

Contents

Introduction:	4
Executed Prisoners as Organ Donors – A Dubious Practice	9
Introduction	15
The Development of China Organ Transplant System	15
Transplant Numbers	18
The 1984 Law	21
State of Denial: Pre-2005 Cover Ups	24
China and the International Organs Trade	26
Patients from Neighboring Areas Sought Organ Transplants in China	26
Prominent Hospitals in the International Organs Trade	36
Admission & Regulation	43
Organ Donation System	48
The Establishment of a Nationwide Organ Donation System	48
Scandals and Deficiencies of the COTRS	52
Major Events in the Development of China's Organ Transplant System	56
The Chinese System of Execution and Organ Harvesting	57
Execution as a Tool for Political Power	57
From Prison Cell to Operating Room: The Procedures of Organ Harvesting Revealed	63
A Case Study in the Chinese System of Organ Harvesting	63
State Mandated Secrecy in Organ Retrieval	68
Issue of Consent	72
Pre-Execution Check-Up	81
Manner of Death	84
The Brain Death Issue	90
Intentionally Botched Executions	92
The Money Trail	109
Epilogue	117
Attachments	119

Introduction:

The roughly ten thousand organ transplant surgeries performed annually in China makes it the world's second leading transplant destination as measured by the number of procedures conducted, trailing only the United States. Many of these surgeries are performed on foreigners who come to China for organ transplants because of the relative short waiting period, often only weeks long. Despite such impressive statistics, China's nascent organ donation system has existed for less than a year, and the rate of organ donation from the general public remains extraordinarily low. These circumstances raise troubling questions: Where do these organs come from, and why is the waiting time so short?

Here are some basic facts:

- ▶ The majority of organs used in transplant surgeries in China are harvested from executed prisoners;
- ▶ China executes several thousand people on an annual basis;
- ▶ Chinese law sanctions the use of prisoners' organs for use in transplant operations;
- ▶ Executed prisoners rarely consent to donating their organs;
- ▶ The waiting time for an organ transplant largely depends on how much one is willing to pay.

China has systematically harvested organs from executed prisoners for more than 30 years. Although the Chinese government now openly admits to the practice, discussion of organ harvesting is still taboo. The subject is rarely mentioned in

Chinese media or academia. Lamentably, foreign media outlets only occasionally report on it. To date, nobody has conducted a comprehensive study on historical and contemporary human rights abuses perpetrated by China's organ transplant system. This report is an attempt to address such shortcomings.

This report is the product of extensive research and interviews with transplant recipients and professionals who have participated in China's transplant system. It reveals how various Chinese government agencies and hospitals coordinate with each other to inhumanely extract organs from unwilling donors for the sole purpose of earning profit. Such abuses are among the most severe, and perhaps most underappreciated, human rights violations that occur in the Chinese prison system.

The main body of the report is divided into three parts: The first part discusses ethical objections to extracting organs from prisoners for use in transplant surgeries. This section surveys a wide array of cultural, religious, and philosophical traditions, ultimately concluding that harvesting organs from prisoners is morally unjustifiable. More than an idle value judgment, widespread condemnation of this practice has prompted national legislatures and international medical organizations to prohibit participation in transplant surgeries using organs extracted from prisoners.

The second section provides an overview of the development of China's organ transplant system. From the early 1980s to the mid-2000s, the number of annual organ transplants increased exponentially. In this entirely unregulated field, government agencies and hospitals worked with each other to unscrupulously extract organs from executed prisoners in order to earn a profit. A large number of patients

from neighboring countries came to China for expedited transplant operations, staying in luxury hospital wards designed specifically for them. They paid high fees and received exceptional care. Despite clear evidence to the contrary, the Chinese government repeatedly denied this widespread practice. The government's stance, however, started changing in 2005, when officials began openly admitting that 90 percent of the organs used in transplant operations came from executed prisoners. They subsequently implemented policy reforms aimed at regulating this booming industry. Although the government continued to claim that prisoners with virtually no freedom of choice had the capacity to consent to organ donation, authorities did implement laws and regulations to tighten the control of the organ transplant market and reduce China's participation in international organ trade. In 2010, the government implemented a voluntary organ donation system aimed at encouraging the general public to donate organs. This report contends that although recent governmental efforts have curbed some abuses of prisoners' human rights, new regulations have pushed the organ trade deeper underground, making the industry even more secretive and less accountable.

The third section focuses on the direct evidence of organ harvesting collected through field research and exclusive interviews. This section details the entire organ transplantation process, from the issuance of a death sentence to the moment a prisoner's organ is transplanted into another human being. Noteworthy aspects of this process include the following:

1. Thousands of people are given the death penalty annually. One incentive for issuing the death penalty is the monetary gain resulting from organ extraction;



2. Prisoners unknowingly receive blood tests while on death row in order to determine whether they are suitable organ donors;



3. Testimonies from doctors show that some death row inmates are coerced into giving consent to organ donation;



4. Medical vans transport hospital staff to the execution scene. Immediately following the executions, doctors and hospital personnel are ordered to quickly remove organs from executed prisoners. Organs are put in containers and transferred to the hospital, where patients await transplantation surgery;



5. First-hand witness accounts show that in some cases, executioners intentionally botch executions in order to preserve organ freshness, leaving the prisoner alive during organ extraction;



6. The government withholds information regarding the time and location of executions in order to prevent families from seeing the corpses of executed

prisoners. This helps conceal the practice of organ harvesting by keeping families in the dark.

Over the past half century, on an annual basis, China has executed several times more people than the rest of the world combined. Organs harvested from untold tens or even hundreds of thousands of executed prisoners have provided China's organ transplant system with an ample supply of organs. This state-run system has generated staggering profits for government officials. The scale, nature and scope of human rights abuses perpetrated by this system are unique to China. We hope that shedding light on this dark reality facilitates the development of an ethical organ donation system and provides solace to those who have suffered.

Executed Prisoners as Organ Donors – A Dubious Practice

Christian Longo, a death row inmate in Oregon who strangled his wife and two-year-old daughter to death and then drowned his four-year-old son and three-year-old daughter in the ocean, wrote an op-ed on the New York Times in March 2012 claiming that he wished to donate his organs after his execution. He said, “I am seeking nothing but the right to determine what happens to my body once the state has carried out its sentence.”^I The prison board rejected his request.^I This event has sparked heated debates regarding whether death row inmates should be allowed to donate their organs.

Some scholars and medical professionals have advocated for allowing death row inmates to donate their organs because “more organ donor means at least one life, and typically more lives, saved.”^{II} Currently, no U.S. law explicitly prohibits organ donation by death row inmates. There is, however, a general consensus in both the criminal justice and medical ethics fields that the practice of cadaver donation by executed prisoners should not be accepted. The World Medical Association (WMA), an international organization representing more than 10 million physicians, states that organs from prisoners and other individuals in custody “must not be used for transplantation except for members of their immediate family.”^{III} The Transplantation

I Christian Longo, “Giving Life After Death Row,” New York Times, March 5, 2011, accessed October 31, 2013, <http://www.nytimes.com/2011/03/06/opinion/06longo.html>.

