



FALUN DAFA
ASSOCIATION OF AUSTRALIA INC

Submission to the Australian Law Reform Commission's Review of Human Tissue Laws

23 January 2026

About the Association

The Falun Dafa Association is a charitable organisation with volunteer committee members who work in an unpaid capacity. It helps facilitate free classes to teach Falun Dafa meditation and exercises and organises public activities such as parades and conferences. It also does advocacy work to raise awareness of the ongoing persecution of Falun Dafa in China, the related forced organ harvesting from prisoners of conscience, and supports known practitioners seeking humanitarian protection in Australia.

Falun Dafa,¹ also called Falun Gong, is a spiritual practice of self-cultivation in the Buddhist tradition. It includes meditation and gentle exercises and was introduced to the public in 1992 by Mr Li Hongzhi. While indigenous to China, it is now practiced in over 100 countries, including in Australia since 1995.

At the core of Falun Dafa's belief system are the principles of truthfulness, compassion, and forbearance (in Chinese, Zhen 真, Shan 善, and Ren 忍), which are taken as the essential characteristic of the universe.

Contact details

Dr Lucy Zhao
President
Falun Dafa Association of Australia Inc.
PO Box K 58, Haymarket NSW 1240

¹ Based on its theological and moral teachings, Falun Dafa is considered a religion in the West and conforms to the general description in the Australian Standard Classification of Religious Groups (ASCRG), 1996.

Table of Contents

1. Introduction	3
2. Foundation of the Review	3
3. Response to Discussion Paper Proposals and Questions	4
4. Related Issues	10
5. Recommendations	13

1. Introduction

The Falun Dafa Association of Australia appreciates the opportunity to make a submission to the 2026 Review of Human Tissue Laws by the Australian Law Reform Commission (ALRC).

We acknowledge the importance of this first major national review of human tissue laws since 1977. The impact of globalisation and rapid developments in medical technology present an increasingly complex environment for legislating the procurement and use of human tissue and organs.

As in our submission to the ALRC July 2025 Review, we address the aspect of organ trafficking and forced organ harvesting impacting prisoners of conscience in the People's Republic of China (China), and Australia's obligations to protect fundamental human rights.

This submission addresses several of the proposals and questions raised in the current ALRC Discussion Paper including oversight of new human tissue laws by a National Regulator, a definition of "tissue", prohibiting trade in and advertising of human tissue with extra-territorial effect, mandatory reporting of human organs transplant sourced outside Australia, the risk of commodification of human tissue, and international experience and approaches.

We trust the matters presented in this submission will be of assistance for the ALRC's review in this important issue.

Please note this is a public submission and does not identify a human tissue organ donor or recipient.

2. Foundation of the Review

We appreciate the remarks of the ALRC Commissioner and ALRC President in the media release for the Discussion Paper and this inquiry in November last year.

Protecting fundamental human rights, supporting a donation and transplantation system that saves lives, and maintaining the utmost respect for individuals and the human body are at the heart of this review and our common morality.

The essay, *The Four Principles Approach to Health Care Ethics*,² by Tom L. Beauchamp notes:

"The common morality is applicable to all persons in all places, and all human conduct is rightly judged by its standards. The following are examples of standards of action (here rules of obligation) in the common morality: (1) don't kill, (2) don't cause pain or suffering to others, (3) prevent evil or harm from occurring, (4) rescue persons in danger, (5) tell the truth, (6) nurture the young and dependent, (7) keep your promises, (8) don't steal, (9) don't punish the innocent, and (10) treat all persons with equal moral consideration."

On the objective of the social institution of morality Beauchamp states:

"This objective is to promote human flourishing by counteracting conditions that cause the quality of people's lives to worsen. The goal is to prevent or limit problems of indifference, conflict, suffering, hostility, scarce resources, limited information, and the like. Centuries of experience have demonstrated that the human condition tends to deteriorate into misery, confusion, violence, and distrust unless norms of the sort just listed—the norms of the common morality—are observed."

