

Transplant Abuse in China Continues Despite Claims of Reform

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Foreword

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China is a highly sophisticated nation with rapidly evolving capabilities in medicine and the life sciences. China's organ transplant services are relatively young but have quietly emerged as the largest in the world. Unfortunately, China's policies for obtaining organs to meet both internal demand and requests from transplant tourists from outside China have not kept pace with the skill and expertise present in the nation's transplant community. China, as this outstanding, thorough and well-documented report shows, continues to permit abuses of human rights and the minimal ethical treatment of its citizens in permitting killing in order to obtain organs for transplant.

A core moral rule articulated with the arrival of technologies that permit the use of cadaver sources for organs for transplant is that the donor must be dead prior to procurement. Moreover, transplant teams cannot cause the deliberate death of donors nor can they accept organs known to originate from persons who have been killed for their parts. These aspects of what has come to be known as the 'dead donor rule' are recognized by the international transplant community, professional associations of those working in the field of transplant and the regulatory requirements of governments where cadaver procurement is allowed. China, as the report shows, is not, despite protests to the contrary, following the ethical and legal obligations it bears in order to conduct cadaver organ procurement.

China continues to lack a well-organized cadaver procurement system. It has no law recognizing brain death. As the numbers and testimony and history documented in this report show the nation continues to rely on a flow of organs from executed prisoners to provide a supply of organs for internal use and to sell to foreigners who come to gain rapid access to transplants they could not secure in their native lands.

Using executed prisoners for obtaining organs is morally abhorrent in many ways. Prisoners selected for execution cannot provide persuasive consent to the use of the organs after death. Nor is there any monitoring or auditing going on by independent authorities to show the validity of prisoner consent. Prisoners are being killed and organs taken with little attention to brain death and their humane treatment as donors. And some who are being executed are being killed for reasons that legal and ethical experts around the world do not accept as legitimate rationales for capital punishment. This is especially true when prisoners are executed for political, religious or spiritual beliefs.

The report must be attended to by both the transplant community and governments all over the world. They must make it clear that a 'killing for parts' policy will result in China's being excluded from full participation in transplantation, medical research and medical meetings no matter the prowess displayed by Chinese transplant medicine. There continues to be an abhorrent violation of basic human rights at the core of Chinese transplant procurement policy. Killing cannot be a component of any ethical cadaver procurement system. Read this report and then push your government to act to redress what must end.

Executive Summary

In October 2017, a major South Korean TV station sent investigative journalists to the Oriental Organ Transplant Center at Tianjin Central Hospital, one of China's largest transplant centers.¹ The journalists reported that the transplant center generally quoted to patients wait times for organs ranging from days to weeks. They also noted that the center solicited monetary "donations" from patients in exchange for scheduling transplants even more quickly. Operating rooms were observed to be in use around the clock. Even though China claims to have stopped performing transplants for foreign patients, the international transplant department alone performed eight transplants the day before the visit, and the center housed foreign patients in a nearby hotel in addition to its own wards with 500 transplant beds (see section "2017 On-Site Investigation Found Thriving Transplant Tourism to China"). These findings suggest that the center continues to perform thousands of transplants per year^{2 3} (see section "Case Study: Oriental Organ Transplant Center at Tianjin First Central Hospital").

This is but one example that reflects the current scale, on-demand nature, and abundance of organs in China's organ transplant industry. These observations call into question the Chinese government's claims about its complete transition to ethical organ sourcing practices. In recent years, Chinese authorities made a series of contradictory statements and false claims regarding organ sourcing after it came to light in 2006 that prisoners of conscience throughout China were being killed on demand for organs.^{4 5 6} In 2015, China asserted that it had ceased extracting organs from executed death-row prisoners and transitioned entirely to voluntary donations.⁷ However, the number of voluntary donations is far from sufficient to supply the volume of on-demand transplants currently being performed. International observers have raised concerns that the Chinese reforms were only a "semantic trick"⁸ (see section "Death-Row Prisoners").

To determine the extent to which an ethical organ donation and transplantation framework has been implemented, we examined the industry's nature, scale, and organ sources by analyzing hundreds of transplant hospitals, government and industry statements, official policies and legislation, and the broader operation of China's transplant system. This extensive review revealed that the seemingly overnight transition to ethical organ sourcing has not been implemented in practice.

As executed death-row prisoners decreased in number over time, China began piloting an organ donation program in 2010⁹ and announced its nationwide expansion in 2013.¹⁰ Chinese officials asserted that the donation framework was developed in just a few years, a process that took other countries decades.^{11 12} Official accounts indicate that the percentage of organs sourced from donations jumped from 23% in 2013¹³ to 80% in 2014,¹⁴ with voluntary donations officially becoming the sole official organ source in 2015.¹⁵ It is not plausible that such a complete transition in this system could have taken place in just one or two years (see section "Apparent Overnight Transition to Ethical Organ Sourcing").

Underscoring the improbability of this transition are longstanding cultural inhibitions, a lack of institutional and legal conditions to protect, facilitate, and govern voluntary donations, as well as a lack of public trust in the Chinese medical system, which have kept the number of voluntary donations extremely low. As of the end of 2017, China had 373,536 registered organ donors.¹⁶ Compared to the proportion of

registered and actual donors in the United States, this number would have yielded fewer than 29 donors in China. Furthermore, the sum of reported donation numbers (mainly from non-registered donors in ICUs) from various regions was far fewer than the official number of transplants, let alone the actual volume performed in hospitals (see section “Apparent Overnight Transition to Ethical Organ Sourcing”).

Despite this purported shift to a less readily available source of organs, China’s transplant industry has continued to expand. The latest evidence shows that China continues to perform transplants on demand at a scale far greater than its official figure of 10,000-15,000 per year.^{17 18} That number has been systematically deflated and falsified (see section “Hiding and Falsification of Data”) and can be exceeded by just a few of China’s 173 government-approved transplant centers. In fact, China came to perform more transplants than any other nation in just a few years after the industry took off in 2000, despite a dearth of voluntary organ donations.^{19 20 21} Moreover, the industry has continued to grow rapidly even after the killing of prisoners of conscience for organs gained international attention in 2006 (see section “Scale of China’s Transplant Industry”).²²

China has not enacted fundamental laws recognizing brain death or governing organ sourcing, donation, procurement, allocation, and transplantation. Its legal framework contains numerous loopholes that allow for unethical organ sourcing through channels outside of the medical system (see section “Current Regulations Embed Loopholes for Illicit Organ Sourcing”).

Agencies providing regulatory oversight for the donation system remain empty shells. China’s top transplant industry spokesperson admitted in a media interview that China has only one person managing and overseeing the entire organ donation process, compared to 1,500 in the U.S.^{23 24} (see section “Entire Chain of Organ Transplantation Is in the Hospitals”). China’s Organ Procurement Organizations (OPOs) are established inside ministry-approved transplant centers; they operate without oversight and include the same surgeons who are involved in unethical organ procurement and transplantation. The heavily publicized national organ donation and allocation system does not function in practice on the scale that is claimed and serves as a façade used to launder illicit organs²⁵ (see section “Apparent Overnight Transition to Ethical Organ Sourcing”).

This raises a question as to the true source of transplanted organs in China. Because the official organ source of voluntary donations can far from support the number of transplants performed, most of the organs must be coming from another source. Much evidence suggests that these organs are taken from prisoners of conscience in extrajudicial killings. Falun Gong practitioners remain the largest group of prisoners of conscience in China, and they have been systematically detained, imprisoned, tortured, and forcibly given blood tests and medical examinations both in state custody and in their homes.^{26 27 28 29 30} The exponential rise of China’s organ transplant industry paralleled the Chinese Communist Party’s campaign to eradicate Falun Gong³¹ (see section “A State-Driven Crime”).

The harvesting of organs from prisoners of conscience for transplantation supports the government’s campaign to destroy groups it labels “enemies of the state,” serves its United Front efforts to gain influence with foreign dignitaries and the elite of overseas Chinese, and provides fame, promotion, and wealth incentivization to hospitals and doctors who participate in these abuses (see section “Roles of the Communist Party and Government Agencies”).

Nevertheless, China has created a false impression of reform by presenting falsified data and blueprints of an ethical donation and transplantation system, as well as hosting international experts on guided visits. It thereby gained recognition and endorsement from international organizations. Academic institutions and commercial entities have also renewed their collaboration with China (see section “Global Impact”).

In addition to perpetuating thriving inbound transplant tourism, China is seeking to make organs procured in the mainland available to residents in other regions in its geographical area as part of its “One Belt, One Road Initiative.” Given that China’s transplant system continues to be supported by the killing of innocents, by expanding agreements to share organs with other parts of Asia, “One Belt, One Road” regions, and beyond,^{32 33 34 35} the Chinese regime risks implicating the international community in its crimes (see section “Expansion of the ‘Chinese Mode’ of Donation and Transplantation”).

About the China Organ Harvest Research Center

The China Organ Harvest Research Center (COHRC) is a nonprofit organization founded in 2017 that conducts and presents authoritative research on organ transplant abuse in China, including the killing of prisoners of conscience for organs. COHRC researchers seek out and analyze evidence from a wide range of Chinese and overseas sources. In addition to publishing reports and providing consultation to government entities and non-government organizations, the center has presented its research findings at national ethical and medical conferences. Before establishing this organization, the group's lead researchers had studied the Chinese organ transplantation system for over a decade and contributed to reports cited in articles by CNN, *The New York Times*, PBS, *The Globe and Mail*, and *The Times of London*.

Killing for organs is a crime against humanity and a new form of state terrorism. COHRC believes it is our shared responsibility to raise awareness of these atrocities. We look forward to collaborating with other researchers, organizations, enterprises, policymakers, journalists, and human rights advocates to help end this barbaric practice and safeguard human dignity.

Research, Editorial, And Advisory Team

Grace Yin is the lead researcher and author of this report. She has systematically researched and analyzed the organ transplant system in China for over a decade. She has presented the research at national academic conferences and provides consultation on China's transplant abuses to governments and medical organizations. Her early research focused on telecommunications and information processes, earning national science and technology awards in China.

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Five experts, including two independent scholars and three China and medical specialists, participated in research or provided research support but wished to remain anonymous. Three China scholars who wished to remain anonymous served as academic advisers. The main cover image was adapted by Olli Törmä from original work created by Wei Jane Chir.

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Overview

China's organ transplant industry is relatively young but has quickly emerged as the world's largest despite a dearth of donations. All along, concerns have been raised regarding the sources of organs used in this system. Chinese officials repeatedly changed their explanations as evidence of abuses emerged over time. In response to growing international condemnation, the Chinese regime announced in 2015 that it was no longer going to use organs from executed death-row prisoners, having transitioned entirely to voluntary donations. However, available evidence indicates that such claims are misleading and that large numbers of organs continue to come from prisoners—primarily prisoners of conscience.

In 2006, allegations first came to light that prisoners of conscience were being killed on demand for organ transplants in detention facilities and hospitals throughout China.^{36 37 38}

Since then, international researchers have continued to investigate these allegations. Among them, two Canadians—former Secretary of State for Asia-Pacific, David Kilgour, and human rights lawyer David Matas—came to “the regrettable conclusion that the allegations are true.”³⁹ They later compiled their findings in the book *Bloody Harvest*.⁴⁰ Meanwhile, London-based investigative journalist Ethan Gutmann independently researched the topic over the course of seven years and reached similar conclusions in his book, *The Slaughter*.⁴¹

Unfortunately, organ harvesting from illicit sources has not ended. As the organ transplant industry in China has continued to grow at a rapid pace over the past decade, so has the harvesting of organs from illicit sources.

Investigators joined forces and researched hundreds of transplant hospitals around China. Kilgour, Matas, and Gutmann published *Bloody Harvest/The Slaughter: An Update*⁴² in June 2016. Spanning 680 pages and nearly 2,400 references, the report uncovers the true nature and scale of these abuses. It states, “The ultimate conclusion is that the Chinese Communist Party has engaged the State in the mass killings of innocents, primarily practitioners of the spiritually-based set of exercises, Falun Gong, but also Uyghurs, Tibetans, and select House Christians, in order to obtain organs for transplants.”⁴³

The present study updates past research with the latest developments and analyzes newly available evidence to answer the following questions:

- What is the current scale and trajectory of China's organ transplant industry?
- What is the current functioning of the voluntary donation system and the extent of China's transition to an ethical organ transplant framework?
- What is the speed with which organs are being provided, and does evidence exist that would indicate continued harvesting of prisoners for on-demand transplantation?
- What are some of the potential sources of organs other than voluntary donations?
- What are the factors driving the ongoing abuses?

A team of researchers at the China Organ Harvest Research Center examined China's transplant hospitals, government and industry statements, policies, legislation and regulations, and media reports in Chinese, English, and other languages, as well as the history and operation of China's organ donation and transplantation system.

On-Demand Transplants

Investigators discovered the existence of an industry in which organ transplants are conducted on demand; they are scheduled in advance, have short wait times, and use organs taken from living sources.

Since the early 2000s, hospitals have advertised and quoted wait times ranging between days and weeks, including for re-transplants in case of failure.⁴⁴ The China Liver Transplant Registry reported a large number of emergency liver transplants for which organ sources had to be found within days or even hours. In elective cases, waiting times for liver transplants were commonly listed in weeks.⁴⁵

Transplant surgeries are mostly scheduled ahead of time, as seen in individual and institutional accounts reflected in hospital profiles, media reports, and other sources. For example:

- An Israeli patient traveled to China for a heart transplant scheduled two weeks ahead of time in 2005⁴⁶
- A hospital conducted 5 liver transplants and 6 kidney transplants simultaneously in 2006⁴⁷
- A hospital performed 4 heart transplants simultaneously in one afternoon in 2013⁴⁸
- A liver failure patient received a same-day transplant upon transfer to a hospital in 2016⁴⁹
- A hospital performed 16 organ transplants (10 heart, liver, and kidney and 6 corneal) in one day in October 2016⁵⁰

One hospital advertised “donors seeking matched recipients” and promised, “in case of failure, [to] continue to perform transplants until one is successful.”⁵¹ Doctors could prepare multiple organ sources⁵² or procure multiple organs for the same patient in quick succession to have spares in case of mismatch.⁵³ It is not uncommon in China for a patient to receive multiple transplants of the same organ.⁵⁴ Furthermore, the vast array of transplantable organ types, with their prices openly listed on hospital websites, gives the impression that any body part can be replaced as needed.⁵⁵

Liver extraction procedures with warm ischemia times of under 5 minutes became a Chinese industry standard well before 2009.^{56 57} Such short warm ischemia times could not have been obtained using “no-heartbeat cadavers” as claimed, given that China had no donation system before 2010.

One hospital website emphasized, “In China, we carry out living donor kidney transplants. It is completely different from cadaveric kidney transplants that you hear about in Japanese hospitals,” when China had no voluntary organ donations and few living donor transplants^{58 59} (see section “Actual Donation Situation”).

The above shows that it is common practice in China to excise vital organs from living bodies for organ transplants.

Continued Growth After Exposure

After the allegations of forced organ harvesting attracted international scrutiny in 2006, the Chinese government acknowledged sourcing organs from death-row prisoners while attributing illicit transplants to a

chaotic market.⁶⁰ The Ministry of Health started a new approval system and issued permits to 164 transplant centers,⁶¹ creating the illusion that most of the 1,000 transplant hospitals stopped performing transplants in July 2007.^{62 63} Hospitals systematically understated the number of transplants they performed. Furthermore, the Chinese regime waged a public relations campaign through its spokespeople, media and agents to create a false impression that the number of transplants performed in China had gradually decreased.

The reality, however, is that under this new system, large, Ministry-approved institutions achieved even greater development with decreased competition and full government support. Many other hospitals continued performing transplants without permits. As a whole, organ transplantation in China has continued to grow steadily.⁶⁴

Organ procurement and transplants being performed around the clock have routinely overwhelmed medical teams.^{65 66 67 68 69 70 71} One hospital trained almost all of its general surgeons to perform kidney transplants independently.⁷² Many transplant centers have had bed utilization rates of 100-200%.^{73 74} Transplant centers have expanded significantly with more beds and new wards, wings, and buildings.^{75 76 77 78 79}

Official Transplant Volume Challenged

The number of transplant surgeries performed in China is treated as a state secret and has been falsified at every level due to inexplicable organ procurement sources and financial interests, including tax evasion and under-the-table distribution to hospitals and doctors.⁸⁰ As a result, the true number may forever remain unknown.

Chinese officials have often claimed that China performs on average a total of 10,000 transplants per year, with that number increasing to 15,000 in 2017.⁸¹ However, we analyzed data concerning individual hospitals and doctors and found that this figure is surpassed by just a few hospitals alone; China in fact came to perform the most organ transplants of any country just several years after 2000.^{82 83} As a point of reference, the United States has performed an average of 6,000 liver transplants annually since 2000.⁸⁴ This volume can be matched by just a few hospitals in China.

Based on government-imposed minimum capacity requirements for transplant hospitals, the 164 transplant hospitals originally approved by the Ministry of Health would have a combined capacity of approximately 70,000 transplants per year. This is equivalent to a capacity of more than one million total transplants since 2000.⁸⁵

We compared the combined minimum capacity with data from our investigation of each of the 164 approved transplant centers, as well as news reports and the number of transplants performed by individual doctors and institutions, and the size of the immunosuppressant market. Most of the approved hospitals far exceeded the minimum capacity requirements, including some with hundreds of dedicated transplant beds and utilization rates greater than 100%.

Even this is far from the full picture. China had more than 1,000 hospitals performing organ transplants as of July 2007.^{86 87} Many of them continued to perform transplants despite not having received approval.⁸⁸ These hospitals have become the candidates for which Huang Jiefu, Chairman of the National Organ

Donation and Transplantation Committee and former Deputy Minister of Health, hopes to issue permits to increase the number of transplant centers in China to 300 and eventually 500.^{89 90 91 92}

Latest Developments Since Claimed Reform

The increased transplant center capacity still could not meet demand even after China announced that donations had become the sole source of organs for transplants.^{93 94 95} Huang Jiefu attributed the limiting factor not to organ availability but rather to a lack of qualified hospitals and experienced doctors.⁹⁶ He has also advocated making organs procured in China available to other regions,^{97 98} implying that China has an abundance of transplantable organs.

In May 2017, the government increased the number of approved transplant hospitals from 169 to 173.⁹⁹ According to official sources, China performed 50% more transplants in 2017 than the year before.^{100 101} Huang Jiefu declared in August 2017 that China would increase the number of approved transplant hospitals to 300 and perform the most transplants in the world by 2020.¹⁰²

TV Chosun, a South Korean national TV network, conducted an on-site investigation in October 2017¹⁰³ and found that Tianjin First Central Hospital still conducts transplants at full capacity. Operating rooms were observed to be in use at all hours, with rotating medical teams performing transplants late into the night. A nurse in the international department told the reporter that the international transplant department performed 8 transplants (1 pancreas; 3 kidneys, and 4 livers) the day before the journalists arrived. Medical staff quoted wait times between days and weeks. They also solicited monetary donations to the hospital foundation in exchange for scheduling a transplant surgery even sooner.

Despite Huang Jiefu's claim that China had ceased performing transplants for foreign patients, the center continues to operate dedicated transplant wards and hotel facilities for international patients from the Middle East, South Korea, and other regions. A map in the hospital lobby indicates that its international transplant wards occupy three floors in buildings used specifically for transplantation. In addition to using its own facilities, the hospital rented out a floor in a nearby hotel to house Korean patients. A nurse revealed that there had been more organ recipients from the Middle East than from South Korea, with at least one patient whose transplant costs would be paid directly by his country's embassy.

Phone investigations conducted between July 2016 and June 2017 found that organ sources remain ample and of high quality, with some hospitals claiming to have surplus organs.^{104 105} One hospital even offered free liver transplants for the first ten children to register.¹⁰⁶ However, most transplant organs did not come from the national donation and allocation system because the hospitals could not access it.¹⁰⁷

All these developments have occurred in the absence of significant voluntary donations and regulatory oversight in China's organ transplant system. This raises a question as to the true source of transplanted organs in China.

Apparent Overnight Transition to Ethical Organ Sourcing

In response to international criticism, Chinese officials acknowledged that almost all transplant organs came from death-row prisoners and, later, from voluntary donations.

However, international organizations estimate that death-row executions in China numbered in the thousands each year since 2000. The number of executions has also declined since then.^{108 109} A decade later, transplants that relied on death-row organs were becoming “a stream without a source.”¹¹⁰

China did not have an organ donation system until March 2010, when it piloted the first program in 19 provinces and cities.¹¹¹ Despite receiving only 207 donations in its first two years,¹¹² the program was expanded nationwide with the announcement of a national organ allocation system, the China Organ Transplant Response System (COTRS), in August 2013.¹¹³

Chinese government figures stated that 23% of the organs used in 2013 came from donations.¹¹⁴ Huang Jiefu later stated that 80% of transplant organs in 2014 came from donations¹¹⁵ and that China stopped using death-row organs completely in January 2015.¹¹⁶ Huang claimed that China built up its organ donation and transplant framework in only several years, whereas other countries took decades.^{117 118}

However, this miraculous one-year jump in donation figures appears to have been conceived after the fact to bridge the gap to the supposed “new era” of ethical organ procurement. As of the end of 2017, the official count of registered donors was 373,536.¹¹⁹ Compared to the proportion of registered and actual donors in the United States,¹²⁰ this would have yielded fewer than 29 donors in China (see section “Official Number of Registered Donors Yields Only Dozens of Actual Donors”). Furthermore, the sum of reported donation numbers in each region (mainly from non-registered donors in ICUs) was far fewer even than the official number of transplants, let alone the actual volume performed in hospitals.

Longstanding impediments to organ donation in China include cultural inhibitions, a lack of legislation for brain death, an insufficient legal framework to guarantee ethical donations, and a general lack of trust in the medical system.

At the end of 2015, almost a year after the announced completion of China’s transition to ethical organ sourcing, its donation system did not function in practice because the “National Organ Donation and Transplantation Committee...exists in name only.”¹²¹ In March 2017, Huang Jiefu told the media that China had only one person managing and overseeing the organ donation process, compared to 1,500 in the United States.¹²² No agency provides oversight or enforcement for the day-to-day process of organ donation, procurement, and transplantation (see section “Empty Shell of China’s Donation System”).

As China’s donation and procurement system is designed, Organ Procurement Organizations (OPOs) are established inside ministry-approved transplant centers, which carry out and manage all aspects of organ donation, determination of death, organ procurement, and reporting.¹²³ Huang Jiefu admitted in a media interview that “Organ resources—all recipients and donors, the entire chain of organ transplantation is in the hospitals.”¹²⁴

One of the vice chairs of the OPO Alliance, who was also head of the National Health and Family Planning Commission (NHFPC)'s medical policy and control bureau, was indicted for bribery in 2016.¹²⁵ OPO coordinators are usually the core members of teams who were previously involved (and continue to participate) in unethical organ procurement and transplantation, and most organs are sourced illegally (see section "Opaque Operations").

While COTRS is designed to manage all donors and recipients in the country,¹²⁶ it still requires donations to function. Furthermore, only 31,000 potential recipients had been registered on the official website as of March 2017.¹²⁷ A phone survey ending in June 2017 showed that most transplant hospitals in China could not access COTRS, implying that most transplant organs did not come from the donation system.¹²⁸

The above findings indicate that China has not established a transparent, ethical organ donation system. Commercialization and a lack of transparency have led potential donors and families to lose confidence in China's organ donation system.

Huang Jiefu said in 2017 that 70% of organs came from brain-dead donors; the other 30% were mainly from donation after brain death followed by cardiac death (DBCD).¹²⁹ However, 90% of doctors in China were unaware of a standard procedure to determine brain death as of late 2014;¹³⁰ this remained the case in 2017.¹³¹ This contradiction suggests widespread abuse of brain death determination in China.

China has not enacted fundamental laws governing organ sourcing, donation, procurement, allocation, and transplantation. Its administrative policies and regulations are heavily influenced by interest groups and are not enforced in the medical system, nor can they control the military, judiciary, and other entities. This leaves loopholes that allow for unethical organ procurement through side channels. Compared to the true scale of the transplant system, death-row prisoners (who were re-categorized as voluntary citizen donors starting in 2015^{132 133}) and voluntary donations combined can account for only a small fraction of all transplants performed in China. These findings suggest that the heavily publicized donation and allocation system, including COTRS, serves as a façade used to whitewash illicit organ sources and does not contribute significantly to the actual scale of transplants performed in China.

A State-Driven Crime

China began to experiment with human organ transplantation in the 1960s.¹³⁴ The first case of an organ being harvested from a political prisoner during execution was recorded in 1978, and the organ was transplanted into the son of a senior Communist Party cadre.¹³⁵

In 1984, multiple government bodies and ministries jointly promulgated the "Provisional Regulations on the Use of Corpses or the Organs of Executed Prisoners," which allowed the bodies and organs of prisoners to be used at will by the State under certain conditions.¹³⁶

More cases of political prisoners being killed for organs were reported in Xinjiang in the 1990s, with many of the organs harvested while the prisoners were still alive.¹³⁷

The Chinese government prioritized organ transplantation in its national strategy starting in 2000 by investing heavily in research, development, industrialization, and transplant personnel training.^{138 139 140}
^{141 142} The number of transplant centers in China grew from 150 before 1999¹⁴³ to 570 by the end of 2004¹⁴⁴ and more than 1,000 in 2007.^{145 146} China's transplantation industry became the most prolific in the world in only a few years.^{147 148}

This exponential rise in transplants occurred alongside the Chinese Communist Party's campaign to wipe out Falun Gong practitioners. Since this campaign began in July 1999, Falun Gong practitioners in China have faced imprisonment and torture in forced labor camps, black jails, prisons, brainwashing centers, and secret military detention facilities.^{149 150 151 152} They have also been forcibly subjected to blood tests and medical tests related to organ function, both in custody and in their homes.¹⁵³ By May 2017, China's public security system had built a national database of more than 40 million individuals, including dissidents and migrants.¹⁵⁴

To eradicate Falun Gong, the central Communist Party leadership established a unified chain of operations through various levels of the extralegal "610 Office" and the Political and Legal Affairs Committee.^{155 156 157} This system of persecution has also enabled the procurement of organs from Falun Gong practitioners on demand. The People's Liberation Army General Logistics Department has served as the core operations unit overseeing secret detention facilities and concentration camps, as well as the dispatch of organ sources (living "donors") and supervision of organ procurement.^{158 159} The entire state apparatus, including military units, armed police, the judiciary, medical industry, and organ brokers, has been used to carry out this crime.

Harvesting organs from Falun Gong practitioners not only supports the Communist Party's campaign to destroy what it declared to be its number one enemy, but also provides financial and promotion opportunities for civilian and military hospitals. Organ transplantation has always been a health benefit offered to the Communist Party's elite.¹⁶⁰ This benefit is also extended to foreign dignitaries and the elite of overseas Chinese as a means to gain influence as part of the regime's United Front (see section "Roles of the Communist Party and Government Agencies").¹⁶¹

Since the organ harvesting crimes began, a number of events have intentionally or unintentionally provided evidence of the killing of innocents for organs. These include officials' speeches at an award ceremony for innovations that included an organ preservation solution that resulted in better organ function for transplantation after lethal injections (see section "Wang Lijun's Organ Procurement Innovations").

In addition, more than 100 million patrons in the West have seen the plastinated bodies of these same victims in China as exhibits for popular consumption. Plastinated body parts from China have also been sold to medical schools and universities throughout the West. Plastination exhibits give an immediate, widespread, publicly visible reality to these abuses that would ordinarily not be available (see section "Plastinated Bodies").

Whistleblowers have contributed to the effort to uncover the state's roles and methods in perpetrating these crimes by providing information not otherwise available to the public. Among them are employees

in both military and civilian hospitals, a medical university administrator, and Communist Party officials. The latest findings have corroborated their allegations (see section “Whistleblowers”).

Global Expansion and Implications

China’s purported reform has gained recognition by some international transplant organizations as a result of public relations campaigns, hosting experts on guided visits, and presentation of falsified data and aggressive blueprints at international forums, including Vatican summits on organ trafficking and transplant conferences. This has led academic institutions and pharmaceutical companies to continue collaborating with China’s transplant entities under the impression that their ethical concerns had been addressed (see section “Global Impact”).

Huang Jiefu visited Taiwan in December 2014 to promote the establishment of a "cross-strait organ exchange platform" to export human organs from the mainland to Taiwan, such that “patients would no longer need to travel from Taiwan to mainland China to undergo transplants.”¹⁶²

Huang promoted China’s organ transplant industry to overseas markets in August 2015, stating, “The future transplant costs in China will still be the cheapest, most accessible in the world, and of high quality.”¹⁶³

In November 2017, the China Organ Transplantation Development Foundation (COTDF) signed an organ sharing and allocation agreement with the Macau Health Bureau and said that the arrangement would significantly alleviate the organ shortage in Macau. Residents of Macau, Hong Kong, and Taiwan can already register for organs through COTRS. Training for medical personnel in Macau under the “Chinese mode” of organ donation and transplantation began in January 2018. As of the end of 2017, a total of 519 Hong Kong residents and 50 Macau residents had received organ transplants in mainland China as part of COTRS.¹⁶⁴

At a national human organ donation and transplantation conference in 2017, Huang presented organ transplantation as part of China’s “One Belt, One Road Initiative”, which aims to strengthen economic and political ties between China and other parts of Asia, Europe, East Africa, and Oceania.¹⁶⁵ In November 2017, the Tahoe Investment Group, which had donated 100 million RMB to COTDF, signed a memorandum of strategic cooperation with the University of Pittsburgh Medical Center to import its leading technology, including organ transplantation.¹⁶⁶

When most organs in China are procured by the killing of innocents, the expansion of organ sharing arrangements also exports these crimes beyond China’s borders.

Conclusions

- China came to perform more transplants than any other nation in just a few years after the industry took off in 2000 despite the absence of a voluntary organ system and a declining rate of death-row executions.^{167 168 169} Its transplant industry has continued to grow after the killing of prisoners of conscience for organs gained international attention in 2006.
- Despite its claim that donations have become the sole organ source since 2015, China continues to perform transplants on demand on a scale far greater than its official figure of 15,000 per year. Additionally, large numbers of foreigners continue to travel to China for organ transplants despite official statements to the contrary.
- The national organ donation and allocation system (COTRS) is used as a façade to launder illicitly obtained organs. As of the end of 2017, the number of registered donors in China would have yielded less than 29 donations per year. Furthermore, the number of reported donations from various regions, including from ICUs, also cannot support the official number of transplants, which is already understated. Agencies purported to provide regulatory oversight for the donation system remain empty shells.
- The vast majority of organs transplanted in China continue to be procured from prisoners of conscience in extrajudicial killings that began in 2000. The harvesting of organs for transplantation serves the Communist Party’s campaign to destroy what it declared to be an “enemy of the state,” serves the Communist Party’s United Front efforts to gain influence with foreign dignitaries and the elite of overseas Chinese, and provides fame and financial gain with which to incentivize hospitals and doctors to participate in medical genocide.
- China’s illusion of progress has led some international organizations to endorse and even promote its donation and transplantation system. This false appearance of reform was created by its seemingly overnight transition to ethical organ sourcing, ambitious blueprints, and transplant center showcases.
- The “Chinese mode” of organ donation and transplantation continues to be supported by the killing of innocents behind the scenes. China’s expansion of influence in the field and organ sharing agreements with other parts of Asia, “One Belt, One Road” regions, and beyond, as well as the desire of international organizations to adopt this model, have far-reaching implications for the world.

Data Sources and Methodology

Due to state censorship and widespread falsification of public data in China, the true transplant volume and organ sourcing cannot be precisely calculated or determined. However, there is a Chinese saying that goes, “One can tell autumn’s arrival by observing the falling leaves.”

Regarding the scale of the industry:

- The minimum system-wide transplant capacity is calculated using the minimum bed count requirements for the original 164 approved transplant hospitals imposed by the Ministry of Health.
- The above data are validated by an analysis of the transplant scale of each individual hospital based on its qualifications, capacity and number of transplants conducted, revenue growth, bed counts and utilization rates, personnel strength, funding, relationships with other hospitals, and other attributes.
- The above data are further corroborated with media reports and the size of the immunosuppressant drug market.

Regarding organ sources:

- To determine the sources of organs used, we tracked the timeline and evolving policies surrounding the sources identified by China: executed death-row prisoners and recently introduced voluntary donation programs, including from relatives, cadavers, and donations after brain and cardiac death.
- To determine the degree to which voluntary donations are governed, facilitated, and protected by law, we examined China’s legislation, regulations, industry standards, technical specifications, and potential loopholes exploited by the Chinese regime.
- To determine the feasibility of this system to guide and oversee organ donation and transplantation in China, we examined the architecture, implementation, and operation of China’s donation, allocation and transplantation system.
- To determine the extent to which China’s transplantation system has transitioned to the exclusive use of donated organs, we tracked the history of donor registration and calculated the equivalent number of deceased donors based on the ratio of registered donor deaths and actual donors in the United States.
- To determine the accuracy of official donation figures, we compared them against calculated donation volumes and records of organ donations in various regions, including data from ICUs and donation offices.

Regarding victims:

- To determine the minimum gap of unaccountable organs, we compared the number of possible transplants from officially acknowledged sources against the minimum total transplant volume estimated above.
- To determine the causes and drivers of the killing of prisoners of conscience for organs, we identified Party and State policies, as well as the roles of the Party and government agencies involved, based on public information, insiders’ testimonies and admissions.

The data were primarily sourced from Chinese medical journals, media reports, official statements, government and hospital websites, web archives, government policies, legislation and industry regulations, national strategies and plans, research programs and funding allocations, awards, patents, and other public sources. Researchers also made phone calls to hospitals in China to verify the status of their organ transplant programs and other information.

In addition to our new findings, we include updated and supplemented portions of previous research for context. Case studies and a comprehensive database of Chinese transplant hospitals are available separately [on our website](#).¹⁷⁰

CHAPTER I

China's On-Demand Organ Transplant Industry

China, the most populated nation on earth, has become home to a booming organ transplant industry. About 20 kinds of organ transplants are performed in China, and there are millions of patients waiting for transplants.^{171 172 173}

I. Fast Growth of China's Transplant Industry Since 2000

While China began to conduct research and clinical experiments in human organ transplantation in the 1960s, it was not until 2000 that the industry entered a period of tremendous growth. The government has incorporated organ transplantation into its national strategy and invested heavily in research, development, and personnel training in transplantation technology. Liver and kidney transplants have become routine surgery in clinical practice, and new techniques for transplantation and postoperative care have been adopted.

Before 1999, there were 150 transplant institutions in mainland China.¹⁷⁴ By the end of 2004, there were 570 transplant centers, including 56 for heart transplants, 166 for liver transplants, and 348 for kidney transplants. Since then, China has had the largest deceased-donor kidney and liver transplant programs in the world.¹⁷⁵ In 2007, more than 1,000 hospitals applied for permits from the Ministry of Health to continue performing transplants.^{176 177}

According to He Xiaoshun, a member of the Expert Committee of the Human Organ Donation Commission and Vice President of the **First Affiliated Hospital of Sun Yat-sen University**, the year 2000 was a watershed moment for the organ transplant industry in China; the number of liver transplants in 2000 reached 10 times that of 1999. By 2005, the number had tripled further.¹⁷⁸

Wu Mengchao, President of the **Affiliated Eastern Hepatobiliary Surgery Hospital of the Second Military Medical University** and the “father of hepatobiliary surgery in China,” said in May 2011, “in terms of liver transplants, our quantity has been the largest in the world. The quality and result are also good. We have caught up with international standards.”^{179 180}

Since 2000, the United States, with 130 million registered organ donors—half of all U.S. adults—has performed an average of 6,000 liver transplants a year.^{181 182} In China, despite the paucity of donors, this number could be matched by just a few hospitals.

The surge in transplants, while mostly absorbed by the domestic population, was accompanied by a corresponding boom in transplant tourism from other countries, making China a global center for those in need of new vital organs.

II. On-Demand Transplants



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鳳凰周刊 | 环球视野 | 2013-11-5

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过去十年，赴中国“器官移植旅游”盛行一时，高效得不可思议的移植手术屡见报端，有医生一年完成二百四十六例肝移植，也有病人四十八小时内两次换肾……国际医学专家对于中国庞大的器官来源不禁疑虑深重：作为常规外科手术，器官移植技术本身并不难，难点主要在于匹配器官的找寻。国际社会上要找到一个合适的肝移植需要数年的等待，为什么“找寻奇迹”唯独在中国频繁发生？

国际医学专家根据大陆器官市场的奇异现象分析，认为大陆一定存在庞大的地下人体器官库，甚至活体器官库——事先验好血型并做好相关资料档案的活体器官供应者，在市场上获得器官“需求”之后，这些活体器官供应者就被送入“医院”（屠宰场）……

近十年来，国际流行到中国大陆去做器官移植手术，其特点是在大陆无需花费等候器官的时间，所需配型的器官几乎是随要随到……

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Screenshot of the original article (since removed) on the Phoenix Weekly website

The 2013 article on the left by the state-affiliated *Phoenix Weekly* underscored the growth of organ tourism to China within the past decade and highlighted how organs are supplied on-demand and matched quickly with no waiting time. It also said that the number of transplants performed in China exceeded that in the U.S.¹⁸³ The article stated:

“In the past decade, with the trend of ‘organ transplant tourism,’ many instances of unbelievably efficient transplant surgeries have appeared in the press. One doctor performed 246 liver transplants in one year. A patient received two kidney transplants within 48 hours... International medical experts have doubts about China’s huge organ sources: as a routine surgery, organ transplantation itself is not difficult; the difficult part is mainly matching and searching for organs. When the international community requires years of waiting to find a matching liver or kidney, why does the ‘searching miracle’ only happen frequently in China?”

“International medical experts have analyzed the phenomena in mainland China’s organ transplant market. They think China must have an enormous underground human organ bank, or even a living donor organ bank, in which donors have their blood types tested and other related documents prepared ahead of time. When there is ‘demand’ on the market, these living organ donors are sent to ‘hospitals’ (slaughterhouses)...”

“...a special characteristic in mainland China is that there is no wait time, and matched organs are found practically on demand ...”

The article has since been deleted from its original website.

Case Study: Patient Receives Same-Day Liver Transplant at Huashan Hospital in 2016



Rendering: Huashan Hospital Affiliated with Fudan University (North Campus)

A liver failure patient received a liver transplant on the same day that he was transferred to **Huashan Hospital of Fudan University** in Shanghai in April 2016.¹⁸⁴

According to a fundraising website in mainland China, on April 28, 2016, a patient with severe liver failure was transferred from the 5th Shanghai People's Hospital to Shanghai Huashan Hospital. At 22:30 the same day, the patient was taken to the operating room. At 01:00 on April 29, a matching liver was delivered to the operating room ... at 08:00, the transplant surgery was successfully completed.

To pay the surgery fee of more than 600,000 RMB, the patient's daughter borrowed money from relatives and friends. She also raised funds from a fundraising website at the same time. The following are excerpts from this web page:

父亲重症肝衰竭，肝移植术后仍需巨额费用治疗，家中还有弟弟在读书

2016年4月24日，上海市第五人民医院医生的一句“你父亲已经严重肝衰竭，必须马上住院，否则有生命危险，不用回家收拾了，需要立即住院”，对于我们家犹如晴天霹雳，平时身体状况良好的父亲，怎么会突然向得此重病，强忍住泪水，询问医生如何挽救父亲性命，医生说先保守治疗护肝抗病毒，先治疗，实在不行只能转院进行肝移植手术。之后几天，父亲情况急转直下，医生直接下了病危通知书。我们便开始拼命联系可以做的相关医院。

终于在五院住了4天之后，通过辗转联系人相助，在4月28日，如愿转入华山医院。很幸运，刚刚转院的当天，医生马上找我们谈话，当天正好有肝源适合我父亲，如果同意，马上安排手术。但是手术费需要至少60万，我们当时的想法就是：当然得治，治了还有希望，不治肯定就没有希望了。于是，果断打完结账的能借的所有电话，加上自己家所有积蓄，总算把手术要用的钱准备的差不多，马上跑去交钱。之后忐忑等待父亲的肝移植手术开始，父亲于4月28日22点30推进手术室。29日凌晨1点，肝源到手手术开始，衰竭的肝成功移除，肝源成功移植，8点父亲突然出了手术室。医生告知，肝移植手术很成功，接下来就是看新肝能不能发挥作用了。我们悬着的一颗心终于可以稍微放一会儿。

看着父亲躺在重症监护室身上插满各种管子，身上到处是淤青的时候，好心疼。原本以为手术结束后父亲情况好点，能稍微喘口气，但是，巨额的后续治疗费用，仍压得我们不能放松。因为之前已经借了能借的所有，对于接下来的治疗费用仍然心慌，家里也还有尚在读书的弟弟，实在是没有办法，希望大家能发发善心，真心谢谢大家!!!

36847元 目标金额
36851.05元 已筹金额
562人 支持人数
已成功 筹款时间

项目发起人
TC+情
2小时前发布

有 16 人实名认证

筹款动态
TC+情 2小时前
项目筹款成功，感谢大家的支持与帮助

项目详情
TA的支持者
修改目标金额: 300000.00元改为36847.00元
修改金额原因: 治疗需要，先支出

Screenshot of the fundraising web page

Source: Easy Fundraising Website
Status: ID has been submitted, the medical certificates have been submitted
Patient name: Lu Sanjiafu (鲁三家福)
Beneficiary: Lu Xiaoqian (鲁晓倩)
Relationship: father and daughter

“On April 24, 2016, we were told by doctors at the 5th Shanghai People's Hospital, ‘Your father has severe liver failure. He must be hospitalized immediately due to his life-threatening condition.’ The doctors said they would take conservative treatment as the first step. If the situation did not improve, he would have to be transferred to another hospital for a liver transplant.”

“Unfortunately, in the several days that followed, my father's situation worsened very quickly, and the doctors issued a medical crisis notice. We tried every means to contact transplant hospitals. At last, with someone's help, my father was accepted by Shanghai Huashan Hospital on April 28th.”

“Luckily, upon his admission to Huashan Hospital, the doctors immediately talked with us and said there was a matched liver source that day. If we agreed, they would arrange the transplant surgery right away. The transplant cost would be at least 600,000 RMB.”

“We signed the agreement with the hospital and then began to borrow and raise money immediately ... Finally, we managed to get the money and pay for the surgery ...”

“At 22:30 on April 28th, my father was taken to the operating room. At 01:00 on April 29th, a matched liver was delivered to the operating room ... At 08:00, the liver transplant surgery was successfully completed ...”



The hospitalization payment receipt on April 28, 2016 from Huashan Hospital¹⁸⁵

The hospitalization document of the 5th Shanghai People's Hospital upon the patient left hospital on April 28, 2016¹⁸⁶

Established in 1907, **Huashan Hospital** was formerly the Chinese Red Cross General Hospital and has a high reputation domestically and internationally.¹⁸⁷ The Fudan University Organ Transplantation Research Institute was established at this hospital in February 2002. The institute has achieved many "firsts" in China's transplant field.

Ding Qiang, President of Huashan Hospital and Deputy Director of the Organ Transplantation Research Institute of Fudan University, specializes in kidney transplantation.¹⁸⁸ Wang Zhengxin, director of the liver transplant center, specializes in complicated liver transplants, transplants involving liver cancer, and postoperative management. He acknowledged that he had completed about 800 liver transplants as of April 2015.¹⁸⁹

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昆明肾脏病医院——云南省器官移植中心分部

昆明肾脏病医院, 云南省器官移植中心分部, 是一所专门从事肾、肝移植手术为主的专科医院。

医院拥有舒适病床近百张, 均为标准间及豪华间配置。德国Fresenius血液透析机数十台。经国家《医院洁净手术部建筑技术规范》鉴定的百级(最高级)层流手术室, 20张ICU监护病床。医院设有昆明器官捐献中心、配型中心、药物浓度检测中心、临床检验中心、血液净化中心、肾内科、移植科和术后复诊科等功能科室。

医院拥有国家级的技术专家和专业护理队伍。中国器官移植的先驱夏穗生为名誉院长, 著名的器官移植专家高伟为业务院长(经昆明卫生局注册批准)。

医院先后派出16名医护人员到美国、澳大利亚、日本及武汉同济医院、广东太平医院学习交流, 并与各大综合医院建立了业务合作关系。

医院为每一位术后患者建立电子档案, 保持长期的联系, 了解患者病情及正确指导患者术后的服药及护理。肾移植一年/肾成功率均在99%以上, 领先于国内先进水平。

先进的设备及一流的设施

我院配备了较先进的医疗设备。有正式床位60张, 均配有彩电及独立洗手间等服务设施, 通风采光及清洁度良好, 另有机动床位30余张(位于血液净化区、肾病区, 外科ICU及特种医疗病房等病区), 我院移植外科有较大的容纳性和机动性, 可满足目前日益增长的需要。

我院所有床位均配有中央吸氧等医疗设施, 有精密电子输液泵、多功能监护仪、B型超声波检查仪及其他先进医疗仪器若干, 可及时了解检查及监测患者身体状况, 能保证住院环境干净、整洁、整齐及方便。有全封闭式隔离病房, 能使抵抗力极度低下的危重病人减少感染机会, 整个医院均采用了智能化管理, 全部采用电脑管理患者的住院费用及药品发放等工作, 保证透明度, 方便各级机构(如医疗保险部门等)及患者查询, 保障了每一位患者的权益。

在移植后住院期间, 患者将得到护士及医师日以继日的监护及照顾, 得到温暖的关怀和安全的保证。有多功能监护仪, 严密监测每一位患者的身体状况, 精密电子输液泵可供定量输液。另外, 病房内配有B型超声波检查仪, 我院医师能熟练操作, 随时检查, 及时发现有无并发症发生。

在医师及护士严密监护和照顾下, 我院肾移植近期疗效已达到国际先进水平, 成为国内外有口皆碑的肾移植中心之一。除全国各地有患者来就医外, 香港、台湾、澳门、澳洲、泰国、印尼、马来西亚、新加坡、越南等十余个地区及国家的患者亦慕名要求来作肾移植。

一流的专家队伍及技术人员

昆明肾脏病医院, 云南省器官移植中心分部, 拥有医师10余名, 其中教授5名(博士生导师1名), 副教授及副主任医师6名, 主治医师4名, 住院医师3名, 另有机动医师若干名。

夏穗生 外科学、器官移植学专家。现任同济医科大学教授, 博士研究生导师, 卫生部器官移植重点实验室主任兼学术委员会主任, 器官移植研究所名誉院长, 中华医学会器官学名誉主任委员, 中华医学会外科学会顾问, 中南地区普外联席会主席等职。国际外科学会会员, 欧洲营养学会会员, 昆明肾脏病医院名誉院长。

高伟 国务院专家特殊津贴享受者;
 中华器官移植杂志编委;
 中国透析移植研究会委员;
 中华医学杂志英文版编委;
 亚洲太平洋地区肾脏病学会会员;
 美国肾脏病学会会员;
 第一军医大学珠江研究院教授、主任医师;
 昆明肾脏病医院业务院长。

胡伟 教授, 昆明肾脏病医院副院长。
 从事器官移植多年, 具有丰富的经验和较高的水平。

医院肾移植手术的优势

我院在全国率先大规模开展HLA配型及PRA, 为患者选择适合的供体。

1. 保证每一位患者均能在最短的时间内找到适合自己的健康肾脏;
2. 其中, 供者传染病, 包括艾滋病、肝炎等均在国家专门检测机构卫生防疫部门指定检测;
3. 昆明肾脏病医院器官移植中心提供供体器官最短的冷、热缺血时间;
4. 本中心每周都有器官移植手术, 是全国唯一开展供体抗受体的器官移植医院;

以上是保证肾移植近期和远期顺利的重要因素, 若供受者之间HLA配型好, 可减少免疫抑制剂量, 减少并发症发生, 提高肾移植远期疗效。

保障患者的利益

病人情况不允许手术则不强做手术; 病人一定要手术前进行PRA(群体抗体)测定和HLA配型, 器官条件不好不做手术(例如供肾为多囊肾、肾动脉分支多不做); 只要医生同意肾移植, 就有移植成功的把握; 若不成功做到成功为止, 不再收取手术费用; 均无年龄限制; 全部捐赠器官都有严格的健康档案资料, 包括肝、肾功能和爱滋病的检测; 肾移植手术前全部使用目前世界上最好的预防排斥药; Zenapax、Simulect; 全部器官移植病人使用先进的颈内静脉插管、输尿管支架管和进口的皮肤吻合器等高科技先进技术、为全国之冠。

地址: 中国 昆明关上关雨路
 电话: 0871-7269277
 传真: 0871-7269277

回答者: QQ544209117 - 助理 二级 7-18 04:45

“We will continue to perform transplants until one is successful and will not charge for the repeat surgeries in case of failure ...”

—*Kunming Kidney Disease Hospital*

Case Study: Donors Seeking Recipients

This was the guarantee of **Yunnan Kunming Kidney Disease Hospital**, an “organ transplant hospital that has donors seeking matched recipients.” The hospital made this statement when answering a patient’s question online on July 17, 2007, one year after China’s forced organ harvesting was exposed.

This hospital specializes in kidney and liver transplantation and was designated as an organ transplant center for Yunnan Province. It has approximately 100 transplant beds distributed among standard and luxury wards and 20 ICU beds. Its reputation has attracted patients from over ten countries and regions.^{190 191}

The well-known transplant expert Gao Wei formerly served as its president in charge of technology.¹⁹² Gao was also the chief surgeon at Kunming Forensic Hospital, one of the earliest facilities to research “deaths induced by drug injection.”¹⁹³ Kidney transplants was its first pillar.¹⁹⁴ Although neither hospital was approved for transplants in 2007, as of April 2018, the Kunming Kidney Disease Hospital’s website redirected to Boya Hospital, which has a strong transplant team.¹⁹⁵ The forensic hospital’s website still shows that it completed thousands of solid organ tissue typing tests between 2001 and 2008.¹⁹⁶

Guarantees to every patient to find a healthy kidney in the shortest possible time.

Provides the shortest possible cold and warm ischemia times.

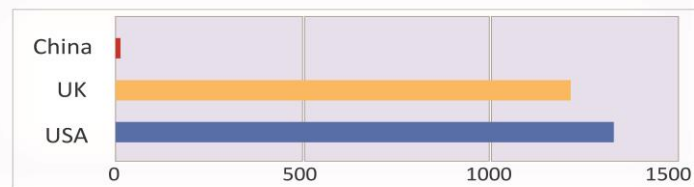
This is the only organ transplant hospital in China that has donors seeking matched recipients. In case of failure, we will continue to perform transplants until one is successful and will not charge for the repeat surgeries.

Question and answer posted July 17, 2007,
 screenshot taken September 5, 2008

Short Waiting Times

In countries with advanced healthcare capabilities and well-organized organ donation systems, patients usually wait many months or years for a donor organ to become available.^{197 198} Yet, in China, where organ donation is culturally taboo and there is not yet an effective organ donation system, matching organs can be found whenever needed, suggesting that there is a large number of readily available organ sources waiting to be matched to patients.

Median Kidney Wait Time in Days



Sources: * United States Renal Data System ** The Guardian

The organ transplantation department of **the First Affiliated Hospital of China Medical University**, China International Transplantation Network Assistance Center (CITNAC), said on its website:¹⁹⁹

INTERNET ARCHIVE
Wayback Machine
13 captures
6 Jul 2004 - 29 Jun 2013

http://www.zoukiishoku.com/cn/jueding/index.htm Go

JUL AUG
31
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IPC
臓器移植国際(中国)支援センター

设为首页 留言板 添加收藏

JAPANESE 中文版 ENGLISH

关于供体者

国际移植(中国)网络支援中心介绍

日本国内移植现状

中国脏器移植实际情况

关于脏器移植费用

关于供体者

中国医疗现状

器官移植研究所简介

如果您将个人资料通过电子邮件或Fax发送至本中心, 或者来中国沈阳接受各种必要的检查, 确定与本人相配的供体, 一般肝脏移植, 最快只需一个月, 最慢不超过2个月左右。肾脏移植最快一周, 最长不超过一个月即可以寻求到HLA相匹配的供体。虽然供体者均是经过各种严格检查后选定的, 但是在摘取被选定供体者的脏器时发现脂肪肝等异常情况, 受移植者开腹之前即取消此次手术, 本中心将负责为遇到上述情况的患者优先选择供体者, 并在一周之内再次进行移植手术。日本患者多比较信任自己的主治医生, 如果您的主治医在移植手术方面有较高造诣, 值得信赖的话, 我们也可以同大学医院协商, 请日本医生以共同研究为目的手术。

As for kidney transplantation, it may take one week to find an HLA-matched donor, the maximum time being one month ... If an abnormal situation with the donor's organ is discovered, the center will be responsible for choosing another donor for the patient and commence the operation again within one week.

Shanghai Changzheng Hospital's organ transplant department stated on its application form for liver transplantation in 2006 that the average waiting time for liver transplants was one week²⁰⁰ and that the shortest waiting time was 4 hours.²⁰¹ Between 2003 and 2006, the hospital performed 120 emergency liver transplants for patients who required a transplant operation within 72 hours.²⁰² It is worth noting that these cases took place at a time when China did not have an organ donation system.

肝移植申请

上海长征医院器官移植科是全军唯一的器官移植研究所，肝移植部为全国十大肝移植中心，每年完成130余例肝移植手术，现阶段我研究所肝移植从手术到出院住院费用大致为20万元，我院肝移植病人的平均等候肝时间为一周。为了更好的服务于广大的肝病患者，我们设立了网上肝移植申请项目。

如果您或您的亲人需要做肝移植手术，请填写下列表格：

姓名： 年龄： 岁

性别： 男 女 国籍：

患何种疾病需要肝移植：

The application form for liver transplants at Shanghai Changzheng Hospital archived on Feb 10, 2005

肝移植申请

上海长征医院器官移植科是全军唯一的器官移植研究所，肝移植部为全国十大肝移植中心，每年完成150到200余例肝移植手术，现阶段我研究所肝移植从手术到出院住院费用大致为20万元。患者一旦入院以后，我们会尽快安排手术时间。为了更好的服务于广大的肝病患者，我们设立了网上肝移植申请项目。

如果您或您的亲人需要做肝移植手术，请填写下列表格：

姓名： 年龄： 岁

性别： 男 女 国籍：

患何种疾病需要肝移植：

Screenshot: The application form for liver transplants at Shanghai Changzheng Hospital was altered after China's organ harvesting crimes first attracted international scrutiny in 2006

According to the China Liver Transplant Registry's 2006 Annual Report, of the 8,486 liver transplants performed in 29 facilities in China, 4,331 were classified as either emergency or elective. Emergency transplants comprised 1,150 (26.6%) of classified cases, which means that these liver transplants were performed within 72 hours.²⁰³ Waiting times for elective liver transplants were usually quoted in weeks.

Given that most liver transplants use the whole liver and there was no organ donation system in China before 2010, finding donor organs for such a large number of emergency transplants would have been nearly impossible.

Hospitals Perform Multiple Transplants Simultaneously

Another common pattern we observed was hospitals routinely performing multiple transplants a day. It was no longer seen as a special achievement when one department conducted more than 10 or even 20 kidney transplants within 24 hours. We list examples below.

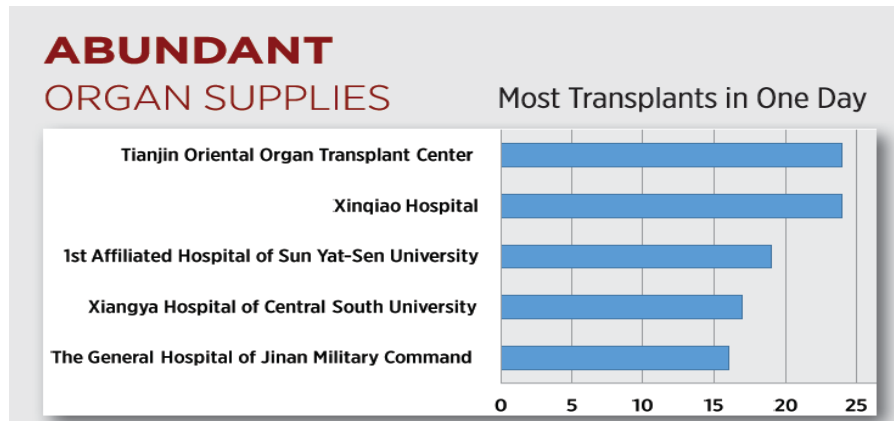


Figure: Highest publicly reported numbers of transplants conducted in one day at hospitals in case studies below.

