

*Addressing Systemic Abuse
of Organ Transplantation in China:
Recommendations for Australia*

Submission by
The Human Rights Law Foundation

To

The Joint Standing Committee
on Foreign Affairs, Defence and Trade

On

Human Organ Trafficking
and Organ Transplant Tourism

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The Joint Standing Committee on Foreign Affairs, Defence and Trade has solicited opinions from the public on whether it would be practicable or desirable for the offence of Organ Trafficking under division 271 of the Criminal Code to have extraterritorial application, and as to whether or not Australia should accede to the 2014 Council of Europe Convention against Trafficking in Human Organs.

This report will respond to these questions with reference to the circumstances of organ trafficking and abuse in China, the world's most populous nation and the only country whose ruling political party is, according to any reasonable interpretation of the weight of accumulated evidence, closely implicated in the widespread, systematic, extralegal killing of its own citizens for the purpose of trafficking their organs.

This is a highly controversial and sensitive issue, yet we believe the Committee will find that any impartial examination of the facts will reveal it to be supported by a clear and convincing pattern of evidence. We also believe that the circumstances of abusive organ transplantation in China are the most acute and severe internationally, and therefore require a commensurately serious level of international attention and response.

The structure of this report is as follows:

- i) An analysis of organ sourcing in China, including evidence indicating that widespread, extrajudicial killing has taken place as a way of procuring organs. We include here some remarks about China's transplant reforms since 2015;
- ii) The international response, and the inadequacy of the response of the international transplantation establishment;
- iii) Recommendations by the Human Rights Law Foundation on this issue for the Australian government per the terms of reference.

i. ORGAN SOURCING IN CHINA

China began experimenting with organ transplantation in the 1960s. It was not until the 1980s that, with the availability of immunosuppressant drugs like cyclosporine, organ transplantation became a more common procedure. This led to a steady growth in the industry through the 1980s and 1990s. Beginning in 2000, however, China's organ transplantation sector exploded in activity. Thousands of transplant surgeons were trained, hundreds of hospitals — up to 1,000, according to Chinese media — began offering transplants as a routine therapy, the military medical complex became heavily involved in transplant activity and research, the state began subsidizing a nascent immunosuppressant industry, transplant waiting times went from many months to just weeks, days, and sometimes hours, and organ transplants went from a specialized treatment available only to elite cadres, to a routine treatment across the country.

Chinese officials have provided shifting explanations about the source of organs through this period. In 2001, a Chinese spokesman called “sensational lies” testimony about the retrieval of organs from death row prisoners, and said that there is no organ trade. “The major source of human organs comes from voluntary donations from Chinese citizens,” the spokesman said.¹ In 2006, the official explanation changed to death row.

Since 2015, Dr. Huang and other officials claim, the source of organs in China has been volunteers only. This claim will be addressed at the conclusion of this section.

Our attention focuses on the actual source of organs in the bulk of the post-2000 period.

The two key shifts in the Chinese transplant sector at the year 2000 were volume and wait times (a proxy for availability): huge numbers of transplants were being performed, to the order of tens of thousands annually, according to all available data,² and they were available often on an on-demand basis.³ Yet this coincided with a gradual, and then sudden, drop in judicial executions across the same period.⁴ These two obviously conflicting trends raise major questions about the true source of the organs.

Following is a summary of the evidence demonstrating that a large number of organs for transplant in China have been procured via extrajudicial killing — not, as Chinese authorities claim, via judicial executions. This is a crucial distinction and one that is often lost, and sometimes deliberately obscured, when discussing China's transplantation system.