² <https://bioethics.pitt.edu/sites/default/files/Stott%2C%20Chapter%203%20Beauchamp.pdf>

Life and death consequences are faced by those in need of an organ transplant in Australia, and those at risk of becoming a victim of forced organ harvesting in places such as China. As Dr. Arthur L. Caplan, renowned Bioethicist notes:

“Knowing the core ethical obligations of both procurement and allocation is crucial for working with patients, agencies, courts and policy makers.”³

3. Response to Discussion Paper Proposals and Questions

National legislative framework/National Regulator

Proposal 3

We see merit in the proposal for a single National Regulator to be responsible for setting codes of practice, guidelines and standards, and for enforcing compliance and mandatory reporting. It would harmonise relevant laws and regulations across all states and territories, providing national clarity and consistency, and remove an option of ‘cherry-picking’ jurisdictions that may suit the preferences of some residents or overseas entities.

We are not in a position to state which of the options a), b) or c) in Proposal 3 are best to establish a National Regulator in Australia. However, we do note the Human Tissue Authority (HTA), the regulator in the United Kingdom (UK), established by the Human Tissue Act 2004 (HT Act) in 2005 has a 20-year history that could inform Australia’s progress in this key area.

We agree with the proposed powers and functions of the National Regulator as set out in Discussion Paper 90 of November 2025 (“Discussion Paper”). Of the proposed powers and functions, we see that the provision of education may serve to promote robust and ethical organ and tissue donation and inform the public of the dangers of unethical/unlawful practices including organ transplant tourism or organ trafficking.

There is also scope for the provision of guidelines to medical practitioners, researchers and relevant stakeholders to ensure that all those engaged in the field of human tissue and organ transplantation are compliant with humanitarian and ethical norms, to ensure that all human tissue are procured ethically and that Australian organisations only engage or partner with individuals and organisations (whether local or overseas) which have proven that they are compliant with similar objects and ethical standards.

We concur it is imperative the Human Tissue Regulator should be adequately funded to carry out its powers and functions.

The objects of human tissue laws

Proposal 5

Question 1

Do you agree with the objects listed in Proposal 5 for human tissue legislation?

We appreciate the proposed objects of human tissue laws (a.- g.) as in Proposal 5.

Question 2

We find the following are also important objects to include in new human tissue legislation:

- prevent the commodification of human organs or tissue,
- ensure Australians do not participate in organ trafficking inside and outside Australia,

³ Dr. Arthur L. Caplan, renowned Bioethicist, Replacement Parts - The Ethics of Procuring and Replacing Organs in Humans <https://dafoh.org/replacement-parts-interview-with-arthur-caplan/>

- prevent individuals, businesses, organisations or government bodies becoming complicit in organ trafficking or crimes against humanity such as forced organ harvesting anywhere,
- ensure advancements in human tissue donation and transplantation are developed within a clear, moral and ethical framework.

Definition of human ‘tissue’

Proposal 7

We generally agree with the proposal to have a label and definition of tissue that is broad and which puts all human material within the scope of the definition unless it is expressly excluded.

We note that the UK *Human Tissue Authority* website refers to itself as, “The regulator of human tissue and organs”.⁴

The *UK Human Tissue Act 2004: A guide for the public*⁵ expands further on the use of these terms:

“Where we use the term organ, or organs, in this guidance, it refers specifically to a whole solid organ, or organs, including kidney, liver, heart, brain, eyes. The general definition of what constitutes an organ in this context is a body part which has a specific vital purpose.

Where we use the term tissue, this refers to all other various human materials that are not whole solid organs.”

Question 5

How do you think ‘tissue’ (or an alternative label) should be defined in order to be suitably broad?

We find the option a. at Question 5 would be helpful i.e. *tissue means material which consists of, includes, or derives from human cells (a definition based on section 54 of the Human Tissue Act 2004 (UK).*

We understand that biology refers to groups of connected cells forming tissues, and working together as part of larger structures, like organs.

Adjusting the scope of the definition

Proposal 8

We consider it reasonable for a National Regulator (or alternative) to have a mechanism to adjust the definition of ‘tissue’, if needed, to accommodate and capture all relevant offences and possible breaches of human tissue legislation.

Consent and authorisation for removal of tissue from living persons

Proposal 14

We agree broadly with Proposal 14 and the five criteria listed at 2(a) – (e).

