



AN INTERNATIONAL PEOPLE'S TRIBUNAL

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\*Please note that all recordings of the Uyghur Tribunal hearings can be found on You Tube: [Uyghur Tribunal - YouTube](#)



1 **13<sup>th</sup> September 2021 (1:16:53 – 1:59:19)**

2 **Ethan Gutmann**

3

4 ETHAN GUTMANN – Thank you for inviting me to testify a second time, and the  
5 opportunity to answer any external questions, and internal questions from the tribunal  
6 itself. I will keep my remarks very brief. I understand the tactical quality was not so  
7 great last time around, and I partially structured my talk today around that deficiency.  
8 I also apologise in advance for any repetition. I will provide a very brief timeline of the  
9 transplant abuse issue, in a different form, correct and expand on refugee testimony  
10 regarding the organ harvesting cluster in Aksu, and address a point of contradiction  
11 that came up previously. Here is what we know: in the late 1980s, Chinese organ  
12 harvesting of executed prisoners becomes routine. In 1994: first report of live  
13 harvesting in the Urumqi area. In 1995, Dr Enver Tohti, a Uyghur surgeon, is ordered  
14 to extract kidneys and a liver from a live prisoner in the Western Mountain execution  
15 ground near Urumqi. In 1997, following the Ghulja massacre, Uyghur political and  
16 religious prisoners are harvested on a small scale on behalf of the high-ranking  
17 Chinese communist party cadres, in both Ghulja and Urumqi. In 1999, the Falun-Gong  
18 prosecution begins. In 2001, with approximately 2 million Falun-Gong in China's  
19 Laogai system, Falun-Gong prisoners are singled-out for retail organs-only  
20 examinations, very specific examinations which simply go after the lungs, heart,  
21 kidneys, liver, and corneas. In 2002, wait times for foreign organ tourists become as  
22 little as two weeks. In 2003, incarcerated Tibetans and **[? – 1:20:18]** Christians start  
23 to receive retail organs-only examinations as well. In 2007, Chinese medical  
24 establishment acclaims that they are performing ten thousand transplants a year. In

25 2012, individual Chinese hospital numbers reveal that China is actually performing at  
26 a minimum 60 000 transplants every year. In 2014, Chinese police enter Falun-Gong  
27 homes to take blood and DNA samples compatible with tissue typing. In 2016, Beijing  
28 forces ten million Uyghurs and Kazakhs, but no Han Chinese, to give blood samples  
29 compatible with DNA and tissue typing. Camps are constructed, the prisoners are  
30 given bi-monthly or monthly health checks compatible with cross-matching for organs.  
31 In 2017, fast lanes for human organs, so called “green passageways”, appear in  
32 Kashgar, Aksu, and Urumqi airports. In 2018, an order is given to construct 9  
33 crematoriums in the Xinjiang Uyghur Autonomous Region (XUAR), or East-Turkistan.  
34 To give a sense of scale here, the first completed crematorium (near Urumqi) hires 50  
35 Han Chinese security guards. In 2020, based on witness testimony from approximately  
36 fifty camps, my estimate is that twenty-five thousand to fifty thousand Uyghurs, with  
37 an average age of 28 years old, are being harvested for their organs every year.

38 I will move on from the timeline now. [*PowerPoint presentation starts*] In my previous  
39 testimony, I spoke about what could be termed an “organ harvesting cluster” in Aksu,  
40 comprised of two re-education camps. This one is said to be about 33,000, that is  
41 obviously an estimate, [the other one] is about 16,000, together that makes 50,000.  
42 That tells you something, these are not exact numbers obviously. But this is the first  
43 camp [*points to right side of first slide*], this is the second camp [*points to left side of*  
44 *first slide*]. [*Showing right camp*] Inside this camp, is this hospital [*shows next slide of*  
45 *hospital*]. This is the Aksu Infection Hospital. We have turned it from a north-south axis  
46 to an east-west axis but it’s the same structure. This existed before the camp, the  
47 camp was built around it. And obviously this is the newest section of the camp. Now,  
48 the final element is up here. This is the crematorium. This is just about 900 meters, so  
49 it is a little faster to get to the crematorium from the second camp, and there is no

50 particular meaning to that, but this is the configuration of it and we don't really know  
51 what goes on in here [*points at fields in the centre*] although it appears to be fields.