Transplant volume

¹ Craig Smith, “Doctor Says He Took Transplant Organs From Executed Chinese Prisoners,” *The New York Times*, June 29, 2001

² Given the lack of any reliable official data on the question, researchers have used a range of investigative techniques to estimate actual hospital transplant volume. This is time consuming, painstaking research that requires individually evaluating the transplant volume of dozens or hundreds of individual hospitals, and then aggregating the results. Such work has been performed in the Kilgour, Matas, Gutmann report of 2016, available at: <http://endorganpillaging.org/2016-report/>

³ This is apparent in a wide variety of sources, but the most basic is the widespread performance of “emergency” transplants. According to 2005 and 2006 liver transplant registry data, up to a quarter of liver transplants were performed on this basis. This means that the patient, who presented at hospital with liver failure, was found a match within typically 24 hours (in some cases as short as four hours). This issue is explained later in this report.

⁴ This decrease has been widely documented. For example: “China Executed 2,400 People in 2013, Dui Hua,” http://duihua.org/wp/?page_id=9270, October 20, 2014.

There are no reliable, official figures for transplant volume in China. For many years the standard Chinese explanation was 10,000 transplants per year — but clearly, with the massive growth in transplant infrastructure post-2000, this figure far from captures the actual transplant volume. There are no official databases that show hospital-level figures, or even regional breakdowns for all transplants in a reliable manner which would allow researchers to cross-check that neat, 10,000 per year claim.

The issue can be made clearer by taking one hospital as an example. Transplant volume at the Tianjin First Central Hospital, one of the largest in northern China, appears to have been at least 3,000 beginning in around 2006.⁵ From 2011 to 2015, the hospital performed around 1,000 liver transplants annually.⁶ Given that the officially reported number of liver transplants annually across all of China — according to the official Liver Transplant Registry⁷ — was around 2,000, something clearly does not add up.

In 2007, there were over 1,000 hospitals performing transplants. Following 2007, the number appears to have reduced after a round of centralizing policies. Thus, Tianjin First Central Hospital is only one of the hundreds of hospitals performing transplants over the last nearly two decades. At least dozens of other hospitals have been operating at a similar capacity. For these reasons, it is clear that vast numbers of transplants have taken place but are completely unaccounted for in any official figure.

Other indicators of surging transplant volume in the post-2000 period come from remarks made by top surgeons.

He Xiaoshun, one of China's top medical administrators in the transplant field, is on record saying: "The year 2000 was a watershed for the organ transplant industry in China...the number of liver transplants in 2000 reached 10 times that of 1999; in 2005, the number tripled further."⁸

Zhu Jiye, director of the Organ Transplantation Institute at Peking University People's Hospital has said: "Our hospital conducted 4,000 liver and kidney transplant operations within a particular year, and all of the organs are from prisoners sentenced to death."⁹

There are many more such statements and indicators.

An independent report published in June 2016 makes the estimate that there have been at least 60,000 transplants in China annually.¹⁰ This figure was obtained by simply tabulating estimates of the activity—the bed numbers, occupancy levels, surgical teams, new buildings, and so on—at hundreds of hospitals across China. The report is nearly 700 pages long and was presented before the Congressional-Executive Commission on China after a round of internal vetting. Two of the

⁵ Matthew Robertson, "A Hospital Built for Murder," *Epoch Times*, February 2016. (The article was shortlisted for the 2016 Amnesty International Media Awards.)

⁶ This number comes from figures presented by surgeons at the hospital to official Communist Party media: see <https://archive.is/tlspG> and <https://archive.fo/CEEQ9>

⁷ Figures come from official China Liver Transplant Registry. Source: Researcher files. Available upon request.

⁸ "The Maze of Organ Donation," Southern Weekend, <http://news.163.com/10/0326/10/62MP5K0G00011SM9.html> March 26, 2010

⁹ Liu Yanqing, "Sharing System Moves Chinese Organ Transplantation into the Public Welfare Era," China Economic Weekly, 2013, Issue 34. http://paper.people.com.cn/zgjjzk/html/2013-09/06/content_1295101.htm

¹⁰ David Kilgour, David Matas, Ethan Gutmann, "Bloody Harvest/The Slaughter: An Update," http://endorganpillaging.org/wp-content/uploads/2016/06/Bloody_Harvest-The_Slaughter-June-23-V2.pdf

authors appeared before Congress to discuss the report.

