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Investigative Report on Former Vice Minister of Health, Huang Jiefu's Alleged Unethical Medical Conduct in China

November 24, 2014

Abstract

Through the study of medical papers authored by Huang Jiefu, news reports on liver transplants performed by Huang and public statements made by Huang, this report presents data suggesting that Huang Jiefu has been involved in unethical transplant procedures and has misled the public with conflicting statements.

September 2005, Huang Jiefu went to China's northwestern province of Xinjiang and performed an autologous liver transplantation at The First Teaching Hospital of Xinjiang Medical University in Urumqi. The transplant surgery was performed with two backup livers. Huang Jiefu requested the backup livers one day prior to the operation. Within 24 hours, a civil hospital in Guangzhou (2,651 miles away) and a military hospital in Chongqing (1,791 miles away) identified the matching "donors," extracted the livers and transported the livers to Huang Jiefu's operating room.

March 2013, Huang Jiefu said, "Last year [2012], I did over 500 liver transplants. The one done in Guangzhou in November [2012] used the first voluntary organ donation from a citizen." This indicates that all liver transplants Huang Jiefu performed prior to November 2012 used livers that were not from voluntary donation. Two months later, in May 2013, Huang Jiefu said, "My own practice has not taken organs from prisoners for two years now." This statement suggests that Huang Jiefu did not use executed prisoners' organs since May 2011. If the livers between May 2011 and November 2012 were not from executed prisoners and not from voluntary donors, what kind of "donor" did the livers come from? If both statements from Huang Jiefu were true, the livers would have to come from involuntary, non-executed "donors." This definition could apply to living prisoners of conscience.

According to medical research papers authored by Huang Jiefu, he transplanted livers from cadavers with only 30 seconds of warm ischemia time. It is impossible to have such a short warm ischemia time with organs from executed prisoners, the admitted primary source. Living donors are the only source that can provide conditions to allow such a short warm ischemia time. The research paper stated that the organs came from "brain dead" persons as early as 1999. However, China has never had a policy that defines brain death. The papers also state that, in 2004, there were organs from "voluntary donation." The first donated organ reported by Chinese media was in 2006. The statements are conflicting and beyond scientific comprehension.

In conclusion, Huang Jiefu's verbal and written statements at different times and locations are conflicting. While claiming that organs come from living donors, his statements do not address involuntary organ procurement from living organ sources. Without clear and concise explanation of the source, it is suggested that Huang Jiefu transplanted livers procured from living, non-consenting organ sources.

Index

- [1 About Huang Jiefu](#)
- [2 Alleged violation of medical ethics in transplants conducted by Huang Jiefu](#)
 - [2.1 September 2003 in Changsha, Hunan province](#)
 - [2.2 September 2005 in Xinjiang province](#)
 - [2.3 November 2012 in Guangzhou, Guangdong province](#)
- [3 Huang Jiefu authored medical papers with questionable content](#)
 - [3.1 Cadaver liver with warm ischemia time of 30 seconds](#)
 - [3.2 Voluntary donation in 2004](#)

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[3.3 Brain dead “donors” before 1999](#)

[4 Issuing deceiving statements to hide unethical medical conduct in China](#)

[4.1 November 2006: Most organs were from donation after death](#)

[4.2 November 2011: Fifty eight percent of the total transplants use executed prisoners’ organs](#)

[4.3 March 2012: Executed prisoners are the main source of organs](#)

[4.4 March 2013: Number of executed prisoners decrease by 10 percent per year since 2003](#)

[4.5 Ending reliance on executed prisoners’ organs by counting prisoners as citizens](#)

[4.6 May 2013: “my own practice has not taken organs from the prisons for two years now”](#)

[4.7 March 2014: Use of executed prisoners’ organs without consent ongoing](#)

[5 Huang Jiefu’s active involvement in the persecution of Falun Gong](#)

[6 Conclusion](#)

[7 References](#)

1 About Huang Jiefu

Huang Jiefu (*1946) was the President and Chinese Communist Party (CCP) Committee Chief at Sun Yat-sen University of Medical Sciences in Guangzhou from 1996 to 2001[1]. From October 2001 to March 12, 2013, Huang was China’s Vice Minister of Health[2]. During this time, Huang was also the director of China’s Organ Transplant Committee (since July 2006)[3], director of China Organ Donation Committee (since 2008)[4], director of China Organ Donation and Transplant Committee (since March 1, 2014)[5], honorary director at The First Affiliated Hospital, Sun Yat-sen University of Medical Sciences, and director of renal surgery department at Peking Union Medical College Hospital[6].

