



Chapter 1: The Surge in Organ Transplants: Forced disappearances and Witness Testimonies

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Chapter 1: The Surge in Organ Transplants: Forced disappearances and Witness Testimonies

Summary: This chapter reviews the disappearance of hundreds of thousands of Falun Gong practitioners beginning in 1999, and traces the explosive growth in organ transplantation in China's medical system

I. LANDSCAPE

Since the beginning of this century, aging populations around the world have looked at the abundance of available organs in China as a sort of medical miracle. In their home country, they might face death by organ failure while waiting a year or two for a compatible donor. In China, hospitals openly advertised a tissue-matching organ within two weeks. While it was increasingly well-understood in international transplant circles that these organs were coming from executed prisoners, by the end of 2005, China had attracted foreigners, so-called "transplant tourists" from every continent on earth.

After the first allegations that the Chinese communist regime was harvesting organs from living Falun Gong practitioners were published in March 2006, transplant tourism did not come to a halt, but many operations went underground. Subsequently, WOIPFG, along with others in the international community, began an investigation into organ harvesting that is now in its ninth year, and has released more than 40 investigative reports on the CCP's suspected involvement in organ harvesting from living Falun Gong practitioners.

As the investigation proceeded, WOIPFG investigators converged around the theory that the Falun Gong petitioners who did not report their names when being illegally detained were being secretly imprisoned and coded as living organ donors.

II. THE INITIAL SURGE

The year 2000 marked a watershed in China's organ transplant industry. Hospitals across China, large and small, began to provide the facilities and the surgical teams that would culminate in the industries' explosive growth. Even some small-scale hospitals or specialized clinics, which lacked the proper



qualifications to perform organ transplants, began performing organ extractions and transplants. At its peak, nearly 1,000 hospitals would be performing organ transplant operations.

Six months earlier, in the summer of 1999, Beijing had made the decision to outlaw a widespread spiritual practice known as Falun Gong (or Falun Dafa). According to the CCP Public Security Department's investigations, starting from May 1992 until July 1999, the number of Falun Gong practitioners had grown from a handful of people to somewhere between 70 million and 100 million practitioners¹. From the CCP perspective, this was a significant milestone; although Falun Gong was widely perceived, even in Chinese Communist Party circles, as a non-violent movement which stressed the ethical principles of truthfulness, compassion and forbearance, the number of practitioners now outnumbered the 65 million members of the Chinese Communist Party. Under instructions from former CCP head Jiang Zemin, a comprehensive persecution against Falun Gong practitioners – waged in the state-controlled media and in the streets themselves – began on July 20, 1999.

In response, millions of Falun Gong practitioners traveled to Beijing to publicly appeal for an end to the repression. Initially, in the late summer and early autumn of 1999, most of the practitioners were rounded up and, following a relatively short detention, forcibly taken back to their homes. Yet upon their return, the practitioner's families – regardless of their relationship to the Falun Gong practice – were often included in the ever-widening dragnet. Unemployment, school dismissals, and homelessness followed. At the same time, the first deaths of practitioners in custody were emerging across China.

A second surge of Falun Gong practitioners came to Beijing to appeal in 2000 to 2001. To avoid implicating their families and workplaces in a persecution that had no apparent legal restraints and was becoming increasingly violent, many now refused to reveal their names or other personal information to the police. The numbers were extraordinary; according to the Beijing Public Security Bureau's internal information, as of April 2001, the number of Falun Gong practitioners who were arrested when petitioning in Beijing and had their names registered by the police, had reached fully 830,000². By the end of 2001, the end of the peak period, the Beijing Public Security Bureau, employing the increased numbers of steamed buns that had been consumed, estimated that there had been approximately one million Falun Gong in Beijing on any given day.³ It may seem odd to use food consumption as a benchmark, but this may indicate that the Public Security Bureau was no longer expected to keep careful arrest records. As many of these "nameless" practitioners could not be registered or sent back home, they were promptly transported from short-term detention centers into the Laogai System (labor camps, prisons, "black jails," psychiatric wards, and long-term detention centers). Yet the CCP's prisons and labor camps across China were already filled to capacity. As a result, the CCP transferred many of the nameless Falun Gong practitioners from the existing Laogai System into little-known underground prisons, labor camps and specialized concentration camps in remote areas⁴. In this way, several hundred thousand Falun Gong practitioners (mainly from Northeast China, North China and rural China) simply disappeared from any existing record.

It was not until years later that the forced disappearance of hundreds of thousands of Falun Gong practitioners was correlated to the new-found abundance of healthy organs available upon demand for organ transplants. In March 2006, a former surgeon's wife, a veteran military doctor from Shenyang Military Region and other informants began to emerge, testifying that the CCP was harvesting organs



from living Falun Gong practitioners on a significant scale. As a result, Canadian human rights lawyer David Matas, former Canadian MP David Kilgour, independent investigator Ethan Gutmann and others, joined the ranks of those who have critically examined these accusations. Collectively, the unanimous assumption of these investigators and WOIPFG is that the multitudes of nameless practitioners comprises both a stockpile and a continuing supply-line for the majority of the live donors that fuels China's organ transplant industry today.⁵

III. CODES INSTEAD OF NAMES

We spoke with Chen Qiang, a kidney broker for People's Liberation Army (PLA) No. 307 Hospital in Fengtai District, Beijing. He stated that "they could just record code numbers" for nameless practitioners and that government officials and the prison system worked together in the trafficking of organs from Falun Gong practitioners, "like a coordinated supply line." He also claimed to have materials that could confirm that the supplied organs were from Falun Dafa practitioners.⁶

(Download record : MP3)

Following are excerpts from the phone conversation between one WOIPFG investigator and Chen Qiang, a kidney broker for PLA No. 307 Hospital in Beijing. (A: Investigator, B: Chen Qiang)

B: Hello.

A: Hello, is this Xiao Chen?

B: Hello.

A: Is this Chen Qiang?

B: Yes, this is. Speak.

A: Hello. Last time I talked to you about contacting the kidney supply sources. How is it going?

B: You meant that, contacting the prison, or "that something"?

A: Yes, the source of Falun Gong practitioners, I meant. ...

B: I've heard it's now very strict.

A: Where did you get it before?

B: It was from Xichen (A place in Beijing).

A: Xichen, you now--- By the way, how could you be so sure he (the source) was a Falun Gong practitioner? Did you find out for sure?

B: How to positively identify a Falun Gong practitioner, well, when the time comes --- when the time comes, then on our side, our boss will have people show you some information, you know. He will show you the information and data. You can rest assured. We have connections with the government officials, as well. There are connections to high ranking officials. You know, I will show you such materials even if you don't ask me for them. You know.

A: OK. Ah... There is one more thing that I don't quite understand. That is to say, these people are detained in forced labor camps or prisons. Normally, I know that they are in the police stations...

B: Right now, there are fewer in the forced labor camps.

A: Really, where are they usually detained now?

B: Now they are all in prisons. Normally, they were sent away from Beijing, and from there transferred to other places.

A: I heard from others that, several years ago, they arrested many Falun Gong practitioners, who did not give their names after they were arrested, so they have detained quite a few. They have detained some of them underground. Some of the places were neither a prison nor a labor camp...



B: You are talking about what was going on around 2003. I know exactly what you are talking about. They started to not reveal their name in 2003. You see, starting from now, the Falun Gong (practitioners) are like that...so you have to allocate some from the 2003 files, you know.

A: Oh, so there were more cases in around 2003?

B: Of course. There were tons of Falun Gong (practitioners) on file around 2003.

A: You see, the 50,000 yuan as mentioned before is no problem. I tell you, I will give you 20,000 yuan extra to make you feel at ease. Later, you just tell me how much money you spent, you can just tell me an amount. I will feel more at ease.

B: This thing, I also need to use contacts to find it for you. The money they ask, I think it will be around 200,000 yuan, you know.

A: Yes.

B: Falun Gong---- Last time I made some inquiries by calling around ... Later I contacted [the labor camp or prison officials] by phone. I asked my boss to call him [the official], and he [that official] said they would obtain the organs from "inside [the labor camps or prisons]."

A: Oh.

B: Now [the Falun Gong practitioners] have all been transferred to remote prisons. They [the officials] need to get the organs from there; that takes money. The majority of the money must be paid to people over there, you know.

A: Yes. 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.

B: Yes, it is quite normal, you know ... **If the Falun Gong practitioner did not give his name, he would be assigned a code number, you understand?**

A: Yes.