II Shu S. Lin, Lauren Rich, Jay D. Pal and Robert M. Sade, “Prisoners on Death Row Should be Accepted as Organ Donors,” The Annals of Thoracic Surgery, June 93 (2012): 1773-1779.

Sally Satel, “Let Prisoners Donate Their Organs,” New York Times, April 25, 2013, accessed October 31, 2013, <http://www.nytimes.com/roomfordebate/2013/04/25/should-prisoners-be-allowed-to-donate-their-organs/let-prisoners-donate-their-organs>.

III “WMA Statement on Human Organ Donation and Transplantation,” World Medical Association, accessed October 31, 2013, <http://www.wma.net/en/30publications/10policies/t7/>.

Society, a Montreal based organization of over 4,500 doctors and ethicists from all over the world, is also “opposed to the recovery of organs from executed prisoners.”^I Within the U.S., the United Network for Organ Sharing (UNOS), the organization that manages the national organ transplant system, also “opposes any strategy or proposed statute regarding organ donation from condemned prisoners until all of the potential ethical concerns have been satisfactorily addressed.”^{II} In recent years, legislators in several states have proposed various bills in an attempt to legalize organ donation by executed prisoners, but all these bills have failed to become law.^{III}

With the exception of Taiwan, Singapore and China, currently no country allows organ donations from executed prisoners.^{IV} There are many practical barriers and ethical dilemmas concerning organ donations from executed prisoners. One logistical barrier, as bioethicist Arthur Caplan points out, is that executed prisoners do not die on life support, as most cadaver donors who die in hospitals do. Their organs suffer cell and tissue damage due to the lack of oxygenated blood. Though different states have different execution protocols, executions take about 15 minutes on average.

I Michael Bos, “Policy and Ethics,” The Transplantation Society, accessed October 31, 2013, http://www.tts.org/index.php?option=com_content&view=article&id=11&Itemid=223.

II “Ethics for Organ Donation of Condemned Prisoners,” U.S. Department of Health & Human Services, accessed October 31, 2013, <http://optn.transplant.hrsa.gov/resources/bioethics.asp?index=7>.

III Whitney Hinkle, “Giving Until It Hurts: Prisoners are Not the Answer to the National Organ Shortage,” *Indiana Law Review*, 35(2001): 593-596.

IV Alison Hsiao, “Legislator Calls for Better Organ Transplant Legislation,” February 28, 2013, accessed October 31, 2013, <http://www.taipeitimes.com/News/taiwan/archives/2013/02/28/2003555920>.

Nur Idayu Badrolhisam and Zukarnain Zakaria, “Knowledge, Religious Beliefs and Perception towards Organ Donation from Death Row Prisoners from the Perspective of Patients and Non-Patients in Malaysia: A Preliminary Study,” *International Journal of Humanities and Social Science* 2:24 (December 2012) accessed October 31, 2013, http://www.ijhssnet.com/journals/Vol_2_No_24_Special_Issue_December_2012/23.pdf.

This is done to ensure death.^I Transporting the body from the prison to medical facilities for organ procurement would take at least several more minutes. Experts have averred that the time required would substantially damage the vital organs, thus preventing them from being procured.^{II} One possible solution could be to move the execution to a medical facility so that time could be saved between the execution and the organ procurement operation. It is unlikely, however, that hospitals would agree to effectively become an execution ground.^{III}

Other practical barriers include low organ quality arising from a much higher-than-average rate of infectious disease and other health issues among prisoners. After all, the majority of countries in today's world do not have the death penalty. For countries that do have it, with the exception of China and Iran, they on average execute fewer than 100 people per year.^{IV} Given the fact that many of the executed prisoners do not give consent to cadaver organ donation and some of the prisoners are medically unsuitable to donate due to health issues, only a limited number of inmates would donate organs if the practice were permitted. As such, a change in policy would not meaningfully increase the supply of organs.

Regardless of the practical problems that render the use of executed prisoners for organ donation implausible, a more important issue that needs to be addressed is the ethically dubious nature of the practice.

I "Arizona Department of Corrections Execution Procedures," accessed October 31, 2013, <http://www.azcorrections.gov/policysearch/700/0710.pdf>.

"Texas Execution Information Center Background," accessed October 31, 2013, <http://www.txexecutions.org/primer.asp>.

II Arthur Caplan, "The Use of Prisoners as Sources of Organs – An Ethically Dubious Practice," *The American Journal of Bioethics* 11(2001): 3.

III Shu S. Lin et al., "Prisoners on Death Row Should be Accepted as Organ Donors," July 3, 2012, accessed October 31, 2013, <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3388804/>.

IV Arthur Caplan, "The Use of Prisoners as Sources of Organs – An Ethically Dubious Practice," *The American Journal of Bioethics* 11(2001): 2.

Donor consent is a prerequisite for legitimate organ procurement. Whether a prisoner is able to consent or not is questionable. The ability to understand the procedure and being free from coercion are two preconditions for being able to provide informed consent.^I Given their unique circumstances, prisoners are vulnerable to deceit, manipulation and coercion, either directly or indirectly, overt or implied.

It is the WMA's policy that prisoners' organs not be used for transplantation because they are "not in a position to give consent freely and can be subject to coercion."^{II} The Transplantation Society also states that "because of the restrictions in liberty in a prison environment, it is unlikely that prisoners are truly free to make independent decisions and thus an autonomous informed consent for donation cannot be obtained."^{III} The National Institutes of Health (NIH), the research agency within the U.S. Department of Health & Human Services (DHHS), also recognizes the unfree nature of prisoners: "because prisoners may not be free to make a truly voluntary and uncoerced decision...the regulations require additional safeguards."^{IV} In the wake of the experiments Nazi doctors carried out on Jewish and other victims during World War II, the Nuremberg War Crimes Tribunal ruled on prisoner consent, stating that "in the tyranny that was Nazi Germany, no one could give such consent to the medical agents of the State; everyone lied in fear and acted under duress." Also recognizing the meaninglessness of consent given by prisoners under duress,

I Shu S. Lin et al., "Prisoners on Death Row Should be Accepted as Organ Donors," July 3, 2012, accessed October 31, 2013, <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3388804/>.

II "WMA Statement on Human Organ Donation and Transplantation," World Medical Association, accessed October 31, 2013, <http://www.wma.net/en/30publications/10policies/t7/>.

III Michael Bos, "Policy and Ethics," The Transplantation Society, accessed October 31, 2013, http://www.tts.org/index.php?option=com_content&view=article&id=11&Itemid=223.