In relation to 2(a), we propose that it may be relevant to add to the “given voluntarily” criteria: “without monetary consideration except for re-imburement for the donor’s reasonable expenses such as the donor’s time, discomfort, travelling and post-procedure expenses.”

Question 10

⁴ <https://www.hta.gov.uk/>

⁵ <https://www.hta.gov.uk/sites/default/files/2020-12/Public%20guide%20to%20HTA%20Legislation.pdf>

In relation to additional safeguards, we submit that in cases involving organ transplant tourism, the presumption should be that there was no valid consent even if documentation is produced to the contrary. This is because organ transplants involving a commercial transaction or unrelated parties should automatically void the “voluntary” requirement. There would also be a real concern that any evidence of “consent” from the donor may have been falsified or obtained through exploitation, duress, coercion or force.

We note valid consent does not exist for the forced removal of tissue/organs from the bodies of overseas “donors”, such as prisoners of conscience. Similar care and consideration should also inform the new human tissue legislation in extending extra-territorial effect to such victims.

Prohibiting the exchange of human tissue for reward within Australia

Proposal 40

We agree in principle to Proposal 40, with the exception of the qualification “in Australia” due to our submission that all new human tissue legislation should have extra-territorial effect.

Giving extra-territorial effect to the prohibition

Question 35

The prohibition on exchanging human tissue for reward should have extra-territorial effect. Current Australian laws prohibiting commercial trading of human tissue and organs do not have extraterritorial effect. Further, there are no Australian laws to prevent organ transplant tourism or the trafficking of organs with extraterritorial effect. In our respectful view these are serious omissions in Australian law which undermines the core principles and objectives of ethical human tissue donation and transplantation.

Commercial organ transplants carried out in overseas countries such as China not only seriously exploit and endanger the donors⁶ but can carry high risks to the recipients and result in additional burdens on the Australian health care system once the recipients return home.

On an international level, the absence of these laws exposes the Australian system to claims of hypocrisy – it’s not acceptable for Australians to exploit other Australians but it’s okay for Australians to exploit other foreign nationals. Given that many countries now have laws to deter citizens from partaking in organ transplant tourism or organ trafficking, including Canada and the United Kingdom⁷, Australia is lagging behind the rest of the world and not complying with our obligations to uphold international norms such as the *Declaration of Istanbul* and *WHO’s Guiding Principles on Human Cell, Tissue and Organ Transplantation* as well as other compelling obligations in International Human Rights Covenants⁸.

We find the UK Human Tissue Act 2004 (HT Act) offers guidance for Australia regarding extra-territorial effect for the prohibition on exchanging human tissue for reward.

On 1 July 2022, an amendment was made to Section 32 of the HT Act which means that any UK resident is committing an offence if they are involved in seeking, offering, or receiving payment or reward for donating organs for transplantation or initiating, negotiating, advertising or being involved in buying or selling human organs for transplantation, anywhere in the world.⁹

⁶ Refer to our previous Submission to the ALRC dated July 2025, in particular Part 7 and Appendix A.

⁷ Statutes of Canada 2022: [Public Bill \(Senate\) S-223 \(44-1\) - Royal Assent - An Act to amend the Criminal Code and the Immigration and Refugee Protection Act \(trafficking in human organs\) - Parliament of Canada](#);
Section 32 of the Human Tissue Act 2004 (UK)

⁸ Including the *International Covenant on Economic, Social and Cultural Rights* and *Internal Covenant on Civil and Political Rights*

⁹ <https://www.hta.gov.uk/guidance-professionals/codes-practice-standards-and-legislation/legislation>

On 1 April 2024, the Human Tissue Act 2004 (Supply of Information about Transplants) Regulations 2024 came into force in the UK. These Regulations make it mandatory for relevant clinicians in England, Wales and Northern Ireland to report:

- a reasonable suspicion that an organ donation and transplantation related offence may have been committed under the Human Tissue Act or Modern Slavery legislation, and
- a patient who has received an organ transplant outside the UK.¹⁰

In relation to whether the extraterritorial provisions should be implemented as an amendment to the Criminal Code Act 1995(Cth) or in new human tissue legislation, we can see advantages with both options.