Sixteen organ transplants (10 heart, liver, and kidney and 6 corneal) were performed at the **Calmette International Hospital** in Kunming between 8:00 am on October 19, 2016 and early the next morning. About 140 medical personnel directly participated in the transplant surgeries. This report has been removed from the hospital's website, but an archived version is available.²⁰⁴ In March 2017, the hospital performed 15 transplant surgeries in 24 hours.²⁰⁵

Xinqiao Hospital, affiliated with the Third Military Medical University in Chongqing, once carried out 24 kidney transplants in one day. It had conducted a total of 2,590 kidney transplants by 2002.²⁰⁶

On December 1, 2008, *Qilu Evening News* reported that the **General Hospital of Jinan Military Command** was capable of performing 6 kidney transplants simultaneously. It set a record of 16 kidney transplants within 24 hours. Its annual transplant volume ranked among the nation's top 10 for ten consecutive years.²⁰⁷

The Liver Transplant Center at **West China Hospital** has five full sets of imported liver transplant equipment, allowing five liver transplant operations to be performed simultaneously.²⁰⁸ The center once performed seven liver transplants in one day, setting a national record at that time.²⁰⁹

On February 18, 2014, sixteen doctors of the Hepatology Center at **Fuzhou General Hospital of the Nanjing Military Command** carried out five simultaneous liver transplants within seventeen hours.²¹⁰

At **Wuxi People's Hospital**, Chen Jingyu, "the number one lung transplant surgeon in China," often conducted four or five lung transplants a day.²¹¹

The **Xiangya Hospital of Central South University** conducted 17 transplants on April 28, 2006, including 7 kidney transplants simultaneously, 2 liver transplants, and 8 corneal transplants.²¹²

Beijing Chaoyang Hospital reportedly conducted 21 transplant surgeries in one day in the early 2000s.²¹³ The founder of the transplant center at the **Second People's Hospital of Shanxi**, Wu Xiaotong, often spent 12 hours a day performing transplant surgeries one after another. In August 2006, the center recorded over 100 patients waiting for transplants at any given time. It conducted 11 kidney transplants on August 15, 2006.²¹⁴

Multiple Transplants for the Same Patient

In mainland China, it is not unusual for doctors to procure multiple organs for use as spares or to perform multiple transplant operations due to rejection, both in quick succession, on the same patient.²¹⁵ These cases have even included third and fourth transplants. On one occasion, eight pairs of kidneys were procured for the same patient.

For example, Tan Jianming, Vice President of the **Fuzhou General Hospital of Nanjing Military Command**, had reportedly performed more than 4,200 kidney transplants as of 2014.²¹⁶ Among his patients was a 35-year old male at Shanghai General Hospital in September 2003. In two weeks, Tan was able to acquire 4 sets of kidneys with blood samples, but none of them matched. In March 2004, Tan managed to obtain 4 more sets of kidneys in rapid succession for the same patient, the last of which matched successfully. Thus, 8 pairs of kidneys were explanted for just one patient.²¹⁷

In 2006, a chief surgeon named Wang Guangce published a study analyzing 50 kidney re-transplant cases at the **First Affiliated Hospital of Henan University of Traditional Chinese Medicine**. Among the 50 cases, 46 were second transplants, 3 were third transplants, and one was a fourth transplant for the same patient. The duration between transplants and re-transplants ranged between 2 hours and 8 years. Five of the cases were orthotopic re-transplants where a second kidney was found and transplanted within 10 days of the original transplant. This indicates that in 5 such cases, a second kidney was found and transplanted within 10 days. In at least one case, another kidney was found within 2 hours.²¹⁸



In another example, surgeon Zhu Tongyu at **Zhongshan Hospital Affiliated to Fudan University** performed a fourth kidney transplant for the same patient.²¹⁹

Shen Zhongyang at the **Tianjin Oriental Organ Transplant Center** performed two separate liver transplants for the movie star Fu Biao. Shen stated that among this center's patients, secondary transplants due to improper handling accounted for 10% to 20% of all cases.²²⁰

Replacing Any Body Part as Needed

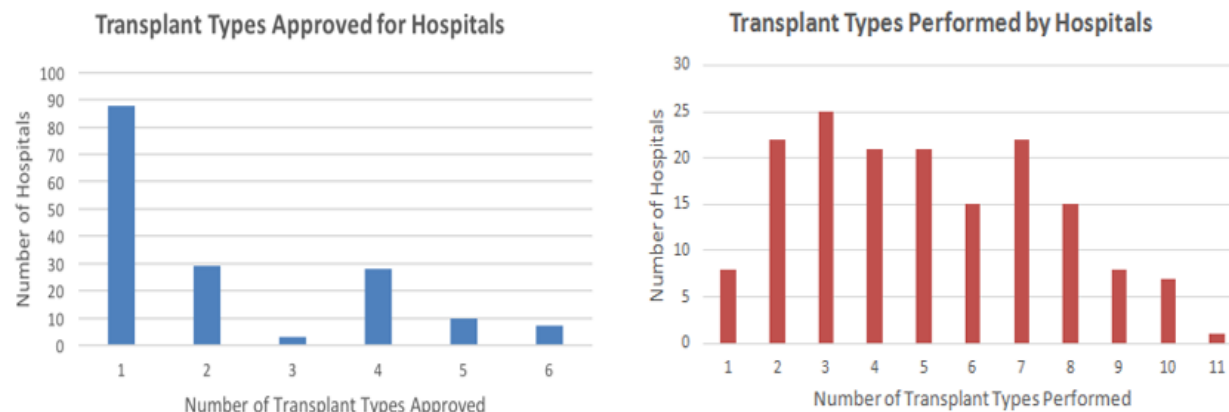
The hospitals surveyed performed a wide variety of transplants: kidney, liver, heart, lung, spleen, adrenal gland, pancreas, combined liver-kidney, combined pancreas-kidney, heart-lung, heart-kidney, small intestine, liver-pancreas-duodenum, pancreas-duodenum-kidney, liver-pancreas, liver-small intestine, pancreas-kidney, parathyroid, thyroid-parathyroid-thymus, abdominal organ cluster, all 7 abdominal organs, and 8 large full abdominal organs. The list has 23 kinds of single-organ and multi-organ transplants, including cornea, bone marrow, testicle, bone, skin (including facial), breast, hair, larynx, and many other types of tissue transplants.

For example, following the first successful multivisceral transplant in Asia in 2004, He Xiaoshun's team at the **First Affiliated Hospital of Sun Yat-sen University** continued its key technology research and moved this type of transplant from clinical trials to routine application.²²¹

Permits from the Ministry of Health (or its successor, the National Health and Family Planning Commission) are required to conduct six types of solid organ transplants, including kidney, liver, heart, lung, pancreas, and small intestine, whereas cell and tissue transplants do not require permits. However, the vast majority of institutions have expanded into multiple types of transplants beyond the ones for which they have received permits.

For example, **Peking University Third Hospital** carries out transplants of heart, lung, cornea, stem cell, bone marrow, vascular grafts, and hair, in addition to the types for which they have approval: liver, kidney, pancreas, and small intestine. This hospital performs at least eleven types in total. **Zhongshan Hospital of Xiamen University** has approval to perform only heart transplants but also performs nine types of transplants, including kidney, liver, pancreas, spleen, lung, heart-lung, small intestine, islet cell, corneal, and bone marrow. **Wuxi People's Hospital** is approved only for lung transplants but also carries out eight other types: kidney, liver, heart, pancreas, cornea, stem cell, bone marrow, and vascular grafts.

The number of transplant types conducted by 165 Ministry-approved hospitals are shown below:



Number of transplant types carried out by hospitals (note: not all types require permits from the Ministry of Health)

III. Organs Extracted from Living Bodies



Q/A Online

In China, we carry out living donor kidney transplants. It is completely different from the cadaveric kidney transplants you hear about in Japanese hospitals and dialysis centers ...

Compared to cadaveric kidney transplants in Japan, the living kidney transplants offered here are much safer and more reliable.

Screenshot of the Q/A web page on CITNAC website



Liver Transplant

Our department adopts peritoneal quick combined cutting technique to cut the liver, shorten the time of warm ischemia, reduce the rate of organ rejection, and facilitate the recovery of graft function.

Screenshot of the web page of "Liver Transplant" on CITNAC website

China Medical University's China International Transplantation Network Assistance Center (CITNAC) openly emphasized:

"In China, we carry out living donor kidney transplants. It is completely different from the cadaveric kidney transplants you hear about in Japanese hospitals and dialysis centers ...

Compared to cadaveric kidney transplants in Japan, what is offered here is much safer and more reliable."²²²

Even after forced organ harvesting in China was exposed, this statement remained on the center's English website until August 29, 2007.²²³

The center adopted a rapid liver procurement technique that involves excising all abdominal organs simultaneously, which can reduce both damage to the liver and warm ischemia time.²²⁴

Living transplants in mainland China differ from those in the rest of the world. In China, it is common practice to excise whole vital organs, such as a pair of kidneys or a whole liver, from living sources, thereby killing the "donor." This had started before the organ donation system was first piloted in 2010.

High-Quality Organ Sources

Chinese transplant hospitals claim to have ample supplies of young, healthy organ donors. For example, Dr. Liao Jixiang, an organ transplant coordinator at People’s Liberation Army Hospital No.303 in Nanning, Guangxi Province, revealed on May 30, 2017, “Because in order to do a [transplant] surgery, there must be someone who has departed ...”²²⁵ “We often have a lot of [organ sources] here and use those people from their teens to twenty years old, those kids, that kind of quality is very good ... and we can’t use them all ... for example, after procuring 100 livers, maybe our own center only does 20 transplants, and the other 70 or 80 are reallocated [to other transplant centers]. So, we usually keep and use the good ones, that’s for sure.”²²⁶

In medical papers published by doctors at these hospitals, donors are often described as “free of hepatitis, fatty liver, malignant tumors and chronic disease with no long-term medication history or history of alcohol consumption.” Most of these papers cited warm ischemia times (WIT: the period of time from circulatory arrest to the initiation of cold organ preservation) of less than 10 minutes, with some even listed as 0 minutes. The majority of organs were reportedly sourced from brain-dead donors, cadavers, non-heartbeat cadavers, and healthy young cadavers. A few examples are listed below:

Table: Warm ischemia times for liver transplants reported in medical publications

Medical Institution	Time Period	Organ Source	Warm ischemia time (min)
Nanjing Medical University Affiliated Hospital	2005-2007	112 cadavers 15 living donors	0-10, average 3.96 ²²⁷
Second Artillery General Hospital	2004-2007	103 healthy young cadavers	0-5, average 3.9 ²²⁸
Shanghai Changzheng Hospital	2001-2004	240 cadavers with undisclosed identities	0-8 ²²⁹
Tianjin No.1 Central Hospital	2003-2005	195 non-heartbeat cadavers	0-8 ²³⁰

Zhang Xiaodong, director of the Kidney Transplant Center at Beijing Chaoyang Hospital, said, “After the heart stops beating, the circulation stops, and this will cause organs to fail. The tolerable WIT is 3 to 4 minutes for hearts, 5 to 8 minutes for livers, and 30 minutes for kidneys.”²³¹

Organs with such short warm ischemia times were unlikely to be sourced from cadavers or brain-dead donors, given that the above cases took place at a time when China did not have an organ donation system.

Organ Procurement Standards and Innovations with “Chinese Characteristics”

Despite the limited supply of death-row organs and lack of donations, warm ischemia times of 0 to 5 minutes with “no-heartbeat cadavers” have become a standard practice for Chinese transplant doctors, who compete to develop their own procedures for excising organs to achieve the desired short warm ischemia times.

Tianjin Medical Journal published a study in 2009 that analyzed 1,600 liver procurements performed between 2004 and 2008 at the Oriental Organ Transplant Center in Tianjin.²³² Among these 1,600 cases, most livers were taken from young, healthy males with an average age of 34.5 years. Based on this study, Shen Zhongyang, director of the center, created a surgical procedure for extracting livers from “no-heartbeat cadavers” that could keep the warm ischemia time to 5 minutes or less.

However, such short warm ischemia times could not have been obtained using “no-heartbeat cadavers” as claimed, except after executions, given that China had no donation system before 2010. This suggests that living people were killed through this type of organ extraction and turned into “no-heartbeat cadavers.”

The number of livers used by the Oriental Organ Transplant Center alone exceeded the number of citizen organ donations in all of China. Between 2003 and August 2009, only 130 citizens successfully donated their organs after death in mainland China.²³³ This translates to fewer than 30 donors per year.²³⁴

Death-row prisoners also could not have supplied enough organs to carry out these transplants. The highest estimate for death-row executions in China is 10,000 per year out of a population of 1.3 billion. Proportionally, Tianjin’s population of 12 million would result in fewer than 100 executions each year, or fewer than 500 in the five years between 2004 and 2008. The number of viable livers from this population is far from enough to provide for the 1,600 liver transplants in the 2009 study.

Nevertheless, Shen’s procedure with “Chinese characteristics” has been adopted as an industry standard for liver procurement in China.²³⁵ In a similar example, Director Zhu Jiye of Peking University People’s Hospital stated in 2013 that all 4,000 liver and kidney transplants the hospital performed in one year before 2010 came from death-row prisoners. This organ source is not a plausible explanation based on the same analysis above.

Other well-known transplant centers have also developed organ excision procedures to minimize warm ischemia times. Liu Yongfeng, director of China Medical University’s Institute of Organ Transplantation, created a technique for rapid extraction of an abdominal organ by excising surrounding organs simultaneously, which he claimed could reduce both organ damage and warm ischemic time. This procedure is now widely used in many hospitals throughout China.²³⁶

CHAPTER II Drivers of Growth

I. National Strategy and Funding

Since 2000, organ transplantation, one of the “comprehensive, leading future emerging industries” meant to drive China’s future global development, has assumed a high priority as a national strategy.^{237 238} As such, the government has invested heavily in research, development, and personnel training in transplantation technology to meet the needs of this rapidly growing industry.

The Five-Year Plan of China is a series of social and economic development initiatives that are part of China's national plan for economic development shaped by the Chinese Communist Party (CCP) through plenary sessions of the Central Committee and national congresses.^{239 240}

Since 2000, the government has continuously incorporated organ transplantation into its Five-Year Plans for multiple ministries. In 2001, establishing organ transplantation regulations was listed as part of the Tenth Five-Year Plan for the Ministry of Health.²⁴¹ In 2004, organ transplantation technology was added as a major research area and key technology in the Tenth Five-Year Plan for National Health, Science and Technology Development of the People’s Republic of China,²⁴² as well as in the Eleventh Five-Year National Key Technology Research and Development Program in 2008,²⁴³ and once again in the Twelfth Five-Year National Key Technology Research and Development Program in 2011.^{244 245}

China’s National Program on Key Basic Research Projects, the 973 Program,²⁴⁶ is a foundational research and major development project guided by national strategic demands. It is meant to be “strategic, forward-looking, comprehensive” and assume a leading role in China's development of important scientific technology.” The program was established to “solve major scientific issues that are part of national strategic needs, provide a scientific basis for sustainable development of the national economy and society, and provide for innovation for the future formation of high technology.”

The High Technology Research and Development Program, the 863 Program,²⁴⁷ aims to address high-tech issues of national long-term development and national security; it is meant to be “strategic, cutting-edge and forward-looking.” This project intends to develop high technology with independent intellectual property rights, to coordinate the integration and application of high technology, and lead the development of future emerging industries.

A large number of organ transplantation projects have been developed as a result of funding from these major national programs as well as from other sources within the central government. The military and local governments have also invested heavily in domestic medical institutions to facilitate basic research and development in organ transplantation and promote its industrialization. These strategies are illustrated by the examples below:

Case Study: First Affiliated Hospital of Sun Yat-sen University



The new surgery building at the First Affiliated Hospital of Sun Yat-Sen University opened in August 2014²⁴⁸

This hospital performed the first successful kidney transplant in China in 1972 and the first liver transplant with venovenous bypass in China in 1993. It is described as the birthplace of China's second surge of liver transplants.²⁴⁹ Alongside liver, kidney, heart, and lung transplants, it also routinely conducts upper abdominal multi-organ transplants. It is one of the most renowned kidney transplants center inside and outside of China. Huang Jiefu was the director of the transplant department before becoming Deputy Minister of Health in November 2001.

An archived web page of its organ transplant department from 2013 showed that this department has engaged in over 50 research projects under the 863 Program and the Twelfth Five-Year National Key Technology Research and Development Program, as well as a project under the National Natural Science Foundation during the three previous years.²⁵⁰

As of April 2018, the academic leader of the center, He Xiaoshun, has presided over 30 research projects with total funding of more than 40 million RMB.²⁵¹ From 1996 to 1998, he received only 80,000 RMB from the National Natural Science Foundation despite having worked in this field for over ten years. In the seven years from 2001 to 2008, he received research funding of 850,000 RMB, a 10-fold increase. From 2008 to 2015, his team obtained research project grants totaling 12 million RMB, a 14-fold increase in 7 years, including a 2.88 million RMB project under the 863 Program on key transplantation technology between 2012 and 2015.²⁵² He's team has also secured 33 million RMB in research funding from 2016 to 2020, which is almost triple the funding for the 7 years between 2008 and 2015.²⁵³

A portion of He's other projects are listed below:

Table: Part of projects of He Xiaoshun's Team²⁵⁴

Funding Source	Project Name	Period	Funding Amount RMB
National Natural Science Foundation	Recombinant Adiponectin Ameliorates Liver Ischemia Reperfusion Injury via Activating the AMPK/eNOS Pathway	Sep 2009 – Dec 2012	300,000
Ministry of Health	Clinical and experimental research for improving organ quality from donation after cardiac death	Jan 2010 – Dec 2012	2,000,000
National Natural Science Foundation	Calpain 2-mediated autophagy defect increases susceptibility of fatty livers to ischemia–reperfusion injury	Aug 2011 – Dec 2015	500,000
863 Program	Strategies of Diagnosis and Treatment for Infectious Diseases Influencing Graft Survival	Jan 2012 – Dec 2015	2,880,000
863 Program	Establishment of Key Surgical Techniques and Diagnostic Criteria for Transplantation of Intestine and Abdominal Organ Clusters	Jan 2012 – Dec 2015	400,000
Guangzhou Science and Technology Plan	Application of MicroRNA Markers in Predicting Early Rejection after Liver Transplantation	Jan 2012 – Mar 2015	700,000
National Natural Science Foundation	Human Gingiva-Derived Mesenchymal Stem Cells Inhibit Xeno-Graft-versus-Host Disease via CD39–CD73–Adenosine and IDO Signals	Aug 2013 – Dec 2017	700,000
National Natural Science Foundation	Protective Effect and Mechanism of Mesenchymal Stem Cells Implanted with DCD Donor Liver at Normal Temperature	Aug 2015 – Dec 2019	684,000
Nanyuebaijie Development Project	2014 Guangdong Outstanding Talent Special Fund	Jun 2015 – Mar 2018	1,000,000
Guangdong Province Science and Technology Plan	Guangdong Provincial Key Laboratory of Organ Donation and Transplantation Immunology	Dec 2014 – Aug 2017	2,000,000
Guangdong Province Science and Technology Plan	Construction of a Cooperative Base for International Cooperation on Organ Transplantation	Sep 2015 – Dec 2017	1,500,000
Guangdong Provincial Natural Science Foundation - Major Basic Research Cultivation	Protective Effect and Mechanism of Mesenchymal Stem Cells Implanted with DCD Donor Liver at Normal Temperature	Aug 2015 – Oct 2017	1,000,000
Major Project Development and Emerging Cross-Disciplinary Funding Plan	Standardization of multi-center clinical data for liver donation after cardiac death and accurate molecular assessment of donor livers	Dec 2015 – Dec 2016	1,000,000
Sun Yat-sen University "Five Five Projects"	"Five Five Projects" Special Funds	Oct 2015 – Oct 2020	25,000,000

From "Follower" to "Leader" of Worldwide Transplantation Technology

Since the advent of organ transplantation technology, China has trailed developed countries in the field. This hospital website states that in the past two decades, He Xiaoshun's team has focused on key technology research and made breakthroughs in the areas of non-ischemic and multivisceral transplantation.²⁵⁵

Multiple-organ transplantation is relatively new in the transplant field. He's team advanced multiple organ transplantation from clinical trials to routine application. His team performed the first successful multi-organ transplant in Asia in 2004 and has conducted the most simplified multivisceral transplants in the world.

Ischemia-reperfusion injury is unavoidable in traditional organ transplants and is an important factor in graft survival. He created a liver transplant technique that maintains blood flow through the organ using a continuous extracorporeal blood supply.²⁵⁶ It can completely avoid ischemia-reperfusion injury and achieve significantly better liver function than traditional liver transplants, marking a transition from cold to warm organ preservation. He explained how this is achieved:

Prior to the removal of the liver from a living donor, the liver blood vessels are cut and connected to a "multi-organ function repair system," which takes over the blood supply and maintains blood flow to the donor's liver. Before the liver is implanted into the recipient, the surgeons cut off and connect the recipient's blood vessels to the system, allowing the recipient's circulatory system to take over the donor liver before withdrawing the machine. Throughout the process, the blood in the donor liver is kept warm, maintaining liver function and viability in an ex vivo state for a long time.^{257 258}

This technique can also be applied to heart, lung, kidney and other transplants.

José Núñez, advisor to the World Health Organization, said that He's new method could be the future for all organ transplant surgeries.²⁵⁹ Campbell Fraser, former president of The Transplantation Society, added, "I think China is heading to be the center of innovation in transplantation. So now we're not defending China. China is on the forefront at the edge of technology, patient care and developing new solutions to transplantation."

Robert Porte, Director of the Liver Transplantation Program at University Medical Center Groningen in the Netherlands, led a six-person team to this hospital to study the non-ischemic liver transplant technique. Porte also signed a cooperate agreement with the hospital to expand the technique internationally.²⁶⁰

He's research on multivisceral transplantation was conducted well before 2004, when China did not have an organ donation system. In addition, the experiments and trials must have been conducted on living bodies, as there were no brain death standards defined in China at the time.

Transplants Conducted at Industrial Scale Despite Dearth of Donations

In 1998, the hospital's transplant surgery department was formed and moved into a new ward with 40 beds and equipped with amenities such as central air conditioning, televisions, and en suite bathrooms. In addition to patients from China, it also provides kidney transplants to patients from over ten countries and regions, including the United States, Japan, Hong Kong, and Taiwan.²⁶¹

In addition to the open transplant beds, the department claimed to have access to 50 mechanized beds that could be reallocated to transplants when needed. If a patient requires a transplant and there is a matching donor, the patient can immediately be admitted and receive preoperative examinations and surgery.

A *Guangzhou Daily* reporter witnessed the entire process of 5 liver transplants and 6 kidney transplants being conducted simultaneously at this center in March 2006.²⁶² This event took place right after China's living organ harvesting was brought to light. At its height, this center performed 19 kidney transplants in one day and set a record with 6 liver transplants and one multi-organ transplant in one day.

Its new surgery building with 600 beds opened in August 2014, further increasing the transplant capacity of the hospital.²⁶³

Professor Zheng Keli, the deputy director of the National Kidney Transplant Study Group who worked with Huang Jiefu to establish the hospital's organ transplant department, had performed more than 3,000 kidney transplants as of July 2012.²⁶⁴ The department's current director, He Xiaoshun, had reportedly completed 1,300 liver transplants as of November 2015.²⁶⁵

On June 30, 2015, Dr. Han with the Hepatobiliary Surgery Department spoke on the phone with an investigator from the World Organization to Investigate the Persecution of Falun Gong (WOIPFG) posing as a patient seeking a liver transplant. When the "patient" mentioned that Huang Jiefu had performed more than 500 liver transplants in the previous year, Dr. Han revealed, "We do more than 1,500 transplants [per year]."²⁶⁶

In celebration of its 100th anniversary in October of 2010, the hospital stated that "tens of thousands of patients have received liver or kidney transplants" here.²⁶⁷ However, its current website shows that He Xiaoshun had led this center in performing only 7,000 liver, kidney, heart, pancreas, and small intestine transplants,²⁶⁸ including 3,600 kidney transplants, since 1972.²⁶⁹

The website of its ophthalmic center stated that it had performed more than 40,000 corneal transplants and ocular surgeries.²⁷⁰

Guangdong Province has led China in organ donation for seven consecutive years since China first piloted a donation system in 2010. The claimed donation figures are shown below:

*Table: Number of deceased organ donations claimed in Guangdong since 2010*²⁷¹

Year	2010	2011	2012	2013	2014	2015	2016	2017
Deceased Donors	15	34	113	165	246	398	513	668

Guangdong Province had a population of 111.69 million at the end of 2017. Its donor rate reached 3 per million in 2015, in 2015, 4.9 in 2016, and 5.9 in 2017, the highest of any province in China.^{272 273 274 275} Even so, all the donors in the province would have been insufficient for this one hospital. Meanwhile, there are 18 transplant hospitals in the province approved by the Ministry of Health.

Transplant Centers Funded by Large Government Investments

Most transplant institutions in China are supported by both government funding and the products of the technology development they promote. Below, we list more examples of large projects on which other organ transplant centers have embarked.

In order to consolidate and develop its national leading position in the field of organ transplantation, the Tianjin Municipal Party Committee and Municipal Government have invested about 170 million RMB since 2002 to build a new 17-story organ transplant center with 500 beds at the **Oriental Organ Transplant Center at Tianjin First Central Hospital**.^{276 277 278} This center claims to be the largest transplant center in Asia. Shen Zhongyang, the director of the center and the Institute of Organ Transplantation at the **Chinese People's Armed Police General Hospital**, was named the “father of liver transplantation in China.” He was appointed as the chief expert of the organ transplant program under the national 863 Program and named a subject expert in biological and medical technology under the same program.²⁷⁹

The Eastern Hepatobiliary Hospital, affiliated with the Second Military Medical University in Shanghai, is a People's Liberation Army Hepatobiliary Surgery Center and Research Institute and considered a top priority location in this field of development. In addition to its liver transplant department,²⁸⁰ most of its surgical departments can also perform liver transplants, including two special treatment departments designed for foreign patients²⁸¹ and at least half of its six liver surgery departments.²⁸² In October 2015, the hospital had 742 beds²⁸³ before it opened its new campus in Pudong New District with 1,500 beds.²⁸⁴

As of July 2012, its website showed that it was conducting research in 150 projects with total funding of 130 million RMB. It had won more than 100 awards at national, provincial and ministerial levels, such as the National High Scientific Achievement Award, the National Science and Technology Conference Award, the National Scientific Improvement Award, and the National Natural Science Foundation Award.²⁸⁵ Its website has not been updated since then.

Dou Kefeng, the director of the PLA Organ Transplantation Institute at **Xijing Hospital** affiliated with the Fourth Military Medical University, has taken the lead in 37 research projects, including: three sub-projects of the national 863 Program, two projects of the Eleventh Five-Year National Key Technology Research and Development Program, one major project and 16 other projects under the National Natural Science Foundation, and two major military Eleventh Five-Year scientific and technological research projects. Its total ongoing research funding exceeded 26.5 million RMB.²⁸⁶

This transplant institution has a total of 110 beds, including 15 ICU beds equipped with the most advanced automatic disinfection laminar flow system in China, negative pressure rooms, and 95 advanced transplant beds. It has long-term partnerships and regular collaboration with internationally acclaimed organ transplant centers, including the Thomas E. Starzl Organ Transplant Center at the University of Pittsburgh in the U.S., the Organ Transplant Department at Kyoto University in Japan, Bismuth Liver Center in France, and Das Deutsche Herzzentrum (German Heart Center) in Berlin.

The Organ Transplantation Research Institute at **Wuhan Tongji Hospital** affiliated with Huazhong University of Science and Technology has undertaken over 30 science and technology research projects in the past decade, including those under the 863 Program and 973 Program, major projects funded by the National Natural Science Foundation, clinical key projects supported by the Ministry of Health, major

projects under the Hubei Province Natural Science Foundation, and other research projects commissioned by the Ministry of Health.²⁸⁷

The Institute of Organ Transplantation Research at **Xi'an Jiaotong University** has recently taken the lead in 46 national and key departmental projects, including those under the 973 Program, the Eleventh Five-Year National Key Technology Research and Development Program, National Natural Science Foundation, and a provincial Key Discipline.²⁸⁸

In addition, other prestigious universities and affiliated hospitals, as well as almost all military and civilian medical universities and their affiliated hospitals, are rapidly developing their organ transplant research and receiving large amounts of national funding.

II. Lucrative Industry

A reform in China's health system starting in the 1990s forced hospitals to rely on the sale of services and pharmaceuticals to cover their expenses. Under this system, hospitals have had to chase profits to survive. Transplantation—a new service, not covered by price controls, that provided private revenue and required anti-rejection drugs afterward—became a primary way for hospitals in China to make money.

Huang Jiefu said in 2015 that a liver transplant cost at least 600,000 RMB (about \$96,000 USD) and that a kidney transplant cost more than 300,000 RMB (about \$48,000 USD).²⁸⁹ He predicted in 2006, “The trend is that organ transplantation is becoming a tool for hospitals to make money.”²⁹⁰

Dong Jiahong, director of the hepatobiliary surgery department at **Beijing Tsinghua Chang Gung Hospital**, revealed to Xinhua News Agency in October 2014, “For a liver cancer patient, an average liver resection may cost 20,000 to 30,000 RMB. Liver transplantation may cost over 200,000 RMB, and there are follow-up costs each year.”²⁹¹

Guangzhou Southern Weekend reported in March 2010 that since 2000, the sale of organs for transplants has become “a mine of high-grade ore that can't be exhausted.”²⁹²

The website of the Organ Transplant Center of the **People's Liberation Army Hospital No. 309** in Beijing openly stated, “Our Organ Transplant Center is our main revenue source. Its gross income in 2003 was 16,070,000 RMB. From January to June of 2004, income was 13,570,000 RMB. This year (2004) there is a chance to break through 30,000,000 RMB.”²⁹³

Its revenue further rose from 30 million RMB in 2006 to 230 million RMB in 2010, an increase of nearly 8-fold in just four years.²⁹⁴ This example shows that the growth in organ transplantation continued after 2006.

The annual income of **Daping Hospital** affiliated with the Third Military Medical University also increased from 36 million RMB when it began to conduct organ transplants at the end of the 1990s to over 900 million RMB in 2009,²⁹⁵ an increase of nearly 25-fold.

Selling Organs

Because there were no guidelines for transplant fees in China, hospitals charged fees ranging from tens of thousands to hundreds of thousands of RMB. The fees included organ acquisition, including preservation and transportation costs, surgeries, and pharmaceuticals.²⁹⁶ Fees varied and depended on organ types, domestic versus foreign patients, transplant centers, regions, and urgency.

A common assumption is that the increase in fees is due to a shortage of organ supplies. This does not appear to be the case, however, as Huang Jiefu stated in 2015 that the limiting factors for organ transplantation in China lie primarily in medical costs and the availability of transplant hospitals and doctors rather than that of donors, which were “abundant.”²⁹⁷ Nevertheless, compared to the number of patients waiting for transplants, hospital capacity and organs remain scarce resources. The profit-maximizing strategy for hospitals has been to provide transplants to those most willing and able to pay.

International patients are charged up to hundreds of thousands of U.S. dollars more than domestic patients—fees that are many times the cost of treatment and pharmaceuticals. This takes advantage of the extremely inelastic nature of the market as such patients would otherwise have to wait years for a transplant. At the same time, patients who are less able to pay are made to wait much longer.

Fees Paid by International Patients

Huang Jiefu publicly stated in May 2007, “China is one of the cheapest countries in the world for organ transplants. Liver transplants [cost] about 1/10 of those in the U.S., and for kidney transplants it is about the same ratio [1/10].”²⁹⁸

The surgery fee at **Jiangsu Provincial People’s Hospital** was one-eighth to one-tenth that of the same surgery in other countries as of 2003.²⁹⁹

An on-site investigation by TV Chosun in October 2017 found that the regular kidney transplant cost for Korean patients at Tianjin Central Hospital was 120 million to 140 million South Korean won (about 900,000 RMB or \$120,000 USD). A donation of 100,000 RMB [about 15 million won or \$13,000 USD] above the regular charge could expedite the transplant from weeks to days. International patients from the Middle East, South Korea, and other regions were charged different prices than Chinese patients.³⁰⁰

As of 2007, the website of the China International Transplant Network Assistance Center (CITNAC), which was established under the organ transplant department of the **First Affiliated Hospital of China Medical University**,³⁰¹ listed transplant prices for foreigners. Kidney transplants cost more than \$65,000 USD, liver transplants were \$130,000, and lung and heart transplants each cost around \$150,000.³⁰²

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Wayback Machine

http://en.zoukiishoku.com:80/list/cost.htm

53 captures
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List

- Facts about Japanese Transplantation
- Facts about Chinese Transplantation
- The Cost of The Transplantation
- The volunteers
- The Present Situation of The Chinese Medicine
- Brief Introduction of The Organ Transplant Research Institute
- Pancreas Transplant
- Kidney Transplant
- Liver Transplant
- Transplant Ward
- Introduction of The Doctors
- procedure of entering the hospital
- Liver Examine Data Sheet
- Kidney Examine Data Sheet
- Reference Information
- The Present Situation of The Transplantation
- Hospital
- The patients
- About the indispensable daily necessities in hospital

ITEM	EXPENSE	TRUST MONEY
kidney transplant	US\$65,000	US\$20000 for one over 10-year dsllysis
liver transplant	US\$130,000	US\$20,000
liver-kidney transplant	US\$160,000-180,000	details in remark below
kindey-pancreas transplant	US\$150,000	details in remark below
lung transplant	US\$150,000-170,000	US\$20,000
heart transplant	US\$130,000-160,000	US\$20,000
cornea transplant	US\$30,000	details in remark below

About trust money for transplant operation:

if one patient who wants to do the kidney transplant operation has undergone dialysis for over 10 years,he would come forth complication easl.For the patients who want to do the liver and/or heart transplant operation ,the surgery is the single method to let them live longer and in the liver and/or heart transplant operation ,the compication and infection occur easily,too. But in case it occurred the compication and infection, they would be given blood transfusion and taken expense drugs during the course of treatment. So the cost of transplant operation will exceed the advance payment and the doctorsr don't stop their therapy. As a result, we will charge the trust money fot the surgery:

- 1.The kidney transplant operation patient who has undergone dialysis for over 10 years:US\$20,000
- 2.The liver,heart and lung transplant patient:US\$20,000

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List of transplant prices on the CITNAC website archived on May 19, 2007

As reported in 2006 by the Taiwanese broker Yeson Healthcare Service Network, a heart transplant at **Zhongshan Hospital** in Shanghai could be obtained for as little as \$119,000 USD—a fraction of the \$860,000 USD such an operation would cost in North America.³⁰³

However, transplant fees are not always low and depend on recipients' urgency and ability to pay. For example, in 2014 and 2015, Yang Guang, an expert in Chinese domestic affairs who resides in Denmark, revealed the inside stories of two hospitals affiliated with a medical university in northeastern China where organ transplant prices for foreigners are not fixed. Usually, the hospitals charged \$500,000 to \$1 million USD. In some cases, those with money, desperate for organs, have been charged up to \$2 million USD for a transplant and hospital stay. A Japanese woman who received a young girl's liver was charged \$5 million USD.³⁰⁴

Trends and Factors in Liver Transplant Costs

The main factors driving transplant costs include surgery and hospitalization costs, pharmaceuticals (including the ongoing regimen of anti-rejection drugs), and the cost of the donor organ.

Different hospitals charge different fees for transplants but generally follow a common trend. From a few of China's main transplant centers, we have seen an overall decrease in transplant fees along with a decline in medical and pharmaceutical costs in the few years after 2000, when organ transplantation in China saw tremendous growth. We use the cost of liver transplants for domestic patients as examples.

Table. Summary of liver transplant costs for domestic patients at Wuhan Tongji Hospital.

Year	1995-1999	By 2000	By 2001	By 2002
Surgery Length (hours)	10	7-8	4-5	4
Transplant Cost (RMB)	300,000 - 400,000 < 800,000	190,000	150,000 on average	< 150,000

Between 1995 and 1999, liver transplant surgeries at **Wuhan Tongji Hospital** required 10 hours. The cost averaged between 300,000 and 400,000 RMB and peaked at 800,000 RMB. By 2000, the cost had decreased to 190,000 RMB with a surgery time of 7-8 hours.³⁰⁵ By 2001, the institute could keep the liver transplant cost below 150,000 RMB on average; the surgery took 4-5 hours, which represented the best in the country. In August 2001, the institute performed a liver transplant for 110,000 RMB, the lowest nationwide.³⁰⁶ By 2002, Tongji Hospital had reduced its liver transplant operation time to 4 hours and the cost to below 150,000 RMB.³⁰⁷

The director of the hospital's organ transplant research institute stated that the decrease in costs was due to the maturation of technology, decrease in operation times, lowered costs of blood transfusions due to reduced bleeding during surgery, shorter anesthesia times, fewer postoperative complications, and shorter hospital stays.

The decrease in medical costs is also reflected at **Shanghai General Hospital**, which in 2002 eliminated the need for blood transfusions in one-third of its liver transplant surgeries. The entire operation time was reduced to four and a half hours, and the lowest cost was 142,000 RMB.³⁰⁸

A 2003 investigation of liver transplant costs showed that early-stage recipients had an average pharmaceutical cost of 198,000 RMB every six months after surgery. The same cost for late-stage patients was more than 230,000 RMB. Transplant recipients also need long-term anti-rejection drugs, which cost more than 30,000 RMB per year.³⁰⁹

In 2004, **Nanjing Drum Tower Hospital's** hepatobiliary department director Ding Yitao told a reporter that the hospital's liver transplant fee averaged 150,000 RMB. Postoperative anti-rejection drugs cost around 3,000 RMB per month for domestically produced products and 5,000 RMB for imported drugs.³¹⁰

In the same year, the **People's Liberation Army Hospital No. 309** charged 200,000 RMB for liver transplants and 300 RMB per day for anti-rejection drugs.³¹¹ Earlier the same year, the Oriental Organ Transplant Center charged approximately 250,000 RMB for liver transplants. By 2006, the fee had increased to 400,000 RMB for international patients but remained approximately 200,000 RMB for domestic patients.³¹²

Transplant costs steadily declined in the years between 2000 and 2006, when abusive organ harvesting was brought to light, due to technological advances and abundant organ sources. The dramatic decline in surgery and treatment costs made transplants affordable for a wider range of patients. The ready availability of organs, maturation of technology, and increase in both domestic and international patients created an exceptional growth in China's organ transplant industry.

From these descriptions of costs for liver and kidney transplants from different sources, we see that fees in recent years are significantly higher than those before 2006. However, pharmaceutical costs have trended downward. These trends suggest that transplant doctors and facilities cannot meet demand and that profits for hospitals and doctors represent an increasingly large portion of transplant fees.

In 2009, the cost of a liver transplant at **Peking University First Hospital** was between 160,000 and 200,000 RMB and included surgical fees, in-hospital monitoring, pharmaceuticals, and examination fees for around three weeks after the operation.³¹³

Lu Shichun, director of the **Beijing You'an Hospital** transplant center, revealed in a 2011 media interview that the fee for liver transplants differed among transplant centers and averaged around 400,000 to 500,000 RMB.³¹⁴

An August 2015 report indicated that liver transplants in China cost approximately 600,000 RMB.³¹⁵

In 2016, **Wuhan Union Hospital**, a sister institution of Tongji, still kept its fees low and advertised that liver transplants there cost around 150,000 RMB.³¹⁶ This suggests that this hospital still has abundant organ sources and a short hospitalization period.

Kidney Transplant Costs

Below are the average costs of kidney transplants in different regions between 2000 and 2004 as reported in academic papers.³¹⁷

Table. Summary of kidney transplant costs from 2000 to 2004

Region	Transplant Centers	Average Hospitalization (days)	Average Cost (RMB)
Beijing	19	29.9	109,300
Shanghai	9	24.2	74,800
Tianjin	9	23.7	74,300
Jiangsu Province	36	25.3	74,600
Henan Province	41	25.5	125,600
Hubei Province	14	18.3	104,500
Hunan Province	12	20.0	81,800
Guangdong Province	40	22.0	122,900

We found lower prices in various media reports from earlier years:

The *Qilu Evening News* reported on July 28, 2003 that the **General Hospital of Jinan Military Command** charged 30,000 to 40,000 RMB for a kidney transplant and 20,000 to 40,000 RMB per year for immunosuppressive drugs thereafter.³¹⁸

It was reported in April 2006 that patients paid only 50,000 RMB for a liver at the **Second Hospital of Dalian Medical University**. This figure included only the organ procurement cost.³¹⁹

According to an archived web page from 2008, **Changhai Hospital of the Second Military Medical University** advertised an average hospitalization fee of 50,000 RMB for kidney transplants.³²⁰

In 2010, at the **First People's Hospital of Changde**, the average cost for a kidney transplant was about 80,000 RMB from a cadaveric donor or about 60,000 RMB between relatives with no complications.³²¹

It was reported that in early September 2014, a patient paid 600,000 RMB in cash to the **First Affiliated Hospital of Zhengzhou University**, which was able to find a matching kidney for him in one day. The transplant surgery was done the following day.³²²

In August 2015, *Jingchu Network* indicated that kidney transplants in China cost approximately 300,000 RMB.³²³

A *People's Daily* report from November 16, 2015 indicated that the **First Affiliated Hospital of Xi'an Jiao Tong University Medical College** charged “hundreds of thousands of RMB” for a kidney transplant.³²⁴

Heart and Lung Transplant Costs

Chen Jingyu, director of the Lung Transplant Center at **Wuxi People's Hospital** and “the top lung transplant surgeon in China,” said in 2013, “A lung transplant surgery in the U.S. itself takes \$300,000 USD. It has the highest cost among the large organ transplant types. This does not include the cost of postoperative follow-up or the long-term use of immunosuppressants. In China, lung transplant recipients are severely ill, weak, and recover slowly after surgery. We do this work on a budget and still need 300,000-500,000 RMB, with postoperative follow-up and immunosuppressants costing around 60,000 RMB.”³²⁵

As of 2016, a heart transplant averaged around 250,000 RMB with 3,000 to 5,000 RMB per month for postoperative immunosuppressant medication at the **Fuwai Cardiovascular Disease Hospital**, an affiliate of the Chinese Academy of Medical Sciences.³²⁶

Shanghai Chest Hospital of Shanghai Jiaotong University charged between 200,000 and 300,000 RMB for a lung transplant in 2016.³²⁷

Selling Pharmaceuticals

Tissue type or human leukocyte antigen (HLA) compatibility between the donor and recipient impacts the rate of rejection and amount of immunosuppressants required after a transplant operation. Because HLA antigens are inherited, it is difficult to find a perfect match with an unrelated donor. The sales of these pharmaceuticals also provide doctors with a source of kickbacks, contributing to some doctors' aggressive pursuit of even marginal recipient prospects.

Dong Jiahong, director of the hepatobiliary surgery department at **Beijing Tsinghua Chang Gung Hospital**, said, “For a liver cancer patient, liver transplantation may cost over 200,000 RMB, and there are follow-up costs. Most transplant patients will suffer from rejection issues and need to take immunosuppressants for life. Add in antiviral drugs preventing the recurrence of hepatitis B, and the cost is between 50,000 to 100,000 RMB a year.”³²⁸

Because immunosuppressant regimens are individualized, they vary among hospitals and patients. Our hospital survey shows that the annual cost for post-transplant immunosuppressants ranges from 10,000 to 60,000 RMB. The cost decreased over time as domestic immunosuppressants gained market share.

III. Technology Research and Development

In the past decade, hospitals and individuals have achieved many innovations that enabled the rapid growth of China’s transplant industry. These achievements include expanded transplant recipients, prolonged organ preservation, lower rejection rates, and shortened operation times.

Immunosuppressants

As transplant patients rely on post-transplant immunosuppressants to avoid organ rejection, the rapid development of China’s immunosuppressant technology has greatly contributed to the unprecedented growth of China’s organ transplant industry.

The Chinese government incorporated organ transplantation into its national strategy and listed the research and development of immunosuppressants as key national scientific research projects. For example, the High Technology Research and Development Program (863 Program), National Program on Key Basic Research Projects (973 Program), 985 Project of the State Key Universities, and China National Natural Science Fund all invested heavily in promoting immunosuppressant research and development. Many domestic transplant related institutions engaged in R&D early on.

Such ample government funding produced fruitful results:

- Cyclosporin, the first domestic immunosuppressant, was made by the **North China Pharmaceutical Group**³²⁹
- A project on research and development of a series of immunosuppressant products for organ transplantation conducted by the **Lunan Pharmaceutical Group**
- “A novel immunosuppressant Fingolimod: research advances”³³⁰ and “Research advances in the application of immunosuppressant in organ transplantation” published by the **Institute of Basic Medical Sciences, Academy of Military Medical Sciences**³³¹
- Research in immunosuppressant withdrawal after liver transplantation by the **Guangdong Provincial Organ Transplant Center, Sun Yat-sen University Institute of Organ Transplantation**³³²
- Studies in basic immunology for organ transplantation conducted by the **Fudan University Organ Transplant Center**³³³

By 2004, domestic drug development had begun to catch up, taking almost half of the market share from imported and joint-stock drugs. This greatly lowered the cost of immunosuppressant medications and lifted an economic barrier for many patients who otherwise could not afford to receive organ transplants. It thereby contributed to a rapid growth in transplant volume in China before 2004.³³⁴

In March 2006, just before the exposure of forced organ harvesting in China, the Southern Medicine Economic Institute under the China Food and Drug Administration reported that the domestic immunosuppressant market at the time was nearly 10 billion yuan with more than 100 manufacturers of nearly 30 drugs.³³⁵

According to the 2011 "China Science and Technology Development Report," China has established a series of new demonstration bases for piloting the production of raw materials and preparations of immunosuppressants. China has also improved its research capacity, development and manufacturing of domestic immunosuppressants, achieved the localization of new immunosuppressive products, reduced medical costs for transplant patients, realized earnings from exports, and strengthened the international competitiveness of the Chinese organ transplant immunosuppressant industry.³³⁶

As the patents of several major imported drugs expired, China began to produce a large volume of imitation products in addition to domestically developed drugs. These producers have achieved the same efficacy as imported immunosuppressants but at much lower prices, thereby increasing the market share of domestic drugs. Major producers include Huadong Medicine Co., Ltd, North China Pharmaceutical Group Corporation, and Zhejiang Hisun Pharmaceutical Co., Ltd.³³⁷

Expanded Transplant Recipients

China has 130 million hepatitis B carriers³³⁸ and 40-50% of the world's liver cancer patients,³³⁹ in addition to over half the world's new liver cancer patients (about 350,000 cases per year).³⁴⁰ For the 8 million end-stage liver patients (including those with liver failure, cirrhosis, and liver cancer), the most effective treatment is transplantation.³⁴¹

The establishment of the "Hangzhou Criteria"³⁴² and "Fudan Criteria"³⁴³ removed the previous restrictions from the Milan and other international criteria, which required an individual tumor's diameter to be 5 centimeters or less for the patient to qualify for a liver transplant. This requirement has now been loosened to 8 centimeters under the Hangzhou criteria and 9 centimeters by the Fudan criteria.

Zheng Shusen served as the academic lead of the transplant center at the **First Affiliated Hospital of Zhejiang University**. His Hangzhou Criteria increased the potential liver recipient population by 51.5% over the Milan Criteria. He has studied and worked out the immunosuppressive regimen against HBV reinfection under the continuous funding of the 973 Program from 2003 to 2009. This solution can reduce the recurrence rate of HBV and significantly reduce the cost of postoperative immunosuppressive drugs.³⁴⁴

His team has helped develop transplantation at **Peking Union Medical College Hospital, Huashan Hospital of Fudan University, Xinhua Hospital Affiliated with Shanghai Jiao Tong University School of Medicine, the First Affiliated Hospital of Xinjiang Medical University, Zhongshan Hospital of Xiamen University**, and other institutions.³⁴⁵ This center has also established remote

diagnostic systems with the **First Hospital of Zhejiang Province** and other hospitals in Zhejiang, Fujian, Guizhou, Xinjiang, and other areas. It has shared expertise from its transplant capabilities with hospitals in more than 20 provinces and cities in China and has propelled the development of the country's organ transplant industry.³⁴⁶

Fan Jia, the president of **Zhongshan Hospital of Fudan University**, created the “Shanghai Fudan Criteria.” He also serves as the director of the Fudan University Organ Transplant Center and the director of the Shanghai Liver Cancer Clinical Medical Center.

Between 2011 and 2016, he presided over 14 major research subjects at the national, provincial, and ministerial levels, including the 973 Program, 863 Program, the Eleventh National Five-Year Plan. As the first finisher, he won 8 national, ministerial and provincial awards, including the second prize of National Science and Technology Progress. He also won 5 national and provincial awards as a main finisher, including the 1st Prize for Scientific and Technological Progress.³⁴⁷ By 2012, he had performed more than 7,000 liver cancer surgeries, including over 1,300 liver transplants.³⁴⁸

Improved Organ Matching

Professor Tan Jianmin at **Fuzhou General Hospital of Nanjing Military Command** pioneered HLA and amino acid residue matching technology in China, enabling donors and recipients to be genetically matched before transplantation, which significantly improves transplant outcomes. The method reportedly decreased matching time from more than 24 hours to less than 4 hours and increased the match rate between donors and recipients from 1.2% to 39.9%.³⁴⁹ He was the second-place recipient of the 2001 National Science and Technology Advancement Award.³⁵⁰

Tan also established an anti-HLA antibody screening method that significantly reduces acute rejection events. This technique has since been applied all over the country with Fuzhou General Hospital establishing collaborative relationships with more than 100 hospitals in 19 provinces and cities and organ sharing relationships with 15 transplant centers.

Prolonged Organ Preservation

Among the hundreds of transplant-related patents in China, about half are related to anti-rejection drugs and organ preservation solutions. For example:

Shanghai Changzheng Hospital of the Second Military Medical University was one of the first in China to perform kidney transplants and claims to lead kidney transplant technology in China. Its Organ Transplant Center was appointed as the first organ transplant research institution by the General Logistics Department of the People's Liberation Army. The web page of the center claims, “After over 20 years of clinical application, our kidney and multi-organ preservation solutions are used by 95% of transplant hospitals in China and has been proven to be an outstanding representative of domestic organ preservation solutions.”

The center receives on average more than 10 projects each year from the National Natural Science Foundation, military science and technology funds, and the Shanghai Science and Technology Commission for a total annual amount of 3 million RMB. The center has 120 transplant beds.³⁵¹

Shortened Operation and Hospitalization Times



At **No. 107 Hospital of Jinan Military Command**, deputy director Du Yingdong of the liver transplant center claimed, “Over 10 years ago, it took us over 10 hours to complete a liver transplant surgery. Now our technology has matured, and a liver transplant only takes 4 to 5 hours. Sometimes, 3 to 4 surgeries can be completed in one day. The speed of development has caught up to that of high-speed rail.”³⁵² In April 2012, the hospital opened a new ward building, adding 700 beds.³⁵³

Shen Zhongyang, the director of **Tianjin Oriental Organ Transplant Center**, set a world record for the fastest liver transplant surgery in 2003, taking 2 hours and 4 minutes between making the opening incision and closing the abdomen. No blood transfusions were used during the operation. The previous record was 3 hours.³⁵⁴

The Liver Surgery Department at **Zhongshan Hospital of Fudan University** serves as the Shanghai Liver Cancer Clinical Medical Center, one of China’s two major liver cancer research facilities. The hospital performed its first liver transplant in 1978. Since 2001, liver transplantation at this hospital has seen rapid development, with increased variety, more innovations, shorter operating times (4 to 6 hours on average), less bleeding, and fewer complications. Some patients are discharged 9 days after their operation. Transplant recipients include patients with liver cancer as well as other end-stage liver diseases. Its quantity and success rate of liver transplantation lead both the Shanghai region and the country.³⁵⁵



Zhongshan Liver Cancer and Cardiovascular Disease Clinical Medical Complex Building and its rooftop helipad (16th floor)

In February 2015, it moved into the new Shanghai Liver Cancer Medical Center building. It has 230 beds, with its scale and medical capabilities among the world’s best. It started accelerating the transplant process by performing surgery on patients immediately after their initial outpatient examination and hospital admission. This has attracted patients from more than 10 countries and regions, including the United States, the United Kingdom, Japan, Canada, South Korea, Hong Kong, Macau, and Taiwan.³⁵⁶

IV. Industrialization and Proliferation

Organ transplantation in China began in 1960. Kidney transplant experiments were expanded around the country in the 1970s.³⁵⁷ By the late 1990s, around 100 kidney transplant facilities had been opened nationwide, each averaging a dozen annual operations. The first clinical liver transplant was carried out in 1977. Liver transplantation soon declined to a standstill in the mid-to-late 1980s. It rose to 16 cases in 1997, 27 in 1998, and jumped to 115 in 1999 before surging in subsequent years.³⁵⁸ There were about 150 transplant centers in 1999.³⁵⁹

Since 2000, a large number of national and military transplantation technology research centers and key laboratories have been established, incubating new transplant technologies and leading to the rapid development of the industry. The Ministry of Health (MOH) appointed military and civilian medical institutions with strong technical capabilities as well as large organ transplant centers to establish technical training sites and promote new transplantation technologies to facilitate the transformation of new technologies to productive forces. A large number of transplant doctors have been trained in a short amount of time to meet the needs of China's rapidly growing transplant industry. Some examples are listed below.

Liver Transplant Training Centers

In June 2006, then Deputy Minister of Health Huang Jiefu collaborated with the China Medical Board (CMB) in New York to provide one million USD to assist in the establishment of transplant standards and registration systems, domestic laws and regulations regarding transplantation in China, strengthen professional training, and expand liver transplant-related research achievements. The project established three liver transplant training centers in China: the Peking Union Medical College Hospital, the First Affiliated Hospital of Sun Yat-sen University, and Tianjin First Central Hospital.³⁶⁰

According to the application material for a foundation, Shen Zhongyang, the president of **Tianjin First Central Hospital** and the director of the Oriental Organ Transplant Center, has pioneered research in the field of clinical liver transplantation and built the largest organ transplant center in Asia. He has helped 66 medical institutions in 22 regions of mainland China to carry out clinical liver transplant surgeries. In July 2006, the Oriental Organ Transplant Center became China's liver transplant training center and, as of 2012, had trained over 385 transplant doctors who then became the core personnel in their departments across the country.³⁶¹

Tissue Typing Training Center in Northwestern China

In 2003, **Xi'an Jiaotong University** and the Terasaki Laboratory in the United States jointly established the Organ Transplant Tissue Typing Technology Training Center in northwestern China.³⁶² By December 2012, this center had guided more than 10,000 kidney transplants for 23 hospitals in 13 provinces. It guided other hospitals in liver, kidney, heart, lung, and small intestine transplants in western China. It trained more than 500 medical professionals from other domestic institutions, with some of them becoming academic leaders.³⁶³ Since 2000, this center has held annual programs for continuing education in kidney transplantation for students from large general hospitals in 14 provinces and autonomous regions.³⁶⁴

Transplant Engineering and Technology Research Center in Central-South China

In 2005, the Transplant Medicine Engineering and Technology Research Center affiliated with the Ministry of Health was officially established at the **Third Xiangya Hospital** of Central South University. Its mission was to build an important national base specializing in clinical transplantation research and related industry development. The center also collaborated with the World Health Organization and the International Xenotransplantation Association to develop international xenograft norms (the Changsha Standard).³⁶⁵ The center received funding from the National Natural Science Foundation and other key projects in clinical disciplines from the Ministry of Health. The hospital also concentrated manpower, material, and financial resources to industrialize related research results.



Third Xiangya Hospital's new surgery building with 1,000 beds

A “New Era” of Lung Transplants

The lung transplant center at **Wuxi People’s Hospital** claims to have completed more than half of all lung transplant surgeries in the country.³⁶⁶ It was reported in July 2014 that the team under its founder, Chen Jingyu, often performed four or five lung transplants a day.³⁶⁷

Chen led his team to spread its advanced techniques to more than thirty Class 3A hospitals in more than ten cities and provinces, including Beijing, Guangzhou, Nanjing, Hangzhou, Wuhan, and Jilin.³⁶⁸ Chen’s profile stated, “A new era of lung transplantation in China has begun, and Chen’s team has filled in many gaps in this area.”³⁶⁹

Mobile Heart Transplant Hospital

Liao Chongxian founded the heart center at **Zhongshan Hospital of Xiamen University**. Based on his experience in the United States, Liao created a “mobile heart transplant hospital” model and travelled around the country to instruct and personally participate in heart transplants.³⁷⁰ The center’s website says that the department performs heart transplants on a large scale and has helped more than twenty Class 3A hospitals to perform heart transplants in the past 10 years.

Building a Remote Medical Network through Military Satellites

No. 181 Hospital of Guangzhou Military Command spent 250,000 RMB in early 2005 to build a remote medical network through military satellites, connecting over 200 military hospitals and more than 1,000 experts. This remote treatment model provides patients with a platform for accessing high-end medical resources.³⁷¹ Its Kidney Transplant Center performed 8 transplant surgeries on December 30, 2012, including heart, lung, kidney, liver, corneal, and islet cell transplants.³⁷²

CHAPTER III Continued Growth Despite Exposure

After 2006, when international attention was brought to bear on allegations of abusive organ harvesting in China, hospitals deflated and removed public disclosures of their transplant numbers. The Chinese regime used its spokespeople, media, and agents to create a false impression for the international community that the number of transplants in China was gradually decreasing.

