DÁIL ÉIREANN

AN COMHCHOISTE UM GHNÓTHAÍ EACHTRACHA AGUS TRÁDÁIL, AGUS COSAINT

JOINT COMMITTEE ON FOREIGN AFFAIRS AND TRADE, AND DEFENCE

Déardaoin, 6 Iúil 2017

Thursday, 6 July 2017

The Joint Committee met at 9.30 a.m.

MEMBERS PRESENT:

Deputy Seán Barrett,	Senator Gabrielle McFadden.
Deputy Seán Crowe,	
Deputy Noel Grealish,	
Deputy Tony McLoughlin,	
Deputy Maureen O'Sullivan,	

In attendance: Senator Rose Conway-Walsh.

DEPUTY BRENDAN SMITH IN THE CHAIR.

Organ Harvesting in China: Discussion

Chairman: I extend a warm welcome to the witnesses for this part of the meeting which is on the matter of organ harvesting in China: Mr. David Matas, Mr. Ethan Gutmann, Dr. Enver Tohti Bughda, Dr. James McDaid, Dr. Conall O'Seaghdha and Ms Dongxue Dai. We will hear their opening statements before going into a question and answer session with the members of the committee.

Before we begin I remind members, witnesses and those in the Public Gallery to ensure their mobile phones are switched off completely for the duration of the meeting as they cause interference, even on silent mode, with the recording equipment in the chamber.

Members are also reminded of the long-standing parliamentary practice to the effect that they should not comment on, criticise or make charges against a person outside the House or an official either by name or in such a way as to make him or her identifiable.

I draw the attention of witnesses to the fact that by virtue of section 17(2)(*l*) of the Defamation Act 2009, witnesses are protected by absolute privilege in respect of their evidence to the committee. However, if they are directed by the committee to cease giving evidence on a particular matter and they continue to so do, they are entitled thereafter only to qualified privilege in respect of their evidence. They are directed that only evidence connected with the subject matter of these proceedings is to be given and they are asked to respect the parliamentary practice to the effect that, where possible, they should not criticise or make charges against any person, persons or entity by name or in such a way as to make him, her or it identifiable.

I call Mr. Matas to make his opening statement.

Mr. David Matas: I thank the Chairman for inviting us. A comprehensive strategy against organ transplant abuse in China has two prongs: efforts to combat the abuse directly in China and to combat complicity abroad in the abuse in China. I have ten recommendations addressed to each prong.

In terms of efforts to combat abuse in China the foreign policy of Ireland should incorporate these features: organ transplant abuse in China should be condemned; the Irish Government should conduct an investigation into organ transplant abuse in China and international instances should be asked to conduct such an investigation, which request should be made to the Council of Europe, the European Union, the United Nations Human Rights Council and the Office of the United Nations High Commissioner for Human Rights, with China being asked to provide historical and present death penalty statistics; China should be asked to make publicly accessible its aggregate data from its four transplant registries for heart, liver, lung and kidney; China should be asked to allow independent outside investigators access to hospital patient and organ donor files; China should be asked to allow independent outside investigators access to hospital financial records and in particular, the amounts received from patients for organ transplants and the amounts spent on all pharmaceuticals related to transplantation; China should be asked to allow independent outside investigators to make unannounced visits to transplant hospitals and organ donation centres; China should be asked to allow access to its prisons by the International Committee of the Red Cross; China should be asked to stop the persecution of prisoners of conscience, including specifically Falun Gong, Tibetans, Uighurs and House Christians; and China should be asked to disqualify from the transplant profession any person involved in the persecution of Falun Gong or other prisoners of conscience.

The second prong is governmental policy and parliamentary legislation to avoid complicity in transplant abuse in China. Legislation combatting complicity in foreign organ transplant abuse should incorporate the following ten features. Extraterritorial criminal jurisdiction should be enacted to allow prosecution for participation in organ transplant abuse. The law should allow the courts to assume jurisdiction over any accused within the territory irrespective of the status of the accused in the territory, whether the accused is a citizen, permanent resident or visitor. A Council of Europe treaty currently commits state parties to enact extraterritorial criminal jurisdiction for nationals but it does not go beyond that to permanent residents or visitors.

Legislation should ban brokerage, advertising, soliciting, trafficking and trading in organ transplantation. Reporting of transplant tourism by health professionals to the health system should be compulsory. Aggregate data accumulated from the reporting of transplant tourism should be publicly accessible. Entry bans should be imposed on those who have been complicit in organ transplant abuse. The ban should encompass visitors, students and workers, as well as immigrants.

The Government should be mandated to maintain a list of those banned entry because of their participation in organ transplant abuse. An exception needs to be made to state immunity legislation to allow those acting in an official capacity to be sued civilly for organ transplant abuse. Both public and private health insurance systems should be prohibited from providing coverage for transplant tourism. This form of health service should be uninsurable. Professionals should be subject to disqualification, losing their professional licences for complicity in transplant tourism. Pharmaceutical companies should be prohibited from engaging in anti-rejection drug trials in China.

Those are my recommendations. I and other researchers have come to the conclusion we did that organ transplant abuse against prisoners of conscience, primarily Falun Gong, is happening and that no precautions were put in place to prevent it from happening. Regrettably, that is still largely so. I submit that Ireland needs to put those precautions in place.

Mr. Ethan Gutmann: I understand the members were up a bit late last night.

Chairman: We work late here every night.

Mr. Ethan Gutmann: I understand that. I am rooting for Ireland to get the contract on the Rugby World Cup.

Four years ago, I gave testimony to the committee on how the forced organ harvesting of prisoners of conscience evolved from a handful of Uighur political prisoners being exploited for party cadres into a medical procedure employed in every province of China. Back then - it is wonderful to see familiar faces - I also gave the committee casualty estimates, including 65,000 dead Falun Gong, several thousand Uighurs, Tibetans and house Christians. In the passion of that moment the committee released a spontaneous statement condemning China for this procedure. Just outside these doors, people hugged and cried that day.

However, my testimony contained an error. My casualty estimates and those of my colleagues David Matas and David Kilgour were too conservative. In 2013, we spoke of tens of thousands murdered by the Chinese state. Today, we count the deaths in the hundreds of thousands. In 2013, we accepted Beijing's claim of 10,000 organ transplants per year. Today, we know that is a lie; our 700-page update published last year presented explicit evidence that

annual Chinese transplant volume is 60,000 to 100,000 per year.

In Washington DC, three Chinese researchers from the Congressional-Executive Commission on China act as sentries, warding off false information from reaching the US Congress. After examining our report for six weeks, the researchers delivered the verdict that Congress should hold a hearing. On the eve of that hearing, the House of Representatives passed a detailed and explicit resolution condemning China's practice of harvesting prisoners of conscience. Two weeks later the European Parliament passed an identical resolution. Over the past year, every major Western newspaper has broken their silence on this issue. *The New York Times* has had seven articles and counting. Given this global momentum, why am I in Ireland today? The answer is that history is not changed by resolutions, but by actions.

Back in 2008, one man, a heart surgeon and son of a Holocaust survivor, challenged the Israeli Parliament to ban Israeli citizens from going to China for organ transplants and that parliament did so. Spain followed. In 2015 Taiwan did so. In 2016 Italy did so. One might ask what these countries have in common. Integrity is one aspect, as is a highly developed sense of tragedy and the historical wisdom to know that the big players - the US, UK and so forth - may not interfere with an ongoing crime against humanity. We cannot leave it up to them. None of these states paid any measurable price in terms of contracts with China or even in their relationships with China. I would be happy to answer questions on that.

This is an ongoing slaughter. In two high-profile conferences, including at the Vatican itself, Beijing pushed the line that Chinese harvesting of prisoner organs is pretty much over and done with. Neither attempt persuaded the conference, the press or, at the Vatican conference, the Pope, because he did not address the conference as he was scheduled to do.

David Matas, David Kilgour and I see no reform. Instead, we see an $8 billion to $9 billion Chinese transplant industry engaged in business as usual. We see a British architectural firm, TFP Ryder Healthcare, intending to build an organ-harvesting centre in Dalian, one of the most notorious organ harvesting locations in China. It is also the origins of the body show that is currently in Dublin. Human Rights Watch sees a comprehensive Chinese attempt to gather the DNA of the entire Uighur population of Xinjiang. Those DNA samples can then be used for tissue matching the organs of 15 million highly vulnerable people. We can no longer rule out the unthinkable. My name is Gutmann, so I do not take comparisons to the Holocaust lightly, but the phrase "Final Solution" persistently enters my mind and I suspect that phrase also occurred to many of the committee members just now.

What does this mean for Ireland? It means that if it is going to act, this is the critical moment to do so. I ask the committee members to seriously consider introducing some sort of ban regarding organ tourism to China or anywhere else we suspect illegal organ transplants are taking place. I look forward to a frank discussion and any questions or concerns on members' minds.

Dr. Enver Tohti Bughda: Every time I talk about this, it appears I am attending confession and saying, "Please forgive my sins, forgive what I have done." How do the most respected people in a society turn into murderers? This is the most frequently asked question for me. To understand how, one must think like a Chinese. Born to the Chinese society, born straight into the washing machine and having one's brain washed from the very beginning, one then became a fully programmed member of the society, ready to fulfil the task ahead without asking why. This is the society created by George Orwell in his novel *1984*, but in the real world.

Rumour of organ thieves can be traced back to 1990. I was then a young, energetic physician, an oncologist surgeon with a bright future in the society, working in the central railway hospital of Ürümqi. During my time in our outpatient department, I saw at least three children with a scar on their bodies, indicating an organ had been stolen.