Whatever the true number of transplants, there is simply no dispute that it is far larger, perhaps by an order of magnitude, than the number of death row prisoners China has been executing. Where do the large number of remaining organs come from?

Death row trends

Clearly, sustaining the claim that large numbers of transplants in China have been sourced via extrajudicial killing requires first disproving that judicial executions in China provided a sufficient quantity of organs.

It is deeply ironic that one of the few human rights issues on which China has made some genuine progress — reform to its system of capital punishment — also reveals one of the country’s darker human rights problems. This is because as reforms to the death row system took place and the number of executions plummeted, transplants continued to climb, raising a major question about organ sourcing.

China’s death penalty reforms have been characterized by increased judicial oversight procedures, meaning there are more layers for approval of capital punishment; far fewer crimes being punishable by death; the cessation of “strike hard” campaigns, where thousands are rounded up and executed (which used to be a major quantity of judicial executions for decades).

By far the most significant shift in China’s death penalty policy, however, took place in 2007, when China enforced centralized review over all death sentences. Previously, provincial high courts reviewed sentences. Beginning on January 1, 2007, that power was brought to Beijing under the auspices of the Supreme People’s Court. The number of death sentences dropped sharply. According to the business magazine Caixin, “leaders from the relevant departments even worried that the public wouldn’t be able to accept the fact that there was such a precipitous decline in death penalty numbers.”¹¹

The result of all this was far fewer death row executees to go around. And yet it was exactly in 2007 that Tianjin First Central Hospital completed its 17-storey dedicated transplant center. In 2007, new immunosuppressant plants were subsidized by the government.¹² In 2008, requirements for liver transplant were loosened, increasing eligible recipients by over 50%.¹³ From 2010 to 2012, the Beijing 309 military hospital increased its transplant bed capacity from 316 to 393, and saw its profit from transplants grow eight times, from 30 million yuan (A\$5.6 million) in 2006 to 230 million yuan (A\$43 million) in 2010.¹⁴

Yet this sharply conflicts with the claim that, death row prisoners were the sole organ supply for the organ transplant industry as it grew rapidly through the 2000s.

These two graphs make the conundrum plain.

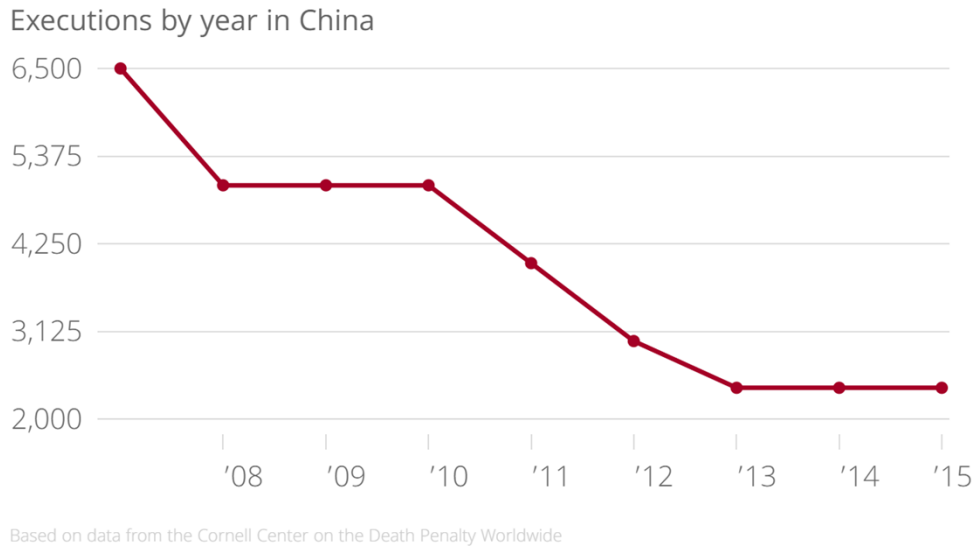
¹¹ 特稿|死刑改革十年录. (2017). China.caixin.com. Retrieved 7 August 2017, from <http://china.caixin.com/2016-12-18/101028169.html>