B: If they could not find out their real names, they could just record code numbers, you know.

A: Oh.

B: And also according to their fingerprints, you know, things are like this way now. In this society, if one doesn't have, doesn't have [some power and authority], he cannot do such things, especially these kinds of things, you know.

A: Yes.

B: After such a thing is done, I tell you. It is not that I want to tell you something. Hum, specific details such as the names of some people, I cannot tell you, you know.

A: Yes.

B: Like our boss, like the connections to the detention centers, I cannot tell you. Under these circumstances, I cannot talk casually. How can it be casual? We have the connections. Since we are doing this business, we have people in every department. How can you get it done without connections?

A: Yes. I am just...

B: **Such an operation is like a coordinated supply line, you know.**

A: Right.

IV. LAOGAI SYSTEM NUMBERS



Mainland China's Fazhi Wanbao (Legal Evening News in English) reviewed the CCP's "re-education through forced labor" system in an article on November 16, 2013 entitled "The Largest Number of Inmates in Forced Labor Camps Reached 300,000", before labor camps were abolished at the end of that same year. ⁷According to the report, after the 1990s, the number of inmates in the CCP's labor camps rose year after year and reached a peak of 300,000 per year. Although it began to decline in 2006, there were still 90,000 inmates in 2012. The period of time, "in which there were up to 300,000 inmates per year", mentioned by the Legal Evening News article was between 2000 and 2006.

This is the time period when the number of Falun Gong practitioners being held by the CCP was at its highest point. A rough calculation of 300,000 people per year, from 2000 to 2006, suggests that the CCP held approximately 2.1 million practitioners in labor camps. In addition, the US government mentioned in its 2008 Religious Freedom Report that more than half of the inmates in China's labor camps were Falun Gong. ⁸ Based on this, during the six years from 2000 to 2006, approximately 1.05 million practitioners were detained in labor camps. This calculation happens to concur with Ethan Gutmann's estimate (even though it was based on a survey method using a refugee sample of 50 individuals), that 1 million to 500,000 Falun Gong are incarcerated in the Laogai System at any given time, and 1.2 to 2.6 million were in the Laogai System from 2000 to 2008. In summary, we believe that during the 14 years between 1999 and 2013, up to several million Falun Dafa cultivators have been imprisoned in the Laogai System by the CCP.

V. EARLY INCIDENTS OF LIVE ORGAN HARVESTING

1) "Rescued after death"⁹

Zhao Yingqi was a 59-year-old worker of the South Fangezhuang Mine Management Section in Guye District of Tangshan City. Refusing to reject the practice of Falun Gong, Zhao was imprisoned at the Lotus Pit Forced Labor Camp in Tangshan on Nov. 20, 2002, and died 40 days later. When his family member saw the corpse, his skull was caved in, his eyes were wide open, there were bloodstains from his right mouth corner to his ear, and his hands and nails were dark purple extending all the way to the back and neck. A piece of flesh was missing from his right rib area, and his deflated abdomen was filled with water. At 7pm on Dec. 30, the hospital informed his family of his death and put him in a mortuary. His wife was forbidden to wash his dead body and dress him the last time. The death notice was incomprehensible; "8:02pm, Jan. 2, 2003." In addition, a temporary doctor's note showed that on Jan. 1, 2003, Zhao had somehow accrued a "301 Military Hospital" expert consultation fee of 1000 yuan RMB (301 Military Hospital has since become notorious as a Falun Gong harvesting center). The hospital also charged his family over 10000 yuan RMB for medical expenses and 3090 yuan RMB for a senior cadre settlement fee two days after Mr. Zhao's death. When questioned by Mr. Zhao's family member who the senior cadre was, the hospital couldn't hide the whole truth anymore: "Well, the forced labor camp has to spend the money, because city Party secretary Chen Man had issued an order in person to rescue at all costs." Zhao Yingqi was put in the mortuary on Dec. 30, 2002. Yet it is far from clear that he was actually dead at the time. Two days later, what was the so-called treatment that the 301 Military Hospital expert provided for Mr. Zhao and the senior cadre whom the city Party secretary Chen Man personally ordered "to rescue at all costs"?



2) “Forcibly cremated”

33-year-old Chen Aizhong was arrested when he went to Beijing to appeal for Falun Gong on New Year's Day in 2001. On Sep.12, Chen, who had lost the use of his hands and legs from torture, was illegally sentenced to three years of forced labor. He was secretly detained at the Lotus Pit Forced Labor Camp in Tangshan. On the 9th day, during force feeding, his heart suddenly stopped beating. He was sent to Tangshan People's Hospital and died there.

When his eldest sister Chen Shulan saw her brother's supposedly “cleaned up” corpse in the mortuary, she noticed that he had bloodstains on his lip, his ears were swollen and were dark purple in hue, and his right ear hole was full of blood. When nobody was looking, she opened his shirt and saw an over 10cm long wound on his left chest. There was also uniform bruising extending from his shoulders all the way down his back. Chen Shulan asked for a forensic post-mortem examination including photographs and demanded to see her brother's detailed death report. While Chen Shulan was arguing that these requests had to be met before she signed any documents, Chen Aizhong's corpse was secretly cremated. The family received no remains.

VI. MACRO HARVESTING TRAJECTORIES

In 2000, as the mass incarceration of Falun Gong practitioners began, the organ transplant industry in mainland China entered a remarkable period of exponential growth. An article entitled “The Maze of Organ Donation: Only Organs are Visible, but not Donors” was published in the March 2010 issue of Southern Weekend. The “year 2000 was a watershed in China's organ transplant industry” the article states. “In 2000, the number of liver transplants in the entire country increased by 10 times in comparison with the number in 1999; and in 2005, that number tripled.”¹⁰ At the same time, the number of hospitals engaged in performing liver transplants drastically increased from 19 in 1999 to more than 500 in April 2006. (By contrast, in the United States, the country with the most developed organ transplant industry in the world, only approximately 100 hospitals can perform liver transplants, and the number of hospitals that perform kidney transplants is no more than 200.) There were only a mere 100 or so liver transplant cases performed in the 20 plus years prior to 1999 in mainland China. By contrast, from January 1, 2005 to June 24, 2006, there were 5,644 recorded cases of liver transplantation in China¹¹. Even within the one-year period from June 24, 2006 to June 24, 2007, while the medical world was fully aware of the allegations of the CCP harvesting organs from Falun Gong practitioners, there were still 4,267 cases of liver transplantation performed in mainland China.¹²

VII. MICRO HARVESTING TRAJECTORIES

The First Affiliated Hospital of Zhejiang University School of Medicine completed two cases of orthotropic liver transplantation from 1993 to 1997.¹³ After 1999, the number of transplants dramatically increased. As of July 8, 2014, the hospital had performed 1521 cases of liver transplantation.¹⁴ From July 1977 to December 1999, the hospital performed 898 cases of kidney transplants, with an average of 40 cases per year.¹⁵ As of May 2012, the hospital has performed a total number of more than 3,300 cases of renal transplantation. Currently, it performs 280 cases of kidney transplant per year, approximately seven times the number of kidney transplants prior to 1999.¹⁶



In May 1994, Shen Zhongyang presided over the first liver transplant operation performed in Tianjin First Central Hospital. Within 3-5 years' time, the hospital completed 5-8 cases of liver transplantation.¹⁷ After 1999, the number of liver transplants increased and, as of 2004, Tianjin First Central Hospital's Oriental Organ Transplant Center has performed 2,248 cases of liver transplantation. Every year, it performs an average of more than 300 cases of kidney transplantation and an average of 600 cases of liver transplantation. Tianjin First Central Hospital's transplant department has also assisted nearly 47 medical institutions in 16 provinces to perform liver transplants and has assisted other hospitals to perform nearly 300 liver transplants.¹⁸

From 1978 to June 2000, the Shanghai First People's Hospital performed 1,120 cases of renal transplantation, with an average of 50 kidney transplant operations per year¹⁹. From 2001 to the end of 2005, the hospital performed a total of 767 cases of kidney transplantation, 456 cases of liver transplantation and a total of 1,501 cases of bone marrow, heart, lung, liver-kidney, pancreas-kidney and cornea transplantation²⁰. It performs 153 cases of kidney transplantation on average per year. Zhujiang Hospital of Southern Medical University performed 1,030 cases of renal transplantation from June 1990 to February 2000, with an annual average of 100 cases.²¹ From June 2000 to April 2001, the hospital performed 204 cases of kidney transplantation.²² From 2000 to January 2003, the hospital completed a total of 628 cases of kidney transplantation in almost three years, with an annual average of more than 200 cases.²³

Fuzhou General Hospital of Nanjing Military Region performed 808 cases of renal transplantation from December 1979 to September 1998, with an annual average of 39 cases.²⁴ From January 2000 to December 2004, in less than five years, the hospital performed 877 cases of renal transplantation, with an annual average of 175 cases.²⁵

Xinqiao Hospital of the Third Military Medical University, from 1978 to 1984, performed 84 cases of renal transplantation, with an annual average of 14 cases.²⁶ From January 2003 to August 2006, the hospital performed 585 cases of first-time renal transplantation for patients aged 20 to 50 years, excluding the elderly patients and renal retransplantation patients.²⁷ The annual average is just over 159 cases.