In fact, the regime simply adjusted its strategy to be less transparent. Furthermore, the Ministry of Health's new approval system implemented in 2007 contributed to the illusion that most hospitals had stopped performing transplants.

On the contrary, there was a spike in transplant volume between March 2006 and May 2007 in a rush to clear the donor bank inventory, after which the industry continued to grow steadily. We observed that some smaller institutions that did not receive approval either performed fewer transplants or stopped altogether, while others that could still obtain organs continued to operate. However, large, approved institutions achieved even greater development with decreased competition and full government support.

Since the year 2000, organ transplantation has assumed a high priority in the government's national strategy and as an emerging strategic industry to drive China's future global development. It has continuously been incorporated in the National Five-Year Plan for multiple industries.^{373 374 375 376 377} National, military, and civilian agencies have invested heavily in research, development, and promotion of organ transplantation.

I. New Ministry Approval System Brought Stable Growth

After allegations were made in March 2006 that Falun Gong practitioners were being killed for organs in a death camp in Sujiatun, the Chinese regime remained silent for three weeks before its foreign ministry spokesman denied the existence of the camp.³⁷⁸ Then, the Ministry of Health attributed the illicit transplants to a chaotic market and announced that it would enact a new qualification system in July 2007 that would limit transplant operations to the largest hospitals and only after approval.³⁷⁹

In the interim year, there was a spike in the number of transplants as hospitals around the country rushed to clear their donor bank inventory.³⁸⁰ For example, Hunan People's Hospital advertised on April 28, 2006 that it would offer 10 liver transplants and 10 kidney transplants free of charge.³⁸¹ The Jilin Heart Disease Hospital offered promotions for heart transplant operations with reduced fees for a "quick sale"—the first five heart recipients were charged only 50,000 RMB.³⁸²

In July 2007, among the more than 1,000 hospitals in China that conducted organ transplants,^{383 384} 164 received permits under the new system.³⁸⁵ This number was increased to 169 in January 2014³⁸⁶ and further to 173 in May 2017.³⁸⁷ This system allowed the government and large transplant centers to monopolize and redistribute the organ market. As a result, they faced less competition and achieved even greater development than before.

Case Study: Steady Growth at the Liver Transplant Center at the First Affiliated Hospital of Zhejiang University

The Liver Transplant Center of the **First Affiliated Hospital of Zhejiang University** stated on February 28, 2011, “Our country’s liver transplantation business has entered a period of stable development. Under the leadership of academician Zheng Shusen, the liver transplant business at First Affiliated Hospital of Zhejiang University is flourishing. It moved into a new building in 2007. Liver transplantation has become more systematic, professional, and large-scale.”³⁸⁸

As of April 2018, Zheng’s team has completed over 40 national projects and received over 70 million RMB in funding.³⁸⁹ It was the chief leader for two of the scientific research projects under the 973 Program: foundational research in the application of immunological mechanisms of chronic graft dysfunction (2003-2008) and basic research on the application of organ transplantation immunology (2009-2013).³⁹⁰ In addition, the Liver Transplant Center took the lead in three projects under the 863 Program, three projects under the national Eleventh Five-Year National Key Technology Research and Development Program, projects supported by the National Natural Science Foundation, and a project supported by the Ministry of Health’s Professional Specialization Fund.³⁹¹

With four hepatobiliary and pancreatic surgical wards, three dedicated transplant wards, and an ICU, this 340-bed hepatopancreatobiliary department claims to be the largest transplant center in eastern China. It has a team of 134 medical professionals, including Zhen Shusen, a member of the Chinese Academy of Engineering, and nearly 40 senior transplant experts. Among them, 60% hold doctoral degrees.^{392 393}

Zheng once performed 5 liver transplants in one day on January 28, 2005 and a total of 11 in that week.³⁹⁴ He disclosed in a paper that he had conducted 46 emergency liver transplants between January 2000 and December 2004, with all the patients receiving orthotopic liver transplants within 72 hours.³⁹⁵ As of October 2017, Zheng had performed over 2,200 liver transplants.³⁹⁶



Rendering: Bird’s-eye view of the First Affiliated Hospital of Zhejiang University, Yuhang Branch³⁹⁷

Some transplant centers operated with bed utilization rates between 100% and 200%. This growth could even be seen at relatively small-scale hospitals that did not meet the Ministry’s requirements at the time for obtaining transplant approval. One example is as below.

Case Study: A Small Hospital’s Leap

Zhengzhou No.7 People’s Hospital, specializing in heart and kidney diseases, opened in 1991 with 200 beds.³⁹⁸ It was the first hospital in Henan Province to perform an allogeneic kidney transplant.³⁹⁹ Its urology department is designated as the Zhengzhou City Kidney Transplantation and Blood Purification Center.^{400 401}

Despite being a Class 2 hospital (with Class 3 being the highest), Zhengzhou No.7 was a “big player” in kidney transplantation in the province. When learning that only Class 3 Grade A hospitals would qualify for Ministry approval to perform transplants, the hospital’s vice president, Wei Yan, said that kidney transplantation accounted for “a majority” of its business: “If we’re not allowed to do these [transplant] surgeries, that means half of the hospital’s business can’t be done anymore. It would cause enormous impact to the hospital’s development.”⁴⁰²

According to an August 2016 report, its kidney transplant department developed multiple techniques that achieved international standards over the previous twenty-plus years. The hospital’s kidney transplant quantity and quality consistently led the province, performing the first combined liver-kidney transplant and the first pancreas-kidney transplant in Zhengzhou City. Its 60+ medical personnel have “long been accustomed to being on-call 24 hours a day. In 30 years of work, Director Wang Changan has not taken any public holidays off, traveled, or even entered a movie theater.”⁴⁰³

The hospital built two new wards, the first of which began construction in 2006 with 600 open beds.⁴⁰⁴ On December 29, 2010, the entire hospital moved to its new site with 800 open beds. After becoming a Class 3 Grade A hospital in 2014, it started to construct another new riverside ward with 1,000 beds,⁴⁰⁵ increasing its total capacity to 1,800 beds.



*Rendering: Bird’s-eye view of Zhengzhou No.7 People’s Hospital (campus in the Economic Development Zone)*⁴⁰⁶

In March 2015, an internal communication indicated a 130% bed utilization rate in its kidney transplant department.⁴⁰⁷ However, it reportedly had only 46 beds and 50 kidney transplants, a figure that is most likely deflated by an order of magnitude given the growth trends outlined above.

Web page of the kidney transplant department at Zhengzhou No. 7 People's Hospital, dated March 31, 2015

Despite having approval only for kidney transplants, the **Affiliated Hospital of Zunyi Medical College** has also performed liver, bone marrow, cornea, stem cell, and other types of transplants. In 2012, its urologic surgery department reportedly had 51 beds and maintained a level of 100 patients, resulting in a utilization rate of around 200%.⁴⁰⁸ The department has since been expanded to 100 beds.⁴⁰⁹

Continued Transplants by Non-Approved Hospitals

Some institutions that did not receive permits from the Ministry of Health in 2007 either reduced their transplant volumes, stopped performing transplants, or continued operating under increased secrecy. Nevertheless, many that did not have permits but were able to obtain organs continued to operate.

In fact, the Ministry of Health did not really close the door to hospitals that had not obtained approval for transplants in 2007. The Ministry later introduced pilot programs for donation after cardiac death (DCD) in 2011, and participating hospitals were encouraged to apply for approval to perform DCD transplants after procuring five donations after cardiac death.⁴¹⁰

At least 75 non-approved hospitals were issued permits for pilot runs of DCD transplants starting in 2011. The DCD pilot program required candidate hospitals to have performed no fewer than 20 liver transplants and/or 30 kidney transplants each year and have a 5-year survival rate of no less than 60%. In addition, surgeons were required to have at least 5 years of clinical transplant experience.^{411 412} These requirements imply that these 75 hospitals continued to perform non-DCD transplants after 2007. We list these hospitals in Appendix I.

To be able to apply for permits for DCD transplants, hospitals were required to complete at least 10 donations and transplants after cardiac death within the pilot period. By January 2014, five hospitals had been approved to conduct DCD transplants, extending the list of approved transplant centers to 169 hospitals.⁴¹³

Among the five newly added centers is the **First Hospital of Foshan**. Before it obtained approval, its website archived on November 1, 2012 showed that it had begun to perform kidney, liver, heart, lung, kidney-liver, and pancreas-kidney transplants.⁴¹⁴ It performed 5 kidney transplants and 2 liver transplants within a 24-hour period on December 28, 2004.⁴¹⁵ On March 1, 2005, its entire transplant team was brought together to perform 2 liver transplants and 6 kidney transplants within 8 hours; the operations lasted from eleven o'clock in the morning to seven o'clock in the evening.⁴¹⁶ It later performed 7 kidney transplants on December 29, 2005.⁴¹⁷

Similar situations occurred at the other four newly added transplant centers.

II. Expanding Capacity

To meet the ever-increasing demand for transplants, most hospitals have expanded their transplant wards and even constructed new buildings that often include VIP-style amenities to cater to transplant recipients from other countries.



*Shanghai Dongfang Hepatobiliary Hospital Anting New Campus*⁴¹⁸ *Shanghai Changzheng Hospital Pudong campus*⁴¹⁹



*Rendering: Birds-eye view of the central health care base at the People's Liberation Army General Hospital in Sanya, Hainan*⁴²⁰

Case Study: “Miracle” in Asia’s Largest Surgery Building at Wuhan Union Hospital

The new surgery building at **Wuhan Union Hospital** opened in September 2006. It has 32 stories above ground and two below ground. The integrated surgery building has 1,050 beds and 42 operating rooms.⁴²¹ It can accommodate 200 surgeries per day, a volume equivalent to that of five medium and large-scale hospitals.⁴²² Its Urologic Surgery Department enjoys high academic status in China and has now become one of the largest kidney transplant centers in the region. Its Liver Transplant Center is a main component of its General Surgery Department. Its heart transplantation and combined heart-lung transplantation techniques and technologies are “state of the art.”



The new surgical building at Wuhan Union Hospital

200 医务人员争分夺秒创造全国纪录 协和 22 分钟内“重装”4 颗心

6月21日中午12点47分至14点09分,4颗捐献的心脏,相继在4位终末期心脏病人体内重新跳动。当天,武汉协和医院心内科完成,这4台同时进行的换心手术创造历史,4位患者病情稳定良好,医生手术顺利,装了4台新心脏的4位病人术后在病房恢复情况。

四台换心手术同时开始

6月20日上午,协和医院心内科病区,4台换心手术同时开始。上午9时,4台换心手术同时开始。上午9时,4台换心手术同时开始。上午9时,4台换心手术同时开始。

不为做纪录只为救命

协和心内科,为抢救生命进行。协和心内科,为抢救生命进行。协和心内科,为抢救生命进行。协和心内科,为抢救生命进行。

4颗心脏相继“重生”

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特价旅游随你行
跟团游 500起 自由行 1000起
机票酒店 签证保险 租车自驾
跟团游 500起 自由行 1000起
机票酒店 签证保险 租车自驾



几位“换心人”正在30分钟同时进行换心手术。

4位“换心人”档案

干重 30 年不休息做心脏
40岁“换心人”李金,患有冠心病... 李金,患有冠心病... 李金,患有冠心病...

大三儿子奔丧陪父亲换心

大三儿子奔丧陪父亲换心。大三儿子奔丧陪父亲换心。大三儿子奔丧陪父亲换心。大三儿子奔丧陪父亲换心。

UNION HOSPITAL “REINSTALLS” 4 HEARTS IN 22 MINUTES

200 Medical Professionals Race Against Clock to Set National Record

In June 2013, the *Wuhan Evening News* reported a “miracle” created by this hospital: Union Hospital’s Cardiac Surgery Department received notice that four donor hearts were available for transplant on the morning of June 20.⁴²³

The same afternoon, the hospital’s vice president Hu Yu gave the order to perform four heart transplants simultaneously. More than 200 medical personnel, including 13 professors and 17 associate professors from the Cardiac Surgery Department, split into four teams, each of which independently completed donor selection, procurement, matching, and transplantation.

On June 21 at 10:43, four hearts were simultaneously transported to operating rooms at Union Hospital. At 11:50, led by Professor Dong Nianguo, Director of the Cardiac Surgery Department, four specialist teams began performing heart transplants at the same time. In the 22 minutes between 13:47 and 14:09, the four hearts were beating again in four end-stage heart disease patients.

Reprint: A Wuhan Evening News report from June 2013



The heart transplant recipients in the ICU after surgery

Case Study: Expanded Surgery Building Busy 24 Hours a Day



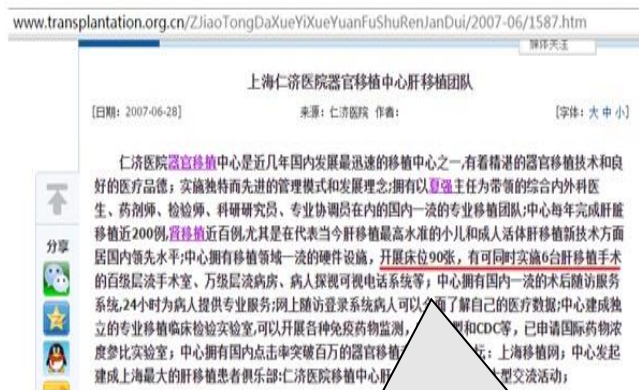
Photo: Shanghai Renji Hospital, East Campus (Pudong)⁴²⁴

Shanghai Renji Hospital is one of fourteen hospitals affiliated with Shanghai Jiaotong University.⁴²⁵ Its Urology Department established a new wing and renal transplant ward in the Pudong district in November 1999. It has since expanded from its original 29 beds to 70 beds. It performs over 5,000 surgeries per year, with over 60% being large and extra-large operations.⁴²⁶ The number of surgeries increased by 300% in the same period of time.⁴²⁷

Renji Hospital conducted its first liver transplant in 2001.⁴²⁸ After several years of development, it performed the most liver transplants of any hospital in Shanghai for eight consecutive years. It claims to have ranked first in China for liver transplants in 2011, 2012, 2013 and 2014 and first in the world for pediatric liver transplants.⁴²⁹

“There are too many, too many patients! We have surgeries here overnight, nonstop for 24 hours a day,” Dr. Chen Zheyang told a *Wenhui Daily* reporter in March 2016.⁴³⁰ As many as 120 surgeries are performed here in a day. The most difficult and advanced surgeries, including robotic surgeries, are all performed here. This does not include liver transplants, as liver sources coming from other areas are often brought back to the hospital late at night, so it is quite common to conduct surgeries until early morning.

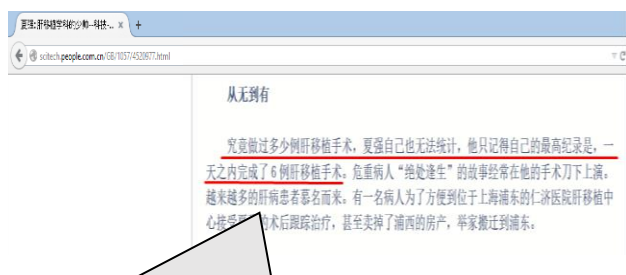
“The operating room is like a secret garden in the hospital. We have no time to be in contact with the outside world. The lights are on 24 hours a day here. Seven or eight o’clock at night is the same as in the morning. One can’t tell day from night,” said Dr. Chen.



Source: China Organ Transplantation Net
Date: June 28, 2007
Title: The Liver Transplant Team of Shanghai Renji Organ Transplant Center

... This center has first class equipment and facilities. **It has 90 beds**, and its 100% particle-free laminar air flow operating rooms **can carry out 6 liver transplant operations simultaneously** ...

Screenshot of a report on Renji Hospital from June 2007



Source: Jiefang Daily
Date: January 26, 2005
Title: Shifting Heaven and Earth in Nine Hours

Exactly how many liver transplants had he done? Xia Qiang had lost count. He remembers only his record of 6 liver transplants in one day.

Screenshot of a Jiefang Daily article from January 2005

In 2005, Renji Hospital opened its East Surgical Building, which has 1,000 beds.⁴³¹ The number of operating rooms has increased from 24 to 38.⁴³² The Liver Transplant Center is located on the 14th and 15th floors of this new building.⁴³³ The Liver Transplant Center increased its bed count from the original 13 in September 2004 to 90 beds in June 2007.⁴³⁴ It further expanded to 110 beds in 2014.⁴³⁵ Its bed utilization rate and transplant volume also continued to hit new highs.

“Addicted” Transplant Surgeon

According to an online posting, “Renji Hospital Liver Transplant Center was officially established on September 20, 2004. The hospital recruited Xia Qiang as its lead surgeon. Although he had already completed several hundred liver transplants successfully, Xia was still relatively inexperienced within the Chinese transplant community at the time.”⁴³⁶

In a report by *Jiefang Daily* on January 26, 2005, Xia said, “I’m obsessed with liver transplants. It’s like I’m addicted to it. I would feel uncomfortable if I don’t go to the ward to see patients for one day. I do at least two to five liver transplants a week.” Exactly how many liver transplants had he done? Xia had lost count. He remembers only his record of six liver transplants in one day.⁴³⁷ Even now, a classical liver transplant takes four to six hours; it would have taken even longer in 2005.

Xia said, “The management of my team is militarized. Every medical staff member must keep their cell phone turned on 24 hours a day because liver transplants may require going out for graft procurement or preparing for surgery at any time. We doctors must be on standby at all times.”⁴³⁸ In 2013, a *Wenhui Daily* article stated, “Renji Hospital conducts liver transplant surgeries continuously, and doctors could not get out of the hospital all night long.”⁴³⁹

III. Overworked Doctors and Nurses

We observed reports of medical teams and individual doctors routinely struggling to carry out the volume of transplants demanded of them, including in recent years. Surgeons work overtime to procure organs and conduct transplants with surgical departments frequently carrying out multiple transplants simultaneously. It was common to see accounts of surgeons performing transplants for 20 hours without rest and getting little sleep each day.⁴⁴⁰ Doctors were so busy procuring kidneys that they are “often unable to go home for one or two weeks at a time.”⁴⁴¹ One hospital even resorted to training almost all its nearly 100 general surgeons to conduct kidney transplants independently.⁴⁴²

Case Study: Working Around the Clock

The **Second Xiangya Hospital of Central South University** ranked 19th among the 100 most competitive hospitals in China in 2015.⁴⁴³ It employs 631 senior professionals, including 108 doctoral advisors and 248 master’s advisors. It began performing multi-organ transplants relatively early in China and is one of the seven hospitals approved to carry out the most types of organ transplants—liver, kidney, heart, lung, pancreas, and intestine.⁴⁴⁴ Its 26-story surgery building with 34 operating theaters opened in July 2005. The hospital was initially planned for 1,500 beds but actually opened with more than 2,500 beds.⁴⁴⁵ This hospital currently has 3,500 registered beds.⁴⁴⁶

Under the direction of Peng Longkai, the Urological Transplant Department conducted more kidney transplants during a half-year period in 2002 than the total number for all previous years combined. Peng claimed that he had performed more than 2,000 kidney transplants.⁴⁴⁷

One can infer the volume of transplants at this hospital from how busy its doctors have been. “Transplant surgeons often have to work for over 20 consecutive hours performing surgeries. They will start another round of operations after they rest for three or four hours. The surgeons are still at the operating table while the scrub nurses have changed several shifts. They often conduct a dozen operations over a period of 2 to 3 days. They once performed 9 kidney transplants in one day.”⁴⁴⁸

The head of the organ transplant division, Qi Haizhi, and his team successfully completed a combined transplant of 8 abdominal organs, including liver, pancreas, spleen, and stomach in December 2010. This was a first in China and the second case in the world, creating a sensation.⁴⁴⁹



The 26-story surgery building opened in 2005

**“If I’m not at the hospital,
I’m at the kidney
procurement location.
If I’m not at the kidney
procurement location,
I’m on the way between
the hospital and the kidney
procurement location.”**

—*Organ transplant surgeons
at Qilu Hospital*

**“Almost all surgeons
at our hospital can
independently
complete kidney
transplants.”**

—*Yuan Fangjun, vice president
of Dongfeng Company Hospital*

Case Study: Kidney Supply Chain Overwhelmed

To the left was the portrayal of the busy lifestyle of the transplant team at **Qilu Hospital of Shandong University**. Members of the team were often unable to go home for one or two weeks at a time. On December 26, 2010, a report on its official website stated:⁴⁵⁰

“Due to the current international criticism of organ sourcing in China, the number of usable cadaveric donor kidneys has decreased significantly, causing an increase in uncertain factors and intense competition. However, due to the tireless efforts of Director Dong Laidong of the Organ Transplant Supply Department and Director Tian Jun of the Blood Purification Department, the number of cadaveric kidney transplants far surpassed that of last year, and the wait time for kidney transplants has not increased noticeably.”

Case Study: All Hands on Deck

The fervor in pushing transplant volume is not limited to national-level hospitals. We have found that transplantation has become a major business activity for municipal hospitals and subsidiary hospitals of state-owned enterprises, as exemplified by the case below.

The **Dongfeng Company Hospital** is operated by an automaker in Shiyuan, a small industrial city in central China. In less than ten years, the explosive growth in this hospital’s transplantation activities “caused the local economy to prosper,” “elevated the city’s reputation,” and gradually replaced the Dongfeng vehicle as the new “business card of Shiyuan.”⁴⁵¹

As early as August 2000, it had conducted 10 kidney transplants, one thyroid transplant, and 3 corneal transplants in the same day. The hospital also performs liver, corneal, in situ parathyroid, bone marrow, and other types of organ and tissue transplants.⁴⁵²

The hospital’s vice president, Yuan Fangjun, stated in 2009, “Kidney transplantation is now a routine surgery. Almost all surgeons at our hospital can independently complete kidney transplants.”⁴⁵³ According to the hospital’s website, it has 10 surgical departments and more than 100 surgeons. How many transplants is the hospital performing to necessitate training almost all its surgeons in this procedure?

In addition, the hospital has a breast transplant department with more than 40 beds, 3 chief physicians, 2 associate chief physicians, 4 attending physicians, and 3 residents.⁴⁵⁴ These doctors’ web pages are no longer accessible.

Case Study: “A Decade of Memories”

“Regardless of the summer heat or the winter chill, 4 or 5 people were crammed into an old, dilapidated van, excising [source] organs. Thinking of the 7 or 8 transplant surgeries done in one day and one night ...”

—An excerpt from an article of Xi’an High-Tech District Hospital

In September 2012, in celebration of the tenth anniversary of its Urological Surgery Department, **Xi’an High-Tech District Hospital** published an article describing the department’s efforts in achieving annual revenues of 10 million RMB. This “glorious achievement” came five years after its establishment.⁴⁵⁵

The article stated, “Thinking about those days, we would leave before dawn for the train station, airport, or another hospital to pick up one transplant patient after another. Regardless of the summer heat or the winter chill, 4 or 5 people were crammed into an old, dilapidated van, excising [source] organs. Thinking of the 7 or 8 transplant surgeries done in one day and one night, thinking of watching over critically ill patients and not leaving the hospital for one or two weeks...”

“Our department has achieved a high reputation and attracted patients from not only Shaanxi, Inner Mongolia, Qinghai, Gansu, Xinjiang, Zhejiang, Guangdong, Henan, but also from abroad, such as Korea, Japan, and Israel.” However, the hospital claimed it had completed only 229 cadaveric kidney transplants and 3 relative-donor kidney transplants during the five years between 2003 and 2007. An average figure of fewer than 50 transplants per year with an annual revenue of 10 million RMB suggests that the transplant volume is underreported.

This hospital is part of a joint venture with a British hospital management company. It was not approved for transplants by the Ministry of Health in 2007 because it was a private Class 3B hospital, while the Ministry requires Class 3A categorization for approval.



Rendering and photos: Xi’an High-Tech District Hospital ⁴⁵⁶

Scale of China`s Transplant Industry

I. A State Secret

In 2015, former Deputy Minister of Health Huang Jiefu admitted in a television interview that the number of transplant surgeries performed is a state secret.⁴⁵⁷

Huang Jiefu: The death penalty is a state secret, right?

Xu Gehui (reporter): But patients are not a secret. I`m sorry, I really don`t understand.

Huang: Your organs come from executed prisoners.

Xu: Okay, so the sources of the organs can be a secret, but is the waiting list [for transplants] also a secret?

Huang: You can deduce the number of [executed prisoners] from the number of [transplants] performed. Then don`t you know the state secret?

Xu: Then it should be smaller than this number [of executed prisoners] ...

Huang: What you`re saying is too sensitive, so I can`t be too explicit with you. It will be clear to you as long as you think about it. Because your country doesn`t have a transparent system, you don`t know where the [organs] come from. How many [transplants] are done is also a secret, so in fact, many things are actually a mess, and the number isn`t clear to you.

(End of transcript)

Due to inexplicable organ sources and fraud for financial gain by hospitals and doctors, the number of transplants is falsified level-by-level, all the way down to individual hospitals and doctors. As a result, the true number of transplants performed in China may forever remain unknown.

Yet as a Chinese saying goes, “paper cannot wrap fire.” While we cannot directly observe the number of transplants these hospitals have performed, we can still make extrapolations based on capacity, growth, transplant types performed, hospital bed count and utilization rates, professional personnel, and so on. Moreover, regulations published by the government provide useful information in determining the scale of transplant centers nationwide.

II. Numbers of Organ Transplant Centers and Ministry Approval System

According to statistics from the Administration of Hospitals under the National Health and Family Planning Commission (NHFPC), successor to the Ministry of Health in July 2015,⁴⁵⁸ there were 20,918 hospitals in mainland China.⁴⁵⁹ Among them were 1,151 Class 3 hospitals and 4,321 Class 2 hospitals.⁴⁶⁰

Class 3 hospitals are normally located in major cities. They are typically large-scale general or specialized hospitals with over 500 beds. Among them, 705 are Class 3 Grade A (“3A”) hospitals.⁴⁶¹

Huang Jiefu said in March 2006, “For a hospital to pass the evaluation to become a Class 3A hospital, it must have completed a fixed target of more than five organ transplants. Organ transplantation has become a resource for competition among hospitals to reach the standard and for their branding.”⁴⁶²

In April 2015, Wuhan University Professor Ye Qifa, Executive Chairman of the China Organ Transplant Alliance and a specialist in major organ transplantation, stated to *People’s Daily Online* that before the introduction of the *Regulations on Human Organ Transplantation* in 2007, there were over 1,000 medical institutions in China performing organ transplants.⁴⁶³

Dongfeng General Hospital website also reported that more than 1,000 hospitals in 2007 that were performing transplants.⁴⁶⁴

On May 23, 2007, 164 hospitals were given permits by the Ministry of Health.^{465 466} Essentially, these were the most qualified and capable national-level organ transplant centers at the time.

Many of the other hospitals that did not receive approval continued to conduct transplants. On August 8, 2013, the NHFPC added Wuhan University Zhongnan Hospital Human Organ Transplant Center, which performs transplants after cardiac death, and published a list of 165 hospitals approved to conduct organ transplants.⁴⁶⁷ Four more hospitals were added to the list in succession, bringing the number of qualified hospitals to 169 at the beginning of 2014.⁴⁶⁸ The number was increased to 173 in May 2017.⁴⁶⁹

III. System Capacity Estimation Based on Minimum Requirements

We focused on the 164 hospitals approved by the Ministry of Health in 2007 and calculate the minimum system transplant capacity using the Ministry’s minimum bed requirements for maintenance of certification.

On June 27, 2006, the Ministry of Health published a “Notice Regarding the Management and Regulation of Liver, Kidney, Heart, and Lung Transplantation Capabilities,” which imposed the following requirements for medical institutions carrying out organ transplants:⁴⁷⁰

- Liver: 15 beds dedicated to liver transplants and no fewer than 10 ICU beds
- Kidney: 20 beds dedicated to kidney transplants and no fewer than 10 ICU beds
- Heart: 5 beds dedicated to heart transplants and no fewer than 10 ICU beds
- Lung: no fewer than 10 ICU beds

For the 164 approved hospitals, the minimum bed counts are as follows:

Table 5.1 Minimum transplant bed count requirements by the Ministry of Health.

Permit Type	Hospitals	Minimum Transplant Beds	Minimum ICU Beds	Minimum Total Beds
Liver	21	15	10	25
Kidney	65	20	10	30
Liver & Kidney	60	35	20	55
Heart & Lung	18	5	10	15

Based on an average one-month hospital stay, each bed could accommodate up to 12 transplant patients per year. In practice, kidney transplants generally require one to two weeks whereas liver transplants require three to four weeks of hospitalization. Since we are mixing kidney and liver transplants in our volume analysis, we use the maximum hospitalization duration of four weeks as the average length of stay for each transplant patient.

Our survey of 169 hospitals found widespread facility constraints, including transplant centers with bed utilization rates exceeding 100% and a long list of patients waiting for transplants. It is important to note that Huang Jiefu has publicly announced plans to expand the number of approved transplant hospitals from 169 to between 300 and 500 and to train 400 or 500 more young doctors. This suggests that the current systemwide capacity cannot keep up with demand.^{471 472 473} Thus, we are confident in assuming that the vast majority of the existing hospital capacity is being fully utilized to perform transplantation surgeries.

Table. A volume scenario of 164 hospitals permitted to conduct transplants based on transplant bed count requirements by the Ministry of Health.

Permit Type	(A) Hospitals	(B) Minimum Beds	(C) = 12 * (B) Annual Transplants Per Hospital	(D)=(A) * (C) Annual Transplants in Category
Liver	21	25	300	6,300
Kidney	65	30	360	23,400
Liver & Kidney	60	55	660	39,600
Heart & Lung	18	15	180	3,240
All	164			72,540

Given 100% bed utilization rates, our calculations indicate that all 164 hospitals combined could theoretically conduct 72,540 transplants per year.

After 2000, liver transplants gradually became a routine clinical procedure in China.⁴⁷⁴ Soon thereafter, kidney transplants also began to be carried out on a large scale with a few kidney transplant centers already exceeding 1,000 kidney transplants. Since many liver transplant centers also conduct kidney transplants, the rapid increase in the number of kidney transplants compensate for the relative delay in scaling up liver transplants.

We then multiplied annual figures for the approved hospitals by fifteen (years), excluding the first three years as ramp-up time. Following this method, we estimate that the total transplant capacity in approved centers over the 15-year period between 2003 and 2018 at 1,088,100.

This analysis is based on the minimum bed counts published under the Ministry of Health's permit system in 2007. Even though the Ministry approved only 164 centers, most of which carry out far more transplants than the minimum bed counts can produce, it is relevant that more than 1,000 hospitals applied for permits to conduct transplants under this system, logically implying that they had met these minimum requirements.⁴⁷⁵

We do not attempt to estimate a conclusive total at this stage; instead, we present only a minimum range of possibilities, which likely do not reflect the full scale of transplants performed in China. The true scale and magnitude of transplantation surgery in China is left for the reader to conjecture.

IV. Corroboration with Other Data

To determine the extent to which hospitals meet these minimum capacity requirements, we examined hospitals' bed counts through official sources, media reports, and accounts of the number of transplants performed by individual doctors and hospitals.

Actual Bed Counts of Approved Hospitals

The true number of transplants performed by hospitals in China has long been deflated and cannot be observed directly. Nevertheless, when hospitals report utilization rates of 100% or greater and facility constraints are cited as a limiting factor of transplant volume in China, bed counts can be used to estimate the scale of transplants performed. After the first investigation reports by Matas and Kilgour were released, hospitals began to deflate their transplant bed count figures as well.

We examined these 169 approved hospitals with regards to their capacity, record of growth, hospital bed counts and utilization rates, and professional personnel. The data show that most of them exceed the minimum bed counts, including some with hundreds of beds dedicated to organ transplantation.

We list in Appendix II hospitals for which we have bed count data for dedicated transplant departments and/or urology, hepatobiliary, and other surgery departments known to perform transplants.

This data set is what we were able to gather from publicly available information. Due to the lack of transparency and the hospitals' active deletion of such data online, we likely have not discovered all dedicated transplant centers these hospitals operate or their true scale.

We further analyze hospitals with extremely low transplant bed counts compared to their true scale. Below are examples among military and civilian hospitals of varying sizes:

Tongji Hospital of Huazhong University of Science and Technology



This hospital claims to be China's largest and earliest comprehensive medical facility and research institute specializing in clinical application and experimental research of organ transplantation. It is capable of carrying out heart, lung, liver, kidney, spleen, pancreas transplants, combined pancreas-kidney, liver-intestine, and multiple abdominal organ transplants, among other difficult and complicated clinical transplants.⁴⁷⁶

The website of its Organ Transplant Institute stated in May 2018 that its transplantation program, total number of transplants, and long-term survival rate have continuously led the nation over the past 50 years. It reportedly performed more than 500 liver transplants and nearly 3,000 kidney transplants during these five decades. It lists only 65 beds under its organ transplant research institute.⁴⁷⁷

However, one of its archived web pages from 2016 stated, "the [organ transplant] institute has a basic research department and a clinical department. The Organ Transplant Basic Research Center is an open, large-scale, integrated scientific research base dedicated to organ transplant-related experiments and clinical research. It has large-scale, advanced equipment to meet the needs of in-depth research at the cellular, molecular, genetic, and protein levels. The clinical department currently has a 2,400-square-meter dedicated transplant ward of 86 beds."⁴⁷⁸

A November 2011 news report stated that this well-known facility carries out thousands of kidney transplant surgeries annually and has the most patients waiting for kidney transplants in the country.⁴⁷⁹

If the figure of 3,500 total transplants were true, the hospital would have performed just over an average of 200 transplants per year (dividing by 16 years, assuming a negligible volume before 1999). This would require no more than one-third of its claimed bed count. The official bed count of 65 would allow the institute to conduct just over 1,000 kidney transplants per year, assuming a three-week hospitalization period and full utilization; most kidney transplants requires less than two weeks' hospitalization. Thus, the actual bed count is likely to be higher than the published number.

General Hospital of Shenyang Military Command



This is one of the largest military hospitals in China. It is in the same city as the secret Sujiatun concentration camp that was exposed in 2006 for providing living organs for transplant from Falun Gong practitioners. The only indication of the actual scale of organ transplants performed there can be found on its official website.

Its website states that it has “one of the best-known transplant centers in the country” but claims to have only 36 inpatient beds.⁴⁸⁰ “Since it successfully carried out the first kidney allograft in 1978, the hospital has completed more than 1,700 kidney transplants.” This volume of less than 100 per year would not have necessitated 36 beds; even 10 beds would have been more than enough. Such low bed counts and transplant numbers do not match the hospital’s high national status.

Its kidney transplant department has 11 surgeons, including 7 with senior professional titles. Among them, Director Liu Long is a committee member of the Chinese Organ Transplantation Society and the deputy director of the PLA Organ Transplant Professional Committee.⁴⁸¹

The website of its hepatobiliary surgery department showed that it had 11 surgeons. Zhou Wenping, the department’s director, studied liver transplantation at Sweden’s Hudding Hospital from 1996 to 1997 and successfully performed the first liver transplant in the Shenyang Military Region in October 2002.⁴⁸²

Its ophthalmology department is renowned in the PLA, especially for its specialty of corneal transplantation. It has the largest eye bank in northeastern China as well as in the entire military and is capable of readily providing supplies to meet the demand for corneal transplant patients.⁴⁸³

The First Affiliated Hospital of Xi'an Jiaotong University



This hospital performed the first kidney transplant in northwestern China in 1979. As of 1995, it had accumulated 100 kidney transplants. Its Organ Transplantation Research Institute was established in 2000 and has since witnessed a period of “glorious development.”⁴⁸⁴ As early as June 2000, it had completed over 1,140 kidney transplants.⁴⁸⁵ This hospital conducted the most kidney transplants in northwestern China and third most nationally. Its liver transplantation also consistently ranked first in northwestern China.⁴⁸⁶ In addition, this center had guided 23 hospitals from 13 provinces in carrying out more than 10,000 kidney transplants by December 2012, leading the development of liver, heart, lung, intestine, and other types of transplants and serving as a model for organ transplantation in mid-western China. It has trained more than 500 core technical personnel for other transplant centers; some of the graduates have become academic leads.⁴⁸⁷

After the organ harvesting crimes were first exposed in 2006, overseas media began to track this hospital. It has since tried to hide the number of transplants performed, listing on its website that it has only 48 transplant beds.⁴⁸⁸ However, when our investigator called the transplant department under the guise of introducing a patient on behalf of another hospital and inquired whether the department had enough beds, its medical personnel indicated that there was no need to worry, that they could add beds if needed and even appropriate beds from other wards.

Its website states that it had performed 3,596 kidney transplants as of December 2012.⁴⁸⁹ With only 69 donations after cardiac death as of June 2013, producing 132 kidney transplants and 60 liver transplants, it purportedly placed first among all transplant centers in China. By March 2015, the center had reached a cumulative total of 400 living-donor kidney transplants.⁴⁹⁰ Even based on its stated numbers, it is unclear from where the other 3,000 kidneys were sourced.



Xue Wujun, Director of the Organ Transplantation Research Institute and Vice Chair of the China OPO Alliance, during an interview

Media Reports

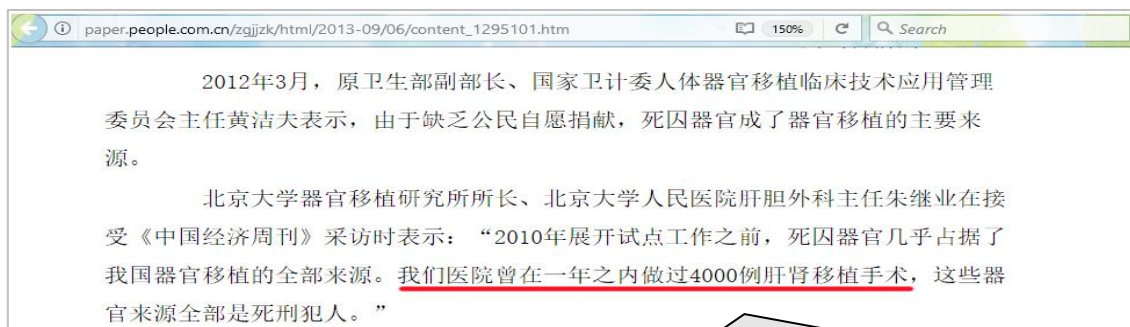
Some doctors and hospitals unintentionally exposed clues of their transplant volumes when talking to the media. These numbers are far higher than the minimum requirements would suggest.

Below are a few examples of such reports.

In September 2013, Zhu Jiye, director of the **Organ Transplant Institute of Peking University** and the Department of Hepatobiliary Surgery of Peking University People's Hospital told *China Economic Weekly* that “most of our nation's organ transplants come from death-row prisoners. Our hospital conducted 4,000 liver and kidney transplant operations within a particular year. These organs all came from death-row prisoners.”⁴⁹¹



Peking University People's Hospital



“Our hospital conducted 4,000 liver and kidney transplant operations within a particular year, these organs all came from death-row prisoners.”

*Screenshot of an article reprinted in September 2013 on People.com
(Originally published by China Economic Weekly)*

When the **First Affiliated Hospital of Sun Yat-Sen University** celebrated its 100th anniversary in October of 2010, a report posted on the news website of Xinkuai Paper stated that “tens of thousands” of patients had received liver or kidney transplants at its organ transplant center.⁴⁹²

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10 Nov 2016

http://www.ycwb.com/ePaper/xkb/html/2010-10/09/content_940841.htm Go

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2015 2016 2017
About this capture

1972年便成功实施国内首例肾脏移植手术；1987年将一名烧伤面积100%且3度烧伤达96%的病人从死神手中抢了回来；2001年又创下国内首例连头婴分离术……翻开《20世纪广东科学技术全纪录》，其中记载的中山一院的无数个“第一”开创了我国医疗事业的多项历史先河。

说起中山一院的威水史，不得不提及它的器官移植中心，在这里换肝、换肾的病人已数以万计。而这个开端则由1972年该院的梅骅教授和李仕梅教授创下，当年他们主持并实施了国内首例肾脏移植手术，患者存活超一年。到了2004年，中山一院更是成功开展了亚洲第一例多器官移植手术，摘除患者腹部九个器官，换上三个器官，术后仅仅6天，病人便奇迹般地脱离了重症监护。此外，对于肝脏移植这种高难度手术，中山一院在2004年还成功为一名75岁的老人进行了该领域的年龄极限。

The First Affiliated Hospital of Sun Yat-Sen University News

When talking about the glorious history of the First Affiliated Hospital of Sun Yat-Sen University, we have to mention its organ transplant center, where tens of thousands of patients have received liver or kidney transplants ...

Screenshot of a news article published on October 9, 2010 by the First Affiliated Hospital of Sun Yat-Sen University

On April 4, 2006, *The Asia-Pacific Journal* published a report entitled “Japanese flock to China for organ transplants.” The report states that Mr. Suzuki, chairman of the Japan Transplant Recipients Organization, discovered that a hospital in a major city in China conducted 2,000 organ transplants in 2005 alone. Among the recipients, 30 to 40 were Japanese, and 200 were Korean.⁴⁹³

In China’s organ transplant field, both financial interests and international scrutiny incentivize media reports, hospital websites, and even academic articles to underreport transplant figures rather than inflate them. Therefore, the total volume of transplants carried out by the hundreds of transplant centers since 2000 is most likely staggering.

Most Prolific Institutions and Individuals

Over the past decade, the Chinese authorities have not released the annual transplant volume of individual hospitals and claimed that only a total of about 10,000 organ transplants are performed each year.⁴⁹⁴ However, even from the data scattered on hospital websites, it is clear that just a few hospitals and individual surgeons would easily surpass this number. Most far exceed the minimum capacity requirements.

Much of previously published transplant data has been actively removed or deflated in China, especially after illicit organ harvesting first gained international attention in 2006. For example, some transplant departments' official annual figures account for less than 10% of their bed and personnel capacity. Nevertheless, in some cases, one can compare numbers between different types of data from a variety of sources to get a sense of an institution's true scale and its surgeons' transplantation activity. Some of these surgeons have individually performed thousands of transplant surgeries.

Case Study: Oriental Organ Transplant Center at Tianjin First Central Hospital



Tianjin First Central Hospital established its Organ Transplant Surgery Division in 1998 with an investment of 100,000 RMB.⁴⁹⁵ The center broke ground in 2002 on its new 17-story building with 500 transplant beds. The Tianjin Municipal Party Committee and Municipal Government provided about 170 million RMB in funding, aiming to build Asia's largest integrated organ transplant center.⁴⁹⁶

The Tianjin First Central Hospital Organ Transplant Surgery Division was established in 1998. It later became the Oriental Organ Transplant Center in 2003. It is the largest transplant center in Asia and has ranked first in China for the cumulative number of transplants performed since 1998.⁴⁹⁷ Liver and kidney transplants became routine surgeries at the center in 1999.⁴⁹⁸

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昔日拼搏进取 今日重建辉煌 ——著名移植学专家沈中阳教授



器官移植是 21 世纪医学对人类最重大的贡献之一。同时,大器官移植由于涉及的学科繁多,常常被用来衡量一个国家或地区的综合医疗水平,肝脏移植是大器官移植的代表,亦为治疗晚期肝病惟一有效的措施。然而,作为世界第一肝病大国的我国,肝脏移植技术远远落后于西方国家。老一辈外科专家如裘法祖、夏穗生等早在 20 世纪 70 年代后期即尝试性地开始了人体肝脏移植工作,为我国肝脏移植开辟了先河。天津市第一中心医院的沈中阳于 1993 年第 1 次留学回国,就把自己的事业定在了肝脏移植领域。在新建的移植研究室,他白天搞临床,晚上做实验。在 50 余例动物实验的基础上,1994 年 5 月 10 日,他为一位反复 5 次消化道出血的晚期肝硬化患者实施了同种异体肝脏移植手术,患者至今存活已超过 10 年,这是我国第 1 例长期存活的肝脏移植患者。1996 年,他再次东渡扶桑,专攻器官移植,2 年后获得医学博士学位。他这次回国,决心将中国的肝脏移植推向临床实用阶段。在医疗设备极其简陋的环境下,在外界怀疑甚至反对的情况下,他带领几名普外科医生组建了专业临床肝脏移植队伍,建立并完善了一整套肝脏移植手术管理流程和规范,使肝脏移植变成了临床常规手术。1998 年 9 月,他个人拿出 10 万元作为启动资金,于 24 日和 25 日两天完成了 4 例临床肝脏移植手术,在移植学界引起很大的震动。当时中华医学会副会长、中山医科大学校长黄浩夫教授,中华器官移植协会会长夏穗生教授等都专程前来看望并表示祝贺。在以后的 4 个月内,他共完成了 7 例肝脏移植,6 例康复出院,全国近百家医疗单位前来参观学习。他和助手在 4 年时间里协助了 16 个省、47 家医疗单位开展肝脏移植手术,所完成的肝脏移植数量占全国肝脏移植总数的一半。这对我国肝脏移植工作进入临床直接产生了巨大的推动和激励作用。

建立亚洲最大的肝脏移植中心一直是沈中阳的梦想,为了实现这一梦想,他付出了旁人难以想象的努力。统计沈中阳所做的肝移植例数:1998 年 8 例,1999 年 27 例,2000 年 62 例,2001 年 109 例,2002 年 191 例(跃居全亚洲第一),2003 年 261 例,2004 年 507 例(为全世界第一),2005 年 647 例。7 年共完成肾移植 437 例,为全国第一。到目前为止,他所领导的移植中心已成为全世界规模最大的器官移植中心之一,肝脏移植的质量也不断提高,平均年生存率已超过 90%,并连续创造和保持着术后患者存活时间最长、手术成功率最高、同时进行手术例数最多、手术总例数最多、生存患者总数最多、患者生存时间最长、再肝移植例数最多、会诊手术及疑难手术最多、术中不输血等多项全国纪录,为我国肝脏移植工作的开展作出了开拓性的贡献,促进了我国大器官移植工作的发展,扩大了中国在世界移植领域的影响。2004 年美国移植医生学会主席 Busuttill 先生在维也纳国际移植年会上称赞“天津第一中心医院的器官移植工作把天津放在了世界版图上”。

作为学科带头人,他在科研领域也取得了卓越的成绩,先后多次承担市科委攻关课题,获各级科技成果奖多项。同时担任中华器官移植学会常委,中华医学会器官移植分会肝移植专家学组副组长,中华医学会天津分会外科学会委员,天津医学会器官移植分会主任委员,《中华普通外科杂志》、《中华器官移植杂志》、

The new 46,000 m² building of the Oriental Organ Transplant Center at Tianjin Central Hospital opened with 700 beds ... There are currently 310 medical professionals.

展望器官移植中心的未来,沈中阳有自己的目标:不是单一的,而是一个医教研一体化的现代化器官移植中心。第一中心医院新落成的东方器官移植中心大楼建筑面积 46 000 m²,开设病床 700 张,设有药学研究室、移植病理研究室、移植配型中心、血液透析室、重症监护室以及分子生物学、细胞学及临床免疫学等实验室,现有专业医护人员 310 余名。他们将在继续重点发展肝移植的前提下,形成一个以肝、肾移植为主体的多器官综合移植中心,使“亚洲第一”、“世界著名”成为名副其实。 (本刊编辑部)

The screenshot of the special interview with Shen Zhongyang in February 2006 by the Chinese Journal of Integrated Traditional and Western Medicine in Intensive and Critical Care

The center's archived web pages show that it broke ground on its new building in 2002.⁴⁹⁹ The Tianjin municipal government funded construction of the new building with plans for 500 transplant beds.⁵⁰⁰ The center reportedly aimed to perform 500 liver transplants and 300 kidney transplants per year.⁵⁰¹ This implies that each transplant bed would accommodate fewer than two patients per year. It is thus apparent that the center began to deflate its transplant volume from an early stage.

On December 28, 2003, *Xinhua* reported the opening of the Oriental Organ Transplant Center with 500 beds. While its main focus was the development of liver and kidney transplants, it also developed pancreatic, bone, skin, hair, stem cell, heart, lung, corneal, and larynx transplantation.⁵⁰²

An archived web page of this hospital from January 4, 2006, showed that this center had the facilities to carry out nine liver transplants and eight kidney transplants (17 transplants in total) simultaneously.⁵⁰³ Before its new transplant building was put into use, it rented out floors in nearby hotels to house foreign transplant patients.⁵⁰⁴

According to a February 2006 interview with the center's director, the building had actually opened with 700 beds and 310 professionals.⁵⁰⁵

However, after forced organ harvesting in China was exposed, in September 2006, *Tianjin Daily News* reported that the center's new building officially entered operation with 500 beds.⁵⁰⁶

North China Net Surveillance and Services

Second round selection of good hospitals in Tianjin

Tianjin First Central Hospital

北方网舆情监测及服务

天津市第一中心医院

<http://www.enorth.com.cn>

来源：天津北方网

作者：2014-06-25 15:15:35

编辑：曲晓琳

天津市人民满意的好医院第二轮评选



天津北方网讯：近年来，我院进入了快速发展时期。全院职工科学发展观为指导，全面贯彻党的卫生工作方针，按照市卫生局开展的“天津市卫生行业五要五不准服务承诺”等重点工作要求，凝心聚力、创新发展、不断提升医疗质量与服务能力，让老百姓就医得到了便利与实惠，取得了较好的社会效益和经济效益。

一、以技术创新为着力点，推动医院医疗科研经济全面发展

1. 狠抓学科建设与技术创新，提高服务能力

In 2013 ... the bed utilization rate was 131% ... an increase of 5.7% over last year

2. 医疗指标完成情况。

2013年收治门诊急患者175.23万人次，出院患者4.67万人次，手术1.78万例，病床使用率131.1%。门诊急病人同比增长9.9%，出院病人增长3%，病床使用率同比增长5.7%。

In 2013, our hospital ... added 300 beds and adjusted the bed counts of the departments of Cardiology, ... (other departments), Urology, and the Organ Transplant Center.

二、推进学科建设，提升医疗救治水平

2013年，我院根据发展的需要，调整了医疗资源与扶持政策。增加编制床位300张，总床位达到1500张。医院根据各科室发展需要，调整了心内科、心血管外科、风湿免疫科、整形与烧伤科、泌尿外科、器官移植中心等科室的编制床位数。扶持外科发展，新成立了肝胆外科、胃肠外科，恢复血管外科，引进生殖助孕科、血管外科带头人。2013年，我院各学科建设都有不同程度的发展与进步。

Currently, the center's website shows only 200 total beds and that it has conducted 3,300 liver and 2,357 kidney transplants between 1998 and 2009.⁵⁰⁷

However, this bed count is even smaller than when the center was established in 2003, let alone the 500+ beds in its new building that opened in 2006. Its bed utilization rate reached 90%⁵⁰⁸ in October 2009 and 131% in 2013 before it added still more beds.⁵⁰⁹

Even if the center had only 500 beds, when it achieved a 100% bed utilization rate (which would have been around 2010, given its growth trend), with an average liver transplant hospitalization time of 3 to 4 weeks,⁵¹⁰ its transplant volume could have reached 6,000 to 8,000 per year. With its 131% bed utilization rate in 2013, the corresponding annual volume may have been as high as 7,800 to 10,400.

A site visit by investigative journalists in October 2017 revealed that the center housed international transplant recipients in a nearby hotel in addition to its own facilities. This expanded capacity would have been even greater than it was in 2013.⁵¹¹

The day before the journalists' visit, the international transplant department performed 8 transplants (this would have required no more than two or three theaters). If this was the average daily rate, the international department alone would perform more than 2,500 transplants a year. The domestic transplant facilities exceeded the size and density of the international department, so the domestic department would have performed more than 2,500 transplants each year.

Furthermore, the new transplant building had at least 17 operating theaters,⁵¹² which were in full use around the clock at the time of the 2017 investigation. Even if each theater accommodated one transplant surgery per day, they would yield a total of more than 6,000 transplants per year.

Shen Zhongyang, the director of the Oriental Organ Transplant Center and president of Tianjin First Central Hospital, is known as the founder of liver transplantation in China. He also serves as an expert consultant for the Health Bureau of the Central Government (which provides health services for top leaders in the central Communist Party leadership), the chief expert for key organ transplantation technology projects of the national 863 Project, and the director of the Organ Transplant Research Institute at the Chinese People's Armed Police General Hospital in Beijing.^{513 514}

A media report stated, “As a leader, Shen Zhongyang has virtually no time for himself. In the past ten-plus years, he has basically gone from one thing to the next, day and night. He hasn’t had a single meal at regular times, and he’s often at the operating table until midnight or the following morning.”⁵¹⁵

Other transplant doctors also have not rested: “The hospital’s transplant surgery division’s doctors hurriedly shuttle between wards and operating rooms with no time to greet one another. They kept saying, ‘These few days are crazy busy, with more than a dozen surgeries a day.’ Some doctors were even rushing surgeries all night long [and] did not sleep at all. Doctors complain that the off-season is only a month after the New Year; they are busy until the end of the year and normally don’t go home.”⁵¹⁶

Its current website claims that in 2005 and 2006, it created a world record of more than 600 cases of liver transplants annually.⁵¹⁷ However, those numbers would not need 50 beds and could have been easily implemented by just a few of its doctors among its 310 medical professionals.⁵¹⁸

- The center’s director, Shen Zhongyang, had reportedly completed close to 10,000 liver transplants by 2014.⁵¹⁹ His colleagues and the majority of the doctors he trained had each independently completed over 1,000 transplants by the same year.⁵²⁰
- By 2011, Vice President Zhu Zhijun had completed 1,400 liver transplants with 100 from relative donors.⁵²¹
- Deputy Director Cai Jinzhen completed 1,500 liver transplants.⁵²²
- By July 2006, Associate Chief Surgeon Pan Cheng had independently completed over 1,000 liver transplants and participated in over 1,600 liver graft procurements.⁵²³
- Chief Surgeon Song Wenli of the Renal Transplant Department completed over 2,000 kidney transplants and over 100 combined transplants.⁵²⁴
- Associate Chief Surgeon Mo Chunbo completed over 1,500 kidney transplants.⁵²⁵
- Chief Surgeon Gao Wei completed over 800 liver transplants with 100 from relative donors as of 2014.⁵²⁶

TV Chosun’s on-site investigation in October 2017 validated its transplant scale and found that this hospital is still conducting transplants at full capacity.

More Prolific Institutions and Individuals

The People's Liberation Army Organ Transplant Center at No. 309 Hospital has 231 medical and research personnel. It had 224 beds in 2008,⁵²⁷ 316 beds in 2010 and 393 beds in 2012,⁵²⁸ though its website now says it has 330 beds. Its bed utilization rates reportedly lead that of similar military organizations. It once completed 12 kidney transplants overnight.⁵²⁹

As of 2014, Tan Jianming, vice president of **Fuzhou General Hospital of Nanjing Military Command**, has led more than 4,200 kidney transplants. Tan was previously also part-time director of the Urology and Transplantation Department at Shanghai Jiaotong University's First People's Hospital and its Shanghai Organ Transplant Center.⁵³⁰

Shanghai Changzheng Hospital affiliated with the Second Military Medical University, hosts two prolific doctors. Zhu Youhua, who is considered a leader in the People's Liberation Army on kidney transplantation, completed 3,680 kidney transplants by 2010.⁵³¹

Fu Yaowen, founder of the **First Hospital of Jilin University's** kidney transplantation program and blood purification center, completed 3,000 kidney transplants as of April 2009.⁵³²

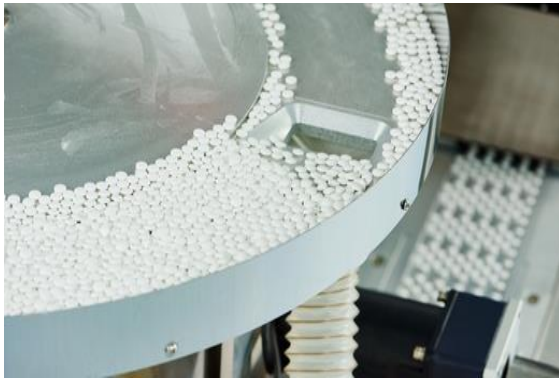
In a paper published in 2004, Yu Lixin, director of the transplant department at **Nanfang Hospital of Southern Medical University**, stated that the hospital had conducted 2,123 kidney transplants as of November 2001.⁵³³

One particularly prolific institution is **Xinqiao Hospital** affiliated with the Third Military Medical University. Its Renal Diseases Research Center claimed that it had “conducted 2,590 kidney transplants by 2002 ... and once performed 24 kidney transplants in one day.”⁵³⁴

By 2005, Guan Delin at **Beijing Huaxin Hospital (First Affiliated Hospital of Tsinghua University)** had experience in “over 2,700 kidney transplants, over 40 kidney transplants from relative donors, and close to 20 combined kidney-pancreas transplants.”⁵³⁵

The Guangdong No.2 Provincial People's Hospital's organ transplant department was established in 1999. Its director, Liu Dong, had personally participated in more than 2,000 kidney and liver transplant surgeries as of April 2015.⁵³⁶ Deputy director Wu Jiaqing revealed that prior to August 3, 2006, the department performed “more than 10 organ transplant surgeries every day,” and that “beginning in August 2006, patients from 8-9 countries came to the hospital for organ transplants, including from Singapore, Cambodia, and France.”⁵³⁷

Market for Immunosuppressants



As transplant recipients require immunosuppressants to prevent rejection, we can gauge the number of transplants performed in China using the size of the market for these drugs.

