million had been arrested, tricked into entering or otherwise detained in the camps\textsuperscript{57} was initially met with Western media scepticism.\textsuperscript{58} The scale was validated by local PSB chapters bragging about the percentage of males in their prefectures they had incarcerated\textsuperscript{59}, then by witness accounts\textsuperscript{60}, and, finally, by camp construction activity captured by satellite imagery over time.\textsuperscript{61}

![Figure 17: Camp expansion over time. (Photo provided by author)](image)

For example, Figure 17 shows a camp (left) under rapid construction (right; the same camp one year later).

_All prisoners were given a comprehensive health check upon entering the camps, including blood tests, EKGs and scans of their lungs and other retail organs. These tests became a regular occurrence, approximately every two months._\textsuperscript{62}
From 2016 to 2018, Uyghur and Kazakh witnesses describe several mass executions of male camp prisoners—we do not know the reason for the killings—which overloaded local disposal systems, such as normal crematoriums.  

Let us begin with two relatively well-known photos. Figure 18 is a video still of Uyghur (or possibly Kazakh) prisoners being moved by rail. We do not know what happened to these men. However, starting in 2016, Uyghur and Kazakh refugees have described sporadic mass executions. The first example is a ‘large amount’ of prisoners—probably over 100 individuals—being bussed from Xinjiang to Qinghai province; when they crossed the provincial boundary, the CCP guards herded the prisoners out of the bus and shot them all in an open field. The second example is mass killings within a small Xinjiang population centre that were apparently carried out over several days. It should be noted that this is single witness testimony from a former female employee of the town’s crematorium. According to the witness, the facility became overwhelmed within a matter of hours, and she quit the job shortly after the massacre.

We do not know why these killings took place. We do know that each mass execution was associated with a disposal problem. We also know that the construction of the re-education camps in 2015–2016 appears to have put further pressure on Xinjiang’s mortuary structure.
Finally, we know that disposal systems can constitute critical evidence. For example, the only Wuhan COVID-19 death toll estimate with any real reliability comes from counting the sale of funeral urns (Figure 19), which were approximately ten times the official Wuhan death toll due to COVID-19.67

Local crematoriums also acknowledged occasionally burning bodies from the camps,68 and Uyghur cemeteries were routinely bulldozed.69

Beijing may be aware of this vulnerability. Beginning in 2018, Uyghur cemeteries have been systematically destroyed, such as the example in Figure 20.70 This practice was widely interpreted as an attack on Muslim cultural traditions. While that is undoubtedly true, the practice can equally be interpreted as a CCP attempt to permanently wipe out the possibility of Uyghur family DNA reconstruction.
As early as 2017, local authorities put out a directive to construct nine new crematoriums across Xinjiang/East Turkestan.\textsuperscript{71}

In 2018, Gulchehra Hoja, a reporter at Radio Free Asia, discovered the nine crematoriums plan. While we do not know the scale of the nine crematoriums, the first completed crematorium, located somewhere in Urumqi (Dr Enver Tohti claims it is a refurbishment of an existing structure), placed an advertisement in the Chinese press to fill ‘50 security guard positions’. Each of the security guards was promised a salary of USD1,200 per month—a high salary for relatively unskilled work in an inexpensive region of China.\textsuperscript{72} A workforce of 50 guards is also highly unusual. I will return to these issues in the conclusion.

**POINT SIX: THE APPEARANCE OF THE ‘GREEN PASSAGE’ — AIRPORT FAST LANES FOR HUMAN ORGAN TRANSPORT.**

The first ‘Green Passage’ lanes were initiated in Eastern China in 2016 by China’s most prolific heart surgeon, Dr Chen Jingyu of Wuxi People’s Hospital, supported by China Southern Airlines.\textsuperscript{73}

In Figure 21, Dr Chen is on the left, and the representative from China Southern Airlines is on the right. This picture represents a resolution to a conflict that began when Dr Chen was transporting some freshly extracted organs across China. Held up in security, Chen was unable to board the flight, and the organs became unusable. It is a testament to how powerful the transplant doctors in China have become that China Southern Airlines started opening special fast lanes to accommodate organ transport.\textsuperscript{74}

\textsuperscript{71}Hoja (2018).
\textsuperscript{72}Hoja (2018).
\textsuperscript{73}Chen (2018).
\textsuperscript{74}Chen (2018).
While the Xinjiang/East Turkestan crematoriums were being constructed, the first ‘Green Passages’ appeared in the Kashgar and Urumqi airports. There was initial incredulity surrounding the lanes’ existence because the population using these airports is, by Chinese standards, ridiculously small. The channels were openly labelled ‘Special Passengers, Human Organ Exportation Lane’ (i.e., outgoing only).