The PLA General Hospital, from October 1977 to December 31, 1998, performed 1,003 cases of renal transplantation, with an annual average of 47 cases.²⁸ From January 1999 to December 2004, the hospital performed 1,034 cases of kidney transplantation, with an annual average of 172 cases.²⁹

Southern Medical University's Nanfang Hospital, from 1978 to 2001, performed a total of 2,123 kidney transplants, with an annual average of more than 90 cases.³⁰ From 2002 to July 2009, the hospital performed at least 1,677 cases of renal transplantation, with an annual average of more than 200 cases.³¹

Affiliated Changzheng Hospital of Second Military Medical University, from June 1978 to February 1998, performed 1524/1604 cases of allogeneic kidney transplantation, with an annual average of 80 cases.³² From March 1999 to December 2002, the hospital performed 680 cases of renal transplantation, with an annual average of 180 cases.³³



Since 1999, many hospitals or medical departments, which lacked the technical qualifications and permissions to perform organ transplants, were quickly converted into organ transplant centers and labs for tissue-matching, suggesting a “gold rush” pattern of medical investment. The dates and basic information of some of these newly founded medical units are presented in the table below.

Table 1 Overview of “Gold Rush” Organ Transplant Centers and Tissue Typing Centers

Hospital	Overview
The Ministry of Health Forensic Pathology Key Laboratory	Established in October 1999 at Xi’an Jiaotong University’s Forensic Department, with the consent of the Ministry of Health’s Department of Medical Science, Technology and Education. Key laboratory co-founded by the Ministry of Health, Ministry of Public Security and the Supreme People’s Court. Claims “its research in the fields of organ transplant and tissue typing has reached an advanced international level. ³⁴ ”
The PLA No.309 Hospital	Established in April 2002. The Organ Transplant Center of the PLA No. 309 Hospital jointly founded by the Departments of Urology, Hepatobiliary Surgery and Cardiothoracic Surgery. In August 2005, Nephrology and Hematology Departments merged into the transplant center. Officially designated as the “Organ Transplant Center of the PLA” by the Health Department of the PLA’s General Logistics Department in March 2006. Renamed “Organ Transplant Research Institute of the PLA” by the Health Department of the PLA’s General Logistics Department in 2011. As the hospital’s key revenue center, the Organ Transplant Center saw an increase in its gross revenue from 30 million yuan in 2006 to 230 million yuan in 2010 - an eightfold increase in five years. ³⁵
The PLA Second Artillery General Hospital	A Liver Transplant Center was established in the PLA Second Artillery General Hospital in July 2004. ³⁶
The General Hospital of Beijing Military Region	The hospital’s Hepatobiliary Surgery Department and Liver Transplant Center started clinical liver transplants in 1999. The hospital claims that its liver transplant surgeries are now routine. Hepatobiliary Surgery Department claims to have established a fast and unobstructed channel to procure donor livers, not only from Beijing and its surrounding areas, but also from other provinces and cities without delay. ³⁷
The PLA No. 302 Hospital	A Liver Transplant Center was established in the PLA No. 302 Hospital in 2005. ³⁸
The PLA No. 307 Hospital	A Kidney Transplant Center was established in the PLA No. 307 Hospital in 2000. ³⁹
General Hospital of Chinese People's Armed Police Forces	Approved by the General Logistics Department of the Armed Police Forces, an Organ Transplant Research Center in the General Hospital of Armed Police Forces was established in April 2002. ⁴⁰
Affiliated Beijing	Beijing You’an Hospital, affiliated with Capital Medical University,



You'an Hospital of Capital Medical University	established a Liver Transplant Center in March 2003. In August 2004, the Sino-US Cooperative Center for Liver Transplantation was jointly set up by the hospital with the Starzl Organ Transplant Center of the University of Pittsburgh. ⁴¹
Peking University People's Hospital	Peking University Institute of Organ Transplantation, (formerly named Organ Transplant Center at Peking University), established in October 2001 under the personal guidance of Han Qide, Vice Chairman of the standing committee of the 11th National People's Congress. ⁴²
Third Hospital of Peking University	Organ Transplant Center in the Third Hospital of Peking University established in October 2001. ⁴³
Haidian Hospital in Beijing	Organ Transplant Center in Haidian Hospital established in November 2003. ⁴⁴
Zhongshan Hospital, Fudan University	Established October 30, 2001. ⁴⁵ The Zhongshan Hospital Organ Transplant Center performs more than 100 organ transplants every year, with an annual increase of 50%. On December 8, 2003, a Collaborating Centre was established jointly by the Organ Transplant Center of Zhongshan Hospital, Fudan University, and Thomas E. Starzl Transplantation Institute of the University of Pittsburgh in the US, the world's largest organ transplant organization. ⁴⁶
Shanghai First People's Hospital (aka Affiliated First People's Hospital of Shanghai Jiaotong University)	Shanghai Clinical Center for Organ Transplantation was established in August 2001, affiliated with the First People's Hospital in Shanghai. The Center was founded by combining "Shanghai Organ Transplant Research Center" and "Shanghai Tissue Typing Center." Initially relying on kidney transplants, the hospital currently claims to have performed transplants of the heart, liver, and combined transplants of liver-kidney, pancreas-kidney, kidney-adult pancreas islet cell and other substantive transplants including corneas, allogeneic finger, fetal pancreas islet cell, bone marrow, peripheral blood stem cell and cord blood stem cell. ⁴⁷
Shanghai Ruijin Hospital	Organ Transplant Center in Shanghai Ruijin Hospital was established in 2002. ⁴⁸
Shanghai Thoracic Hospital, affiliated with Shanghai Jiaotong University	In 2008, Shanghai Thoracic Hospital set up a "Lung Transplant Clinical Center". The center provides technical support to many domestic hospitals in carrying out clinical lung transplantation. ⁴⁹
Tianjin First Central Hospital	Tianjin First Central Hospital Organ Transplant Center created in 1998 by Shen Zhongyang. Tianjin Institute of Organ Transplantation established in 2002. Center contains transplant surgery, transplantation medicine, transplant ICU, transplant follow-up, anesthesia, imaging, pathology, ultrasound, transplant laboratories and other departments. Center is able to simultaneously carry out liver transplantation, kidney transplantation, pancreas transplantation, small intestine transplantation and heart transplantation. The largest professional transplant organization in China and the largest organ transplant center in Asia. ⁵⁰



Affiliated Southwest Hospital of the Third Military Medical University	Southwest Hospital started clinical liver transplantation in May 1999. Designated as Key Laboratory of the PLA for liver transplants in 2001. International Collaboration Center was established in 2004 with the cooperation of Southwest Hepatobiliary Surgery Hospital and Thomas E. Starzl Transplantation Institute of the University of Pittsburgh in the US. ⁵¹
Transplantation Medical Engineering Research Center of the Ministry of Health	Approved by the Ministry of Health, the Transplantation Medical Engineering Technology Research Center was formally established in the Third Xiangya Hospital, Central South University, in 2005. During the first three years of its operation, the center successfully carried out hundreds of cases of piggyback liver transplantation and over 1,000 cases of kidney transplantation, as well as multi-organ combined transplants of liver-kidney, liver-pancreas, liver-intestine and pancreas-kidney. Also performed are spleen transplantation, pancreas transplantation, heart transplantation, split liver transplantation and liver transplantation between relatives, and thyroid and parathyroid transplant, as well as transplantation of cells from liver, spleen and pancreas. ⁵²
Multi-organ Combined Transplantation Research Key Laboratory of the Ministry of Health	The Key Laboratory for Multi-organ Combined Transplantation Research, under the Ministry of Health, was established in March 2001. Located in the First Affiliated Hospital of Zhejiang University School of Medicine, the laboratory has built up dedicated clinical sites for liver transplantation, kidney transplantation, bone marrow transplantation, and heart and lung transplantation. Their multi-organ combined transplantation project has been recommended by the Ministry of Health and provides technical support to more than 20 province and municipal hospitals. ⁵³
Changzheng Hospital, affiliated with Second Military Medical University of the PLA	The Organ Transplant Center in the Changzheng Hospital was established in early 2003 by combining the Department of Urology and General Surgery Liver Transplantation Department. On December 17, 2003, the center was approved by General Logistics Department of the PLA to become the first organ transplant institute of the PLA. ⁵⁴

VIII. ANOMALIES IN CHINA'S ORGAN TRANSPLANT INDUSTRY

Extremely short donor organ wait times: According to the data from the US Department of Health and Human Services, the average U.S. wait time for donor livers is two years, and the average wait time for kidneys is three years.⁵⁵ However, a number of hospitals in China said that their patients' donor wait time is so short, that the wait time is measured in weeks.