IV "Research Involving Vulnerable Populations," National Institutes of Health, accessed October 31, 2013, <http://grants.nih.gov/grants/policy/hs/prisoners.htm>.

the Geneva Conventions bans the use of organs from prisoners of war: “It is, in particular, prohibited to carry out on such persons, even with their consent...removal of tissue or organs for transplantation.”^I

Another concern is that allowing executed prisoners to donate their organs may create incentives for the authorities to refrain from either abolishing capital punishment or reducing the scope of its application, knowing that more lives could be saved.^{II} The Transplantation Society also concerns that “the financial incentive for recovering organs from executed prisoners may become an incentive to increase the number of such organs available for transplantation.” It is worth noting that China, the only country that systematically utilizes organs from executed prisoners, also executed far more prisoners than the rest of the world combined.^{III}

Also, permitting organ donation from executed prisoners would inevitably lead to physicians becoming involved in the execution process. This is a violation of “the dead donor rule,” the ethical norm and legal rule that governs organ procurement for transplantation. “The dead donor rule” holds that donors not be killed in order to obtain their organs.^{IV} All prominent medical associations prohibit or discourage its members to play any role whatsoever in the execution process.^V

I International Committee of the Red Cross, *Protocols Additional to the Geneva Conventions of August 12, 1949*, (Geneva, 1977).

II Arthur Caplan, “The Use of Prisoners as Sources of Organs – An Ethically Dubious Practice,” *The American Journal of Bioethics* 11(2001): 4.

III Michael Bos, “Policy and Ethics,” *The Transplantation Society*, accessed October 31, 2013, http://www.tts.org/index.php?option=com_content&view=article&id=11&Itemid=223.

IV John A. Robertson, “The Dead Donor Rule,” *The Hastings Center Report* 29, no.6 (1999): 6.

V Arthur Caplan, “The Use of Prisoners as Sources of Organs – An Ethically Dubious Practice,” *The American Journal of Bioethics* 11(2001): 3.

Although lethal injection is the primary method of execution, firing squad is still widely used in some countries. It is the most commonly used execution method in China. According to medical experts, such a method is “not likely to achieve a reliable death, either by the traditional circulatory-respiratory criteria or by the brain death criteria.”^I Consequently, when a prisoner is transferred to a hospital for organ procurement, it is possible that his or her execution is in fact completed by procurement surgeons.

It is known that some people are convicted of crimes, including capital crimes, and later found innocent after the introduction of new evidence. Such exonerations have only increased with the advent of new technologies. In the United States, hundreds of people have been released from death row after being found innocent of the crime for which they were convicted, according to the American Civil Liberties Union.^{II} Several polls show that the majority of both the general public and actual organ recipients accept the idea of allowing death row prisoners to donate their organs.^{III} However, if there were more awareness of the number of false convictions in capital punishment cases, the public and organ recipients might feel different. Organ recipients would certainly not want to find out that the person who made the kind donations was wrongfully executed in the first place.

I Daniel Fu-Chang Tsai, Meng-Kung Tsai and Wen-Je Ko, “Organs By Firing Squad,” *The American Journal of Bioethics* 11(2011): 11.

II “Capital Punishment,” American Civil Liberties Union, accessed October 31, 2013, <http://www.aclu.org/capital-punishment>.

III Shu S. Lin et al., “Prisoners on Death Row Should be Accepted as Organ Donors,” July 3, 2012, accessed October 31, 2013, <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3388804/>.

The Development of China Organ Transplant System

Introduction

In 1960, Wu Jieping, who once studied at University of Chicago under Nobel laureate Charles Huggins, performed the first kidney transplant in China at the Beijing Friendship Hospital. The recipient died within three months as a result of immunosuppressant toxicity. Twelve years later, in 1972, Mei Hua conducted the first successful live kidney transplant in Guangzhou Zhongshan Medical Institution. The first liver and heart transplants were performed at Shanghai Ruijin Hospital by Lin Yanzhen in 1977 and Zhang Shize in 1978 respectively. Due to high cost of transplant surgeries and high rates of transplant rejections, organ transplantation in China did not truly take off until the 1990s, which was when hospitals began to see organ transplant as an alternative means for profit making and the introduction of Cyclosporine-A offered doctors higher success rates.¹

The development of China's organ transplant system can be divided into three phases. The first phase was from 1984 to 2005. Before 1984, some prominent hospitals in big cities occasionally carried out organ transplant surgeries, but only very privileged people were able to afford the operations. In 1984, the Chinese government promulgated the first and so far only law regarding the use of the corpses of executed prisoners. The law made using organs of executed prisoners for transplantation legally permissible. During the 1990s and early 21st century, due to the development of transplant technology and transplant medicine, the amount of transplants done each year grew quickly. During this time, the government and

¹ Human Rights Watch Asia, *Organ Procurement and Judicial Executions in China* (New York: Human Rights Watch, 1994), 4-6.

government-affiliated hospitals systematically utilized executed prisoners' organs for transplants. People involved in those operations reaped staggering profits from their participation in the organ trade. Recognizing this profit potential, dozens of well-known transplant hospitals across the country established special centers that catered only to foreign patients, who were generally willing to pay much higher fees than their Chinese counterparts. This period was the darkest period of China's organ transplantation history. Doctors and officials committed egregious human rights abuses in order to secure the best and freshest organs for transplant. In most cases, organ donors did not provide consent to the operation. Even worse, first-hand accounts we collected provide evidences of organ harvesting from unwilling death row inmates prior to execution.

The second phase lasted from 2005 to 2010. Due to the tireless efforts of human rights organizations such as the Laogai Research Foundation (LRF), foreign governments, and the international medical community to expose the ethically repugnant practice of organ harvesting, the then-Vice Minister of the Ministry of Health Huang Jiefu admitted in 2005 that an overwhelming majority of organs used for transplants were extracted from executed prisoners. Although the practice had persisted for more than 20 years, this was the first open admission from the Chinese government. After that, the government issued various policy directives and laws attempting to regulate the organ transplantation industry, reduce the dependency on executed prisoners and curb the number of foreigners coming to China to undergo a transplant operation. The "Regulation on Human Organ Transplantation," the first national law on organ transplantation went into effect in 2007. Our research shows that although these initiatives theoretically provided structure and oversight to a previously unregulated organ transplant market, they also pushed many of these practices underground and out of sight. As a result of these policies, hospitals would no longer reveal the identities of organ donors, becoming hyper vigilant when asked

for such information.

The third phase has lasted from 2010 until now. In 2010, the Chinese government started a pilot organ donation program, setting up offices within the Ministry of Health and the Red Cross of China to facilitate organ donations by ordinary citizens. The donation system was implemented nationwide in 2013. Although the percentage of organs donated by deceased donors in China pales in comparison to rates in the West, the trend of people voluntarily agreeing to posthumously donate organs is moving upward. The creation of the organ donation system is widely regarded as a major step forward in China's organ transplantation history. Despite this positive development, our research found that corruption and the burgeoning black market hinders further progress.

Transplant Numbers

Statistics from the Chinese government are notoriously inaccurate and unreliable. Numbers on annual transplant procedures are no exception. Our extensive research reaches no solid conclusion regarding the exact number of kidney and liver transplants done each year.