2 Alleged violation of medical ethics in transplants conducted by Huang Jiefu

As China’s Vice Minister of Health, Huang continued to conduct numerous liver transplants in various locations in China. The “donor” livers used were procured after very short waiting times and the sources of the organs were not disclosed. The following are examples of liver transplants conducted by Huang Jiefu, and were covered by State-run media as news.

2.1 September 2003 in Changsha, Hunan province

September 18, 2003, Huang Jiefu attended the opening ceremony of “Hunan Transplant Research Center” at the Third Xiangya Hospital of Central South University in Changsha, Hunan. There were seven liver and kidney transplants scheduled that day. Huang conducted a liver transplant on a 53-year-old liver cancer patient. According to the report by Xinhua, the major state-run news agency in China, the recipient checked into the Third Xiangya Hospital one week prior to the transplant surgery[7].

The liver recipient’s first visit to the hospital was only one week prior to the transplant surgery, indicating that the waiting time for the liver was less than one week; in addition, seven liver and kidney transplants were scheduled on the same day, concluding that the “donors” were already identified and the date of the transplant was selected.

2.2 September 2005 in Xinjiang province

Urumqi Online, ran by the biggest news outlet in Xinjiang province Urumqi Evening News, reported “a record breaking two liver transplants in 25 hours” on October 11, 2005[8]. The report stated that Huang Jiefu went to Xinjiang as a member of a delegation led by Luo Gan, then head of the CCP Central Political & Legal Affairs Committee (PLAC, the regime’s extra-judicial organization to implement the persecution of Falun Gong) on September 23, 2005. During his stay in Xinjiang, Huang conducted two liver transplants. The first was an autologous liver transplantation; the second was a living donor liver transplant between siblings. This report focuses on the autologous liver transplant.

On September 28, 2005 Huang Jiefu and Wen Hao, director of The First Teaching Hospital of Xinjiang Medical University, performed a planned half liver surgery and discovered cancerous cells had spread. Huang Jiefu came up with an alternative plan to remove the patient’s liver, cut off the cancerous part, and transplant the liver back in, (i.e., autologous liver

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transplant). A healthy backup liver would be necessary if the autologous liver transplant failed. After some discussion, Huang Jiefu contacted The First Affiliated Hospital Sun Yat-sen University of Medical Sciences in Guangzhou, Guangdong province and Third Military Medical University Affiliated Southwest Hospital in Chongqing, Sichuan province, requesting a backup liver with the same blood type as the patient in Xinjiang. The next day (September 29), at approximately 6:30pm, a backup liver arrived at the operating room from Chongqing. Given a survival time of 12 hours to remain viable outside the body, the livers would need to be procured after Huang Jiefu requested it, otherwise the time frame of 24 hours would be too long for the livers to survive outside the body. This amounts to killing for transplant organs “on demand.” Sina.com.cn, a major online news outlet, reported the same operation in an article dated October 3, 2005, titled “Our country’s first autologous liver transplant was successfully performed in Xinjiang[9].” It reported that on September 29, “three medical personnel arrived at the hospital in Xinjiang from Guangzhou. They brought a bypass device and a liver. The team in Xinjiang quickly found a matching backup liver.”

Huang Jiefu requested the livers from a military hospital and a civil hospital. Both hospitals were able to locate a liver with the matching blood type and transport them to Xinjiang the next day.