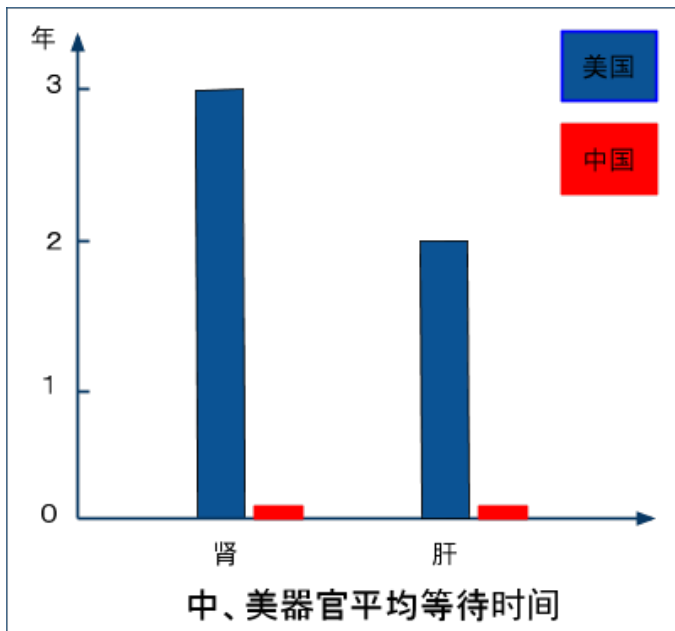


Figure1 the average organ wait time in China and USA

The abundance of human organs has resulted in tens of thousands of foreigners traveling to china for organ transplant tourism: According to a report in the Sanlian Life Week magazine in 2004, most Chinese organ transplant patients “have their own enterprises and run their own businesses” and there are also some, who “have positions”. The report also said that in just a few years, tens of thousands of overseas organ transplant patients have started to come to China, launching a type of “organ transplant tourism”. This article described the “grand spectacles” of organ transplant tourism: “In addition to the Koreans, the Tianjin First Central Hospital (aka. the Oriental Organ Transplant Center) also has patients from nearly 20 Asian countries and regions, including Japan, Malaysia, Egypt, Pakistan, India, Saudi Arabia, Oman, Hong Kong, Macao, Taiwan and others. On the 4th floor of the hospital, one can often see Arabs with turbans and in robes. The cafe at the center of the sick ward seems to have become an “international conference club”, with patients of different colors and races sharing their experiences in receiving medical treatment.”⁵⁶

The donors had excellent health when they were still alive, and the vast majority of them were young men with “no history of alcohol abuse” or any other bad habits: The medical papers’ descriptions of these “donors” identified them as having “no history of long-term medication”, “no Hepatitis B, Hepatitis C, malignant tumor or chronic illnesses”, “no history of alcohol abuse, diabetes or other illnesses” and “no fatty livers”.⁵⁷ And the health conditions of these “donors” from many provinces’ hospitals were roughly equivalent.

Table 236Examples of “Donors” with Perfect Health

Hospital Name	Time Period of Transplant	Description of “Donors”
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1. Dongguan (city) Taiping People's Hospital	2002/8 – 2005/8 August/2002 – August/2008	Implementation of 350 kidney transplants. 90 combined liver-kidney extractions and 260 liver extractions. “Donors” were 20 to 30 years of age, liver function tests normal, HBsAg. HBeAg. HBeAb. HCV-Ab. HEV-Ab. HIV-Ab. RPR. TPPA tested negative. ⁵⁸
2. Beijing Military Region General Hospital	2005/4 – 2007/7 April/2005 – July/2007	Implementation of 30 liver transplants, combined liver-kidney extraction from cadavers. “Donors” were 18 to 42 years of age, Hepatitis B, Syphilis, HIV tested negative, no Tuberculosis, no malignant tumor, no chronic illnesses. The warm ischemia time of “donor livers” was 2~7min, average time was 4.6min. ⁵⁹
3. Navy General Hospital	2005/3 – 2005/8 March/2005	Implementation of 3 heart transplants, “donors” were brain-dead, ages 31, 22 and 28, no history of cardiovascular diseases and any other key organ diseases. ⁶⁰
4. Capital Medical University Affiliated Anzhen Hospital	1992/4 – 2006/4	51 heart transplants, all male, ages 21 to 43, no history of cardiovascular diseases and any other key organ diseases. Transportation took less than 1 hour. (In all 51 cases, the distance between where hearts were extracted and where transplantations were conducted was less than 1 hour.) ⁶¹
5. Qianfoshan Hospital, Shandong province	2002/1 – 2005/1	44 liver transplants, “donors” had no Hepatitis B, Hepatitis C, HIV, Syphilis and other blood transmitted diseases. The warm ischemia time was 5 to 10 minutes, averaging 5.6 minutes. ⁶²
	2003/3 – 2012/10	25 heart extractions and transplants, “donors” were 20 to 35 years of age, with no history of cardiovascular diseases. ⁶³
6. Shandong Provincial Hospital	2005/1 – 2008/12	6 combined liver-kidney transplants, “donors” were 19 to 40 years of age, averaging 28. No history of alcoholic use, no malignant tumors, no infectious diseases, no diabetes, liver and kidney function normal, HIV tested negative. Warm ischemia time was 2.5 to 4 minutes. ⁶⁴
7. Weifang People's Hospital	2001/3 – 2006/8	9 liver transplants, cadaveric livers from healthy young people, liver function normal, five tests of Hepatitis B negative, fast extraction method was used, warm ischemia time was 2.5 to 4 minutes. ⁶⁵
8. Affiliated Hospital	2004/10	One lung transplant, “donor” was male, no history of



of Binzhou Medical College, Shandong Province	/22	cardiovascular and lung diseases, no history of smoking, warm ischemia time was 2 minutes. ⁶⁶
9. Jinan No.4 People's Hospital & Fujian Medical University Affiliated Xiehe Hospital	2006/7/1, 2006/8/6	2 heart extractions and transplants, "donors" were 38 and 26, and had always been in good health. ⁶⁷
10. Jining Medical College Affiliated Hospital, Shandong Province	2002/12/13	One liver extraction and transplantation, "donor" was male, died of traumatic brain injury, in good health when alive, liver function normal, warm ischemia time was 4 minutes. ⁶⁸
11. Jinan Central Hospital	2002/8	One liver extraction and transplantation, "donor" was 25 years of age, no infectious diseases, no malignant tumors, and no liver diseases. ⁶⁹
12. Fudan University Affiliated Zhongshan Hospital	2000/5 – 2011/4	298 heart transplants, 291 cadaveric hearts, 7 cases of brain-dead donor hearts, ages 18 to 45, average age 26.8±4.5, 283 male and 15 female. All "donors" had no obvious history of cardiovascular diseases and other major organ diseases. Since 2007, 60 hearts were extracted after the hearts stopped beating, and the rest were extracted while the hearts were beating. ⁷⁰
13. Nanjing Military Region Fuzhou General Hospital	1999-2004	40 fast kidney-liver extractions and liver transplants, all 40 "donors" were male non-heart-beating cadavers, average age 27 (21 to 45 years of age). Liver function normal and HIV negative. ⁷¹
14. No.2 Affiliated Hospital, Haerbin Medical University	2004/1	One heart transplant, "donor" was 37 years old and brain-dead, weighed 72kg, was in good health when alive, warm ischemia time was less than 5 minutes. ⁷²
15. Wuxi People's Hospital, Anhui Province	2002/9-2011/1	100 lung extractions and 101 lung transplants, "donors" had no history of primary heart disease, no history of lung diseases, no history of heart or lung surgery, no severe chest injury, no lung injury, no Aspiration pneumonia, no Suppurative disease, no malignant lesions, HIV and Hepatitis tested negative. ⁷³
16. No.1 Affiliated Hospital, Nanjing	2004/10-2006/4	117 liver transplants using cadaveric livers, "donors" had no liver diseases, no malignant tumors, no obvious Steatosis,