On August 22, 2016, Huang Jiefu, chairman of the China Human Organ Donation and Transplant Committee, said at the 26th International Congress of The Transplantation Society in Hong Kong that China accounted for 10,057 transplants (8.38%) of the total of 120,000 performed worldwide in 2015. Since China's usage of immunosuppressants was about 8% of the total, he asserted, the two figures corroborate each other.⁵³⁸

The international community may also have questioned why China has not consumed a significant portion of immunosuppressants in the international market if there have been so many organ transplants in China.

As discussed earlier, the Chinese government invested heavily in research and development in immune-suppressants. As domestic manufacturers localized new immunosuppressive products and expanded their production capabilities, transplant hospitals in China came to use mostly domestic products instead of imported ones.

In a 2004 *Guangming Daily* report, Professor Zhang Yuhai, director of urologic surgery at Beijing Friendship Hospital, said that kidney transplant patients in the past mainly used imported or joint-venture immunosuppressive products, and that more than half of patients were now using domestic immunosuppressants, including self-financed patients and many covered by free public health services or medical insurance.⁵³⁹

China's immunosuppressant market has dozens of brands, including products made by foreign investment companies, joint ventures, and imitation and domestic products; they even include brands of traditional Chinese medicine.⁵⁴⁰ There were more than 100 manufacturers and nearly 30 varieties in 2006.

In 2006, *Health Times* (owned by *People's Daily*) interviewed Yan Lvnan, the director of the liver transplantation center at West China Hospital of Sichuan University. Dr. Yan said that West China Hospital was able to keep the cost of maintenance at 30,000 yuan in the first year and an average of 10,000 yuan per year thereafter; this was achieved by using immunosuppressants "reasonably," which greatly reduced the cost.

In March 2006, the Southern Medicine Economic Institute under the China Food and Drug Administration reported that the domestic immunosuppressant market at the time was nearly 10 billion yuan.⁵⁴¹

If each patient pays an average of 30,000 RMB per year for immunosuppressants, the 10-billion-RMB market in 2006 would have supported 333,000 patients. Organ transplantation grew significantly only after 2000 and would thus have averaged 50,000 to 60,000 per year, not the 10,000 per year claimed by the government.

International drug sales data, such as those from IMS indicating a 2.3-billion RMB market in 2009,⁵⁴² reflect only part of the actual size of the Chinese immunosuppressant market.

The Chinese regime has systematically hidden and destroyed evidence and data regarding its harvesting of organs from illicit sources. Our examination of hospitals shows that transplant figures claimed by the government and medical institutions have been manipulated because of the unaccountable organ sources and due to financial interests.^{543 544} This was especially true after forced organ harvesting first gained international scrutiny in 2006, since which time transplant data and relevant online information have been either removed or deflated, often by an order of magnitude.

I. Case Study: Inconsistent Transplant Numbers Between National and Hospital Data

In February 2017, *Liver International* retracted a 2016 study by Zheng Shusen's team and imposed a lifelong embargo on submissions from these authors because of concerns that the study used organs sourced from executed prisoners. The disputed study analyzed 563 consecutive liver transplants performed by the **First Affiliated Hospital of Zhejiang University** from April 2010 to October 2014.⁵⁴⁵

Zheng Shusen is the president of this hospital, an academician of the Chinese Academy of Engineering, and the director of the China Organ Transplantation Society. The hospital's transplant volume in Zheng's study was 3.4 times that of its claimed number of organ donations.⁵⁴⁶ Unable to explain the source of these organs, Huang Jiefu, Chairman of the National Organ Donation and Transplantation Committee, said that Zheng's study had overstated the number of voluntary donations and transplants, "Between 2011 and 2014, we had 1,910 liver donations. Zhejiang First Hospital had 166. The paper said it did 564 transplants. That's definitely wrong."⁵⁴⁷ However, Huang gave a different number at a Vatican summit on organ trafficking in February 2017, where he said there were 2,342 deceased liver donations from 2011 to 2014.⁵⁴⁸

Huang's claim that the hospital had 166 liver donations in four years implies an average of 44 per year. Zheng told the media in July 2014 that his hospital performed more than 500 organ transplants in 2013 and had already exceeded 300 by July 2014. He added that more than half of the transplants used donated organs.⁵⁴⁹ Zheng's hospital received more than 400 (250+150) donations between July 2013 and July 2014. This one-year figure almost matched that of the four years in his study.

However, even Zheng's figure of 500 transplants per year was most likely understated. His 340-bed hepatopancreatobiliary department has three dedicated transplant wards and claims to be the largest transplant center in eastern China with a capacity of thousands of transplants per year.^{550 551} It would be implausible for each bed to have accommodated only several transplants per year.

As of October 2017, Zheng himself had performed over 2,200 liver transplants.⁵⁵² Zheng once performed 5 liver transplants in one day in 2005.⁵⁵³ He disclosed in a paper that he had conducted 46 emergency

liver transplants between January 2000 and December 2004, with all of the patients receiving orthotopic liver transplants within 72 hours.⁵⁵⁴

On February 28, 2017, liver transplant coordinator Xie Qinfen (86-13968153957) at **Zhejiang University International Hospital** told an investigator, “Usually it takes about two weeks...usually we hear back the next day regarding the liver source ... sometimes it’s very quick, sometimes there’s been cases where we could operate the next day. It depends on you, we can prioritize critically ill patients...it mainly depends on the hospital president, President Zheng has a lot of renown and connections.”⁵⁵⁵

Below, we examine Huang Jiefu’s transplant record.



Figure. Peking Union Medical College Hospital and a special scene of the hospital: Thousands of people line up overnight to register for an appointment slot at this hospital, which treats both cadres and common citizens—a rarity among top-ranked hospitals in China

The website of Peking Union Medical College (PUMC) Hospital, where Huang works, removed all its liver transplant numbers and claims that it had only 28 beds. However, in a 2013 interview, Huang Jiefu stated that he had performed more than 500 liver transplants in 2012 and that one of them in November was “the first voluntary citizen donation meeting Chinese standards.”⁵⁵⁶ Where did the hundreds of livers before that point come from?

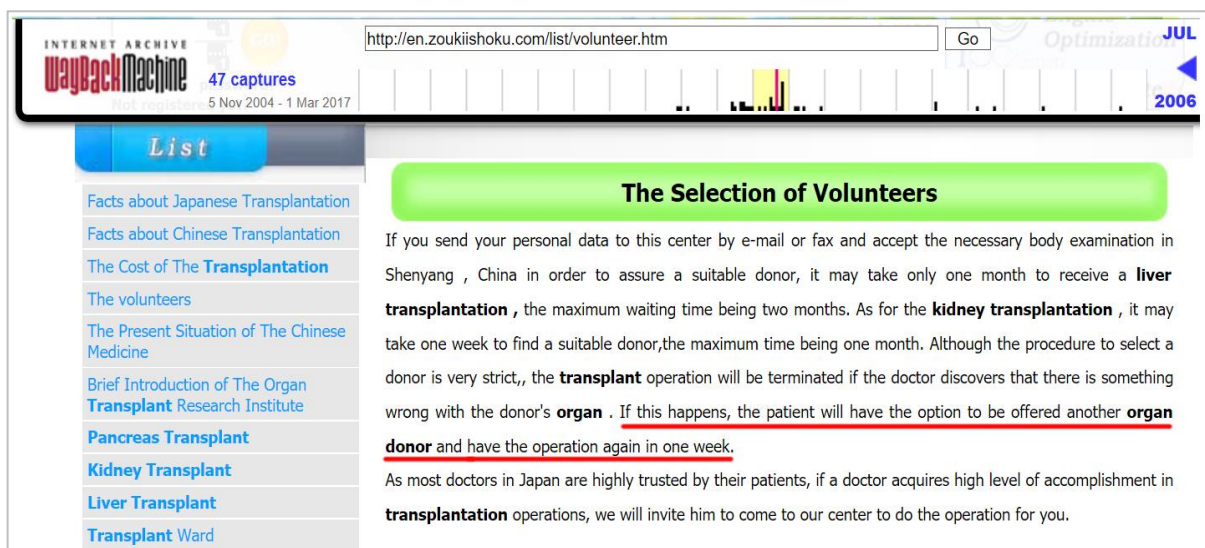
At least a portion of Huang’s 500 transplants took place at PUMC. This hospital has a strong team of liver transplant doctors trained overseas, with 2 doctoral advisors, 3 master’s advisors, 5 professors, and 5 attending surgeons and physicians, all of whom hold doctoral degrees. They include Mao Yilei, Sang Xinting, Zhong Shouxian, and other high-profile transplant experts. Due to Huang’s administrative and political duties, his own transplant volume would likely not have been the highest.

Its urologic surgery department currently has 67 personnel and 80 beds. Its website shows that since its first kidney transplants were carried out in the 1970s, it has completed nearly 1,000 kidney transplants. However, this number has not been updated since 2004.⁵⁵⁷

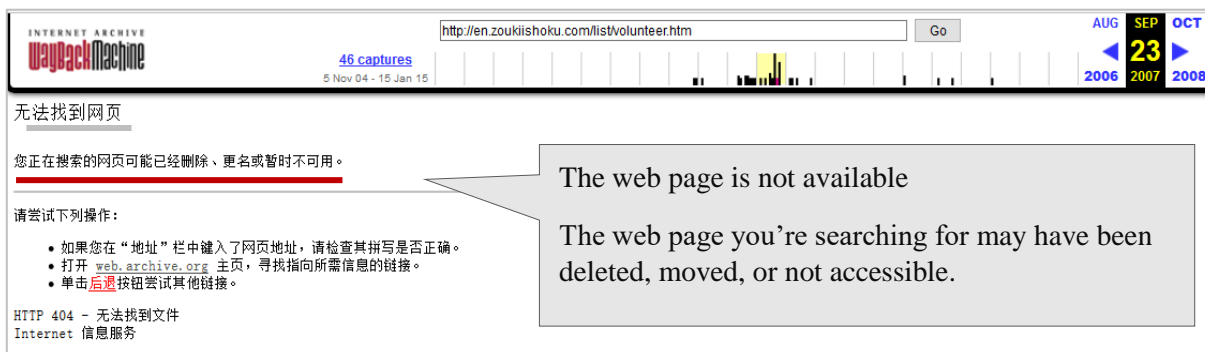
II. Case Study: China International Transplantation Assistance Center (CITNAC)

On October 16, 2007, the Ministry of Foreign Affairs made a rare, high-profile announcement that Hiroyuki Nagase, the CEO of a Japanese-funded company, had been arrested for illegal organ trading.⁵⁵⁸ The Ministry indicated that, since 2004, the Shenyang-based IPC Information Service Corporation had published online information about organ trafficking under the name of “China International Transplantation Assistance Center.”

The arrest occurred after the center's website attracted international attention after China's forced organ harvesting was exposed in 2006. The website contained information about organ transplant prices,⁵⁵⁹ the availability of kidney transplants from living sources,⁵⁶⁰ and how the Chinese government facilitated its high transplant volume.⁵⁶¹ The website was available in Chinese, Japanese, Korean, Russian, and English. It was subsequently shut down after September 23, 2007:⁵⁶²



Screenshot of the CITNAC website as of August 29, 2007



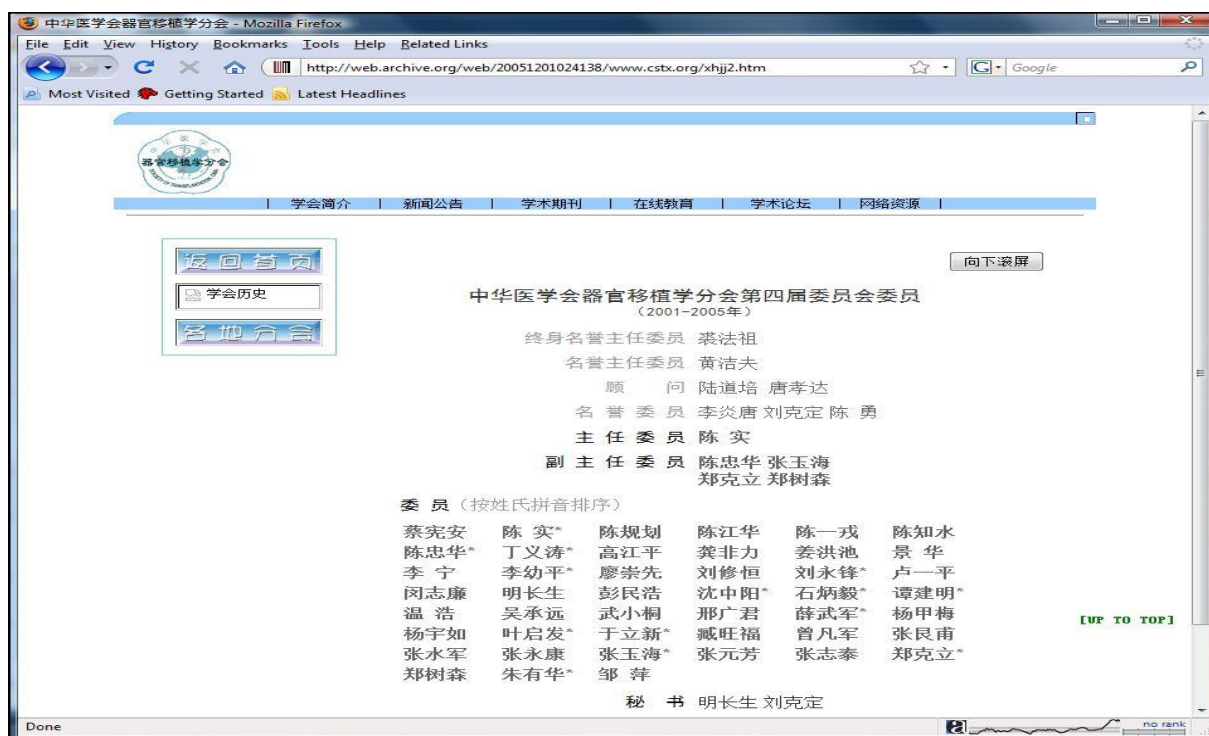
The same web page was no longer available as of September 23, 2007

The China International Transplantation Network Assistance Center (CITNAC), which focused mainly on foreign patients, was founded in 2003 under the organ transplantation department of the **First Affiliated Hospital of China Medical University**. We refer to it by the name on its English website.⁵⁶³ While nominally foreign-owned, the center was established within a Chinese hospital. The government apparently used this structure and the prosecution of a foreign national to avoid culpability for illicit organ transplants carried out by a Chinese institution.

III. Deletion of Information

A number of hospital and transplant organization webpages and even entire websites were deleted after the first Kilgour/Matas report was released in 2006. In addition, we observed that some hospitals merged their dedicated transplant departments and centers back into their parent departments, such as hepatobiliary surgery, urology, etc. The more generic departmental structure obfuscates any remaining information regarding transplant resources and capacity.

Transplant Organization Websites



The Society of Transplantation website under Chinese Medical Association, before it was taken down in April 2006

The Society of Transplantation website (<http://www.cstx.org/>) under the Chinese Medical Association (<http://www.cma.org.cn/>) became inaccessible shortly after the harvesting of organs from Falun Gong practitioners was first publicized on March 9, 2006. Searching for the Society of Transplantation website stored on www.archive.org reveals that the website was taken offline in April 2006.

We also found a listing of active transplant-related websites published in 2004 that are no longer accessible,⁵⁶⁴ including China Organ Transplant Online established primarily by Beijing Chaoyang Hospital's Urology and Kidney Disease Center, Transplant Space by the **First Affiliated Hospital of China Medical University's** Organ Transplant Research Institute, the Chinese Renal Transplant Collaboration website by Zhengzhou Central Hospital's Kidney Transplant Department, and the Central China Military Renal Transplant Collaboration website operated by the People's Liberation Army Hospital No. 460's urologic surgery department, among others.

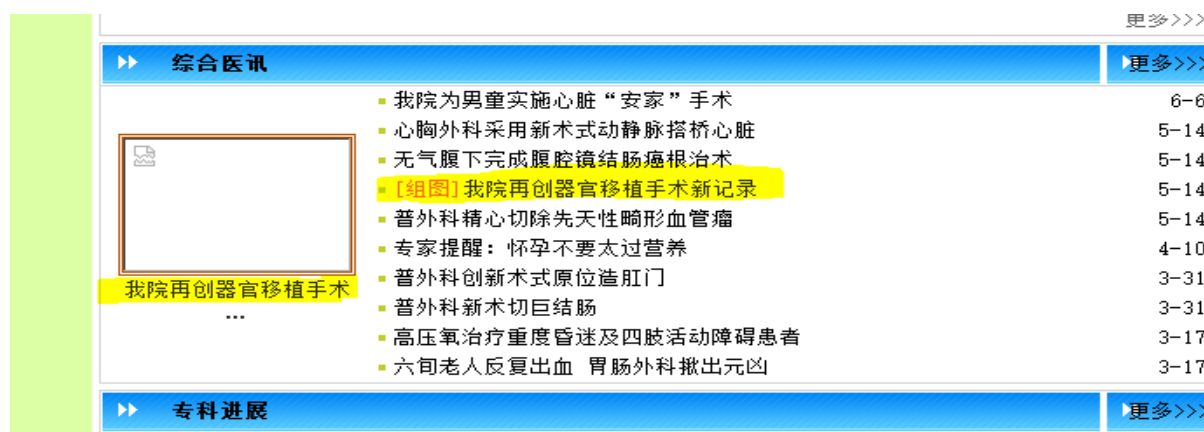
Hospital Websites

Xiangya Hospital Deletes Report of Record-Breaking 17 Transplant Surgeries in One Day

On May 14, 2006, Xiangya Hospital of Central South University published a report titled "Our Hospital Again Sets a New Record in Organ Transplant Surgeries." The report stated that the hospital set a new record by performing 2 liver, 7 kidney, and 8 corneal transplants in one day.⁵⁶⁵

The report was deleted shortly after it was mentioned on an overseas website. Records on archive.org indicate that the article had been deleted by June 22, 2006. However, the title of the report was still listed on the "Comprehensive Medical News" page.⁵⁶⁶

Clicking the link to the report results in the message, "The content you are looking for has been deleted, renamed, or is temporarily unavailable." Other articles in the same list were still accessible.



A link to the deleted report "Our Hospital Again Sets a New Record in Organ Transplant Surgeries" on Xiangya Hospital's news portal

Nevertheless, the original article is still available on the news website of Central South University, under the title "Xiangya Hospital Organ Transplantation Sets New Record: 17 Transplant Surgeries Completed in One Day."⁵⁶⁷

Other hospitals also deleted information regarding their transplantation activities, capacity and personnel from their websites.

IV. Causes of Underreporting

“Problems with the Organ Sources”

Wu Mengchao revealed in an interview with iNewsweek.cn on February 23, 2006, “There are problems with the organ sources, so it’s hard to organize cases after performing [transplants], and we can’t publish papers.”⁵⁶⁸

Financial Interests

Tax evasion has become a common practice for enterprises and institutions in mainland China. It is not uncommon for transplant centers to maintain two sets of books for recording transplant surgeries.

In the industry’s early period of growth after 2000, because transplant volume was limited by technology and the cost of immunosuppressant medications, hospitals and doctors engaged in high-profile publicity to attract patients. Transplant volumes increased with the quick resolution of these obstacles. For self-financed hospitals, protecting themselves from the tax consequences of this surge in profits became a practical concern. Underreporting of transplant volumes became a way to evade taxation.

We examined such practices at **Peking University People's Hospital**. As of July 16, 2014, its website stated that the hospital had carried out a total of 600 liver and 510 kidney transplants since 2000. After becoming an approved transplant center in 2007, it claims to have performed “80 to 90 transplants per year.”⁵⁶⁹ In other words, the hospital publicly reported that it performed fewer than 1,200 liver and kidney transplants in over a decade.

However, in an interview with *China Economic Weekly*, Zhu Jiye revealed entirely different numbers: “Before the pilot [donation] program started in 2010, all of our organ sources came from death-row prisoners. Our hospital once did more than 4,000 liver and kidney transplants in one year. These organs all came from death-row prisoners.”⁵⁷⁰

Zhu was describing events before 2010. The hospital’s transplant center moved into its new 470-bed surgery building in December 2005. Its website now claims it performs 120 to 130 liver and kidney transplants per year,⁵⁷¹ which represents only 3% of the number stated by Zhu Jiye. It is unlikely that a transplant center with 470 beds would perform only 120 to 130 surgeries per year.

In another example, a senior military doctor who belonged to the General Logistics Department of the Shenyang Military Command wrote to the *Epoch Times* on March 31, 2006:⁵⁷²

“The number of underground transplants performed in China exceeds the public figures by several times. For example, if the official number is 30,000 cases, then the actual number would be 110,000. This is also the root cause of plummeting prices of organ transplants in China ... Because there is a huge pool of available living organs, many military hospitals report their transplants to their supervising authorities. At the same time, they also carry out organ transplants on a large scale in private. This leads to the fact that the actual numbers are much higher than the official statistics.”

V. Falsification of Transplant Data

In this section, we examine the scope and severity of the falsification of transplant data.

Ministry of Health Notices Show Hospitals Widely Underreport to Transplant Registries

According to Article 36 of the *Trial Regulations for Clinical Application and Management of Human Organ Transplantation Technology* issued by the Ministry of Health (MOH) in 2006, hospitals are required to report transplant surgeries conducted to its provincial health administrative department within 30 days via software developed by the MOH. Provincial administrative departments are to collect and report the cases to the MOH via this system.

It appears that this requirement was not fulfilled in practice. MOH Medical Regulation Notice #55 was issued in June 2009 and included a zero-tolerance policy stating any hospital found not in compliance with reporting requirements would have its transplant approval revoked.⁵⁷³

However, the reporting situation still did not appear to change. One year later, the ministry issued a stricter regulation—Notice #105 of 2010—that required all transplants to be reported within 72 hours. Hospitals found to be in violation would have their transplant qualifications suspended.⁵⁷⁴

These two regulations indicated widespread, extensive underreporting by transplant centers in mainland China.

After these notices were issued, has the situation changed?

In April 2011, *The Economic Observer* reported on wide gaps among the number of transplants the Oriental Organ Transplant Center reported in the transplant registry, its public data, and the real number of transplant surgeries it conducted.⁵⁷⁵

The center registered only 7 liver transplants (including from both living and cadaveric donors) in 2010, yet it publicly reported 330 liver transplants. Hospital president Shen Zhongyang and Wang Haibo, who managed the National Liver Transplant Registry at Hong Kong University's Queen Mary Hospital, both declined to explain this discrepancy.

Per our earlier analysis, this hospital's transplant volume likely exceeded 6,000 to 8,000 per year and may have reached as high as 7,800 to 10,400 per year. Its registered volume was not even a small fraction of the actual number of transplant surgeries. It claimed to have performed the most transplants in China and was ranked first in the registration system consistently for more than a decade, suggesting that other transplant centers registered even fewer than 7 transplants per year.

This report came shortly after the Ministry of Health issued two regulations targeting the underreporting of transplants.

This example is one of many in which we see severe underreporting by China's transplant centers. The transplant statistics reported by government authorities must therefore be far from reality.

This reporting system later became China's transplant registry system. The health system officially operates six transplant registries, one each for liver, kidney, heart, lung, small intestine, and pancreas. The liver registry was established at Hong Kong University and was moved to the First Affiliated Hospital of Zhejiang University in 2014. The kidney and heart registries are based in Beijing and the lung registry in Wuxi. The data on these three sites are accessible only to those who have registry-issued login names and passwords. Registries for small intestine and pancreas transplants were not found.

For the book *Bloody Harvest*, David Kilgour and David Matas were able to garner information about transplant volumes from the China Liver Transplant Registry in Hong Kong.⁵⁷⁶ After the book's publication, the China Liver Transplant Registry shut down public access to aggregate statistics on its site.

For a while thereafter, the names and locations of transplant hospitals reporting to the registry remained public. The registry listed 35 national hospitals (including 9 military) and 45 provincial hospitals (including 11 military). After David Matas referred to this data publicly, it was also removed from public view.

At the Transplantation Congress in Vancouver in August 2010, Wang Haibo, Assistant Director of the China Liver Transplant Registry, presented at the same session as did David Matas. Matas asked why public access to the registry data was shut down and if it could be restored. Wang answered that public access was shut down because people were misinterpreting the data; if anyone were to get access from then on, the registry first had to know the purpose for which the data was to be used and have some confidence that the data would not be misinterpreted.

These registries remain inaccessible to the public today.

Underreported Transplant Data

We found that underreporting of transplant volume is a common phenomenon among the 165 approved transplant hospitals. A series of representative case studies are presented below.

Case Study: PLA No. 458 Hospital

In 2016, a *Lifeweek* report titled “Medical Stories Behind the Lens” featured a segment regarding liver transplants at the PLA Hospital No. 458:⁵⁷⁷ On September 28, 2006, Dr. Sun Ningdong of the PLA 458 Hospital’s Hepatobiliary Surgery Department hosted his first photography exhibition. Sun was most proud of one photo that won many photography awards. “It’s Again the Dead of Night” depicts the scene of the hospital’s first liver transplant: “At that time, the surgery had already lasted 6 hours at night. Some people were dozing off, and some were moving. If you magnify it, you can see the eyes of the lead surgeon—they are really bright.” The 458 Hospital has now performed over 140 liver transplants...

This report shows that in the two years after its first liver transplant in 2004, this hospital carried out more than 140 liver transplants. Nine years later, however, its total number of liver transplants had not grown on paper.⁵⁷⁸ If this were really the case, the hospital could not have maintained its certification by the Ministry of Health.

The hospital also self-reported doing 20 liver transplants each year (the minimum requirement to maintain its Ministry approval). Based on this number, by 2013, it should have performed over 300 liver transplants. Using a conservative figure of 70 cases per year from the media report, it would have accumulated nearly 800 liver transplants to date.

The patient rooms at the PLA Hospital No. 458 liver disease center are well equipped with amenities, including five “presidential suites.” The center has 108 beds and can simultaneously carry out two liver transplants and one regular surgery.⁵⁷⁹ If we assume that each operating room is used only once per day (otherwise, only one operating room for liver transplants would suffice), it would have performed 700 per year, or 10,000 to date. We estimate that the hospital’s public numbers represent about 1/70th of its actual liver transplant volume.



Case Study: West China Hospital of Sichuan University

A profile of the West China Hospital of Sichuan University's liver transplant center published on September 2, 2004 stated that its five full sets of imported liver transplant equipment allowed five liver transplant operations to be performed simultaneously and that the center had 72 beds.⁵⁸⁰ In July 2005, Prof. Yan Lvnan said at a symposium, "My department can do three to five liver transplants on the same day. The most we did was seven liver transplants in one day."⁵⁸¹

The web page stated that the center had conducted nearly 800 liver transplants, including more than 260 from relative donors. Based on its bed count and an average hospital stay of 30 days, the center would be able to perform more than 800 transplants in a single year.

The liver transplant center no longer appears on the hospital's website. The most recent search result states that the center "now routinely performs DCD (donation after cardiac death) liver transplantation, adult and pediatric living-donor liver transplantation, and split form liver transplantation, constituting approximately 100 cases per year."⁵⁸²

“Our center can perform five liver transplants simultaneously... The most we did was seven liver transplants in one day.”

— Prof. Yan Lvnan, the director of the Liver Transplant Center at West China Hospital

The screenshot shows the website of the West China Hospital of Sichuan University. The page is titled "四川大学华西医院肝移植中心简介" (Introduction of the Liver Transplant Center at West China Hospital). The page content includes:

- 患者服务** (Patient Services) sidebar with links: 常见问题解答, 就医指南, 意见建议, 门诊医疗, 交通指南, 住院医疗, 特色医疗中心, 视光学(斜弱视)中心, 四川心理咨询师培训中心, 血管外科中心, 国家药物临床研究机构, 海扶刀肿瘤治疗中心, 华西验光配镜中心, 泌尿肿瘤治疗中心, 听力中心, 肝移植中心.
- 四川华西医院 (原华西医科大学附一院) 肝移植中心** 简介. 发布时间: 2004-09-02 作者: 肝移植中心 浏览次数: 15703 次.
- 四川华西医院 (原华西医科大学附一院) 肝移植中心依托国家教育部重点学科——华西医院普外科和卫生部肝胆胰研究室, 是在华西医院肝移植协作组的基础上, 结合各学科的人才、技术优势而建立的跨学科、跨专业的集医疗、教学、科研于一体的医疗和研究机构。中心包括72张床位的移植病区、移植免疫研究室及微循环和组织配型研究室。在20世纪70年代末开展了中国西部地区首例临床肝移植工作。华西肝移植中心近10年来, 在著名肝胆外科专家严律南教授领导下, 实施各种术式临床肝移植手术, 共完成肝移植260余例, 手术成功率达100%, 取得良性肝病的1年、3年、5年生存率...
- The center includes a 72-bed transplant ward.**
- 中心... 拥有全套进口的设备及完备的肝脏移植手术设备五套, 可同时完成五台肝脏移植手术。拥有德国Jostra Rotaflow Medizintechnik静脉转流泵, 美国红细胞回收仪, 日本东芝术中彩色超声仪、术中胆道造影装置, 德国Soring超声刀、氩气刀凝血系统, 德国显微外科器械、手术显微镜, 德国CT、MRI, 美国DSA、SPECT、双探头单光子计算机断层照相顶级设备。
- The center ... has five sets of imported liver transplant equipment and can perform five liver transplants simultaneously.**
- 日本等... 中心还拥有一大批具有专长, 爱岗敬业的青年专家群。
- 华西肝移植中心将发挥整体的技术优势, 将精湛的肝脏移植技术服务于社会, 逐步形成规模, 建设成具有国际先进水平的肝脏移植中心, 向社会提供长期的高质量医疗服务。

The screenshot shows the website for the West China Hospital's Kidney Transplant Center. The page title is "四川大学华西医院肾脏移植中心简介" (Introduction to the West China Hospital Kidney Transplant Center). The publication date is listed as "发布时间: 2005-02-22". The text on the page states that the center is one of the earliest units in China to perform kidney transplants, having conducted its first transplant in September 1978. It mentions that the center has performed over 4,000 transplants since 2006 and is a leading center for living donor transplants.

Published: February 22, 2005

The center has performed more than 40,00 kidney transplants since September 1978 when it conducted its first kidney transplant.

Profile of the Kidney Transplant Center at West China Hospital published in 2005

The screenshot shows the updated website for the West China Hospital's Kidney Transplant Center. The page title is "四川大学华西医院肾脏移植中心简介". The publication date is listed as "发布时间: 2014-09-13". The text on the page states that the center is one of the earliest units in China to perform kidney transplants, having conducted its first transplant in September 1978. It mentions that the center has performed over 2,500 transplants since 2006 and is a leading center for living donor transplants.

Published: September 13, 2014

The center has performed more than 2,500 kidney transplants since September 1978 when it conducted its first kidney transplant.

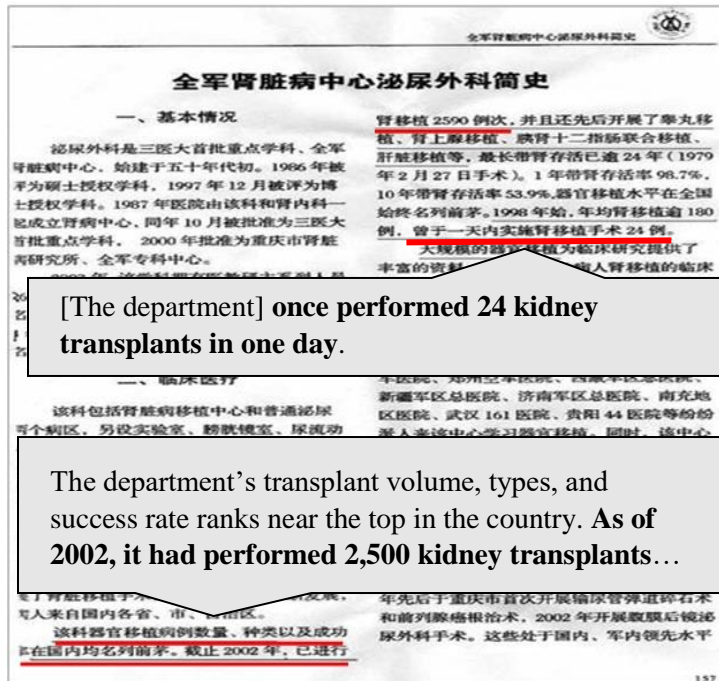
Profile of the Kidney Transplant Center at West China Hospital, published in 2014

West China Hospital has Asia's largest ultra-clean surgery department. According to the department's engineering plan for purification, the hospital has 67 operating rooms, including at least 9 for the Urologic Surgery Department (3 original and 6 newly constructed), at least 8 for the General Surgery Department, and 6 for the Cardiothoracic Surgery Department.⁵⁸³

The hospital's web page dated February 22, 2005, shows, "Since its first kidney transplant carried out in September 1978, the center has performed more than 4,000 kidney transplants."⁵⁸⁴

By September 2014, the number of transplants listed had shrunk: "the center has performed more than 2,500 kidney transplants."⁵⁸⁵ From 2011 onwards, more than 200 kidney transplants have been completed annually."⁵⁸⁶ This volume would require no more than one operating room.

Case Study: Xinqiao Hospital of the Third Military Medical University



A Brief History of the Military Nephrology Center Urology Surgery, page 157



“Since our first kidney transplant performed in January 1978, our department has performed **more than 2,100 surgeries to date**, becoming the third site in the country to exceed 2,000 surgeries.”

Screenshot of the Xinqiao Hospital website from April 2018

“2,590 kidney transplants had been performed as of 2002 ... 24 kidney transplants were performed in one day.”

—Xinqiao Hospital

Xinqiao Hospital claims to be the largest organ transplant center in southwestern China. It was one of the first hospitals to carry out kidney, cornea, pancreas-kidney, and other types of transplants. Its published report, “Urology Surgery History of PLA Nephrology Center,” states, “2,590 renal transplants [have been] performed...The center once performed 24 kidney transplants in one day.”⁵⁸⁷

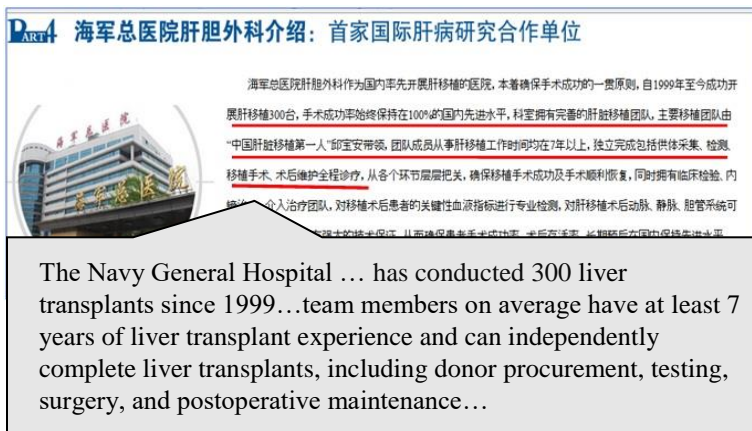
However, its website stated as of April 29, 2018, “Since our first kidney transplant performed in January 1978, our department has performed more than 2,100 surgeries to date, becoming the third site in the country to exceed 2,000 surgeries.”⁵⁸⁸ Compared to its number from 2002 (2,590 cases), the current figure after 16 years is 490 cases short, which suggests that it has been falsified.

Case Study: Navy General Hospital



Navy General Hospital's home page dated 2012

Page dated October 8, 2015



An archived web page of the Navy General Hospital claims that its hepatobiliary surgery department was among the first in China to carry out liver transplants.⁵⁸⁹

“Several thousand patients with end-stage liver cancer have gained a second life through liver transplantation at Navy General Hospital.”

As of 2012, its website stated, “Several thousand patients with end-stage liver cancer have gained a second life through liver transplantation at the Hepatobiliary Surgery Department of Navy General Hospital.”⁵⁹⁰ However, the same web page stated in 2015, “Since 1999, 300 liver transplants have been successfully carried out.”



ICU ward and operating room in the new medical building at Navy General Hospital

The hospital's new medical building opened on December 16, 2009. The 70,000+ square meter building represented a 400 million RMB investment. It has 724 open beds, 18 operating rooms, and a special ward for international patients and VIPs.^{591 592}

Case Study: General Hospital of Jinan Military Command



The Jinan Military Command General Hospital's website stated as of April 2018 that its Urologic Surgery Department had completed 3,000 kidney transplants since 1978.⁵⁹³ An archived web page from 2016 showed 1,500 transplants since 1978.⁵⁹⁴

However, according to the *Qilu Evening News* in 2008, the team was capable of performing 6 kidney transplants simultaneously. It set a national record of performing 16 kidney transplants

within 24 hours. Its annual transplant volume has ranked among the nation's top 10 for ten consecutive years; this department ranks among the top ten in China and among the top five in the military.⁵⁹⁵ In addition, transplantation.org.cn reported in 2012 that the department's director, Zhang Aimin, claimed that the hospital performed more than 2,500 kidney transplants between 1978 and 2012.⁵⁹⁶ The total on the hospital's website in 2016 was 1,000 fewer than Zhang figure from 2012 alone.

Case Study: Third Affiliated Hospital of Sun Yat-sen University

The Liver Transplant Center and the Sun Yat-Sen University Organ Transplant Research Institute are a national key specialty under the Ministry of Education and a national key clinical specialty under the Ministry of Health. The Center is a leading institution in southern China and an internationally influential clinical and research center in the Hong Kong, Macau, and Southeast Asia region. The Center has five wards. It currently has 113 open beds.⁵⁹⁷

Chen Guihua, hospital president and director of the organ transplant center and research institute, is the director of the Guangdong Medical Association Organ Transplantation Subcommittee, vice director of the China Organ Transplant Association Liver Transplant Group, and director of the Guangdong Province Organ Transplant Research Center.

The center's website has stated since February 2006, "Director Chen Guihua has served as lead surgeon for more than 1,000 liver transplants in recent years."⁵⁹⁸ He oversaw 4 liver transplant operations simultaneously on the night of February 10, 2004 and conducted 246 liver transplants in 2005.⁵⁹⁹ However, after the exposure of forced organ harvesting in China, Chen's personal web page showed that he undertook only over 100 liver transplants.⁶⁰⁰



CHAPTER VI

Apparent Overnight Transition to Ethical Organ Sourcing

China performs transplants on a large scale and has an abundance of organs. Where do these organs come from?

I. Death-Row Prisoners

The Chinese regime has changed its story on organ sourcing several times.

As early as 2001, a doctor from China testified before the United States Congress⁶⁰¹ that the Government of China was using organs from executed prisoners without consent. The Chinese government denied this claim until July 2005, when Huang Jiefu, then Deputy Minister of Health, acknowledged for the first time that the majority of transplant organs in China were obtained from executed prisoners.⁶⁰²

After live organ harvesting from prisoners of conscience was exposed in March 2006, Chinese officials returned to the initial denial.^{603 604} Then, starting in January 2007, Huang consistently said that organs were sourced from executed prisoners.⁶⁰⁵

In December 2008, Huang Jiefu published an article in *The Lancet* entitled “Government Policy and Organ Transplantation in China,” stating that over 90% of the organs were sourced from death-row prisoners.⁶⁰⁶

“A Stream Without a Source”

Although the Chinese regime treats the number of executions as a state secret, international organizations have attempted over the years to estimate this number using various sources.

Amnesty International counted death-row executions published in media reports and official databases. According to Amnesty’s data, there were 8,401 executions between 1995 and 1999, with an average of 1,680 annually, followed by an average of 1,616 annually between 2000 and 2005,⁶⁰⁷ and 1,066 between 2006 and 2008.^{608 609 610} Since January 2007, when the law was changed to require that the Supreme People’s Court of China review all death penalty cases, the number of executions has decreased further. For example, in 2007, 15% of death penalty cases were dismissed after review.⁶¹¹

Amnesty stopped publishing estimates after 2008. Its 2017 report stated, “hundreds of documented death penalty cases are missing from a national online court database,” which “contains only a tiny fraction of the thousands of death sentences that Amnesty International estimates are handed out every year in China.”⁶¹²

The international community generally believes that the overall number of death-row executions in China has decreased since 2000, when it was thought to be approximately 10,000.^{613 614} According to *The Economist*, in the first year of Supreme Court review, the number of death-row sentences decreased by

30%; executions also decreased to 5,000 in 2008.⁶¹⁵ Huang Jiefu corroborated this trend by saying in 2013 that death-row executions had decreased by 10% each year for more than a decade and that there were in fact very few death-row prisoners.⁶¹⁶

In 2016, when reviewing this period of history, Huang stated, “Transplants that rely on death-row organs are becoming ‘a stream without a source.’ The transition from death-row organs to citizen donations is a matter of life and death for China’s transplant industry.”⁶¹⁷

Continued Reliance on Prisoner Organs

In March 2010, China piloted an organ donation program for the first time in 19 provinces and cities.⁶¹⁸ The Ministry of Health and the Red Cross Society of China jointly ran this program. But as of 2012, many regions had no donations, and only 207 donors were reported nationwide.⁶¹⁹

In August 2013, the National Health and Family Planning Commission (NHFPC) issued the Trial Notice on Management Regulations for Human Organ Procurement and Distribution, requiring transplant centers to use the national organ allocation and sharing computer system, i.e. the China Organ Transplant Response System (COTRS). Patients on the waiting list were to be entered into this national database, and donated organs would also go through this centralized distribution system.⁶²⁰

At the China Organ Transplant Congress in November 2013, the Hangzhou Resolution was announced. Among the 169 registered transplant hospitals, 38 signed the resolution to stop using prisoner organs immediately,⁶²¹ ⁶²² while most transplant hospitals showed no interest in developing donation programs.⁶²³

However, the Hangzhou Resolution did not end the use of prisoner organs.⁶²⁴

In March 2014, Huang explained to *The Beijing News* that transplant reform “is not about not using organs from death-row prisoners, but not allowing hospitals or medical personnel to engage in private transactions [for procuring] human organs.”⁶²⁵ “We will regulate the issue by including voluntary organ donations by death-row prisoners in the nation's public organ donation system.”⁶²⁶ “Once entered into our unified allocation system, they are counted as voluntary donations by citizens. The so-called death-row organ donation doesn't exist any longer.”⁶²⁷

In December 2014, Chinese state-owned media declared that China would stop using death-row prisoners’ organs for transplants after January 1, 2015, and that citizens’ voluntary organ donations after death would be the only source of organs for transplants.⁶²⁸

However, international observers raised concern that this reform only re-categorized previously unidentified organ sources as voluntary donations without substantive changes. A *New York Times* article stated, “Organs from prisoners, including those on death row, can still be used for transplants in China, with the full backing of policy makers, according to Chinese news reports, as well as doctors and medical researchers in China and abroad.”⁶²⁹ A *British Medical Journal* article,⁶³⁰ co-authored by five medical experts from the United States, Germany and Canada, says, “The announcement of December 2014 itself is neither a law nor a governmental regulation” and asserts that the Chinese authorities are simply playing word games by “labelling prisoner organs as voluntary donations from citizens.”

II. Donation and Allocation System Used to Launder Organs

Clinical organ transplantation in China began in the 1970s but by 2003, the number of voluntary donations remained essentially zero.⁶³¹ However, Huang Jiefu claimed that building up China’s organ donation and transplant framework, a process that took other countries dozens of years, took only several years in China after its pilot donation program began in 2010.^{632 633}

The China Organ Donation Administrative Center (CODAC) was established in July 2012.⁶³⁴ The pilot donation program was expanded nationally with the announcement of a national allocation and distribution system, the China Organ Transplant Response System (COTRS), at the end of August 2013.⁶³⁵ Huang later stated that 80% of organs in 2014—just one year later—came from citizen donations,⁶³⁶ that it stopped using organs from death-row prisoners in 2015, and that its voluntary donation system has been the sole source of organs since then.^{637 638}

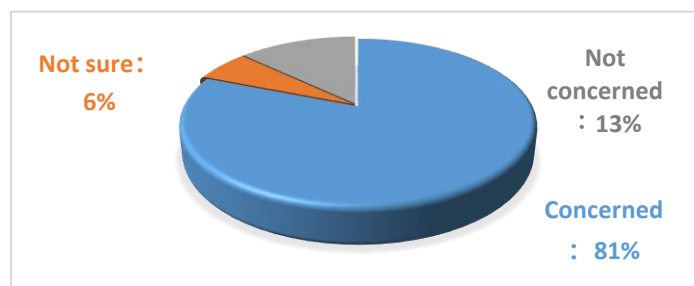
However, this alleged leap in progress is only a delusive response to international criticism. The government has successfully used the donation system and COTRS to create a false appearance of reform.

Difficulties in Securing Donations

For decades, voluntary donations have been the main source of transplant organs outside of China with donations after brain death making up the majority of deceased donations in Western countries. In China, however, deeply rooted traditional custom requires bodies to remain whole after death. Furthermore, China’s legislative framework is not capable of enforcing ethical donation. There remains a general lack of trust in the Chinese medical system by potential donors.⁶³⁹ Thus, China has had few donations all along.

After presenting the “huge progress” of China’s donation system at a Vatican summit on organ trafficking in February 2017, Huang Jiefu acknowledged one month later, “A recent survey showed that over 80% of internet users in China are willing to become organ donors. However, only 80,000 people have registered to become donors on the official website. This really doesn’t fit the image of our country.”⁶⁴⁰ “A big country like China needs at least 100 million registered donors to match our image.”⁶⁴¹ Huang also mentioned, “This survey was based on the premise that the [donation] system and process are open and transparent, with no buying or selling [of organs].”⁶⁴²

Survey of citizens’ fear that donated organs would be sold



By the Guangzhou Public Opinion Research Center

A May 2012 study by the Guangzhou Public Opinion Research Center found that more than 80% of the 1,000+ respondents were concerned that donated organs might be sold.⁶⁴³

A December 2008 report stated that almost all Chinese transplant doctors believed that voluntary organ donation would be “unachievable.”⁶⁴⁴

Li Leishi, an academician at the Chinese Academy of Engineering, whose *Chinese Renal Transplant Manual* has become the working guide for the kidney transplant industry in mainland China,^{645 646} wrote in a paper, “In China, organ donation after a citizen’s death exists only theoretically. In actuality, it is not possible. There are no such conditions institutionally and legally ... China has no standard for defining brain death, and organ donation has no legal protection.”

Even though the NHFPC’s *2013 Regulations for Procurement* incorporated donation after brain death (DBD) and donation after brain and cardiac death (DBCD) into cardiac death classifications,⁶⁴⁷ and notwithstanding the launch of COTRS, over 70% of the 165 approved transplant centers showed no interest in developing civilian organ donation programs. Doctors indicated that no matter how good the computer matching and deployment system was, it wouldn’t work without a supply of organs. Even when a donated organ became available, it was often of poor quality and could not be used.⁶⁴⁸

A 2013 news report attributed citizens’ unwillingness to donate organs to distrust in the donation system and cultural attitudes. The report pointed out however, that bigger impediments existed in the form of operational problems:⁶⁴⁹

China’s *Regulations on Human Organ Transplantation* stipulate that citizens who opt out of organ donation before death cannot have their organs donated or procured by any organizations or individuals. The organs of those citizens who have not previously consented to donation may be donated with the consent of family members after their death. In practice however, most potential donors are disqualified because their families cannot be located or do not agree to donation even if the patient gave consent before death.

Organ donor coordinators stated in 2013 that among 100 potential organ donors, about half were ineligible because they could not meet the requirements for donation. Of the remaining donors, about 30 could not be used because of delays in organ recovery after death. Ten donations were overruled by relatives’ objections. In the end, there were fewer than five available donors.⁶⁵⁰

In 2015, only 10.5% of intensive care patients in China had treatment withdrawn before death, while the rate is 65-79% in North America and 81-90% in Europe.⁶⁵¹ This difference also reflects cultural attitudes that lead to lower donation rates in China.

Even in 2017, two years after donation was claimed to be the only source of organs, cultural attitudes still remained a huge impediment to organ donation, which requires consent from three generations of a potential donor’s family (including parents, spouse, and children). OPO representatives routinely encounter cold or angry responses from patients’ family members who cling to the hope that the ICU can miraculously save their loved ones, such as “Don’t you want to save people? You’re coming after organs!” Even if the wife agrees, donation is most likely stopped by relatives and friends: “If you donate your husband’s organs, who dares to marry you in the future?” Many transplant coordinators fail to obtain consent for months at a time.^{652 653}

For example, Zhu Naigen, who became the first donor coordinator in Anhui Province in 2011, traveled to dozens of hospitals throughout the province to solicit organ donations and met with refusals about 90% of the time. Of the remaining 10%, most of the families ultimately declined to donate as well due to objections from other family members. Zhu’s hospital, the First Affiliated Hospital of Anhui Medical

University, expanded from one full-time organ donor coordinator to three coordinators who were responsible for all Class 2 hospitals in four cities. These coordinators initially obtained one or two donors per year and now handle a dozen donors per year.⁶⁵⁴

The entire province recorded 3 donors in 2013, 4 in 2014, 7 in 2015, and 29 in 2016.⁶⁵⁵ In 2017, the province had 63 donors, including its first heart and lung donations.⁶⁵⁶ These donations would not have been a sufficient supply of organs for even one transplant hospital.

Official Number of Registered Donors Yields Only Dozens of Actual Donors

China claims implausible progress in voluntary donations. A list of claimed milestones is as below:

Table: China's official organ donation statistics and milestones

Year	Claimed Number ⁶⁵⁷ of Deceased Donors	Calculated Number of Deceased Donors (see below)	Number of Registered Donors	Death Rate ⁶⁵⁸ (per 1000 population)	Claimed Milestone
2010	34		1087 ⁶⁵⁹	6.89	A pilot organ donation program was launched in 19 provinces and cities in March 2010. ⁶⁶⁰
2011	132			7.03	
2012	433			7.17	There were 207 deceased donors in two years nationwide as of in March 2012. ⁶⁶¹
2013	849			7.31	The pilot donation program was expanded nationwide with the announcement of the China Organ Transplant Response System (COTRS) in August 2013. 23% of organs came from donations. ⁶⁶²
2014	1,702	0.5	22,660 ⁶⁶³	7.44	China reported achieving a breakthrough, with 80% of organs coming from donations. ⁶⁶⁴
2015	2,766			7.55	China announced that it stopped the use of death-row organs as of January 1, 2015. ⁶⁶⁵
2016	4,080	2.4	104,538 ⁶⁶⁶	7.7	
2017	5,000	4.76	203,676 373,536 ⁶⁶⁷ – 169,860 ⁶⁶⁸	7.8	
Total	14,996		373,536⁶⁶⁹		

In the U.S., only 0.3% of deaths occur in ways that allow for organ donation.⁶⁷⁰ Among the 2,626,418 deaths that occurred in 2014 (the latest data available),⁶⁷¹ 8,596 (0.3%) became actual deceased donors. In China, the 2014 death rate of 0.74% and 22,000 registered donors would result in approximately 164 deaths; if 0.3% of these deaths were eligible for donation, this pool would yield less than one donor. For the same year, Huang Jiefu claimed that there were 851 donors and that 80% of transplant organs came from donations. His announcement that China stopped using organs from executed prisoners in January 2015 means that organs must have been obtained from other sources, most likely illicit.

Below, we compare donation and transplantation figures between the United States and China for 2016.

Table. Comparison of organ donation and transplantation statistics in the U.S. and China in 2016

		U.S. (U)	China (C)
1	Population	324 million ⁶⁷²	1.373 billion ⁶⁷³
2	Number of registered organ donors	130 million ⁶⁷⁴	104,538 ⁶⁷⁵
3	Crude death rate	8.2‰ ⁶⁷⁶	7.7‰ ⁶⁷⁷
4	Estimated deaths of registered donors (=U2*U3; C2*C3)	1.07 million	805
5	Deceased organ donors (claimed)	9,971 ⁶⁷⁸	4,080 ⁶⁷⁹
6	Ratio of donations to death of registered donors (=U5/U4)	0.93%	5,514%
7	Calculated donations using U.S. ratio (=C4*U6)		7.5
8	Deceased donors per million population (=U5/U1; C5/C1)	30.8/million	2.97/million
9	Calculated donors per million population using U.S. ratio (=C7/C1)		0.00546/million
10	Ratio of actual donors to registered donors (=U5/U2; C5/C2)	0.0077%	3.9%
11	Transplants performed (claimed)	33,606 ⁶⁸⁰	13,000 ⁶⁸¹
12	Number of organs contributed per donor (=U11/U5; C11/C5)	2.1	3.2

The U.S. had 130 million registered organ donors in 2016.⁶⁸² With a crude annual death rate of 8.2 per 1000 population,⁶⁸³ there would have been an estimated 1.07 million deaths of registered donors. There were 9,971 deceased organ donors.⁶⁸⁴ China had 104,538 registered organ donors in 2016⁶⁸⁵ and a death rate of 7.7 per 1000 population,⁶⁸⁶ which would yield an estimated 805 deaths of registered donors. Even if its ratio of registered donor deaths and actual donors is similar to that of the U.S, this figure would translate to 7.5 donors. Based on these figures, it is implausible at best that China had 4,080 donors in 2016.⁶⁸⁷ Even CODAC's figure of 373,536 registered donors at the end of 2017 would yield proportionally fewer than 29 actual donors.⁶⁸⁸

A 2015 survey by the World Organization to Investigate the Persecution of Falun Gong found that most institutes managing organ donations did not answer calls made by investigators. The few offices that did answer the phone indicated that there were only tiny numbers of people who had registered to donate and that the number of successful donations was extremely low.⁶⁸⁹

Table: Organ donation statuses from a 2015 survey by WOIPFG

Date	Entity	Findings from Phone Call	Status of Transplant Centers
Dec 6, 2015	Red Cross Society of Beijing 86-10-6355-8766	Organ donation was still in the preparatory stage. It did not have a donation office at the time and had not yet begun organ donation. ⁶⁹⁰	There were 20 large transplant centers in Beijing, many of which were capable of performing thousands of transplants per year.
Dec 17, 2015	Shanghai Red Cross Huangpu District office 86-21-63365880	The office began to carry out donation work at the beginning of the previous year. The entire city of Shanghai had only 5 successful organ donations since the donation system began. ⁶⁹¹	There were 11 transplant centers in Shanghai approved by the Ministry of Health. ⁶⁹²
Dec 12, 2015	Tianjin Red Cross 86-22-2731-1180	Since an organ donation database was created in 2003, there had been a total of 170 donated organs. ⁶⁹³	Tianjin's Oriental Organ Transplant Center had over 500 transplant beds and an annual capacity for at least 5,000 transplants.

Given that China conducts far more transplants than it officially acknowledges, it follows that the vast majority of transplant organs in China must be from sources other than voluntary donors.

Current Regulations Embed Loopholes for Illicit Organ Sourcing

Lack of legislation

The United States legislates matters pertaining to organ transplantation and donation on four levels: state laws, federal laws, federal regulations, and the United Network of Organ Sharing (UNOS) policies.⁶⁹⁴

- State laws primarily cover issues pertaining to the donation process, such as the criteria for declaring death (including brain death), the consent requirements with respect to donors, the scope of public education programs, and the composition of donor registries.
- Federal laws primarily outline the processes of organ procurement, allocation, and transplantation by establishing the Organ Procurement and Transplantation Network (OPTN) and guidelines for organ procurement organizations (OPOs).
- Federal regulations explain the framework of the OPTN and its relationship with its member OPOs and transplant centers. These regulations are only a small portion of the policies that dictate the responsibilities of the OPTN and its members.

- Policies of the United Network of Organ Sharing (UNOS) further define the functions of the OPTN and describe the policies that OPOs and transplant hospitals must follow in order to be members of the OPTN.
- OPTN policy 2.13 (Requirements for Controlled Donation after Circulatory Death (DCD) Protocol) defines the necessary guidelines for hospitals that participate in organ donation; these policies help OPOs and transplant hospitals develop necessary DCD protocols.

Since China began industrializing transplants in 2000, the following laws and industry regulations and guidance with respect to organ transplantation have been passed:

- *Trial Regulations for Clinical Application and Management of Human Organ Transplantation Technology* issued by the Ministry of Health (MOH) (2006)⁶⁹⁵
 - Article 30: Medical organizations and their medical personnel cannot procure an organ from a living body without the consent of the donor and family members. Living transplants should not impair normal physiological functions of the donor for the purpose of living organ donation.
 - Article 28: Medical organizations' procurement of cadaveric organs must use necessary procedures in accordance with social ethics.