In 1995, it came to my turn to do it. It was a Wednesday, my two chief surgeons called me into their office and told me to assemble a team with the capability of the largest possible surgery and report to them on the morning of the next day. At 9.30 a.m. next day, we met at the hospital gate and headed towards the western mountain execution ground, where I was told to wait for them until hearing the gunshots. After the gunshots were heard, we rushed in. An armed officer directed us to the far-right corner, where I could see a male in civilian clothes lying on the ground with a single bullet wound to his right chest. My chief surgeons ordered me to extract the liver and two kidneys. The man was alive and tried to resist my scalpel cut but was too weak to avoid my action. There was bleeding. He was still alive but I did not feel guilty. In fact, I did not feel anything but like a fully programmed robot doing its task. I believed I was carrying out my duty to eliminate the enemy of the state. After the operation, the chief surgeons took organs to strange-looking boxes and told me to take my team back to the hospital and remember nothing happened. I followed the order. We never talked about it.

It is not acceptable that a normal buy-one-get-one-free shopping pattern can be seen in organ transplantation. A predetermined date for one's heart transplantation means that someone has been made dead for one. Giving away organs to promote business means there are plenty of organs. An unlimited supply of organs can be achieved only if those organs are carried in living bodies and are waiting to be taken on demand.

News broke last June that the Chinese Communist Party, CCP, is giving Uighur people in Xinjiang a free national health check-up. With no explanation, we suspect that the CCP is building the national database for organ trade. It is also widely reported that the CCP is carrying out DNA tests in the region with the stated objective of improving the quality of life for the Uighurs. I believe this is a lie.

Dr. James McDaid: Many thanks to the committee for hearing our statements today. I am a transplant surgeon in Belfast. Organ transplantation saves many lives but there is a big problem with inequality of access to organs in addition to a lack of organs. That is a problem in both the developed and developing world. Kidney, liver, lung, pancreas and heart transplants were once experimental treatments but they are now very much mainstream in medical practice. There is a movement to incorporate tissue donations, such as face and arm transplants. In spite of successful moves to increase organ donation rates, waiting lists for organs in Ireland and throughout the world continue to grow.

In Ireland last year, 280 transplants were carried out. There are currently approximately 650 people on the waiting list. The committee will hear more about that from Dr. O'Seaghdha shortly. People die waiting for organs. Quality of life while waiting is often very poor because of the severe symptoms of end-stage organ failure, including renal, heart and liver failure. These difficult circumstances place enormous strain on families and patients and can give rise to relationship breakups, job loss and many other problems.

The waiting time for organs varies from country to country. Depending on the organ, it is typically between one to five years. Between 5% and 20% of patients die waiting for organs. This very poor outlook and the very poor quality of life drive many people waiting for organs to seek them from sources other than the deceased donor waiting list. For kidneys, live donation

from a family member or friend is a possibility but this fails to meet excess demand for organs. Some people have sought to obtain transplants through organ trafficking or transplant tourism. Unscrupulous medical teams and middlemen brokers exploit vulnerable donors and recipients for selfish profit.

China has been a major hub for transplant tourism for several years. Other hotbeds for this criminal practice include Pakistan, Egypt and India. At present, with the considerable amount of people trafficking through Libya, vulnerable individuals are exploited and sent to Egypt in order to pay for passage across to Europe on boats. China is unique among all these countries in executing prisoners for the sale of organs. Members of several ethnic and faith groups have been imprisoned for their beliefs and callously executed for their use of organs in transplant operations. This arguably constitutes a crime against humanity and must be condemned in the strongest terms. China sent two surgeons to the Pontifical Academy of Sciences' Summit on Organ Trafficking and Transplant Tourism in February 2017, which I attended. They openly admitted to the unethical execution of prisoners for organs. They described efforts in China to reduce the number of these executions but highlighted the difficulties in policing the laws in such a massive country.

Ireland must take a very critical stance during diplomacy with China in light of its horrific human rights abuses. Transplant tourism must be considered a crime, with prosecution of all involved parties. Global attention needs to be drawn to this issue.

Dr. Conall O'Seaghdha: I am grateful for the opportunity to contribute to this important Oireachtas hearing on organ tourism, forced organ harvesting and trafficking in human organs. I am the medical director of the National Kidney Transplant Service in Ireland. My clinical specialty is transplant nephrologist, which is a medical consultant with expertise in kidney transplantation. All kidney transplantation in the Republic of Ireland is performed by the National Kidney Transplant Service, based in Beaumont Hospital, where I work. Last year, 172 kidney transplants were performed in the Republic of Ireland, comprising 50 living donor kidney transplants and 122 deceased donor transplants. As of the beginning of last month, there were 439 people on the kidney transplant waiting list in the Republic of Ireland, with a further 18 on the kidney-pancreas or heart-kidney waiting lists and an additional 87 people temporarily suspended from the waiting list for clinical or personal reasons. In total, there are 544 on the waiting list.

Due to welcome improvements in road safety and neurosurgical care, the rate of deceased organ donation has been steadily decreasing. The average waiting time for a deceased donor kidney transplant is currently 35 months. This datum is very skewed, however. Some patients on the list have been waiting over ten years, with little prospect of receiving suitable kidneys. The median waiting time, or the time by which half of the people on the waiting list have a transplant, is currently 19 months, which again underscores the skewed nature of the data.

While we have no official data on transplant tourism from Ireland, I can confirm there have been cases where patients resident in Ireland underwent kidney transplantations foreign countries and returned to Ireland for their post-transplant care. For the most part, these were patients born outside Ireland who travelled to their region of ethnicity for transplants and returned to Ireland for care afterwards. We are aware, however, of at least one case of an Irish citizen having engaged in transplant tourism also.

I wish to add my voice to those condemning the practice of transplant tourism globally and, in particular, I call for an end to the obscene practice of live organ harvesting in China.

Ms Dongxue Dai: I thank the Chairman, Deputy Brendan Smith, the Vice Chairman, Deputy Maureen O'Sullivan, and the members for having us today. On behalf of the Falun Dafa Association of Ireland and all Falun Gong practitioners in Ireland, I acknowledge the help, kindness and compassion of the Irish people and Government over the past 18 years during the inexplicable and barbaric persecution of almost 100 million people in China. We have outside this room today over 50,000 petition signatures, collected mainly last year but also in previous years on the streets of Dublin and of various other cities and towns throughout Ireland. They are collected by my fellow practitioners, some of whom are sitting here and others of whom sit outside the gate in all weather, including heavy rain, cold, storms and baking sun. This petition came from selfless people who made a stand during this very dark hour for humanity. We dearly request - I was told this is not possible - that the signatures be handed to the Government. We presented the Government with many other signatures in previous years. The petition demonstrates the peaceful appeal made by Falun Gong practitioners in Ireland and elsewhere.

One of two most commonly asked questions when we meet people is what is Falun Gong. Falun Gong is an ancient Chinese spiritual discipline that teaches people to follow the principles of truth, compassion and forbearance. We do five gentle exercises to make people fit and healthy. However, under the dictatorship of the communist party, large groups are not allowed to adhere to any ideology other than communism. For this reason, Falun Gong was banned in China on 20 July 1999 and nobody is allowed to practise it. The government estimated that between 70 million and 100 million people were practising Falun Gong by 1999. Many practitioners have been locked up in labour camps, prisons and brainwashing classes. These provide a possible source of organs, an issue about which the other respected guests spoke.

Besides organ harvesting, other forms of persecution and torture are also practised. Some members may be familiar with the case of Mr. Zhao Ming, a gentleman in the Gallery, on whose behalf we had a major campaign seeking his freedom. Mr. Ming was locked up in a labour camp for almost two years when he visited China on holiday and during that time, he was subject to various means of torture, which included sleep deprivation and the use of electric batons. He is only one of more than 1 million people who have been persecuted and he is lucky to be sitting in the Gallery today. We were able to secure his return because he was studying in Trinity College and had a connection to Ireland. Many other vulnerable, innocent Chinese people who are engaged in harmless practice have no way to have their voices heard. I refer in particular to those whose organs have been harvested.

I thank the committee and hope it will be able to do something. Ireland has helped a great deal already by securing the return of Mr. Ming and another student who is not present today. The joint committee has also held a number of hearings at which Falun Gong representatives have made presentations. We are very thankful for all the help we have received.

Chairman: I thank all the witnesses for their presentations. They have outlined circumstances which would trouble anyone with a shred of decency or concern for human rights. It is horrific to consider the number of people involved. I recall that Mr. Gutmann made a presentation to the committee some years ago. He indicated this morning that he underestimated the numbers of victims of this particular practice at that time.

Mr. Bughda used the phrase "buy one get one free". In civilised society, we never thought such a phrase would be applicable to human organs. It is frightening that this practice is taking place. Trafficking of human organs is truly reprehensible and utterly demeaning of human life. It is a deplorable activity, which has developed into a global problem that violates human rights and the dignity of individuals.

We are Members of a Parliament that represents a small population. However, as I am sure will be reflected in members' contributions, we have an attachment to human rights and the dignity of the individual. The witnesses have engaged regularly with the joint committee, both at formal and private meetings, and all members are concerned about the activities they describe.

International co-operation is needed on this matter. Ireland signed the Council of Europe Convention against Trafficking in Human Organs in 2015. A legislative process is needed to implement the convention and the Department of Health must introduce certain legislative measures. While I am not *au fait* with the status of these legislative measures, we can engage with the Department and Minister to ensure there are no unforeseen delays in introducing these measures.

The presence of Dr. McDaid and Dr. O'Seaghda brings a national perspective to this issue. Through our work as public representatives, all members are well aware of the excellence of the services provided in the hospitals in which the two doctors work and the many patients throughout the island who are thankful for the work done by their teams and colleagues. Their presence reinforces the importance of this issue. Dr. O'Seaghda indicated he was aware of one person on this island who was involved in organ harvesting.

Dr. Conall O'Seaghdha: Yes, we are aware of one such person. While it is very hard to get clear information on this, in circumstances where somebody travels overseas and returns within a short timeframe having had a kidney transplant, we can surmise, given the logistics involved in arranging an organ transplant here, that this could only have occurred by means of transplant tourism.