Medical University		Hepatitis B Serology tested negative. ⁷⁴
17. No.1 Affiliated Hospital of Suzhou University	2000/8-2001/4	5 liver transplants and extractions, “donors” were 20 to 40 years of age, no infectious diseases, no malignant tumors, no chronic liver diseases. ⁷⁵
	2000-2006	6 heart extractions and transplants, “donors” were 25 to 37 years of age, no history of cardiovascular disease, lymphocyte cross matching negative, Cytomegalovirus, EB virus, Hepatitis virus, and HIV tested negative. ⁷⁶
18. Nanjing Drum Tower Hospital	2004/6-2005/6	42 combined kidney-liver extractions, “donors” were 19 to 38 years of age, 40 were male, 2 were female, no infectious diseases, no kidney or liver diseases. ⁷⁷
19. Zhenjiang No.1 People’s Hospital	2005/4 - 2006/12	4 heart extractions and transplants, “donors” were male, ages 23 to 40, no history of cardiovascular and lung diseases, and no history of thoracic (chest) surgery. ⁷⁸
20. The second Hospital Of Nanjing	2004/3-2004/11	11 fast combined liver-kidney extractions, all “donors” were brain-dead, ages 18 to 36, no infectious diseases, no lung diseases, no liver diseases, no other serious illnesses. ⁷⁹
21. Wuxi No.2 People’s Hospital	2000/12-2003/3	5 liver extractions and transplants, “donors” were brain-dead, healthy, young adult male. ⁸⁰
22. Xuzhou Medical College Affiliated Hospital	2002/4-2002/7	2 heart transplants, “donors” were male, ages 28 and 24, died of traumatic brain injury. “donors” had been in good health, Hepatitis B, Cytomegalovirus, EB virus tested negative. ⁸¹
23. The second Hospital Of Hebei Medical University	2001/10-2002/10	5 liver transplants, all cadaveric livers, “donors” ages 20 to 40, no infectious diseases, no malignant tumor, no chronic diseases. ⁸²
24. Second Xiangya Hospital of Central South University	Until 2006 年	60 combined liver-kidney extractions from cadavers, 30 cases were non-heart-beating cadaver “donors,” 28 males, 2 females, preoperativetesting for immune system diseases and Hepatitis were negative, kidney and liver function normal. ⁸³
25. Third Xiangya Hospital of Central	2002/3-2005/12	107 liver extractions and transplants, low temperature perfusion to the organs during extraction, all “donors” were



South University		healthy. ⁸⁴
	2004/1-2008/6	91 liver extractions and transplants, “donors” were 19 to 55 years of age, averaging 29. 80 males, 11 females, preoperative testing of liver and kidney functions normal, virological examination also normal. Multi-organ fast extraction method was used. ⁸⁵
	2004/1-2006/7	64 liver extractions from non-heart-beating cadavers, “donors” ages 19 to 55 (average 32.5). Preoperative liver and kidney function testing normal, no fatty livers, Hepatitis C and HIV all tested negative. ⁸⁶
26. China Medical University Affiliated No.1 Hospital	1995/5-2005/6	122 orthotopic liver transplants, 165 combined liver-kidney extractions, “donors” were all brain-dead, ages 20 to 54, 119 males, 3 females, preoperative HIV and Hepatitis testing negative, liver and kidney function normal. ⁸⁷
27. The Fourth Military Medical University Affiliated No.1 Hospital Xijing Hospital	2001/1/26-2003/9/26	26 orthotopic heart transplants and extractions, “donors” were male, brain-dead, no history of cardiovascular diseases. ⁸⁸
28. PLA 452Hospital	20067-2009/10	164 kidney transplants and extractions, “donors” were 81 males, 1 female, ages 22 to 46, average 32.3, no Tuberculosis, no Hepatitis, no Syphilis, no HIV and other infectious diseases. ⁸⁹
	2007/8-2009/4	34 kidney transplants and extractions, “donors” were healthy, no high blood pressure, no cardiovascular disease, no Tuberculosis, no diabetes, no kidney and liver diseases. ⁹⁰
29. The First Affiliated Hospital of Wenzhou Medical University	2001/3-2004/12	35 orthotopic liver transplants and extractions, all “donors” were brain-dead healthy adult, warm ischemia time was 3 to 7 minutes, average 4.4 minutes. ⁹¹
	2003/2-2004/1	2 orthotopic heart transplants from cadaveric “donors,” all younger than 35 years of age, no history of cardiovascular diseases, no Hepatitis, no Tuberculosis, and other infectious diseases. ⁹²



30. Shanxi Armed Police Corps Hospital, Armed Police Forces General Hospital	2004/10-2006	12 liver transplants and extractions, all liver “donors” were male, died of traumatic brain injury. ⁹³
31. Inner Mongolia Medical University Affiliated Hospital	2003/8-2004/12	2 orthotopic heart transplants, “donors” were male, 31 and 42 years of age, brain-dead, in good health. ⁹⁴
32. Dongguan People’s Hospital	2003/4-2003/12	4 orthotopic heart transplants, “donors” were male, brain-dead, ages 20 to 30, no history of cardiovascular diseases, warm ischemia time 0 to 3.5 minutes. ⁹⁵
33. Foshan First People’s Hospital	1999/12-2001/12	13 orthotopic liver transplants(including 1 secondary liver transplant) and extractions, “donors” ages 20 to 35, no infectious diseases, no malignant tumors, no chronic diseases. ⁹⁶
34. Guangzhou Military Region Guangzhou General Hospital	2007	50 combined liver-kidney extractions and transplants, “donors” had no Hepatitis C, no syphilis, no HIV, no liver and kidney diseases. ⁹⁷
35. PLA 107 Hospital	2003/1-2010/10	168 liver transplants, cadaveric livers, no malignant tumors, HIV, syphilis, Hepatitis C tested negative. 2 cases of surface antigen positive, rest were negative. ⁹⁸

Sources: WOIPFG, 2016.

China’s public security and judicial systems are directly involved in organ transplantation and tissue typing:The Ministry of Health Forensic Pathology Key Laboratory established in October 1999 at Xi’an Jiaotong University’s Forensic Department was jointly founded by the Ministry of Health, the Ministry of Public Security and the Supreme People’s Court. On its website, the laboratory claims, “our research in organ transplant, tissue typing and other areas has reached an advanced international level”.⁹⁹ The forensic laboratory was supposed to provide material evidence for criminal cases. Instead it has become involved in organ matching for transplantation, which should be an exclusive function of the Ministry of Health. This has turned the Ministry of Public Security, which has been seizing and detaining a large number of Falun Gong practitioners, and the judicial system, which controls the issuance of death sentences and is capable of providing forged death sentence certificates, into partners in murdering people for organ transplants. In another example, Kunming Forensic Hospital in Yunnan Province also has a hemodialysis kidney transplant center, whose forensic evidence laboratory used to perform some paternity tests. However, in 2001, the laboratory started tissue typing for organ transplants. It claims to have “completed several thousand cases of tissue typing for organ transplants, from 2001 to 2008.”¹⁰⁰



And it has jointly performed 1,537 kidney transplants with Dongguan Taiping People's Hospital's Organ Transplant Center.¹⁰¹

The warm ischemia time is zero or extremely short, indicating that the donors were alive:

The warm ischemia time is the period of time from the moment when the donor stops supplying blood to the organ, to the start of cold perfusion. The shorter the warm ischemia time, the higher the organ quality, and the higher the organ transplant success rate. If an organ was excised from a cadaver, its warm ischemia time is generally very long. However, the vast majority of the organ warm ischemia times described in the research papers is extremely short. Below are a few examples:

- In the Affiliated Hospital of Nanjing Medical University, from 2005 to 2007, 112 donor livers' warm ischemia times were between 0 and 10 minutes, with an average of 3.96 minutes.¹⁰²
- In the PLA Second Artillery Force General Hospital, from 2004 to 2007, 103 donor livers from "healthy young people's cadavers" actually had warm ischemia times of 0 to 5 minutes.¹⁰³
- In the Second Military Medical University-affiliated Changzheng Hospital in Shanghai, from 2001 to 2004, 240 donor livers had warm ischemia times of 0 to 8 minutes.¹⁰⁴
- In the Tianjin First Central Hospital, from 2003 to 2005, 200 donor livers excised from brain-dead non-heart-beating cadavers had warm ischemia times of less than 8 minutes¹⁰⁵. This indicates that the entire liver excision process – i.e. the process of turning the "donors" from living human beings to "cadavers with no heartbeats" - was premeditated.