These articles were formally adopted as *Regulations on Human Organ Transplantation* at the 171st Executive Meeting of the State Council on March 21, 2007 and promulgated by Decree No. 491 of the State Council of the People's Republic of China on March 31, 2007. They became effective on May 1, 2007.⁶⁹⁶

- *Eighth Amendment to the Criminal Law of the People's Republic of China* (February 25, 2011):
 - Article 234:⁶⁹⁷

Whoever removes any other person's organ without such other person's consent, removes any organ of a person under the age of 18 or forces or deceives any other person into donating any organ shall be convicted and punished according to the provisions of Articles 234 (intentional injury; organizing others to sell human organs) and 232 (intentional killing) of this Law.

Whoever removes a dead person's organ against the person's will before his death or removes a dead person's organ against the will of the person's near relatives in violation of the provisions of the state, provided that there is no consent from the person before his death shall be convicted and punished according to the provision of Article 302 (stealing, insulting, or intentionally destroying a corpse) of this Law.
 - Article 302: Stealing, insulting, or intentionally destroying a corpse, bones, or ashes is to be sentenced to not more than three years of fixed-term imprisonment, criminal detention, or control.⁶⁹⁸

In addition, there are departmental regulations, specifications, and guidance on donation after cardiac death:

- Guide to organ donation after cardiac death in China by the Chinese Medical Association Organ Transplantation Branch (2012)⁶⁹⁹
The guide introduced China's *Classification Criteria for Organ Donation After Cardiac Death*, including three kinds of death criteria for organ donation: DBD (Brain Death, China's Class I criteria), DCD (Cardiac Death, China's Class II criteria), and DBCD (Brain Death followed by Circulatory Death, China's Class III criteria).
- *Trial Notice on Management Regulations for Human Organ Procurement and Distribution* by the National Health and Family Planning Commission (NHFPC) (2013)⁷⁰⁰
 - Chapter 2, Article 5: The procurement of donated organs must be carried out by OPOs in accordance with the *Classification Criteria for Organ Donation After Cardiac Death*. The relevant OPO management regulations are to be formulated by NHFPC.
- China Donation After Cardiac Death Work Guide by the Chinese Medical Association's Organ Transplantation Society (2012)⁷⁰¹
- *Standards for Determining Brain Death by the Brain Damage Control and Evaluation Center (Adult Quality Control Version)* published in the *Chinese Journal of Neurology* in 2013⁷⁰²

Loopholes Allowing for Illicit Organ Sourcing

In general, China has not enacted fundamental laws recognizing brain death for donation or governing organ sourcing, donation, procurement, allocation, and transplantation. When there is no law to follow, there is no issue of breaking the law. These departmental regulations, administrative policies and guidelines were heavily influenced by special interest groups, were enacted in response to international pressure, and include loopholes for the use of illicit organs. Several are listed below:

- On scope of application: The *2013 Regulations for Procurement* are only internal administrative regulations of the medical industry and do not apply to other departments or the state.
- On death criteria: the *2007 Regulations on Human Organ Transplantation* do not regulate the standards for determining death. While the *2013 Regulations for Procurement* introduced three classification criteria for donation after cardiac death, including brain death criterion, they lack regulatory oversight and leave loopholes for illicit organ procurement.
- On organ sourcing: There is no guarantee of legality or regulatory oversight. The legality of organs is to be inspected by ethics committees, but no standards have been set for this purpose. Thus, in practice, there are no restrictions. Each hospital has its own ethics committee that operates based on its own standards.
- On cadaver organs: There are no restrictions on the source of cadaveric organs, implying that as long as donor bodies are not living, organs can be procured. This loophole allows for the use of organs procured from illicit sources.

- On transplant registration: Regulations only require the registration of transplants with (traceable) donated organs. As a result, China’s official transplant volume matches neither the sum of total transplants at the various transplant centers nor the sum of voluntary donations. Rather, it is fabricated based on the needs of the state to show consistency between the number of transplants performed and the number of traceable organ sources. For example, the Oriental Organ Transplant Center (which performs the most transplants of any Chinese hospital) registered only 7 transplants in 2010 and other hospitals registered even fewer transplants. The total number of reported transplants cannot even reach the already deflated official figure of 10,000 annually.
- On regulatory bodies: The responsibilities of administrative departments are only to:
 - Conduct annual inspections of the transplant centers in order to determine whether they meet the minimum requirements for transplant bed count and transplant doctors.
 - Publish the list of authorized OPOs and their service areas to avoid conflicts.

These two regulations do not provide any meaningful oversight for organ sourcing, procurement, allocation, and transplantation. Rather, the *2013 Regulations for Procurement* noted that management regulations for OPOs would be enacted by the NHFPC separately; these regulations have yet to be released.

Views of Insiders

Regarding the *2006 Trial Regulations for Transplantation* (adopted by the State Council in 2007), Professor Chen Zhonghua, a pioneer of organ donation in China and director of the Tongji Medical College Organ Transplantation Research Institute, said in a *Deutsche Welle* Special Interview upon the release of the 2006 Regulations.⁷⁰³

“This is a most shallow, rough set of regulations for organ transplantation. Its function is limited to regulating the bottom of the stream, which is the certification of qualifications for the hospitals and doctors carrying out transplant surgeries. It’s akin to a policy of access and serves to increase the concentration of organ resources.”

“These regulations are actually very weak, it must be passed by the Standing Committee before it can become law. If there is a violation, one can only impose administrative penalties on the offender (up to a license revocation), and there can be no criminal or civil proceedings; it can’t cross over to the judicial or police systems—and right now more organ sources come from them [than from the medical system].”

An April 2006 report by *Sanlian Life Weekly* stated, “China currently has a voluntary organ donation rate from living relatives of 1.1%. The control of over 98% of organ sources is outside of the Ministry of Health system.”⁷⁰⁴

According to Chen, the premise that human organs are not to be bought or sold has become a sham in the industry. With most organ sources being controlled by the judiciary, police, and military, rather than the health system, implementation of any of the provisions would be difficult. Regarding the “interim” nature of the provisions, Chen explained, “Currently China’s organ transplant volume is too big. There is a lot of pressure from inside and outside the country to roll out regulatory measures.”⁷⁰⁵

Empty Shell of China's Donation System

Structure of China's Donation and Transplantation System

Regarding China's donation and transplant system, Huang Jiefu, the architect of this system, said in March 2016, "As an 'infant,' it's still very incomplete, and there are still many challenges and problems ... there are timebombs everywhere."⁷⁰⁶

After presenting at the Vatican summit on organ trafficking in February 2017, Huang stated in a TV interview in March that China's organ donation system had a high-level design that had not yet been implemented at lower levels. He complained, "How many people does the United States have overseeing organ donation and transplantation? Fifteen hundred. We only have one person in the NHFPC actually overseeing organ transplantation. The administration of organ donation and transplantation for 1.3 billion people is a big project, but right now there's only one person. Real oversight also requires enforcement ability, not just revoking a license, revoking a doctor's qualifications—that's not enough. The public security department and law enforcement agencies need to be involved."⁷⁰⁷

We describe the workflow and roles of the parties involved in China's donation and transplant system in the chart below, which is based on the NHFPC's *2013 Trial Notice on Management Regulations for Human Organ Procurement and Distribution*⁷⁰⁸ and depictions by Huang Jiefu in journal publications.⁷⁰⁹

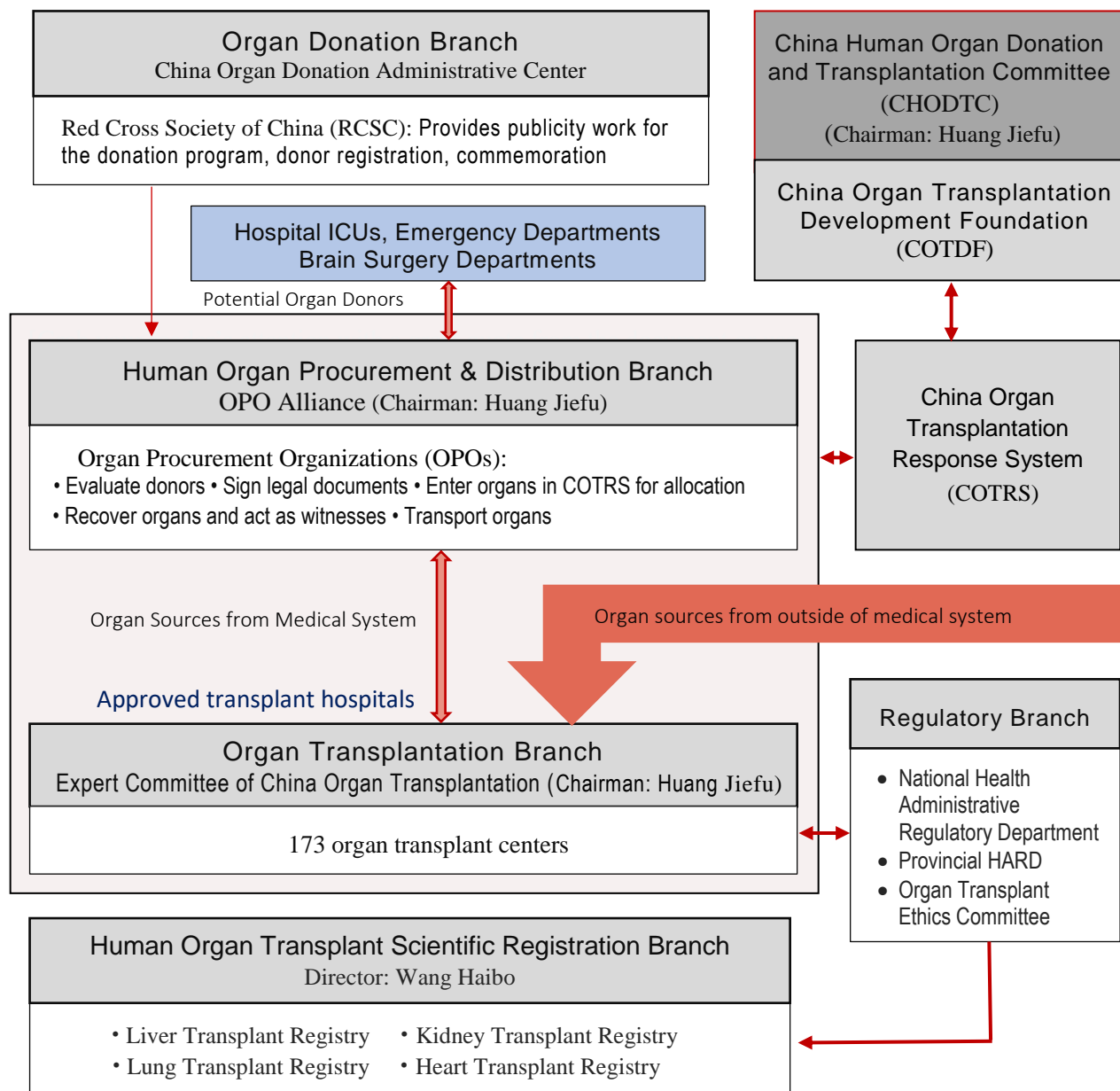
In Huang's presentation, China's donation and transplantation system comprises branches for donation, procurement and distribution, clinical services (transplantation), post-transplant registration, and regulators.⁷¹⁰ However, the donation and regulation units are not functional, and this process lacks the following key components:⁷¹¹

- Third-party witnesses to the organ procurement and transplantation process
- Approval of organ sources by transplant centers
- Transparent registration of transplants by transplant centers
- Oversight of the organ donation, procurement, and transplantation process by regulatory authorities

As we addressed above, the administrative departments only perform annual inspections of hospital qualifications and publish lists of OPOs and their service areas; no agency provides oversight or enforcement for the day-to-day process of organ donation, procurement, and transplantation.

“The administration of organ donation and transplantation for 1.3 billion people is a big project, but right now there's only one person.”

—Huang Jiefu, Chairman of the National Organ Donation and Transplantation Committee



Structure of China's Donation and Transplant System

Core Management Unit for Donation and Transplantation Exists in Name Only

The formation of the China Human Organ Donation and Transplantation Committee (CHODTC) was announced on March 1, 2014. It was reportedly placed under the leadership of the NHFPC and the Red Cross Society of China and intended to work as a central management unit to guide and oversee the human organ transplant and donation system in China. Huang Jiefu was named the committee's chairman.⁷¹²

However, the committee is not a government organization or agency and is not listed under any of the NHFPC's departmental structures.⁷¹³ It has neither an official website nor dedicated personnel or offices. Rather, it appears to be a shell organization.

In November 2015, Huang Jiefu indicated that the organ donation system in China did not function in practice because its "National Organ Donation and Transplantation Committee...exists in name only. The Red Cross and the National Planning Commission, the two most important organizations in organ donation, do not actually coordinate with each other. So far, no meeting has been held."⁷¹⁴

In July 2012, before the establishment of the CHODTC, the Red Cross Society of China and the National Health and Family Planning Commission (NHFPC) jointly established the China Organ Donation Administrative Center (CODAC)⁷¹⁵ to provide management and oversight of day-to-day organ donation, including the donation process and distribution. However, CODAC's website does not list any personnel, though it was intended to have a staff of sixteen. The web pages on its Expert Committee also remain empty. CODAC is currently listed under the Red Cross, whose responsibilities have since been reduced to managing only online donor registration and publicity work.

China started establishing Organ Procurement Organizations (OPOs) within its approved transplant hospitals at the end of 2012.⁷¹⁶ OPO personnel include transplant surgeons, neurosurgeons, intensivists, and nurses.

In September 2013, the NHFPC introduced the *Management Regulations for Human Organ Procurement and Allocation (Trial)*.⁷¹⁷ They do not regulate the management or oversight of OPOs; the NHFPC was to enact these regulations separately.

The OPO Alliance was formed one year later in November 2014 to demonstrate that organ donation in China was "in line with international standards."⁷¹⁸ However, organ procurement standards and technical specifications, while promised at its establishment, have yet to be released publicly.

Huang Jiefu is listed as the chair of the OPO Alliance. One of its vice chairs, who was also head of the NHFPC's medical policy and control bureau, was indicted for bribery in 2016.⁷¹⁹ His continued presence on the website, however, indicates that it has not been updated since then. Web pages on the alliance's structure, news, laws and regulations, academic activities, and members' affiliations remain inaccessible.

A third OPO was established in October 2013 in China after its host transplant center fulfilled the minimum requirement of 10 donations after cardiac death.⁷²⁰

Data from the NHFPC in September 2013 showed that the percentage of organs from deceased donors relative to the total increased to 23% from effectively 0% three years earlier.⁷²¹ Given the timeline of OPO development and the lack of implementation of its donation system, the Chinese regime's claims

that 80% of transplant organs came from the donation system in 2014, and that donation has become the sole source of transplant organs since 2015, are implausible.

In 2013, when the media asked Huang Jiefu whether he had reservations about choosing the Red Cross given its numerous scandals and loss of credibility, Huang answered that China did not have another NGO [recognized by the government] to take on these tasks and that this was the best opportunity for the Red Cross to restore its public image. Huang explained that the Red Cross was responsible for “providing publicity work for the donation program, financial assistance, commemoration and third-party witnesses to donation and transplantation” and that these roles could not be covered by health administrators. Hospitals were not to be the sole parties determining the use of organs, mobilization of donations, and organ allocations.⁷²²

Despite Huang’s statements, the *2013 Regulations for Procurement* did not have any specifications establishing the Red Cross as a third party for providing oversight; rather, OPOs were to cover all areas of procurement and transplantation for donated organs.

Even though the Red Cross donor registry yields only dozens of donations and few donations are procured from ICUs, Huang is forced to and intends only to use the two to “create an atmosphere” for, and the illusion of, ethical organ sourcing.

COTRS Used as a Façade to Cover Up Illicit Organ Sourcing

In a 2017 TV interview, Huang revealed that China’s organ donation system had timebombs everywhere that could be triggered at any time:⁷²³ “The timebomb I’m most worried about right now is the speed at which we’re building up our institutions. Compared to the requirements [transplant volume], and needs of the public, the gap is too big.”

The China Organ Transplant Response System (COTRS) managed by Wang Haibo has been heavily publicized internationally as a major achievement in China’s organ donation and allocation system. Officially, all donors and recipients are entered into this system for transparent, fair matching and allocation.

As discussed earlier, the number of Red Cross registered donors would produce only dozens of actual donors nationwide each year. COTRS allocates only organs entered by OPOs who obtain consent for donation.⁷²⁴ It is not possible that the number of organs obtained by OPOs are able to supply the on-demand transplants performed in China with wait times of two weeks or less.

Huang told the media in March 2017, “COTRS had 28,000 patients on the waiting list last year.” “Currently, only 31,000 people have registered on the official website.”⁷²⁵

According to recent surveys conducted between July 2016 and June 2017 in nearly one hundred transplant hospitals, most doctors and transplant coordinators claimed the organs used were from “brain-dead donors” according to the “national standard.” They also revealed that most transplant organs did not come from the national organ allocation system (COTRS) because they could not access the system at all.⁷²⁶

On June 10, 2017, kidney transplant coordinator Director Wang at Yantai Yuhuangding Hospital in Shandong Province told an investigator that the national organ distribution and sharing system “is all a lie and only going through formalities...you know that website can’t do anything, it’s all just a formality. Each [hospital] has its own channels...all the donors are found by each hospital itself, not centrally allocated by that national system. [National allocation] is impossible, impossible. The [national organ distribution and allocation system] does not allow entry. Not just anyone can enter.”⁷²⁷

As mentioned earlier, there has long been severe underreporting of transplant volume in China due in part to the undeniable need to obfuscate the realities of organ procurement. The China Liver Transplant Registry (also managed by Wang Haibo) contained wide discrepancies between reported and actual transplant numbers. For example, the Oriental Organ Transplant Center registered only 7 liver transplants in 2010, yet this center was the largest in China with more than 500 dedicated beds and was consistently ranked first in the registration system.

The above findings indicate that the donation system and COTRS include only a small portion of China’s organ sources and recipients.

When COTRS was launched, many doctors feared that “winter was coming” for China’s transplant industry. However, Huang Jiefu said that spring was coming instead.⁷²⁸ Despite the lack of donations and the use of COTRS to launder organs obtained from other sources, this illusion of reform has allowed China to re-enter the international transplant community.

Opaque Operations

Commercialization and Lack of Transparency

In the early years of China’s transplant industry, the Red Cross and its transplant coordinators in each region served as contacts between donors and recipients and as witnesses to the transplant process. They effectively controlled the donor organ sources. Transplant hospitals that wished to receive an organ were required to “donate” to the Red Cross in the name of financial assistance to donors; meanwhile, the Red Cross did not allow public inspection of its books to monitor how these funds were used. For example, the Red Cross in Shenzhen collected an average of 100,000 RMB for each organ, while in Jiangsu the amount was 50,000 RMB.⁷²⁹

Due to the lack of donations and public trust, the Red Cross donation system has become another “stream without a source.” After the establishment of the OPO Alliance, transplant hospitals have controlled the files with respect to both donors and recipients. Compared to the Red Cross with its rather loose management, transplant hospitals have less transparency and better security. Thus, organ sourcing has shifted from the Red Cross to OPOs and ICUs.

The China Organ Transplantation Development Foundation (COTDF) was established under the OPO Alliance, with Huang Jiefu serving as the chair.⁷³⁰ As an economic entity, COTDF, along with transplant hospital foundations, sells organs, signs organ sharing and allocation agreements to export organs to other countries and regions,⁷³¹ co-organizes organ transplant conferences, and accepts “donations” and funds.

As discussed in the recent on-site investigation of Tianjin Central Hospital by South Korean journalists, transplant patients were promised expedited transplants in exchange for donations to the hospital foundation of 100,000 RMB over and above regular surgery costs.⁷³² Those transplant patients with lesser financial means still wait months or years for organs.

In a 2017 TV interview,⁷³³ Huang Jiefu described the initial condition of COTDF in 2013 after he took over the foundation, “At the time, only 1,060 RMB of the 8 million RMB of startup capital was left. Normally, this foundation would have been revoked. Because it’s a public foundation and the funds come from society, we’d have to investigate what happened and determine responsibility. Because it couldn’t pass an audit and lacked funding, the foundation’s operations were difficult. After Hong Kong businessman Li Ka-shing learned of this in July 2015, he decided to donate 8 million RMB of seed money to the foundation. That plugged this hole and allowed this foundation to continue to exist. The momentum these two years have been pretty good. The Macau Fok Ying Tung Charity Foundation has also pledged and begun delivering 30 million for us to develop this organ donation and transplantation work. China has regulations on public foundations and requires them to use [at least] 70% of their funds each year. But we have very few people who really understand organ donation and transplantation and don’t have that many activities and functions.”

Below is a selection of major donors listed in COTDF’s annual reports, including immunosuppressant manufacturers and other foundations.⁷³⁴

*Table: Major donors to COTDF*⁷³⁵

Year	Sponsor	Amount RMB	Stated Purpose
2015	Astellas	5,000,000	Liver transplant data analysis
	Li Ka Shing Foundation	8,000,000	Starting funds
	Roche	3,457,434	Public education and promotion for organ donation; OPO Alliance conference; OPO international exchange
	1 st People Hospital in Kunming	350,000	OPO coordinator training
	Shanghai Jianneng Pharmaceutical Co., Ltd. (Tx Creative Solution)	1,132,000	Organ transplant service charge standard, etc.
2016	Astellas	5,000,000	2016 and 2017 research, training and conference
	Roche	1,280,000	OPO coordinator communication skill manual
	The Transplantation Society (TTS)	US\$50,000	International Organ Donation Conference
	One Lambda	US\$50,000	International Organ Donation Conference

On August 8, 2017, the Tahoe Group donated 100 million RMB to the foundation to be used for organ donation and donor assistance, development of the organ management and allocation system, and medical research in transplantation. It was the largest single donation recorded so far in China’s transplant field.⁷³⁶

Some contributors may have good intentions to promote ethical organ transplantation while others aim to grow their market share. However, when most organs in China come from illicit sources and there is a lack of oversight with respect to the use of funds, it is difficult to ensure that these contributions are used for ethical purposes. Rather, these funds may actually assist in the killing of innocents for organs instead.

The above findings indicate that China has not established a transparent, ethical organ donation system. Commercialization and a lack of transparency have led potential organ donors and their families to lose confidence in China's organ donation system.



Tahoe Group donates 100 million RMB to the China Organ Transplantation Development Foundation.

“Entire Chain of Organ Transplantation Is in the Hospitals”⁷³⁷

The Ministry of Health's 2007 *Human Organ Transplantation Regulations* state that transplant personnel cannot participate in the determination of the donor's death, a principle also applied in many other countries. However, the 2013 *Regulations for Procurement* stipulate that transplant hospitals are to carry out and manage all aspects of organ donation, determination of death, organ procurement, and reporting.

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As the system is designed, when a registered donor becomes a potential donor, an OPO coordinator should work with a medical expert, usually a transplant expert, to evaluate the donor, negotiate with family members, and sign legal documents. After recording the donor's information and allocating the organs in COTRS, the OPO representative should coordinate and witness the recovery, preservation, and transportation of organs to recipient hospitals as designated by the distribution system.

Huang Jiefu explained in a 2013 CCTV interview, “Organ resources—all recipients and donors, the entire chain of organ transplantation—are in the hospitals.” “As long as doctors uphold the moral baseline, there will not be big problems, because everything is done by doctors.” He admitted that there were loopholes but that “those who exploit the loopholes will be punished by having their medical licenses revoked. Under a good system, bad people can also slowly become good people.”⁷³⁹

In actual practice, there is a complete lack of oversight and third-party witnesses, and most organs are sourced illegally.

While transplants were performed without any kind of regulation between 2000 and 2006, transplantation in China exploded into an industrial-scale national enterprise. In response to international scrutiny, it later enacted rules, but these rules contain numerous loopholes that allow for unethical organ sourcing. The

system still operates largely without restriction or oversight. Within this span of time, China had the capacity to perform more than one million transplants.

Illicit Procurement Team Leaders Now OPO Coordinators

OPOs in the United States are legally disassociated from transplant centers. However, China's OPOs are established inside ministry-approved transplant centers. Chinese OPOs include the same surgeons who were previously involved (and continue to participate) in unethical organ procurement and transplantation—at face value a conflict of interest and breach of ethics. OPO coordinators are usually the core members of teams engaged in illicit organ procurement.

For example, Dong Laidong, Director of the OPO at **Qilu Hospital of Shandong University**, was the leader of the kidney procurement team introduced in an earlier case study. In 2010, her team procured organs and conducted transplants around the clock: “If I’m not at the hospital, I’m at the kidney procurement location. If I’m not at the kidney procurement location, I’m on the way between the hospital and the kidney procurement location.” Members of the team were often unable to go home for one or two weeks at a time.⁷⁴⁰



Dong Laidong, head of the Qilu Hospital Organ Transplant Office, during an interview

Renji Hospital had the most organ donations in Shanghai. Xia Qiang, head of the liver transplant department, was also an OPO member.⁷⁴¹ He told the media, “I’m obsessed with liver transplants. It’s like I’m addicted to it.” Xia had reportedly lost count of how many liver transplants he had done and remembers only his record of six liver transplants in one day in 2005.⁷⁴² “The management of my team is militarized. Every medical staff member must keep their cell phone turned on 24 hours a day, because liver transplants may require going out for graft procurement or preparing for surgery at any time. We must be on standby at all times.” Two doctors responsible for liver procurement each flew on average 400,000 km per year; when they returned, they would often be dispatched to another destination before they could leave the airport.^{743 744}

In 2013, the hospital set up the first OPO in Shanghai. By June 2014, it had obtained 22 organ donations, accounting for two-thirds of all donations in the Shanghai area.⁷⁴⁵ These few donations were wholly insufficient to supply the large volume of transplants conducted in Shanghai during that time. Renji Hospital alone had 110 liver transplant beds and tens of kidney transplant beds (see “Case Study: Surgery Building Busy 24 Hours a Day”). In February 2015, the head nurse on duty at the liver transplant department acknowledged that living organs were obtained through military sources.⁷⁴⁶

III. Actual Donation Situation

In China, brain death was incorporated into the *2013 Regulations for Procurement* despite not being legally recognized as a standard for determining death. Many hospitals list donations after cardiac death (DCD) and living-relative donors as their organ sources. Huang Jiefu claimed in 2017 that almost all of China's donations so far resulted from either brain death (DBD) or brain and cardiac death (DBCD).⁷⁴⁷ Officials often cite the potential to procure multiple organs from the same donor to explain the gap between the official number of donors and number of transplants. None of these explanations reflect the reality, however.

Living Donor Transplants

Many hospitals now list living-donor transplants as signature services with relative donors as the main organ sources. However, we found that the actual number of such donations is extremely low.

According to Zheng Shusen, a member of the Chinese Academy of Engineering, China performed its first living-donor liver transplant in 1995, but the number was far behind that of liver transplants from deceased donors. Between 1995 and 2005, there were only 73 living-donor liver transplants in total.⁷⁴⁸

“Between the first living relative kidney transplant in 1972 and the end of last year [2005], there were only 700 living relative kidney transplants in the country, accounting for only about 1.5% of all renal transplants,” Jia Ruipeng, director of the Kidney Transplant Center at **Nanjing Hospital No.1**, told *Xinhua Daily* on April 12, 2006.⁷⁴⁹

According to a 2005 report, China had more than 200 living-donor kidney transplants in 2001, and the living-donor ratio increased to 4% of 7,000 or 280 kidney transplants in 2004. The ratio of living relative-donor transplants was far lower than that of Western countries, Japan, Korea (averaging 90%), and Hong Kong and Taiwan (averaging about 20%).⁷⁵⁰

As of 2005, the **Wuhan Tongji Hospital** Organ Transplantation Research Institute had completed 85 living relative-donor kidney transplants, the most in China. **Jiangsu Provincial Hospital** had performed more than 50 such transplants.⁷⁵¹

Wang Xuehao, head of the liver transplant center at **Jiangsu Province Hospital** and academician of the Chinese Academy of Engineering, is a pioneer of living-donor liver transplantation in China. He conducted the first successful living relative liver transplant in China in 1995.⁷⁵² In 2003, the center was designated as the “priority of priorities” for development into a nationally known discipline and received ample development funding. It grew from inception into one of the five largest liver transplant research centers in the country. In 2005, the center became the Chinese Living-Donor Liver Transplant Research Institute with two wards, 100 beds, and a laboratory center.⁷⁵³

The center has always featured living relative-donor transplants as its signature service and claims to conduct the most living-donor liver transplants. However, between 1995 and December 2006, Wang's team performed only 40 living-donor liver transplants in total. As of March 2010, they had completed 110 living-donor liver transplants.⁷⁵⁴

Ministry Restrictions

China's Ministry of Health has repeatedly proposed restrictions on living organ donations rather than encouraging the practice. Huang Jiefu said in March 2008 that the National Human Organ Transplantation Clinical Application Committee (OTC) would strictly regulate and manage living organ transplantation. He said, "So far, the main source of organs has been cadavers."⁷⁵⁵

During the Human Organ Donation Pilot Summary Conference held by the Red Cross Society of China and the Ministry of Health in Hangzhou on March 22, 2012, Huang Jiefu again said the State would gradually restrict living relative transplants.⁷⁵⁶

On March 27, 2012, Xiao Jiaquan, the director of the Urologic Department of the **People's Hospital of Zhejiang Province**, told the *Today Morning Express* that the Ministry of Health was restricting relative donation due to the adverse impact on donors' health and to curb underground organ trafficking.⁷⁵⁷

"Nine Out Of Ten Are Fake Relatives"

A kidney broker also gave court testimony that the vast majority of relative donors were falsified.⁷⁵⁸ On March 26, 2012, *JCRB.com* (managed by the Supreme People's Procuratorate) published a case report regarding an underground kidney broker, Cai Shaohua (defendant), who said that doctors told them that the matching rate between relatives was very low; even if there is a marginal match, it could result in complications after surgery, which would only cause bigger losses for the patient's finances and health. Cai said, "Now [among relative-donor] organ transplant surgeries, nine out of ten are fake relatives. Those in the hospitals are well aware of the things that we [brokers] do."

Donation After Death

In March 2010, the Human Organ Donation Pilot Program was launched in Shanghai, Tianjin, Liaoning, Shandong, Zhejiang, Guangdong, Jiangxi, Fujian, Xiamen, Nanjing, Wuhan, and eventually in 19 provinces and cities by the Ministry of Health and the Red Cross Society of China.⁷⁵⁹

One year later, in April 2011, the Ministry of Health introduced a pilot program for donation after cardiac death (DCD). It encouraged participating hospitals to apply for approval to perform DCD transplants after completing at least 10 donations and transplants after cardiac death within the pilot period, which lasted until May 2012.⁷⁶⁰ Even after the pilot period was extended to January 2014, only five hospitals had fulfilled the requirements and received approval.⁷⁶¹ The *2013 Regulations for Procurement* recognized three classification criteria for organ donation after cardiac death, including brain death (DBD), cardiac death (DCD), and brain death followed by cardiac death (DBCD) criterion.^{762 763}

Slow Start to Donation

Many regions had not received any donations by the dates listed in the examples below.

“The first voluntary citizen donation meeting Chinese standards” was performed by Huang Jiefu in 2012. He conducted more than 500 liver transplants that year.⁷⁶⁴

Heilongjiang Province did not obtain its first donation after death until June 2015.⁷⁶⁵ As of April 2018, there had been 55 donations in the entire province.⁷⁶⁶ Meanwhile, Heilongjiang has two large ministry-approved transplant hospitals.⁷⁶⁷

Gansu Province had its first DCD transplant allocated by COTRS on March 26, 2014.⁷⁶⁸

Guangdong Province, which ranks first in organ donation in China, obtained only 246 donations in 2014 and 398 donations in 2015. These volumes could not have supported the province’s 17 ministry-approved transplant hospitals since the claimed transition in organ sourcing in 2015.^{769 770}

In Hubei, the province with the second most donations, there were 8 donations in 2011, 26 in 2012, 97 in 2013, 213 in 2014, and 336 in 2015.⁷⁷¹ The province has seven transplant centers approved by the Ministry of Health.⁷⁷²

As of March 13, 2015, Shandong Province, ranking third in number of donations, had completed 186 organ donations. Among them, 113 took place in 2014. This one-year figure exceeded the sum of donations in the four years between 2010 and 2013.⁷⁷³

In Hebei Province, 9 donations were completed between June 1, 2013 and November 27, 2014, including 2 in 2013 and 7 in 2014.⁷⁷⁴

Fujian Province, a leader in heart transplantation in China, completed its first DCD heart transplant in May 2015.⁷⁷⁵ The province has seven ministry-approved transplant hospitals.⁷⁷⁶

Huang Jiefu has repeatedly claimed that China transitioned its organ sourcing entirely to voluntary donations by January 1, 2015. However, some provinces had not received any donations as of the first half of 2015. Even the leading provinces collected far fewer donations than were necessary to support their transplant hospitals.

Nationwide Donation Data

The nationwide data below were collated from different sources.

According to *The Beijing News*, in the two years after the pilot donation program was launched, China completed 207 donations after death.⁷⁷⁷ Divided among the more than 147 participating hospitals, this was equivalent to less than one case per year per hospital.

At the 2013 National Organ Donation Working Video Meeting, the China Human Organ Donation and Transplantation Committee stated that there were a total of 659 donors and 1,804 organs donated

nationwide between March 2010 and February 22, 2013. This was equivalent to an average of 220 donors (601 organs) per year.⁷⁷⁸

However, this figure was contradicted by a later report upon the formation of China's OPO Alliance that the team of Professor Ye Qifa, Executive Chairman of China OPO Alliance and director of transplant center of **Zhongnan Hospital**, had performed 24 DCD transplants as of November 25, 2014, representing 10% of all such transplants in the country.⁷⁷⁹ This figure suggests that China had performed only 240 DCD transplants nationwide at the time. Zhongnan Hospital was the first to receive a permit to conduct donations after cardiac death.

Huang Jiefu also gave contradictory numbers regarding donations. At the Vatican summit in February 2017, Huang said that 2,342 citizens had donated their livers after death between 2011 and 2014.⁷⁸⁰ Days later, Huang said there were 1,910 deceased liver donations in the same period.⁷⁸¹

The above data differ and vary among different years' reports even from the same source. Nevertheless, all of them indicate that these small donation numbers could not sufficiently supply even one of China's largest transplant hospitals, let alone 80% of all transplants conducted in 2014 as claimed by Chinese authorities.

Donations by Region

An examination of regional donation figures revealed the following data for top provinces:

Table: Number of organ donations and transplant hospitals by province

Province	As of	Total Donors (all time)	Average Donors Per Year*	Ministry-Approved Transplant Hospitals ⁷⁸²	Average Donors Per Transplant Hospital Per Year
Guangdong ⁷⁸³	June 2017	2152	717	18	40
Hubei ⁷⁸⁴	March 2018	1625	542	7	77
Shandong ⁷⁸⁵	December 2017	1478	493	13	38
Zhejiang ⁷⁸⁶	July 2017	730	243	7	35
Sichuan ⁷⁸⁷	November 2017	424	141	4	35
Shanghai ⁷⁸⁸	September 2017	400	133	11	12
Liaoning ⁷⁸⁹	October 2017	245	82	6	14
Hebei ⁷⁹⁰	April 2018	230	77	3	26
Yunnan ⁷⁹¹	April 2017	187	62	5	12
Anhui ⁷⁹²	April 2018	124	41	2	21
Heilongjiang ⁷⁹³	April 2018	55	18	2	9
Inner Mongolia ⁷⁹⁴	May 2018	34	11	2	6

* To account for the increasing donation trend, this average assumes conservatively that all the donations took place within the last 3 years, which corresponds to a window starting in late 2014 or early 2015.

In Guangdong Province, which led China in organ donation for seven consecutive years, there were 15 donations in 2010, 34 in 2011, 113 in 2012, 165 in 2013, 246 in 2014, 398 in 2015, 513 in 2016, and 668 in 2017. Its donor rate just reached 3 per million in 2015, 4.9 in 2016, and 5.9 in 2017.^{795 796 797 798}

In Shanghai, the first deceased organ donation was completed on August 21, 2013. Donations in Shanghai increased to 5 at the end of 2013 with 55 more in 2014. The total increased to 79 by March 20, 2015, over 200 by June 28, 2016, and more than 400 by September 28, 2017. Shanghai's donor rate per million people was 2.5 times the national average.^{799 800} Yet there are 11 transplant centers in Shanghai approved by the Ministry of Health.⁸⁰¹

In Hubei Province, 1,251 volunteers have completed organ donation as of March 26, 2018, ranking the second in China. Human organ donation was launched in this province and reached 8 cases in 2011, 26 cases in 2012, 97 cases in 2013, 213 cases in 2014, 336 cases in 2015,⁸⁰² 432 cases in 2016 (the donation rate was claimed as 7.93/million, more than Guangdong Province, which ranks first in the country),⁸⁰³ and 580 cases in 2017, which ranks second in the country, second to Guangdong.⁸⁰⁴

As of April 3, 2018, Anhui Province has completed 124 donations,⁸⁰⁵ recording 3 donors in 2013, 4 in 2014, 7 in 2015, and 29 in 2016.⁸⁰⁶ In 2017, the province had 63 donors, including its first heart and lung donations.⁸⁰⁷ These donations would not have been sufficient for even one transplant hospital.

Table: Number of deceased organ donations claimed nationwide compared to those in Guangdong, Hubei, and Shanghai since 2010

Year	Deceased Donations (Nationwide) ⁸⁰⁸	Deceased Donations in Guangdong ^{809 810 811}	Deceased Donations in Hubei ^{812 813 814}	Deceased Donations in Shanghai ^{815 816}
2010	34	15	0	0
2011	132	34	8	0
2012	433	113	26	0
2013	849	165	97	5
2014	1,702	246	213	55
2015	2,766	398	336	100 (cumulative) - 55 = 45
2016	4,080	513	432	300 (cumulative) - 100 = 200
2017	5,000	668	580	400 (cumulative) - 300 = 100

Based on Huang Jiefu's claim that 80% of transplant organs used in 2014 came from donations, these 246 donations could not have supported the 18 ministry approved transplant hospitals in **Guangdong**.⁸¹⁷ 213 donations in Hubei could neither support seven transplant centers. **Shanghai's** 44 donations could not have covered the 11 large-scale transplant centers in the city.

The above data reflect the scale of voluntary donations since 2010. Compared to the volume of transplants performed in China, the number of voluntary donors is negligible and cannot support the Chinese authorities' claim of having transitioned entirely to ethical sourcing by 2015.

Timeline of Development

Below are the milestones pertaining to deceased organ donation as indicated by media reports:

Year	Voluntary Donation Situation and Developments
August 2005	Among countries capable of transplantation, China is the only country without brain death legislation. ⁸¹⁸ (<i>Xinhua Net</i>)
July 25, 2006	The first successful lung transplant was performed from a brain-dead donor. “Ms. Yang, a 39-year-old woman, is the first voluntary brain-dead organ donor in our country. This is the first case that met international criteria for a brain-dead donor.” ⁸¹⁹ (<i>Yang Cheng Evening News</i>)
August 2006	The Organ Donation Management Commission of China was established. ⁸²⁰ Dr. Chen Zhonghua served as the first Executive Chairman of the Organ Donation Management Commission of China. (<i>Legal Evening News</i>)
July 2010	There have been over 60 successful organ donations after brain death in China since 2001 when Dr. Chen Zhonghua’s team began promoting donation after brain death. ⁸²¹ (<i>Organ Transplantation Magazine</i>)
October 2013	The third OPO was established in China after its host transplant center fulfilled the minimum requirement of 10 donations after cardiac death. ⁸²² (<i>ChineseHepatology.net.cn</i>)
August 2014	Due to the lack of brain death legislation, 90% of Chinese doctors were still not aware of the criteria for determining brain death. ⁸²³ (<i>qq.net</i>)
November 2014	Professor Ye Qifa’s team performed 24 DCD transplants, representing 10% of all such transplants in the country. ⁸²⁴ This suggests that China had performed only 240 DCD transplants nationwide as of November 25, 2014. (<i>People Net</i>)
December 2014	China claimed that it had achieved a breakthrough, with 80% of organs coming from donations. ⁸²⁵ (<i>Xinhua Net</i>) However, even the provinces with the most donations had far from enough donations to support their transplant centers.
January 2015	China announced that it stopped the use of death-row organs starting on January 1, 2015, and that voluntary donation became the only transplant organ source in China. ⁸²⁶ (<i>China Daily</i>)
First Half of 2015	Some provinces (e.g. Heilongjiang) obtained their first DCD donations.
November 2015	Huang Jiefu indicated that the organ donation system in China did not function in practice because its “National Organ Donation and Transplantation Committee...exists in name only. So far, no meeting has been held.” ⁸²⁷
March 2017	Huang Jiefu stated, “Among China’s donations so far, 70% are from brain-dead donors; of the other 30%, many are from both brain and cardiac death.” ⁸²⁸ (<i>China News</i>)

Table: Timeline of the developments of brain death donation in China

There was a steep increase in claimed donations between August and December 2014, just before the 2015 transition to ethical organ sourcing in China. The highlighted rows show that the claimed transition could not have taken place as described.

Multiple Organs from One Donor

The Chinese regime advertised in its state-run media that in certain cases, one donor provided organs for several transplant surgeries. China's health officials sometimes use the possibility of procuring multiple organs from the same donor to explain the gap between the number of organ sources (including voluntary donors and death-row prisoners) and its official number of transplants. However, we find that this efficiency cannot be achieved in most cases. Factors affecting the usable ratio include organ life, geographic distance, and technical limitations.

Organ life: Human organs are a non-reusable resource that expire within a strict time frame. When an organ is removed from the donor, it must be kept in a preservation solution and the transplant operation must take place within a limited amount of time. According to the *Notice on Management Regulations for Liver, Kidney, Heart and Other Transplantation Technologies* issued by the Ministry of Health, the time should not exceed 24 hours for kidneys, 15 hours for livers, and 6 hours for hearts.⁸²⁹ Huang Jiefu said on May 6, 2016 that 20% of transported organs are wasted because they cannot be utilized in time.⁸³⁰

Geography: It was not until October 2013 that the National Health and Family Planning Commission announced the *Trial Regulations for Obtaining Organs from Voluntary Donors and Organ Assignment*,⁸³¹ which required all 165 approved hospitals use the new National Organ Sharing Network, COTRS; it also required all donated organs to be allocated by this system. Since then, the National Health and Family Planning Commission has required all transplant centers to register their patients in order to create a national waiting list.

Yet, as discussed above, COTRS includes only a small portion of China's organ sources and recipients. It had 28,000 patients on the waiting list in 2016.⁸³² "Currently, only 31,000 people have registered on the official website." Phone surveys conducted between July 2016 and June 2017 found that most transplant hospitals could not access COTRS.⁸³³ Thus, organs are still mostly allocated locally.

Technical limiting factors: Strict limitations on ischemia times of transplanted organs place high technical demands on transplant centers when conducting transplants using multiple organs from the same donor. Until recently, very few institutions in China were capable of doing this successfully.

A December 2011 report said that more than 60 doctors carried out 6 transplant surgeries simultaneously at Guangzhou Military Command Hospital No.303 on that day. These included liver, lung, pancreas-kidney, and kidney transplants, as well as two corneal transplants.⁸³⁴ Dr. Sun Xuyong, President of the hospital's Transplantation Research Institute, revealed that the six organs were procured from the same donor. However, he did not reveal the identity of the donor.

Lan Liugen, Deputy Director of the Surgery Division at Hospital of Guangzhou Military Command No. 303, said that only two hospitals in China had this capability at the time. In addition to his hospital, the other was the Tongji Organ Transplant Research Institute of Huazhong University of Science and Technology.⁸³⁵

Reports in October 2015 indicated that the 2nd Affiliated Hospital of Harbin Medical University carried out multiple transplants simultaneously using organs from the same donor. The article emphasized that this was the very first case in Heilongjiang Province.⁸³⁶

An August 2016 report indicated that the People's Hospital of Jiangsu Province carried out heart and lung transplants for two patients using organs from the same donor. The article emphasized that it was the first such case in the country.⁸³⁷

On November 23, 2015, Huang Jiefu said to *Beijing Youth Daily* that there were 2,500 organ donors in 2015 nationwide, which could theoretically allow for 2,500 heart transplants and 5,000 lung transplants. However, he said there were only around 100 heart and lung transplants completed in the whole country, and many organs were wasted.^{838 839}

China's officially stated number of organs contributed per donor was 3.2 in 2016, a figure over 50% larger than that of the United States at 2.1. However, the actual utilization rate of donor organs in China's transplant centers is much lower than those of well-established organizations in other countries. The claimed level of utilization of multiple organs per donor is most likely fabricated to help cover up actual organ sources.

IV. Abuse of Brain Death in China

The traditional criteria for determining death include the cession of heartbeat, respiration, and circulation. With the development of organ transplantation, many countries have passed legislation setting forth parameters for determining brain death. Only when all brain function (including brain stem function) has been irreversibly lost, and heartbeat and breathing can be maintained only with mechanical ventilators and medication is the patient considered dead.⁸⁴⁰ Once brain death has been diagnosed, doctors can arrange for organ recovery.

In 2003, the Ministry of Health drafted *Standards for Determining Brain Death (Adult) (Draft for Comments)* and *Technical Specifications for Determining Brain Death (Adult) (Draft for Comments)* and published them in the *Chinese Medical Journal* and other journals. However, these proposed technical specifications do not have legal effect.

Upon the review and approval of the *Standards for Determining Brain Death (Adult)* by an expert panel, the Ministry of Health issued a news bulletin in May 2004 stating that the methods of determining brain death proposed by the medical field were different from the legal standards for determining death. Thus, implementation of these standards for determining brain death would require legislative changes before it can be carried out.⁸⁴¹

Director Chen Zhonghua of the Tongji Hospital Organ Transplantation Research Institute at Huazhong University of Science and Technology wrote in a 2004 paper that the United States had a brain death rate of 72 per million.⁸⁴² Between 2001 and July 2010, when Dr. Chen's team began promoting donation after brain death, there were only over 60 successful organ donations after brain death in China.⁸⁴³

However, in Chinese medical papers, a large portion of transplant organs were listed as coming from "brain-dead donors," while the recorded experimental processes indicated otherwise. According to the *Standards for Determining Brain Death (Adult Quality Control Version)*,⁸⁴⁴ the clinical criteria for determining brain death include all three of these essential findings: coma, absence of brainstem reflexes, and lack of autonomous breathing. Thus, a patient undergoing tests for brain death must already be on a ventilator. The donors in these papers, however, were declared brain dead before they were intubated or tested for apnea. Below is one example:

Case Study: Combined Heart-Lung Recovery Process from “Brain-Dead Donor”

心脏杂志 (Chin Heart J) 2011, 23 (5)

• 699 •

心肺移植供体心肺保护 1 例

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关键词: 艾森门格综合征; 心肺移植; 器官保存

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同种异体心肺联合移植是目前治疗各种原因引起的晚期心肺疾病效果最好的方法之一^[1]。近年来,随着外科技术水平的提高,供体心肺保护技术及新的免疫抑制剂的应用,心肺联合移植手术在我国少数大型心脏外科中心得到开展。心肺联合移植供体心肺的获取及保护效果无疑是手术能否成功的重要因素^[2]。第四军医大学西京医院心血管外科于2008年5月26日成功地开展了1例心肺联合移植手术,现就有关供体心肺保护的体会做出报告。

1 临床资料 患者为女性,19岁,诊断为先天性心脏病,室间隔缺损,艾森曼格综合征,心功能Ⅲ级,属于终末期心肺疾病。供体来自一位男性脑死亡患者,与受体血型相符。供体心肺的获取和保护首先吸净供体呼吸道分泌物,行气管插管通气,经外周静脉注射甲基强的松龙500 mg及2.5 mg/kg肝素,无菌消毒铺单后行胸部正中切口,切除心包前壁,游离升主动脉至无名动脉,上下腔静脉套带,结扎奇静脉并切断,游离气管起始部,保留隆突附近区域气管周围组织。升主动脉前壁置并固定心肌保护液灌注管,肺动脉主干置置14Fr肺动脉灌注管。阻断上下腔静脉,切断上腔静脉,数个心动周期心脏排空后,阻断升主动脉,灌注冷的心肌保护液液1500 ml,灌注压力75 mmHg(1 mmHg=0.133 kPa)。于心包内入右房处切断下腔静脉及左心耳一小块组织,使灌注液流出。主肺动脉内注射前列地尔(泰德制药,北京)250 mg,灌注肺保护液4000 ml,灌注压力不超过20 mmHg,灌注时轻度辅助呼吸使肺灌注液均匀分布。心肺局部用4℃生理盐水冲洗,在无名动脉水平切断升主动脉,分离纵隔胸膜反折和肺韧带后,在隆突上5个软骨环处用气管闭合器钳夹气管,于上方切断气管并保持肺呈膨胀状态,在残端处用碘伏消毒,将切除的心肺置于4℃生理盐水中,周围放置大量冰泥,三层无菌塑料袋包装后送回手术室。本例心肺保护液均采用HTK液(Kohler公司,德国),心肌保护液在HTK液中加入磷酸肌酸2.5 g/L,肺保护液在HTK液中加入250 mg地列地尔。供体心肺在手术室进一步修剪时,置于4℃生理盐水中进行,在修剪时对供体心肺灌注一次,灌注方法与首次灌注相同,心肌保护液用量1500 ml,肺保护液用量2000 ml。供体心肺热缺血时间为5 min,冷缺血时间为100 min,手术在体外循环

Recipient: 19-year old female with end-stage cardiopulmonary disease

Donor: male brain-dead patient

Procurement procedure:

First, secretions in the respiratory tract were removed. Endotracheal intubation was performed for mechanical ventilation, and 500 mg methylprednisolone and 2.5 mg/kg heparin were injected via a peripheral vein. A middle chest incision was made after skin disinfection. The anterior wall of the pericardium was cut. The ascending aorta to the innominate artery was freed. Ligatures for the superior and inferior vena cava were placed. The azygous vein was ligated and cut. The trachea was exposed while the tracheal tissue near the carina was left intact. The perfusion tube for the heart protection solution was fixed at the anterior wall of the ascending aorta, and the 14Fr pulmonary perfusion tube was fixed at the pulmonary artery. The superior and inferior vena cava were clamped, and the superior vena cava was cut. The heart was emptied after several heartbeat cycles. The ascending aorta was clamped, and 1500 ml of cold myocardial protection solution was infused at a perfusion pressure of 75 mmHg ...

Xijing Hospital, affiliated with the Fourth Military Medical University, performed a combined heart-lung transplant on May 26, 2008.⁸⁴⁵

An academic paper claimed that the donor was brain-dead. However, the organ procurement procedure in this case started with intubation and mechanical ventilation, which was immediately followed by skin disinfection and performance of the chest incision for organ removal. This means that the heart and lungs were procured from the “donor” without a formal determination of brain death.

The brain death diagnostic criteria include coma, absence of brainstem reflexes, and apnea (the lack of spontaneous respiration). The Chinese brain death determination criteria provide that the apnea test is an indispensable component for the diagnosis of brain death. An apnea test is performed in mechanically ventilated patients by disconnecting the ventilator to provoke spontaneous respiration. A brain death diagnosis can only be made in intubated, mechanically ventilated patients.

In the case of the Xijing Hospital, however, the brain death determination had not been done before the “donor” was intubated and mechanically ventilated, but neither was it done after intubation.

Screenshot of the medical paper

The “donor” did not undergo resuscitation at all. The purpose of the intubation was not to resuscitate the patient but rather to prepare for organ recovery.

Without a determination of brain death, a donor cannot be declared brain-dead. If the “donor” is not brain-dead, then only cardiac death criteria can be used to determine death. As described in the paper, the heart of the donor discharged residual blood after several heartbeat cycles, indicating clearly that the heart was functioning, i.e., the donor did not meet cardiac death criteria. In conclusion, the “donor” in this case was a living human being.

Wang Hongbing, one of the authors and vice director of the cardiovascular division, performed three consecutive heart transplants in one day and set a national record.⁸⁴⁶ Cai Zhenjie, long-time director of its Cardiovascular Surgery Research Institute, set another record in September 2003.⁸⁴⁷

This hospital is not an isolated case; many other hospitals also had similar documentation.

Current Situation: Most Donations Are Said to be from “Brain-Dead Donors” While Doctors Remain Unaware of Criteria

Ten years later after the draft specifications for brain death were introduced, without legal prerequisites, the NHFPC announced the *2013 Regulations for Procurement* and recognized the three classification criteria for organ donation after cardiac death, including brain death (DBD), cardiac death (DCD), and brain death followed by circulatory death (DBCD).^{848 849} It did not effectively mandate regulatory oversight. The Brain Damage Control and Evaluation Center combined the 2003 brain death standards and specifications into the “Standards for Determining Brain Death”⁸⁵⁰

However, these standards were only published in the *Chinese Journal of Neurology* and have not been added to the policies and regulations on the NHFPC’s website. Furthermore, the Brain Damage Control and Evaluation Center is not listed as a subordinate or affiliated organization of the NHFPC.

Huang stated in 2017, “China’s biggest contribution is building up three kinds of death criteria for organ donation: DBD, DCD, and DBCD.”^{851 852} DBCD was conceived as a compromise with families who hold traditional values and want donation to take place only after the heart stops. Under this classification, a brain-dead patient is mechanically maintained until the family consents to donation, after which doctors wait for cardiac death and then recover the organs.

The first *Guidance on Organ Donation in China* that is said to include these three classes of death criteria was announced by China’s OPO Alliance in August 2015. The chief editor of this publication was Huang Jiefu.⁸⁵³ However, the document cannot be found online, on the OPO Alliance website or elsewhere; only the news of its release has been posted.

Huang Jiefu stated to Chinese domestic media in 2017, “Among China’s donations so far, 70% are from brain-dead donors. Of the other 30%, many are from brain and cardiac death.”⁸⁵⁴ Although he claimed that China has “comprehensively constructed a national-level legal framework for organ donation and transplantation to ensure that there are legal standards that can and must be followed,”⁸⁵⁵ he also admitted, “Most doctors don’t know how brain death works, and very few truly understand the standards for brain death.”⁸⁵⁶ “Last year there were 4,080 organ donations, and this had nothing to do with brain death or legislation.”⁸⁵⁷

Huang also revealed his true intentions on multiple occasions, “A difference between us and the West is that (in China) recipients and donors must forever be kept secret from each other. It’s impossible to include brain death in organ donation regulations. Legislating brain death may not happen in another 20 years.”⁸⁵⁸

The need to maintain secrecy between donors and recipients reduces traceability and helps to hide the true source of organs.

Before forced organ harvesting in China was exposed in 2006, the press reported that 98% of organ sources came from outside of the medical system.⁸⁵⁹

Over a decade later, we conclude from the empty shell of China’s donation system, as well as the number of registered donors and actual donation figures, that donations in China can account for only a small fraction of all transplants performed. If the other acknowledged source, death-row prisoners, has become “a stream without a source,” then from where are the remaining organs sourced?

CHAPTER VII

A State-Driven Crime

The first recorded case of doctors in China harvesting an organ from a political prisoner occurred in the 1970s, when a woman was executed and her kidney was transplanted into the son of a senior Communist Party cadre.⁸⁶⁰ The Uyghurs were subjected to these abuses in the 1990s.⁸⁶¹

Our hospital survey found that while China began to conduct experiments in organ transplantation in the 1960s, there was no tremendous development in this industry until 2000, when the Chinese government started prioritizing organ transplantation in its national strategy with significant investment in research, development, industrialization, and personnel training (refer to the section “National Strategy and Funding”).

The number of transplant centers in China grew from 150 before 1999⁸⁶² to 570 by the end of 2004⁸⁶³ and more than 1,000 in 2007.^{864 865} In the year 2000, the number of liver transplants performed reached ten times the number performed in 1999; by 2005, the number had tripled further.⁸⁶⁶

This exponential rise of organ transplants without voluntary donations parallels the Chinese Communist Party's campaign to eradicate Falun Gong.⁸⁶⁷

I. Campaign to Eradicate Falun Gong

Falun Gong is a meditation practice that revolves around ancient Chinese traditions of health and self-improvement based upon the universal principles of truthfulness, compassion, and tolerance. By the end of the 1990s, the Chinese government estimated that over 70 million people were practicing Falun Gong.⁸⁶⁸ The former Communist Party leader Jiang Zemin saw the group's popularity and revival of traditional values as a threat to his rule and launched a violent campaign on July 20, 1999 to eradicate Falun Gong.⁸⁶⁹

The 610 Office, the agency initially created to carry out this task, called more than 3,000 officials to the Great Hall of the People on November 30, 1999 to address the campaign against Falun Gong. The head of the 610 Office, Li Lanqing, announced the government's directives: to “destroy them politically, bankrupt them financially, ruin their reputation.”⁸⁷⁰

After the persecution began, Falun Gong practitioners appealed to government departments in their respective provinces and to the central government in Beijing, where they were arrested en masse and tortured. Falun Gong practitioners were rounded up all across China.