Figure 22 shows photographs of ‘Green Passages’ from Kashgar and Urumqi airports. The ‘Green Passages’ were built as part of the solution to a specific problem. Traditionally, the hospitals of Xinjiang/East Turkestan were not considered an attractive destination for wealthy foreign organ tourists. The second problem was that human organs traditionally have a short period of transplant viability—as little as four hours. However, advances in technology—specifically, the use of portable devices to maintain organs—can be exploited for long-distance transport, increasing a human organ’s window of transplant viability to well over 20 hours. This is more than enough time to transport organs from Xinjiang/East Turkestan to a coastal Chinese hospital.
POINT SEVEN: THE LOGISTICS OF HARVESTING, FROM AKSU TO THE EAST COAST.

All these elements—the hospital, the camps, a crematorium—come together in a single square kilometre in a northwest corner of Xinjiang/East Turkestan: Aksu prefecture?

We have not been able to identify the crematoriums through satellite photos, with one exception: a camp refugee, currently in Norway, used Google Maps to take a virtual tour of his former re-education camp in Aksu Province. In fact, the use of web archive imagery establishes that the first Aksu re-education camp was built around an already existing institution: The Aksu Infection Hospital (outlined in red in Figure 23). It is significant that recent phone calls have established that the hospital performs organ transplants and extractions. The location of the hospital requires examination.
Two camps (see Figure 24): to the west, a camp containing 16,000 people; 500 metres to the east, a camp containing 33,000 people. In the north, within the eastern camp's perimeters, lies Aksu Infection Hospital. Forming the northern point of the triangle, 900 metres from both camps, lies a huge crematorium\textsuperscript{21}

Let us take a closer look at the crematorium (see Figure 25). We do not have its exact measurements. While David Campanale of the BBC highlighted that it could be using a rotary kiln incinerator—essentially, a low emission system—it does not have visible smokestacks. Instead, we see two distinct lines, coming in from the west and the east and joining the crematorium in the middle of the building. These could be small walls, but they more closely resemble large pipes\textsuperscript{21}

The crematorium may be using a water-based system. Alkaline hydrolysis works as follows: pump fresh water in, mix with potash or lye (there are several chemical and fertiliser plants nearby) and heat to approximately 300 degrees Fahrenheit. Fats, hair and bones break down and mix with the water, and the resulting effluent can be drained into what appears to be a nearby leach field or simply pumped back into the Aksu river, 400 meters away.
The Aksu Infection Hospital (the red dot in Figure 26) is less than a 25-minute drive from Aksu Airport (the grey dot), where there is a ‘Green Passage’ established by Southern China Airlines. The China Southern Airlines website claims that many transplant cases use the Aksu airport Green Passage.

From Aksu Airport, there could be several end users—this is one example. In Hangzhou, not far from Shanghai, the First Hospital of Zhejiang Province (see Figure 27) has a formal ‘big brother’ relationship with Aksu’s doctors and medical apparatus. First Hospital is also one of China’s ten certified ECMO (extra-corporeal membrane oxygenation) training centres. Beginning in 2017, liver transplants increased by 90 per cent and kidney transplants increased by over 200 per cent. On 1 March 2020, First Hospital successfully performed the first double lung transplant on a COVID patient (see Figure 28)—an advertisement for foreign organ tourists that, even during the COVID-19 health crisis, First Hospital is open for business.
When the China Tribunal began in 2018, there were suspicions regarding Uyghur organ harvesting, mostly based on the PSB conducting comprehensive ‘health checks’ in 2016. While the majority of witnesses who testified to the China Tribunal were Falun Gong practitioners, four Uyghur/Kazakh witnesses also testified.