¹² 河北省生物产业项目首次获得国家政策性贷款, Xinhua, <https://archive.is/blbcs> June 18, 2007

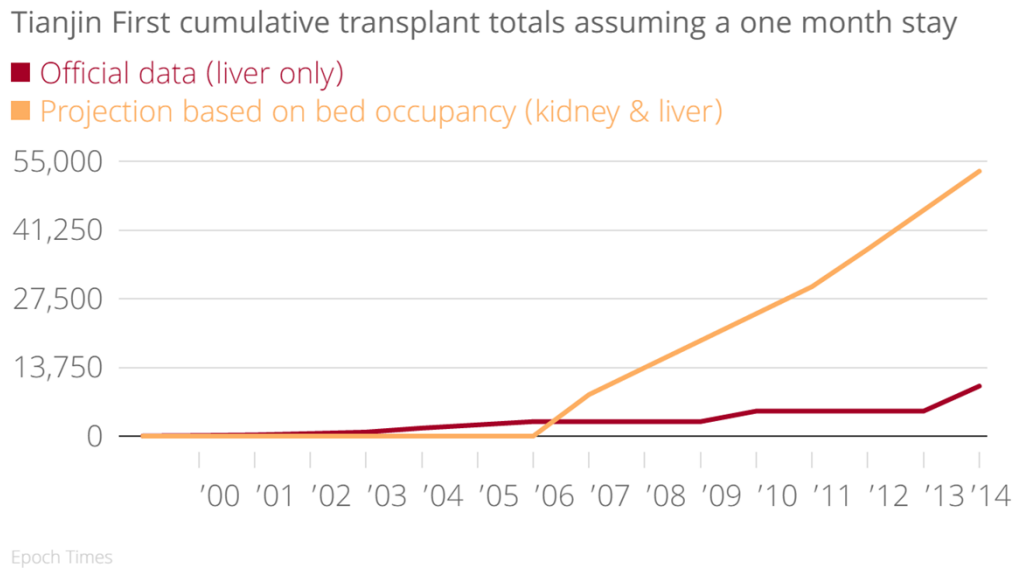
¹³ 郑树森院士：杭州标准助力器官移植走向世界 <https://archive.is/7G4XN>, dxy.cn, November 4, 2014

¹⁴ The references for three claims are, respectively: 1) https://web.archive.org/web/20140417235354/http://www.309yy.com/_Dept/View.aspx?id=3323 initial bed count, 2) <https://archive.is/wLAPm> updated bed count, 3) http://web.archive.org/web/20140417235354/http://www.309yy.com/_Dept/View.aspx?id=3323 profit figures

The first is an estimate by the Cornell Center on the Death Penalty Worldwide of China’s annual death penalty figures since 2007:



The second is an estimate of the cumulative number of transplants performed at Tianjin First Central Hospital over the same years:



These data represent merely one hospital, but it is in line with the trend of hospitals across the country.

If death row executions are on the decline, how could hospitals in China being do more transplants using death row prisoners?

Another factor compounds the problem: short waiting times.

Short waits and ‘emergency’ transplants

Chinese hospitals for years advertised waiting times of one or two weeks for an organ transplant. Organs were not offered on a contingency basis: they were always available. Patients were slotted in, like a dentist’s appointment, and came at the scheduled time for their transplant. The procurement time was set in advance.

China mandates that the death penalty be carried out within seven days of sentencing. How is it, then, that a patient can be told two weeks in advance that he will receive a new heart on a set day?

Similarly, how was a patient with lung cancer able to receive new lungs within just three days, at a military hospital in Beijing in early 2016?

But perhaps the most extreme and troubling short wait time China has boasted of is what is known as “emergency” transplantation: China’s extraordinary ability to source livers within 72, 24, and even 4 hours.