52 So, to reiterate, we have two re-education camps; we have a hospital, Aksu infection  
53 hospital built into the first camp; we have a large crematorium. Let's look at that  
54 crematorium now. This is the crematorium, isolated, we can see something that looks  
55 like pipes leading to it, and if you look closely that crematorium is quite close to the  
56 Aksu river, so I originally assumed this was a water-based system.

57 *PANEL – What do you mean by “water-based?”*

58 EG - Alkaline hydrolysis is basically where you heat up water to about 300 degrees  
59 Fahrenheits, the body over a couple of hours dissolves, including bones and fats and  
60 so forth, and you're left with a very small amount of effluent which you can pump out  
61 to other water sources if you want to get rid of it.

62 *PANEL – So your original assumption was that it was water-based, and then?*

63 EG - Well, I will get to that in a second, but I did run this by an expert and he said “I  
64 don't see an exhaust system, but I do see these things that look like potential pipes.  
65 Now that could be an exhaust system as well. I will get to why I think I was wrong  
66 about that in June. But just briefly I just want to throw this in context. That red circle is  
67 the Aksu compound, including the crematorium and the camps and the hospital. If you  
68 drive to the airport, which is up there, the white circle at the top. That's about 24  
69 minutes and most people will drive faster than that so it would be more like 20 minutes,  
70 that is fairly close. The interesting thing about that is that the Aksu airport contains a  
71 “green passage”, that is to say a VIP lane for human organ export to transplant  
72 hospitals near the Chinese coast.

73 *PANEL – Have you got an image of the green lane?*

74 EG - I think I do, it is apparently the wrong one, it is one that has some English on it,  
75 and I believe it is in Kashgar, but it may be in Urumqi, and I often confuse them. But  
76 some of them do have English on them, some of them have Chinese and even a kind  
77 of an Arabic script. But some of them has English as well. It is not uncommon in China  
78 to see things expressed in English, I mean all policemen are wearing things that say  
79 "POLICE" and in Chinese characters as well.

80 So, this is a fairly quick drive and the configuration of a prison attached to a hospital,  
81 not built-in but attached to a hospital, is not new. We have seen several cases of this  
82 during the high intensity period of Falun-Gong harvesting, and in several provinces. I  
83 don't want to talk about which provinces now because this is ongoing research, and  
84 we may be able to make some real headway on this. But I will say they are provinces  
85 that are adjacent to Xinjiang. Yet, as I acknowledged back in June, similar all-inclusive  
86 clusters like the one I have just shown you like this one in Aksu, have not been firmly  
87 established in Xinjiang and East Turkestan. So at the risk of going too far into the Aksu  
88 weeds, I interviewed two witnesses in Turkey, and I believe their testimonies germane.  
89 The first interview is from a Uyghur male, who was in and out of the Aksu prison system  
90 from 1998 to 2004. He establishes that the first local prison camp construction began  
91 in 2013, approximately a five-minute drive from the current Aksu compound, just a bit  
92 inland from the river. He also established that the Aksu infection hospital was originally  
93 used for SARS virus patients (SARS-1, not Covid). In 2013, the hospital evolved into  
94 (and it was well known for this) a treatment centre for "religious or extreme Muslim  
95 dissidents." So, in my words, Aksu hospital essentially became a re-education  
96 hospital. As we know from [? - 1:28:52]'s personal research last year, the Aksu  
97 infection hospital performs transplant surgery. They admitted to this to her on the  
98 phone. And it is a working hospital. The Aksu crematorium was also familiar to Witness

99 1. He pointed out that, seen from the road, it has a prominent sign, and he says that  
100 the air around there smells like “scorched or burnt bones”. He assumed the scent was  
101 from Chinese bodies, when he was living there or being incarcerated there, because  
102 the Han Chinese preferred to be cremated while Uyghurs generally don't.