Table3 Selected Cases of Extremely Short Warm Ischemia Time

Hospital Name	Time of Transplants	Warm ischemia Time of Removed Organs
The Affiliated Union Hospital of Fujian Medical University	August 1995 - October 2007	111 cases of donor heart eviscerating, all donors were brain dead, aged at 25±7, no history record of cardiovascular disease, warm ischemia time 0-15min
Nanjing Drum Tower Hospital	January 1996 - March 2008	314 liver transplants implemented, warm ischemia time 0-2min
No.1 Affiliated Hospital of Guangxi Medical University	June 26, 1996 - June 2004	20 cases of fast simultaneous removal of multiple organs were implemented, with warm ischemia time 0-5min.
309 Military Hospital	2003-2009	162 liver transplants implemented, warm ischemia time 0-5min, average 2min
Foshan City No.1 People's Hospital	March 2003 -December 2006	28 cases of removing livers from donors, who had no liver diseases, warm ischemia time 0-6min



Guangzhou General Military Hospital	July 2006 - May 2011	20 cases of removing organs from donors, warm ischemia time 0min
Shanghai Ruijin Hospital	June 2002 – September 2004	100 cases of removing livers from donors, cardiac arrest time 0-7min. No liver diseases at all, no malignant tumor, no obvious fatty degeneration, negative hepatitis B virus
Wuxi City No.2 People's Hospital	December 25, 2000; January 30, 2002; March 13, 2002; September 28, 2002; March 24, 2003	5 liver transplants, donors were healthy men, brain dead, livers of good quality, warm ischemia time almost 0min
No.1 Affiliated Hospital of Wenzhou Medical Institute	February 2003-April 2004	3 orthotopic heart transplants, donors were men, age of 18, 31, and 45, warm ischemia time 0min.
The Affiliated Hospital of Nanjing Medical University	March 2005 - November 2007	Among 125 liver transplants, 112 were from “deceased donors.” The warm ischemia time was 0-10 minutes, average 3.96 minutes.
No.2 Affiliated Hospital of Medical School of Zhejiang University	August 31, 1999 - February 9, 2001	Conducted 10 liver transplants, all 10 donors were brain dead. Fast simultaneous removal of multiple organs was implemented. The warm ischemia time was 0-5 minutes, averaging 3.06 minutes.
The Affiliated Hospital of Jiangsu Nantong Medical Institute	November 2000 - May 2003	4 orthotopic heart transplants, donors brain dead, 3 male, 1 female, heart function normal before death. The 4 donors were all cut open in chest immediately after brain death. Warm ischemia time was 0-2min, average 1min.
Nanjing Drum Tower Hospital, Jiangsu Province	June 2004-June 2005	Obtained 42 donor livers, with warm ischemia time of 0-5min, brain dead, age of 19 to 38, no infectious diseases, no kidney or liver diseases.
No.2 Artillery General Hospital	July 2004 - 2007	103 liver transplants, “all donors were healthy young people, 1 brain dead and donor liver, 102 deceased donor livers. Donors and recipients were of the same blood type.” warm ischemia time 0-5 min.
Shanghai Changzheng	October 2001 – September 2004	240 liver transplants implemented, warm ischemia time 0-8min.



Hospital		
Dongguan People's Hospital, Guangdong Province	April 2003 and December 2003	4 orthotopic heart transplants, warm ischemia time 0-3.5min.
The Affiliated Union Hospital of Fujian Medical University	August 1995 – March 2009	96 orthotopic heart transplants, donors were braindead, male, age of 20 to 45, warm ischemia time 0-15min, cold ischemia time 50-235min.
South Hospital Affiliated to South Medical University	April 5, 2000	1 orthotopic heart transplant, donor brain dead, male, donor and recipient of the same blood type, lymphocytotoxic crossmatch PRA < 1%, HLA half match, warm ischemia time 0min, cold ischemia time 90min
117 Military Hospital	April 1989 – October 2002	294 cases of fast removing both kidneys implemented, warm ischemia time 30s-10min
The Affiliated Children's Hospital of Beijing Military General Hospital	September 2006 – August 2007	7 heart removal from donors for transplants, donors brain dead, warm ischemia time 1-10min
Zhongshan Hospital Affiliated to Fudan University	January 2004 to August 2006	117 cases of fast removal of liver and kidney simultaneously from donors as soon as their heart arrest occurs. 109 male, 8 female, age of 18 to 47, with average of 28.6, warm ischemia time 1-5min
South Hospital, South Medical University	August 2004-December 2007	126 cases of fast removal of liver and kidney simultaneously. Warm ischemia time 1-8.5min, average 4min
No.1 Affiliated Hospital of China Medical University	September 1999-September 2004	19 cases of simultaneous pancreas-kidney removal, donors all male, average age of 30, all serious brain damage, warm ischemia time 2.0±0.5 min
Shanghai No.1	January 2001-September	138 cases of simultaneous liver-kidney removal,



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追查迫害法轮功的一切罪行以及相关的机构、组织和个人。无论天涯海角，无论时日长短，必将追查到底；行天理，再现公道，匡扶人间正义。

People's Hospital	2003	medical staff from partner hospital removed 5 hearts and 3 lungs, warm ischemia time 2-5min.
81 Military Hospital	April 2003-February 2008	68 cases of liver removal, warm ischemia time 2-5min
Beijing Military General Hospital	April 2005-July 2007	30 cases of orthotopic liver removal, warm ischemia time 2-7min, average 4.6min.
401 Military Hospital	September 2003-May 2004	34 cases of liver removal, warm ischemia time 2-9min, average 5.1min
The Affiliated Hospital of Binzhou Medical Institute	October 22, 2004	1 one-lung removal, donor male, no lung disease, no history of cigarette smoking, warm ischemia time 2min.
Shandong Province Hospital	January 2005-December 2008	120 liver transplants implemented, 6 of the 120 were simultaneous liver-kidney transplants, donors age of 19-40, average 28, no history of alcohol drinking, no malignant tumor, no infection, no diabetes, normal function of liver and kidney, negative hepatitis B and HIV, warm ischemia time 2.5-4min
Affiliated No.1 Hospital of National Sun Yat-sen University	January 2006-January 2007	2 cases of heart and lung collection, donors male, age of 28 and 32, brain dead, no heart disease or infectious disease, warm ischemia time 2.5min and 3min
Anyang City Chinese Medicine Hospital	January 2000-December 2004	36 cases of kidney removal, warm ischemia time 2-13min
Jiujiang City No.1 People's Hospital	October 26, 2001	1 liver transplant implemented, donor was dead 2min before the liver removal.
Southwest Hospital Affiliated to No.1 Military Medical University	June 26, 2000	1 case of simultaneous heart-kidney transplant, donor male, age 28, brain dead after serious damage, warm ischemia time 2min20s.

Sources: WOIPFG, 2016.

What was the cause behind the “sudden death” of “young adult male”? How were the various hospitals notified of the “sudden death”? How did the hospitals manage to arrive at the scene of “sudden death” in



no time to harvest “fresh” corneas? How did the hospitals find recipients and perform transplants within 10 to 24 hours?