Statistics published by various Chinese outlets are contradictory. The reported numbers of liver transplants in 2004 and 2005 provide an example of such inconsistencies. Citing data from the China Liver Transplant Registry, one article published on the Chinese Journal of Evidence-Based Medicine states that the number of liver transplants performed in 2004 and 2005 were 2,023 and 2,794 respectively.^I In China Liver Transplant Registry's 2011 Annual Report, published on its own website, the numbers for the same years were 2,243 and 2,971. The 2012 Annual Report, however, revised these numbers to 2,301 and 2,997.^{II} In contrast, an article authored by Wang Dong of Peking University, citing data from the Chinese Transplantation Association, states that the numbers were 3,516 in 2004 and 4,155 in 2005, significantly higher than in the aforementioned documents.^{III} Even Vice

I Ru-liang Song et al., "Organ Transplantation and Brain Death Legislation in China: Strategies and Thoughts" 中国大陆“器官移植与脑死亡立法”的策略与思考, *The Chinese Journal of Evidence-Based Medicine* 中国循证医学杂志, 9 (2009): 400-407.

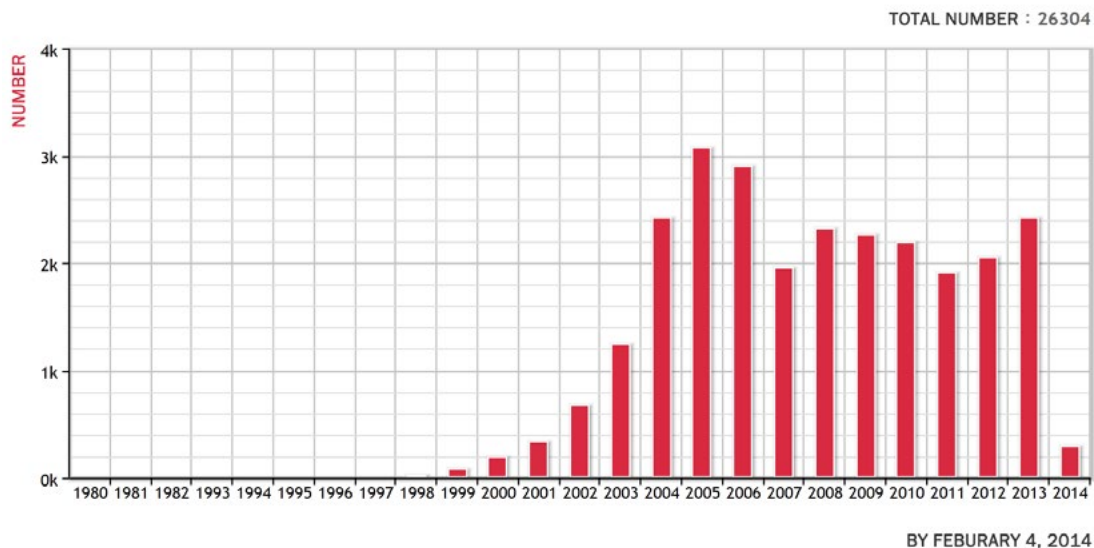
II "China Liver Transplant Registry 2011 Annual Report" 中国肝移植注册2011年度工作报告, China Liver Transplant Registry 中国肝移植注册, accessed February, 2012, <http://www.cltr.org/usp/dolInnerAction?Action=doDownloadMediaByInfoType&infoType=45>.

"China Liver Transplant Registry 2012 Annual Report" 中国肝移植注册2012年度工作报告, China Liver Transplant Registry 中国肝移植注册" <http://www.cltr.org/usp/dolInnerAction?Action=doDownloadMediaByInfoType&infoType=50>

III Dong Wang:, "The Development of Organ Transplant in China" 中国器官移植的发展与现状, accessed August 6, 2009,

Minister Huang Jiefu himself has given different numbers on different occasions. The number of transplants he reported at a transplant conference in Madrid in 2012 differed from statistics he referenced in a 2008 article he wrote for *The Lancet*.^I

Number of Liver Transplants by Year^{II}



Although there are no definite numbers, the charts show that transplant operations have increased dramatically since the beginning of the 21st century. The number of kidney transplants peaked in 2004 at about 10,000. The number of liver transplants peaked in 2005 at about 3,000 or more. The significant drop in 2006 and 2007 was largely due to two policy changes. One was that on January 1, 2007, the Supreme People's Court reasserted exclusive jurisdiction to review all death penalty cases. As a result, the number of death sentences in 2007 dropped as much

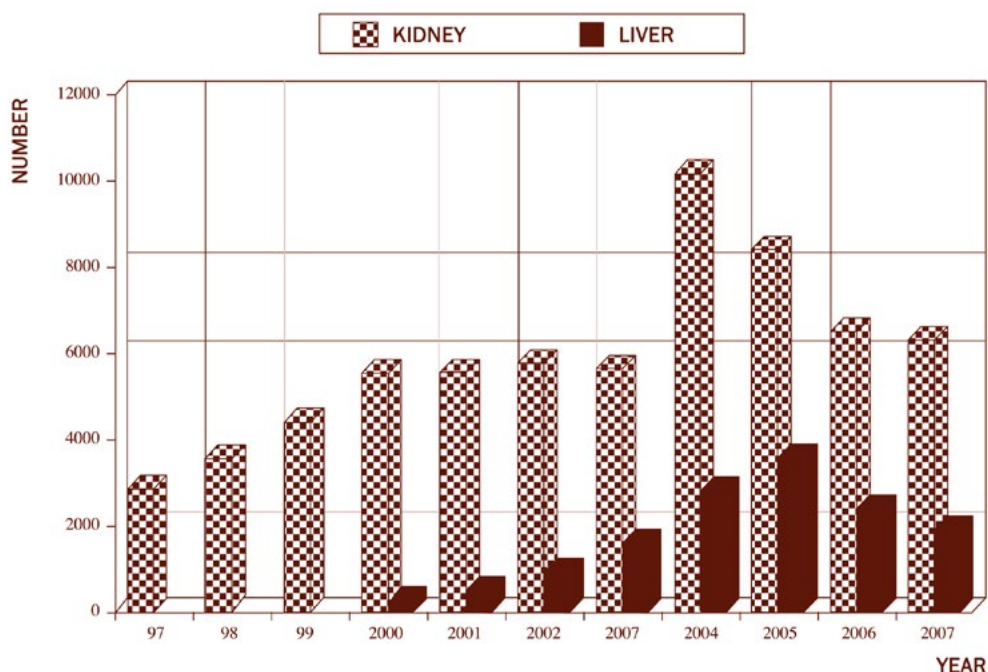
http://www.haodf.com/zhuangjiaguandian/wangdong_57078.htm.

I David Matas et al., *State Organs: Transplant Abuse in China* (Ontario: Seraphim Editions, 2012), 77-93.

II China Liver Transplant Registry 中国肝移植注册, accessed February 4, 2014, http://www.cltr.org/pages/statistics/statistics_livercount.jsp

as 30 percent compared with 2006.^I The other policy change was the increased restrictions imposed on the eligibility of organ providers; new regulations limit living donors to close family members and require stricter written consent.