103 The second interview is from a Uyghur male from the Aksu area. This man drove by  
104 the crematorium nearly every day and he identified it as such. He also mentioned a  
105 strong noxious odour coming from the crematorium, which was apparently a common  
106 complain of residents and workers in the area. Therefore, even though we do not see  
107 visible smoke stacks, the scent from the crematorium suggests that it was not using a  
108 water-based system as I previously theorized, but a straightforward burn method. They  
109 just lowered the amount the smoke coming from it and probably used three methods:  
110 intense heat, filtration method, and, presumably to keep any smoke in a complete  
111 minima, a re-burner system, which basically reburns the gases and so forth, like  
112 distilling liquor. The burn process can dissolve the body 8 times faster than alkaline  
113 hydrolysis, and I cannot give you numbers at this time, but it is fair to say that the  
114 potential crematorium volume here is significantly higher than we previously  
115 understood. We don't know what exactly that volume is, how many bodies it can  
116 handle a day, but that is a significant change. I know that is very in the weeds, but it is  
117 interesting to me. Now I will move on to a question which came up last time, namely  
118 that of contradiction. In a nutshell, on my own words, the question might be asked, “if  
119 the information that Adrian Zenz has uncovered regarding Uyghur female sterilisation,  
120 forced abortion, birth control and so on is true, and it is also true that healthy Uyghur  
121 organs from a single individual in the late twenties, might fetch a combined price of  
122 £500,000 from a couple of foreign organ tourists, why would the Chinese authorities  
123 want to kill the golden goose?” And I summarised one of my answers last time, saying

124 that the Chinese are simply thinking in a very short term way. There is every reason  
125 to believe that in a decade or two we may be growing organs, or 3D printing them. In  
126 the meantime, the Chinese transplant industry is killing two birds with one stone: they  
127 are calling an undesirable population for Beijing and they are turning a local profit at  
128 the same time. Another answer is that the Chinese transplant industry has become a  
129 “hungry beast” as I call it, and it drives the search for victims. Yet, it is a relatively  
130 simple matter to move the rate of Uyghur organ harvesting from 5% to 7.5% if  
131 necessary. And as a victim group, the Uyghurs are replaceable just as Falun-Gong  
132 organs have with some exceptions, been replaced with Uyghur organs, or even  
133 Kazakh organs. Tibetans are relatively untapped for example, Hong Kong activists,  
134 other democracy advocates are a potential source, even conceivably Taiwan. Yet, all  
135 of these explanations just deal with the technical aspects of organ sourcing, and they  
136 do not address the core contradiction. And I think if we had just had a free-flowing  
137 discussion, this is where the original question may have led and what it may have been  
138 driving at. The fact is there is a massive contradiction in the Chinese communist party  
139 actions, regarding forced organ harvesting of political, racial, religious prisoners in  
140 China. I have never been able to fully solve it, and I want to close by laying out this  
141 puzzle: my China background is not in academia, it is in business. Therefore, I have  
142 one insight that I received from my Chinese colleagues in Beijing nearly twenty years  
143 ago. China’s real medical future, financially, reputationally, is not in organ transplants,  
144 that is an interim financial source. China’s future is in pharmaceuticals. For the doctors  
145 it’s the pay-off, for Beijing it’s the pillar industry, and the contradiction is the global  
146 success in pharmaceuticals requires a good product, it requires speed, but above all  
147 it requires global and domestic public confidence in the Chinese medical industry. The  
148 Chinese transplant industry provides a good product, and it provides unmatched