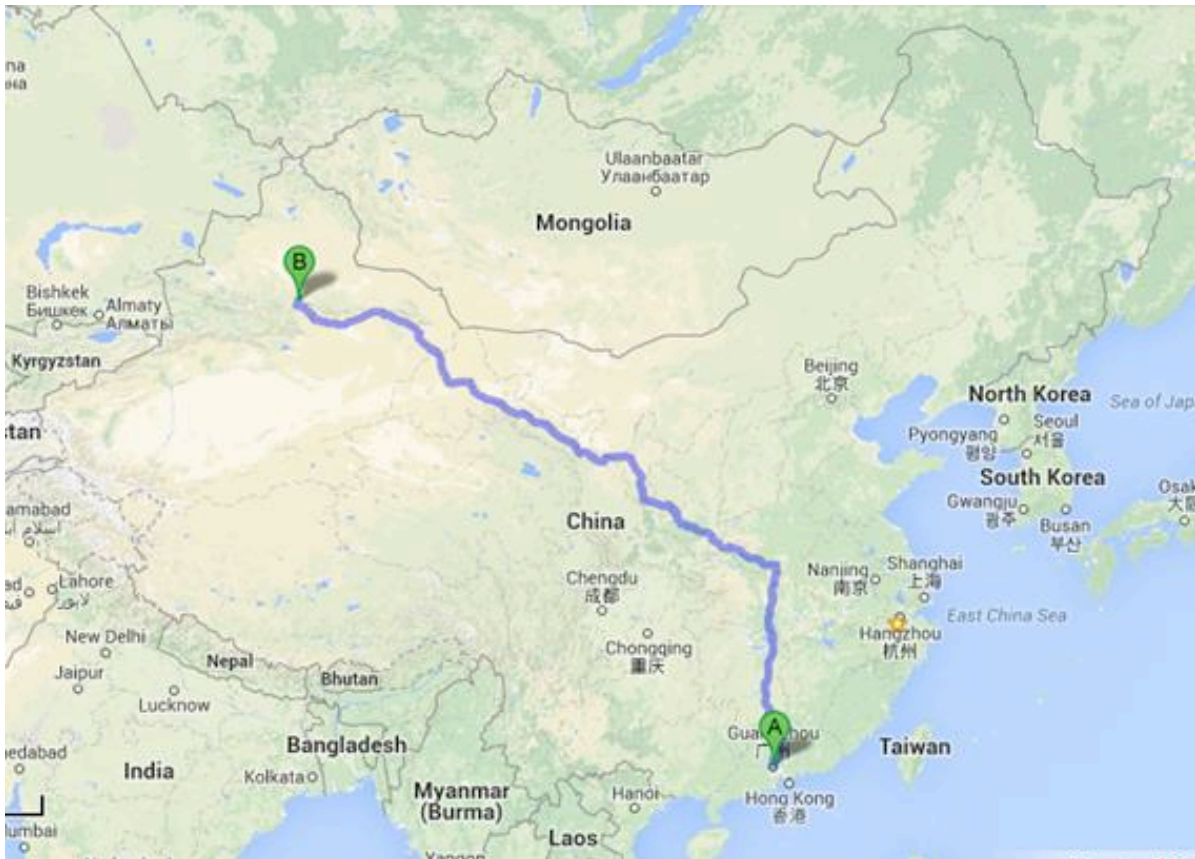


Figure 1. Within one day, a liver “donor” was identified; the liver was removed and transported 4,267 km (2,651 miles) from (A) The First Affiliated Hospital Sun Yat-sen University of Medical Sciences in Guangzhou to (B) Huang Jiefu’s operating room in Xinjiang.