Amendment to the Criminal Code Act 1995(Cth)

As noted at the Discussion Paper [11.46], it may be more appropriate and practical to apply extraterritorial jurisdiction to a criminal offence associated with organ trafficking, using the external affairs power in section 51(xxix) of the *Australian Constitution*¹¹, as opposed to legislation with a civil penalty regime.

While some commentators such as the Law Council of Australia have raised issues of the challenges prosecuting an extraterritorial offence,¹² we hold the view that a criminal provision would have an important deterrent effect on average law-abiding citizens who would be less likely to engage in conduct which carries the risk of a criminal conviction. Criminalising organ transplant tourism and organ trafficking further sends a message to overseas organisers and perpetrators and may make the Australian market less appealing to those involved in promoting, brokering or organising commercial organ transactions or transplants.

New Human Tissue Legislation with extra-territorial effect

An advantage of adding extraterritorial provisions into human tissue legislation would be the flexibility of implementing a civil penalty regime as opposed to only criminal convictions. Some commentators have raised the issue of the public's reluctance to criminalise the conduct of seriously ill or desperate patients who may also be seen as "victims".

On the issue of the legality of the proposed extraterritorial effect of new human tissue legislation, as noted at [11.55] of the Discussion Paper, reference can be drawn from the surrogacy laws of the Australian Capital Territory, New South Wales and Queensland which make it illegal for Australians living in those jurisdictions to engage in commercial surrogacy whilst overseas.

The Australian Government recognises the human rights concerns involved in commercial surrogacy and provides a website with detailed information and explains the risks and human rights issues involved¹³. It is hoped that as part of its powers and functions, a National Human Tissue Regulator can provide much needed information to all stakeholders and the public of the risks and humanitarian concerns related to organ transplant tourism and organ trafficking; including providing country specific information on countries such as China where there is credible evidence of forced organ harvesting, the coercion and killing of persecuted groups including practitioners of Falun Gong to become unwilling or forced human tissue/ organ donors¹⁴.

Proposal 41 to 43

¹⁰ Ibid.

¹¹ As has been done for child sex offences in Section 6 and Division 272 of the *Criminal Code Act 1995* (Cth) aimed at combatting child sex tourism and exploitative behaviour by Australians traveling overseas.

¹² Joint Standing Committee on Foreign Affairs, Defence and Trade, Parliament of Australia, *Compassion, Not Commerce: An Inquiry into Human Organ Trafficking and Organ Transplant Tourism* (2018), [5.39]-[5.40]

¹³ See: <https://www.surrogacy.gov.au/>

¹⁴ Refer to our previous Submission to the ALRC dated July 2025 pg 8;

<https://chinatribunal.com/final-judgment/>

We broadly agree with proposals 41 to 43 and agree that it is preferred to have a list of exemptions listed under Proposal 42 as opposed to the broad exemption for trading in “processed tissue” which is currently permitted in human tissue acts (“HTA’s”). As an example, s 32(2) of *Human Tissue Act 1983 No 164* (NSW) states:

“Subsection (1) does not apply to or in respect of the sale or supply of tissue if the tissue has been subjected to processing or treatment and the sale or supply is made for the purpose of enabling the tissue to be used for therapeutic purposes, medical purposes or scientific purposes.”

The current broad exemption presents a lacuna by not requiring suppliers of the “processed or treated” tissue to show that the tissue was lawfully and ethically obtained.

In relation to Proposal 43, we agree that there may be limited circumstances where a National Regulator requires the power to grant exemptions. However, we would advocate for exemptions to only be granted with strict adherence to the considerations listed under Proposal 43. In particular, where the human tissue is sourced from countries such as China which have a record of perpetrating human rights abuses against persecuted minorities, any request for an exemption should be assessed stringently to mitigate the risk of exploitation, coercion, or the commodification of human tissue.

In circumstances where evidence of the consent of donors is produced by a supplier of human tissue from such a country or region, the National Regulator or other empowered body should carefully examine whether the consent is genuine or whether there are concerns of consent obtained forcibly, using coercion or duress. Please also refer to **4. Related Issues** for further information.

Prohibiting advertising

Proposal 45

We support Proposal 45 and agree with the comments made at [11.61] – [11.64] of the Discussion Paper that the prohibition may assist to prevent unethical exchanges, identify and sanction brokers of unethical trading in human tissue and organ transplants.