149 speed in the world, nobody comes close. But the secrecy, the routine bribes that  
150 foreign organ tourists are obligated to pay, and the whiff, the rumour, even the denial  
151 of live organ-harvesting, and innocents killed to order stand in direct contradiction with  
152 the free-world confidence that China needs to dominate the world's pharmaceutical  
153 industry. So, that is the golden goose that is being killed here. And I think most of  
154 China's Western defenders, such as the World Health Organization, the  
155 Transplantation Society, and with an honourable mention to the Vatican, share in my  
156 implicit understanding of this problem, this contradiction. Now, for a decade I have  
157 assumed that I was writing about history, every time I wrote about this I would think  
158 "this has got to be history", "surely Beijing will fix this in a year, maybe two, they cannot  
159 continue on like this, it is simply too illogical." And the only difference between me and  
160 my colleagues, as opposed to China's Western defenders, is that the latter group  
161 made the assumption or wanted to believe the assumption, that the Chinese were not  
162 lying when they talked about transplant reform. It is since 2016 when the Chinese  
163 doubled down on blood testing all Uyghurs above the age of 12, any evidence that the  
164 reform argument had accrued from soothing language, staged transplant hospital  
165 tourists, and faked voluntary donation numbers suddenly looked extremely suspect.  
166 And China's Western defenders, predictably I suppose, moved to radio silence. Now I  
167 understand that reaction, I have thought about leaving this field for years, but unlike  
168 China's Western defenders, the evidence of harvesting is always what pulls me back  
169 in. It is perfectly legitimate to make the argument that organ harvesting of prisoners of  
170 conscience is not occurring. However it seems to me that the price of entry to make  
171 this argument is to have a plausible alternate explanation for organ wait times of two  
172 weeks or less (or even for hours in some cases with livers); mass disappearances;  
173 mass health checks, the witnesses' testimony, a few of them are sitting in this room

174 right now; the Aksu Archipelago that I have been talking about; and even Beijing's own  
175 projection that China will perform 50,000 transplants this year, while acknowledging,  
176 and you must acknowledge this too, that Beijing's own accounting of voluntary  
177 donations, has been exposed as statistically fraudulent by [Jacob Levy and Matt  
178 Robertson]. Unfortunately for the Uyghurs in camps and prisons, China's bold move  
179 into pharmaceutical production is a dream deferred, it has been crippled, perhaps  
180 fatally, by Chinese secrecy surrounding the origins of Covid-19, the ham-handed  
181 purchase and reselling of the world's PCP assets, and a Chinese vaccine that barely  
182 clears the 50% effectiveness mark. And so given the Chinese communist party's  
183 somewhat inexplicable and certainly reckless medical trajectory, I stand by my original  
184 statements regarding "maintenance genocide", however gullible that transmission  
185 was. The sort of infrastructure that exists in Aksu may not drive the outcome but makes  
186 it very easy to turn up the dial. Thank you.

187 *PANEL – You may have omitted something unless my memory is wrong, about the*  
188 *age range of disappeared persons.*

189 EG – It is about 28 to 29.

190 *PANEL – What is the source of that suggestion or evidence?*

191 EG – That is a number that comes from the World Organisation to Investigate the  
192 Persecution of Falun-Gong. They have studied medical documents from China more  
193 thoroughly than any other group I know, I have worked with them sometimes and I  
194 agree with their logic on this, this has come through in many documents, that 28 to 29  
195 is the preferred age.

196 *PANEL – Could I start off on exploiting the idea of the "hungry beast." You say that*  
197 *there are 60,000 organs transplanted a year, which is roughly going to equate to about*

198 30,000 organ donors if each donor gives two organs, which is a reasonable  
199 assumption. Now, that is a very large number of donors, but it is considerably less  
200 than the number of organ donors on a population basis in the UK. So, it is an absolute  
201 big number, but relative to the population number in China, would you agree that it is  
202 not huge?

203 EG - I absolutely agree.

204 PANEL – So, that, to my mind, raises the issue of why there aren't enough donors  
205 from the sources that they used in the West and what the sources of donors are  
206 outside of Xinjiang, and I ask: is there a live donor program in China?