Chairman: Do colleagues of Dr. O'Seaghda and Dr. McDaid in Britain and other northern and central European countries have concerns that persons in those countries are participating in transplant tourism?

Dr. Conall O'Seaghdha: This is a bigger issue in the United Kingdom. A colleague of mine who worked in Manchester until recently has indicated he encounters two or three patients every year who have returned from overseas having had a transplant. It is important to point out that these patients often return in very poor health. They experience high rates of transmissible infection, including hepatitis and tuberculosis, and outcomes are poor. One of the drivers of that activity is the difference in cultural make-up between, for example, Manchester and Ireland. For this reason, the problem is not as great here as elsewhere. However, we need to look forward because as society becomes more diverse, this is likely to become a growing problem here too.

Mr. David Matas: This exchange highlights the value of compulsory reporting because we are currently stuck with anecdotal information based on what somebody hears here or there about organ harvesting. However, the health system knows about the individuals in question because those who benefit from transplant tourism need anti-rejection drugs on their return. The information is available and if a compulsory reporting system were in place, it would be possible to arrive at aggregates without in any way violating doctor-patient confidentiality. We get caught in a vicious circle in which people do not know the extent of the problem and, as a result, not much is done about it. If a compulsory reporting system were in place, we would find out the extent of the problem.

Chairman: Before inviting members to contribute, is the violation of vulnerable individuals primarily carried out to facilitate kidney transplants?

Mr. Ethan Gutmann: We believe kidney transplants probably account for the majority of cases but liver transplants have clearly caught up in China. China is the number one destination for liver transplants. The country is ahead of the rest of the world by far in terms of heart transplants, lung transplants and so forth. In fact, I am missing a spleen and China is the only country where it is possible to have a spleen transplant.

Deputy Maureen O'Sullivan: I welcome the witnesses, especially those whom we have met on previous occasions. Sadly, the message from their contributions is that there is a lack of regard for the lives of certain people and that we do not value all life equally. Reference was made to some progress being made and motions that have been passed. Clearly, this will not be enough and action is needed. Apart from having motions passed, what other progress can be made in this area?

Mr. Matas referred to advertising. How is that done? If I were in need of an organ transplant and wanted to go somewhere to get it, where would that be advertised? Obviously, it is an underground activity. Can we make headway in tackling organ harvesting by addressing the advertising aspect?

If transplant tourism is to be considered a crime, it must be recognised internationally. International organisations must work together and take that on board.

Regarding the conference that Dr. McDaid attended where Chinese surgeons admitted to doing this, what was the reaction? Should international medical organisations play a stronger role? Doctors take an oath, but what has been done undermines that oath. How did the doctors at the conference feel when these matters were raised with them?

According to the note that we received, China asserts that it has embarked on reforms. Is there any sign of that happening?

Deputy Seán Crowe: I welcome the witnesses. We have heard testimony on this matter previously. When I first heard of it, I was shocked and did not believe that any human being would do this to another. Maybe I was a bit naive about whether a country would do this to its citizens. Even the associated language appals me - "organ tourism". I know of people who travel abroad to get dental treatment or have operations, such as facelifts, done. That is common, but we are discussing someone travelling abroad for a transplant not knowing, or maybe not wanting to know, from where the organ came.

I know people who have donated kidneys, for example. A colleague - a councillor out my way - donated a kidney to a friend of his this year. A close friend of mine died while awaiting an organ transplant. I know of families' desperation for their loved ones, for example, children. However, the idea that someone would use organs in these circumstances is appalling.

I was not aware of the Egyptian connection with the refugees. Could the witnesses expand on that point? Some of us are involved in international organisations, so I would like to raise the matter there.

Mention was made of a possible case and the necessary treatment. Is there an onus on the medical profession to report that to anyone? What would be the ideal approach?

The Houses are collectively appalled by the situation, so if legislation was introduced, Members from all parties and none would support it. The concern is that drafting the legislation might be delayed, but I accept that the matter is probably complex.

Mention was made of banning citizens from travelling to, for example, China for organ transplants. How would that work? The witnesses gave examples of other countries having done this. People can genuinely claim to be travelling on a tourist visa, but an onus arises when they return seeking treatment. How would that work physically? How can it be inserted into law?

Although I asked this question previously, people at home will want to know the answer. Is this just happening to Falun Gong practitioners in China? I believe not, but the witnesses might explain whether it is happening to other political prisoners as well, for example, the Uyghur minority and Tibetans.

Does China allow the Red Cross to visit prisoners in jail? Could the Red Cross play a role in stopping this?

We have a note asserting that China has embarked on reforms of organ donation and is stamping out illegal and unethical practices. I have been told that the embassy here is in co-operation with other EU states and is supposedly monitoring these reform efforts. What does that entail exactly?

The British firm TFP Ryder Healthcare intends to build an organ harvesting centre in Dalian, which was referred to as one of the most notorious areas for organ harvesting. Can any legal action be taken in that regard?

I am conscious that many of those involved are travelling out of desperation and want themselves or loved ones to stay alive, but what can we do to close off that option? The moral argument is probably lost on them. If people break a legislative embargo, should they be sent to jail or fined? What is the ultimate sanction?

I am sickened to my stomach by the idea of organ harvesting. I presume that is why some of our members are missing. There is a sense of disbelief. The idea that anyone would do this to another individual is immoral and all of those words. The language around it is appalling.

In light of today's intervention by the witnesses, I hope that we can push this legislation forward. There is genuine political will among us all to tackle and eliminate this practice. If we can push those countries that are involved in these unethical practices in a certain direction, give us examples of how.

Senator Gabrielle McFadden: I apologise for being late. I was attending another briefing. The disadvantage of speaking third is that the questions one wanted to ask have already been asked. The witnesses are welcome. I am just as horrified by this situation now as I was when I read of it previously.

Deputy O'Sullivan asked a question about something that had struck me immediately. How are these trips to China being organised for people? Obviously, someone cannot go to a travel agent to book flights and accommodation for this. Where do people get the information that they need to book all of this?

We have been told that reforms are taking place in China, but what kind of reform is it and is there any evidence of it? What can we do as a country? I presume that we can run a campaign educating people who are travelling to China for transplants on where these organs might be coming from and how they were taken from others. A friend of mine had a kidney transplant and I know how desperate he was to have it done, so I can understand people's desperation. If

they were educated on where the organs were coming from, though, their eyes might be opened.

I am fascinated by the organisation of a trip to China for this purpose. How does one do that? There must be a way of stopping it.

Chairman: Whichever witnesses wish to respond to the various questions can do so now.

Mr. Ethan Gutmann: The last question is one which has arisen several times. There is much misinformation on this globally and this has been something that the Chinese state has encouraged. There is much talk about organ brokers and the shadowy criminal network operating in this area. There is one, and it is called the Internet. It is that simple. If members do not believe me, they can go onto the Internet, type "help, I need a liver" in Google and within the first 20 response they will find a website which changes constantly, but is always there, and which has a discussion board involving people who have had transplants or are looking to have one. Very quickly, one will find advice that a person can go to Tianjin central. That is not surprising because the Chinese were advertising Tianjin central on the web for years. They only stopped in 2014 because it became such a major issue and it was a huge embarrassment that this advertisement was up there.

We estimate that Tianjin Central hospital does over 5,000 transplants each year. This is half of what the Chinese claim they do annually, in just one hospital. They speak English. Everyone will say that and the message board is one of two sources that one will find this information. It is that simple. If one can come up with the money, they can secure the transplant in record time. In other countries, one can find kidneys because people will sell a single kidney but it is only in China where they can come up with a liver. It has been documented in around 25 cases that it can be done within four hours. No one can live without a liver and there is no way to come up with a liver unless one has a living human being, or should I say, a huge stable of living human beings, where they have all been tissue matched, are ready to go and someone can come in and get that organ within several hours. The warm ischemia time, the time when an organ is being transferred from one person to another, is estimated to be two minutes or zero in most cases of these emergency liver transplants.

This is more evidence of something the committee has heard from Dr. Enver Thohti Bughda, that this is done while people are alive. There is not a huge mystery about organ tourism; it is an intentional piece of monkey dust which the Chinese have thrown up about this. I do not doubt that one can go to Egypt and get a kidney. I do not doubt that there are several countries in the world where one can do that but there are only two countries that harvest political and religious prisoners and they are the People's Republic of China and ISIS. I do not recommend the hotel facilities in Syria right now. It is true that there is a bigger problem overall, but this goes beyond it. We are not merely looking at Falun Gong but Uyghurs, Tibetans, and House Christians. The Uyghurs may be coming online with DNA testing, which is also tissue matching testing, but it has dual purpose. It tells us that the Uyghur population, the Muslims of China, are suddenly under great threat when millions of them have been DNA tested. The Chinese say it is for their health but we cannot believe that. There may be many purposes, and we can discuss that further, but there is no question that there are still prisoners who are being harvested for their organs.

We do not know the exact percentages but anyone who has been close to the data in the way that myself, David Matas and David Kilgour have, has concluded that they are mainly prisoners of conscience. They are often arrested without any due process whatever. They cannot be charged with any capital crimes and in the case of Falun Gong they are absolutely non-violent.

Often, they are people who are not even on the books and are being put to death. This is where this huge pool of organs is coming from. I would like to say that this is science fiction but I was here in 2013 and I am afraid that the evidence has become exponentially worse and more explicit since then and that is why we are starting to see the reaction.

Dr. Enver Tohti Bughda: One should bear in mind that Chinese society is one which believes the body is taken to the next world, and they do not want the body to be taken apart. That is why the numbers on the Chinese national organ registration are ridiculously low, so where are these organs coming from? Human rights organisations are illegal in China but one can see charitable organisations for animal welfare everywhere. It means human life is worth less than animals. In asking how it can happen, it is comes down to the party, the CCP, which created the infrastructure and made these atrocities possible.