As the China Tribunal established, and my own previous fieldwork on Falun Gong and Uyghurs has confirmed, in both the Falun Gong and the Uyghur cases, the health checks on these incarcerated populations were highly unusual by any medical standard. Let us focus on the Uyghur case. Abduweli Ayup (see Figure 29) was an English teacher in Kashgar who, starting in 2013, was arrested and detained intermittently for several years. In the summer of 2015, he was arrested again, and the police took him to a hospital:

As I had a hood placed over my head, I don’t know which hospital it was. I know they carried out a full body check, X-ray, taking saliva, urine, and blood samples, applying a cold gel before examining different body organs.  

Abduweli also mentions a potential case of ‘post-extraction corpse disposal’—authorities wrapping a body and not allowing the family to access it—the same phenomenon that occurred during the Ghulja Massacre in 1997.
A second Tribunal witness, Omir Bekali, shown in Figure 30 speaking with Enver Tohti on the left, is a Uyghur-Kazakh who was arrested in 2017 and held for ten months. He gave an explicit statement to the Tribunal regarding his medical examination in a Pichan hospital and similar examinations. Enver and I interviewed him personally some months later in the Netherlands to verify his story, but his original statement to the Tribunal says it best:

They gave me water to drink before taking me to the toilet insisting that I produce for them a urine sample. About half an hour later, they removed my clothes from above my waistline, the first thing they did was to take blood samples from my arm. Then I was placed on a bed for a full body check, they used ultrasound to applying cold gel checked my kidneys, then ECG heart, my lung, I believe they were using ultrasound as a cold gel was placed on different parts of my body. I was moved from side to side and rolled over from off my back to my chest so that I could be tested back and chest. I believe it is possible that they used different equipment when carrying out their tests. They checked my lungs, as I was told to breath in deeply and out slowly, the tests lasted for about two hours.\(^{89}\)

This examination appears to be aimed at establishing the health of Bekali’s organs. While it resembles the medical tests that were performed on Falun Gong practitioners a decade ago, the extensive use of ultrasound is relatively new, as is the sustained attention to the lungs. This is probably for the simple reason that lung transplants were far less common in the transplant industry when Falun Gong were the main organ source for the Chinese transplant industry—the same period when Falun Gong refugees were
able to escape from China occasionally. There is a second part to the tests which is peculiar to the Uyghurs:

I was taken to a police station where I was given an eye test, my eyelids were held open and I was instructed to look left, right, up and down and at the same time they took photographs of the positions of the irises of my eyes. Then they took my fingerprints, and recording of my voice, this procedure lasted for about one hour.\textsuperscript{90}

This second test is most likely for surveillance. China simply did not have the technology to do wide-scale, sophisticated facial and iris recognition on Falun Gong detainees ten years ago. The other key difference is that, once it became clear to the authorities that Omir was a highly educated man and a Kazakh citizen, the Chinese authorities placed a black hood on his head during subsequent medical examinations (possibly to avoid him identifying the hospital locations, but also to avoid identifying individual doctors):

I was taken to a hospital (or a clinic) first, where I was examined, and blood samples were taken, and it was a full body examination with my hood was never removed. When I heard them speaking about my examination, I was terrified that they might open me alive to remove some of my organs to sell them. It was a very traumatic experience!\textsuperscript{91}

Figure 31: Mihrigul Tursun (Photo by D.A. Peterson)

The China Tribunal had two more witnesses with firsthand information on organ harvesting. Mihrigul Tursun (see Figure 31) had clearly been examined for potential organ harvesting (and one of her children died in unexplained circumstances in hospital while she was detained).\textsuperscript{92}
On 22 April, I was taken to the hospital in Chechen Town, and a black hood was placed over my head. I could not see which channels or which kind of gates we went through to the examination room. I do know, however, that I did not go through the normal route where the normal people go to have a health check. Despite having a hood over my head, I knew that they took blood out of my veins twice, but I do not know how much. They also checked my blood pressure and checked my heartbeat. Another machine was used, and I was told to take a deep breath. Then, I believe they took me to a basement. I felt I was in a lift, so I am quite sure it was a basement. I was taken into a very dark room, and they removed the black hood and the handcuff and the shackles. They took all of my clothes off me so I was completely naked. They placed equipment above my breast and used another machine and examined my front and back. Then, they put a liquid on my forehead and both shoulders and just below my heart, both legs, and they then put me into a glass machine and made me circle inside that machine while shouting the number ‘1, 2, 3, 4 to 10’. I could not hear anything while I was in the machine.