207 EG - No, there is no real live donor. It is true that they have paid some families to say  
208 “this person is at the end of their life, maybe we can stretch the rules a little at the end”  
209 but as I understand it, it has never been explicit, but people do understand that people  
210 are being used that are occasionally alive. The problem here is twofold: first of all,  
211 there is a disagreement that I should flag, between me and one of my colleagues.  
212 They claim that there is a huge taboo in traditional Chinese cultural against destroying  
213 the body, I say “what do you mean, Han Chinese often cremate their bodies, how can  
214 this be?” And the communist party, from my perspective, is very good at overcoming  
215 all kinds of traditional taboos. So, I don't believe that is the issue. And I don't have  
216 much evidence for my next statement, but it is my impression, partly just knowing  
217 Chinese culture, that organ harvesting has a very bad name in China and is considered  
218 to be a kind of dirty business, a bit like drugs or something. It is huge money, there is  
219 obviously doctors who are raking it in, they are very open about this, transplant  
220 surgeons, and people feel you would be a sucker to give up your organs for nothing  
221 at the end of your life.

222 *PANEL – But are there any relatives giving, say, kidneys to ...*

223 EG - Yes, specifically within families, there has definitely been movement in the area.  
224 A single kidney within a family, that kind of thing, of course not a liver, because that  
225 involves a heart or a lung. But the kidneys are not the big problem in China, and they  
226 are not even where most of the organ tourists are going, they are not going to China  
227 for kidneys anymore, they are going for the big-ticket items: lungs and hearts.  
228 Particularly during the Covid period, there is evidence that that is where China has  
229 been pushing and clearly when you look at individual hospitals, that is what they want  
230 to talk about: they want to brag about or showcase the fact that they have become  
231 very good at lung transplants.

232 *PANEL – Can I ask, who owns the body when somebody dies in China? What I am*  
233 *getting at is that if the state wants to harvest organs elsewhere in China, there is*  
234 *presumably no opt-in or opt-out consent system?*

235 EG - You can opt-in to donating your body and the Chinese claim to have enormous  
236 numbers in that area, I have lost track of them. The problem on that is that when Jacob  
237 Levy, the Israeli doctor, and Matt Robertson, who is a terrific expert on this, sat down  
238 with a statistician whose name I always forget, I am very sorry to not include him here;  
239 but they looked at this very carefully and they found that they numbers created a  
240 perfect parabolic curve. In other words, the voluntary donation numbers were based  
241 on a single very simple equation, to create a curve. So, the voluntary donation  
242 numbers are made up, the chances of getting that kind of curve happening are one in  
243 a million, they are fictional. We don't know what the real numbers are. But even so, I  
244 would argue that even if we did know what the numbers are, how do you get two weeks  
245 waiting time? How do you plan for these kinds of things? But they guarantee it all the

246 time, and they get perfect tissue typing and cross-matching with foreign patients. And  
247 the only way that it seems possible to do that... I mean it is one of these things, explain  
248 to me how you do it because, you can't arrange a car wreck and so forth.

249 *PANEL – A slight problem I have is whereas tissue typing is very important for kidney*  
250 *transplants, you don't actually need it for liver and lung, which is what you say is the*  
251 *major driver.*

252 EG - Yes, but we do know that they have done it several times with these emergency  
253 liver- and even kidney transplants, which are 4 hour deals, because we know three  
254 hospitals that were reporting this. Now they stopped reporting on it when Falun-Gong  
255 sources started to pick up on this and started publicising it as they do – the hospitals  
256 went to radio silence as they always do. But I believe you still have to have some sort  
257 of tissue matching in place or you run into problems. The second thing is that they are  
258 pretty much guaranteeing live organ harvesting, and again I am not as close to the  
259 coalface as I would like to be on this, but I did talk to Matt Robertson recently, and the  
260 paper they are banding about I think it is available if you want to ask for it, pretty much  
261 proves that it is all live organ harvesting. And that is why they are getting the success  
262 rate they are, the lack of rejections, which is very unusual in the world. They are getting  
263 better statistics than anyone in the world.