1997 - 2007 China Annual Liver and Kidney Transplants ^{II}



I "China Sees 30% Drop in Death Penalty," Xinhua online, updated May 10, 2008, accessed January 17, 2014, http://www.chinadaily.com.cn/china/2008-05/10/content_6675006.htm.

II Jiefu Huang黄洁夫, Yilei Mao毛一雷 and J.Michael Millis, "Government Policy and Organ Transplantation in Chin" 中国器官移植的政策, 21 Century China and Global Health 21世纪中国与全球健康, October 22, 2008, accessed January 17, 2014, <http://download.thelancet.com/flatcontentassets/series/china/comment11.pdf>

The 1984 Law

In order to remedy the scarcity of corpses available for dissection and experimental transplants in medical research, the Ministry of Health legalized the use of corpses of executed prisoners in 1979 through the promulgation of the “Regulations Concerning the Dissection of Corpses.”^I A reply drafted by the Ministry of Justice in 1981 in response to an inquiry from the Shaanxi Province High People’s Court reinforced these regulations. Known as the “Reply Concerning the Question of the Utilization of the Corpses of Condemned Prisoners,” this directive described the use of these corpses as “very necessary from the standpoint of medical treatment and scientific research.”^{II}

China’s first national law followed these earlier rulings on executed prisoners and organs for transplant. In 1984, the Supreme People’s Court, the Supreme People’s Procuratorate, the Ministry of Public Security, the Ministry of Justice, the Ministry of Health and the Ministry of Civil Affairs jointly issued the “Provisional Regulations on the Use of the Corpses or Organs of Condemned Criminals.” This law stipulates the conditions under which health personnel may harvest organs from executed prisoners. It also outlines how the health personnel involved in organ harvesting are to coordinate with the prisons and the courts. In line with the 1979 document, organs from the following categories suitable for use:

I “Rules on Dissection of Corpses” 解剖尸体规则, Ministry of Health of People’s Republic of China, issued on May 21, 1979, accessed January 17, 2014, http://www.law-lib.com/law/law_view.asp?id=1934.

II “Reply Concerning the Question of the Utilization of the Corpses of Criminals Sentenced to Death” 关于判处死刑犯人的尸体利用问题的复函, High People’s Court, Shaanxi Province, PRC, Document 136, June 13, 1981.

- The uncollected corpses or bodies that relatives refuse to collect;
- Those who volunteered to donate their corpses or organs to medical institutions;
- Corpses donated at the approval of family members.

The Original Text of the Provisional Regulations on the Use of the Corpses or Organs of Condemned Criminals



According to the Regulations, written consent from prisoners is required and should be kept and stored in local courts. As to those corpses that require consent from executed prisoners' families for their usage, local public health units should discuss and reach an agreement with the families on the issues of handling of the corpses and monetary compensation.

The document also emphasizes the confidentiality of the process, stating:

“The use of corpses or organs of executed prisoners should be kept strictly confidential...when it proves to be necessary, with the approval from the people’s court that carries out the execution, the operation vehicle(s) of the medical institution can go to the execution ground to extract organs. But vehicles with any logo of the medical institution must not be used, and no one should wear white gowns. Before the extraction operation is completed, access to the execution ground will remain restricted.”

As an indication of the sensitivity of this government directive, the document was not made public until 1991. This document serves as the legal basis for the harvesting of organs from executed prisoners for use in transplantation operations.¹

1 “Provisional Regulations On the Use of Dead Bodies or Organs From Condemned Criminals” 关于利用死刑罪犯尸体或尸体器官的暂行规定, Supreme People’s Court, Supreme People’s Procuratorate, Ministry of Public Security, Ministry of Justice, Ministry of Public Health, and Ministry of Civil Affairs of People’s Republic of China, October 9, 1984.

State of Denial: Pre-2005 Cover Ups

The use of organs from executed prisoners has sparked outrage and concern from the international medical and human rights communities. Until 2005, however, despite abundant evidence to the contrary, Chinese government officials often denied that the practice even occurred.

The “Provisional Regulations on the Use of the Corpses or Organs of Condemned Criminals” was implemented in 1984, but remained secret until 1991. Before 1991, officials flatly denied the practice.^I Since it was made public, some officials continued to dismiss allegations of organ harvesting while others offered grudging admissions. For example, in 1993, then Chinese Ambassador to the United Nations (UN) Jin Yongjian stated, “Removal of organs without the permission of either of the person or his family was not standard practice. There were, however, cases in which permission has been given to remove organs from the bodies of persons executed.”^{II}

In 1996, faced with continuing negative publicity on this issue, the Ministry of Health, Ministry of External Trade and Economic Cooperation and the General Customs Administration issued a notice. The “Circular on Questions Related to Further Strengthening the Management of Human Blood, Tissues and Organs” states, “Sales of human tissues and organs are not allowed. The donation or exchange of human tissue and organs with organizations or individuals outside national borders is not allowed.”^{III} When confronted with questions from foreign reporters on the issue

I “China Experts Work on Organ Donation Laws,” South China Morning Post, May 11, 1991.

II United Nations General Assembly, United Nations Report of the Committee against Torture, statements of Jin Yongjian, Chinese Ambassador to the UN, 48th Session, 1993.

III “Circular Notice on Questions Related to Further Strengthening of Human Blood, Tissue, and Organ Management,” Ministry of Health, Ministry of External Trade and Economic Cooperation, General Customs Administration of People’s Republic of China, April, 1996.

of harvesting executed prisoners' organs for transplants, the Chinese government cited this law as proof of its disapproval of such activities.

Though the government continued to refuse to publicly acknowledge the systematic practice, Chinese medical journals inadvertently provided evidence that it occurred. Although few articles offered details on organ donors and causes of their death, references to the demographics of donors revealed that an overwhelming majority of donors were healthy young males, a striking resemblance to the demographics of the population on death row. For example, one study of cadaveric kidney transplants performed at Changzheng Hospital in Shanghai between 1986 and 1990 found that 135 out of 138 donors were male, with an average age of 25.^I Another article reported an average donor age of 27.6.^{II} One article published in 1999 included a case study at Anhui Medical University of a 21-year-old donor who died from "external wounds to the brain."^{III} Some articles published on foreign medical journals show the same pattern. An article published in the American Journal of Transplantation provided information on 74 people from Saudi Arabia and Egypt who went to China for liver transplantation from 2003 to 2007. Donor data shows that the average donor age range from 20 to 35 years with a median of 25 years. Notably, the cause of death in all 74 cases was "severe brain injury."^{IV}

I "Improvements in Surgery Methods for Extraction of Cadeveric Kidneys," Chinese Journal of Organ Transplantation 中华器官移植杂志 11, (1990).

II Meng Yongli, Bai Xiwen and Huang Zuhuan, "Report on the Use of Cyclosporine A in 24 Cases of Renal Transplantation," Chinese Journal of Organ Transplantation 中华器官移植杂志8, (1987).

III Geng Xiaoping, Meng Xiangling, Xiong Qiru et al, "Orthotropic Liver Transplantation with Extracorporeal Venovenous Bypass: One Case Report," Chinese Journal of Organ Transplantation 中华器官移植杂志 20, (1999).