Numerous Chinese medical publications describe “emergency” liver transplants — that is, within 24 hours of a patient appearing at a hospital with acute liver failure, a donor is located, and the liver is transplanted.¹⁵ Of course, this must have necessitated the donor’s death.

Chinese law stipulates that death row prisoners must be executed within seven days of the sentence. Thus, for death row prisoners to be the source of these “emergency” transplanted organs, it would require a truly incredible coincidence. A patient would need to appear at a hospital with liver failure, right after a prisoner in the same city has been sentenced to be executed — a prisoner who is healthy, and shares the same blood type as the prospective recipient.

The odds of this happening even a few times are slim — but Chinese medical papers describe dozens and hundreds of such cases. In one case, it took only four hours for a liver match.¹⁶ Dr. Huang Jiefu himself once procured two livers (as backup) within 24 hours, after making a telephone call to order them, for an operation in Xinjiang, according to four different official Chinese publications.¹⁷ Most remarkably of all, according to China’s liver transplant registry annual report in 2005, over a quarter of all liver transplants were “emergency” during that year.¹⁸ The official report documenting that has since been purged from the internet, presumably because it is so incriminating, yet we have retained an archive.

The following year, 2006, presents a similar statistic. How does China explain performing over

¹⁵ Wang Weilin and Zheng Shusen, “Clinical Evaluation of Emergency Liver Transplantation for Treating End-Stage Liver Diseases,” *Chinese Medical Journal* 2005, Volume 85, Issue:49, Page 3460-3463.

¹⁶ Fu Zhiren and Ma Jun, “Prognostic Effects and Treatments of Severe Hepatitis Cases,” *Journal of Clinical Surgery* Volume 14, Issue 6, June 2006.

¹⁷ The publications are: Sun Bin. A Record Two Liver Transplant Surgeries in 25 Hours. *Xinjiang Net*, October 11, 2005. Available at: <https://archive.is/GThRH>; Pan Deng and Xie Qing. China’s First Autologous Liver Transplant is Successful in Xinjiang. *Xinjiang News Online*, October 3, 2005. Available at: <http://news.sina.com.cn/s/2005-10-03/11557091937s.shtml>; China’s Organ Trade Secret. *Phoenix Weekly*, October 5, 2013. Available at: <http://archive.is/B36qx>; Xue Lian. With Deputy Health Minister Wielding the Knife, China’s First Autologous Liver Surgery in Successful in Xinjiang. *Today Nurse*, Issue 4, 2006. Available at: <http://www.cnki.com.cn/dincheng.cn/Article/CJFDTotal-DDZT200604002.htm>

¹⁸ China Liver Transplant Registry Annual Report, 2005. Source: Researcher files. Available upon request.

1,150 liver transplants, matched within 24 hours, without any national system, while relying on death row prisoners in the same city as the hospital that performed the operation?¹⁹ The Chinese authorities simply have no explanation for this.

The actual source of organs

The next question that must be addressed is: If death row prisoners cannot explain the above phenomena, is there any source that can? How could China have performed so many transplants, with such short waiting times, with such extensive emergency liver matching? Who was killed to supply these organs?

We can eliminate voluntary donors and ICU-based donors from this equation. This donor source simply did not exist in any meaningful form in China until the pilot voluntary donation system was established (in 11 provinces) in 2010, and then until it went nationwide in 2013. Huang Jiefu himself states that from the 1980s to 2009, there were only 120 cases of voluntary donation.²⁰

The only source that remains — able to be killed on demand — is other prisoners or peoples in captivity. Theoretically, this could include anyone: beggars, petitioners, undesirables with no family ties, or criminals who are convicted and do not have family members, or family who visit.