The final witness, Gulbahar Jalilova (see Figure 32), received at least one serious medical check of her organs very similar to the other three. She also observed women disappearing from the camp under the pretext of interrogation. In Gulbahar’s remote appearance before the China Tribunal, she also briefly mentioned a marking system that followed the camp health checks. Her comment on the marking system was quick and indistinct and could not be fully translated by the translator. Therefore, he and I went to Turkey together to interview Gulbahar in person.
In Turkey, Gulbahar’s recollections were sketchy; she simply remembered that, a few days after a general health check, certain individuals were given an article of clothing or a wristband—maybe it was orange, or perhaps pink—at any rate, she began to connect the colour-coding with a disappearance. Sometimes, the woman was being interrogated somewhere and would not return. Sometimes, Gulbahar would only notice the disappearance the next day, so the woman must have disappeared at night.\textsuperscript{54} It was a series of intriguing observations, but their significance at the time was unclear.

However, there was another woman who had recently surfaced from the camps. Like Gulbahar, Sayragul Sauytbay was a Kazakh, but she had a somewhat different status; as an English teacher in the camps, she had access to a higher level of authority. I went to Sweden with Enver Tohti to interview her and her husband (see Figure 33).

When Sayragul Sauytbay was teaching Chinese in her camp, she had access to a makeshift faculty lounge. Following a camp-wide ‘health check’—they held these every two to three months—a list with the health results would come back a couple of days later. Next to three of the names was a pink check mark. Over the next ten days, those people with a check mark would disappear in the middle of the night. I asked her why. ‘Organ harvesting’, she said.\textsuperscript{95}

The bottom line is that both these women identified the same basic phenomenon. A few days after a general health check throughout their camp, some form of colour-coding would identify those who had been selected for organ harvesting. In both testimonies, the selected individuals, aged somewhere in the 25–35 range, would disappear.

This finding suggested that we could be looking at an organ harvesting system of scale, possibly even comparable to what Falun Gong had experienced. However, it is not enough to have two witnesses or to have a testimony that the Xinjiang/East Turkestan camps are filled with cruel and inhuman suffering. To make any estimate about how many people were being harvested on an annual, monthly or daily basis...
would require systematic questioning of many refugees from different camps—to even produce a provisional estimate of current forced organ harvesting.

Two problems lay ahead, the first being witness credibility. According to the CCP, Uyghur or Kazakh refugee testimony is essentially a worthless currency because most refugees have a specific agenda: in the case of Falun Gong, it is an irrational desire to destroy the CCP. In the case of Uyghurs, it is separatism or radical Islamic beliefs. According to the CCP, both groups desire to provide propaganda for China’s enemies in exchange for a visa, a new start due to their shady past, fame or money.

The CCP is partially correct on this point. The camps are fearsome places. Any witness—Falun Gong or Uyghur—coming out of a camp will have a grudge, fear for their friends and family members and an agenda—at the very least, to expose the camps themselves.

That is why remote interviews can only go so far; there is no substitute for in-person interviews to establish the credibility of the witness and their information. For claims of organ harvesting to be taken seriously, interviews have to control for potential bias. Therefore, in the majority of the interviews, I would ask about health checks and disappearances, along with forced labour, sexual assault and a host of other issues; however, I rarely mentioned the words ‘organ harvesting’—and neither did the witnesses.

The second problem is confidentiality. Witnesses’ decisions to use their own names have profound personal consequences. The key requirement for most witnesses is that they can withdraw from the interview process at any time without compromising their confidentiality. Some of the details of this report are limited because I have permission only to include them in the forthcoming book, as described to interviewees.

Finally, there is a technical requirement—the refugees in Europe, North America and even Turkey can speak relatively freely—however, in other regions of the world, confidentiality requires that electronic detection of an interview must be completely ruled out. This is becoming extremely difficult to achieve in today’s world.