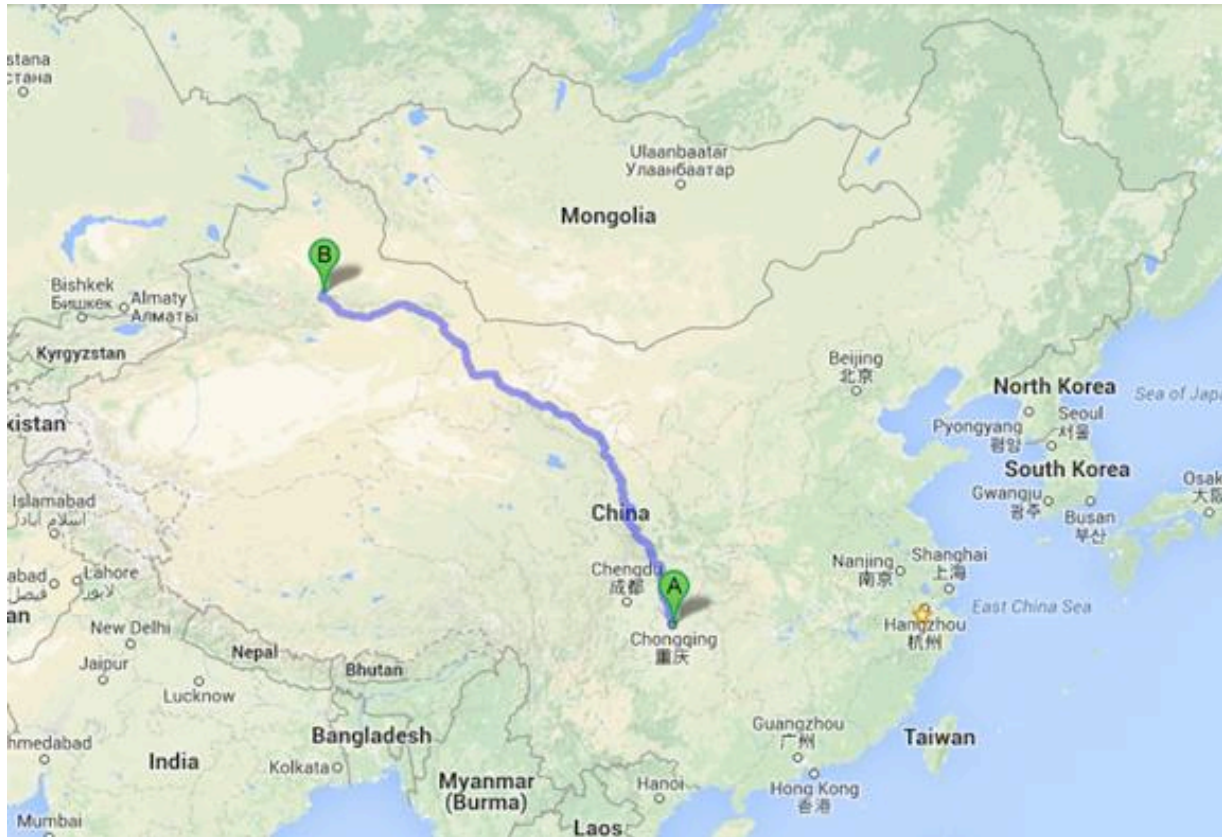


Figure 2. Within one day, a liver “donor” was identified; the liver was removed and transported 2,883 km (1,791 miles) from (A) The Third Military Medical University Affiliated Southwest Hospital in Chongqing to (B) Huang Jiefu’s operating room in Xinjiang.

2.3 November 2012 in Guangzhou, Guangdong province

In late 2012, while in Guangzhou for meetings, Huang Jiefu conducted three liver transplants. The first transplant was on November 21 at the Third Affiliated Lingnan Hospital, Sun Yat-sen University and, the second was on the following day at Guangzhou Military Region General Hospital. After the transplants were completed, Huang announced that he would perform another transplant at the First Affiliated Hospital, Sun Yat-sen University on November 23^[10].

March 2013, Huang discussed the three operations mentioned above to Guangzhou Daily: “Last year [2012], I did over 500 transplant operations. The one done in Guangzhou in November was the first voluntary donation by a citizen^[11].” Concluding that, of the 500 transplants Huang Jiefu performed in 2012, the liver used in November was the first voluntarily donated liver.

3 Huang Jiefu authored medical papers with questionable content

A search for medical papers coauthored by Huang Jiefu, yielded over 300 entries. The papers contained details about organ transplants with descriptions of the “donors” and the organ waiting times. Below are a few examples of the papers.

3.1 Cadaver liver with warm ischemia time of 30 seconds

The Chinese Journal of Surgery, January 2003, Vol.41, Issue 1 published an article titled “Prevention, diagnosis and treatment of biliary complications after liver transplantation.” Huang Jiefu was coauthor at the Organ Transplant Center, The First Affiliated Hospital, Sun Yat-sen University of Medical Sciences^[12]. The paper describes 123 liver transplants



performed between April 1993 and November 2001. The transplants used “cadaver livers” with a warm ischemia time between 30 seconds and 8 minutes!

<p>尽管原位肝移植术的疗效在不断提高,但肝移植术后胆道并发症的发生率仍徘徊在 7% ~ 30%。与胆道并发症相关的病死率为 6.0% ~ 12.5%^[1]。由于胆管组织损伤后再生能力低下,处理棘手,如何预防和治疗胆道并发症对提高肝移植术疗效和改善患者生存质量有着重要的临床意义。我们对本中心实施的 123 例原位肝移植病例资料进行总结,探讨肝移植术后胆道并发症的预防、诊断和治疗。</p> <p style="text-align: center;">临床资料</p> <p>1. 一般资料:自 1993 年 4 月至 2001 年 11 月,</p>	<p>我院共施行了 123 例原位肝移植术,其中成人 120 例,儿童 3 例。年龄 5 个月 ~ 65 岁。病例均为尸体供肝移植,供肝热缺血时间为 30 s ~ 8 min,冷缺血时间为 3 h 30 min ~ 13 h 20 min。120 例成年患者胆道重建均采用胆总管胆总管端端吻合术,其中 119 例经受体侧胆总管放置 T 管引流,1 例经受体侧胆囊管开口置入小儿胃管并跨过胆管吻合口,3 例儿童患者采用胆肠 R-Y 吻合重建胆总管,并放置胆道支架管。术后 7 d ~ 1 个月经 T 管或胆道支架管行胆道造影,T 管或胆道支架管均在术后 3 个月拔除。</p> <p>2. 病例资料:根据肝移植术后胆道并发症的诊断标准^[2],本组有 11 例发生胆道并发症(表 1)。</p>
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Figure 3. Excerpt of Huang Jiefu's paper on Chinese Journal of Surgery, January 2003

To extract livers from human cadavers and to achieve the warm ischemia time of 30 seconds is medically impossible. The liver sources must be alive and the procurement must have been carried out under operating room conditions to achieve the 30 second warm ischemia time, ruling out the possibility that the extractions were done on the execution grounds. In absence of a voluntary organ donation system, a viable conclusion is that non-consenting living prisoners of conscience were killed in the process of liver removal in the operating room.