The Public Security Bureau in Beijing determined that, as of April 2001, a total of 830,000 Falun Gong practitioners had been registered or arrested, not including those who refused to give their names to police to avoid implicating their families, coworkers, or neighbors.⁸⁷¹ Many unidentified practitioners were not sent back to their hometowns. Because anonymous detainees could not be held for long by the justice system, this large population was instead transferred outside of the justice system.⁸⁷² In accordance with standard practice under the communist regime, they were transferred to concentration camps run by the military.⁸⁷³

According to a report by China's justice department, China had 670 prisons operating in 2004, holding a total of more than 1.5 million inmates.^{878 879} There were also 300 forced labor camps in operation before the *laojiao* system of Re-education Through Labor (RTL) camps was abolished at the end of 2013.⁸⁸⁰ The Laogai Research Foundation stated in 2010 that as many as 3 to 5 million people were imprisoned in laogai camps.⁸⁸¹

According to the U.S. Congressional Executive Committee on China's annual report for 2008,⁸⁸² international observers believed that half of those incarcerated in China's forced labor camps were Falun Gong practitioners. Ethan Gutmann estimates that Falun Gong constituted about half of the laogai system in 2001 and then leveled off to 15 to 20% over the long term, translating to about 500,000 to 1,000,000 Falun Gong practitioners being detained in the laogai system at any given time.⁸⁸³

Many detention centers were built or expanded all over China to contain the large number of Falun Gong practitioners who were arrested and detained. The Chinese Communist regime also made use of military and underground civil defense facilities to establish holding units for Falun Gong practitioners.^{884 885 886} These practitioners disappeared, both legally and practically.

II. Policy of Destruction

On August 21, 2000, the Ministry of Public Security held a nationwide telephone conference to relay new orders that the practice of Falun Gong was to be eradicated in three months.⁸⁸⁷ Du Daobin, of Hubei Province, reported in May 2003 that the local 610 Office had received instructions that stated, "no law regulates the treatment of Falun Gong practitioners" and "deaths of Falun Gong practitioners from beating are nothing and shall be counted as suicide; the bodies shall be directly cremated without investigating the person's identification."⁸⁸⁸ Numerous cases of practitioners' bodies being cremated without the consent of their families continue to be reported on Minghui.org.

Documents dating from 1962 show that the Chinese Communist Party's Central Military Commission initiated a policy, still in place today, that all death row and serious offenders may be treated according to the needs of national and socialist development and can be dealt with according to the "revolutionary protocol."⁸⁸⁹

1984 Regulation

On October 9, 1984, the Supreme People's Court, the Supreme People's Procuratorate, the Ministry of Public Security, the Ministry of Justice, the Ministry of Health, and the Ministry of Civil Affairs jointly promulgated the *Provisional Regulations on the Use of Corpses or the Organs of Executed Prisoners*⁸⁹⁰ that allowed the bodies and organs of prisoners to be used under certain conditions:

- 1) If the body was not collected, or the family refused to collect the body;
- 2) If the executed prisoner voluntarily gave his body or organs for use by medical or health units; or
- 3) If the family gave consent.

This regulation allows organs from prisoners to be used without their consent or that of their families, as long as the bodies were not collected. In addition to those on death row and serious offenders, this population was expanded to include prisoners of conscience, primarily Falun Gong practitioners who are solely imprisoned for their belief.

Throughout the persecution of Falun Gong, practitioners have been systematically arrested and detained, often outside of the legal system. Thousands have been confirmed to have died as a result of torture and other abuse in custody. Many practitioners simply disappeared. Families of practitioners killed in custody were not notified to claim the bodies of their loved ones. The 1984 regulation has enabled the sourcing of organs from Falun Gong practitioners without consent, even though they have not been sentenced to death. The regulation also paved the way for the unlawful sale of bodies. Because they are labeled enemies of the state, Falun Gong practitioners, like serious offenders, are seen not as human beings but as raw materials—commodities to be used in China’s transplant industry.

The China International Transplantation Network Assistance Center (CITNAC), a subsidiary of IPC Information Service Corporation, said on its website, “Being able to complete such a number of organ transplant operations is inseparable from the government’s support. The Chinese government’s Supreme People’s Court, Supreme People’s Procuratorate, Public Security system, judicial system, Ministry of Health, and Ministry of Civil Affairs jointly promulgated laws on October 9, 1984 and established that organ procurement would be an activity supported by the government. This is a one of a kind in the world.”⁸⁹¹

The screenshot shows a web browser window with the URL <http://zoukiishoku.com/cn/shixiang/index.htm>. The page title is "中国脏器移植实际情况" (Current Situation of China's Organ Transplantation). The main text on the page reads: "在中国29个省、市、自治区的国立医院仅肾移植手术已经完成3万5千余例，在全国范围内，每年肾移植手术例数多达5000件以上。能完成如此数量的移植手术，是与中国政府的支持分不开的。中国政府最高人民法院、最高人民检察院、公安部、司法部、卫生部以及民政部于1984年10月9日联合颁布有关法律，确立提供脏器是一项政府支持行为。这可谓世界绝无仅有。与发达国家相比，中国在医疗设备及管理体制上，并非无可挑剔，但就脏器移植而言，手术的方式均为国际公认固定模式，在这方面中国的医" (In 29 provinces, cities, and autonomous regions of China, only kidney transplant surgery has been completed at national hospitals, with over 35,000 cases nationwide. Each year, the number of kidney transplant surgeries reaches over 5,000. The completion of such a large number of transplant surgeries is inseparable from the support of the Chinese government. The Supreme People's Court, the Supreme People's Procuratorate, the Ministry of Public Security, the Ministry of Justice, the Ministry of Health, and the Ministry of Civil Affairs jointly promulgated laws on October 9, 1984, establishing that providing organs is a government-supported activity. This is truly unique in the world. Compared to developed countries, China's medical equipment and management system are not flawless, but in terms of organ transplantation, the surgical methods are all internationally recognized fixed modes, and in this aspect, China's medical

“To be able to complete such a large number of organ transplant surgeries every year, we need to give all of our thanks to the support given by the government. In particular, the Supreme People’s Court, Supreme People’s Procuratorate, Public Security system, judicial system, Ministry of Health, and Ministry of Civil Affairs have jointly promulgated laws to establish that organ procurement receives government support and protection. This is one of a kind in the world.”

Blood Tests, Medical Examinations and DNA Library

Falun Gong practitioners, the largest group of prisoners of conscience in China, are frequently subjected to blood tests and medical examinations. These tests are not administered to the general prison population, however, but only to Falun Gong practitioners and other prisoners of conscience.^{892 893} During Ethan Gutmann's investigation, he interviewed over 50 Falun Gong practitioners who had been detained in labor camps and prisons in China, most of whom were forcibly given blood tests and unusual medical examinations.

“Their exams differed from location to location, but they invariably included these central components: blood test, a urine test, and EKG, and x-rays of the abdomen. Crucially, they were then given a series of follow-up medical tests usually corresponding with tissue matching.”⁸⁹⁴ Many similar cases were recorded in Matas and Kilgour's book, *Bloody Harvest*. “It is unlikely that the testing and examination serve a health purpose.”⁸⁹⁵ Rather, such tests and examinations are useful for identifying organ harvesting candidates and for building up a living organ bank.

The website Minghui.org publishes firsthand accounts of Falun Gong practitioners all over China who have been subjected to such examinations, both while incarcerated and at home. Police routinely go to the homes of practitioners—in particular those who have filed criminal complaints against Jiang Zemin—to forcibly take DNA samples and administer blood tests. In April 2014, in Guizhou, Liaoning, Hunan, Hubei, Beijing and other locations, police entered practitioners' homes and forcibly took blood samples and cheek swabs. The officers claimed to be following orders from above.⁸⁹⁶

Human Rights Watch reported in December 2017 that the Chinese government forcibly collected biodata, including DNA and blood samples, from 19 million Uyghurs that year under the guise of a free public health program in which all citizens are given physical examinations.⁸⁹⁷ Before this project, as of May 2017, the public security system had already built a national database of more than 40 million individuals, including dissidents and migrants.

Police in other regions of China are also collecting DNA samples on a large scale without giving a reason for the collection. Nationwide, police have a goal to double the number of DNA records from the current 54 million to 100 million by 2020. According to the *Wall Street Journal*, “Such mass screening, which authorities characterize as a crime-fighting tool, is drawing criticism that China's police are violating people's privacy and unfairly targeting innocent or vulnerable citizens, and is raising questions about what the data might ultimately be used for.”⁸⁹⁸

III. Corruption of Ethics

How can doctors—people trained to heal—harvest organs from living people for transplants? Below are several mindsets that have allowed these actions to be carried out.

Indoctrination of Doctors

Enver Tohti, a former Uyghur surgeon educated and raised in China, currently lives in London. He was told to extract the organs from a living prisoner in 1995. Years after he left China, he told his experience to the world: “These things [are] haunting me ... I had to tell the world to release the things inside my heart, to get a little relief.”

“... being able to participate in doing away with the country’s enemies was a glorious thing.

—*Enver Tohti, former Uyghur surgeon*

Explaining how doctors in China became involved in killing, he said, “Anybody, if they label themselves other than communism, Communist Party or member, then they will be treated as an enemy of the state. Therefore, they are not even qualified as human beings. Therefore, they are subject to whatever punishment is available”⁸⁹⁹

“The interests of the Communist Party are above everything. We had a class called ‘politics.’ They made you disabled to think yourself. If you don’t believe what the CCP believes, that is wrong. That is what they believe. That is what they teach. My whole body became a robot and [did] what I had been programmed to do...”

“All the people [who] graduated from their system, they too have the same mindset; they are the product produced by the CCP. Our ideology at the time was that being able to participate in doing away with the country’s enemies was a glorious thing, even genuinely believing what we were doing [was] for a good cause.”

If doctors on the front lines play the role of robots, then who are the programmers of these robots?

In 2001, Huang Jiefu was on record saying, “Opposing Falun Gong is a grave political struggle. We must not be softhearted when dealing with a little group of hardcore reactionaries.”^{900 901}

Zheng Shusen, in addition to his role as one of China’s most prominent transplant surgeons, also chairs the Zhejiang Province Anti-Cult Association, which was established by the Communist Party leadership specifically to demonize Falun Gong and oversee its practitioners’ ideological conversion, commonly through physical and psychological abuse in detention. In a preface to an anti-Falun Gong book published in 2009, Zhen wrote, “‘Falun Gong’ and similar evil religions are like viruses corroding the organism of humanity, warping the souls of believers, destroying social order, disrupting economic development, and have become a public nuisance to mankind and a cancer on society.”^{902 903 904}

Similar language can be found in propaganda used by the Nazi regime to justify its persecution of groups it deemed undesirable. When the leaders of China’s transplant field propagate the Party line and actively incite hatred against a vulnerable group, it becomes clear how the Chinese regime is able to use the medical profession to participate in its genocidal campaign.

“We Don’t Get Involved in Politics”

On February 8, 2015, director Tan Yunshan of the liver disease department at Zhongshan Hospital of Fudan University told an overseas reporter, “All the donor livers are directly extracted at the source. Because we do the extraction ourselves and have access to the original information of the donor organ, we would know for sure whether a donor liver can be used or not...”^{905 906}

When asked whether the hospital used organs from Falun Gong practitioners, Tan answered, “We don’t care whether it’s from a Falun Gong practitioner or not. We don’t get involved in politics. As doctors, we only care about the donor liver, about whether it meets the requirements of transplantation. If it meets the requirements, we don’t care who it’s from.”

“All the livers are directly extracted at the source...If it meets the requirements, we don’t care who it’s from.”

—Tan Yunshan, director of liver disease department at Zhongshan Hospital

“Individual Party members are subordinate to the Party organization, the minority is subordinate to the majority ...”

—*Doctrine regarding discipline in the Chinese Communist Party*

Party Discipline

For the Communist Party, the state is a tool for maintaining its rule, and laws are a manifestation of the will of the ruling class. Under the Party’s long-term brainwashing and indoctrination programs, the Party has become the representative of the ruling class, with the leader’s will becoming the will of the state. The Party’s high-pressure, harsh political governance has developed a system in which “individual Party members are subordinate to the Party organization, the minority is subordinate to the majority, the lower Party organizations are subordinate to the higher Party organizations, and all the constituent organizations and members of the Party are subordinate to the Central Committee of the Party.”⁹⁰⁷ Any noncompliant individual or organization must be punished severely. At the same time, the Party uses political and economic incentives to encourage people to sell out their conscience. Thus, the order to eradicate Falun Gong that was given by Jiang Zemin, as General Secretary of the Chinese Communist Party and Chairman of the Central Military Commission, was able to direct the entire Party and even all of society to carry out his will using any means necessary without being restrained by the law.

Willful Blindness

While some doctors did not recognize the brutality from within the system, others have full awareness but choose to turn a blind eye, perhaps to distance themselves for comfort, while allowing such practices to not only continue but also to prosper. David Matas wrote, “In criminal law, the term for this behavior is willful blindness. A person who commits a criminal act and is willfully blind is as guilty of a crime as a person who commits the act with full knowledge.”⁹⁰⁸

As China’s transplant system continues to kill innocents for organs unabated, the agreements being implemented to share organs procured in mainland China with Macau, Hong Kong, Taiwan, and elsewhere implicate medical professionals in other regions under the same fallacy; those who are aware of China’s true organ sources but claim ignorance by accepting whitewashed organs will also be accomplices to the same crime of genocide.

IV. Roles of the Communist Party and Government Agencies

As we discussed earlier, China conducts organ transplants on a far larger scale than it officially claims. The eye-catching “Chinese mode” of organ donation is used as a façade behind which to hide the continued killing of prisoners of conscience as part of a larger eradication campaign. Behind the scenes, the Chinese regime has mobilized the entire state apparatus to carry out its campaign against Falun Gong. Below are the roles of the main party and government agencies involved based on public information, while insiders’ testimonies and admissions fill in detailed duties and operations in carrying out this crime.

610 Office and Political and Legal Affairs Committee

In March 2015, Phoenix Satellite Television, a Hong Kong-based mandarin language station authorized by the Chinese government to broadcast in mainland China, published an interview with Huang Jiefu in which he stated,⁹⁰⁹ “When we decided to stop the reliance on executed prisoners for organ transplants, [it was] the most helpless period we’ve been in ... Using prisoner organs, this kind of situation naturally would come to have all kinds of murky and difficult problems in it. Do you know the meaning of my words? ... It became filthy, it became murky and intractable, it became an extremely sensitive, extremely complicated area, basically a forbidden area.”

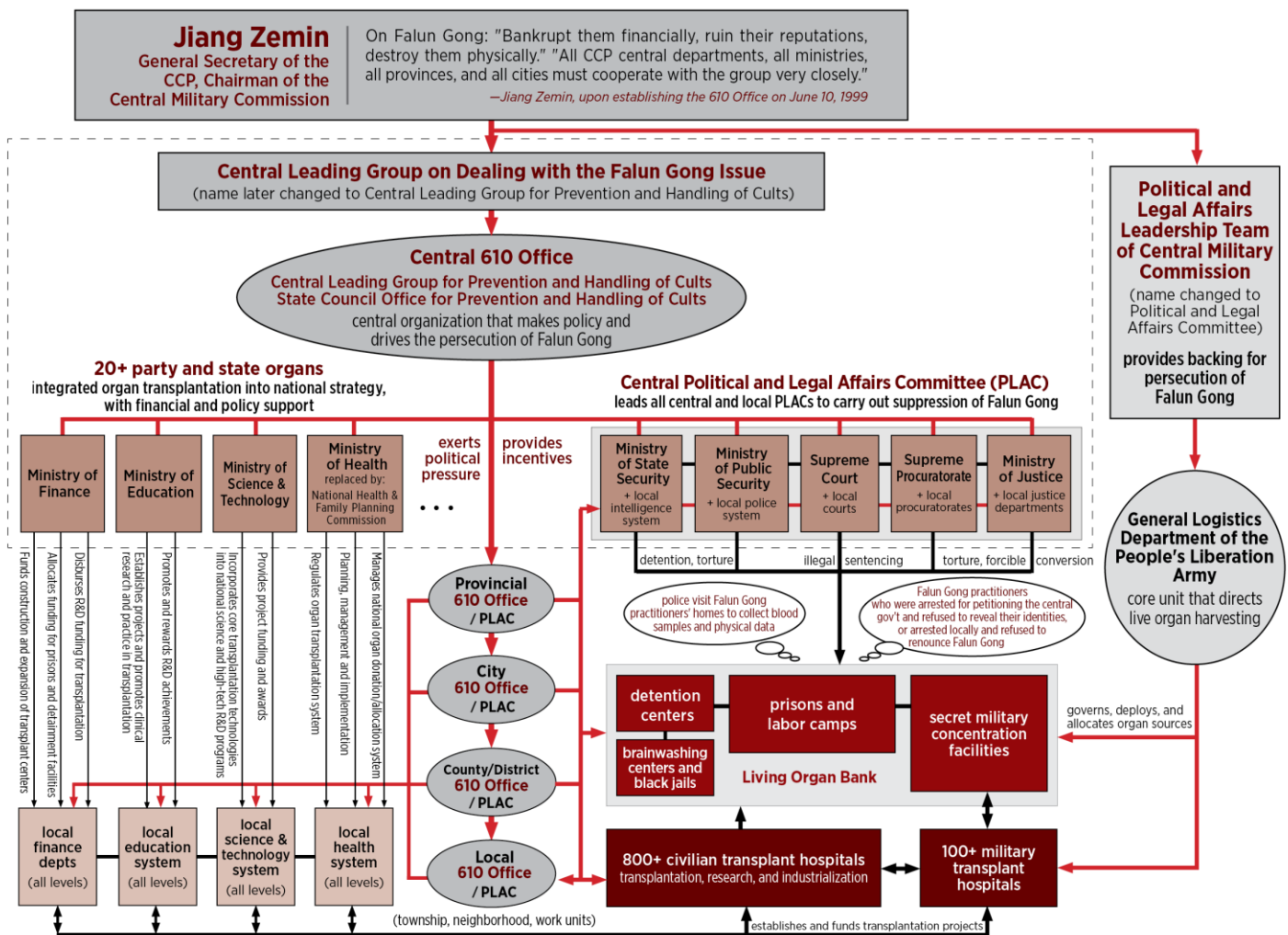
Huang mentioned that it is now possible to touch this forbidden area because of the downfall of a “big tiger” in the anti-corruption campaign: “Zhou Yongkang is the big tiger; he was our General Secretary of the National Political and Legal Affairs Committee and a former member of the Politburo Standing Committee. Everyone knows this ... So as for where executed prisoner organs come from, isn’t it very clear?”

The Political and Legal Affairs Committee was established in September 1949 to direct the work of the Ministry of the Interior, Ministry of Public Security, Ministry of Justice, Committee for Social and Legal Affairs, and the Ethnic Affairs Commission.⁹¹⁰

Before officially launching its campaign against Falun Gong, the Chinese Communist Party created a “Central Leading Group to handle the Falun Gong issue,” under which an “Office of the Leading Group to handle the Falun Gong issue” was established. It is internally known as the “610 Office,” deriving its name from the date of its founding, June 10, 1999.^{911 912}

With a structure extending from top to bottom throughout the Party, government, and military, the 610 Office was given the power to command all police and judicial organs. This organization is akin to the Chinese Communist Party’s Central Cultural Revolution Group and is dedicated to carrying out the systematic eradication of the practice of Falun Gong. It is an ad hoc agency directly under the Chinese Communist Party Central Committee and is endowed with extraordinary extralegal power. It later changed its name to the “Central Leading Group on Dealing with Heretical Religions or Office of Maintaining Stability.”

The Political and Legal Affairs Committee and 610 Office have the power to control personnel and resources under more than 20 Communist Party and government agencies and organizations, such as the Ministry of Public Security (police system), Ministry of State Security, Ministry of Foreign Affairs, propaganda departments, and the fields of finance, culture, education, science and technology, and health throughout the country.⁹¹³



Roles of the Communist Party and government agencies in forced organ harvesting

A nationwide propaganda campaign has been a key tool in the suppression of Falun Gong. Since the persecution began in July 1999, the 610 Office has used China's newspapers, television stations, radio stations, websites, and loudspeakers in rural areas to broadcast anti-Falun Gong propaganda. It also has used Xinhua News Agency, China News Service, Party-controlled media overseas, and Chinese consulates to spread this propaganda globally.⁹¹⁴

The demonization of and incitement of hatred towards Falun Gong provided the basis on which crimes against practitioners could be justified.

In 2002, Jiang Zemin promoted Zhou Yongkang to Minister of Public Security and Deputy Secretary of the Central Political and Legal Affairs Committee. Zhou made the eradication of Falun Gong a major focus of domestic security work in China. During his tenure, the number of transplants performed in China, with organs sourced from Falun Gong practitioners, continued to grow rapidly. In October 2007, Zhou became head of the "Central Leading Group to Handle the Falun Gong Issue" and was placed on the Party's highest strategic tier—the Politburo Standing Committee. At the end of 2013, the new Chinese Communist Party leadership removed Zhou Yongkang under charges of corruption and plotting to stage a coup. Nevertheless, the machinery set in place to carry out the persecution of Falun Gong has not stopped.

Ministry of Health, National Health and Family Planning Commission, and Others

The Ministry of Health (MOH) and its successor, the National Health and Family Planning Commission (NHFPC), are responsible for planning, policymaking, regulation, and management of China's human organ transplant industry as well as the organ donation and allocation system.⁹¹⁵

These agencies centrally coordinate and guide procurement and allocation, clinical care and services, post-operative registration, oversight, and donation. They organize and implement training and sharing in regulations, policies, and techniques for transplantation. In particular, they evaluate the qualifications of transplant institutions, as well as the capabilities and management of clinical practices. They also grant and manage permits for qualified transplant centers.

Since organ transplantation has been made a high priority in the national strategy and heavily emphasized as a future emerging industry, a large number of organ transplant projects have been funded under major national programs. The Ministry of Health, the Ministry of Science and Technology, the Ministry of Education, and the military have invested heavily in research, development, and personnel training in transplantation technology to meet the needs of this rapidly growing industry. The emergence and spread of new capabilities and techniques have allowed organ transplantation in China to grow into a large, industrialized operation in just a few years.

In March 2013, at the Twelfth National People's Congress, the former Ministry of Health and National Population and Family Planning Commission (NPFPC) were dissolved, and Huang Jiefu was relieved from his position as Deputy Minister of Health. Meanwhile, a new National Health and Family Planning Commission (NHFPC) was founded.⁹¹⁶

The National Human Organ Donation and Transplantation Committee was established on March 1, 2014. It declared that, under the leadership of the NHFPC and the China Red Cross Society, it would work as a central management unit to guide and oversee the human organ transplant and donation system in China. Huang Jiefu was named the committee's chairman.⁹¹⁷

Even though international parties have considered Huang the spokesperson for China's transplant field, he does not hold a government position. The official Chinese Communist Party leadership repository lists Huang's title as "former Deputy Minister of Health" without any active administrative roles.⁹¹⁸ The China Human Organ Donation and Transplantation Committee is an empty shell.

Huang's announcement that China has discontinued the use of organs from death-row prisoners since January 1, 2015 has not been acknowledged by any government officials, has no legal effect, and cannot be traced to any officially promulgated policy statements or laws. The State Council's *Human Organ Transplant Ordinance* promulgated on March 21, 2007 did not abolish the Provisional Regulations of 1984⁹¹⁹ that allow the sourcing of organs from prisoners without consent. The 1984 Provisional Regulations remain valid today.⁹²⁰

In February 2017, the Vatican invited Huang on behalf of the Pope to attend a global summit on organ trafficking. After the summit, Huang said in a televised interview, "He invited me as Chairman of the National Organ Donation and Transplantation Committee. I was unsure because this is a national matter and I had already left my administrative position. I felt that I couldn't go as an individual. On this kind of

international stage, I can't go without the support of the country, without the backing of the strong motherland. I reported to the central leadership [of the Chinese Communist Party], and an important leader there told me that the Chinese government supported my participation."⁹²¹

Huang Jiefu's unofficial spokesperson role and the dissolution of the former Ministry of Health both serve to help the Chinese regime avoid responsibility and accountability, as any crimes committed in organ transplantation under this system would not count as actions of the Chinese government.

The Central Government's Health Bureau and Committee

Organ transplantation was initially a privilege limited to central Communist Party leaders. It has become more available to wealthy and foreign patients since 2000, when organ supplies became abundant.

During the time of the Cultural Revolution, the Chinese Communist Party established a dedicated group responsible for the health care of central Party leaders. The group was led by Wu Jieping, one of the first doctors to perform a kidney transplant in the 1960s. The group later became the "Central Health Committee" and took on the health care responsibility of top party and national leaders. It was still reliant on a transplant doctor at the core.⁹²² The committee's office was in the Central Health Care Bureau of the Ministry of Health.

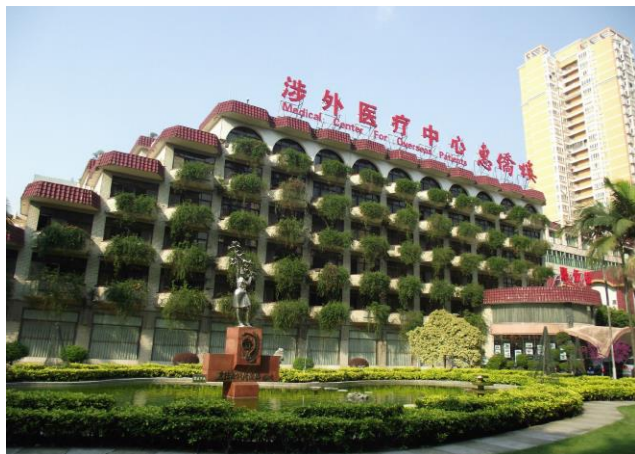
After Huang Jiefu became the deputy health minister in 2001, he took control of the national medical and health system, including virtually all important posts related to organ transplantation.⁹²³ He became the deputy director of the Central Health Committee, chair of the National Organ Donation and Transplantation Committee,⁹²⁴ chair of the Chinese Hospital Association OPO Alliance, and chair of the China Organ Transplantation Development Foundation.⁹²⁵ In July 2005, he became the chief of the Central Health Care Bureau under the Ministry of Health.^{926 927}

Ling Jihua, former Secretary of the Central Secretariat and Director of the General Office of the Chinese Communist Party, also held the directorship of the Central Health Committee before his arrest and imprisonment for corruption.⁹²⁸ Another deputy director of the committee (in addition to Huang Jiefu) was Zhao Yupei, who was the chair of the Ministry of Health's Human Organ Transplantation Admission Review Committee, a renowned expert in pancreatic surgery, and president of the Peking Union Medical College Hospital.^{929 930} The youngest core member of the committee was Shen Zhongyang of the Tianjin Oriental Organ Transplant Center.⁹³¹

Organ transplantation is a health benefit of the Communist Party's elite for prolonging life. It not only serves Communist Party leaders but is also used by the Party as a tool of the United Front to win the purchase of foreign dignitaries⁹³² and the elite of overseas Chinese.

In November 2016, Australian Senator Derryn Hinch told the parliament that he was encouraged to travel to China for an organ transplant after he was told he had only 12 months to live: "I was told by a senior businessman in Melbourne that I could go to Shanghai and for \$150,000 get a new liver next week. I presume from that they would almost execute on order. How you could morally extend your life by doing that I cannot believe, but I was also told I could go to India and do the same thing ... Some well-known people have bought organs for transplant over the years. But I condemn those practices in China."^{933 934}

A Tool of the United Front



Garden ward at the Huiqiao Medical Center



Rendering of the #2 building



Rendering of Huiqiao Medical Center

The Huiqiao Medical Center at Nanfang Hospital admits the most foreign patients in China, having exceeded more than 110,000 patients from over 90 countries and regions since 1979. In March 1995, the Central Military Commission conferred on Nanfang Hospital the honorary title of “Model of Excellent Medical Service,” even though this is nominally a civilian hospital.⁹³⁵

Nanfang Hospital is the first affiliated hospital of the Southern Medical University (formerly the First Military Medical University). For the needs of United Front work, the entire hospital was moved to Guangdong Province.

The hospital advertises expertise in liver transplants, combined pancreas-kidney transplants, and liver-kidney transplants.⁹³⁶

The director of the kidney transplant center, Professor Yu Lixin, is also a distinguished expert for the Central Health Care Bureau. Yu has completed over 3,800 kidney transplants. In a paper published in 2004, he stated that as early as November 2001, the hospital had conducted 2,123 kidney transplants.⁹³⁷ Since 1978, its quantity and quality of kidney transplants have ranked second in China.⁹³⁸

Many in the transplantation department were trained overseas, three of them as post-doctoral fellows at the Organ Transplant Center of the University of Pittsburgh, the Organ Transplant Center of Northwestern University, and the Organ Transplant Center of the University of Cincinnati, respectively.⁹³⁹

The medical center has 400 beds and offers a variety of semi-private hotel-style rooms and suites independent of other wards, enabling each patient to have a dedicated room in which relatives and friends can stay overnight. Some of the rooms feature an elevated garden. Prices ranged from 360 RMB to 2,000 RMB per night in 2015.

The Military

The People's Liberation Army (PLA) is controlled by the Chinese Communist Party and is one of the few militaries in the world that belong to a political party rather than the state.

Between 1999 and May 2006, the Chinese Communist Party Central Military Commission held six special meetings on "handling foreign-related religious issues," which mainly targeted Falun Gong.⁹⁴⁰ The Communist Party's former leader Jiang Zemin authorized the General Logistics Department to serve as the core unit to lead every level of the military to eradicate the practice of Falun Gong. The military was given the power to manage the secret detention facilities and the entire related process of live organ harvesting.⁹⁴¹

According to Bai Shuzhong, former head of the People's Liberation Army General Logistics Department Health Division who served in this role from 1998 to 2004, it was Jiang Zemin, then Chairman of the Central Military Committee, who issued an instruction to carry out organ harvesting from Falun Gong practitioners.⁹⁴² He said, "Chairman Jiang, when he was in the position, put a lot of emphasis, he gave instructions on this ... about people selling kidneys for transplant surgeries. I should say, it was not just the military that was doing kidney transplants. After Jiang issued the order, we all did a lot of work against the Falun Gong practitioners ... We directly control the military medical universities. They are directly affiliated with the People's Liberation Army General Logistics Department, and they received repeated orders."

After 2000, a large number of PLA Organ Transplant Centers were named and supported by the Central Military Commission and regional military commands. In December 2008, Zhang Yanling, director of the PLA General Logistics Department Health Division, told Xinhua News Agency, "In 1978, there were only three hospitals in the entire PLA capable of performing kidney transplants. Now, there are over 40 hospitals capable of liver, kidney, heart, lung and multi-organ transplants."⁹⁴³

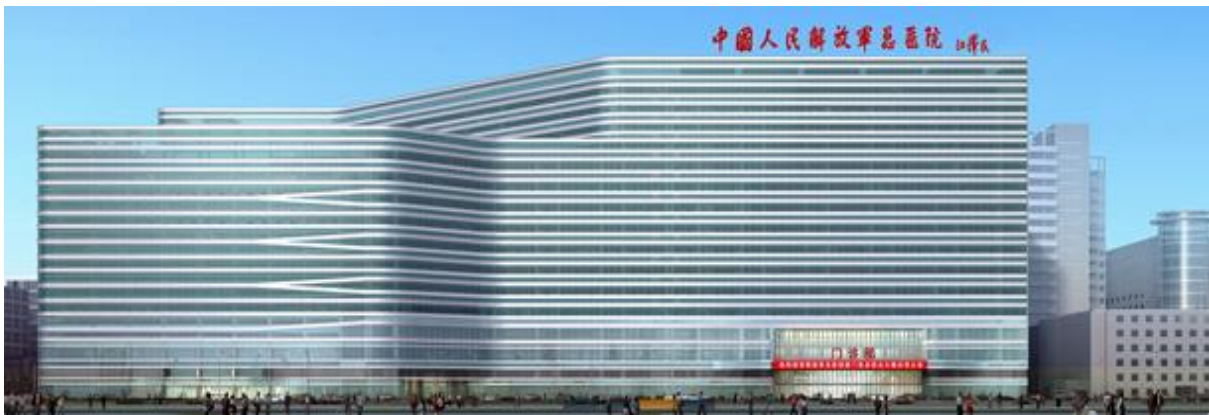
Among them are the 23 national-level military transplant centers that were part of the first group approved by the Ministry of Health in 2007. Evidence shows that these are the core units that were carrying out live organ transplants. The other 20 armed forces transplant centers are usually general hospitals for troops of all arms or major military commands located in provincial capitals. Their transplant techniques and volume, though inferior to those of the national-level transplant centers described above, are still significant.

According to an investigation by the World Organization to Investigate the Persecution of Falun Gong, over 100 different military hospitals have developed or expanded their organ transplant facilities, with over 2,000 medical personnel involved.⁹⁴⁴ These include the General Hospital of the People's Liberation Army (No.301) that belongs directly to the Central Military Commission, all military branch general hospitals, general hospitals that belong to the seven regional military commands, hospitals affiliated with

military medical universities, military hospitals coded with numbers, and armed police general hospitals. They have resolved many core technical issues in organ transplantation and have supplied civilian hospitals with fresh organ supplies and technical assistance.

Below are examples among military hospitals of varying sizes. It is worth noting that these findings are limited to information available publicly and from whistleblowers. The true extent of transplantation activities conducted in military facilities is closely guarded.

Case Study: PLA General (301) Hospital —A Health and Wellness Base for the CCP Central Committee and Central Military Commission



People's Liberation Army General Hospital (No. 301 Hospital) Outpatient Department

The People's Liberation Army No. 301 Hospital is the PLA's largest comprehensive military hospital. It is responsible for the health care of the leaders of the CCP Central Committee, Central Military Commission, and high-ranking generals.⁹⁴⁵ It advertises its leading kidney transplantation technology.⁹⁴⁶

The PLA General Hospital International Medical Center opened up the exclusive South Building previously reserved for the above category of patients. In December 2009, the Center began serving provincial and ministerial-level leaders, international VIPs, elites in various industries, celebrities, and other high-end clients.⁹⁴⁷ Huang Zhiqiang, formerly the hospital's chief surgeon and chief expert of liver transplantation, served as the chief expert of the International Medical Center. He was also a member of the Chinese Academy of Engineering.

The hospital retains six members of the Chinese Academy of Sciences and the Chinese Academy of Engineering, more than 100 third-class experts (equivalent in rank to generals in non-combat positions), and more than 1,000 senior professional staff members, including doctoral advisors, masters advisors, and directors or deputy directors of various medical committees at national and military-wide levels.



International Medical Center at PLA 301 Hospital

Li Qihua, the hospital's former president and a renowned medical expert, was a Falun Gong practitioner. In the initial stages of the persecution, his high profile led to his being directly targeted by Jiang Zemin. With daily visits from officials and under constant duress, Li was forced to give up Falun Gong.⁹⁴⁸

Li Wenhua, a political commissar with the Beijing Garrison Area Army, received a liver transplant at No. 301 Hospital on July 27, 2007. Li was a division commander with the No. 27 Army who led troops to fire on students during the 1989 Tiananmen Massacre. He was later promoted to political commissar. According to Li's relatives, Li was diagnosed with a liver disease in early 2007, which worsened despite treatment. The Central Military Committee ordered staff to treat his condition by whatever means necessary. Within eight days, doctors found a liver (reportedly from a 32-year-old death-row prisoner) and transported the organ to No. 301 Hospital on a 40-minute helicopter flight.⁹⁴⁹

According to medical personnel who work in operating rooms at this hospital, organ transplants are among the most frequent, common surgeries.⁹⁵⁰ A surgeon at this hospital revealed to an investigator in April 2006 that she herself did liver transplants and that the source of the organs was a "state secret."⁹⁵¹

The number of transplants performed at this hospital is also a military secret. However, we can gain some insight from financial information of one of its clinical divisions, the No. 309 Hospital. The archived web page of the Organ Transplantation Center states, "Our Organ Transplant Center is our main department for revenues. Its gross income in 2003 was 16,070,000 RMB. From January to June of 2004, the income was 13,570,000 RMB. This year (2004) there is a chance to break through 30,000,000 RMB."⁹⁵² Furthermore, its gross revenue rose from 30 million RMB in 2006 to 230 million RMB in 2010, an increase of nearly 8-fold in 4 years.⁹⁵³ We should note that such public figures are commonly underreported.

The hospital's **Hepatobiliary Surgery Department** is a People's Liberation Army Hepatobiliary Surgery Center and Liver Transplant Center.⁹⁵⁴ It claims to be the largest in northern China.⁹⁵⁵ In 2007, the Center had 7 chief surgeons and 11 associate chief surgeons. "It performs no fewer than 5 to 8 surgeries a day. In view of a shortage of beds, our hospital is speeding up the construction of the new building, which can be expanded to 200 beds by the end of the year."

The Liver Transplant Center engages in academic exchange from time to time with the University of Paris-Sud Hepatobiliary Center in France, the University of Pittsburgh Thomas E. Starzl Transplantation Institute US, the University of Melbourne National Liver Transplant Center, and other well-known international institutions.⁹⁵⁶



The **Urology Department** started performing allogeneic kidney transplants in 1977 and advertises its reputation in kidney transplantation. It claims to have 140 beds and 63 medical personnel.⁹⁵⁷

Its web page shows that it has carried out over 2,000 allogeneic renal transplants since 1977. However, per a medical journal, as early as 2000, the number of kidney transplants performed at this hospital had already reached 1,180.⁹⁵⁸ It is unlikely that this huge hospital that “has always led the country in liver and kidney transplantation technology” performs only 50 kidney transplants each year.

In 2009, the central Communist Party leadership and the Central Military Commission approved the establishment of a branch of the PLA General Hospital in Sanya, Hainan to support “four missions:”⁹⁵⁹



- To provide health care for senior cadres recuperating in Hainan (Hainan has been termed Beijing’s winter capital or “back garden”)
- To support Hainan’s establishment as an international tourism destination (the island receives tens of millions of tourists each year)
- To serve officers and soldiers stationed in Hainan
- To provide convalescence services to established “role models” and scientists who reside in remote, destitute regions and have contributed to national defense

The new branch was planned with more than 500 beds.⁹⁶⁰ It entered operation in 2012 with more than 1,000 professional and technical personnel selected from the PLA General Hospital. The branch makes heavy use of imported medical equipment and can conduct remote consultations and medical exchange with the military and more than a thousand networked hospitals.⁹⁶¹ It also features a helipad.⁹⁶²

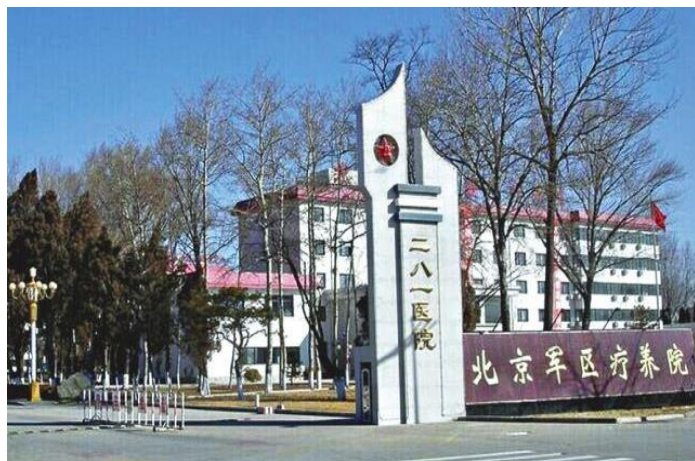


Its website states that the hospital unifies the prevention, care, and treatment of its key demographic. It has reached an international level in minimally invasive surgery and has kidney transplantation as one of its main research directions.⁹⁶³ Its living and autologous liver transplantation has also achieved an internationally leading level.⁹⁶⁴



Rendering: Birds-eye view of the central health care base at the PLA General Hospital in Sanya, Hainan

Case Study: A Transplant Center in a Military Nursing Home



Located in Beidaihe Sanitarium, the PLA 281 Hospital is part of the Beijing Military Command Beidaihe system of nursing homes, along with the PLA 178 Hospital and the Navy Beidaihe nursing home. At one point, it performed the most kidney transplants in the Beijing Military Command and in Hebei Province.⁹⁶⁵

This hospital started performing kidney transplants in the 1970s and completed its first allogeneic kidney transplant in 1987.⁹⁶⁶ The center receives patients from around the country. The youngest recipient was 9 years old; the oldest was 75. Its archived website from 2007 shows that the 40-bed kidney transplant center had 30 medical personnel. It has published more than 150 papers in medical journals at home and abroad.

The center performs kidney procurements and tissue matching at an alarming rate. One patient experienced a renal arterial embolization seven days after surgery, on February 4, 2002. On the next day, the transplanted kidney was removed and a new kidney was transplanted in situ. In other words, the wait time for the second transplant, including organ sourcing and tissue matching, was only one day.⁹⁶⁷

On January 28, 2002, this unit undertook seven cadaveric renal allografts.⁹⁶⁸ As of 2007, the hospital had performed 6 to 9 simultaneous kidney transplants on 28 occasions.⁹⁶⁹

Case Study: A Hospital's Leap from Township Scale to Large Scale



The experience and practice of the People's Liberation Army (Chengdu Air Force) Hospital No. 452 jumped from "township-scale" before 2000 to that of a "large-scale hospital" in just a few years. Other military hospitals followed suit.

Media reports in 2009 stated that when Zhang Cong became the hospital's president in 2000, the troubled hospital had more than 6 million RMB of debt. Its kidney transplant division used to be the hospital's best-known department.

However, due to the lack of funds to update its equipment, its patients decreased in number day by day.⁹⁷⁰

In 2002, Zhang decided to "borrow a hen to lay eggs" and found an entrepreneur who invested 8 million RMB in the hospital. The investor and the hospital together managed the renal transplant division. After the capital and equipment were in place, its kidney transplantation department soon "came back to life." Five years later, the hospital bought back the facilities, equipment, and management rights from the investor and embarked on a new entrepreneurial path. It soon ranked first among all hospitals in Sichuan Province for the number of kidney transplants performed.

In 2000, the hospital had 210 beds and 89 vacancies for doctors. However as of 2008, it had increased its bed count to more than 1,000, the value of its medical equipment increased from 30 million to 120 million RMB, and its income increased from 20 million RMB to 260 million.⁹⁷¹

As of 2016, the hospital had more than 1,500 beds, 78 senior professionals, and 195 intermediate professionals. The hospital's kidney transplant capabilities are well known both in southwestern China and nationwide.⁹⁷²

After China's organ transplant abuse was exposed in 2006, the hospital deleted pages containing transplant data from its official website and eventually shut down the website. External websites say that it has only 600 beds and has conducted just 200 kidney transplants.⁹⁷³ Its name changed to Western (Theater Command) Air Force Hospital No. 452 after 2016.

CHAPTER VIII

Admissions

Since the organ harvesting crimes began, a number of events have provided insight into the killing of innocents for organs, whether intentionally or unintentionally. Together, they shed light on the extent to which the state is implicated in these crimes. Included are officials' speeches at an award ceremony for an organ preservation solution that improves transplant outcomes after lethal injections. Also included are accounts with respect to the sourcing of bodies for plastination and international exhibitions, testimonials by whistleblowers in both civilian and military facilities, and admissions by Communist Party officials.

I. Wang Lijun's Organ Procurement Research

Preservation Solution for Organs After Lethal Injection

At a ceremony on September 17, 2006, the "Guanghua Innovation Special Contribution Award" of two million RMB was issued to Wang Lijun, one of the most high-profile law enforcement officials in China.^{974 975} He operated an "On-Site Psychological Research Center" and is responsible for many medical innovations. In 2012, Wang attempted to defect and sought asylum at the U.S. consulate in Chengdu but was unsuccessful.⁹⁷⁶

Ren Jinyang, Secretary-General of the Guanghua Foundation, remarked, "Professor Wang and his research center carried out basic research and clinical experiments on the transplant outcomes of organs recovered after lethal injections. They developed a brand new protective solution, which is used to provide a perfusion treatment for livers and kidneys both in vivo and in vitro. Through animal experiments, in vitro experiments, and clinical application, they have substantially increased the transplantation success rate with organs extracted after lethal injections."⁹⁷⁷

In his acceptance speech at the ceremony, Wang stated openly that his progress was the result of thousands of experiments on living bodies, "Our scientific and technological achievements in the field are the crystallization of the thousands of intensive on-site cases and the efforts of many of our people ... for those of us who have served in the police force for many years, when we see a person go to the place of execution and, in a matter of minutes, this person's life is transformed and extended into the lives of other people, it is soul-stirring. This is a momentous undertaking."⁹⁷⁸

In May 2003, Wang Lijun was promoted to police commissioner of Jinzhou City by Bo Xilai, the Governor of Liaoning Province (at one time considered a candidate for the highest level of political leadership in China before he was embroiled in scandal and purged). Soon after taking up the position, and despite having no medical background, Wang established an "On-Site Psychological Research Center" located under the Jinzhou Public Security Bureau. He then worked for 29 universities and research institutions with titles ranging from part-time professor to chairman.⁹⁷⁹ The media reports below give us a glimpse of Wang's research and experiments:

Human Experimentation

In June 2005, *Liao Shen Evening News* reported an example of Wang's work, "The Entire Process of Lethal Injections in Death-Row Prisoners," which was intended to help more people understand the research.⁹⁸⁰ At 5:00 am, on June 9, 2005, in Cuijiatun in the Jinzhou City Economic and Technological Development Zone, an on-site experiment was carried out with a lethal injection. A researcher gave the following introduction:

"Through the entire process of a convict's death via lethal injection, the healthy person's vital signs will be measured before and after the injection, the amount of drug residue in various organs afterwards, the prisoner's psychological changes when facing death ... this data will provide important help to organ transplantation after death by lethal injection and other aspects of human organ transplantation. Whether in China or abroad, this is cutting-edge research."

The reporter described the experts gathered at the execution site as if they were staff of a research laboratory. The reporter introduced Wang Lijun as the director of the Psychological Research Center. The reporter also identified professor and doctoral advisor Xi Huanjiu, the dean of Jinzhou Medical College, and other experts in medicine, criminal investigation, and psychology. They were described as conducting psychological analyses and clinical research on death-row prisoners who were to receive the lethal injections.

Experimental Subjects

Who were these "several thousand people" who "were transformed and had their lives extended in other bodies"? Were they truly executed criminals as Wang described in his speech?

Since the number of executions is considered a state secret in China, it is impossible to say with certainty. Even according to the highest estimation, no more than 10,000 death-row prisoners are executed each year in all of China, which has a population of 1.3 billion. Jinzhou has a population of about 3 million. This means that Jinzhou would proportionally have no more than 80 executed death-row prisoners between May 2003 and September 2006, when the transplantation research was performed.

This simple calculation suggests that the majority of human subjects for Wang's transplantation research could not have been death-row prisoners. Thus, other Chinese citizens must have served as these experimental subjects. It is plausible that prisoners without death sentences became victims of these experiments, including prisoners of conscience. Falun Gong practitioners comprise the largest group of prisoners of conscience in China's prisons and labor camps. They are also highly attractive from a transplantation perspective due to their healthy lifestyle, including abstinence from smoking and alcohol consumption.

Because Wang Lijun had no medical qualifications, his experiments were dependent on the knowledge of trained medical doctors. According to the Chinese Ministry of Commerce website, "Jinzhou Public Security Bureau's On-Site Psychological Research Center" works with over ten universities and medical institutions, including the China Criminal Police College, Peking University, Beijing Institute of Technology, Northeastern University of Finance and Economics, China Medical University, Jinzhou Medical School and the People's Liberation Army Military Hospital No. 205. It also collaborates with universities in more than ten countries in joint research and academic exchanges, including those from the United States, Japan, Italy, Norway, and Sweden.⁹⁸¹

The People's Liberation Army Hospital No.205 in Jinzhou is the largest organ transplant center in western Liaoning Province, though it has not been approved to perform transplants by the Ministry of Health. On May 23, 2006, *Western Liaoning Business Daily* published a report stating that Chen Rongshan, the director of its urology department, had completed 568 kidney transplants. Patients from Taiwan, Singapore, South Korea, Malaysia, and that patients from other places “flock there because of its reputation.”⁹⁸² By December 2006, Chen had participated in at least 632 kidney transplants.⁹⁸³

Wang Lijun was arrested in February 2012 and convicted in September 2012 of abuse of power, bribery, and bending the law for selfish ends. On May 25, 2012, a WOIPFG investigator made a phone call to Chen Rongshan in the name of a “member of the Wang Lijun inter-departmental investigation team” of the government. Chen admitted that Wang's collaboration partners included China Medical University and its affiliated hospitals.⁹⁸⁴

Below is a partial (translated) transcript of the conversation between them:

Investigator: Wang Lijun had a post-drug-injection transplantation project. Have you collaborated with him on this?

Chen: Not only us, China Medical University, and its affiliated hospitals, were also involved in this.

Investigator: Some of the organs were from detained Falun Gong practitioners. Can you confirm this?

Chen: Those were all handled through the courts.

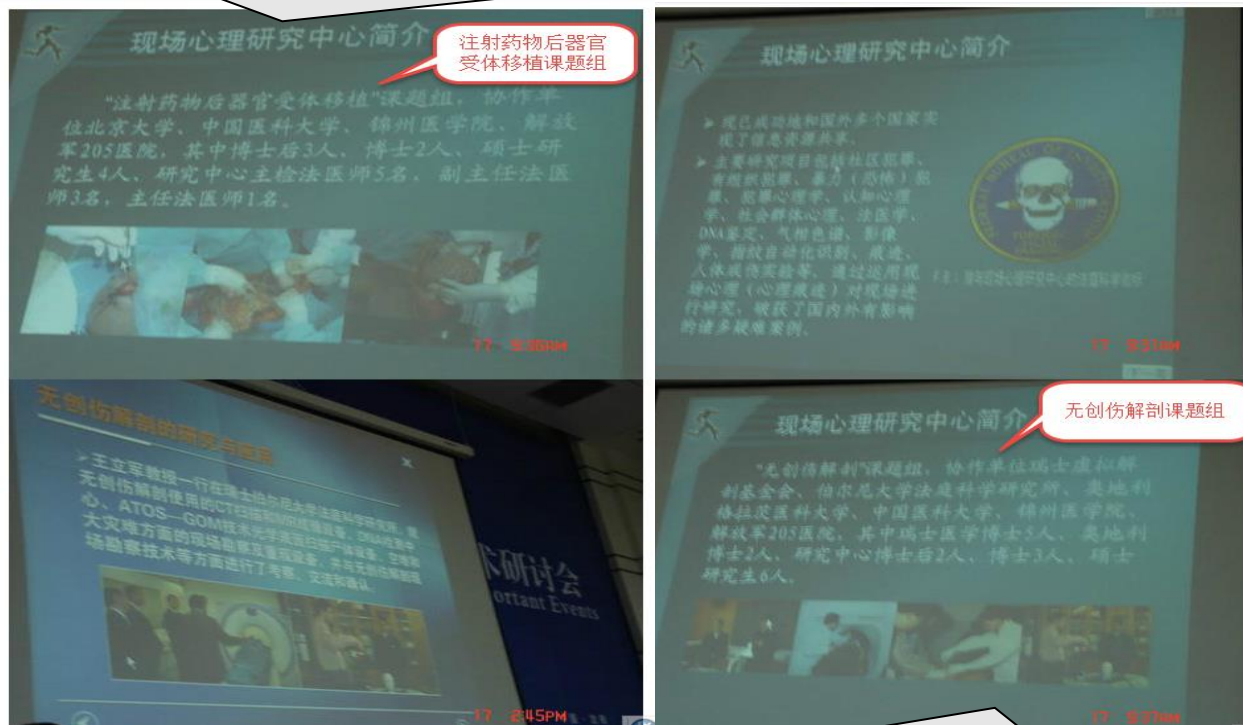
In China, courts are the authorities that oversee prisons and labor camps. Because no Falun Gong practitioners were sentenced to death, the use of organs from Falun Gong practitioners implies these organ “donors” were murdered.

Director Liu Yongfeng of **China Medical University's** Organ Transplant Institute also admitted on his award application materials that he participated in the research and development of organ preservation solutions and developed industry-leading kidney preservation solutions.⁹⁸⁵ His account further stated that his technique of multiple abdominal organ procurement reduced damage to organs and has become the most widely used procurement technique in China. Liu led various scientific research projects, including four National Natural Science Foundation projects, and won several prizes of the Science and Technology Progress Award in organ transplant area.

Wang Lijun also presided over a major project on atraumatic dissection in the Asia-Pacific region.⁹⁸⁶ As shown in the center's introduction on the next page, institutions that took part in this project included the Swiss Virtual Dissection Foundation, the Tribunal Science Institute of University of Bern in Switzerland, Medical University of Graz in Austria, China Medical University, Jinzhou Medical College, and the People's Liberation Army (PLA) Hospital No. 205.

In June 2008, Wang Lijun was transferred to Chongqing, where he served as deputy mayor and police commissioner. During this period, he established the On-Site Psychology Research Center at Southwest University and acted as its director, professor, and doctoral advisor. He continuously promoted and facilitated the study of atraumatic dissection.⁹⁸⁷

The cooperative units of the Research team on transplants with organs extracted after lethal injection:
Peking University, China Medical University, Jinzhou Medical School, and the PLA Hospital No. 205.



The cooperative units of the Research team on atraumatic dissection includes:

Swiss Virtual Dissection Foundation, the Tribunal Science Institute of University of Bern in Switzerland, Medical University of Graz in Austria, China Medical University, Jinzhou Medical College, and the People's Liberation Army 205 hospital. It included five Swiss medical doctors, two Austrians doctors, 11 holders of post-doctorates degrees, doctorates, and masters of the On-Site Psychological Research Center.

An introduction of Wang Lijun's "On-Site Psychological Research Center" at a seminar



Wang's team conducting studies on atraumatic dissection at Chongqing Psychological Research Center

II. Silent Witnesses: Plastinated Bodies

Alongside the growth of China’s organ transplant industry starting in 2000 came the unprecedented exhibition of human bodies and body parts in the name of science, education, and art. To date, these exhibits have attracted more than 100 million patrons around the world. Among these projects are a series of Body Worlds exhibitions by German anatomist Gunther von Hagens and an exhibition series by Dr. Sui Hongjin from Dalian, China.

The Real Bodies exhibit opened in Sydney, Australia on April 14, 2018 and includes 20 “real, perfectly preserved human bodies” and over 200 anatomical specimens. Critics have raised concerns about the sources of the corpses. A petition calling for the exhibition’s closure describes the display as “inhuman and evil” and “an insult to humanity.” The International Coalition to End Transplant Abuse in China (ETAC) published an open letter signed by lawyers, academics, ethicists, and human rights advocates calling for a boycott by schools, universities and other organized groups, citing “the lack of documentation demonstrating ethical and legal sourcing of each body.”⁹⁸⁸

Major media outlets in Australia, including *News Corp*, ABC, Channel 10, *The Guardian*, and *The Sydney Morning Herald*, have covered the issue in depth and focused public attention on the issue once again. In fact, debate has raged regarding the ethics and sources of corpses used for these exhibits for over a decade.⁹⁸⁹

The controversy in Australia parallels that of a number of similar body exhibitions around the world.

As of April 2018, von Hagens’ Body Worlds has traveled to at least 121 cities in 26 countries and attracted 45,000,000 visitors. Its 2018 schedule includes the United States,⁹⁹⁰ Canada,⁹⁹¹ Germany,^{992 993 994 995 996} Switzerland,⁹⁹⁷ Poland,⁹⁹⁸ the Netherlands,⁹⁹⁹ and New Zealand.¹⁰⁰⁰ Body Worlds has at least 9 to 11 themed exhibitions touring around the world.

Meanwhile, Sui Hongjin had also conducted business with more than 100 world-famous museums as of November 2010, and the annual revenue of his company, Dalian Hongfeng Biology Technology Co., had reached more than 200 million RMB.¹⁰⁰¹ Now Sui’s representatives are touring the world under the names Real Bodies,¹⁰⁰² Bodies Revealed,¹⁰⁰³ Bodies: The Exhibition,¹⁰⁰⁴ Human Bodies: The Exhibition,¹⁰⁰⁵ and The Human Body.¹⁰⁰⁶ To date, almost each one has attracted over 10 million visitors.