Mr. David Matas: I have taken note of the questions as they were asked, and counted 17 of them. I will try to run through them as quickly as possible.

Deputy Seán Crowe: Ten of them were mine.

Mr. David Matas: Deputy Maureen O'Sullivan asked if there had been any progress. There has been, both in China and abroad. Mr. Gutmann mentioned four countries which have enacted legislation, and that is some progress. There are other signs of progress also. Within China, legislation has been enacted which made promises, and gave priority to locals. The trouble is that it has not solved the problem and it has not been comprehensive. Before there was nothing, and now there is something, but we still have the problem. Mr. Gutmann answered the question about advertising. On the role of international organisations on international crime, the Council of Europe has come up with a treaty and the World Health Organisation has stated some principles. The UN rapporteur on torture and religious intolerance has put questions to China at the UN committee against torture, and asked China to conduct an international investigation. Generally, when one is dealing with international crime, there is a legal principle of complementarity which means that states should do it locally first. I do not think that we should be relying entirely on international organisations to deal with this issue. The first line of defence for international crime should be states rather than international organisations.

On the role of international medical organisations, the transplantation societies developed a couple of good policies, one on China and another on sourcing organs from prisoners, but the first line of defence should be a national transplantation society. What I see with national transplantation societies is that their ethical systems are underdeveloped to deal with this issue. They do not deal comprehensively with transplant tourism. Those need to be developed.

Deputy Crowe's question about the onus is an important one. The onus should be first on China to explain its source of organs and anyone dealing with China should be satisfied beyond reasonable doubt that its source of organs is proper. That is not now the case, rather there is much wilful blindness, which is a problem.

On how a ban on travel would work, I am not in favour of putting patients in jail. What one needs to do is get at the brokers and advertising. This is a point that Senator McFadden made, that there has to be as much public education as possible. A number of city councils in Ireland have passed resolutions on this which is very useful in public education. The health Ministry could be doing more and the foreign Ministry could do more about alerting people about what happens. Again, the profession could be alerting people more. How many doctors tell their patients that if they go to China there is a risk that somebody will be killed for his or her organs?

On the question of whether the Red Cross visits prisoners in jail, the answer is that they are not allowed to do so. At one time a Chinese official said they could, but when the Red Cross tried to arrange a visit it was not allowed. In regard to legal action against a British firm, I am a lawyer so I cannot answer that question. The problem is that legislation that would prevent something like this happening locally is not extraterritorial in effect. What Ireland, Britain and other countries need to do is put in place legislation that allows for extraterritorial rights such that they can impact upon things that locals are doing outside of the country.

Chairman: Would anyone else like to comment?

Ms Dongxue Dai: On Deputy Crowe's question of how one human being could do this to another human being, from my perspective the problem is the brainwashing machine of the Communist Party. For instance, the Falun Gong, some of whom are seated here or can be seen on Grafton Street and so on, are normal citizens of society but in Chinese Communist Party propaganda they are vilified, demonised and labelled as enemies. When doctors previously did the harvesting they did not feel guilty because they were only carrying out a task but nowadays they are paid large sums of money for doing so. Following the destruction of traditional culture and several political movements, including cultural revolution, the former party leader encouraged everybody to make money. Nowadays in Chinese people's minds there is nothing left only money. When people can make money they will do anything and everything for that purpose.

Dr. Conall O'Seaghdha: On the issue of counselling patients, on occasion, patients arrive with printed material asking about this. I have polled all the transplant nephrologists in Beaumont Hospital. To be clear, when this issue arises we would dissuade the patient in the strongest possible terms, based on the source of the organs but also on outcomes for the patients.

Deputy Crowe asked about the situation in Egypt. I cannot speak knowledgeably about that except to say that I know of a patient of Egyptian origin who returned to Egypt to receive a kidney transplant this year. The matter of mandatory reporting is complex. Any legislation around that would need to take into account that there are some circumstances where patients can legitimately return to their country of origin for transplantation. The usual story we are told is that their brother or other family member is living in Pakistan, Nigeria and so on and they have to return home to have their transplantation. There is some complexity around this. It is not possible as a physician to tease that out. There are also circumstances where patients can legitimately travel to other countries. We have an organ sharing programme and we have a paired exchange kidney programme which we are currently setting up with Belfast. Paired exchange arises when a person wishes to donate a kidney to a spouse but cannot do so for immunological reasons and a similar pair exists such that we can swap organs. For this to function well, we need a large pool of patients to draw from. We have a memorandum of understanding with Belfast, which is being drafted. In circumstances where that arises, patients will legitimately travel to receive transplants. There are important details that need to be factored in rather than an overall issue of a patient not being permitted to travel to receive a transplant.

Dr. James McDaid: I will conclude by responding to the questions from Deputies Maureen O'Sullivan and Seán Crowe about the Vatican Summit and the Egyptian transplants situation. The Pope, in a statement he made a couple of years ago, said that he wanted to do his best to stamp out people trafficking and, as an aside, organ trafficking. This is what gave rise to the summit in the Vatican. With regard to China's role in the summit, it was steeped in controversy in that from the outset there were questions about whether the Chinese should even have been invited to the summit, against the background that China, Egypt, Pakistan and India are countries that are deeply involved in organ trafficking. There was no controversy around invit-

ing delegates from India and Pakistan but there was a big question about whether the Chinese should have been invited. Earlier, Mr. Gutmann made the point that the Pope was supposed to address the summit and meet with us all but he pulled out at the last minute because of controversy over the Chinese. He did not want to be seen to be endorsing the Chinese visit or to be photographed with them. The Chinese presented their data. I spoke briefly afterwards with the Deputy Health Minister, Huang Jiefu. In their statement they admitted that they have been executing prisoners for organs in China. They would not be drawn on prisoners of conscience, Falun Gong, and so on but they admitted to large-scale execution of prisoners. The summit was shocked by this, understandably, and people condemned it. It was the one time in the summit when one could palpably feel the temperature was rising. People were arguing and questioning the Chinese delegates and they did not really believe what they were saying. The Chinese said that they have now made it illegal and they are trying to stamp it out but that it is difficult to police with so many hospitals and so on involved. They were met with a lot of scepticism and condemnation.

With regard to the Egyptian situation, there have been many reports recently about Libya being a hot bed of people trafficking. Many refugees from Syria travel to Libya to get transport to Europe on inflatable boats, as a result of which thousands of people have died. In addition, thousands of economic migrants from Sudan, Somalia and Nigeria are congregating in Libya, which right now is a country without a Government. It is lawless and akin to the wild west. The people from Syria and the economic refugees from North Africa pay enormous amounts of money to people traffickers to get passage to Europe. When they arrive in Libya to get on the boats to cross the Mediterranean the people traffickers ask for further payment. When the refugees point out that they already paid in Syria or Sudan for passage to Italy the traffickers tell them that they cannot get on the boats unless they pay again or, that if they donate a kidney it would pay passage for five people, the refugee and four members of his or her family. They do not do the organ harvesting in Libya. It is done in Egypt where there is a better developed health care system. In Egypt their organs are harvested for local people or paying foreign people. Interestingly, the European Union has a special prosecutor in Libya, an Irish man named Aonghus Kelly, who is working on this issue. I told him I was coming here and he is very keen to get involved. I can pass on his contact details to the committee if it is interested in furthering the Egyptian transplant tourism issue. The big difference between Egypt, Pakistan and China is that in China this is veiled in secrecy but in Egypt and Pakistan the cases have been uncovered, reported in the press and people have been arrested. Many of surgeons and physicians have been put in jail in Egypt but in China organ harvesting is veiled in secrecy, the media is suppressed and so it is difficult to know what is going on there.

Chairman: I thank Dr. McDaid for his contribution. There are medical councils in each jurisdiction. It would be important that they would communicate the concerns of the physicians and medical professionals to their relevant health departments and governments. The representative organisations would have ongoing contact with their relevant government department on a regular basis. Regardless of the country it is important that medical professionals with the expertise and knowledge would make an issue of it with the relevant health authorities.

Mr. Matas referred to legislation not being extraterritorial. That is correct but there is a value in the European Convention against Trafficking in Human Organs that was adopted in 2015. The Irish Department of Health must introduce legislation to transpose those provisions into domestic law. All member states can transpose the provisions of that convention into domestic legislation. That is the value of the European convention.

What I said at the outset, and I am sure members will agree, is that we will communicate directly with the Minister for Health following this meeting, stating that we had a formal meeting with the witnesses in regard to the need to bring forward this legislation. I am sure it would meet with the approval of both Houses of the Oireachtas.

We will ask the Minister for Foreign Affairs and Trade to raise this issue as a specific item at a meeting of the Council of Foreign Ministers. Obviously, each Minister can table an item for discussion. We should encourage our Minister for Foreign Affairs and Trade, Deputy Simon Coveney, to put this matter down for discussion and try to garner support among other member states as well.

I thank the witnesses sincerely for their contributions. They have exposed extremely frightening and troubling activities which are heinous crimes being committed against vulnerable people. Let me assure them that they have our support and we will be glad to pursue other ways that we can be of assistance.

Ms Dongxue Dai: Some of my colleagues who are here and others who are off-site have worked with the county councils on this issue. Of the 31 county and city councils in Ireland, 17 of them have passed this motion. As the Chairman said, it is possible that Ireland will be able to do something to represent the county and city councils which passed this motion and to bring it to the notice of others. That would be helpful.

Chairman: The joint committee is aware some local authorities passed this motion. The local authorities which passed it should convey that message to the Minister for Foreign Affairs and Trade through the Department of Foreign Affairs and Trade. It is important the message is sent to the Department of Foreign Affairs and Trade. It would be no harm if the said local authorities communicated directly with the embassies also. I thank the witnesses for their contributions.