Prisoners of conscience

But beyond all these, there is a large and vulnerable population that is perfectly suited to being used as a live organ pool: prisoners of conscience. There is evidence that Uyghurs, Tibetans, and some “House” Christians have been targeted.²¹ But overwhelmingly, the evidence suggests that the primary target has been practitioners of Falun Gong, a traditional discipline of meditation that has been a target of elimination since July 20, 1999. On that date the former leader of the Chinese Communist Party, Jiang Zemin, launched an extralegal campaign against the practice. Scholars have made extensive documentation of the manner in which the anti-Falun Gong campaign circumvented the state and judicial apparatus, instead mobilizing *ad hoc* Communist Party-run security organs to track down believers and subject them to forced ideological conversion, under pain of torture, to renounce their beliefs.²²

Chinese officials estimated that the Falun Gong population numbered about 70 million by the end of the 1990s,²³ and scholars estimate that hundreds of thousands, and perhaps over one million, have been in custody at any given time in the country’s vast network of labor camps.²⁴

The research on the use of Falun Gong as an organ source includes multiple books and lengthy reports.²⁵ In short, the evidence is this:

- Falun Gong detainees are singled out and subjected to unusual blood tests, chest X-rays,

¹⁹ China Liver Transplant Registry Annual Report, 2006. Source: Researcher files. Available upon request.

²⁰ Zhao Hong and Wu Ning, "Exclusive interview with Huang Jiefu: The China Organ Transplant Field Justly and Honorably Steps Onto the World Stage," China Healthcare, January 8, 2015.

²¹ See: Ethan Gutmann, “The Slaughter: Mass Killings, Organ Harvesting, and China’s Secret Solution to Its Dissident Problem” (2014) Prometheus Books

²² For instance: Perry, Elizabeth. “Challenging the Mandate of Heaven.” *Critical Asian Studies* 332 (2001), 163-180.

²³ Seth Faison, “In Beijing: A Roar of Silent Protesters,” *The New York Times*, April 27, 1999

²⁴ Ethan Gutmann, “How Many Harvested,” in David Matas and Torsten Trey, eds., *State Organs* (Woodstock, ON: Seraphim, 2013), pp. 49–67.

²⁵ See primarily David Kilgour & David Matas, “Bloody Harvest,” and Gutmann’s “The Slaughter.”

and ultrasounds. The tests are oriented toward the young and healthy, not the old and infirm. There are no reports of criminals in captivity receiving the same tests. A typical refugee report says that a bus drives into the labor camp, and only the Falun Gong are called out to be given physical exams. No explanation for the test is provided.²⁶ In the weeks and months that follow, tested prisoners begin disappearing.²⁷

- Chinese hospital staff admit to using Falun Gong as an organ source. These telephone admissions are made to amateur investigators who pose as prospective recipients or fellow doctors in China. One or two admissions may be dismissed as errant boasting — but there is now a database of hundreds of such comments, from around the country. We have spoken with these investigators, and in many cases have obtained the call records along with the audio.²⁸
- Transplantation became an industry in China just six months after the campaign against Falun Gong began, at a time when the death row population was going into well-documented decline.
- There are many cases of summary cremations of young, healthy detainees who die mysteriously in custody. No information is provided to the family — they simply receive an urn of ashes.
- There are documented cases of family seeing the dead with scars indicative of tampering with the body, consistent with organ harvesting. In one case in Chongqing, the police admitted that the organs were removed immediately after death (they claimed it was in order to make medical specimens).²⁹
- There is an overlap in personnel carrying out the anti-Falun Gong campaign and performing transplants.

Recent developments

In December 2014, China's top transplant official Huang Jiefu announced that beginning from January 1, 2015, executed prisoners would no longer be used for organs, and the only transplants performed would be from voluntary donors located in the ICU wards of hospitals.

This is a rich area of study and little credible information has been published about these claims. We do know, however, that there is no new law in China, or an amendment to existing laws, that would make such activity illegal. We also know that even top Chinese officials openly admitted to the continued use of non-volunteers after the supposed January 1, 2015 deadline.³⁰ China has not published any information that would allow researchers to corroborate or verify its claims. No hospital-level data is provided. All transplant registries are closed to public access. In short, we have little more to go on than the assurances of a government that has for over a decade had no compunction with the widespread use of innocent individuals as an organ source (as shown above). There is no reason to believe, without extensive and verifiable evidence, that this practice suddenly ceased and that a wholly ethical replacement has been implemented. Much

²⁶ Refugee interview conducted by Matthew Robertson.