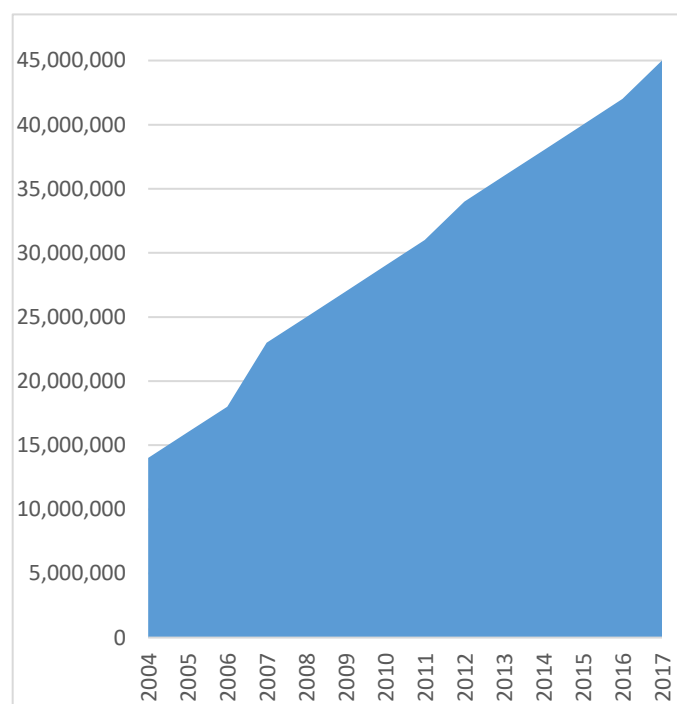


Chart: Cumulative number of visitors to Body Worlds

Sources of Corpses Questioned

Real Bodies is owned by Imagine Exhibitions of the United States. Its president, Tom Zaller, said that the bodies were “absolutely from China” and that there was “no documentation” to prove their identities or consent to donate their bodies.¹⁰⁰⁷ Prior to the establishment of Imagine Exhibitions in 2009, he was vice president of Premier Exhibitions and was responsible for its body exhibitions. As of 2012, such exhibitions made up 67% of Premier’s revenue, while 19% came from its Titanic exhibit.¹⁰⁰⁸

Bodies: The Exhibition by Premier Exhibitions opened in New York City on November 19, 2005. On display were 22 skinless corpses and 260 real human organ specimens that had tissue fluid extracted and silicone pumped into them.¹⁰⁰⁹

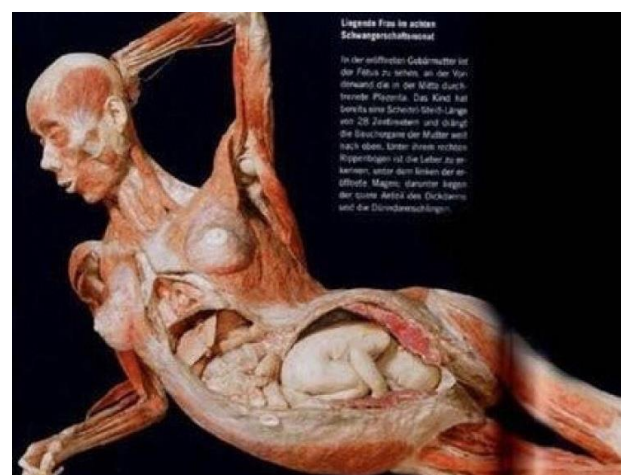
One piece of the exhibit features a young mother and her unborn baby of eight months. The show also displays fetuses at various stages of development, including one that was 24 weeks old.

In China, there is a deeply-rooted tradition to “preserve the entire body intact after death and bury it in peace.” Because of this, almost no Chinese would donate their remains to hospitals, let alone a human specimen factory. Who would donate the remains of his unfortunate wife and unborn child to a paid exhibition? Where did these human specimens come from?

In 2006, the *New York Times* reported that according to the organizers, the human specimens used in *Bodies: The Exhibition* were provided by Dalian Medical University in China and produced using plastination technology invented by Gunther von Hagens.¹⁰¹⁰ Sui Hongjin, Chairman of Dalian Hongfeng Biology Technology Co., Ltd and the deputy director of the Anatomy Department of Dalian Medical University, explained, “no one can recognize their identities.”¹⁰¹¹



Bodies: The Exhibition: A specimen holding his own skin



Body World: A mother carrying an eight-month-old fetus

Body Plastination Plants

Gunther von Hagens invented a body plastination technology and applied for a patent to protect his method of preserving biological tissue specimens by using silicon, epoxy, and other polymer mixtures to replace fluids in the human body. Treated specimens are no longer corrupt or odorous and retain most of the characteristics of the original samples, and even under the microscope still show the original appearance of human cells.^{1012 1013}

In 1999, von Hagens invested \$15 million USD and co-founded von Hagens Dalian Plastination Company, Ltd., with Sui Hongjin. The company constructed the world's largest production base for human specimens that occupies nearly 30,000 square meters.¹⁰¹⁴ According to Sina Finance, it created “a variety of grotesque humanoid specimens utilizing human bodies from fetus to adults of all ages.”¹⁰¹⁵ Von Hagens indicated that the specimens would be used for commercial exhibitions rather than as educational products for medical schools.

Von Hagens proudly told Chinese and foreign reporters the reasons why he chose Dalian include: support from the government, preferential policies, an excellent workforce, low wages, and a plentiful source of corpses. At this time, Bo Xilai was in office in Dalian. Von Hagens not only received special approval for the corpse plant but was also named an honorary citizen of Dalian.¹⁰¹⁶



On November 27, 2003, a cover article named “Corpse Factory Investigation” was published in the second issue of *Oriental Outlook*. In the report, von Hagens disclosed, “so far about 80% of the products from the von Hagens company’s research and development are in this Dalian factory. Here is the base for the company's global operations. The company has formed a global network for corpse acquisition, processing, transportation and exhibition.”¹⁰¹⁷

In 2004, Sui Hongjin, von Hagens's former partner and deputy director of the Anatomy Department at Dalian Medical University, registered another company named “Dalian Hongfeng Biology Ltd.” Its main business is the manufacture and exhibition of human body specimens.¹⁰¹⁸ The two parties became each other’s biggest competitors.¹⁰¹⁹

A number of media outlets, including *Der Spiegel*, ABC, and the *New York Times*,^{1020 1021} reported on the operation of these two body plastination plants in Dalian. Profiles of the two companies are in the table below.

These were not the only body plastination plants in China. *Oriental Outlook* reported in 2003 that there were also plastination plants in Guangzhou, Shanghai, Nanjing, Qingdao, Shenzhen, Tai’an and elsewhere, and that China had become the world’s largest exporter of human specimens.¹⁰²² *Southern Metropolis Daily* reported on August 23, 2012 that mainland China had several dozen manufacturers engaged in human plastination.¹⁰²³

Table: Two body plastination factories in Dalian

Name	Von Hagens Dalian Plastination Company, Ltd.	Dalian Hongfeng Biology Ltd.
		
Location	Dalian High-Tech Industrial Zone, Qixianling	Dalian Lvshun Economic Development Zone, Guangyuan Street
Operator	Gunther von Hagens, German anatomist	Sui Hongjin, former professor at Dalian Medical University
Founded	August 1999	January 2004
Operational Details ^{1024 1025}	<p>World's largest production base for human body specimens</p> <p>Occupied 30,000 square meters</p> <p>Employed 200 workers for corpse processing; all had to sign confidentiality agreements</p> <p>Evidence shows that von Hagens paid the Chinese government to obtain corpses</p>	Occupies 30,000 square meters
Connections with Government Officials	Approved by Bo Xilai as Mayor of Dalian	Approved by Bo Xilai as Governor of Liaoning Province
Current Status	The production site was emptied after Wang Lijun's attempted defection to the U.S. Consulate	Still operating and expanding
Worldwide Exhibitions	At least nine themed exhibitions: Body Worlds Exhibition, RX, Decoded, Vital, Cycle of Life, Anatomy of Happiness Plastinarium, The Story of Your Heart, Menschen Museum, The Happiness Project	Real Bodies, Bodies Revealed, Bodies: The Exhibition, Human Bodies: The Exhibition, The Human Body

Trafficking Human Remains

Trafficking human cadavers has become a business. Plastinated specimens are publicly priced and traded. The Government of China calls for bids on such trades. Here are some examples:

Mudanjiang Medical College, teaching specimens and human services bid announcement¹⁰²⁶

【Mudanjiang city government Web site – government procurement】

Tender Date: June 30, 2011

Bid announcement: February 15, 2012

The successful supplier list: Dalian Hongfeng Biology Technology Co., Ltd.

The bid price: 997,000 yuan (approximately \$150,000 USD)

Tenderer Name: Mudanjiang Municipal Government Procurement Center

Contact: Mr. Feng, Mr. Teng

Sui Hongjin's Dalian Medical University Biology Plastination Ltd. is active in China's educational equipment procurement network, to which it sells plastinated specimens of all parts of the human body, such as the digestive system, nervous system, endocrine system, genitourinary (reproductive and urinary organs) system, respiratory system, sensory organs, embryonic development including "fetuses [of] 10 weeks to 32 weeks." The company also offers negotiable product prices.¹⁰²⁷



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企业免费开通展台

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产品

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公司介绍

企业档案

注册时间: 2011-05-18
更新时间: 2015-06-29
所在省份: 辽宁
企业性质: 厂商
主营产品: 生物塑化产品、标本、塑化标本、塑化设备、塑化试剂

联系我们

联系人: 郑岩
地址: 辽宁省大连市旅顺经济开发区广源街36号

产品详情

胎儿10周到32周

产品型号:

产品价格: **面议**

产品展商: 大连鸿峰生物科技有限公司

产品产地: 辽宁

发布时间: 2012-8-3

China's Educational Equipment Procurement Network

Products: Fetus 10 weeks to 32 weeks **Price:** Product price is negotiable

Exhibitor: Dalian Hongfeng Biology Technology Co., Ltd

Date: August 3, 2012 **Updated Date:** June 29, 2015

Introduction of products of Dalian Medical University Biology Plastination Ltd on the website of China's educational equipment procurement network

Von Hagens sold human specimens under the name of “anatomical teaching materials” to medical facilities all over the world. He later increased his revenue by selling admission tickets to view plastinated corpses in traveling exhibitions.¹⁰²⁸ Body Worlds also sells corpse cross-sections to private individuals. According to *Der Spiegel*, “A cross-section down the length of the body will cost €12,000 (\$17,800), while a cross-section across the body will be priced at €250, or €1,600 for a 16-slice set. A typical corpse can produce eight vertical cross-sections or 230 horizontal cross-sections.”¹⁰²⁹

Von Hagens also opened an online store to sell cadaveric organs at high profit margins. A complete human specimen was priced at 69,615 euros (about 700,000 RMB). Torsos started at 58,000 euros. A brain would go for about 23,000 euros. For buyers with a smaller budget, the web shop also offers transparent body slices for 121 euros each. Commercial exhibition of these specimens had earned von Hagens more than 900 million U.S. dollars as of 2012.¹⁰³⁰

Claimed Police Sourcing

When Sui Hongjin was asked about the sources of his corpses, he declared in August 2012, “The bodies are from [Dalian] Medical University autopsies. The origin is indicated as ‘body without record’.”¹⁰³¹ He emphasized, “From the first day when Dalian Hongfeng was established, no plastinated specimen we have offered has come from death row. Not one.” He also said, “At present, none of our plastinated human specimens are from donors... They come from people who died in hospitals and whose bodies were unclaimed.”¹⁰³²

However, according to regulations and autopsy rules issued by China’s Ministry of Health on February 22, 1979, medical colleges can use undocumented corpses that remained unclaimed after a month upon approval of a competent authority or police department.¹⁰³³ It is thus doubtful that bodies released by the police more than one month after death are used in Sui’s plastination plant. In order to show the intact tissue structure of the human body, it is crucial for the plastination procedure to be started as soon as possible. If prompt plastination is not possible, the corpses must be professionally preserved to prevent the decay process until plastination is completed at a later time.

In 2008, at the request of the Attorney General of New York State, Premier Exhibitions posted a disclaimer¹⁰³⁴ on the exhibition’s official website and at the New York exhibition site, citing “Dalian Hongfeng” as the source of human body specimens:

“This exhibit displays human remains of Chinese citizens or residents which were originally received by the Chinese Bureau of Police. The Chinese Bureau of Police may receive bodies from Chinese prisons. Premier cannot independently verify that the human remains you are viewing are not those of persons who were incarcerated in Chinese prisons.”



Disclaimer by Premier Exhibitions

Von Hagens has denied using cadavers of Chinese citizens for plastination. According to *China Business Daily*, he said in November 2003 that his Dalian company was “the biggest human specimen manufacturing site in the world, importing more than 100 bodies from outside of China each year and producing at least 40 complete plastinated human specimens of various models.” However, an official at the Inspection and Quarantine Bureau of the Dalian Economic and Technology Development Zone disputed this claim: “More than a hundred bodies soaked in formaldehyde coming in through Dalian Customs? Absolutely impossible!” Mr. Wang from the Office of Human Genetic Resources Management also told reporters, “What is clear is that the von Hagens Dalian Plastination Company that’s engaged in the export and import of human substances has never filed any customs paperwork with my office.”¹⁰³⁵

Von Hagens’ company had also stressed that sources of bodies in China were plentiful and that the chemical materials and equipment used for plastination were two to three times cheaper than outside of China. This was effectively an admission that the bodies were sourced from within China.¹⁰³⁶

In August 2012, Rurik von Hagens—son of Günther von Hagens and CEO of the company Gubener Plastinate—said to *Deutsche Welle*: “The only bodies used in our exhibitions are ones that people donate while they are still alive. We have only ever used donated bodies ... even when we prepare bodies for universities, the bodies used are also ones that have been donated to us.” He also said in the same interview that, “In China we tried to establish a body donor program. There were some people who were interested. But we only ended up getting one actual donor.”¹⁰³⁷

However, *Der Spiegel* reported in its “Merchant of Death” article in 2004 that encrypted messages between von Hagens and his employees in Dalian showed that the rate at which the company received Chinese corpses between 2001 and 2004 was astounding.¹⁰³⁸ On November 12, 2001, a fully loaded truck delivered 31 corpses, 27 of men and four of women, via an underground tunnel to Von Hagens Biology Plastination Co. Ltd. Less than three weeks later, Sui Hongjin told warehouse staff to prepare for the arrival of 40 more corpses. In mid-January 2002, another 60 “complete” bodies arrived at the Dalian plant by rail in a reserved freight train car. According to a confidential report, between November 12, 2001 and mid-January 2002, “160 bodies” were shipped to the Dalian plant’s underground storage facility. Department head Zhou Rui warned that “Warehouse space is running out.”

Der Spiegel reporters went to von Hagens' Dalian plant in November 2003 to investigate. They recorded an inventory of 647 complete body specimens and 3,909 dismembered body parts, such as legs, hands, penises, etc. In addition, there were 182 embryos, fetuses, and newborns. The inventory of bodies was classified according to size, age and gender.

The corpses with defects were stored separately in a freezer, accompanied with records detailing flaws such as "skull open," "broken neck," etc. For example, body 03MI077 was tagged as "raw material." The cadaver was labeled "body of a man," about 1.66 meters tall, with a note adding, "missing left eye, foot and hand damaged." Container No.18 held a child's complete corpse whose number was 01MI092. It was labeled "worth exhibiting," with notes that the skull had been sawn open. A note on another corpse said "abdomen cut open crosswise..."

The horrors of the deaths displayed here are not limited to corpses of adults. The database of "embryos and fetuses" in storage contained a detailed record for a 9-month-old fetus. The specimen, numbered 01BR01, was deposited in the company's warehouse on March 26, 2001: gender: male, nationality: "mainland Chinese." The "source" of the preserved fetus was clearly marked "police."

To counter accusations by *Der Spiegel* that he was using cadavers of executed Chinese prisoners, von Hagens also told a *Deutsche Welle* reporter in 2004 that he "immediately instructed the Chinese Dalian factory workers to check the inventory of 650 corpses to see whether any heads had gunshot wounds." The result was that only seven heads were found with bullet holes.¹⁰³⁹ All 650 corpses in its Dalian plant were Chinese, yet only seven could have been executed prisoners.

As with organ donation, because of cultural inhibitions, almost no Chinese would donate their remains to human specimen plants. Sui acknowledged that no body donation had been received as of 2012. In addition, if most of the large number of corpses from the "police" are not those of executed prisoners or undocumented corpses that had "died in hospitals" as Sui claimed, then what are their real identities? Meanwhile, these plants "use corpses on an almost industrial scale."¹⁰⁴⁰

Excerpt of Conversation with Sui Hongjin, Chairman of Dalian Hongfeng

Below is the translation of the transcript of a call made to Sui Hongjin by an investigator from the World Organization to Investigate the Persecution of Falun Gong.¹⁰⁴¹ The investigator assumed the identity of a Party investigator and asked Sui about his business operations, including the provenance of the corpses. The call was made in late 2012, a period of great political uncertainty in China and not long after the purge of Bo Xilai. Investigations were being launched into many of Bo's former colleagues, as well as his wife, Gu Kailai. These conditions would have helped to give Sui Hongjin the impression that he was indeed speaking to a Party disciplinary investigator.

Investigator: What channels served as your main source of bodies?

Sui Hongjin: Dozens of corpses came from Public Security. They were procured by the Public Security Bureau.

Investigator: Then they are from the police. How many cadavers have you received thus far?

Sui Hongjin: I can't remember now, perhaps dozens...if you come in person to investigate, I will discuss the matter with you. It's not convenient to talk on the phone.

Investigator: Which Public Security Bureau supplied you?

Sui Hongjin: Dalian, the Dalian Public Security Bureau.

Investigator: So the source of the dead bodies you used was from the Public Security Bureau. Do you know where they got them?

Sui Hongjin: They ... how do I put it, this was in 2004, there was once an internal report, a report to the Ministry of Public Security ... because for some specific subjects, I only ask for a result. I cannot ask for too much detail ... because I know this is a sensitive matter. I'm willing to cooperate with your investigation ... if necessary, I can be interviewed, if you need a signed statement that is not a problem. I stand by what I say.

Much like China's organ transplant industry, the abrupt rise of body plastination plants took place alongside the communist regime's campaign to crush Falun Gong adherents in July 1999. Bo Xilai, then-mayor of Dalian, and his wife, Gu Kailai, sought to gain higher positions and actively joined Jiang Zemin's campaign against Falun Gong. In 2000 and 2001, Bo Xilai was promoted to Deputy Secretary of the Liaoning Province Communist Party Committee. After that, he was made Acting Governor of Liaoning Province, and finally Governor in 2002. During this time, he invested one billion RMB to carry out prison expansion and reconstruction throughout the province, and to build new large-scale prison facilities.¹⁰⁴²

At the time, Falun Gong practitioners from all over China went to appeal to the central government in Beijing and were arrested. Bo Xilai assumed custody of many of these petitioners and put them in prisons under his control. Liaoning became the notorious center of live organ harvesting of Falun Gong practitioners. In the vicinity of von Hagens' and Sui Hongjin's plastination plants are Liaoning Province No.3 Prison, Dalian Nanguanling Prison, Dalian Labor Camp, Yaojia Detention Center, and others.

Chinese Government Auspices

On July 17, 2006, nine Ministries of the Government of China jointly issued the *Exit and Entry of Corpse and Cadaver Disposal Regulations*, prohibiting cadaver trading and the use of dead bodies for commercial activities. The regulations became effective on August 1, 2006.¹⁰⁴³

Sui Hongjin's human specimen business was not affected by the regulations. Instead, it began to grow and thrive. On November 23, 2010, *Dalian TV* reported, "Dalian Hongfeng Biological Technology Co., Ltd. conducts business with more than 100 world-famous museums, and its annual revenue has reached more than 200 million yuan."¹⁰⁴⁴

On December 15, 2008, Dalian Hongfeng Biological Technology Co., Ltd. was selected by the Dalian Municipal Government as one of the "high-tech enterprises" to receive tax incentives. In May 2009, Dalian Hongfeng opened its first "Mystery of Life Museum" in Dalian in 2009. It was touted as "the only comprehensive museum in the world where the first signs of life can be seen." According to Sui Hongjin, the "exhibition center was funded and supported by the Ministry of Finance and the China Association for

Sciences; it was held in high regard and received support from various ministries and provincial and municipal leaders.”¹⁰⁴⁵

In 2014, Sui Hongjin opened a Mystery of Life Museum in his hometown of Suzhou with a 220 million RMB investment. It now serves as a national base for the promotion of science for the Chinese Society for Anatomical Sciences.¹⁰⁴⁶ In December 2015, he opened another museum in Chengdu, Sichuan Province.



Part of the display of Dalian Hongfeng the “Mystery of Life Museum”: The Lovers, Womb Fetus, and Mother and Baby Siamese specimens

The museums’ website stated that its worldwide exhibition has visited 43 countries and more than 110 cities in 12 years, attracting more than 40 million visitors. It also stated, “Party and national leaders Li Changchun and Jia Qinglin visited the Dalian museum in 2013 and 2014 and gave it high praise. Scientists from other countries, academicians, and provincial and ministry-level officials have visited and provided guidance.”¹⁰⁴⁷ It is clear that Sui Hongjin had the support of not only Dalian city officials but also the central Communist Party leadership.

Opposition

The skinless human bodies and parts have been displayed in various artistic, educational, and scientific settings all around the world. The “Real Bodies” exhibition website says, “This is a great exhibition for all ages to enjoy, we recommend children aged 4 years and over will get the most out of their exhibition experience... Yes, the exhibition can accommodate prams and strollers.”¹⁰⁴⁸ In Las Vegas, “Tickets for children ages 3-12 are available for \$15 plus fees.”¹⁰⁴⁹

However, the exhibitions have been criticized by some patrons for its negative psychological impact. A mother who has a medical background called ABC Radio Sydney after taking her two children to the exhibition, which had a gloomy effect on them.

Skinning a person (even if dead) is considered unusual cruelty. According to psychologist Deborah L. Davis, “when you witness cruelty and empathize with the victim, you experience the trauma vicariously. That’s why witnesses to violence are considered to be victims too.”¹⁰⁵⁰ If the witness sides with the aggressor, it can compel them to behave aggressively themselves. Children are especially vulnerable to the effects of exposure to cruelty.

Some government bodies have barred the exhibits due to concerns regarding ethical sourcing of bodies. For example, in April 2009, a French court closed the body exhibition in Paris.¹⁰⁵¹ Hawaii also introduced legislation in July 2009 to shut down "Bodies...the Exhibition," which displays "unclaimed bodies" from China.¹⁰⁵² In 2010, The Seattle City Council unanimously voted to ban the cadaver exhibit "Bodies" from returning to the city after outlawing commercial displays of human remains that don't have proof of consent.¹⁰⁵³ The Supreme Court of Israel closed down the "Bodies" exhibition in Tel Aviv in 2012 ahead of its scheduled closing date.¹⁰⁵⁴ In 2017, one of Prague's mayors tried to invoke a city ordinance dictating that corpses must be buried and cannot be placed on public display without prior written permission from the deceased.¹⁰⁵⁵

Following these bans, the Czech Republic promulgated the amendatory Burial Act to prevent future body exhibits from proceeding without proper consent from the deceased or their family on July 7, 2017.¹⁰⁵⁶

In Germany, where body plastination technology originated, the "Menschen Museum" opened in the Berlin district of Mitte in February 2015. The district expressed concerns over the exhibition even before its opening and has since launched a legal dispute against the museum. The Higher Administrative Court (Oberverwaltungsgericht, OVG) of Berlin-Brandenburg first decided to close the exhibition in December 2015, and it received support from the Federal Administrative Court (Bundesverwaltungsgericht) in July 2016.¹⁰⁵⁷ ¹⁰⁵⁸ The museum thereupon changed its legal form to avoid closure. Thus, the legal procedure had to be reopened in December 2016.

In September 2017, the Berlin Administrative Court (Verwaltungsgericht) allowed only plastic bodies and body parts with declarations of consent to be displayed. The museum had to close temporarily, and ten plastinated bodies that did not have declarations of consent had to be covered with aluminum foil. In March 2018, the decision of the Higher Administrative Court of Berlin-Brandenburg required that whole plastinated bodies without consent be removed from the exhibition. It required, further, that the museum provide proof of consent for the remaining exhibits. The court will announce a final decision on whether the exhibition can remain in the autumn of 2018.¹⁰⁵⁹

Most countries have not yet enacted legislation prohibiting the importation and exhibition of body parts that lack evidence of consent for donation, enabling these exhibitions to continue operating profitably. Nevertheless, opposition is growing, and more legal actions are being commenced to stop the exhibition of bodies that may be unethically sourced.

III. Whistleblowers

Whistleblowers have provided invaluable testimony as our investigation has been conducted in the face of an information blackout. Although these testimonials cannot all be directly and completely verified, many have been corroborated by other evidence that emerged later. In the context of new findings that reveal a massive transplant industry in China, they have provided some pieces that were otherwise missing from the larger puzzle.

Employee of Sujiatun Hospital in Shenyang



On April 20, 2006, the witness appeared at a rally in front of the White House and publicly exposed the forced organ harvesting taking place in China.

The issue first came to light on March 6, 2006, when “Annie,” an employee at Sujiatun Hospital in the city of Shenyang in northeastern China from 1999 to 2004, made a public statement that as many as 4,000 Falun Gong practitioners had been killed for their organs at the hospital where she worked.¹⁰⁶⁰

Her husband, a surgeon at the same hospital, told her that the hospital housed Falun Gong practitioners and murdered them for their organs. He admitted to personally removing the corneas from approximately 2,000 Falun Gong prisoners in the two years leading up to October 2003. None of the “donors” survived because other surgeons extracted their vital organs and their bodies were then cremated.¹⁰⁶¹

“The hospital only had a small number of officials and participating medical staff who knew about this. It was taboo, and everyone stayed away from the subject because they feared for their lives and wanted to avoid trouble. Only highly trusted doctors could be selected as organ procurement surgeons. Starting in 2001, my [husband] participated in organ procurement surgeries. He initially concealed it. After some time, in 2003, I found that he was in a lot of pain. He often had nightmares and was terrified. After I questioned him repeatedly, he finally told me what was going on. He said, ‘You don’t how much pain I’m in, because these Falun Gong practitioners were alive.’”¹⁰⁶²

“Our hospital’s employees called this place ‘the cremator.’ Actually, it was a boiler room. The employees said that some of the [Falun Gong practitioners who had their organs removed] were incinerated while they were still alive.”

“Starting in 2001, our hospital started detaining Falun Gong practitioners. In the beginning, these people were held in the shacks behind the hospital. The hospital later had the shacks removed. According to someone at the hospital who was familiar with the situation, these Falun Gong practitioners were moved to a secret underground facility. There are huge underground facilities within the hospital. At the time, a

procurement manager revealed that there was a surge in the amount of food, surgical gloves, and daily necessities being ordered. He estimated, by the magnitude of this increase, that the hospital was holding at least 6,000 Falun Gong practitioners.”

Annie mentioned in the statement that her husband had a dedicated mobile phone for these particular operations; whenever and wherever he received a call on this phone, he immediately went to perform organ operations. He sometimes had to do a few operations a day. He told her that the victims were Falun Gong practitioners, most of whom were young and healthy. They were transferred from Dabei Prison, Masanjia Labor Camp, and other prisons without any documentation.¹⁰⁶³

The couple ultimately managed to escape to the United States. Annie is not a Falun Gong practitioner.¹⁰⁶⁴

In response to Annie’s allegations, David Kilgour and David Matas launched an independent investigation in 2006. After months of research, including undercover interviews with doctors throughout 12 provinces in China, they came to “the regrettable conclusion that the allegations are true.” Kilgour and Matas later compiled their findings in the book *Bloody Harvest*.¹⁰⁶⁵

Over a decade later, in October 2017, TV Chosun visited the site of this hospital, including the “cremator” boiler room mentioned by Annie. The surrounding residents told foreign reporters that they had never heard of “live organ harvesting.” While the boiler room, surrounding structures, and wall remained intact, the smokestack was no longer there.



Left: boiler room and smokestack (photo taken over 10 years ago)

Right: Photo by TV Chosun in October 2017. The boiler room and surrounding structures remained almost the same, while the smokestack had disappeared

Military Doctor in Shenyang

On March 31, 2006, three weeks after Annie’s testimony, the horrific allegations were validated in a letter written to the *Epoch Times* by a person who identified himself as a senior military doctor who belonged to the General Logistics Department of the Shenyang Military Command.^{1066 1067}

He wrote, “Sujiatun is one of 36 similar secret detention facilities. From the information I can access, Jilin has the largest camp that detains Falun Gong practitioners. This camp is identified as number 672-S. There are more than 120,000 people detained there, including Falun Gong people from throughout the country, serious offenders, and political prisoners. Just the Jilin Jiutai region, which has the fifth-largest secret detention facility holding Falun Gong practitioners, held more than 14,000 of them.”

According to this military doctor, who chose to remain anonymous for his safety, “... from 1962 through today, the Chinese Communist Party’s Central Military Commission has had documentation directing that all death row and serious offenders may be treated according to the needs of national and socialist development and can be dealt with according to the ‘revolutionary protocol’.”

“The seizure of organs from serious offenders was legalized by a supplementary regulation enacted in 1984. Many local public security departments dealt with this either by directly transplanting from these people and cremating them afterwards, or by wounding them, forming death rituals, directly transplanting, and then cremating them. After 1992, the development of many industries in China led to a sharp increase in the costs of industrial raw materials, and human bodies became commodities. Both living bodies and corpses became commodities.”

“At present, the Chinese Communist Party Central [leadership] defines Falun Gong members as an enemy class. This means that there is no need to report it if they are treated in accordance with the needs of economic development. In other words, like serious offenders, Falun Gong people are seen no longer as human beings but as raw materials for products.”

The same military doctor wrote again to the *Epoch Times* in April 2006 to give more details about the process:

“All information pertaining to these activities is regarded as a military secret. The Central Military Commission authorizes relevant military personnel and units to oversee these matters. He/she has the authority to arrest, detain or execute any doctor, police officer, or researcher who leaks information.”

“Organ transplantation is managed by the military. That means the military system is the core organization managing this type of thing. This cannot be matched by local government agencies, because once it becomes a military secret, there’s no way to obtain information—I believe everyone knows how the military system operates. So, more attention is needed on the many military facilities; that’s where the real concentration camps are.”

“Anyone targeted for organ transplantation would be taken away from prisons, forced labor camps, detention centers, secret camps, etc. At that point, their real name would be replaced with a code corresponding to a forged voluntary donor’s name ... the next step would be to undergo the live organ transplant ... this person is seen no longer as a human being but as an animal. [Doctors] who have

performed one or two cases may still have some lingering fear, but after tens of thousands of live transplants and destroying the bodies while still alive, one becomes numb.”¹⁰⁶⁸

“All organ sources targeted are said to be voluntary. Falun Gong and other inmates use their real names during custody. However, a forged name is used during organ transplantation. They become a fictitious person, but this person's information is complete. There was also a signature on the voluntary organ donation form, but of course it was signed by someone else.”

“I have seen more than 60,000 such counterfeit forms. Basically, it says that the person voluntarily donates the organ and bears all the consequences. Many signatures were from same person's handwriting.”

“These materials will be kept for 18 months and be destroyed afterwards. They are kept at the provincial level of military commands and can be accessed only with approval from the commissioner(s) of the Central Military Commission.”

“In fact, the number of underground, unofficial organ transplants in China is several times higher than the official figures. With an abundant source of living organs, many hospitals with military backgrounds also engage in large-scale organ transplantation in private, in addition to the official reports they submit to their superiors.”

“Among the products exported from China are a massive number of living bodies. The so-called living body export is when someone meets the requirements of a combination of parties inside and outside of China, they would be sold to foreigners in the form of merchandise. The organ transplants are conducted outside of China. After the transplant, the body is cremated just the same (China has overseas organizations specifically for disposing of such bodies; many Chinese consulates have been involved). Among all exported products involving living bodies, China's output value is the highest in the world. There are forged consent documents for almost all of these exported living bodies. I'm not familiar with the specific methods.”

“China is the center of international live organ trading and has accounted for more than 85% of the total number of live organ transplants in the world since 2000. According to the data reported to the Central Military Commission, a few people have been promoted and became Generals due to their ‘achievements’ in this field.”

Australian Senator Derryn Hinch told the parliament in 2016 that he was encouraged to travel to China for an organ transplant. When he inquired about the organ source in China, a Chinese businesswoman told him, “Don't worry about China; there's a hospital in London. A lot of Middle Eastern people go there, and you can buy an organ.”^{1069 1070}

Healthcare Worker in Jinan

On April 14, 2006, a worker employed in Jinan's healthcare system for more than 20 years wrote to the overseas newspaper *Renminbao*:¹⁰⁷¹

“The Shandong Qianfoshan Hospital and the Police General Hospital of Shandong Province colluded with the prisons and forced labor camps in a large-scale operation to conduct live organ harvesting for transplants. The hospital obtained directives from Central [leadership of the Chinese Communist Party] and was fully involved.”

“Both the Shandong Qianfoshan Hospital and the Shandong Police General Hospital (commonly known as Laogai Hospital, since such hospitals belong to the labor camp system) directly participated in organ harvesting from Falun Gong practitioners. These hospitals received and fully cooperated with instructions directly from the central level of the Communist Party. Many transplants using organs from living practitioners were performed by these two hospitals, which partnered with Shandong Provincial Prison, Shandong Province Women's Prison, and other prisons and forced labor camps. These institutions streamlined the supply of organs, including surgeons, extraction of organs, transplantation, distribution of profit, etc. ... The bodies of Falun Gong practitioners were used for hospitals' interns to conduct experiments.”

“Qianfoshan Hospital partnered with the Tianjin Oriental Organ Transplant Center to establish the Shandong Liver Transplant Institute. It boasted the largest transplant volume and the most advanced technology in liver transplantation in the province. The center also performed kidney, testicular, lung, and corneal transplants.”

The hospital has 800 beds, over 300 senior technical personnel, 44 doctoral and graduate advisors, and more than 90 part-time professors from Shandong University.

Vice President of a Medical University and Official of the Ministry of Public Security

In 2014 and 2015, Yang Guang, an expert in Chinese issues who resides in Denmark, reported to the *Epoch Times* and *New Tang Dynasty Television* about two of his friends. One was a vice president of a medical university in northeastern China in charge of logistics for two of its affiliated hospitals. Before 2009, he had been put in charge of the two hospitals, each of which conducted 2,000 to 3,000 organ transplants every year. The real name and former workplaces of Mr. Yang's first friend were verifiable online. There was no attempt to contact the witness because of the dangers to which the contact would expose him. The names of both hospitals and the witness have been redacted for safety concerns.

Below are excerpts of the account of the first friend.

“The two affiliated hospitals of our university conducted 2,000 to 3,000 organ transplantation surgeries each year. Due to a pool of living organ sources, tissue matching took less than a month, sometimes as short as 48 hours...The 610 Office (the Communist Party bureaucracy charged with eradication of Falun Gong) transported organ sources to the hospitals in prisoner transport vehicles. Once the tissue matching was verified, the transplants were performed. After the surgeries, the bodies were cremated... We only get serial numbers [of the ‘organ sources’] and knew only that they were Falun Gong practitioners. Such cases accounted for 90% of transplants in the hospitals. The whole process was monitored by the members of 610 Office... We were required to maintain strict secrecy. All the serial numbers and data of organ transplants were reported to the supervising Chinese Communist Party Committee at the end of each year, and then were removed from our computers under the supervision of 610 Office personnel.”¹⁰⁷²

“Beginning in 2000, the 610 Office started to supply us organs of Falun Gong practitioners. There were no names or addresses, just their gender, age, and a serial number. Whenever our hospitals sent medical teams to collect blood samples from the prisons, labor camps, and brainwashing centers, I had to prepare the tools, drugs, and coolers and provide transportation. I have the complete records in hand ... The military and police hospitals usually conduct more transplants than civilian hospitals.”

The vice president added that death row prisoners accounted for only a small number of all organs procured. Even in the ten biggest cities in China, no more than fifty prisoners were executed annually. Senior Chinese Communist Party officials and their relatives refused to accept organs from death-row prisoners. Those organs were usually reserved for foreigners who went to China for transplants. Prices for foreigners were not fixed. In some cases, those who had money and were desperate for an organ were charged up to \$2 million for a transplantation and hospital stay.¹⁰⁷³

Yang's other friend worked in the Ministry of Public Security and was in charge of informant stations in a major city on the coast of mainland China. During the New Year holidays in 2012, he told Yang that as far as he knew, over the past decade, at least 500,000 Falun Gong practitioners' organs were harvested for transplants in civilian hospitals in China. This number did not include those from hospitals affiliated with the armed police, military, and public security. The statistics of these hospitals were top secret, and even personnel in the Ministry of Public Security could not obtain them.¹⁰⁷⁴

IV. Phone Calls

Since Annie made her public statement about live organ harvesting in March 2006, the World Organization to Investigate the Persecution of Falun Gong (WOIPFG) has conducted phone interviews with members of the judiciary, military, armed police, and organ transplant centers in 31 provinces, municipalities directly under the central government, and autonomous regions.

Targets of the investigation have included members of the Politburo and the Politburo Standing Committee, the Vice Chairman of the Chinese Communist Party Central Military Commission, a CMC member and former defense minister, a former head of the People's Liberation Army General Logistics Department's Health Division, members of central and local Political and Legal Affairs Committees, agents of the 610 Office, transplant doctors in military and civilian hospitals all over China and an organ broker. Below are some examples.

Bai Shuzhong, former head of the People's Liberation Army General Logistics Department Health Division

On September 30, 2014, Bai Shuzhong,¹⁰⁷⁵ former head of the People's Liberation Army General Logistics Department Health Division, was asked questions by a WOIPFG representative who assumed the identity of a Party investigator. Bai said that former Communist Party leader Jiang Zemin had ordered the harvesting of organs from Falun Gong practitioners and that it was not limited to the military.

Bai served in this role from 1998 to 2004. As the top officer leading core institutions of the military health system, he would have been the main person responsible for conveying instructions to implement this extermination policy.

Investigator: When you were head of the health division for the People's Liberation Army General Logistics Department, regarding taking organs from the detained Falun Gong people for organ transplantation, was it an order from Wang Ke, then-director of the People's Liberation Army General Logistics Department? Or did it directly come from the Central Military Commission?

Bai: Back then, it was Chairman Jiang ... There was an instruction ... to carry out this thing, that is, organ transplantation ..., Chairman Jiang had an instruction that said this... about people selling kidneys for transplant surgeries. Thus, I should say, it was not just the military that was doing kidney transplants.

Investigator: We also obtained some intelligence, that is to say, back then, the Joint Logistics Departments [of the Military Regions] had detained a number of Falun Gong people as live "organs", is that true?

Bai: This, this is back then, ah, I think, at least this is how I remembered, because back then after Chairman Jiang issued instructions, we all did a lot of work against the Falun Gong practitioners.

Investigator: You guys [the People's Liberation Army General Logistics Department] and the Joint Logistics Department No. 1, Joint Logistics Department No. 2, including the Joint Logistics Department No. 4 subdivision, and the military hospitals they were in charge of, do you have a supervisory relationship with them?

Bai: We directly control the military medical universities. They are directly affiliated with the People's Liberation Army General Logistics Department, and they received repeated orders, because Jiang paid a lot of attention to this matter back then and put a lot of emphasis on this matter ... Jiang, when he was in the position, put a lot of emphasis, he gave instruction on this.

Chen Qiang, Organ Liaison at People's Liberation Army Hospital No. 307

In Fengtai, Beijing, Chen Qiang, a kidney source liaison at the People's Liberation Army Hospital No. 307, provided further evidence that many Falun Gong practitioners who went to appeal to the central government were secretly detained. They were given code numbers in the system and became living organ sources.¹⁰⁷⁶

The following is an excerpt of the recorded dialogue between Chen Qiang and an investigator who was under the guise of a relative of a patient looking for organs (April 10, 2007, 3:09-3:28am EDT).

Investigator: ...by the way, how could you be so sure he [the source] was a Falun Gong practitioner? Did you find out for sure?

Chen: How to identify a Falun Gong practitioner? Well, when the time comes, then our side, our boss will have people showing you information. You can be sure. We have connections with government officials. There are connections to high-ranking officials. I will show you such material even if you don't ask me for it.

Investigator: I heard from others that, several years ago, the Falun Gong practitioners did not disclose their names after they were taken away. There are quite many of this type.

Chen: What you said was what happened in 2003. I understand what you said. Those who didn't provide their names were in the 2003 records. You need to find them from the 2003 archival records.

Investigator: Were there many in 2003?

Chen: Oh yes. In 2003 records, there were many Falun Gong people.

Investigator: You know that several years ago, they secretly detained many Falun Gong practitioners who went to appeal but did not provide their names. There were no records, no registrations.

Chen: Yes, this is quite normal. If Falun Gong practitioners did not give their names, they would be given a code. If their names couldn't be identified, there would be their code numbers. Also, one can be tracked by fingerprints. That's how the source can be tracked. Nowadays in our society, especially for these types of matters...like our boss, like the connections to the detention centers, I cannot say casually. We have close relationships with them. Since we are engaging in this business, we have our people in each and every department. How can you get things done if we don't have our connections? This thing is just like a supply line, you know?

Chinese Communist Party Officials

WOIPFG investigated a number of Politburo Standing Committee members, a vice chairman of the Chinese Communist Party Central Military Commission, and a Central Military Commission member.¹⁰⁷⁷

*Li Changchun, Politburo Standing Committee member*¹⁰⁷⁸

On April 17, 2012, Li Changchun, a Politburo Standing Committee member, was asked by an investigator who assumed the identity of the chief secretary of Luo Dan about “the use of organs from detained Falun Gong practitioners for organ transplants and possible conviction of Bo Xilai for doing that.” Li replied, “Zhou Yongkang is in charge of this specifically. He knows this.”

*Liang Guanglie, former Secretary of Defense*¹⁰⁷⁹

Between May 4 and May 10, 2012, Liang Guanglie, former Secretary of Defense, former People’s Liberation Army Chief of Staff, and member of the Central Military Commission, was investigated by WOIPFG during a visit to the United States. The investigator assumed the identity of a member of special group investigating Wang Lijun.

Regarding the use of Falun Gong practitioners’ organs for transplants by Class 3A military hospitals, Liang replied, “I’ve heard about it ...I did not take care of that thing. I was in charge of military affairs, instead of the logistics and medically related [affairs].” When asked about this, he stated, “it was discussed” during a Central Military Commission meeting.

*Wei Jianrong, official of the Central Political and Legal Affairs Committee*¹⁰⁸⁰

In September 2008, Wei Jianrong, former deputy director of the Central Political and Legal Affairs Committee, stated that organ harvesting from detained Falun Gong practitioners had “happened a long time ago.” The investigator had assumed the identity of an official of the Ministry of State Security.

*Tang Junjie, official of the Liaoning Political and Legal Affairs Committee*¹⁰⁸¹

In April 2012, when answering an investigator's question on “what kind of directions or commands did Bo Xilai give regarding organ removal from Falun Gong practitioners?” Tang Junjie, former Deputy Party Secretary of the Liaoning Political and Legal Affairs Committee, said, “I was asked to take care of this task. The Party’s central [leadership] is actually taking care of this. The impact was quite big...” He added, “At that time, it was mainly discussed during the meetings within the [Politburo] Standing Committee.”

During this investigation, the WOIPFG investigator assumed the identity of a member of the Bo Xilai special investigation group under the Party’s Central Committee for Discipline Inspection.

CHAPTER IX

Latest Developments and Implications

The European Parliament and the U.S. Congress passed resolutions (*2013/2981(RSP)*¹⁰⁸² and *H.Res.343*¹⁰⁸³ respectively) condemning China's "systematic, state-sanctioned organ harvesting from non-consenting prisoners of conscience." International academic and professional societies have imposed embargoes on research from China on ethical grounds. Israel, Spain, Italy, and Taiwan have criminalized transplant tourism to China for the purpose of obtaining illicitly sourced organs.

In response to international condemnation, the representatives of China's transplant industry have repeatedly promised reform and announced in January 2015 that they have stopped using illicit organs for transplants. They presented ambitious blueprints for an ethical transplant framework at high-profile conferences and led international experts on tours of a few transplant centers. China's seemingly overnight transition to ethical organ sources has been endorsed and even promoted by some international organizations, who have hailed its system as a model for other regions. Many academic institutions and companies have renewed their collaboration with the Chinese transplant industry.

However, new evidence, including on-site investigations by a major Korean TV station, reveals that organ sources remain abundantly available, transplant hospitals continue to perform transplants at full capacity on a scale far greater than China's official figures indicate, and foreigners continue to travel to China for organs in large numbers despite official statements that transplants for foreign patients have been strictly forbidden and discontinued.

China has begun the global expansion of its "Chinese model," an organ donation and transplantation system that, in reality, relies on the killing of innocents.

I. 2017 On-Site Investigation Found Thriving Transplant Tourism to China

The Ministry of Health issued a ban on organ tourism to China in 2007 in "Notice No.110 [2007]: Notice of the General Office of the Ministry of Health on the Issues concerning the Application by an Overseas Person for Human Organ Transplantation;"¹⁰⁸⁴ hospitals found to be in violation would have their transplant qualifications suspended. Huang Jiefu stated both in China and abroad, "China strictly limits organ tourism."¹⁰⁸⁵ "Since 2016, there has not been a single foreigner coming to China for transplant tourism. The data released by international agencies match the ones we gave."^{1086 1087} However, an on-site investigation by South Korea's TV Chosun in 2017 showed a steady stream of international patients receiving organs at one of the largest transplant centers in China.

On October 23 and 24, 2017, investigative reporters from TV Chosun visited the Oriental Organ Transplant Center (OOTC) at Tianjin Central Hospital. It later broadcast its one-hour documentary on transplant tourism to China.¹⁰⁸⁸

According to TV Chosun, South Korea has 32,000 patients waiting for liver and kidney transplants each year. Only 10% of them can receive transplants in South Korea, and most die while waiting for a new organ. The median wait time for a kidney transplant there is five years. Since the year 2000, many South Korean patients have flocked to China, where they buy organs at high cost with waiting times quoted in weeks. There are eight transplant hospitals in China often chosen by Korean patients for this purpose. For example, Tianjin Central Hospital admits about 1,000 transplant patients from South Korea each year.¹⁰⁸⁹

A map in the hospital lobby indicates that its International Medical Center occupies a significant portion of two buildings used specifically for transplantation.

Table: Building and floor map at Tianjin Central Hospital

Building A		Building B	
14 th floor	Equipment Floor	14 th floor	Equipment Floor
13 th floor	Recovery Room	13 th floor	Operating Room
12 th floor	ICU For Transplant Dept. Operating Room	12 th floor	Anesthesiology Dept.
11 th floor	Organ Transplant Center	11 th floor	International Medical Center
10 th floor	International Medical Center Special Wards	10 th floor	International Medical Center
8 th floor	Organ Transplant Center	8 th floor	Thoracic surgery Dept.
7 th floor	Organ Transplant Center	7 th floor	Respiratory Dept.

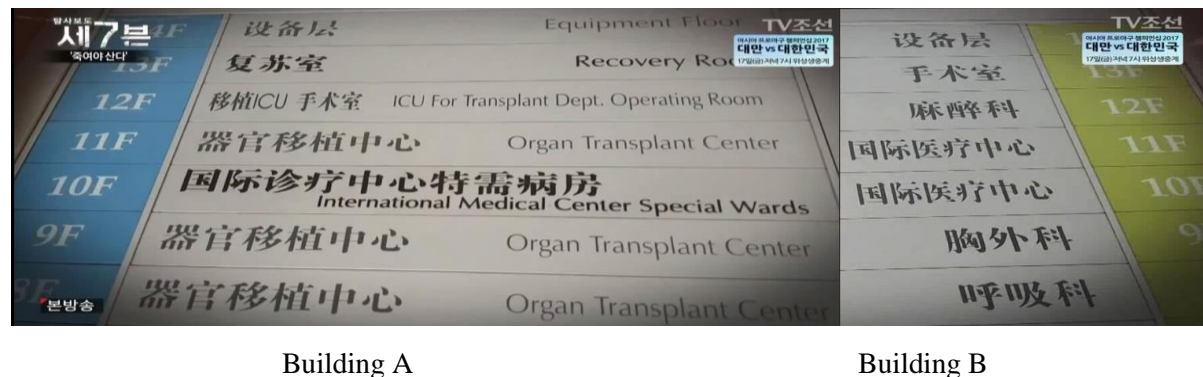


Figure. Map of the Oriental Organ Transplant Center (OOTC) in the lobby at Tianjin Central Hospital in October 2017

The reporters visited Tianjin Central Hospital posing as a potential patient's relative. A nurse of Korean ethnicity responsible for the reception and orientation of Korean transplant patients said, "Our transplant center runs a large-scale operation and has a lot of patients," so it "still conducts transplants for foreigners."

She showed that in addition to its international transplant wards, the hospital has prepared hotel-style wards specifically for foreign patients; the 16th floor in a nearby hotel specifically accommodated Korean patients and their relatives. She also showed the largest patient room and introduced the patient as a Middle Easterner, whose transplant costs would be paid directly by his country's embassy, adding that there have recently been more patients from the Middle East than from South Korea.

The nurse revealed that the international transplant department “did 3 kidney transplants [including one combined kidney-pancreas transplant] and 4 liver transplants yesterday. One of the patients waited for two weeks. One patient who had a combined kidney-pancreas transplant waited more than a week. Another one waited for fifty days.”

As analyzed in an earlier case study, this center has more than 500 transplant beds and utilization rates of greater than 130%. The relative size of its international and domestic transplant facilities, external hotel capacity, the number of transplants reported by the nurse, and operating room utilization observed by journalists together suggest that the center continues to perform at its full capacity of more than 8,000 transplants per year.

Below is a recorded dialogue between an attending physician in charge of kidney transplants and the reporter regarding waiting times and ways to expedite a transplant:

Doctor: Some people need to wait for a week.
Some people can get the surgery in less than two days.
There are also ones who wait for a long time, say a month, a month and a half.
Some faster ones took only a week or a few days.
If you want to arrange the surgery faster, you need to donate to our foundation.
That is to say: to expedite the surgery, you need to make an extra donation on top of the regular cost.

Reporter: How much is needed?

Doctor: 100,000 RMB (about 15 million won or \$13,000 USD)

Reporter: How much is the regular cost for the operation?

Doctor: A kidney transplant is 120 million to 140 million won (about 900,000 RMB or \$120,000 USD). I'll tell the dean you want to make extra donation above the regular charge.
If the dean agrees, we can speed it up.

Reporter: Since we're doing the surgery, can you choose an organ from a young person?

Nurse: We don't use organs from the elderly. We will also choose in the patient's interest.
It's all like that—[we] all want good, young organs. Nobody wants elderly people's organs.

The reporters observed that the operating rooms were busy at all hours of the day. Even late into the night, groups of medical staff took turns performing transplant surgeries one after another. This on-site investigation showed that the hospital still conducts organ transplants at full capacity.

II. Breaking Through Constraints

Demand Outstripping Capacity

Millions of patients in China need organ transplants each year.^{1090 1091} In 2017 alone, there were two million end-stage renal disease patients. In addition to a surge of transplant tourism from other countries (see “Continued Growth Despite Exposure”), the past decade has seen a building boom among transplant hospitals, with medical teams routinely performing transplants around the clock. However, the increased capacity of transplant centers still cannot meet the demand, driving high bed utilization rates and transplant volumes.

For example, a *People’s Daily Online* report on January 20, 2011, stated, “In a ward at the **First Affiliated Hospital of Zhejiang University**, where Zheng Shusen is located, currently lay more than 50 patients in urgent need of liver transplants ... At the Tianjin First Central Hospital’s Oriental Organ Transplant Center, there are no fewer than a thousand late-stage liver disease patients registered on the waiting list for liver transplants...”¹⁰⁹²

The **Third Xiangya Hospital of Central South University** had over 1,000 people waiting for an organ in November 2012.¹⁰⁹³ As of 2013, the **No. 309 Hospital’s PLA Organ Transplant Research Institute** had 5,000 to 6,000 patients waiting for transplants each year.¹⁰⁹⁴ The **First Affiliated Hospital of Xi’an Jiaotong University** also had over 1,000 patients waiting for transplants in April 2015.

As of January 2018, the **West China Hospital of Sichuan University** had 1,700 patients waiting for kidney transplants. The hospital began performing incompatible blood type kidney transplants in 2014, shortening the wait time for a subset of patients.¹⁰⁹⁵

Case Study: Transplants Centers with 100-200% Bed Utilization



Figure: Tianjin Medical University General Hospital

The **Tianjin Medical University General Hospital** performed Tianjin's first, and China's second, intestinal transplant in 1995. It was among the earliest to start performing allogeneic liver transplants.¹⁰⁹⁶ Its lung cancer surgery department is subordinate to the Tianjin Lung Transplant Center.¹⁰⁹⁷ By the 1980s, its urologic surgery department had already performed 90 kidney transplants. It was also the first in Tianjin to carry out clinical heart transplants. In the 1950s, its ophthalmology department became one of the first in China to begin conducting corneal transplants.¹⁰⁹⁸

Despite the expansion of its facilities, the hospital's website showed that its organ transplant programs continued to operate over capacity as of 2016:

- Its organ transplant research institute, which conducted liver, small intestine, and other abdominal organ transplants, had 208 beds and averaged a 115% utilization rate.¹⁰⁹⁹
- Its lung cancer surgery department includes the Tianjin Lung Transplant Center, which had 110 beds for its professional clinical team and admitted an average of over 160 inpatients per month.¹¹⁰⁰
- Its urologic surgery department conducted kidney transplants, had 96 beds, and admitted up to 150 inpatients per month.¹¹⁰¹
- Its ophthalmology center carried out corneal transplants, had 42 beds, and admitted more than 100 inpatients each month on average.¹¹⁰²

Limiting Factors for Transplant Volume

Huang Jiefu addressed the limiting factors of organ transplantation in China during a televised interview on January 12, 2015.¹¹⁰³

“The first is an economic reason. A transplant surgery is very expensive, and not many citizens can afford the medical costs. The second is that even though we have such well-qualified hospitals, there aren't that many experienced and skilled doctors. Only the third is that there are not that many donor bodies; even though donor bodies are abundant right now, there aren't that many hospitals and that many doctors that can [perform transplants].”

Additionally, in December 2016, Huang indicated that China's organ donation and transplantation system faced three challenges:¹¹⁰⁴

First: “Medical insurance has not fully covered the cost of an organ transplant. So they raised a proposal at the National People's Congress, and now kidney transplants are listed under severe illness, which is covered by medical insurance.”

Second: “Right now, China only has 169 approved transplant hospitals, and there are far from enough transplant surgeons.” Huang said that the number of transplant hospitals should be increased to at least 300 to 500.”

Third: “The United States has more than 1,500 people managing organ donation and transplantation, while China's NHFPC has only one or two part-timers.”

Huang's statements above indicate that the availability of organs is not the main limitation facing China's transplantation industry.

Case Study: 10 Free Liver Transplants

【公益】这些孩子危在旦夕，这里有价值百万的救命公益。

2017-06-02 12:00

你知道欢乐的六一儿童节，还有一些孩挣扎在生死的边缘吗？



吉林旅游广播

588 文章 43万 阅读

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The event public commercial on Jilin Travel Radio: Lives of these kids are in danger, here you go aids of value millions RMB

Between June 1 and June 30, 2017, Jilin Travel Radio and the Liver Transplant Center of the **First Bethune Hospital of Jilin University** held a joint promotion, offering free liver transplants for the first ten children to register, waiving more than 100,000 RMB in surgery fees.¹¹⁰⁵

The registration staff confirmed that there were abundant liver sources available and that those who fall within the screening criteria could get a transplant operation at any time.

Director Zhang Haiyu of pediatric surgery explained, “We have an especially large number of donations after cardiac death (DCD), very many on the adult side, so we’re doing them for children for a while.”

However, Mr. Liu of the organ donation office of the Jilin Province Red Cross said that the liver sources did not come from the Red Cross donation system. Meanwhile, the registration staff for free liver transplants at the radio station said, “As for the source of the livers...even if you go to the hospital and spend two hundred million yuan, it’s impossible to know the source of your liver, because this must be kept secret.”

The abundance of organs can also be seen in the following examples of the Chinese regime’s push to export organ sources and promote China’s transplantation model to markets outside of China.