Sitting suspended at 10.45 a.m. and resumed in private session at 10.55 a.m. and in public session at 11.15 a.m.

Humanitarian Crisis in the Mediterranean: Médecins Sans Frontières

Chairman: In part B of today's meeting, we will receive presentations from representatives of Médecins Sans Frontières, MSF. I welcome Mr. Sam Taylor, director of MSF in Ireland, Dr. Conor Kenny, who has recently returned from vital fieldwork aboard a rescue vessel in the Mediterranean, and Mr. Alex Dunne. It is essential for the committee to hear first-hand accounts of the ongoing crisis, affecting migrants who risk their lives by perilously crossing the Mediterranean from north Africa to reach Europe. The format of the meeting is that we will hear the witnesses' opening statements before going into a question-and-answer session with the members of the committee. I welcome the witnesses.

I remind members, witnesses and those in the Public Gallery to ensure that their mobile phones are switched off completely for the duration of the meeting as they cause interference, even on silent mode, with the recording equipment in this room.

Members are reminded of the long-standing parliamentary practice to the effect that they should not comment on, criticise or make charges against a person or body outside the Houses, or an official, either by name or in such a way as to make him, her or it identifiable.

By virtue of section 17(2)(*l*) of the Defamation Act 2009, witnesses are protected by absolute privilege in respect of their evidence to the joint committee. If they are directed by the Chairman to cease giving evidence on a particular matter and they continue to so do, they are entitled thereafter only to qualified privilege in respect of their evidence. They are directed that only evidence connected with the subject matter of these proceedings is to be given and they are asked to respect the parliamentary practice that, where possible, they should not criticise nor make charges against any person or entity by name or in such a way as to make him, her or it identifiable.

I call on Mr. Sam Taylor to make an opening presentation.

Mr. Sam Taylor: I thank the Chairman and members of the committee for affording us this opportunity to speak to them today about the search and rescue missions in the central Mediterranean. My name is Sam Taylor and I am the director of Médecins Sans Frontières, Doctors Without Borders, in Ireland. I am joined by Dr. Conor Kenny, who has recently returned from one of our vessels in the central Mediterranean. Médecins Sans Frontières is an independent, medical, humanitarian organisation that delivers emergency aid to people affected by armed conflict, epidemics, natural disasters and exclusion from health care. We offer assistance based on need, irrespective of race, religion, ideology or political affiliations and our actions are guided by medical ethics and the principles of neutrality and impartiality. We are 96% funded by private donors and do not rely on government funds for our activities. We opened our office in Ireland in 2006 and to date have placed more than 150 Irish staff in MSF projects all around the world, from Afghanistan to Uganda. We go where we are needed, to where the patients are. Unfortunately, that now includes the Mediterranean Sea.

MSF started its search and rescue operations in the Mediterranean in April 2015, following the decision of the European Union and Italy to discontinue Mare Nostrum, the joint large-scale search and rescue mission led by the Italian Navy. At the time, it appeared that Europe was prepared to let many people fleeing war, poverty and oppression die at sea. We in MSF took the difficult decision that we could not stand back and watch from the shore as thousands of men, women and children drowned while trying to reach Europe. Death at sea continues at an alarming rate and the numbers of deaths are comparable to what Médecins Sans Frontières is used to seeing in the war zones in which we operate.

Our work, responding to displacement in Europe over the past two years, has led us to set up projects in the south of the continent as well as along what became known as the Balkan route. From reception centres to refugee camps, we have established projects to respond to the health and medical needs of people on the move. While the recent EU-Turkey deal has meant that fewer people are attempting the journey along the Balkan route, the journey has only become more dangerous for people still attempting to cross. To date, MSF teams in the central Mediterranean have rescued or assisted over 30,000 people in distress on over 200 operations. In 2017 alone, we have rescued and assisted more than 9,000 individuals.

According to data from the International Organization for Migration, IOM, the number of people who died trying to reach Europe by crossing the Mediterranean has reached an all-time high with over 5,000 reported deaths in 2016. This year is shaping up to be another deadly year, with more than 2,170 deaths so far, according to the IOM. However, these figures betray the reality of this crisis as the actual number of deaths is likely to be much worse. We have no idea how many dinghies overloaded with terrified passengers set sail from Libya in the direction of Italy each day and sink without trace. This morning, Dr. Conor Kenny, an MSF Ireland field worker who spent three months on board our vessel, the *MV Aquarius*, in the central Mediterra-

nean, will outline his very difficult and challenging first-hand experiences of providing medical care to those rescued aboard the vessel.

Last week, the Italian Government signalled to the European Commission that it may move to block foreign-flagged vessels from docking in Italian ports due to the strain on their systems coping with the rescues. Search and rescue is a desperately needed emergency response but our work at sea is just a sticking plaster on a gaping wound. Our search and rescue operation is not the solution to this ongoing crisis, nor is it the cause, as some have claimed. After Dr. Kenny's testimony, we will briefly conclude by outlining a number of our key concerns related to search and rescue operations for this committee to take into consideration, before we open the floor to any questions members may have.

Once again, I thank the committee for this timely opportunity and I ask Dr. Kenny to speak.

Dr. Conor Kenny: My name is Dr. Conor Kenny and I come from County Sligo. I have been qualified as a medical doctor for four years with interests mainly in general medicine. From February to May 2017, I was part of the Médecins Sans Frontières medical team on board the *MV Aquarius*, located in international waters, patrolling at 25 nautical miles from the coast of Libya. I served as the ship's medical doctor, alongside a small medical team comprised of one midwife and two nurses. I will speak about my work and experience on this MSF assignment, detailing how we conduct rescues in the central Mediterranean, the medical care we provide and the recent developments and areas of concern.

We existed in a world of two extremes aboard the ship. My team and I would spend days at a time diligently watching the seas and running near-daily medical drills, ensuring that we were fully prepared for the next emergency rescue. Then, upon receiving instruction from the Italian maritime rescue co-ordination centre, MRCC, we would enter an intense 72-hour period involving rescue, provision of care and safe disembarkation. I would repeat this process many times during my three and a half month assignment in the central Mediterranean. Images of my experience there can be found at the end of the document distributed.

Typically, as the ship's medic, my initial role in a rescue was that of first response. That means that I would go with a rigid hull inflatable boat, RHIB, to the vessel in distress. Next to the boat in distress and from the RHIB, I would survey the scene and prioritise the people we rescue first, focusing on those who are seriously unwell, as well as children and women. Sadly, the sickest are usually the ones one cannot see, often lying on the floor of the overfilled boat. Retrieving these people from their boat may often be complicated because they may be panicked, for example, if their boat is sinking. This may lead to crush situations or even capsizing. Throughout this process I was in constant contact with the rest of the team aboard the *MV Aquarius* which allowed us to prepare the necessary medical response back on boat based on their health needs. This could include a mass casualty response or a multiple casualty response. From the point of rescue to disembarkation, we responded to whatever medical needs arose from emergency care to outpatient consultations. As one can imagine, demand was high and we got very little sleep over the usual 72-hour period between rescue and disembarkation. During this time in the MSF clinic, I treated wounds, broken bones were set, and we provided psychological first aid. Sometimes babies were born.

The majority of our rescued patients were suffering from hypothermia, dehydration and exhaustion when they reached us and often had been severely burned by the gasoline used to power these boats' engines. It is important to note that when the fuel powering the engines mixes with the seawater, it turns into a highly corrosive and hazardous substance. Many of

those who ended up in my clinic had been forced to sit in this substance, often resulting in severe burns to their genitalia. Many had also swallowed and inhaled the toxic liquid mix into their lungs during a drowning process. One occasion that sticks in my mind is the attempt my team and I made to resuscitate an unconscious young women who had been brought on deck by staff on one of our RHIBs. As I approached her the toxic smell of the gasoline fumes emerged from the patient as I noticed that the skin on the right side of her face had dissolved in the fuel. Tragically, resuscitation attempts were unsuccessful and this young woman died. On closer examination this facial burn extended the length of her thorax to the bottom of her chest. Clearly she had been face down in the fuel lining the base of the rubber boat she was in. This is an horrific way to drown.

The other types of medical conditions we were faced with in the medical clinic include respiratory tract disease, gastrointestinal tract disease and trauma. The greater part of people on board the boat had been subject to, or had witnessed, physical, and in some cases sexual, violence while in Libya and presented with the marks and scars of those abuses. They often spoke to us about this abuse, which they had suffered at the hands of smugglers, armed groups and private individuals in Libya when they were on the boat. Here, many told us stories of how they were bought and sold on trade markets as a commodity, working in hellish conditions as labourers without payment. I have heard testimony from many patients who were duped into working in Libya, seemingly offered good jobs there where they would have the opportunity to send money to their families at home. However, in reality, Libya is not a functioning state. With three competing governments and virtually no rule of law, many people whose final destination was to be Libya and not Europe, are rounded up by the state security forces and other armed groups and forced into detention centres and asked to work off unreasonable sums for their freedom. Some are then forced onto boats and into the sea, while others view it as their only chance of escape from what they told us is a slavery-type situation and the violence they face if they stay in Libya.