264 *PANEL – On that concept of people in detention and live organ harvesting, you talked*  
265 *about, in 1994, execution squads ordered to not shoot to kill but to generate shock,*  
266 *and I don't understand that concept at all as to how one could possibly do that.*

267 EG - There is someone in the audience who could explain it. But Enver Tohti describes  
268 it as being shot in this side of the chest, the body does go into a kind of shock, although  
269 it was not the way he described it to me in his first major interview on this. When he

270 made the first cut, the body actually responded and sort of lurched a bit. He has made  
271 this argument again and again, that you cannot even cut up a rabbit, you would not  
272 even be able to do it, because the amount of physical activity that goes on, the body  
273 has very strong instincts to defend itself under these conditions. We don't know, we  
274 think that this was the original trial and error period, the first evidence we have of live  
275 organ harvesting is 1994 and it simply screams coming from a hospital, then reported  
276 by a Uyghur guard who was working for the Public Security Bureau of China. The  
277 second one we have is Enver Tohti, describing how he did it, and that the body was  
278 very weak, the person was very weak and eventually he could cut freely. I think there  
279 have been arguments all over the map about this one, but the problem is it is very hard  
280 to test out.

281 *PANEL – One other issue I just want to raise with you in light of other things we have*  
282 *heard. You cite large blood volume testing and, suggesting that that is compatible with*  
283 *cross-matching and lots of other things, when you say large volume, could you say*  
284 *what you mean by that?*

285 EG: I mean we are talking about a [much larger] vial, instead of just your standard  
286 [vial], that is all. And we think that has gone away too, that was an early effect. Let us  
287 go back to 2000 or 2001: the industry was still in its infancy in China, so maybe they  
288 had all kinds of uses I don't know.

289 *PANEL – The reason I ask was someone was suggesting yesterday that there is a*  
290 *plasma collection programme going on, and I wonder whether what you are talking*  
291 *about here is related to that, but that would probably need volumes of half a litre or*  
292 *more?*

293 EG – I could not agree with you more. I have steered clear of a lot of the talk about  
294 tiger blood, and dragon blood and the various theories about that. And the Tibetans  
295 have for years talked about this, how they were collecting vast amounts of blood, and  
296 I have never seen consistent evidence on this point.

297 *PANEL – Could I just follow up, you said that people taking blood for tissue typing,*  
298 *from the evidence we have heard, they don't know what the blood is taken from, so I*  
299 *just wondered where you got your evidence that it is for tissue typing?*

300 EG – It is really a putting together of two things that we have learned. I was a sceptic  
301 about organ harvesting, I was very interested in the Falun-Gong issue and writing an  
302 intelligent book about the history of Falun-Gong and the conflict of the Chinese state.  
303 What persuaded me that there might be something to the organ harvesting issue, was  
304 a woman who did not know anything about this issue at all, so she was not even  
305 capable of spinning me on it. She described having a medical examination which  
306 involves taking blood, and a urine sample too, as well as some sort of EKG and a lot  
307 of probing in her abdomen. One other thing: they spent 10 minutes just shining a light  
308 into her eyes, examining her corneas. They didn't do any peripheral vision test, no  
309 focus test, nothing involving the brain. So, it really was not a vision test, it was just  
310 about the tissues. But at least then, they were going for 15,000 apiece, that is the price  
311 they were fetching on the market, that came out in Chinese literature. So, it was putting  
312 those two together, to say “well they are pretty clearly taking these organs out.” Now  
313 there are a lot of other signs of this, for example: both Sayragul and Tursunay (these  
314 are two witnesses from the Uyghur camps) both describe this phenomena of- they get  
315 a health check which involves blood tests and other tests as well, just what I have just  
316 described, and then about three or four days later, one case of piece of paper arrives,  
317 and there are check marks by say four or five of the names (these are all Uyghurs in