IV N. Allam et al., "Clinical Outcomes for Saudi and Egyptian Patients Receiving Deceased Donor Liver Transplantation in China," American Journal of Transplantation 10, no. 8 (2010): 1834-1841.

China and the International Organs Trade

Patients from Neighboring Areas Sought Organ Transplants in China

“The doctor, who is head of the urology department at the hospital, told me after I had recovered that the kidney I had received came from an executed prisoner.”
Somporn Lorgeronon, Thai citizen who received a kidney transplant in China in 1993

“Data from the Malaysian Dialysis and Transplant Registry, published by the Malaysian Society of Nephrology annually since 1993, clearly showed that the source of kidneys obtained in China was provided by syndicated, arranged financial transactions.¹

- Dr. Ghazali Ahmad, Head of Department of Nephrology at Hospital Kuala Lumpur in Malaysia

Although the government and hospitals carefully concealed the practice of harvesting executed prisoners’ organs for transplants and unequivocally denied their involvement when questioned, direct evidence to the contrary came from beyond the border.

Compared with other countries, healthcare costs in China are relatively low. In fact, the cost of organ transplant in China is among the cheapest in the world. As a

¹ David Matas et al., *State Organs: Transplant Abuse in China* (Ontario: Seraphim Editions, 2012), 37.

result of ample supplies and cheap prices, the international organ trade business in China is lucrative, especially since patients are often wealthy overseas Chinese from neighboring Pacific Rim nations.

As organ brokering is illegal in most countries, the organ trade business is difficult to track. Still, there were numerous stories carried by foreign media outlets tracking accounts of people from Hong Kong, Taiwan, Thailand, Malaysia, Singapore, Japan and other nations who travelled to China to tap into the available supply of organs from executed prisoners. For example, one Lancet article reported on Yeson Healthcare Service in Shanghai. In 2005, it arranged more than 479 organ transplant operations – many of them for non-Chinese people. It charged a minimum of \$90,000 for a liver or heart transplant and \$45,000 for a kidney transplant.¹ This section lists some well-documented cases we collect over the years.

Since 2006, due to the promulgation of a series of laws and governmental regulations aimed at addressing the issue, which will be discussed in details in the next section, the volume of organ trade involving foreign entities has gone down substantially. In addition, in run up to the 2008 Beijing Olympics, the Chinese government had been under closer scrutiny and heavier pressure from the international community. Since then, governments and hospitals at all levels became extremely careful not to reveal relevant information to the public, fearful of attracting attention and criticism.

Hong Kong

¹ Jonathan Watts, “China Introduces New Rules to Deter Human Organ Trade,” *The Lancet* 9577 (2007):1917-1918, Vol.369, accessed January 17, 2014, [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(07\)60897-6/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(07)60897-6/fulltext).

As early as 1988, there were reports of Hong Kong citizens traveling to China for kidney transplants. An article in the South China Morning Post reported, “Two hospitals in Guangzhou are using the kidneys of executed criminals for transplants because of the difficulty in finding donors [in Hong Kong].” The Post reported that Nanfang Hospital, one of the major sites for these transplants, was performing about 50 transplants a year during the mid-1980s, mainly on overseas Chinese. An official at the renal unit of Nanfang Hospital admitted that most of the kidneys used for transplants came from recently executed criminals. When asked about the ethics of such operations, Ho Meisim, the manager of the Wei Kiu Agency, Hong Kong representative of the Nanfang Hospital, said, “The transplants are not unethical as the criminals are making use of their last virtue.”^I

A 1994 article on the South China Morning Post reported that Dr. George Chan, one of Hong Kong’s top renal specialists, often referred patients in need of a transplant to hospitals in China.^{II} Chan explained that he was routinely informed of execution dates by a network of his former students who work in the mainland. When questioned about his actions, Dr. Chan insisted that the kidneys were “voluntarily donated” by prisoners before they had died.^{III}

In January 2000, the South China Morning Post highlighted the expansion of the organ trade between Hong Kong and the mainland. Besides kidney transplants, Hong Kong patients also received liver transplants. A doctor at the First Affiliated

I Chris Yeung and Naomi Lee, South China Morning Post, December 12, 1988.

II Queenie Wang, “HK Medic Helps Patients Buy Prison Kidneys,” South China Morning Post, October 30, 1994.

III Queenie Wang, “Medic blasts refusal to quiz controversial transplant doctor,” South China Morning Post, November 27, 1994.

Hospital of Sun Yat-sen University admitted to an undercover reporter from the Post that livers of good quality could be acquired for transplant around the time of the Lunar New Year. The doctor assured the reporter that Chinese authorities would be executing prisoners before the holiday and that consent was not an issue. According to medical sources cited in the article, organs were sold for up to \$38,460 each. The Post further reported that between 1998 and 2000, at least five patients from Hong Kong traveled to a hospital in Guangzhou for liver transplants. Of the five, two died from complications.^I

Dr. Ko Wingman, a Hong Kong Hospital authority director, stated in a follow-up Post article that medical authorities in Hong Kong have tried to deter people from seeking transplants in China by withholding follow-up treatment. Because of concerns over their patients, however, they decided to create a mechanism by which they could track patients who had undergone a mainland transplant. Doctors have also refused invitations for joint transplantation operations in China using executed prisoner organs.^{II} Since the publication of these revealing articles in the Post, the Chinese government and doctors at the Sun Yat-sen Hospital have denied all accounts of the use of executed prisoners for liver transplants.^{III}

Taiwan

In April 1998, an Associate Press report revealed the story of a Taiwanese woman who traveled to China for a transplant. After seeing the number of transplants

I Ella Lee, "Dead Prisoners' Organs for Sale," South China Morning Post, January 9, 2000.

II Ella Lee, "Transplant Patients Warned over Risk," South China Morning Post, January 10, 2000.

III "PRC Doctor Refutes Using Convicts' Organs for Transplants," Xinhua News Agency, January 12, 2000.

performed at the hospital in one day and speaking with doctors, the woman said she was certain the organs came from executed prisoners. According to this report, at least 360 Taiwanese patients had received transplants in China by 1997. At the same time, patients from Indonesia and the Philippines also received transplants in China.^I Agence France-Presse also reported that patients paid as much as \$26,085 for a transplant in a hospital in Fuzhou, Fujian province. An organ broker identified as Mr. Lu offered to sell organs harvested from executed prisoners who had been killed within 12 hours of the transplant surgery. Lu also guaranteed that if the body rejected the kidney, the patient could receive another one from the hospital.^{II}

A number of prominent Taiwanese have gone to China for organ transplants. In February 2011, the Taichung county government announced that its former magistrate Huang Jhong-sheng underwent a successful liver transplant at the Tianjin First Central Hospital. But representatives from the hospital refused to confirm the event when asked by reporters.^{III} It was widely believed that the organs transplanted in such cases came from executed prisoners.