Corneal transplants all used fresh corneas excised from young adults that suffered “sudden deaths”:In China, no matter how large or small the hospitals are, or where they are located, as long as they perform corneal transplants, their medical papers on corneal transplants have surprisingly similar descriptions of the “donors.” The most frequently used term is “young adult that suffered sudden death”. Yet the corneas were usually harvested within 10 minutes to several hours after the donors’ deaths, and the transplants would take place 10 to 24 hours after the corneas were excised. What were the causes behind the “sudden deaths” of such a large number of “young adults”? How could the news of their “sudden deaths” be communicated to the various hospitals involved in extremely short times, so the hospital’s teams could manage to arrive at the scene of death in time to harvest “fresh” corneas? For example, the First Affiliated Hospital of Guangxi Medical University, from 1995 to 2005, used fresh corneal grafts from young adults who died sudden deaths in 216 transplant cases. All eyeball excisions were performed within one hour of the donors’ deaths.¹⁰⁶ In 81 cases of corneal transplants performed by the Beijing PLA Air Force General Hospital from 2001 to 2005, the “donors” were 18 to 35 years of age, with no eye diseases, no vital organ illnesses and no infectious diseases. And their corneas were transparent. All eyeball excisions were performed 30 minutes to 6 hours after death. All corneal transplants were performed within 12 hours of the removal of the corneas.¹⁰⁷ Henan Province’s Hospital of Occupational Diseases, from 2003 to 2007, performed 121 corneal transplants, in which the “donors” were young adults who died sudden deaths.¹⁰⁸ In 119 corneal transplants performed at Anhui Armed Police Corps Hospital from 1999 to 2008, the “donors” were young adults who died sudden deaths. The corneas were excised within one to two hours after the donors’ deaths.¹⁰⁹ In 73 corneal transplants performed at the First Affiliated Hospital of Kunming Medical University from 2006 to 2009, fresh cornea grafts were obtained from healthy young people who died sudden deaths. The time between their deaths and corneal excisions were 10 minutes to one hour.¹¹⁰

Table 4 Suspiciously Similar Descriptions of Cornea “Donors”: “Sudden Death, Young Adults”

	Hospital Name	Time Period of Transplants	No. of Corneal Transplants	Description of “Donors”
1	Central Hospital of Beijing Prison Administration Bureau & Beijing Tongren Hospital Eye Center	1993 - 2005	27 cases (30 eyes)	Deceased young adult male. ¹¹¹
2	Guangzhou Eye Bank	No description of time when transplant took place. The	45 cases	“Donors” died of sudden death, age 20-43, average age is 30.4/-5.4. Donor eye was removed 30 minutes to 3 hours after death. ¹¹²



		paper was submitted in Feb. 2002.		
3	Qinghai University Affiliated Hospital	2000/5 - 2004	13 cases	"Donors" were young adults died of sudden death. ¹¹³
4	Affiliated Hospital of Zunyi Medical College, Guizhou Province	2000/3-2001/7	10 cases	"Donors" were healthy young people, corneas were fresh, time between donors' deaths and corneal transplants were less than 10 hours. ¹¹⁴ "Donors" were healthy young people, corneas were fresh, time between donors' deaths and corneal transplants were less than 10 hours.
5	Kunming No.1 People's Hospital, Yunnan province	2006/6 - 2009/11	73 cases	"Donors" were young healthy persons died of sudden death. ¹¹⁵
6	Mudanjiang Medical College Hongqi Hospital, Heilongjiang province	Until 2009	34 cases (36 eyes)	"Donors" were all healthy young people died of unnatural deaths, ages ranged from 18 to 40, all were male. ¹¹⁶ "Donors" were all healthy young people died of unnatural deaths, ages ranged from 18 to 40, all were male.
7	Ningbo Eye Hospital, Zhejiang province	2001/2 - 2002/12	13 cases (18 eyes)	Cadaver's corneas were from young adults died of sudden death. ¹¹⁷ Cadaver's corneas were from young adults died of sudden death.
9	The Affiliated Hospital of Hainan Medical College and Hainan Province People's Hospital	2004/1-2009/12	43 cases	"Donors" were 19 to 37 years of age, Hepatitis B, Syphilis, Rabies, AIDS and other infectious diseases were tested negative. ¹¹⁸
10	The No.1 Affiliated Hospital of Guangxi Medical University	1995/5-2005/5	216 cases	The fresh corneal grafts came from young adults died of sudden death. All corneal excisions were performed within one hour after death. Upon removal, the corneas were aseptically processed and stored in the refrigerator at 4C in a wet room. All corneal transplants were conducted within 48 hours after the removal of corneas. ¹¹⁹ The fresh corneal grafts came from



				young adults died of sudden death. All corneal excisions were performed within one hour after death. Upon removal, the corneas were aseptically processed and stored in the refrigerator at 4C in a wet room. All corneal transplants were conducted within 48 hours after the removal of corneas.
11	Hospital, Henan province	1988-2008	180 cases	The fresh corneal grafts came from young adults died of sudden death. All corneal excisions were performed within one hour after death. Upon removal, the corneas were aseptically processed and stored in the refrigerator at 4C in a wet room. All corneal transplants were conducted within 48 hours after the removal of corneas. ¹²⁰
12	(Beijing) Air Force General Hospital, PLA	2001/7 – 2005/3	81 cases (83 eyes)	“Donors” were 18 to 35 years of age, no eye diseases, no key organ diseases, no infectious diseases; their corneas were transparent. All corneal excisions were performed within 30 minutes to 6 hours after death. All corneal transplants were conducted within 12 hours after the removal of corneas. ¹²¹
13	Tianjin No. 1 Central Hospital	2010/5 – 2011/5	25 cases (25 eyes)	Fresh cadaveric corneas came from healthy people, 18 to 42 years of age. ¹²²
14	Hospital, Sichuan University	1999 – 2003	43 cases (46 eyes)	Donors’ age ranged from 20 to 34, All corneal excisions were performed 10 to 30 minutes after death. ¹²³
15	Zigong No.1 People’s Hospital, Sichuan province	1999/9 – 2003/1	26 cases	¹²⁴ Corneal grafts were obtained from fresh cadavers of healthy people.
16	Kunming No.1 People’s Hospital, Yunnan province	2006/6 – 2009/11	73 cases	Fresh cornea grafts were obtained from healthy young people died of sudden death. Time between death and corneal excision was 10 minutes to 1 hour. Corneas were stored in a wet room, and



				storage time was less than 10 hours. ¹²⁵
17	175Hospital of PLA, Fujian province	2003/1- 2006/1	100 cases	“Donors” were all young adults died of sudden death. All corneal excisions were performed within 2 hours after death. Upon removal, the corneas were aseptically processed and stored in the refrigerator at 4C in a wet room. All corneal transplants were conducted within 10 hours after the removal of corneas. ¹²⁶
18	Shenzhen People’s Hospital, Guangdong province	No description of time when transplant took place. The paper was submitted in June 2002.	44 case	All eyes were the whole eyes stored in wet rooms, “donors” age ranged from 18 to 45, average age was 24.5; corneal excisions were performed within ½ to 2 hours after death. After being stored for 3 to 10 hours (average 7 hours), the temperature was raised, and photos were taken on the endothelial cells. All corneal transplants were conducted within 10 to 15 hours (average 13.5 hours) after removal. All “donors” were free of infectious diseases and malignant tumors. ¹²⁷
19	First Affiliated Hospital of Kunming Medical University	2001/11 – 2004/10	300 cases	“Donors” were 18 to 40 years of age, eyeballs were harvested 10 to 30 minutes after death. ¹²⁸
20	People’s Hospital, Rizhao city, Shandong Province	1997 - 2005	48 cases	Cadaveric cornea grafts were from healthy young adults, ages 18 to 40 in one group, and 21-35 in another group. ¹²⁹
21	Yunnan No.2 People’s Hospital, a.k.a. Yunnan Red Cross Hospital	2001/3 – 2004/12	128 cases	Corneal grafts were extracted within 1 hour after death. all “donors” were young adults. ¹³⁰ 。
22	The Second Affiliated Hospital of Chongqing	1999/2 – 2003/5	19 cases (21 eyes)	Donors’ age ranged from 16 to 41, corneas were extracted within 8 hours after death, and were transplanted



	Medial University			within 24 hours. ¹³¹
23	Zhengzhou People's Hospital, and The First Affiliated Hospital of Zhengzhou University, Henan Province	2007/3 - 2009/9	42 cases	Cadaveric corneas were from young adults died of sudden death. ¹³²
24	Zhengzhou People's Hospital, Henan Province	2003-2006	48 cases	"Donors" age ranged from 20 to 38, no infectious diseases and no corneal diseases. ¹³³
25	Henan Hospital of Occupational Diseases	2003/4 - 2007/5	121 cases	"Donors" were young adults died of sudden death. ¹³⁴
26	Zhejiang Provincial People's Hospital	2006/6 - 2009/6	41 cases	No infectious eye diseases, no tumors, no other infectious diseases. Corneal grafts were removed within 6 hours after death and transplanted within 24 hours. ¹³⁵
27	Jintan Hospital of Traditional Chinese Medicine, Jiangsu Province	1995/4 - 2001/10	52 cases (53 eyes)	"Donors" were young adults died of sudden death. Corneal removal was completed within 2 hours of death. ¹³⁶
28	Nanjing Drum Tower Hospital, Jiangsu Province	January 2001 - December 2005	12 cases (13 eyes)	"Donors" were about 20 years of age. ¹³⁷
29	Anhui Armed Police Corps Hospital	1999/5 - 2008/12	119 cases (123 eyes)	"Donors" were young adults of died sudden death ¹³⁸
30	Third Affiliated Hospital of Guangzhou Medical College	Until 2009	96 cases (97 eyes)	"Donors" were young adults died of sudden death, corneal grafts were removed within 1 to 2 hours after death. ¹³⁹

Sources: WOIPFG, 2016.