One such story that sticks with me is that of three boys we rescued in April. Incredibly, once taken on board, two of the boys recognised a medical nurse on the ship who had treated them as small children in the Darfur region back in 2003. Fourteen years later they told us the harrowing story of how they had ended up in the Mediterranean Sea. Two of the boys, Samir and Abbas - which is not his real name - had at the age of 17 left the conflict in Darfur to seek out a better life working in the Libyan economy. They told us about how they had left Darfur with many others, travelling through Sudan and into Libya. Things began to go wrong when after a number of days on the road, their Libyan driver shot dead a fellow passenger following an argument. Furthermore, their driver was overheard making numerous phone calls, auctioning them and their fellow travellers to prospective buyers in Libya. After a number of hours they heard that they were to be sold for €70 each based on their physical attributes such as their height and muscle mass. After reaching Libya they were sold on to different owners many times in the coming months, enduring regular beatings and abuse at the hands of their captors. It was when they were auctioned for the third time that they met the third boy, Ahmed. After 50 days together and again facing severe abuse, the three boys, along with others, found an opportunity to escape from where they were being held. However, as they made their dash to freedom a neighbour of their captor spotted the attempted escape and fired at them as they fled, hitting Ahmed in the leg. Samir and Abbas, who had now evaded capture, reached a market in Tripoli. Adamant that they would not leave Ahmed behind, they found a Sudanese man who helped them by raising enough money within the Sudanese community in Tripoli to buy both the freedom of Ahmed, as well as their escape into the central Mediterranean.

There have been worrying recent developments at sea involving unsafe behaviour of those identified as the Libyan Coast Guard. On 23 May this year, my colleagues aboard the *MV Aquarius* reported that while we had a rescue operation under way a boat with men identifying themselves as Libyan Coast Guard approached one the boats in distress we were assisting, intimidating the passengers and firing their guns in the air. Armed and in uniform, members of the Libyan Coast Guard then proceeded to board one of the rubber boats. They took phones, money and other belongings from the passengers. They attached a line to one rubber dinghy and towed it back towards Libyan waters. The testimony of the survivors of this encounter paints a worrying picture. According to one of the people on board one of these boats:

> When the Libyans pointed their weapons at us, asking us to give them all our money and cell phones and telling us to jump in the water, we did what they said and many of us jumped in. I was not afraid. I preferred to die at sea rather than being repressed and to die in Libya.

Fortunately many had already received their life jackets from the MSF rescue team before they jumped into the sea out of fear that the Libyan Coast Guard would again fire into the air. Our teams pulled 67 people from the water. The behaviour of the Libyan Coast Guard was reckless, if not directly threatening to the people on the boats, and it is a miracle no one drowned or was injured. We know that predominantly, those returned to Libya by the Libyan Coast Guard are taken to detention centres where they are held in inhumane conditions. The fact that the Libyan Coast Guard has been in receipt of training and support to build its capacity from the European Union makes the incident all the more disturbing and casts a shadow on the training provided by the European Union. While countries have a right to have a coast guard and to engage in their missions, we would flag this recent worrying incident that put people in great danger.

From my testimony as outlined this morning, it is clear to see why people are looking to flee Libya. They need help and safety regardless of where they come from or what took them to Libya in the first place. It appears to be a place of extreme danger with no rule of law. We must make every effort to make it clear. Ireland needs to know that returning people to Libya, within this context and in this way, is simply not an option. This humanitarian crisis will continue in the central Mediterranean. There needs to be some solution found, and NGOs and we in MSF are not it.

Mr. Sam Taylor: On the basis on Dr. Kenny's testimony this morning and MSF's continued search and rescue in the Central Mediterranean, we wish to conclude by highlighting our key concerns and conclusions for the committee's consideration. MSF is concerned about the humanitarian consequences of some elements of European Union-funded capacity-building initiatives in Libya to which Ireland is contributing, namely, that of the Libyan Coast Guard and conditions within centres. We suggest that a thorough assessment of the impact of such initiatives, both positive and negative, be conducted by the European Union.

MSF believes that European member states should be focusing on implementing a dedicated search and rescue operation in the central Mediterranean. We caution against any significant shift that would see the priority move away from a rescue operation to predominantly that of an anti-smuggling one, including Ireland's naval response.

Finally, MSF calls once again for the urgent establishment of adequate, safe and legal alternatives to the dangerous sea crossings in to prevent more deaths at sea.

Chairman: I sincerely thank both of you for your graphic presentations. Mr. Taylor said the

deaths at sea in the Mediterranean now are comparable to those in war zones. That is graphic and demonstrates the huge, needless loss of life. It is a gruesome picture of the horrors being inflicted on innocent people every day, unfortunately. The first group of questioners is Deputies Crowe, Maureen O'Sullivan and McLoughlin.

Deputy Seán Crowe: I welcome the witnesses and thank them for the brave and selfless lifesaving work they carry out each day. Yesterday morning, I listened to the Italian ambassador on the radio. He spoke about the difficulty facing the Italian people due to the number of refugees coming from Libya directly to Sicily and Italy. The Italians are threatening to refuse entry to NGO charity boats to ports in Italy. Will this include the MSF boats and what will that mean for its work?

Italy is rightly angry about the EU countries' lack of solidarity and so forth. I have mentioned that at other meetings, including at yesterday's meeting of the European affairs committee when this matter arose. The Italians are saying that some of the charity boats are acting as a pull factor and some of them are going into Libyan waters and so forth. The witness says that MSF's boat is 25 miles off the coast. When these boats are seen by people on the Libyan coast, do they act as a type of beacon or attraction? How do the witnesses respond to the Italian concerns in that regard? The Italians say that the majority of the people are not coming from areas of conflict but are economic migrants. In some cases they are not co-operating with other EU countries with regard to moving forward. What should Ireland be doing about those refugees? Should we increase the number we are taking? I believe we took three from Italy last year. Clearly, the system is flawed and is not working.

Witnesses appeared before the committee earlier to discuss organ transplants. One of the doctors from Ireland spoke about the link between stealing organs and refugees. Have the witnesses encountered that in their work? The doctor said there is a clear link between people from Libya going to Egypt and then being allowed on the boats. Have the witnesses seen that?

I saw photographs of the so-called detention centres run by the Libyans, basically armed militias. The witness said there are three disputed powers, but they are effectively armed militias on the ground. Hundreds of people are crammed into overcrowded centres. What is MSF's view of the European response of sending people back to Libya?

The witness mentioned the work of the Libyan coastguard. What is its official role? Is it its role to bring people back or to stop people leaving the coast? Part of its role appears to be to rob people. Members of the coastguard are on very bad pay. Do the witnesses believe EU member states should be supporting the Libyan coast guard in any way considering its record of abuse?

With regard to the military response, there is talk that EU ships will move away from search and rescue missions to carrying out military missions. What is the witness's view on that? I recall David Cameron talking about going in to take out the traffickers, boats and so forth. How do the witnesses think that will impact on the refugees who are vulnerable?

The witness referred to a legal and safe pathway. Should that be in Libya or in some of the countries where the refugees come from?

Deputy Maureen O'Sullivan: I welcome the witnesses. The representatives of the earlier group painted a picture of people arriving after giving all their money to get on the boat and then being asked for more money, and the way they could pay this was through donating a kidney or whatever. It is opportune, therefore, that MSF is appearing before us now.

I was fortunate to be able to watch the film last night. I saw in that what the witnesses spoke about today. The witnesses spoke about the range of injuries. Obviously, the physical injuries are dealt with on the spot but there are also psychological effects. There are people who were tortured, sexually violated and raped. Is MSF able to do follow-up work? I realise that must be difficult, but it is aware of the people who need the psychological and mental health care afterwards. It was interesting to see the party after 72 hours and how MSF presented it. When they had gone through the initial trauma they were able to sing and dance on the boat. Human resilience is something else. It appears that these migrants are just left on the boats to drift and that there is nobody in charge of the boats. That is another extremely dangerous situation. When the film showed the middle of the boat beginning to sink one can imagine people's terror that they were going to drown.

Perhaps the witnesses would outline their knowledge of the slave markets in Libya. I raised this as a Topical Issue some time ago. It is incredible that we are relying on Libya to deal with this when the country is in turmoil. It does not have basic necessities for its citizens and its economy is in danger of collapse, yet we have turned to it to deal with it.

Another issue is that when Libya was a very rich country a number of people came to that country to work in the oilfields. We mention them but we need to know more about them. They are mainly from other African countries but at some point they would have had a quite decent standard of living in Libya. They are part of the migrant issue now.

I have a general question about co-ordination of services. The work of Médicins San Frontières is amazing, but there are other organisations in place. Are the organisations coming together on that and on where we go from here? The awful question must be asked: why are people being rescued? I have heard some of them say that they would prefer to die by drowning in the Mediterranean than deal with what some of them are going to face.

The Malta Declaration has great sounding principles regarding building capacity and having adequate reception centres, but there is no doubt that it is a complete failure. To date I have counted €120 million and €90 million going to it and I am sure there is a great deal more, but it is not addressing the needs it should be addressing. I believe the money could be given to MSF because it would be done in a more humane way. We wrote to the previous Minister for Foreign Affairs and Trade asking that this be raised, as he was attending that foreign affairs Council meeting in Europe. We do not hear concerns at European level that funding is going into the abuse and torture of people and making life much worse for them. We know the root causes of many people leaving their countries but they are ending up in a much worse situation. The coastguards need training but I am also sure there are rogue coastguards who have no interest in training and who are using this situation for themselves.

Deputy Tony McLoughlin: I welcome the witnesses and thank them for their presentation. I congratulate my Sligo colleague, Dr. Conor Kenny, on all the work he has been doing. He has been involved with MSF for a number of years and has carried out many tours of duty. Hopefully, he will be returning to it again. I wish to put on record the work he has done over the years as a young medical doctor from County Sligo.

Reference was made to the relationship with the Italian authorities. The authorities in Italy provide briefings on what they can and cannot do in terms of their work. Reference was also made to the fact that the organisation does not accept Government funding. Dr. Kenny has outlined in great detail the work in which he has been involved in recent months. The Irish Naval Service has a boat working in close proximity with MSF. Could he provide some details in that

regard?