Currently, the National Health Insurance, Taiwan's compulsory social insurance plan, does not cover fees associated with going to China for an organ transplant. Some politicians advocated for the coverage of such medical costs because encouraging Taiwanese to go to China for transplants would reduce domestic spending on dialyses. Such policy changes, however, were not adapted because of concerns over

I Annie Huang, "China's Secret Organ Donor Trail," Associated Press, April 18, 1998.

II "Taiwan: PRC Hospital Said to Sell Executed Criminals' Kidneys," Agence France Press, September 10, 1998.

III Christopher Beam, "Behind China's Cyber Curtain," New Republic, December 5, 2013, accessed January 17, 2014, <http://www.newrepublic.com/article/115709/chinas-aba-county-where-government-shut-internet>.

human rights violations in China's organ transplant industry.^I

Thailand

In early 1997, the Straits Times of Singapore reported that at least 47 Thais had gone to China for organ transplants. According to the Thai Transplantation Society, more than two-thirds of these patients had been forced to undergo further surgeries for removal of a rejected kidney upon return to Thailand. Doctors said such situations arose due to unsanitary conditions and improper operations and treatments.^{II}

Phaibul Jitpraphai, President of the Thai Transplantation Society, testified at the US Congress that organ brokers have an enormous influence on the transplant and the execution process. Organ brokers, often referred to as “travel agents,” arrange not only for organs to be available, but also for hotel accommodations, hospital accommodations, and the operation itself. He further asserted, “People that we call ‘brokers’ or ‘travel agents’ make a profit on the illness of these individuals and the death of prisoners. They ask for \$30,000 to \$40,000. These are the people who make the major profit.”

Thai citizen Somphorn Lorgeranon came to China in 1993 to seek a kidney transplant. After arriving at the Zhongshan Hospital in Guangzhou, he was instructed to pay HK \$80,000 (\$10,000) upfront before any operation or treatment. After three

I “Healthcare Reimbursement for Kidney Transplants Conducted in China Causes Controversy”大陆换肾健保付引争议, Apple Daily (Taiwan), February 28, 2004, accessed January 17, 2014, <http://www.appledaily.com.tw/appledaily/article/headline/20040228/745876>.

II “Thais Going to China for Secret Organ-transplant Operations,” Straits Times, January 7, 1997.

weeks of dialysis, he was given a kidney transplant. During Lorgeranon's recovery, the head of the urology department showed him a newspaper article about an execution that had taken place on the day of his operation and told him that the newly transplanted kidney had come from this executed prisoner.^I

Malaysian

According to Ghazali Ahmad, head of department of nephrology at Hospital Kuala Lumpur, almost all Malaysians who traveled to China for a kidney transplant prior to 2008 received an organ harvested from an executed prisoner.^{II} Dr. S.Y. Tan, one of Malaysia's leading kidney specialists, estimated that more than 1,000 Malaysians had made such a trip. In June 2000, the International Herald Tribune reported that Malaysian citizens were paying a minimum \$12,000 for kidney transplants in China. Patients interviewed in the article told reporters that doctors readily admitted that they knew the transplanted organs had come from executed prisoners.^{III}

The number of patients going to China has, however, significantly diminished since the mid-2000s. According to the Malaysian Dialysis and Transplant Registry, Malaysians who traveled to China for a kidney transplant procedure involving an organ extracted from "commercial deceased donors" peaked at 145 in 2004. In

I "Testimony of Dr. Phaibul Jitpraphai," US House of Representatives, Committee on International Relations, Committee on Government Reform and Oversight, June 4, 1998.

II Li Hui and Ben Blanchard, "China to end use of prisoners' organs for transplants in mid-2014," Reuters, November 2, 2013, accessed January 20, 2014, <http://www.reuters.com/article/2013/11/02/us-china-organs-idUSBRE9A011N20131102>.

III Thomas Fuller, "An Execution for a Kidney: China Supplies Convicts' Organs to Malaysians," International Herald Tribune, June 15, 2000.

2010, it was eight.^I

Singapore

In December 2000, the Straits Times ran reports of Singaporean patients heading to a military-run medical university in Chongqing. The article stated that each patient paid approximately \$20,000 for the operation. An official at the hospital said that the majority of the more than 100 patients who received organs each year were from Southeast Asian nations.^{II}

Japan

In June 1998, Tsuyoshi Awaya, a Japanese lawyer specializing in transplant ethics, testified before the U.S. Congress on his research on the organ brokering system in Japan. As early as 1985, Japanese patients had been traveling to China for kidney transplants. In 1997, Japan issued the “Law Concerning Human Organ Transplants,” stipulating that it is illegal to pay “valuable consideration” for an organ. If the patient pays only for the actual hospital fees, it is legal, but anything more than that (including organ brokerage fees) would be illegal. Awaya stated that he knew of at least 26 cases of Japanese patients going to China for transplant surgeries involving the use of organs extracted from executed criminals before this law was passed. Brokers advertised their services through the Internet, newspaper ads, and fliers on telephone poles or subway stops. Since the law took effect, Awaya testified

I David Matas et al., *State Organs: Transplant Abuse in China* (Ontario: Seraphim Editions, 2012), 46.

II Mary Kwang, “Singaporeans Pay for China Death Row Kidneys,” *Straits Times*, December 13, 2000.

that no other cases of organ brokerage in Japan had been reported.^I

Israel

Until 2008, Israeli citizens were effectively encouraged to travel to China for organ transplant operations in order to circumvent long transplant waiting lists at home. Dr. Jacob Lavee, the director of the Heart Transplantation Unit at the Sheba Medical Center, said he had heard many stories from his kidney transplant colleagues about Israeli patients going to China to get kidney transplants, but he thought that the source of these kidneys was poor people selling one of their kidneys in order to improve their economic status. He did not learn that these organs had been harvested from executed prisoners until 2005, when one of his own patients travelled to China to undergo heart transplant surgery on a specific pre-scheduled date, which meant that the heart must have come from a scheduled execution.^{II}

The history of Israeli patients travelling to China for transplant surgeries is unique because their insurance companies often fully reimbursed them for the procedures. After learning of this practice, Dr. Lavee asserted, “Israel endorses the crime against humanity that is going on in China.” In response to these revelations, Israel passed the Organ Transplant Act in 2008, which prohibits the funding of transplants in any country that engages in organ trade, thus closing the door on Israeli organ tourism in China.^{III}

I “Testimony of Tsuyoshi Awaya,” United States Senate, Committee on International Relations & Committee on Government Reform and Oversight, June 4, 1998.

II David Matas et al., *State Organs: Transplant Abuse in China* (Ontario: Seraphim Editions, 2012), 108.

III Rob Verger, “Israel’s Campaign To Halt Organ Traffic Tourism,” *The Daily Beast*, March 18, 2012, accessed January 17, 2014, <http://www.thedailybeast.com/articles/2012/03/18/israel-s-campaign-to-halt-organ-trafficking-tourism.html>.