What was the cause behind the “sudden death” of “young adult male”? How were the various hospitals notified of the “sudden death”? How did the hospitals manage to arrive at the scene of “sudden death” in no time to harvest “fresh” corneas? How did the hospitals find recipients and perform transplants within 10 to 24 hours?

Witnesses testified to the CCP’s mass organ harvesting from living Falun Gong practitioners:

In March 2006, an organ harvesting surgeon’s wife “Annie” testified that her ex-husband had participated in the large-scale organ harvesting of Falun Gong practitioners in Shenyang Sujiatun Thrombosis Hospital in Liaoning Province.¹⁴⁰ The organs were sourced from a concentration camp detaining Falun Gong practitioners near Sujiatun. These allegations quickly drew the international community’s attention. It was followed by an elderly military surgeon from Shenyang Military Region’s Logistics Department’s writing to overseas media¹⁴¹: “Across China, there are at least 36 secret camps similar to the one in Sujiatun. Located in Jilin Province, the camp codenamed 6721S is detaining more than 120,000 Falun Dafa practitioners and (political) dissidents; the number of detainees in Jiutai Camp in Jilin Province exceeds 14,000...” He also revealed that “since there is an enormous supply of living donors, many hospitals with military backgrounds are publicly reporting (cases of organ transplants) to the higher-levels, while also carrying out large-scale organ transplants in private. In fact, the number of underground non-public organ transplants in China is several times more than the publicly disclosed number. If the officially published number is 30,000 cases per year, then the actual number should be 110,000 cases.” The elderly military surgeon, who had personally processed thousands of forged voluntary organ donation files said that “For anyone designated to be live organ harvested, many of these people would be taken away from their prisons, labor camps, detention centers, concentration camps and other places. Then they would lose their names and only be identified by code numbers. Corresponding to one code number, there is a forged ‘voluntary organ donor’. And this person would be told to undergo a physical examination. The person would then receive local anesthesia; the next step would be living donor organ transplantation.”¹⁴²

IX. FATAL FLAWS IN THE OFFICIAL EXPLANATION

For over a decade, the Chinese medical establishment has attempted to explain away the explosive growth of mainland china’s organ transplant industry after 1999 as simply the result of a growing number of voluntary organ donors, a vast pool of executed prisoner donors, individual private organ transactions, or various combinations thereof. Yet these explanations collapse under even the lightest of scrutiny.

The pilot project for mainland china’s human organ donation system did not start until march 2010, and the post mortem organ donation rate is only 0.6ppm (0.6 per 1 million people)¹⁴³:

In March 2010, the Chinese human organ donation system’s pilot project started in Shanghai, Tianjin, Liaoning Province, Shandong Province, Zhejiang Province, Guangdong Province, Jiangxi Province, Xiamen of Fujian Province, Nanjing of Jiangsu Province, and Wuhan of Hubei Province. On April 20, 2010, Guangdong Province’s Human Organ Donation Pilot Project officially went into operation.

According to Huang Jiefu, China has about 300,000 patients annually who are in urgent need for organ transplants, yet there were only about 10,000 transplant operations per year. With a post mortem organ



donation rate of 0.6ppm, China is among the countries with the lowest organ donation rates in the world.¹⁴⁴ Professor Chen Zhonghua of the Tongji University School of Medicine, which is affiliated with the Huangzhong University of Science and Technology, stated that from 2003 to August 2009, there were only 130 cases of successful organ donation from deceased mainland Chinese citizens. Also according to the data released on the 2014 Chinese Organ Transplant Conference, in the three-year period from 2010 to 2013, there were only 1,448 cases of organ donation from deceased mainland Chinese citizens.¹⁴⁵

Death row prisoner organ donors can provide only a minority portion of organs:

According to Amnesty International's records, from 1995 to 1999, the annual average of executed death row prisoners in China was around 1,680 per year. Between 2000 and 2005, the average number was 1,616 per year. These numbers would vary from year to year, but overall, the average numbers before and after the persecution of Falun Dafa practitioners started were about the same¹⁴⁶. While the Amnesty International numbers have never been considered definitive - and indeed, may be a lowball estimate - refugees from the Mainland anecdotally support the premise that the official execution rate has appeared to lessen in recent years, suggesting, at a minimum, that the velocity of using hard-core criminals as an organ source is not increasing but decreasing.

Yet the larger problem of using death-row prisoners and hardened criminals for their organs is structural and long-term; due to a myriad of health issues, only a small number of China's death row inmates can actually be used as healthy organ donors. As per the criteria for organ transplants, people with the following medical conditions cannot become donors: fatty liver, hepatitis B, hepatitis A, hepatitis C, cancer, infections, diabetes, a history of cardiovascular diseases, HIV antibodies, syphilis antibodies, hypertension, heart illnesses, tuberculosis and a history of kidney and liver diseases. David Matas estimates that these factors combined create a situation where it would require ten death-row prisoners for one organ recipient. According to the official data, the proportion of Chinese people, who have developed one or more of the above medical conditions, is very high:

- In China, about 9% of the population carry the hepatitis B virus, a total of 120 million people¹⁴⁷; the hepatitis C virus infection rate is 0.43%¹⁴⁸; A focus on Chinese cities found the infection rate of Hepatitis B markers to be above 60%.
- Among the people aged 15 years and above, 24% have hypertension, with a total of 266 million people.¹⁴⁹
- China's diabetes prevalence rate is the highest in the world, with 11.6% of Chinese adults suffering from this disease. Whereas in the United States, this rate is 11.3%.¹⁵⁰
- "According to several urban population sampling surveys, the Chinese adults' fatty liver prevalence rate is 12.5% and 35.4%. Fatty liver has replaced viral hepatitis to become the most prevalent liver disease in China's population." Professor Zeng Minde, the honorary leader of the Fatty Liver and Alcoholic Liver Disease Study Group at Chinese Liver Disease Association of the Chinese Medical Association, said that since in China the prevalence rates of obesity and type 2 diabetes had showed a significant growth trend, it is expected that in the near future, the prevalence of fatty liver will rise.¹⁵¹

In the December 2008 issue of The Lancet, Huang Jiefu published an article entitled "The Chinese Government's Organ Transplant Policy." The article stated, "In China, more than 90% of transplanted



organs are obtained from executed prisoners.¹⁵² However that percentage has been systematically rejected by independent experts. For example, in 2009, Minghui.org published an analysis concluding that even with the largest number of death row inmates (10,000 per year) and the largest proportion of death row inmates providing organs, between 2003 and 2006, the CCP still had obtained 45,000 organs from unknown sources (a similar finding to the Kilgour/Matas estimate of 41,500 over the period 2000 to 2005, and Ethan Gutmann's survey-based estimate of 65,000 between 2000 -2008).¹⁵³

The organs obtained from private sellers were very few and insignificant even based on the reports by CCP's official media outlets:

The state-controlled press has produced a few high-profile reports on individuals selling their own organs. However, the quantity was so miniscule that they could not even be expressed as a percentage of the 10,000 organ transplant donors. Clearly the reports were essentially meant to be anecdotal rather than numerical. As there were no follow-ups by the officials, the reportage appears to have been an attempt to create a brief obfuscation or a throwaway explanation for Western reporters.

X. CHAPTER CONCLUSIONS

- The trajectory of the medical “gold rush” in harvesting corresponds with the trajectory of Falun Gong incarceration.
- The organ harvesting of Falun Gong, particularly the exploitation of “nameless” practitioners, filled any potential gap in organ supply.
- Organ harvesting of living human beings became the default procedure throughout China.
- Official attempts to present alternate organ sourcing scenarios for the “gold rush” collapses under scrutiny.

In the remaining chapters we will present detailed evidence on the complicity of the Chinese State, the full scale of the CCP's organ harvesting from living Falun Gong practitioners and, most important, why we believe the practice is ongoing.

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