3.2 Voluntary donation in 2004

Chinese Journal of Clinical Nutrition April 2012, Vol.20, Issue 2 published an article titled “Perioperative nutrition support therapy for combined ‘en bloc’ liver/pancreas transplantation” Huang Jiefu was coauthor at the Organ Transplant Center, The First Affiliated Hospital, Sun Yat-sen University of Medical Sciences^[13].

<p>1.2 供体器官簇</p> <p>器官簇供体为无心跳自愿捐献供体,均为男性,年龄 21 ~ 45 岁,既往无肝脏疾病或其他重大脏器疾病史,病原学检查阴性,血型与受体相同。采取腹部多器官联合快速切取技术获取肝脏、胰腺、脾</p>
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Figure 4. Excerpt of Huang Jiefu's paper on Chinese Journal of Clinical Nutrition April 2012

The paper describes 10 liver-pancreas transplants performed between May 2004 and September 2010. The 10 “donors” were “voluntary donors with no heartbeat, all male, ages 21 to 45, no history of liver diseases and other large organ diseases.” The organ donation program promoted by Huang Jiefu started a trial in 2010 and began to operate in 2013. Huang Jiefu's paper refers to voluntary donation as early as 2004. There is an inconsistency in the use of “voluntary” organ donation.



3.3 Brain dead “donors” before 1999

The Chinese Journal of Practical Surgery, May 2000, Vol.20, Issue 5 published an article titled “ABO incompatible liver transplantation.” Huang Jiefu was coauthor at the Organ Transplant Center, The First Affiliated Hospital, Sun Yat-sen University of Medical Sciences[14].

The paper describes 31 liver transplants performed between April 1993 to July 1999. The “donors” were all declared as “brain dead.” In 2003, the Ministry of Health drafted “Brain Death Determination Criteria (Adult), (The Exposure Draft)” and “Brain Death Determination Technical Specifications (Adult), (The Exposure Draft).” Presently, China does not have a brain death policy, and thus it is unclear what Huang claims to be “brain dead donors.”

1 临床资料

自 1993 年 4 月至 1999 年 7 月, 我院共施行 31 例肝脏移植, 其中供受体 ABO 血型相同者 25 例, 占移植例数的 80.6%; ABO 血型相符 3 例(供体 O 型、受体为 A 型 2 例, 供体 O 型、受体 B 型 1 例), 占 9.7%; ABO 血型不合者 3 例, 占 9.7%。ABO 血型不合病人术前情况按 UNOS 分级^[1], 属 I 级的 2 例, II 级的 1 例, 其中 1 例曾有 3 次肝性脑病病史, 并先后接受 8 次人工肝治疗(表 1)。

表 1 3 例 ABO 血型不合的肝移植病人资料

例序	年龄	性别	供体血型	受体血型	UNOS 分级
1	7 个月	男	A	B	II
2	49 岁	男	B	A	I
3	35 岁	男	AB	B	I

手术方法: 供肝均来自脑死亡供体, 采用快速原位灌注肝肾联合切取方法。成人受体手术采用体外静脉转流下的

Figure 5. Excerpt of Huang Jiefu’s paper on The Chinese Journal of Practical Surgery, May 2000

4 Issuing deceiving statements to hide unethical medical conduct in China

4.1 November 2006: Most organs were from donation after death

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November 14, 2006, Huang Jiefu announced at the National Organ Transplant Clinical Management Summit, “The majority of organs for transplant were from organ donation after death, part of which came from traffic accident victims and families[15].”

4.2 November 2011: Fifty eight percent of the total transplants use executed prisoners’ organs

In his November 2011 article published in the medical journal The Lancet, Huang Jiefu commented: “China is the only country in the world that systematically uses organs from executed prisoners. About 10,000 transplant operations are performed each year in China, among which 65 percent are organs from cadavers, and 90 percent of which are executed prisoners[16].” concluding that 58 percent of the total transplants used executed prisoners’ organs.

Although Huang Jiefu stated that 65 percent of the organs came from cadavers, he did not sufficiently explain where the 35 percent non-cadaveric organs came from. In the west, where voluntary organ donation is well established in society, people naturally think that the 35 percent came from living donors. However, it was in 2010 that China started the first voluntary organ donation trial program. If Huang Jiefu’s claim about 35 percent were true, the organs must have come from non-consenting, living “donors” (i.e., prisoners of conscience). According to a study of Chinese medical papers published between 2000 and 2012, only 24 percent of the organs came from cadavers[17]. During the same time frame, Falun Gong practitioners were the largest group of prisoners of conscience.