318 camps or Kazakhs in camps) and those people disappear shortly afterwards, about  
319 four or five days afterwards. It is very regular. And these are completely different  
320 camps, and this has been described on one side in this sort of faculty lounge, they say  
321 this piece of paper appear, and in another side, they were given coloured bracelets,  
322 and those particular people disappear. What is their age? Well, about 28 to 29. When  
323 do they disappear? In the middle of the night, etc. And so, it does seem responsive to  
324 the blood test. But having said that, Human Rights Watch made the case (they didn't  
325 say but they made the case) that they were also doing cheek swabs to get DNA  
326 samples. And their assumption was this was all for surveillance, I don't agree. Maya  
327 was on yesterday, from Boston, and she makes the case I think very clearly that DNA  
328 can be very good for cross-matching, and you can go either way you may not even  
329 need the blood anymore. But, having said that, what we saw with Falun-Gong, in my  
330 mind, when they were clearly starting to run out of Falun-Gong in about 2013, (the  
331 Falun-Gong they had in custody were getting long in tooth): they were doing both a  
332 blood test and a cheek swab, that just seems to me to be sort of Chinese  
333 perfectionism, again they are trying to come up with a very good product and they are  
334 trying to come up with a speedy product, or something that you can get on demand,  
335 and I think they have cracked that.

336 *PANEL – Could I just ask, we have heard testimonies where the Uyghurs have been*  
337 *asked to sign forms without knowing what is going on, are these documents for them*  
338 *to sign off that they are going to give their body? I'm just wondering if there is any*  
339 *paper evidence there.*

340 EG – I can't speak to that because they don't know what they have signed in many  
341 cases, it would be a second-hand point anyways. We do know that the Chinese did  
342 make an effort as part of the reform, because they admitted they had been using

343 prisoners, they admitted actually all the way back in 2006, that they had been  
344 harvesting death row prisoners. And the issue about reform in 2012, and going into  
345 2014 or 2015, was that they said to the West “we are not going to use prisoner organs  
346 anymore,” but what they said to the Chinese press was “prisoners should sign a form  
347 donating their organs,” which is precisely what happened. So, we know that a lot of  
348 people signed forms, particularly the prisoner community. That community, as you  
349 know, becomes very blurry. It was not as blurry with Falun-Gong, it is very blurry with  
350 the Uyghurs, particularly because they are going after so many males. A prison for  
351 example (and more and more people are in prisons not camps) can be half Uyghur,  
352 and it can be half regular prisoners. Are they asked to sign forms? Well, they know  
353 that they are trying to do that with the prisoners, I guess to give it some form of  
354 legitimacy. We had an example of a prisoner who could not write and could not read,  
355 and they convinced him to donate his organs to the state, and he marked it with an X.  
356 He said: “my mother is very poor she cannot come to collect my body”. These things  
357 have been happening for years, but as for whether they are actually, making any  
358 attempt to make this look legal with the Uyghurs, if I had to guess, I would say no, I  
359 don’t think they want any paperwork in this area.

360 *PANEL – Could there have been an alternative explanation, that they are doing*  
361 *research and collecting a data bank for DNA?*

362 EG – I think that is possible, I mean it is not alternate, I think it is additive. So, in other  
363 words: I’ve talked to three doctors, you go back to the 1990s, and they were sent out  
364 deep into the field, most distant areas of East Turkestan, to very pure-blood Uyghur  
365 communities, where they took blood samples from something like 30 children each in  
366 the local schoolhouse. When I asked them, and I really was not pushing the issue,  
367 “why did they make you do that?”, they said: “you know, it is for a biological weapon”.

368 They did not have any proof of that, they just assumed it was some sort of genetic  
369 weapon that was being formed, and that the interest in DNA goes that way, and I'm  
370 not in a position to refute them or to confirm it either.

371 *PANEL – The green priority signs for organs at the airport, the one you showed with*  
372 *the 24-minute route, did you link that to flights to any particular part of the world? And*  
373 *if yes, to where?*

374 EG – Yes. If you wanted to take something to Saudi Arabia, for example, you would  
375 generally go to Urumqi, it is an international airport.

376 *PANEL – And the time from Urumqi to Saudi Arabian airports is roughly?*

377 EG - You could do this in something like five to six hours. You have got about twenty  
378 hours with ECMO [Extracorporeal Membrane Oxygenation] to pull this off.