Despite these challenges, I will give you some preliminary numbers, which are purely my own estimates based on my field research in Kazakhstan, of Uyghurs being harvested on an annual basis.
Kazakhstan has the largest number of camp survivors in the world. If the CCP’s primary goal is to suppress and destroy the Uyghurs, the Kazakhs can be seen as ‘accidental witnesses’—and, in general, most Kazakhs who were in the camps simply want to put the experience behind them. Yet, this also means that, if they agree to interview, they are highly objective and observant witnesses.

This is what they saw. There are two kinds of people who leave the camp: the first are young people, about 18 years old on average. The announcement that they are ‘graduating’ is usually made during lunch. They are going to be exploited for their labour at a factory out east.
The second group is aged between 25 and 35. In fact, the average age is often 28—the stage of physical development that the Chinese medical establishment prefers for organ harvesting. These people are taken in the middle of the night. The average estimate tended to split between 2.5 and 5 per cent annual disappearances for this age group.

This pattern became so consistent and pronounced in the interviews—all with refugees from different camps, all given remarkably similar ‘health checks’ to the ones described at the Tribunal, all experiencing disappearances about ten days later—that no other explanations seemed plausible. For example, a woman gave a confidential interview where she described a health check in her camp followed by three women disappearing in the middle of the night over the next week. To rule out sexual slavery, I explained that I was going to ask her an impolite question: ‘were these women beautiful? Were they sexually attractive?’ She responded, ‘it is not nice to say this, but, no, they were not.’ ‘How would you describe them, then? Did they have anything in common?’ ‘They were healthy’, she replied.

Some say there are one million in the camps; some say there are three million. My best estimate for minimum disappearances is 1,000,000 in the camps and 2.5 per cent annual disappearances. In other words, at a minimum, 25,000 human beings disappear from the camps annually. 68 people a day. Further, every one of the people who disappeared—if the organs are extracted correctly and sold to foreign organ tourists—is worth between USD500,000 and 750,000.

The witnesses I am describing are a fraction of the total. The majority of witnesses must remain anonymous at this time. The requirement to stay anonymous is not unique. Many Falun Gong practitioners also had to withhold their names from my published work. There is continuity in the pattern of persecution—according to several of my witnesses, some Falun Gong practitioners are present in the Xinjiang/East Turkestan camps. More striking is the continuity in the courage of those who are persecuted. Every Falun Gong, Uyghur or Kazakh witness with whom I speak, every witness that allows themselves to be photographed with me, is burning a bridge, or perhaps many bridges. And we simply cannot do this research without their sacrifice.
Beijing’s claim that the transplant system was reformed in 2015 cannot explain the fact that they were caught fabricating the numbers of voluntary donations based on an equation, the proven persistence of short waiting times for organs, a perceptible increase in hospital transplant capacity across China or continued Chinese hospital promotions aimed at foreigners, particularly from the Gulf States.

The overall picture of transplant activity is one of continuity, a gradual hand-off from Falun Gong victims to Uyghur victims (although it is worth noting that Falun Gong are still being harvested and some Falun Gong have even been incarcerated in the Uyghur and Kazakh camps according to Kazakh witnesses).

Surveillance cannot explain both the intrusive health checks performed on the Uyghur population and the repetitive health checks inside the camps. DNA for surveillance purposes only needs a single sample. However, tissue typing, and particularly the screening of diseases such as hepatitis, require repetitive testing.

Beijing’s counter-terrorism initiative cannot explain the scale of the crematoriums, the ‘Green Passages’ for human organs in the airports, the swift purchases of ECMO machines or the mass disappearances of camp detainees in their late twenties.

Beijing’s anti-radicalisation measures and ‘vocational training’ cannot explain the persistence of the camps. The CCP publicly claimed that 100 per cent of the Uyghurs, Kazakhs, Kyrgyz and Hui had graduated by the end of 2019. As any recent camp refugee or anyone studying camp activity on Google MAPS can confirm, the camps did not empty in 2020.

Why? Because two financial pillars are supporting the repression throughout Xinjiang/East Turkestan: forced labour and forced organ harvesting. Both have become self-perpetuating systems. Without the West’s active resistance, both are likely to continue for years to come.
CONCLUSION

The CCP’s Uyghur strategy can be viewed as a troika: forced labour, the destruction of the Uyghur family structure (targeting female fertility, lowering the birth rate, removing spouses and children from the home and blocking long-distance communication) and organ harvesting. Three horses pulling independently, but in what common direction? What is the CCP’s objective?