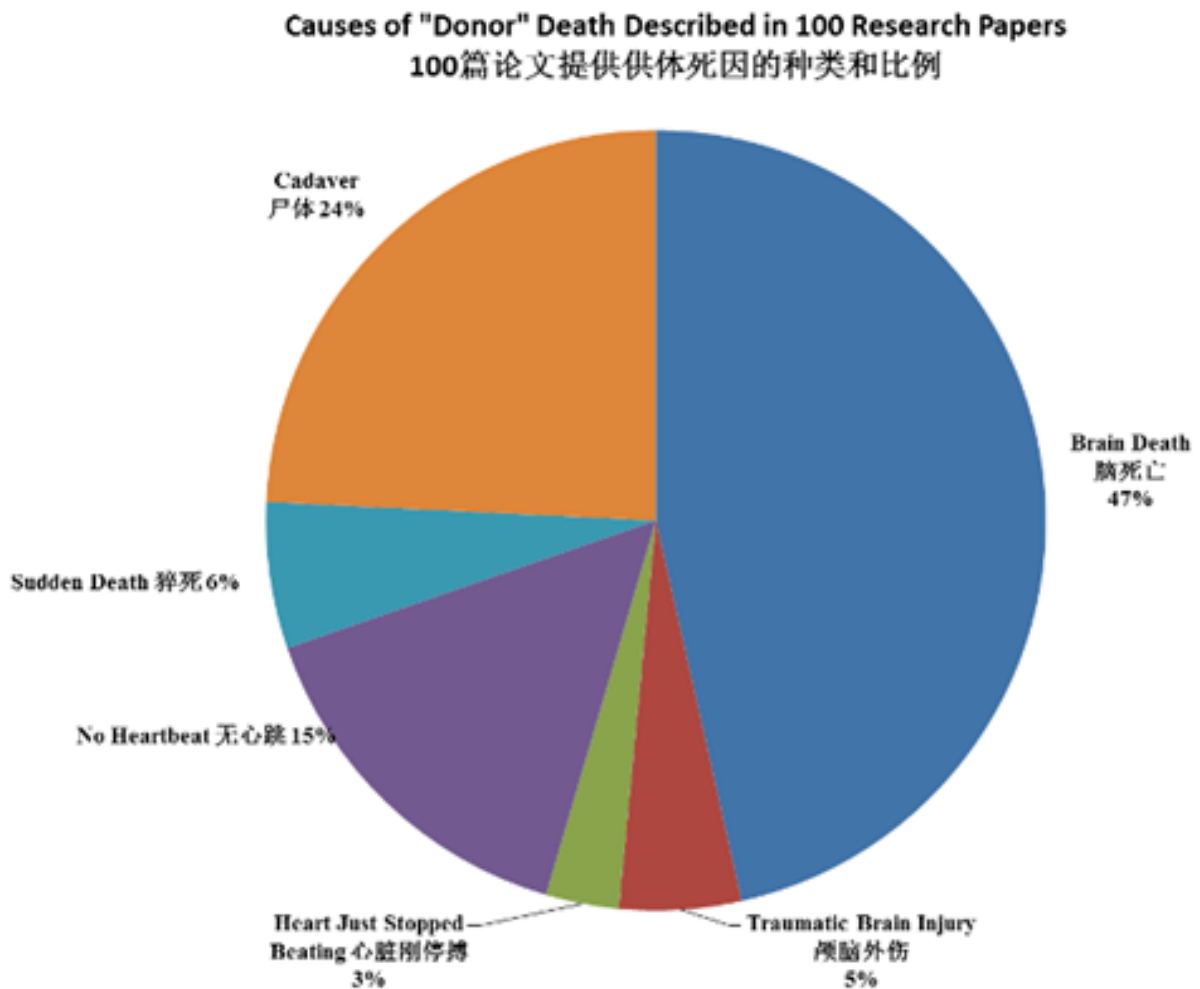


Figure 6: Causes of death analysis of “donors” described in Chinese medical paper published from 2000 to 2012



4.3 March 2012: Executed prisoners are the main source of organs

March 7, 2012, qq.com quoted Huang Jiefu, “The bottleneck of the organ transplant industry in China is the lack of organs. Because there is no donation system, organs from executed prisoners have been the main source for transplants[18].”