Question 38

The Discussion Paper at [11.60] identifies the issue of illegal transactions disguised as gifts. There may be instances where the powers to prohibit advertising may be required to be broadened to capture advertising material which appears to promote legitimate or altruistic donations and yet disguises or serves to promote illegal transactions.

Question 39

The prohibition on advertising should have extra-territorial effect as an important measure to assist in the prevention of organ transplant tourism and organ trafficking. Extraterritoriality is essential to give full effect to the prohibition as the solicitation of organ trafficking or unethical tissue exchange is likely to occur outside of the state in which the person/patient resides. Additionally, due to the globalisation of social media and the internet, the origin of the advertising material or its intended audience may not be clear – these factors should not cause impediments to the prosecution of persons or organisations responsible for the dissemination of information, invitation or promotion of commercial organ transplants or prohibited exchange of human tissue.

Question 40

The Discussion Paper at [11.73] and [11.74] raises the issue of a significant lacuna in that currently there are no provisions in the HTA’s of the States and Territories regarding imported tissue. It is imperative that new human tissue legislation addresses this legislative gap using the mechanisms suggested at Q.40(a) and (b).

We agree that human tissue laws should be aligned with the *Modern Slavery Act 2018* (Cth) and that organisations or entities which import and/or use imported human tissue including universities, hospitals, schools of anatomy, tissue banks and commercial enterprises such as exhibitors of plastinated human bodies must provide the Minister or National Regulator with statements detailing their source or supply chains for the imported tissue, together with verifiable documentation of the consent of the donor(s) or their next of kin. Refer also to **4. Related Issues**.

Question 41

Our answer to this question is similar to the comments we have made above in relation to Proposal 43. In relation to imported human issue originating from countries with records of human rights abuses or the prevalence of modern slavery, reporting requirements should be treated as mandatory to mitigate the risk that the people from whom the tissue was obtained had been exploited, forced, coerced or subject to mistreatment or abuse.

Improving access to data

Question 42

Data should be collected to understand the demand for tissue and organs in Australia, to identify persons at risk of, or who have partaken in organ transplantation tourism or organ trafficking, and to determine the scope of Australians engaging in organ transplantation tourism or organ trafficking.

Question 43

We hold the view that data should be collected via both voluntary reporting such as the inclusion of relevant questions on an incoming passenger card in addition to mandatory reporting measures.

Mandatory reporting of organ transplants outside Australia

It should be mandatory for relevant medical professionals to report any reasonable suspicion that a patient has received an organ transplant outside Australia. Such reporting would be to the National Regulator or their authorised agents.

We refer to this requirement now in effect in the UK since 1 April 2024, when the Human Tissue Act 2004 (Supply of Information about Transplants) Regulations 2024 came into force.¹⁵ These Regulations make it mandatory for relevant clinicians in the UK to report:

- a reasonable suspicion that an organ donation and transplantation related offence may have been committed under the Human Tissue Act or Modern Slavery legislation, and
- a patient who has received an organ transplant outside the UK.

There may be reluctance for some members of parliament to acknowledge and respond to this key issue, because:

- a) they do not want Australians who are suffering under the pressure of organ failure being charged with a criminal offence of illegal organ trading, and
- b) they do not want medical professionals faced with the responsibility of having to report their patients.

However, establishing a system of mandatory reporting, as outlined in the UK regulations above can have a positive deterrent and normative effect on guiding Australians away from complicity in organ trafficking.

¹⁵ <https://www.hta.gov.uk/guidance-professionals/codes-practice-standards-and-legislation/legislation>

Also, the Codes of Practice and Standards implemented by the UK HTA that provide practical guidance to medical professionals do not necessarily have the impacts noted at a) and b) above.

The HTA *Code F Donation of solid organs and tissue for transplantation – Living organ donation*, notes at Part one - Living organ donation, that while Section 32 of the HT Act makes it an offence to engage in commercial dealings in human material for transplantation:

“Section 34 creates an offence of failing to comply with the Regulations made under this section, and failing to supply, or knowingly or recklessly supplying, false or misleading information about transplant operations. This offence is subject to a fine only.”¹⁶

We would also submit that if a mandatory system or reporting is introduced, medical professionals who suspect that their patients are considering organ transplant tourism will mostly likely warn their patients of the dangers, risks and penalties involved. This may act as a deterrence to dissuade the patient from a contemplated overseas commercial organ transplant.