Whether intended for Western consumption or internal memos to CCP members, we can only learn so much from Chinese official statements. Party culture demands that its members recognise what might be a sensitive topic for the CCP—simply by tone, strangled word choice or even the complete absence of a clear directive. Crashing Uyghur birthrates, rising cotton production and Uyghur worker package deals being auctioned off to subcontractors across China add up to one goal: the depopulation of Xinjiang. Xinjiang/East Turkestan is a launch pad for the belt and road initiative, the storeroom for the majority of China’s energy requirements and, ultimately, once the water from the Tibetan Plateau has been entirely diverted, Lebensraum for the Han Chinese. Perhaps, in an ideal CCP world, this region would be served by the remnants of a defeated people, a politically docile, formerly Muslim, somewhat fluent minority population that can provide lower-end labour. So, perhaps the troika exists to destroy the bad seed, to cull the livestock: we will assimilate Uyghurs if we can, we will kill them if we must.

If the troika is meant to promote selective breeding and the Uyghur birthrate is, indeed, collapsing, it is a controlled collapse that, from the CCP’s perspective, might allow for the survival of even-tempered stock. The public degradation of Uyghur women suggests the racial thinking behind this. I call this, the current status, ‘maintenance genocide’: essentially, a culling of the population while keeping the engine—the infrastructure of flat-out genocide—on idle.

Yet, what if this is only under conditions of consistent Western pressure? The significance of the third horse, organ harvesting, is that it is built on mass murder—the criteria for selection appear to be based solely on healthy organs rather than passivity or willingness to love the CCP. ‘Maintenance genocide’ may be tenuous, particularly if we consider the construction of nine industrial-scale crematoriums in the Xinjiang region.

A higher estimate based on my witness statements would double the organ harvesting death toll to 50,000 Uyghurs per year, 136 people a day—a crematorium that can support 50 security guards can easily process hundreds of bodies a day. The excess capacity of nine industrial-scale crematoriums should make us all wonder if the CCP’s true intentions are closer to this statement: we will assimilate Uyghurs if we must; we will kill them if we can.

AUTHOR’S NOTE

1. This document is intended to flesh out the evidence behind ‘The “Nine Points” Memo’, published on the ETAC website in early December. The memo can be found here; however, all of the text appears in this report.

2. While the word ‘genocide’ has different definitions and implications depending on whether it is used in a political context, a generic human rights context, or according to the Genocide Convention, it is my understanding that literal genocide contains some intention or plan involving mass murder. Forced organ harvesting of a captive population requires many moving parts. It is a highly systematic version of mass murder. Activists, politicians and academics should consider including forced organ harvesting—alongside forced population control and forced labour—in any communication that includes the word ‘genocide’.

3. This report marks the halfway point to my new book on harvesting, including lengthy narratives based on witness interviews and, hopefully, given the size of the canvas, some insight into not only what is happening in Xinjiang/East Turkestan but why it is happening. I cannot break my compact with the witnesses, who entrusted me with information and are now in real danger, by telling their stories prematurely. Yet, the cumulative numerical results of my interviews with recent camp refugees are sobering. The China Tribunal, led by Sir Geoffrey Nice QC, felt a responsibility to break with protocol and issue an ‘Interim Judgment’ halfway through their investigative process, on the off-chance that it could save some lives; I feel a similar sense of responsibility to publish my interim results and land them on the record.

[2] Several groups have created the infrastructure for progress: The China Tribunal, Radio Free Asia and, of course, Uyghur groups such as the World Uyghur Congress, the Campaign for Human Rights and the Uyghur Human Rights Project. The International Coalition to End Transplant Abuse (ETAC) and Victims of Communism Foundation (both of which I am directly associated with) have provided a unique base for researchers such as Matthew Robertson, Buntor Asbas, Rahima Mahmud, Enver Tohti and Dolkun Isa—spring to mind, although there are many others who have also made personal sacrifices. Behind all these groups are several private and public entities who have provided the day-to-day financial support, as well as several patrons who have supported my research. I also want to note the special contribution of those on the front line: the Kazakh human rights groups, particularly Aitajurt. Without their assistance, I could not have interviewed camp refugees; further, with Aitajurt’s efforts to safeguard the witnesses and assist their journey to the West, the BBC’s highly influential story on systematic rape in the camps could not have been possible.