²⁷ Ethan Gutmann makes extensive documentation of such cases in "The Slaughter," Prometheus Books, 2014.

²⁸ These calls and files are available for inspection.

²⁹ Larry Ong, "Seeking Justice in a Lawless China," Epoch Times, November 6, 2015.

³⁰ Just for one example, here is Zheng Shusen, a top transplant official, with a powerpoint slide in the background showing non-voluntary liver donors (i.e. prisoners of some kind) in 2015: <https://archive.is/ROnto>

more remains to be studied and said about these changes since 2015.

ii. **INTERNATIONAL RESPONSE**

Some countries and international institutions have been proactive in addressing the severity of organ transplant abuse in China. The actions taken include:

- Condemnation by the United States Congress with the passage of H.Res. 343 in June 2016;
- Amendments to Taiwan's transplant law by the Legislative Yuan in June 2015, making organ trafficking a criminal offence;
- The European Parliament's passage of a Joint Motion in December 2013, followed up by a Written Declaration in April 2016, regarding abuses in China specifically;
- A 2010 law in Spain prohibiting citizens from traveling abroad for trafficked organs;
- Israel's law against insurance companies providing coverage to citizens travelling abroad for organ trafficking.

The above are initiatives by the parliaments of a number of countries, as well as the EP.

The international medical establishment, however, has not shown any curiosity whatsoever about the source of China's organs over the years. National governments and their relevant bureaucracies and internal area experts have also failed to devote resources to truly understanding the nuances of China's transplant system, leaving their leaders unable and unprepared to see what has taken place in China.

One example of the dangers of ignorance of China's transplant system can be seen from an incident in 2016, where The Transplantation Society (TTS) was blindsided and embarrassed by the participation of a Chinese transplant professional with a particularly egregious record in the TTS official programme in Hong Kong, August 2016.

The surgeon's name is Zheng Shusen. Zheng is one of China's most well-known liver surgeons. He is also the director of the China Anti-Cult Association in the province of Zhejiang.³¹ The CACA is a Communist Party agitprop agency dedicated specifically to the defamation and destruction of Falun Gong. Zheng has published a paper (referenced above), in 2004, documenting 46 instances of "emergency" liver transplants — that is, where the donor was located (and necessarily killed) within 24-72 hours of the patient's presentation at hospital.

Zheng appeared at a panel moderated by TTS officials on August 18, 2016. Zheng also appears alongside Dr. Francis Delmonico, former TTS president, in several photographs taken in Hangzhou, on October 29, 2013.

It is highly problematic that the foremost body on global organ transplant policy would allow an official with such flagrant involvement in human rights violations to present at its conference. Through conversations with programme organisers, it became clear that they had no knowledge of the true identity of this surgeon before agreeing to allow him to present.

International pressure must be put on TTS and the World Health Organization, demanding that they hold China's authorities accountable for the vast number of transplants that have taken place

³¹ See the research note compiled by Matthew Robertson, "A summary of Zheng Shusen's involvement in the Zhejiang China Anti-Cult Association," August 2016: <http://www.evernote.com/l/AAYFbiii8JRDxrycRwTq-alrJSS-jYNcQ2Y/>

whose provenance is inexplicable except through extrajudicial killing. The targeted killing of religious minorities for organs to be sold for profit is without question a grave crime against humanity. Transplant surgeons credibly suspected of being involved in such practices — including Dr. Zheng Shusen and Dr. Huang Jiefu, among many others — should be excluded from all international medical events. Governments around the world should demand that China's organ transplant authorities account for the organs whose provenance currently lacks any explanation. Failure to provide a credible explanation for the transplants will only confirm what has been outlined above.

iii. RECOMMENDATIONS FOR AUSTRALIA

Australia can, through parliamentary hearings, commissioned research, and public statements by officials, play a role in moving forward the public discussion of the abuses of organ transplantation in China.