Mr. Sam Taylor: I will start and I will hand over to Dr. Kenny for the eyewitness information. In response to Deputy Crowe's question about the potential closure of Italian ports, that is obviously very concerning. We run missions of approximately 72 hours in order to get people back to disembark with them in Italy but if that time is increased it will mean more deaths at sea because we will be spending less time looking for people and picking them up. As Deputy Crowe said, Italy has been absorbing a huge burden. We are quite concerned about the discussion in terms of the code of conduct around NGOs. We have not received any official notification on this matter yet but preventing NGOs from disembarking in the closest safe harbours will increase the danger.

In terms of the other EU countries, we believe very strongly that people should follow Ireland's lead and provide humanitarian maritime assistance, which is what this country has been doing. It is the only EU country to do so. We very much respect and admire that, but we are concerned that this activity is moving more towards prevention of people getting into Europe and returning them back to Libya. The conditions in those detention centres are completely appalling. As Dr. Kenny outlined, we are seeing victims of torture, trauma and all kinds of things. At MSF we believe very strongly that what is needed is more search and rescue capacity, not turning people back. As Dr. Kenny outlined as well, we have seen smugglers firing into the air and stealing from the people that are on their boats so it is an extremely challenging situation.

In terms of NGOs being a pull factor, they are not. An academic study was done by Goldsmiths college two weeks ago that showed that irrespective of whether there are ships there people are going to go to sea. In terms of responding to Deputy O'Sullivan's question about why we rescue people, if 5,000 people were dying of Ebola we would feel the need to respond. That is an unacceptable amount of people to be dying because they want to cross a border, which is not a particularly good reason. From a humanitarian medical perspective that is why we feel we have to put those three boats into the water there, but we are not the solution. The solution lies with individual European states. We do not know what the solution is. Compared to the weight of the European Union we are a relatively small organisation. We know that sending people back is not the correct response. We do not differentiate between whether people are economic migrants or they are fleeing Darfur, Somalia or Eritrea. People do not get on those boats lightly. I have Syrian friends who have made the journey. They know what they are getting into. They are fully informed of the risks in Libya and on the way. That is not something we would necessarily differentiate.

In terms of co-ordination of services, all the activities are co-ordinated by the Maritime Security Council, MSC, out of Rome. We are not cowboys. We run watches on deck where we look for people but we are told where to go, as is the Irish Naval Service and the other NGO boats. All the rescues are co-ordinated by Rome. Dr. Kelly can provide more details about this. We follow the instructions.

In terms of the distance, on five occasions over the past three years we have entered into Libyan territorial waters up to 1 nautical mile, but that was to save lives. We could see people drowning in front of us and we felt obliged to save them. We were told to go there by Rome, so we went. Just to make it very clear; there is no contact whatsoever between Médecins Sans Frontières and any smuggler. All the activities are co-ordinated out of Rome. We are directed in terms of what to do.

There is a legal obligation on any vessel to go to the aid of another vessel in distress. That is

not something we made up. What we are doing is adding capacity. The commercial vessels that were previously taking a lot of the slack on this, after *mare nostrum* finished, complained to the European Union, saying the volume was too high. It is not that we are providing an ambulance service or a taxi service. There is a legal obligation based on the laws of the sea which dictate that vessels in distress must be attended to by other vessels in the area.

In terms of funding, Médecins Sans Frontières stopped taking European Union funding in June, because of the EU-Turkey deal to which Ireland was a party. We stopped taking Irish Aid money at the same time. The boats are another illustration of that, as is sending people back to Libya. There is a very dangerous movement now to prevent people from seeking asylum. People have the right to seek asylum, to flee war, to flee persecution and natural disaster. We believe that putting borders and barriers up, whether they be in Libya or on the Balkan route, is a worrying development of outsourcing European borders. We understand that Europe has a massive problem with this but we feel that people should have the right to flee Syria and Eritrea. We feel quite strongly on that.

The work of the Irish Naval Service is something that is very respected both by Médecins Sans Frontières and by the other people doing this work but we remain concerned that the work should stick, as it has for the past three years, to humanitarian search and rescue, rather than looking to go on border control missions, which we feel sends a very concerning message.

Dr. Conor Kenny: In response to the rest of the questions, I will return to what Mr. Taylor said about NGOs being a pull factor. It is very frustrating to work in that environment and for the narrative to be there focusing on the pull factor instead of the fact that people are dying at sea and that has been the case for many years. We should bear in mind that NGOs only got involved in the water in 2014 and 2015. There were naval vessels well before that. The majority of rescues still continue to be done by Government vessels. NGOs serve to take the burden off merchant navy oil tankers and other people who are ill-equipped to deal with the situation. It is frustrating to hear that when the narrative should be on the number of deaths at sea. Regarding organ donation and migration, I have never heard of anything like that and I have not come across it in the medical clinic at all.

In terms of the medical care provided when people reach Italy, the night before disembarkation I draw up my list of people whom I need to refer to the Italian Ministry of health. The number of people on the list is directly proportional to the poor quality of detention centres from which they have come. Often, many people suffer from the same infection as a result of horrific sanitation. I then refer those people to the Italian Ministry of health. I also refer people whom we could deem to be vulnerable cases. They may be unaccompanied minors or people who have suffered serious psychological distress after being tortured for many months or witnessing people being killed. The problem I face is that I could refer everyone on the boat, all 600 or 900, but I cannot. I have to think of an arbitrary threshold to make the referrals on psycho-social issues people have. It is very difficult to do that. There is a strain on what the Italian health care system can do. One has to be selective in whom one can refer on. MSF does work in Italy. It is doing new projects in Sicily to manage the psycho-social issues on land and to help support the Italian health care system that way.

As Mr. Taylor said, the co-ordination of rescues is done through the MRC in Rome. Very often we work with naval vessels and other NGOs to support them doing a rescue. We may provide the life jackets and they may take the people on board their boats or *vice versa*. If a naval vessel needs to go back to port we disembark people onto the naval vessel or *vice versa*. My experience is that the co-operation has been positive. The problem is that often there are not

enough assets in the water. More often than not, our boat has been overloaded by almost double its capacity. Going into port in Catania or Sicily, we have been found to be listing to one side because we were well over double our capacity. That is an insanely and incredibly dangerous situation but we have no other support. We do not even have a merchant navy vessel to assist us in rescues. This is a major issue.

Mr. Alex Dunne: On Deputy Maureen O'Sullivan's question as to whether this is being spoken about at European level, the answer, in a sense, is "Yes". Migration is always on the agenda for the Foreign Affairs Council. We commend the Deputy on her work and questions on Ireland's participation in the EU Emergency Trust Fund for Africa and how much money goes into that. We do not know where that trust fund money is going but we know it is potentially earmarked, as the Minister of State, Deputy McHugh, said, for the Horn of Africa region. We call on committee members to find out exactly where Ireland's contribution is going in that regard.

On the Chairman's question on whether the Minister for Foreign Affairs and Trade asked whether Ireland brought up conditions in Libyan detention centres at European level, he did raise it at a recent Foreign Affairs Council meeting. Again, we call upon all members of the committee to raise this issue in their national and European parliamentary parties, let their colleagues know what information they are receiving and continue to push these agendas at European level, namely, at the Foreign Affairs Council, as Ireland can and should.

Chairman: With regard to Deputy Maureen O'Sullivan's Topical Issue debate, I had some contact from some interested parties on the Saturday and Sunday prior to the Council of Ministers meeting held on the Monday morning. Through Marylee Wall, policy adviser to the committee, interacting with the Department of Foreign Affairs and Trade that Sunday, it was raised at the meeting of the Council of Ministers by Ireland. Belgium or Germany might have indicated that they had some interest. It was raised and the request came from us at that particular time.

Mr. Alex Dunne: I thank the committee for that.

Chairman: It was also raised subsequently in parliamentary questions. With regard to the EU Emergency Trust Fund for Africa, Ireland has committed to €3 million for the Horn of Africa.

Mr. Alex Dunne: So far, €1.6 million of that has been delivered. It will be €3 million between 2016 to 2020.

Deputy Noel Grealish: I apologise for missing the first session. I was at a meeting with the Minister for Agriculture, Food and the Marine, Deputy Creed.

I welcome the representatives from MSF and I thank them for outlining the experiences the organisation is undergoing with refugees in the Mediterranean. I compliment MSF on the tremendous work it is doing in this regard. What is happening there is horrendous. In 2016, there were 5,000 deaths of migrants trying to cross the Mediterranean and already this year there have been 2,700. We must do something to tackle this.

What is the average age of migrants trying to reach Europe? More importantly, how do we stop it? This cannot continue. Does MSF feel enough is being done? What more can be done in these various countries? The West has much to answer for what it did in Libya. It deposed the former Libyan leader, Muammar Gaddafi, and then ran away leaving a lawless state behind.

We did not have an issue with this when Gaddafi was in power. I do not agree with what he did, but he exercised some sort of control.

These are human beings we are dealing with. They are the same as ourselves and breathe the same air we breathe. Some of them are genuine migrants trying to get away from war. Will MSF outline from what countries most migrants are coming and why? Some of them are financial migrants coming to better themselves and to travel. I was in Berlin recently and I saw many of them begging. I walked up Shop Street in Galway quite late one night recently and noted that the majority of those sleeping rough on the street were non-Irish. This shows that they are getting to the cities and that many of them are, unfortunately, sleeping rough.

Who are the people providing the service to bring migrants across the Mediterranean? What are they charging? Why have they not been taken out? Money has been given to the Libyan Government to stop this activity at source. I presume these people are on the take from these guys. I am sure they are paid on the double by the European Union to stop it and from the other crowd to let the migrants come across.

I compliment our Naval Service on the tremendous work it has done in the Mediterranean. I have spoken to several sailors who were traumatised by their experiences there. Some will need counselling. They pull people on board who can die in their arms. I compliment Dr. Conor Kenny on the tremendous work he has done, as well as others involved. Could we do more? What are other EU countries doing to support MSF in its work? Are some doing more than others? Could some others do more? We have to stop this at source. I do not know how we do that but I compliment MSF on what it has done.