4.4 March 2013: Number of executed prisoners decrease by 10 percent per year since 2003

March 7, 2013, Huang Jiefu told Southern Metropolis Daily: “Ten years ago, the number of executed prisoners started to decrease by 10 percent every year. Now, there are in fact very few executed prisoners now[19].”

According to Duihua Foundation, China executed 2,400 people in 2013. The historical number chart provided by duihua.org illustrates the estimated number of executions since 2002[20]. It matches Huang Jiefu’s statement of 10 percent decrease per year.

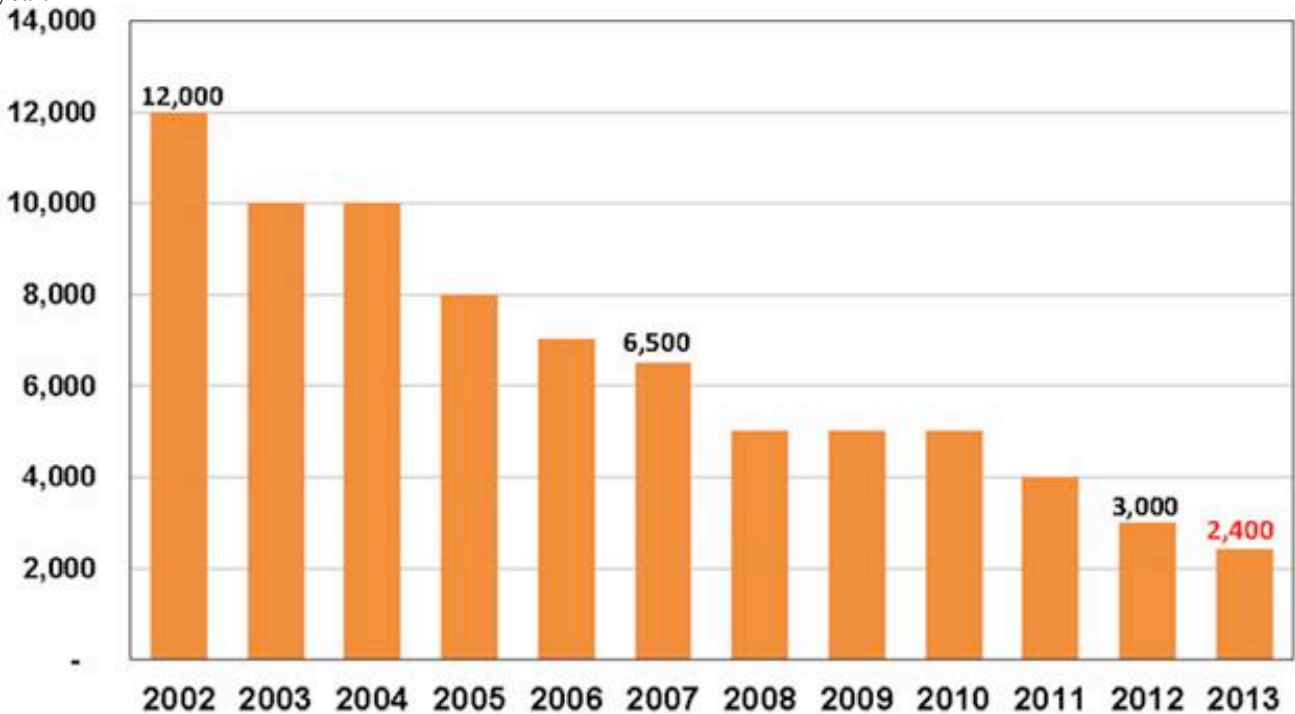


Figure 7: Estimated number of executions in China by duihua.org

4.5 Ending reliance on executed prisoners’ organs by counting prisoners as citizens

March 2012, Huang Jiefu announced in Hangzhou city that China will establish an organ donation program and promised to end the reliance on executed prisoners’ organs in 3 to 5 years[21].

November 2012, In Guangzhou, Huang Jiefu claimed that because of the establishment of an organ donation system, “China will end its reliance on executed prisoners’ organs in 1 to 2 years[22].”

March 2014, Huang Jiefu said, “Executed prisoners are also citizens. We cannot deny their rights to donate organs,” concluding that China will continue to use organs from prisoners. He also indicated that once the executed prisoners are entered into the China Organ Transplant Response System (COTRS) as citizen donations, there would be only one option, namely citizen donation[23]. Within two years, Huang Jiefu made three different statements about the continuation of the organ sourcing from prisoners.