Compliance mechanisms

Question 45

Australia may wish to look at examples and experiences of other countries, some of whom seek to deter organ transplant tourism and organ trafficking through sanctions such as the inability to receive post-procedure care from public health providers or funding from private health insurers¹⁷.

The timeframe for implementing our reform proposals

Question 46

We consider that the reforms proposed and discussed under Questions 35, Proposals 41-43 and Question 40 are the most urgent and pressing as they present significant deficiencies in current Australian laws in relation to the procurement and transplantation of human tissues and organs.

It is important that the recommendations proposed are implemented with a sense of urgency due to the grievous, significant and on-going impacts suffered by the victims and groups of persons sought to be protected by the reforms. The proposed reforms are also important to ensure that Australian laws are in line with universally accepted international norms and values and our obligation to uphold international human rights.

4. Related Issues

Risk of commodification of human tissue – [Proposal 43, the issue of “exploitation, coercion, or the commodification of human tissue” and exemptions]

1. Machine perfusion

Static cold storage has been used for many years to preserve an organ for transplantation. While it slows organ activity, it offers limited preservation time as cells weaken without oxygen and nutrients.

Recent developments in machine perfusion, extend the time an organ remains viable outside the body by circulating oxygen and nutrients through a blood-like solution to keep the organ stable and functional.

¹⁶ <https://www.hta.gov.uk/sites/default/files/2025-12/Code%20F%20Part%20one%20-%20Living%20organ%20donation.pdf>

¹⁷ Refer to table of legislation provided in our previous Submission to the ALRC dated July 2025 pg 10
<https://endtransplantabuse.org/legislation/>

Dr Emily Granger, from St Vincent’s Hospital in Sydney addressed organ transportation time at the International Society of Heart and Lung Transplantation (ISHLT) meeting in Boston on 27 April 2025.¹⁸

Dr Granger noted that normothermic machine perfusion (NMP), in which the heart is perfused at approximately 35 degrees Celsius, has been successfully used in Australia for preserving an organ for 8 to 10 hours. She said:

“We could actually look at an international exchange of donor hearts to allow transport between countries.”

Machine perfusion is changing the concept of organ preservation. It can not only extend the use-by-time of an organ, but also lead to a method of storage, treatment and repair of organs – a bit like re-conditioning a car – but for human beings. Like all technology, it may have beneficial impacts for human life, or unintended consequences, depending on the mindset of those who utilise it.

2. The Example of the Communist government in China

A disastrous example of exploitation, coercion, or the commodification of human tissue on an industrial scale has emerged in China over the past 25 years.

We only make a brief mention in this submission of the Chinese Communist Party’s (CCP) impact on organ transplantation, not only in China, but around the world. Please refer to our previous submission dated 4 July 2025 to the ALRC Review of Human Tissue Laws (Issues Paper) for more information.

Suffice it to say, a review of Human Tissue Laws in Australia needs to be cognisant of the disdain for the value and dignity of human life that is imposed on the Chinese people as inculcated by the CCP.

The continued use of incarcerated Falun Gong adherents and other prisoners of conscience as a form of organ bank, to be killed on order to supply organs for an industrial scale transplantation industry, has been known, investigated and widely reported since 2006.

Please also refer to the following section **4. International experience and approaches**, for information on the *China Tribunal* and forced organ harvesting of Falun Gong adherents and the Uyghur people.

Since 2017, the Uyghur people of East Turkistan (Xinjiang), have also become victims of this crime against humanity.

A recent announcement by China’s Xinjiang Health Commission revealed plans to establish 6 new organ transplant institutions in the region by 2030, in addition to 3 existing facilities.¹⁹ Such an increase in transplant capacity is inconsistent with the low levels of voluntary donation, or numbers of potential organ recipients in the region.

It signals an expansion of organ supply from inexplicably non-exhaustive sources, not only to customers within China, but also to a wealthy clientele in the Middle East and elsewhere.