Specifically with regard to the terms of reference, we believe it is desirable for Organ Trafficking, as defined under division 271 of the Criminal Code, to have extraterritorial application. The practicability of such a designation would vary significantly on a case-by-case basis, but at the very least the statutory shift would signal Australia's refusal to tolerate human rights abuses associated with organ trafficking, and add an additional tool for dealing with organ traffickers. Ultimately, under a more evolved anti-trafficking framework, similar measures could be considered against Communist Party and military surgeons who have engaged in extrajudicial killing for organs.

We also recommend that Australia accede to the 2014 Council of Europe Convention against Trafficking in Human Organs, as a direct and emphatic step in affirming Australia's commitment to supporting an ethical international transplant community.

Further to these, we recommend that the Australian consider the following measures specifically with regard to the situation in China:

- 1) Join a call for a major international investigation into organ sourcing practices in China, aimed at determining whether large-scale extrajudicial killing for the procurement of organs has taken place;
- 2) Publicly submit questions to Chinese authorities about the above, demanding explanations for the sources of the unexplained transplants we have outlined;
- 3) Consider legislation similar in purport to the Magnitsky Act in the United States, in which submissions can be received about individuals who are suspected of engaging in crimes against humanity, with the result that they are ultimately banned from the country and have any in-country assets confiscated;
- 5) Support legislation similar to that in Israel and Taiwan, which will deter Australian citizens from any involvement in the crimes associated with organ trafficking.

About the Human Rights Law Foundation

The Human Rights Law Foundation uses strategic litigation and targeted advocacy to ensure perpetrators of human rights violations are brought to justice. Torture and other crimes against humanity are violations that cannot be justified by any political, religious or cultural claim — yet a global culture of persecution against persons based on these and other grounds allows persecution to occur daily and with impunity. HRLF is aware of these challenges and is dedicated to protecting the moral rights of all people to be free from torture and persecution. The cases we handle are cases in which these principles are at stake. Our basic philosophy is that law serves these principles rather than the reverse. While this may seem an unusual approach for an NGO, it is nonetheless part of the tradition of human rights law and the moral principles upon which it is based. Through a combination of litigation and advocacy, HRLF has developed an expertise in several areas that include the use of propaganda to further egregious human rights violations and the role of the Internet to further and suppress fundamental freedoms. HRLF is also committed to creating partnerships with Chinese human rights lawyers to further the rule of law in China.

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Matthew Robertson, based in New York City, is a professional translator, human rights researcher, and expert on China's organ transplantation system. He is currently, with Dr. Jacob Lavee, immediate past president of the Israel Transplantation Society, preparing a monograph on the reforms to China's organ transplantation program since 2010. This research is supported by the Human Rights Law Foundation, for which he also serves as a researcher on case work. Matthew is also an in-house translator and editor at China Change, a non-profit publication that focuses on human rights and civil society in China, and for which he has translated hundreds of essays, letters, interviews, and articles. Previously he was an investigative reporter on Chinese affairs, and then a China news editor, at The Epoch Times. In 2013 he was the recipient of the Society of Professional Journalists' Sigma Delta Chi award for excellence in journalism for a series of stories on organ harvesting of prisoners of conscience in China. His investigation into a hospital in the city of Tianjin, "A Hospital Built to Murder," was shortlisted in Amnesty International's 2016 Media Awards competition. His writings have been published in ABC's The Drum, Language Log, Dissident, China Change, and the Los Angeles Review of Books. His translations have been published in The Washington Post, The China Story, and The Globe and Mail. He has translated a number of noted Chinese dissident writers, including Liao Yiwu, Teng Biao, and Su Yutong, and translated portions of the manuscripts of Gao Zhisheng and Wu Renhua. His research on organ transplantation in China has featured in articles published in the American Journal of Transplantation, the Journal of Medical Ethics, Liver International, and The BMJ. He has been invited to speak at various fora and has appeared in documentaries as an expert on the topic.