[1] While my research suggests that Uyghurs are being selected for organ harvesting at a rate significantly higher than Kazakh, Kyrgyz and Hui, all these groups are subject to surveillance, arbitrary incarceration, forced labor, forced birth control, sterilisation and sexual abuse. To create a more concise presentation, I use the word ‘Uyghur’ interchangeably and inclusively to also represent Kazakh, Kyrgyz and Hui.


[40] Prof Wendy Rogers (ETAC) noted that, while it may be a marketing ploy, in its correct usage, ‘halal organs’ refers to organs that are procured according to Islamic law; the term has nothing to do with the sources being Muslim. She also noted that forced organ harvesting is the antithesis of halal organs and has no basis in Islam. Nevertheless, there is accumulating evidence that Chinese hospitals are catering to Muslim organ tourists. See https://nytimes.com/2020/07/30/activists-push-for-investigation-over-claims-china-is-forcibly-harvesting-organs-of-uyghurs.html; https://www.facebook.com/watch/live/?v=300125874457305&ref=watch_permalink.


[42] Gutmann, The Slaughter, pp. 239-244.

[43] Author’s interview with confidential witness, United States, September 2020.

[44] Author’s interview with confidential witness, Turkey, October 2019.


[46] The best source for these points will be found in the following reports: https://www.upholdjustice.org/node/338 and https://www.upholdjustice.org/node/374. The observation regarding the preferred age group for organ extraction is based on private research with Dr Charles Lee in February–April 2016.

[47] See https://www.globaltimes.cn/content/1210837.shtml.

[48] If these points are new to you, I highly recommend that you read at least one long-form work to gain a feeling for the research involved. This is why: the key CCP argument these days is that it does not matter if China has a transplant volume of 40,000 or even 60,000 per year because the organs are allegedly from voluntary donations. To bolster this claim, Beijing took the unusual step of reporting the amounts of voluntary organ donors over time. It took a statistician, Raymond Hinde, to reverse-engineer the numbers of voluntary donors; he discovered that the growing number of donors conformed to an equation designed to show gentle but exponential growth over time. In collaboration with Matthew Robertson and Dr Jacob Lavee, these results were published in BMC Medical Ethics. See https://bmcmedethics.biomedcentral.com/articles/10.1186/s12910-019-0406-6. See also https://endtransplantabuse.org/books/; https://chinatribunal.com/reading-material/. If you prefer something more accessible on that topic—and you will recall that I suggested reading at least one long-form work—a good place to start is Matthew Robertson’s ‘Organ Procurement and Extrajudicial Execution in China: A Review of the Evidence’, published a year ago: https://victimsforcommunism.org/publication/china-organ-procurement-report-2020/.


[50] Author’s ‘interviews with “health check” participants, Turkey, October 2019 and Kazakhstan, January 2020.

[51] Author’s confidential interview with programmer, October 2019.

[52] Author’s interviews with “health check” participants, Turkey, October 2019 and Kazakhstan, January 2020.


[54] Author’s interviews with “health check” participants, Turkey, October 2019 and Kazakhstan, January 2020. Author’s conversations with Maya Mitalipova, Summer 2020.

[55] The issue of whether the health checks were primarily for surveillance (and, thus, an invasion of privacy) or primarily for tissue-typing for organ harvesting (and, thus, a threat to life) has not been definitively resolved. However, a) the two objectives are not mutually exclusive, b) the history of using blood-tests and DNA for tissue-typing goes back at least to 2013, and c) evidence from interviews with people who actually received the tests confirms the blood draws.

[56] Author’s confidential interview with programmer, October 2019.

[57] Author’s ‘interviews with camp refugees, Kazakhstan, January 2020.


[67] See https://www.medrix.org/content/101100.5.28.20161012v2.


[74] Author’s interviews with camp refugees, Kazakhstan, January 2020.

[75] Author’s interviews with camp refugees, Turkey, and Kazakhstan, 2019-2020.