A direct flight from Urumqi, Xinjiang to Riyadh, Saudi Arabia takes about 7 hours with China Southern Airlines.²⁰ Even closer to the Middle East is Xinjiang’s Kashgar airport, where special signs in Chinese, English and Arabic have been identified on the airport floor:

*“Special passenger Human organ transport channel” or “Special Passengers Human Organ Exportation Lane”*²¹

¹⁸ <https://www.isHLT.org/about/news-detail/2025/04/27/donor-hearts-are-traveling-longer-distances-with-machine-perfusion>

¹⁹ <https://thediplomat.com/2025/07/xinjiangs-organ-transplant-expansion-sparks-alarm-over-uyghur-forced-organ-harvesting/>
<https://endtransplantabuse.org/planned-expansion-of-transplant-facilities-in-xinjiang-triggers-organ-harvesting-alarm/>

²⁰ <https://www.flightsfrom.com/URC-RUH>

²¹ <https://bitterwinter.org/organ-harvesting-in-china-is-real-smoking-guns/>
<https://eng.the-liberty.com/2018/7286/>

With China's focus on medical technology and machine perfusion it can become a mass-exporter of not just cars, but also human organs, with profound consequences that Australia has a responsibility to address.

3. Plastination of human bodies

We did not find a reference to the impact of plastination in the Discussion Paper.

Plastination is a process of replacing bodily fluids in the bodies of the deceased with synthetic resin impregnation, and the resultant display of the body/body parts for educational or other purposes.

We consider that new human tissue laws should regulate or prohibit the trading, importation and use of human bodies, organs and tissue where their provenance cannot be ascertained, or where there are strong grounds for suspecting that they have been procured through unethical or illegal means.

In addition to verifiable and documented consent, there should be verifiable documentation that shows the source of the body or body part and the cause of death.

In its *Compassion, Not Commerce* report on the inquiry into Human Organ Trafficking and Organ Transplant Tourism, the Joint Standing Committee on Foreign Affairs, Defence and Trade noted at [6.21] that the transportation, transfer, receipt, import and export of organs removed without the "free, informed and specific consent of the living or deceased donor", was a compelling evidence for the value of Australia's accession to the Council of Europe Convention.²²

We note that the UK HTA Public Display Licensing Standards and Guidance²³ could be a useful reference to manage issues of consent, traceability, respect and dignity of the person/deceased involving the use and display of human tissue.

4. International experience and approaches

1. International Parliamentary Alliance on China (IPAC)

In November 2025 cross-party Lawmakers from 28 countries meeting in Brussels for the 5th annual Summit of the Inter-Parliamentary Alliance on China (IPAC)²⁴ announced a coordinated international effort to safeguard fundamental human rights, which included the following statement:

Statement of Legislative Intent on Organ Harvesting and Trafficking²⁵

"We, members of the Inter-Parliamentary Alliance on China, gathered in Brussels on 8 November 2025, condemn the abhorrent practice of forced organ harvesting."

"Credible reports, and widespread criticism indicate the existence of state-sanctioned practices of organ harvesting and trafficking within the People's Republic of China (PRC)."

"We deplore any such acts and affirm our solidarity with the victims and survivors. We are dismayed that our own countries have failed to address the demand which drives these practices. We further declare our commitment to act decisively by advancing legislation designed to eradicate this practice and to prevent complicity by individuals, institutions, or governments. We will also promote cooperation and action at the level of international institutions."

²² Joint Standing Committee on Foreign Affairs, Defence and Trade, Parliament of Australia, *Compassion, Not Commerce: An Inquiry into Human Organ Trafficking and Organ Transplant Tourism* (2018) section 6.21

²³ <https://www.hta.gov.uk/guidance-professionals/guidance-sector/public-display/public-display-licensing-standards-and>

²⁴ <https://www.ipac.global/news/international-lawmakers-unite-at-ipac-summit-unveiling-coordinated-action-to-safeguard-human-rights-and-regional-security>

²⁵ <https://ipacstorage.ams3.cdn.digitaloceanspaces.com/Content%20for%20Website/IPAC%20Brussels%20Summit%20-%20Policy%20Outcomes%20and%20Communique.pdf>