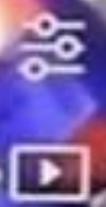
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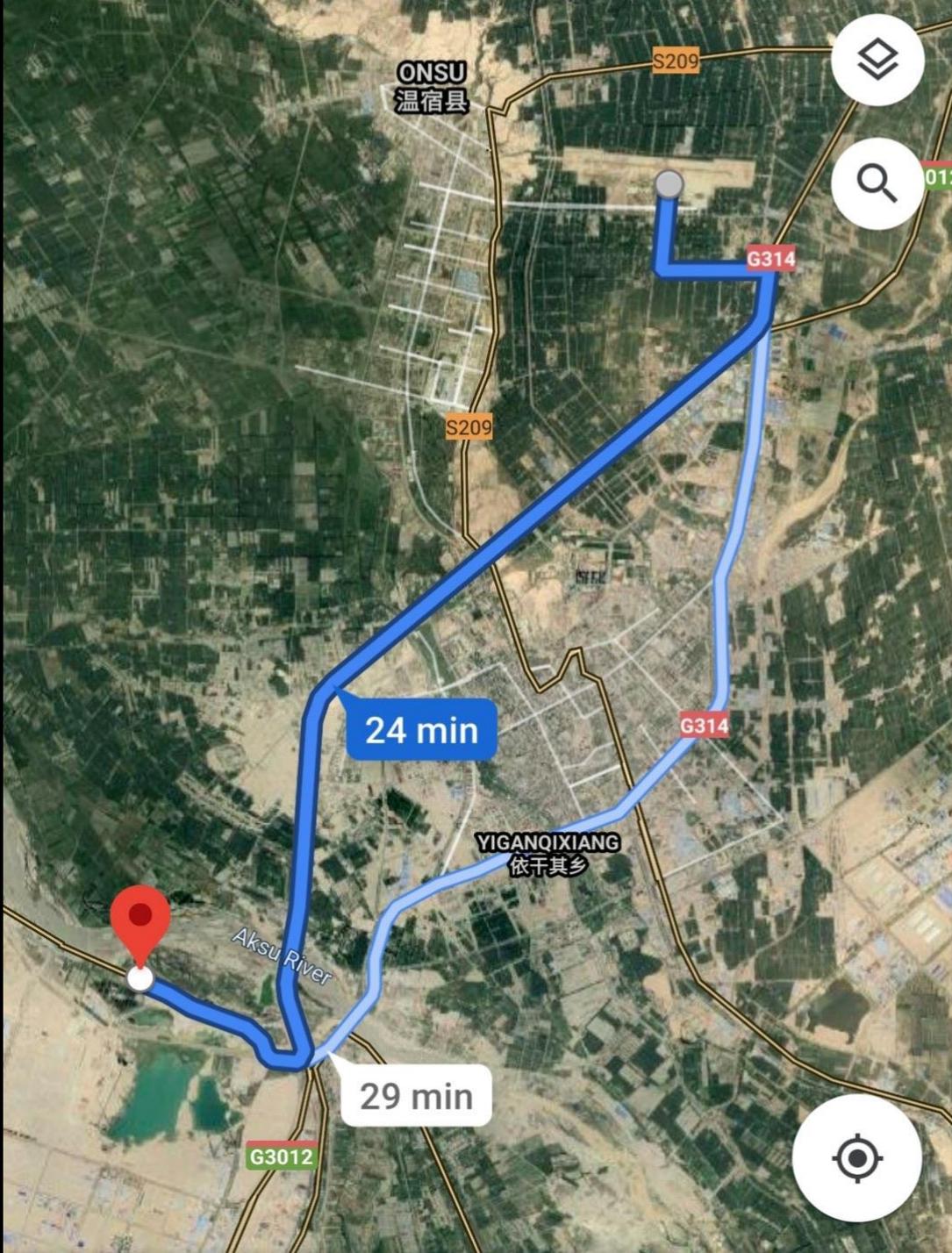


جەسەت  
كۆيدۈرۈش ئورنى

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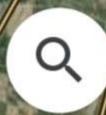
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Special passenger Human organ transport channel  
特殊旅客 人体器官运输通道



浙江大学医学院附属第一医院 The First Affiliated Hospital, Zhejiang University School of Medicine



高水平推进“全域美丽大花园”  
建设争当“重要窗口”排头兵



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