In December 2014, Huang Jiefu went to Taiwan to propose the establishment of a “cross-strait organ exchange platform” to export human organs from the mainland to Taiwan, such that “patients would no longer need to travel from Taiwan to mainland China to undergo transplants.”¹¹⁰⁶

During a conference held in Guangzhou on August 22-23, 2015 by China’s Organ Procurement Organization Alliance, Huang Jiefu promoted China’s organ transplantation to the world in a *Bloomberg* interview, stating, “... The future transplant costs in China will still be the cheapest and most accessible in the world, and [the transplants will be] of high quality.”¹¹⁰⁷

Ambitious Plans for Growth

To overcome the infrastructure bottleneck, Huang Jiefu told *Beijing Youth Daily* in October 2015 that he wanted to increase the number of qualified transplant hospitals from 169 to 300 and train 400 to 500 young doctors.¹¹⁰⁸ *China Daily* later reported on May 15, 2016, that according to Huang, “China will increase the number of hospitals conducting organ transplants to 300 in the next five years.”¹¹⁰⁹

In January 2017, Huang estimated that China would perform 15,000 to 16,000 organ transplant surgeries in 2017, a figure that exceeds the previous official figure of 10,000 by 50-60%. His current figure of a 1:2 supply-to-demand ratio is 15 times that of the previously announced ratio of 1:30. Huang said, “We’re currently short of doctors, short of hospitals, short of coordinators ... We’re calling for growth [from 169] to 300 to 500 hospitals.”¹¹¹⁰

The NHFPC announced in June 2017 that the number of approved transplant hospitals had increased to 173. It later became 178 in February 2018.¹¹¹¹ Huang repeatedly expressed a desire to further increase the number of qualified transplant hospitals to 190 by the end of 2017, with the hope to reach 300 within a few years.¹¹¹²

China declared that it has stopped using organs from executed death-row prisoners and that civilian organ donation has become its sole source for transplants since 2015. However, the high bed and staff utilization, continued expansion of existing transplant centers, abundant organs (even provided for free and/or exported to other countries or regions), and plans to qualify so many new transplant hospitals all indicate that the industry has developed with an abundance of not only demand but also organ supply since the year 2000. In addition, such ongoing expansion demonstrates confidence that this abundance of organs will continue into the foreseeable future.

V. Global Impact

China at the Vatican Summit on Anti-Organ Trafficking

As stated by Huang Jiefu, high-profile international events have allowed China to demonstrate its “Chinese mode” of organ donation and transplantation to the world. As a result, China has not only re-entered the global arena of organ transplantation but is also using the so-called reform of its transplant system to enhance its future as a political power.¹¹¹³

Huang told *Phoenix Satellite Television*, a Hong Kong-based station authorized to broadcast in mainland China, how he was invited to a summit on organ trafficking sponsored by the Pontifical Academy of Sciences in February 2017:¹¹¹⁴

“By 2015, China’s use of organs from prisoners had become the most prominent issue in the transplant field. China’s announcement that it would end this practice attracted international attention... A former mayor of Rome was a liver transplant doctor. He and the representatives of the Declaration of Istanbul Custodian Group (DICG) went to see the Pope and told him about China’s major reform. Our citizen donation [program] cleared up the doubt by the international community—We did more than 13,000

organ transplants last year and became the second biggest country in transplantation. I received the Pope's congratulations through the DICG.”

“The Pontifical Academy of Sciences originally had a position on the issue, and if we didn't participate in the summit, it would have become another opportunity to condemn China. It was because we attended that the situation changed.” The program's commentator remarked that in recent years, the Vatican and mainland China have eagerly signaled a desire to improve relations. This summit was interpreted by many media outlets as “a step forward in breaking the ice between China and the Vatican.”

Huang presented a blueprint of the “Chinese mode” of organ donation and transplantation, which the Academy's chancellor promoted as one that could be used all over the world, especially in Asia.¹¹¹⁵ The model also received endorsements from representatives of the World Health Organization (WHO) and the DICG, who suggested that China would now take a leadership role in the development of organ transplantation worldwide.

An *Associated Press* report in February 2017 highlighted a heated exchange at the Vatican summit, where Huang Jiefu “sought to assure the international medical community that China was ‘mending its ways’ after declaring an end to the prisoner harvesting program in 2015.”¹¹¹⁶ Participants challenged China “to allow independent scrutiny to ensure it is no longer using organs from executed prisoners, saying Chinese assurances aren't enough to prove the transplant program has been reformed.” In response, Huang “[showed] only two slides indicating an increased number of living and deceased donors in recent years and China's recent efforts to crack down on black market transplant activities.”

Dr. Jacob Lavee, President of the Israel Society of Transplantation, insisted that the WHO be allowed to conduct surprise inspections and interview donor relatives in China: “As long as there is no accountability for what took place ... there can be no guarantee for ethical reform.”

The report asserted, “It's unclear how effective a WHO organ trafficking task force would be, given that the U.N. agency is completely reliant on countries to provide health information and statistics and rarely collects or independently verifies data provided by governments.”

“China has long been criticized for its lack of transparency in public health ... WHO, now run by China's Dr. Margaret Chan, has largely refrained from criticizing the country's efforts and has endorsed its organ transplant reform process.”

Huang Jiefu told domestic media¹¹¹⁷ that the Ministry of Health had issued a notice in 2009 to forbid transplant hospitals from carrying out transplants for foreigners. Huang publicized at the Vatican summit that from 2007 to 2016, China shut down 32 transplant tourism agencies and investigated 18 medical institutions. As a result, 174 people were charged, convicted and sentenced, including 50 medical personnel. In fact, these were only scapegoats that the Chinese regime found after these institutions were exposed by domestic and overseas media, such as CITNAC in the section “Hiding and Falsification of Data.”¹¹¹⁸

Despite the “sheer impossibility” of controlling China's transplant activity, as Wang Haibo stressed at the summit,¹¹¹⁹ China has allowed organ transplants to be conducted without any independent regulatory oversight for over 18 years. When challenged, China proposed at the Vatican meeting that the World Health Organization form a global task force to help crack down on illicit organ trafficking.

First Open House at a Chinese Transplant Center

Photos from the hospital's website:



“The Chancellor of the Pontifical Academy of Sciences and international organ transplantation experts visit our hospital’s OPO office and learn about China’s organ procurement and allocation system on August 8, 2017.”



“Experts participated in a donor registration-themed activity held by the China Organ Transplantation Development Foundation.”



“Experts unveil our hospital’s ‘human organ donation memorial park’.”

The 2017 Chinese Transplant Congress was held in Kunming in August. As China was “honestly opening a window” to its transplantation system, Huang Jiefu invited nine international transplantation experts to tour the **Calmette International Hospital** at the Kunming First People's Hospital. They included José Ramon Núñez Peña, the medical director of the World Health Organization’s organ donation and transplantation program; Nancy Ascher, President of The Transplantation Society (TTS); Francis Delmonico, former president of TTS; Marcelo Sánchez Sorondo, Chancellor of the Pontifical Academy of Sciences; and Campbell Fraser, a member of the Declaration of Istanbul Custodian Group.¹¹²⁰

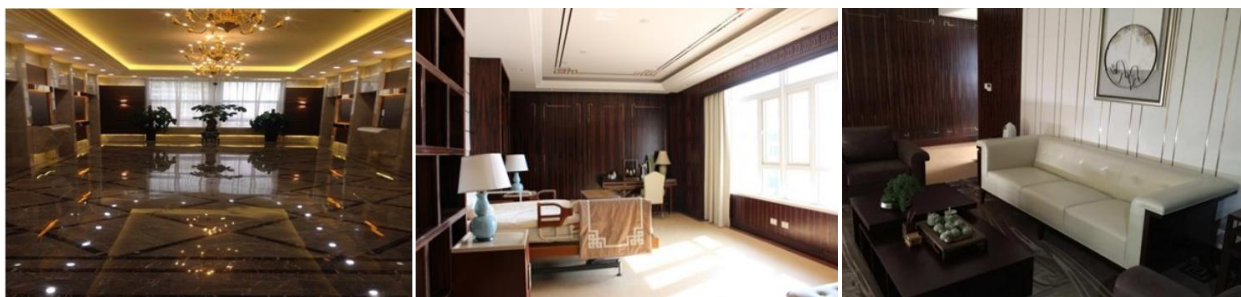
The nine experts watched as donor organs were transported to the hospital by helicopter and sent to the operating theater through a “green passage.” They visited an Organ Procurement Organization office, a reception area for families of organ donors, and equipment storage rooms. They were also introduced to the hospital’s process of organ procurement, allocation, and transplantation. This was the first time China had opened a transplant hospital to international experts, who would experience “the Chinese mode” of organ donation and transplantation.¹¹²¹

While the experts were awed by the showcase of China’s amazing progress in organ donation, they might never have imagined that the entire province averaged only 47 voluntary organ donations per year, which could not even supply the organs used by this one hospital.



The Calmette International Hospital at Kunming People's Hospital No.1 officially opened in April 2016.

This 1,100-bed hospital officially opened in 2016 and is the north portion of Kunming First People's Hospital, which began to conduct organ transplants in 2006. It has a national-level kidney transplant center, a liver transplant center, and China's third OPO.¹¹²² It was assigned to represent China at the 13th Congress of the International Society for Organ Donation and Procurement in 2015.¹¹²³ Even though it holds qualifications for liver and kidney transplants, its hepatobiliary and pancreatic surgery department and Calmette's No.2 Hepatobiliary and Pancreatic Surgery Department have both started performing liver, kidney, heart, lung, pancreas, kidney-pancreas, corneal, and other types of transplants.¹¹²⁴



VIP wards



Da Vinci Surgical System

ICU

Organs transported by helicopter via a "green passage"



On October 19, 2016, 16 organ transplants were performed at the Calmette International Hospital. About 140 medical personnel directly participated in the transplant surgeries.

Sixteen organ transplants (10 heart, liver, and kidney and 6 corneal) were performed at Calmette between 8:00 am on October 19, 2016 and the early morning of the 20th. About 140 medical personnel directly participated in the transplant surgeries.

The hospital stated that the organs came from three donors, including a 4-year-old and a 7-year-old. It also stated that having this many voluntary donors simultaneously was unprecedented.¹¹²⁵

In March 2017, the hospital invited personnel from the **Oklahoma Transplant Center in the United States** and **Beijing Anzhen Hospital** to perform 15 transplant surgeries in 24 hours.¹¹²⁶

As discussed earlier, in July 2007 (a year after China's organ crimes attracted international scrutiny), the **Kunming Kidney Disease Hospital** in the same city referred to itself as "an organ transplant hospital that has donors seeking matched recipients." and promised, "in case of failure, [to] continue to perform transplants until one is successful." This hospital is a division of the Organ Transplant Center of Yunnan Province,¹¹²⁷ while Calmette Hospital serves as the Liver Transplant Research Institute of Yunnan Province.¹¹²⁸

Yunnan Province had a population of 47.7 million in 2016. However, as of April 2017, the province had only 900 registered organ donors and 187 actual donors. The Yunnan Red Cross Party Secretary and Deputy President Dong Hechun said that organ donation had grown quickly since the province began its donation work in 2013.¹¹²⁹ The entire province averaged 47 donations per year.

Expansion of the "Chinese Mode" of Transplantation



Symposium with Macau's legislative councilors, Life Sciences Ethics Committee, and Medical Committee

In February 2016, Huang Jiefu, He Xiaoshun, Wang Haibo, and others held two symposiums on the "establishment of the organ transplant system in China" at Macau's health bureau and the Macau Science Center with the city's Life Sciences Ethics Committee, Medical Committee, members of the Legislative Council, and doctors.¹¹³⁰

Huang said that Macau had a complete medical system while China could



Medical staff at the symposium

perform large numbers of various kinds of organ transplant surgeries. He wanted to add Macau, Hong Kong, and Taiwan to China Organ Transplant Response System (COTRS) and set a goal for China to become the top country for transplants in both quantity and quality within three to five years. Huang mentioned that Macau Chief Executive Fernando Chui Sai On expressed that he wanted to see organ transplantation blossom everywhere in Macau during his tenure.¹¹³¹

Lee Chin-run, president of the medical committee, quoted Chinese scholars that residents of Macau, Hong Kong, and Taiwan could already register for organs through COTRS.¹¹³²

In November 2017, the China Organ Transplantation Development Foundation (COTDF) signed an organ sharing and allocation agreement with the Macau health bureau and claimed that the arrangement would significantly alleviate the organ shortage in Macau. Training for medical personnel in Macau under the “Chinese mode” of organ donation and transplantation began in January 2018.¹¹³³

In December 2017, Wang Haibo, the director of COTRS, stated that a total of 519 Hong Kong residents and 50 Macau residents had received organ transplants in mainland China as part of COTRS between 2010 and the end of 2017.¹¹³⁴

Organs are being exported from the mainland through COTRS, COTDF, and government cooperation so that “patients would no longer need to travel from abroad to mainland China to undergo transplants.”¹¹³⁵

These expansion plans are not limited to Macau, Hong Kong, and Taiwan. At the 2017 Chinese Transplant Conference in Kunming, Huang presented organ transplantation as part of China’s “One Belt, One Road” initiative. The “One Belt, One Road Initiative” aims to strengthen economic and political ties between China and other parts of Asia, Europe, East Africa, and Oceania.¹¹³⁶

China is also expanding its influence beyond the “One Belt, One Road Initiative”.

In May 2016, the Tahoe Investment Group, which has donated 100 million RMB to the COTDF, signed a cooperative agreement with the U.S.-based Partners HealthCare International to build high-end hospitals in Tongzhou District in Beijing. In November 2017, the Tahoe Group signed a memorandum of strategic cooperation with the University of Pittsburgh Medical Center (UPMC) to import UPMC’s leading technology and strength in oncology, organ transplantation, and other subjects. In 2017, Tahoe expanded its presence in high-end markets overseas by acquiring Alliance Healthcare Services, a medical services provider in partnerships with over 1,100 hospitals and healthcare providers in the United States. The Tahoe Group announced in the beginning of 2017 that it would invest 50 billion RMB in the medical field, even at the cost of using profits from real estate.¹¹³⁷

As analyzed above, China's donation system does not function in practice, and the vast majority of organs are not sourced from this system. Nevertheless, the publicity generated by Chinese presenters and endorsement by the Vatican and representatives of other prominent organizations have created the impression among the international community that unethical organ procurement in China has ended and that the "Chinese mode" is a panacea for the transplant field.¹¹³⁸

According to Chinese state media, "[Huang Jiefu said] the difference in the Chinese model from that of the West is that China is the only country where a central government plays a leading role in developing organ donations and transplants."¹¹³⁹

Chinese state-run media widely reported the praise by international experts of its transplantation system.

Margaret Chan, former Director-General of the World Health Organization, said that the "Chinese mode" of donation and transplantation can serve as an example for other countries.¹¹⁴⁰

TTS President Nancy Ascher saw strong government engagement as one of the most important factors in the "Chinese mode" and said, "China is well on its way to instituting changes that will make it the world's global leader in organ donation."¹¹⁴¹

Marcelo Sánchez Sorondo, the chancellor of the Pontifical Academies of Sciences, reportedly said, "It is the great hope that China could be a model for all the countries, especially those in Asia and the Pacific region."¹¹⁴²

Francis Delmonico, an Academician of the Pontifical Academy of Sciences, former TTS president, and consultant to the World Health Organization on organ donation and transplantation, reportedly said that as more people donate their organs and the use of organs from executed prisoners is stopped, the questions and rumors about China's organ transplant field are dispelled.

José Núñez, the medical director of the World Health Organization's organ donation and transplantation program, said, "International transplantation is like a boat, and for many years, China was swimming outside of the boat." According to the Chinese state-run *Global Times*, he said, "now the boat, with China jumping on board, is moving faster than ever before."¹¹⁴³ The *People's Daily* quoted him as saying, "China's efforts are leading the boat's way."¹¹⁴⁴

Campbell Fraser, a member of the Declaration of Istanbul Custodian Group, said, "China has shown us that it is equipped to be a global leader, and the world should not fear that."¹¹⁴⁵

Some governments and institutions outside of China have renewed their collaboration with Chinese government agencies and transplant institutions. The Transplant Society has invited Wang Haibo, the director of COTRS, and Zheng Shusen, whose paper was retracted by Liver International due to ethical concerns,¹¹⁴⁶ as featured speakers at its 2018 conference.^{1147 1148}

Given that most organs sourced for transplants in China continue to be taken from prisoners of conscience who are killed in the process, China's expansion of influence of its donation and transplant system and organ sharing agreements to other parts of Asia, "One Belt, One Road" regions, and beyond, as well as the desire of international organizations to adopt this model, have far-reaching implications for the world.

Appendices

I. Non-Approved Hospitals That Continued to Perform Transplants and Were Later Admitted into the DCD Pilot Program

Below are hospitals that did not receive permits from the Ministry of Health in 2007 but continued to perform organ transplants. We list 75 hospitals that fit this category and were later admitted into a pilot program for donations after cardiac death (DCD) starting in 2011.

City/Province	Medical Institution	Transplant Type(s)
Tianjin ¹¹⁴⁹		
	Tianjin Third Central Hospital	liver, kidney
	Second Hospital Affiliated to Tianjin Medical University	kidney
Hebei ^{1150 1151}		
	Hebei Province People's Hospital	liver, lung
	Affiliated Hospital of Hebei University	kidney
	The No.1 Affiliated Hospital of Hebei North University	kidney
	The First Hospital of Shijiazhuang	liver, kidney
	Changzhou People's Hospital	kidney
	Xingtai People's Hospital	kidney
	Tangshan Worker's Hospital	kidney
	Kailuan Group Company Limited Hospital	kidney
Inner Mongolia ¹¹⁵²		
	Inner Mongolia People's Hospital	liver, kidney, heart
	Chifeng Hospital (Inner Mongolia)	liver, kidney, heart
Liaoning ¹¹⁵³		
	Affiliated Zhongshan Hospital of Dalian University	liver, kidney
	Anshan Central Hospital	kidney
	The Fourth Hospital of China Medical University	kidney
Shanghai ¹¹⁵⁴		
	Shanghai No. 6 People's Hospital	liver
	Shanghai East Hospital	heart, lung, kidney

	Children's Hospital of Fudan University	heart, liver
	Changhai Hospital Affiliated to 2nd Military Medical University	lung, liver
	Shanghai Public Health Clinical Center	liver
	Shanghai Tenth People's Hospital	kidney
	Shanghai Children's Medical Center	heart
Jiangsu ¹¹⁵⁵		
	Affiliated Hospital of Xuzhou Medical College	kidney
	Affiliated Hospital of Nantong University	liver
	Nantong Third People's Hospital	liver
	Zhenjiang First People's Hospital	heart
	Nanjing Second Hospital	liver
	Wuxi Third People's Hospital	kidney
Zhejiang ¹¹⁵⁶		
	Second Affiliated Hospital of Zhejiang University **	liver, kidney, heart,
	Ningbo Medical Treatment Center Lihuili Hospital **	liver, kidney, heart,
	Sir Run Run Shaw Hospital affiliated to Medical School of	heart, lung, kidney
	Second Affiliated Hospital of Wenzhou Medical University	kidney, liver
	Ningbo Second Hospital	kidney
	Ningbo Yinzhou Second Hospital	kidney
	Huzhou Central Hospital	Liver
	The First Hospital of Jiaying	kidney, liver
	The Second Hospital of Jiaying	kidney, liver
	Jinhua Central Hospital	kidney, liver
	Quzhou People's Hospital	kidney
	Taizhou Hospital	heart, kidney, liver
	Lishui Central Hospital	kidney, liver
	Lishui People's Hospital	heart, kidney, liver
Shandong ^{1157 1158}		
	Affiliated Hospital of Jining Medical College	liver, kidney
	Qingdao Municipal Hospital	liver, kidney
	Jining First People's Hospital	liver, kidney
Henan ¹¹⁵⁹		
	Henan Chest Hospital	heart
	Second Affiliated Hospital of Zhengzhou University	kidney
	First Affiliated Hospital of Xinxiang Medical University	kidney

	Nanyang Central Hospital	kidney
	Zhengzhou Central Hospital	liver, kidney
Hubei ¹¹⁶⁰		
	Hubei Province People's Hospital	lung, heart, liver,
	Hubei Armed Police Corps Hospital	kidney
	Xiangyang Central Hospital	liver, kidney
	Xiangyang No.1 People's Hospital	kidney
	Yichang Central People's Hospital	kidney
Hunan ¹¹⁶¹		
	Hunan Provincial People's Hospital ¹¹⁶²	liver, kidney
Guangdong ^{1163 1164}		
	Foshan People's Hospital**	liver, kidney, heart
	Second Affiliated Hospital of Sun Yat-sen University	liver, kidney, heart
	Guangzhou First People's Hospital	liver, kidney, heart
	Shenzhen People's Hospital	liver, kidney
	The 2nd People's Hospital of Shenzhen	liver, kidney
	Dongguan People's Hospital	liver, kidney
	Jiangmen Central Hospital	liver, kidney
	Guangdong Provincial Hospital of Traditional Chinese Medicine	kidney
	Yuebei People's Hospital	kidney
Guangxi ¹¹⁶⁵		
	Affiliated Hospital of Guilin Medical University	liver, kidney
	Liuzhou People's Hospital	liver, kidney
	Liuzhou Worker's Hospital	liver, kidney
Hainan ^{1166 1167}		
	Hainan Provincial People's Hospital	kidney, liver
	Affiliated Hospital of Hainan Medical University	liver
	Hainan Province Nongken Sanya Hospital	heart
	Haikou People's Hospital	heart
Chongqing ¹¹⁶⁸		
	2nd Affiliated Hospital of Chongqing Medical University	liver, kidney
	The Children's Hospital of Chongqing Medical University	liver
	Chongqing Three Gorges Central Hospital	kidney
	Chongqing Fuling Central Hospital	kidney, liver

** Hospitals that have received Ministry approval for DCD transplants after the pilot program

II. Public Bed Count Data for Transplant Centers Approved by the Ministry of Health

Below is a table of all kidney and/or liver transplant hospitals for which we have bed count data for dedicated transplant departments and/or urology and hepatobiliary departments known to perform transplants. These institutions are divided into those that are known to have dedicated transplant departments and those that are not.

This data set is what we were able to gather from publicly available information. Due to the lack of transparency and the hospitals' actively deleting such data online, we likely have not discovered all dedicated transplant centers these hospitals operate or their true scale.

Hospitals with Dedicated Transplant Centers

Natl/ Rgnl	Hospital Name	Transplant Types Approved	Transplant Dept. Dedicated Beds	Urology Non- Dedicated Beds	Hepatobiliary Non- Dedicated Beds
N	First Affiliated Hospital of PLA General Hospital (PLA No. 304 Hospital)	liver	20+ ¹¹⁶⁹ (pediatrics)		60 ¹¹⁷⁰
N	First Hospital of China Medical University	liver, kidney, heart, lung, pancreas, small intestine		122 ¹¹⁷¹	67 ¹¹⁷²
N	People's Hospital of Wuhan University	kidney	25* ¹¹⁷³	100 ¹¹⁷⁴	
N	Third Affiliated Hospital of Guangzhou Medical University	kidney	28 ¹¹⁷⁵	50 ¹¹⁷⁶	
N	No. 181 Hospital of Guangzhou Military Command	liver, kidney, heart		120 ¹¹⁷⁷	50 ¹¹⁷⁸
N	Second People's Hospital of Guangdong	kidney	35 ¹¹⁷⁹	100 ¹¹⁸⁰	
N	General Hospital of Shenyang Military Command	kidney, heart, lung	36 ¹¹⁸¹		
N	Xiangya Hospital of Central South University	liver, kidney, pancreas, small intestine	40 ¹¹⁸²	52 ¹¹⁸³	90 ¹¹⁸⁴
N	Affiliated Hospital of Medical College of Qingdao University	liver, kidney, pancreas, small intestine	40 ¹¹⁸⁵	96 ¹¹⁸⁶	
N	Zhujiang Hospital of Southern Medical University	kidney	42 ¹¹⁸⁷	92 ¹¹⁸⁸	
N	First Affiliated Hospital of Xi'an Jiaotong University	liver, kidney, pancreas, small intestine	48 ¹¹⁸⁹	84 ¹¹⁹⁰	162 ¹¹⁹¹
N	Second People's Hospital of Shanxi	kidney	120 ¹¹⁹²		

Natl/ Rgnl	Hospital Name	Transplant Types Approved	Transplant Dept. Dedicated Beds	Urology Non- Dedicated Beds	Hepatobiliary Non- Dedicated Beds
N	Second Hospital of Shandong University	kidney	58 ¹¹⁹³		
N	China-Japan Friendship Hospital	kidney, liver, lung	25 ¹¹⁹⁴ (lung)	42 ¹¹⁹⁵	25 ¹¹⁹⁶
N	Second Xiangya Hospital of Central South University	liver, kidney, heart, lung, pancreas, small intestine	63 ¹¹⁹⁷	42 ¹¹⁹⁸	84 ¹¹⁹⁹
N	General Hospital of Jinan Military Command	kidney	80 ¹²⁰⁰		
N	Tongji Hospital of Huazhong University of Science and Technology	liver, kidney, heart, lung, pancreas, small intestine	86 ¹²⁰¹	96 ¹²⁰²	86 ¹²⁰³
N	Qilu Hospital of Shandong University	liver, kidney, pancreas, small intestine	92 ¹²⁰⁴	110 ¹²⁰⁵	68 ¹²⁰⁶
N	West China Hospital of Sichuan University	liver, kidney, heart, lung, pancreas, small intestine	72 (liver) ¹²⁰⁷ + 31 (kidney) ¹²⁰⁸	228 ¹²⁰⁹	128 ¹²¹⁰
N	Shanghai Renji Hospital (Affiliated with Shanghai Jiaotong University)	liver, kidney	110 ¹²¹¹	107 ¹²¹²	219 ¹²¹³
N	Third Affiliated Hospital of Sun Yat-sen University	liver, kidney, pancreas, small intestine	113 ¹²¹⁴		400 ¹²¹⁵
N	Shanghai Changzheng Hospital Affiliated with Second Military Medical University)	liver, kidney, heart, pancreas	120 ¹²¹⁶	87 ¹²¹⁷	30 ¹²¹⁸
N	Third Xiangya Hospital of Central South University	liver, kidney, pancreas, small intestine	150 ¹²¹⁹ + 30 ¹²²⁰	125 ¹²²¹	104 ¹²²²
N	Jiangsu Province Hospital	liver, kidney, heart, Lung, pancreas, small intestine	332 ¹²²³	112 ¹²²⁴	110+ ¹²²⁵
N	People's Liberation Army No. 309 Hospital	liver, kidney, heart, lung	393 ¹²²⁶		
N	Tianjin First Central Hospital	liver, kidney, heart, lung, pancreas, small intestine	200 ¹²²⁷		
R	No. 107 Hospital of Jinan Military Region	liver, kidney	25 ¹²²⁸		90 ¹²²⁹
R	Liaocheng People's Hospital	kidney, liver	16 ¹²³⁰	42 ¹²³¹	43 ¹²³²
R	First Hospital of Lanzhou University	liver	24 ¹²³³	24 ¹²³⁴	146 ¹²³⁵
R	First Affiliated Hospital of Anhui Medical University	liver, kidney, pancreas, small intestine	28 ¹²³⁶	100 ¹²³⁷	
R	First Affiliated Hospital of Henan University of Traditional Chinese	kidney	30 ¹²³⁸	50 ¹²³⁹	

Natl/ Rgnl	Hospital Name	Transplant Types Approved	Transplant Dept. Dedicated Beds	Urology Non- Dedicated Beds	Hepatobiliary Non- Dedicated Beds
	Medicine				
R	PLA Second Artillery General Hospital	kidney, liver	30 ¹²⁴⁰	33 ¹²⁴¹	87 ¹²⁴²
R	First Affiliated Hospital of Nanchang University	liver, kidney, pancreas, small intestine	38 ¹²⁴³		
R	Second Hospital of Dalian Medical University	kidney, liver	35 ¹²⁴⁴	80 ¹²⁴⁵	72 ¹²⁴⁶
R	No. 281 Hospital of Beijing Military Region	kidney	40 ¹²⁴⁷	150 ¹²⁴⁸	
R	Dongfeng General Hospital Affiliated with Hubei University of Medicine	kidney, liver	40 ¹²⁴⁹	30 ¹²⁵⁰	60 ¹²⁵¹
R	Shaanxi Provincial People's Hospital	kidney, liver	40 ¹²⁵²	156 ¹²⁵³	100 ¹²⁵⁴
R	No. 463 Hospital of Shenyang Military Region	kidney, liver		50 ¹²⁵⁵	120 ¹²⁵⁶
R	Zhengzhou No. 7 People's Hospital	kidney	*46 ¹²⁵⁷		
R	First Affiliated Hospital of Kunming Medical University	liver, kidney, pancreas, small intestine	52 ¹²⁵⁸		
R	Affiliated Hospital of Zunyi Medical College	kidney, liver	54 ¹²⁵⁹	100 ¹²⁶⁰	108 ¹²⁶¹
R	No. 401 Hospital of Jinan Military Region	kidney, liver		42 ¹²⁶²	
R	No. 474 Hospital of Lanzhou Military Command	kidney	62 ¹²⁶³		
R	PLA No. 302 Hospital	liver	95 ¹²⁶⁴		
R	Changhai Hospital Affiliated with Second Military Medical University	kidney		100 ¹²⁶⁵	
R	Sichuan Provincial People's Hospital	liver, kidney, pancreas, small intestine	79 ¹²⁶⁶		
R	No. 81 Hospital of Nanjing Military Region	liver		32 ¹²⁶⁷	545 ¹²⁶⁸
R	Zhengzhou People's Hospital	liver, kidney, heart, pancreas, small intestine	90 ¹²⁶⁹		
R	Zhongnan Hospital of Wuhan University	liver, kidney		100 ¹²⁷⁰	160 ¹²⁷¹

Natl/Rgnl: National Level Transplant Hospital /Regional Level Transplant Hospital

* This bed count has been falsified, refer to Case Study: A Small Hospital's Leap

Hospitals Without Dedicated Transplant Centers

Natl/ Rgnl	Hospital Name	Transplant Types Approved	Transplant Dept. Dedicated Beds	Urology Non- Dedicated Beds	Hepatobiliary Non- Dedicated Beds
N	Shanxi Armed Police Corps Hospital	kidney	Its bed count has been removed		
N	Eastern Hepatobiliary Hospital Affiliated with Second Military Medical University	liver			294 ¹²⁷²
N	No. 117 Hospital of Nanjing Military Command	kidney		83 ¹²⁷³	
N	No. 153 Hospital of Jinan Military Region	kidney		80 ¹²⁷⁴	
N	Nanfang Hospital of Southern Medical University	liver, kidney, pancreas, small intestine		36 ¹²⁷⁵	70 ¹²⁷⁶
N	No. 303 Hospital of Guangzhou Military Command	liver, kidney, pancreas, small intestine		50 ¹²⁷⁷	
N	Southwest Hospital, Affiliated with Third Military Medical University	liver			160 ¹²⁷⁸
N	Chengdu Military General Hospital	kidney, liver		136 ¹²⁷⁹	248 ¹²⁸⁰
N	First People's Hospital of YueYang	kidney, liver, heart	40+ ¹²⁸¹		
N	Peking University People's Hospital	liver, kidney, small intestine	81 ¹²⁸²		
N	Beijing Youan Hospital	liver			144 ¹²⁸³
N	First Affiliated Hospital of Wenzhou Medical University	kidney, liver, heart		145 ¹²⁸⁴	
N	Linyi People's Hospital	kidney		60 ¹²⁸⁵	
N	Union Hospital of Huazhong University of Science and Technology	liver, kidney, heart, pancreas, small intestine	Its bed count has been removed refer to case study for details		
N	Second Hospital of University of South China	kidney		130 ¹²⁸⁶	
N	First People's Hospital of Changde	kidney, liver, heart		90 ¹²⁸⁷	47 ¹²⁸⁸
N	Third Affiliated Hospital of Sun Yat-sen University	liver, kidney, heart, pancreas, small intestine	113 ¹²⁸⁹		
N	Guangdong General Hospital	kidney, liver		70+ ¹²⁹⁰	40+ ¹²⁹¹
N	First Affiliated Hospital of Jinan University	kidney		62 ¹²⁹²	
N	First Affiliated Hospital of Guangxi Medical University	liver, kidney, pancreas, small intestine			110 ¹²⁹³
N	Third People's Hospital of Datong City	kidney		30 ¹²⁹⁴	35 ¹²⁹⁵
N	Armed Police Corps Hospital of Shaanxi	kidney, liver		45 ¹²⁹⁶	31 ¹²⁹⁷

Natl/ Rgnl	Hospital Name	Transplant Types Approved	Transplant Dept. Dedicated Beds	Urology Non- Dedicated Beds	Hepatobiliary Non- Dedicated Beds
N	General Hospital of Guangzhou Military Command	liver, kidney		100 ¹²⁹⁸	30 ¹²⁹⁹
N	Second Affiliated Hospital of Guangzhou Medical University	kidney, liver	28 ¹³⁰⁰		100 ¹³⁰¹
N	Xinhua Hospital Affiliated with Shanghai Jiao Tong University School of Medicine	kidney, liver		90 ¹³⁰²	
N	First Affiliated Hospital of Soochow University	kidney		55 ¹³⁰³	
N	First People's Hospital of Changzhou	kidney, liver			72 ¹³⁰⁴
N	Air Force General Hospital	kidney, liver		70 ¹³⁰⁵	36 ¹³⁰⁶
N	Beijing Chaoyang Hospital	liver, kidney, lung, pancreas, small intestine		112 ¹³⁰⁷	40 ¹³⁰⁸
N	Xinqiao Hospital, Affiliated with Third Military Medical University	kidney, heart, liver		120 ¹³⁰⁹	60 ¹³¹⁰
N	Peking Union Medical College Hospital	liver, kidney		132 ¹³¹¹	28 ¹³¹²
N	Shandong Qianfoshan Hospital	liver, kidney, heart, pancreas, small intestine		40 ¹³¹³	150* ¹³¹⁴
N	Yantai Yu Huangding Hospital	kidney, liver		130 ¹³¹⁵	92 ¹³¹⁶
N	Fuzhou General Hospital of Nanjing Military Command	liver, kidney		61 ¹³¹⁷	305 ¹³¹⁸
N	Xijing Hospital Affiliated with Fourth Military Medical University	liver, kidney, heart, lung, pancreas, small intestine		80 ¹³¹⁹	110 ¹³²⁰
N	Beijing Friendship Hospital	liver, kidney, pancreas, small intestine		85 ¹³²¹	150 ¹³²²
N	Peking University Third Hospital	liver, kidney, pancreas, small intestine		117 ¹³²³	138 ¹³²⁴
N	Daping Hospital of Third Military Medical University	kidney, liver		150 ¹³²⁵	95* ¹³²⁶
N	Peking University First Hospital	kidney, liver		105 ¹³²⁷	146 ¹³²⁸
N	First Affiliated Hospital of Fujian Medical University	liver, kidney, pancreas, small intestine		58 ¹³²⁹	200 ¹³³⁰
N	No. 180 Hospital of Nanjing Military Region	kidney, liver		45 ¹³³¹	226 ¹³³²
N	Zhongshan Hospital of Shanghai Fudan University	liver, kidney, heart, pancreas		70 ¹³³³	198 ¹³³⁴
N	Nanjing Drum Tower Hospital Affiliated with Nanjing University Medical School	liver, kidney, pancreas, small intestine		130 ¹³³⁵	180 ¹³³⁶
N	Wuhan General Hospital of Guangzhou Military	liver, kidney, pancreas, small intestine		126 ¹³³⁷	138 ¹³³⁸
N	Huashan Hospital of Fudan University	liver, kidney		101 ¹³³⁹	238 ¹³⁴⁰

Natl/ Rgnl	Hospital Name	Transplant Types Approved	Transplant Dept. Dedicated Beds	Urology Non- Dedicated Beds	Hepatobiliary Non- Dedicated Beds
N	Henan Provincial People's Hospital	kidney, liver		150 ¹³⁴¹	160 ¹³⁴²
N	Shanghai General Hospital	liver, kidney, pancreas, small intestine		126 ¹³⁴³	250 ¹³⁴⁴
N	Rui Jin Hospital of Shanghai Jiao Tong University School of Medicine	liver, kidney, pancreas, small intestine			300 ¹³⁴⁵
N	First Affiliated Hospital of Zhengzhou University	liver, kidney, pancreas, small intestine		57 ¹³⁴⁶	100 ¹³⁴⁷
N	First Affiliated Hospital of Medical School of Zhejiang University	liver, kidney, lung, pancreas, small intestine	40 ¹³⁴⁸	120 ¹³⁴⁹	340 ¹³⁵⁰
N	Shandong Provincial Hospital	liver, kidney, lung, pancreas, small intestine		240 ¹³⁵¹	387 ¹³⁵²
N	People's Liberation Army No. 301 Hospital (PLA General Hospital)	liver, kidney, heart, lung		140 ¹³⁵³	172 ¹³⁵⁴
N	Nanjing General Hospital of Nanjing Military Command	kidney, small intestine		210 ¹³⁵⁵	250 ¹³⁵⁶
R	Jiangxi Provincial People's Hospital	liver, kidney, pancreas, cornea			200 ¹³⁵⁷
R	General Hospital of Beijing Military Command	kidney, liver, bone marrow, stem cell, heart, cornea, vascular, parathyroid	Its bed count has been removed		
R	Third Hospital of Hebei Medical University	kidney, liver		40 ¹³⁵⁸	80 ¹³⁵⁹
R	Third Affiliated Hospital of Inner Mongolia Medical College	kidney, liver		80 ¹³⁶⁰	48 ¹³⁶¹
R	Dalian Friendship Hospital (Dalian Red Cross Hospital)	kidney, liver	100* ¹³⁶²		
R	Ansteel Group Hospital	kidney, liver, heart		50 ¹³⁶³	30 ¹³⁶⁴
R	Second Affiliated Hospital of Harbin Medical University	kidney, heart, liver		65 ¹³⁶⁵	
R	No. 161 Hospital of Jinan Military Region	kidney	Its bed count has been removed Refer to case study		
R	Chenzhou No.1 People's Hospital	kidney		24 ¹³⁶⁶	
R	Yiyang Central Hospital	kidney		50 ¹³⁶⁷	
R	Zhongshan People's Hospital	liver, kidney, heart, pancreas, small intestine	20 ¹³⁶⁸		46 ¹³⁶⁹
R	PLA No. 458 Hospital (Air Force Hospital of Guangzhou Military Command)	kidney, liver		39 ¹³⁷⁰	108 ¹³⁷¹
R	Ruikang Hospital Affiliated with Guangxi University of Chinese Medicine	Kidney		40 ¹³⁷²	
R	First People's Hospital of Yunnan Province	kidney, liver, heart, lung	31 ¹³⁷³		83 ¹³⁷⁴

Natl/ Rgnl	Hospital Name	Transplant Types Approved	Transplant Dept. Dedicated Beds	Urology Non- Dedicated Beds	Hepatobiliary Non- Dedicated Beds
R	Tibet People's Hospital	Liver		25 ¹³⁷⁵	45 ¹³⁷⁶
R	Lanzhou General Hospital of Lanzhou Military Region	Kidney		47 ¹³⁷⁷	
R	Ningxia Hui Autonomous Region People's Hospital	Liver		20 ¹³⁷⁸	49 ¹³⁷⁹
R	Affiliated Hospital of Ningxia Medical University	kidney, liver, cornea		62 ¹³⁸⁰	65 ¹³⁸¹
R	People's Hospital of Xinjiang Uygur Autonomous Region	liver, heart			70 ¹³⁸²
R	Armed Police General Hospital	liver, kidney	Bed count has been removed		
R	First Hospital of Kunming City	kidney, liver		37 ¹³⁸³	41 ¹³⁸⁴
R	Hainan Provincial Nongken General Hospital	kidney, liver		42 ¹³⁸⁵	40 ¹³⁸⁶
R	Urumqi General Hospital of Lanzhou Military Command	kidney, liver		47 ¹³⁸⁷	41 ¹³⁸⁸
R	Navy General Hospital	kidney, liver		40 ¹³⁸⁹	51 ¹³⁹⁰
R	Qinghai University Affiliated Hospital	kidney, liver		72 ¹³⁹¹	40 ¹³⁹²
R	Tai'An City Central Hospital	kidney, liver		38 ¹³⁹³	80 ¹³⁹⁴
R	Shanxi Provincial People's Hospital	kidney, liver		41 ¹³⁹⁵	39 ¹³⁹⁶
R	307th Hospital of Chinese People's Liberation Army	kidney, liver		43 ¹³⁹⁷	65 ¹³⁹⁸
R	Weifang People's Hospital	kidney, liver		72 ¹³⁹⁹	80 ¹⁴⁰⁰
R	Qinghai Provincial People 's Hospital	kidney, liver		43 ¹⁴⁰¹	114 ¹⁴⁰²
R	First Affiliated Hospital of Harbin Medical University	kidney, liver		138 ¹⁴⁰³	Bed count removed
R	First Affiliated Hospital of Xiamen University	kidney, liver		73 ¹⁴⁰⁴	115 ¹⁴⁰⁵
R	Affiliated Hospital of Logistics University of People's Armed Police Force	kidney, liver		70 ¹⁴⁰⁶	120 ¹⁴⁰⁷
R	Second Hospital of Hebei Medical University	kidney, liver, heart		80 ¹⁴⁰⁸	110 ¹⁴⁰⁹
R	Lanzhou University Second Hospital	kidney, liver		127 ¹⁴¹⁰	71 ¹⁴¹¹
R	Guizhou Provincial People's Hospital	kidney, liver		90 ¹⁴¹²	150 ¹⁴¹³
R	First Affiliated Hospital of Guiyang Medical University	liver, kidney, pancreas, small intestine		120 ¹⁴¹⁴	120 ¹⁴¹⁵
R	Fujian Provincial Hospital	kidney, liver		50 ¹⁴¹⁶	47 ¹⁴¹⁷

Natl/ Rgnl	Hospital Name	Transplant Types Approved	Transplant Dept. Dedicated Beds	Urology Non- Dedicated Beds	Hepatobiliary Non- Dedicated Beds
R	First Hospital of Shanxi Medical University	kidney, liver		130 ¹⁴¹⁸	140 ¹⁴¹⁹
R	Anhui Provincial Hospital	liver, kidney, heart, lung, pancreas, small intestine		100 ¹⁴²⁰	28 ¹⁴²¹
R	First Affiliated Hospital of Chongqing Medical University	liver, kidney, pancreas, small intestine		156 ¹⁴²²	150 ¹⁴²³
R	First Hospital of Jilin University	liver, kidney		79 ¹⁴²⁴	178 ¹⁴²⁵
R	First Affiliated Hospital of Xinjiang Medical University	liver, kidney, lung, pancreas, small intestine		157 ¹⁴²⁶	249 ¹⁴²⁷
R	Gansu Provincial Hospital	kidney, liver		105 ¹⁴²⁸	300 ¹⁴²⁹
R	Nanjing First Hospital (Nanjing Hospital Affiliated with Nanjing Medical University)	heart		65 ¹⁴³⁰	72 ¹⁴³¹ (Cardiac surgery beds)

Natl/Rgnl: National Level/Regional Level

* Our hospital analysis indicates that the bed counts marked with asterisks have been deflated (see case studies in the section “Deflated Bed Counts”).

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Note: The links in these references were accessible as of March 25, 2018. If a web page is no longer available, please refer to the archived version.

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- 1238 Department of Kidney Transplantation(Included in the Kidney Diagnostic Center),
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- 1241 Department of Urologic Surgery, PLA Second Artillery General Hospital
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- 1242 Department of Hepatobiliary Surgery, PLA Second Artillery General Hospital
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- 1243 Department of Organ Transplantation, First Affiliated Hospital of Nanchang University
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- 1244 Department of Hematology-Section One, Second Hospital of Dalian Medical University
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- 1245 Department of Urologic Surgery, Second Hospital of Dalian Medical University
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- 1252 Department of kidney Transplantation, Shaanxi Provincial People's Hospital
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- 1253 Department of Urologic Surgery, Shaanxi Provincial People's Hospital
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- 1255 Department of Urologic Surgery, PLA No. 463 Hospital
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- ¹²⁵⁹ Department of Nephropathy and Rheumatology, Affiliated Hospital of Zunyi Medical College
<http://www.zmchospital.com.cn/Office/Show.asp?ID=86>
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- ¹²⁶⁰ Department of Urologic Surgery, Affiliated Hospital of Zunyi Medical College
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- ¹²⁶¹ Department of Hepatopancreatobiliary Surgery, Affiliated Hospital of Zunyi Medical College
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- ¹²⁶² Department of Urologic Surgery, No. 401 Hospital of Jinan Military Command
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- ¹²⁶⁵ Department of Urologic Surgery, Changhai Hospital Affiliated with Second Military Medical University
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- 1270 Department of Urologic Surgery, Zhongnan Hospital of Wuhan University
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- 1272 Eastern Hepatobiliary Hospital Affiliated with Second Military Medical University
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- 1274 Department of Urologic Surgery, Jinan Military Region 153 Hospital
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- 1275 Department of Kidney Transplantation, Nanfang Hospital of Southern Medical University
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- 1278 Department of Hepatobiliary Surgery, Southwest Hospital, affiliated with the Third Military Medical University
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- 1280 Ward of Hepatobiliary Disease and Internal Medicine-GI, Chengdu Military General Hospital
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- 1283 Department of Hepatobiliary Surgery/General Surgery Center(actually is referring to Liver Transplant Center, Beijing Youan Hospital
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- 1284 Department of Urologic Surgery, First Affiliated Hospital of Wenzhou Medical University
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- 1285 Department of Urological Surgery, Linyi People's Hospital
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- 1286 Department of Urologic Surgery, Second Hospital of University of South China
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- 1287 Department of Urologic Surgery First People's Hospital of Changde
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- 1289 The Liver Transplant Center, Third Affiliated Hospital of Sun Yat-sen University
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- 1292 Department of Urologic Surgery(Team of Kidney Transplantation included), First Affiliated Hospital of Jinan University
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- 1293 Department of Hepatobiliary Surgery, First Affiliated Hospital of Guangxi Medical University
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- ¹³⁰⁰ Department of Organ Transplantation, Second Affiliated Hospital of Guangzhou Medical University
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- ¹³⁰¹ Department of Hepatobiliary Surgery, Second Affiliated Hospital of Guangzhou Medical University
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广州医科大学附属第二医院肝胆外科
- ¹³⁰² Department of Urologic Surgery, Xinhua Hospital Affiliated with Shanghai Jiao Tong University School of Medicine
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上海医科大学附属新华医院泌尿外科
- ¹³⁰³ Department of Urologic Surgery, First Affiliated Hospital of Soochow University
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- ¹³⁰⁵ Department of Urologic Surgery, Air Force General Hospital
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空军总医院泌尿外科(展开床位 70 张)
- ¹³⁰⁶ Department of Hepatobiliary Surgery, Air Force General Hospital
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空军总医院泌肝胆外科
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- ¹³⁰⁸ Department of Hepatobiliary Surgery, Beijing Chaoyang Hospital
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北京朝阳医院肝胆外科
- ¹³⁰⁹ Department of Urologic Surgery, Xinqiao Hospital, Affiliated with Third Military Medical University
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第三军医大学新桥医院泌尿外科
- ¹³¹⁰ Department of Hepatobiliary Surgery, Xinqiao Hospital, Affiliated with Third Military Medical University
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第三军医大学新桥医院肝胆外科
- ¹³¹¹ Department of Urologic Surgery Peking Union Medical College Hospital
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北京协和医院泌尿外科
Department of Internal Medicine-Kidney Disease, Peking Union Medical College Hospital
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北京协和医院肾内科(52 beds)
- ¹³¹² Department of Hepatic Surgery, Peking Union Medical College Hospital
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北京协和医院肝脏外科(床位 28 张)
- ¹³¹³ Department of Urologic Surgery-Second Section, Shandong Qianfoshan Hospital
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- ¹³¹⁴ Treatment Center of General Surgery, Shandong Qianfoshan Hospital
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山东省千佛山普通外科治疗中心(普外中心)
- ¹³¹⁵ Department of Urologic Surgery, Yantai Yu Huangding Hospital
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- ¹³¹⁶ Department of Hepatobiliary Surgery, Yantai Yu Huangding Hospital
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- ¹³¹⁷ Department of Kidney Disease, Fuzhou General Hospital of Nanjing Military Command
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南京军区福州总医院肾脏科
- ¹³¹⁸ Department of Hepatobiliary Surgery, Second Ward of Department of Hepatobiliary Surgery, Fuzhou General Hospital of Nanjing Military Command
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福州总院肝胆病中心
- ¹³¹⁹ Department of Urologic Surgery, Xijing Hospital Affiliated with Fourth Military Medical University
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第四军医大学西京医院泌尿外科
- ¹³²⁰ Department of Hepatobiliary Surgery, Xijing Hospital Affiliated with Fourth Military Medical University
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第四军医大学西京医院肝胆外科
- ¹³²¹ Department of Urologic Surgery, Beijing Friendship Hospital
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首都医科大学附属北京友谊医院泌尿外科
- ¹³²² Department of General Surgery, Beijing Friendship Hospital
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首都医科大学附属北京友谊医院普外科
- ¹³²³ Department of Urologic Surgery, Peking University Third Hospital
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北京大学第三医院泌尿外科
- ¹³²⁴ Department of General Surgery, Peking University Third Hospital
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北京大学第三医院普通外科(做肝移植)
- ¹³²⁵ Department of Urologic Surgery, Daping Hospital Affiliated with of Third Military Medical University
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- ¹³²⁶ Department of Hepatobiliary Surgery, Daping Hospital Affiliated with of Third Military Medical University
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- ¹³²⁸ Department of General Surgery-Section of Liver Transplantation, Peking University First Hospital
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北京大学第一医院外科肝脏移植专业组

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福建医科大学附属第一医院泌尿外科
- ¹³³⁰ Liver Disease Center and Department of Hepatobiliary Surgery, First Affiliated Hospital of Fujian Medical University
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福建医科大学附属第一医院肝胆外科(81Beds)
- ¹³³¹ Department of Urologic Surgery, No. 180 Hospital of Nanjing Military Region
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南京军区解放军第 180 医院泌尿外科(45 张床)
- ¹³³² Liver Disease Center and Department of General Surgery, No. 180 Hospital of Nanjing Military Region
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南京军区解放军第 180 医院普外科 (南京军区肝移植中心)
- ¹³³³ Department of Urologic Surgery, Zhongshan Hospital of Shanghai Fudan University
<http://www.zs-hospital.sh.cn/zsyy/n33/n35/n48/n285/n286/u1ai1912.html>
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复旦大学中山医院泌尿外科
- ¹³³⁴ Department of General Surgery, Zhongshan Hospital of Shanghai Fudan University
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复旦大学中山医院普外科
- ¹³³⁵ Department of Urologic Surgery, Nanjing Drum Tower Hospital Affiliated with Nanjing University Medical School
<http://www.njglyy.com/subject/subject-1.asp?id=92>
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南京大学医学院附属鼓楼医院 泌尿外科
- ¹³³⁶ Department of Hepatobiliary Surgery (Liver transplant included), Nanjing Drum Tower Hospital Affiliated with Nanjing University Medical School
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南京大学医学院附属鼓楼医院肝胆外科
- ¹³³⁷ Department of Urologic Surgery, Wuhan General Hospital of Guangzhou Military
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广州军区武汉总医院泌尿外
- ¹³³⁸ Department of General Surgery, Wuhan General Hospital of Guangzhou Military
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广州军区武汉总医院普通外科

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- 1339 Department of Urologic Surgery, Huashan Hospital of Fudan University
<http://www.huashan.org.cn/roomcontent/276>
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上海复旦大学华山医院泌尿外科
- 1340 Department of General Surgery(Organ Transplant Institute included) Huashan Hospital of Fudan University
<http://www.huashan.org.cn/phone/roomcontent/301>
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- 1341 The Department of Urologic Surgery, Henan Provincial People's Hospital
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河南省人民医院泌尿外科
- 1342 Department of Hepatopancreatobiliary Surgery (Liver Transplant Ward included), Henan Provincial People's Hospital
<http://ksk.99.com.cn/ks/introduction/163350.html>
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肝胆胰腺外科
- 1343 Department of Urologic Surgery(Section of Kidney Transplant included), Shanghai General Hospital
<http://www.firsthospital.cn/Content/Detail/c179/d114>
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上海第一人民医院 泌尿外科
- 1344 Department of General Surgery(Organ Transplant Center included), Shanghai General Hospital
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上海第一人民医院普外科（器官移植中心）
- 1345 Department of General Surgery, Rui Jin Hospital of Shanghai Jiao Tong University School of Medicine
<http://www.rjh.com.cn/2013ruijin/ruijin/ylts/lcks/6486.shtml>
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上海第二医科大学附属瑞金医院普外科
- 1346 Department of Kidney Transplantation at the First Affiliated Hospital of Zhengzhou University
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郑州大学第一附属医院肾移植科
- 1347 Department of Hepatopancreatobiliary Surgery and Department of Liver Transplant, First Affiliated Hospital of Zhengzhou University
http://fcc.zzu.edu.cn/newsss/vmsgisapi.dll/vonefun?fun=3a_s&id=S050
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郑州大学第一附属医院肝胆胰与肝移植外科
- 1348 Kidney Disease Center, First Affiliated Hospital of Medical School of Zhejiang University
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浙江大学医学院附属第一医院肾脏病中心
- 1349 Kidney Disease Center, First Affiliated Hospital of Medical School of Zhejiang University
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浙江大学医学院附属第一医院肾脏病中心

- ¹³⁵⁰ Department of Hepatopancreatobiliary Surgery and Department of Liver & Pancreas Transplantation, First Affiliated Hospital of Medical School of Zhejiang University
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 浙江大学医学院附属第一医院 肝胆胰外科、肝胰移植科
- ¹³⁵¹ Department of Urologic Surgery, Shandong Provincial Hospital
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 山东省立医院泌尿外科
- ¹³⁵² Department of General Surgery, Shandong Provincial Hospital
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 山东省立医院普外科
- ¹³⁵³ Department of Urologic Surgery(Kidney Transplant included), People's Liberation Army No. 301 Hospital (PLA General Hospital)
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 中国人民解放军总医院(301 医院) 泌尿外科
- ¹³⁵⁴ Department of Hepatobiliary Surgery, People's Liberation Army No. 301 Hospital (PLA General Hospital)
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- ¹³⁵⁵ Institute of Nephrology(Kidney transplant included), Nanjing General Hospital of Nanjing Military Command
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 南京军区南京总医院肾脏病研究所
- ¹³⁵⁶ Army Institute of General Surgery, Nanjing General Hospital of Nanjing Military Command
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 南京军区南京总医院全军普通外科研究所
- ¹³⁵⁷ Organ transplantation department included into Jiangxi leading medical discipline construction project list
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 江西省人民医院普外科
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- ¹³⁵⁹ Department of Liver Diseases Third Hospital of Hebei Medical University
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河北医科大学第三医院中西医结合肝病科
- ¹³⁶⁰ Department of Urologic Surgery, Third Affiliated Hospital of Inner Mongolia Medical College
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内蒙古医学院附属第三医院泌尿外科
- ¹³⁶¹ Department of Hepatobiliary Surgery, Third Affiliated Hospital of Inner Mongolia Medical College
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- ¹³⁶³ Department of Urologic Surgery, Ansteel Group Hospital
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鞍钢集团总医院泌尿外科
- ¹³⁶⁴ Department of General Surgery-Section Three, Ansteel Group Hospital
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- 1372 Department of Urologic Surgery-Organ Transplantation, Ruikang Hospital Affiliated with Guangxi University of Chinese Medicine
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- 1380 Department of Urology at the Affiliated Hospital of Ningxia Medical University
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- 1382 Department of Hepatobiliary Vascular Surgery, People's Hospital of Xinjiang Uygur Autonomous Region
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- 1383 Department of Urologic Surgery, First Hospital of Kunming City
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- 1385 Department of Urologic Surgery, Hainan Provincial Nongken General Hospital
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- 1389 Department of Urologic Surgery, Navy General Hospital
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- 1390 Department of Hepatobiliary Surgery, Navy General Hospital
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- 1391 Department of Urologic Surgery, Qinghai University Affiliated Hospital
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- ¹³⁹³ Department of Urologic Surgery, Tai'An City Central Hospital
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- ¹³⁹⁵ Department of Urologic Surgery, Shanxi Provincial People's Hospital
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- ¹⁴⁰⁸ Department of Urologic Surgery, Second Hospital of Hebei Medical University
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- ¹⁴¹² Department of Urologic Surgery, Guizhou Provincial People's Hospital
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- ¹⁴¹³ Department of Hepatobiliary & Pancreatic Surgery, Guizhou Provincial People's Hospital
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- ¹⁴¹⁶ Department of Urologic Surgery, Fujian Provincial Hospital
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- ¹⁴¹⁷ Department of Hepatobiliary Surgery, Fujian Provincial Hospital
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- ¹⁴²² Department of Urological Surgery, the First Affiliated Hospital of Chongqing Medical University
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- ¹⁴²⁵ Department of Hepatobiliary and Pancreatic Surgery-Section One and Section Two, First Hospital of Jilin University
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- ¹⁴²⁶ Department of Urologic Surgery, First Affiliated Hospital of Xinjiang Medical University
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- ¹⁴²⁷ Department of General Surgery, First Affiliated Hospital of Xinjiang Medical University
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 新疆医科大学第一附属医院普通外科(肝肾移植)
- ¹⁴²⁸ Department of Urologic Surgery, Gansu Provincial Hospital
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- ¹⁴²⁹ Department of General Surgery, Gansu Provincial Hospital
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