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4.6 May 2013: “my own practice has not taken organs from the prisons for two years now”

May 2013, Huang Jiefu’s honorary professorship at the University of Sydney came under fire because of his alleged use of executed prisoners’ organs for transplant. Huang told an overseas media, “In China, the executed prisoner must agree and written consent from the prisoner or family member must be obtained before the organs can be harvested... my own practice has not taken organs from the prisons for two years now.” In the same interview, Huang Jiefu also asked, “why do you object” [to use organs from executed prisoners], suggesting that criticism on sourcing organs from prisoners is not a problem. He claimed, “Policy is being made, within two years, we will completely eliminate the heavy reliance on prisoners’ organs[24].”

4.7 March 2014: Use of executed prisoners’ organs without consent ongoing

March 2014, Hong Kong’s Mingpo quoted Huang Jiefu: “Why do we admit it [harvesting organs from executed prisoners]? Because there were no donated organs, it was done systematically. No matter how hard we try to hide it, we can’t. The systematic use of executed prisoners’ organs is operated by hospitals, courts and police, no one can explain (how it works) clearly.” Huang Jiefu also added “we have not been able to obtain consent from the prisoners or the families[25].” This is a direct contradiction to his statement made in May, 2013.

5 Huang Jiefu’s active involvement in the persecution of Falun Gong

Prior to becoming the Vice Minister of Health in 2001, Huang Jiefu was the President and Party Chief at Zhongshan Medical University. In July 1999, when the persecution of Falun Gong began, Huang led the university’s party committee, where students and faculty studied anti-Falun Gong documents issued by the CCP Central, Ministry of Civil Affairs and Ministry of Public Security, and forced to watch TV programs defaming Falun Gong. The Memorial Hospital and public clinics affiliated with the university all followed the lead and organized similar activities[26].

One week after the now proven, staged Tiananmen Square Self Immolation (Jan. 23, 2001), Huang Jiefu told a Guangzhou based newspaper, Yangcheng Evening News, that “struggle against Falun Gong is a serious political campaign. We must have no mercy towards the few active members[27].”

May 2001, Minghui.org (a Falun Gong run website to document the persecution), reported that the campus of Zhongshan Medical University was filled with anti-Falun Gong slogans and banners[28]. Five months later in October 2001, Huang Jiefu, while displaying his alignment to the Party’s political campaign against Falun Gong, was appointed the Vice Minister of Health.

It is incomprehensible and against medical ethics for a doctor to express “no mercy” towards any human being, especially peaceful meditators. Given Huang’s “merciless” attitude towards Falun Gong during his 12-year tenure as Vice Minister, China’s exponential and unexplained increase of transplant numbers would be plausible and coincide with the persecution of Falun Gong and the exploitation of their bodies for organs.

6 Conclusion

Since 2005, Huang Jiefu, the spokesperson on China’s transplantation situation, speaks of limited use of prisoners’ organs, only to contradict himself later with admission that prisoners are the primary source of organs. He writes about brain dead “donors” in medical papers, although there exists no brain death policy in China. He speaks of ending reliance of prisoners’ organs, but states that prisoners are citizens with rights to donate organs, and prisoners will be added to the computerized organ donation registry. He speaks about the use of prisoners’ organs to be unethical, yet he also said “why do you object [taking executed prisoners’ organs]?” Huang Jiefu’s conflicting statements issued under different circumstances display uncertainty about the true situation of China’s transplant practice. The inconsistency reflects patterns of China’s propaganda practice due to Huang’s personal involvement in the nationwide transplant abuse, and to his statements that divert attention

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and misinform the public. The discrepancy of the statements and data points to an undisclosed pool of organ donors, suggesting the harvesting of organs from living prisoners of conscience as a necessary explanation.

Six years after Huang Jiefu returned from Australia to China, in 1993, he performed “China’s first liver transplant with In vitro venous bypass,” and thus was labeled “the propeller of China’s second wave of liver transplant[29].” Yet, there was no significant improvement in transplantation in the following few years. July 1999, when the Chinese regime’s persecution of Falun Gong began, the “second wave of liver transplant” occurred in China. Since the year 2000, transplant numbers drastically increased, while the execution numbers decreased by 10 percent each year. There was no explanation by a single hospital, committee, or expert in terms of the source of the large amount of extra “donor” organs.

Huang Jiefu should be held accountable for his active involvement in unethical transplant practices, not awarding him honorary titles. The international community should demand explanation from Huang Jiefu concerning the source of several hundred livers that he has transplanted in his professional career.

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To investigate the criminal conduct of all institutions, organizations, and individuals involved in the persecution of Falun Gong; to bring such investigations, no matter how long it takes, no matter how far and deep we have to search, to full closure; to exercise fundamental principles of humanity; and to restore and uphold justice in society.

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