[76] See https://www.medrix.org/content/101100.5.28.20161012v2. If you prefer something more accessible on that topic—and you will recall that I suggested reading at least one long-form work—a good place to start is Matthew Robertson’s ‘Organ Procurement and Extrajudicial Execution in China: A Review of the Evidence’, published a year ago: https://victimsforcommunism.org/publication/china-organ-procurement-report-2020/.

[77] Gutmann, The Slaughter, pp. 239-244.

[78] Author’s confidential interview with surgeon, Taiwan, September 2018.

[79] Author’s interview with Enver Tohti, United Kingdom, 2019.

[80] Author’s confidential interview with surgeon, Taiwan, September 2018.

[81] Gutmann, The Slaughter, pp. 239-244.

[82] Author’s confidential interview with surgeon, Taiwan, September 2018.

[83] Author’s interview with Enver Tohti, United Kingdom, 2019.

[84] Author’s confidential interview with surgeon, Taiwan, September 2018.


[86] fbidclid=1wRIzT3xV9l9pisxWSJcK3cKOMIauevFDK0M62_zA3btvyz465lotAVbcL0k.


[82] Author’s confidential interview with intelligence source, November 2020.


[84] Author’s research team, preliminary findings on The First Hospital of Zhejiang Province, November 2020.

[85] Author’s research team, preliminary findings on The First Hospital of Zhejiang Province, November 2020.


[88] I should point out that Abduwell is repeating a second-hand story, I am currently working on a firsthand witness story on this phenomenon.


[95] For example, I interviewed one young Uyghur woman, who had already been interviewed briefly by a major TV network. That crew were almost exclusively interested in the cigarette burn scars on her arms. Rather than asking to see her them, I opened the interview by asking her to tell me about her childhood to mimic a therapy session and even create, in psychoanalytic terms, the beginnings of transference. I made it clear that I was not there to judge her, nor was I looking for a ‘killer quote’ or tears.

[96] I told witnesses that their individual stories were going to written up in a specific book, to which they agreed. I did not mention an interim report. At the present time, any publicity, even a story that sounds somewhat familiar to an official who is given access to state surveillance, could jeopardize a witnesses’ fragile status in a state where camp refugees are currently being physically assaulted on the streets and where a respected activist mysteriously died in a holding cell two weeks ago. Under normal circumstances, perhaps I could rationalise the interim report issue; however, at present, these witnesses are in physical danger and these are no longer normal circumstances. See https://bitterwinter.org/kazakhstan-doubts-grow-about-the-death-of-dulat-agadil/ https://bitterwinter.org/two-refugees-from-xinjiang-attacked-in-kazakhstan/

[97] A short video explaining the author’s methods and interviews in his 2020 research trip to Kazakhstan will be found on YouTube: Ethan Gutmann/VOC, ‘Searching for “The Disappeared”,’ 27 April 2020.

[98] Author’s interviews with camp refugees, Kazakhstan, January 2020.

[99] Author’s interviews with Dr Charles Lee of the World Organization to Investigate the Persecution of Falun Gong, United States, 2016.

[100] Author’s interviews with camp refugees, Kazakhstan, January 2020.

[101] The only exception to this pattern was in a small minority of all-Kazakh villages where the camps were often much smaller and somewhat more lenient.

[102] Author’s estimate based on interviews with camp refugees, Kazakhstan, January 2020.

[103] Author’s press conference, Timecode 1:00:00 to 1:01:30, Taiwan, 2 October 2018. See also David Kilgour, Ethan Gutmann & David Matas, Bloody Harvest/The Slaughter: An Update.


[106] Although it is not the focus of this report, sexual abuse and rape are significant contributing factors in the destruction of the Uyghur family unit. My interviews with camp refugees and legal experts such as the Kazakh attorney, Aiman Umarova, have established that sexual violence in the camps is widely under-reported because, traditionally, a woman who has been raped is no longer considered a desirable marriage partner within Uyghur Muslim culture. The public nature of the rapes—targeting both males and females—are clearly designed to humiliate both genders.

[107] In my view, the CCP’s mass surveillance, strangulation of the Uyghur language, destruction of Muslim traditions and even the camps themselves are secondary contributors to the tria.}


[109] The public nature of the rapes—targeting both males and females—are clearly designed to humiliate both genders.


[111] See https://chinatribunal.com/interim-judgement/