“Today we signal intent to advocate for and advance legislation modelled on international best practice to prevent, prohibit and punish forced organ harvesting and organ trafficking, including, but not limited to:

- Creating an offence to prohibit travelling abroad to receive an organ where there is insufficient evidence to show that it was procured freely from a donor, with informed and voluntary consent.*
- Clarifying that those causing, contributing, or linked to organ harvesting and trafficking satisfy the threshold for targeted sanctions, where such legislation is in place.*
- Requiring medical professionals and hospitals to report suspected cases of forced organ harvesting and trafficking.*
- Seeking to establish national transplant registries to ensure transparency and oversight that includes transplants obtained by citizens in other countries.*
- Prohibiting the use of public funds for joint research, training, or institutional partnerships with foreign entities credibly linked to forced organ harvesting and trafficking.*
- Prohibiting medical institutions from engaging in cooperation in transplantation medicine without first having undertaken meaningful human rights due diligence.”*

2. The China Tribunal

Historically, People’s Tribunals are formed of citizens and make decisions about important issues that have not been, and are not being, dealt with by formal national or international judicial bodies. In the case of China, it does not recognise the International Criminal Court and has significant veto power as a permanent member of the United Nations Security Council and avoids judicial scrutiny of its human rights record.

The Independent Tribunal into Forced Organ Harvesting Against Prisoners of Conscience in China (China Tribunal) took evidence in London between December 2018 and April 2019, and was chaired by Sir Geoffrey Nice KC.

Its Final Judgement²⁶ was released on 1 March 2020 and concluded unanimously that:

“Forced organ harvesting has been committed for years throughout China on a significant scale and ... Falun Gong practitioners have been one – and probably the main – source of organ supply.”

“In regard to the Uyghurs the Tribunal had evidence of medical testing on a scale that could allow them, amongst other uses, to become an ‘organ bank’.”

“Commission of Crimes Against Humanity against the Falun Gong and Uyghurs has been proved beyond reasonable doubt...”

“Governments and any who interact in any substantial way with the PRC [People’s Republic of China] ... should now recognise that they are, to the extent revealed above, interacting with a criminal state.”

5. Recommendations

1. That Human Tissue legislation across the States and Territories be reviewed and consistency is ensured through national uniform legislation (Proposal 4).
2. That the legislative gaps in the current HTA’s discussed above in the answers to Questions 35, Proposals 41-43 and Question 40 be promptly addressed via nationally consistent amendments.

²⁶ <https://chinatribunal.com/final-judgment/>

3. That key terminology such as “human tissue”; “organ transplant tourism” and “organ trafficking” are clearly defined to avoid confusion and/or errors in legislative interpretation.
4. That the Australian Government amends the Commonwealth Criminal Code and any other relevant legislation to include the offences of organ transplant tourism and trafficking in human organs or tissue, including the solicitation or participation in a commercial organ transplant with extra-territorial application²⁷.
5. That a system of mandatory reporting requirements, based on the UK model is introduced to ensure compliance with new legislative provisions and to deter Australians from engaging in organ transplant tourism and organ trafficking.
6. That the Australian Government looks at the examples of other countries with similar or equivalent human tissue legislation; particularly in relation to organ transplant tourism and organ trafficking, the compliance measures utilised and their success rates as a means of improving our own system and rate of compliance.
7. That a National Regulatory body is created to inform, educate, provide guidance, regulate and ensure compliance with human tissue and related legislation by individuals, corporations, private and public entities and organizations.
8. That the Australian Government signs and ratifies the *Convention against Trafficking in Human Organs*²⁸ and maintains an on-going commitment to upholding international human rights and ethics in relation to the use, procurement and transplantation of human tissue and organs.

²⁷ This was essentially the recommendation made by the Joint Standing Committee on Foreign Affairs, Defence and Trade, Parliament of Australia (n55) 87, rec 7 referred to in the Discussion Paper as the 2018 parliamentary review and which recommendation the Australian Government accepted in principle in 2021 in *Response to Joint Standing Committee on Foreign Affairs, Defence and Trade Report: An Inquiry into Human Organ Trafficking and Organ Transplant Tourism* (n 55) 12.

²⁸ *Council of Europe Convention against Trafficking in Human Organs*, CETS 216 (entered into force 1 March 2018)