Deputy Seán Barrett: I do not want to repeat the questions that have already asked. At this point, the situation is so severe that what is being done is plugging a hole but not answering a question. How long this can go on just plugging holes is a major issue. To the best of my knowledge, this issue is not high on the agenda of the European Parliament. This is a European issue. In fairness to the Italian authorities, one can understand their difficulties being the drop-off place. When the Italian economy goes bad, they come under pressure. That is not solving the problem.

The problem, as I understand it, is the breakdown on the African continent. Many countries there seem to be in bits on a regular basis. We have to take this issue to the floor of the European Parliament, to the European Commission and to the Council of Ministers. We can do our little bit, but it is like a drop in the ocean. Listening to Dr. Conor Kenny and those risking their lives, it is obvious that the level of frustration they experience must be horrific. They are picking up people - dragging them out of the sea - bringing them to Italy, going back again to do the same, yet nobody seems to be grasping the major problems. We have conferences around the world about issues, but this has to be brought to a European level. Has MSF had the opportunity of addressing Members of the European Parliament? If not, has it any proposals to do so? It is unfair to expect MSF to carry a heavy can on behalf of all of us. The only solution - and in order to feel that we are getting somewhere - is to outline a programme in which we all have to participate and which we all support. That is the only question I am asking the deputation. They are the experts. They have been on the ground. We can give money or send our ships, but it is like a drop in the ocean. I feel so bad about the whole African continent, especially the northern part of it. I was in Somalia 20 years ago when I was Minister for Defence. The place is as bad, if not worse, now as it was then. These places are not making any progress. It is only when we go there and see with our own eyes the way these people are not even existing that we realise it. Children were in orphanages and the only things they had were the vests they wore

and a bowl of rice per day. We look around the world and ask how this can go on. That was 20 years ago but it is still happening. I am searching the brains of the deputation for opinions on whether we can do something to bring this a step further. It has to be brought by a co-ordinated European approach whereby all member states have obligations.

Deputy Maureen O'Sullivan: At issue is the process by which migrants are sent to these detention centres in Libya. Countries like Malta are knowingly, I believe, sending people to these detention centres, which are prison camps to all intents and purposes. The call should go out that there should be a ban on any country sending migrants to the detention centres while these human rights abuses are going on.

Dr. Conor Kenny: I thank the committee members for outlining the clear urgency that this issue needs to be given. I thank everyone for outlining that this is clearly a complex situation as well. I know the committee members appreciate that.

We were asked about solutions. Médecins sans Frontières is a humanitarian organisation. We are in the water to save lives. That is our agenda. The solution from an Irish Government point of view is to continue. The Government has a humanitarian mission there with the Naval Service and it should continue to save lives. A European dedicated search and rescue response in the area is crucial to stop people dying.

The importance of safe and legal channels is vital, as Mr. Taylor has outlined. Many people are entitled to asylum but they have to get on these flimsy boats to claim asylum. Putting them in that situation is reckless. Is there a possible alternative or more creative way by which these people do not have to fuel the smuggling industry in Libya? Is there some way they can go through appropriate channels to seek asylum in the appropriate fashion?

I will come back to what I see in the medical clinics. I do not have the exact number of the average ages but I figure it is around 24 years plus or minus three years. We were asked where they are from. It really depends. We have seen various trends. Last year, Eritrea would have been one of the countries with the highest numbers. Now, we probably see more west Africans, for example, people from northern Nigeria, Gambia, Senegal and the Ivory Coast. We also see a large number of people from south-east Asia, such as Bangladesh. There is a real mixture of people. Many of them are fleeing poverty and many are fleeing violence as well.

There was a question about what is being charged to get on these boats. I can only go on what we hear in the medical clinics and the conversations we have. People suggest €250, €500 or €1,000 depending on the smuggler and the quality of the boat or even where the person getting on the boat is from. Again, this is very much hearsay.

Mr. Sam Taylor: Dr. Kenny addressed most of the questions. We were asked who is providing the services. It is a mixture of NGOs and different navies, including the Naval Service, contributing services there.

I will repeat what can be done. We do not have the solution. Although Médecins sans Frontières has been active in this area for several years, we do not have the solution. We ask ourselves what we would recommend. The simplest and clearest message we can transmit is that there have to be alternative channels. There have to be safe and legal channels for this process to happen. As we have mentioned, the NGOs are not a pull factor. People would continue to come even if the NGOs were not there and more people would die. No one takes these risks unaware of what they are, whether they are from Egypt, Syria or Sudan. People talk to each

other through social media. People know there is a high risk of dying but they are prepared to take it until or unless there are safer and legal channels.

We have mentioned the European Union. Ireland can do more in raising these issues at European level. Ireland has leading positions in some of the bodies in Europe. As a nation that has a deep and admirable humanitarian history, it behoves Ireland to raise these issues in whatever fora are available, as my colleague, Mr. Dunne, said. All we can do is tell committee members what we are seeing. All Médecins sans Frontières can do is explain what it is our people there are seeing on the ground. It is the responsibility of policymakers to turn that into policy. Of course, ending the war in Syria would be great and stabilising Somalia would be fantastic. However, it is not within our remit to do this. These are political issues. The part of Médecins sans Frontières is to save lives. As Dr. Kenny said, we are a sticking plaster on a sucking chest wound. We will continue to do that work because we believe it is our humanitarian imperative to do so. Solutions are with politicians.

Mr. Alex Dunne: We call on members of the committee to write in a formal capacity to the Minister for Foreign Affairs and Trade, Deputy Coveney, and the Minister of State at the Department of Foreign Affairs and Trade, Deputy McEntee, to ask to be updated regularly on the representations Ireland is making at a European level on these issues. First and foremost, Ireland should push for a detailed analysis of the EU capacity building measures in Libya for good and bad, in other words, what is working and what is not. We need an honest assessment of how that procedure is working at the moment.

Mr. Taylor will address Deputy O'Sullivan's question about Libya and the process in respect of those being detained in Libya.

Mr. Sam Taylor: I have not been there myself, but many of my colleagues have been. We are eating up time now so I will finish up quickly by saying that Médecins sans Frontières has been into more or less every war zone in the past 25 years. I have witnessed natural disasters, the Ebola outbreak and I have seen conflict with MSF. Hardened MSF professionals are traumatised by what they are seeing in these Libyan detention centres.

A friend told me one story about a man from Mali who was a painter and decorator. He had lived in Libya as a migrant with his papers for many years. He was brought into a detention centre to do painting and decorating. Once he had finished his work, he was detained by the smugglers and had to ransom his way out of the detention centre. He ended up on a boat. He did not want to leave Libya. He had no intention of leaving Libya. This is something that I had not appreciated before my colleague came to brief some of the committee members and their assistants on what we are seeing there. Some people are being forced onto these boats. The extremely negative and inaccurate narrative that we see in the media is not correct at all. This is an industry that makes vast sums of money. It is not regulated in any way, shape or form. It is too early for us to try to build capacity at the moment. What we need to do is save lives and stop more people drowning.

Chairman: I thank the witnesses very sincerely for their presentation. The committee secretariat became aware that Dr. Kenny would be back in Dublin. He mentioned that an opportunity to engage with the committee would be useful in a private capacity. It was my firm opinion that we should meet in a formal capacity because there may be some chance of people listening or watching these proceedings. Every effort should be made to get a greater awareness of the ongoing awful tragedy in that refugee route between Libya and Italy and the extraordinary loss of life.

I compliment Dr. Kenny and his colleagues who have been there on working in extremely dangerous and perilous conditions. They are working with the most deprived people. Some time ago, we heard from a colleague of theirs. She was a midwife who had returned from Syria. Like today's presentations, hers was very graphic and very useful for getting out the message of the horrors being inflicted on innocent people. As all my colleagues have said, the response at European and global levels has been inadequate.

In respect of contact, I am informed that the next EU foreign affairs Council is on 17 July. We will ensure that the Department and the Minister have the transcript of this meeting well in advance of the Council meeting. We will specifically refer to the conclusions drawn by Mr. Taylor in his initial contribution. We will ask the officials and the Minister to take cognisance of all the issues raised today. We will write formally to the Minister, Deputy Coveney after this meeting asking him to raise them again on 17 July.

At the outset, Mr. Taylor stated that the deaths at sea are comparable to war zones and that there is only a sticking plaster being applied to a gaping wound. They are powerful statements of the desperate tragedy afflicting so many innocent people. We commend all the witnesses' colleagues, those in other non-governmental organisations and everybody who is working to try to ease the plight of those innocent people in very dangerous circumstances. We wish to record our appreciation of their work.

Deputy Seán Barrett: Would it be an idea to invite our MEPs to visit with us at the committee and discuss these issues? Broadening the pressure by way of the European Parliament might be effective. I found today's meeting very informative.

Chairman: Absolutely, we can do that. We will be asking the Minister, Deputy Coveney to report to us on the European Council meeting as well. We will follow up on that suggestion.

Deputy Maureen O'Sullivan: I suggest that we send the transcript to our MEPs. Waiting for a meeting could take some time. If they have the transcript within a few days, they will then know the issues and concerns. In support of what the witnesses suggested, we could ask for an analysis of EU funding and involvement in Libya. Although there may be examples of good practice, we know there is an a lot of bad practice.

Chairman: We will follow up all those proposals and suggestions.

Our thanks to the witnesses again. I remind members that we are meeting as a select committee on Thursday, 13 July at 12.15 p.m. to deal with legislation. As the first half of the year is gone, I thank members for their co-operation. I also wish to record our appreciation of the many groups with whom we have had the opportunity to engage. I thank our own secretariat which does an excellent job of providing the necessary support to us to enable the committee to function.

The joint committee adjourned at 12.15 p.m. *sine die*.