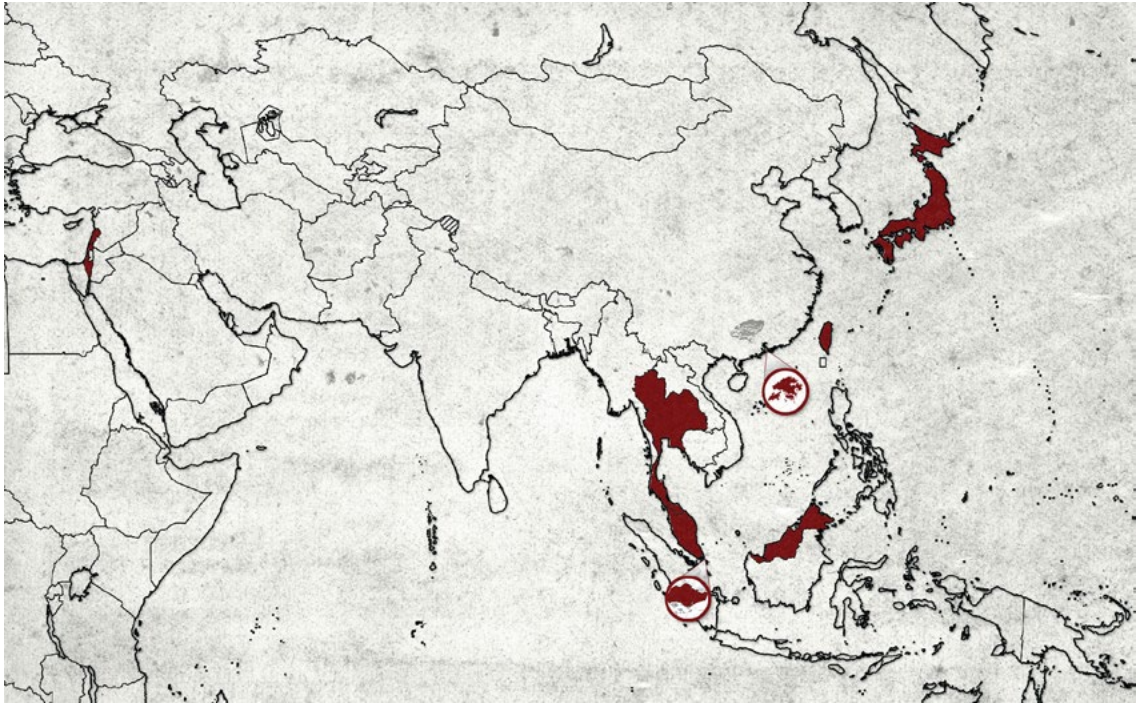
The United States

The trade in organs from Chinese prisoners entered the American market as well. In June 1997, ABC News and the LRF responded to an advertisement in a Chinese-language newspaper in America, which said simply, “Kidney Transplants in China. Don’t Miss the Opportunity. For More, Call.” Dai Yong, a student at the University of Connecticut in Bridgeport, talked openly about the opportunity for Americans to purchase prisoners’ organs in China, and that the matching of the patient and the donor would be easy since there were many prisoners to choose from. The negotiated price was \$30,000 for the organ and surgery, including a \$5,000 down payment to be paid to Dai, in cash, to reserve a bed and a kidney. When confronted on-camera by an ABC reporter, Dai insisted that the \$5,000 was payment for his “introductory service.”¹

Months later, in February 1998, two Chinese nationals were arrested in New York City on charges of conspiring to sell organs. Wang Chengyong and Fu Xingqi had previously approached hematologists and urologists in New York offering to broker organs to their patients and to arrange for transplant operations in China. Concerned doctors contacted Harry Wu about Wang’s ventures and a federal investigation ensued. Wu, posing as a board member for a US dialysis center, arranged a meeting in a hotel room to discuss the proposal. During the meeting, Wang said that, as a prosecutor involved in executions, he could sell Wu organs from fifty prisoners on death row in the next year. Wang and Fu boasted that they could provide kidneys, corneas, livers, skin, pancreases, and lungs for any patients who were willing to

1 Brian Ross, ABC News Prime Time Live “Blood Money,” October 15, 1997.

travel to China for the operations.¹



Countries/Regions that Had Frequent Organ Trade with China

Prominent Hospitals in the International Organs Trade

Since foreigners who seek organ transplants in China are able to pay large sums of money up front, they usually receive preferential treatment in the most professional and state-of-the-art facilities in the country. This is evidenced by the accounts of foreigners who received transplant operations in China, which consistently reference

¹ Transcripts, The United States of America vs. Chengyong Wang. After Wang and Fu's arrest in early 1998, the two men were put on trial for conspiring to sell human organs. After the trial dragged on for more than a year, the case was dismissed because a key American witness from the prosecution refused to testify. Wang Chengyong has since returned to China.



Nanfang Hospital

the same hospital names. These hospitals are also noted in lists of facilities performing the most transplants annually and having the highest success rates. Unfortunately, their reputations in organ transplant have been built through actively participating in harvesting organs from executed prisoners.

Nanfang Hospital in Guangzhou, Guangdong province is a major transplant hospital in southern China. It is affiliated with the Southern Medical University, formerly the First Military Medical University. This hospital is staffed by military medical personnel and teaching doctors. Because of its ties with the military, the hospital has easy access to executed prisoners. In its 1995 bilingual marketing materials, the hospital boasted: “The Wai Kiu Buildings of the Nanfang Hospital are the largest hotel-like modern patient wards in the nation. They specialize in providing health check-ups and medical treatment for foreigners, overseas Chinese and compatriots from Hong Kong, Macao and Taiwan...For over the past ten years, the Wai Kiu Buildings have received more than 30,000 patients from 65 countries and areas.”

Further research showed that this facility’s hemodialysis operation was a joint venture between the hospital and the National Medical Care Inc., which was a subsidiary of American corporation W.R. Grace. In 1996, W.R. Grace was sold



The First Affiliated Hospital of Sun Yat-sen University

to Fresenius AG, a German company.^I In March 1998, in the wake of an ABC documentary on organ harvesting from executed prisoners, Fresenius AG pulled out of the joint venture. Finding itself in the international spotlight, the company took the unusual step of placing ethical considerations above

financial gain. A Fresenius spokesperson said, “China is a small part of our business. It could have grown into a big business. We, however, cannot care about losses when there are ethical considerations.”^{II} Despite an official statement from the company, Chinese authorities continued to deny that Fresenius’s decision was related to the practice of using organs from executed prisoners in transplant operations. Instead, they said, “Both sides concluded that economic effects had not reached expected results.”^{III}

The First Affiliated Hospital of Sun Yat-sen University in Guangzhou is another major transplant hospital in the South. China’s first liver transplant was carried out in this hospital in 1972, and it has since gained a reputation as a leader in liver transplant operations. Former Vice Minister of Health Huang Jiefu headed the

I Information brochure. Nanfang Hospital: Whole-heartedly Serves Your Health, 1995.

Neil M. Peretz, “Medical Equipment in Guangdong”, International Trade Administration. (USDOC: May 18, 1995).

II Yojana Sharma, “Kidneys from Prisoners Scandal Sees off Germans,” South China Morning Post, March 6 1998.

III “Report on Illegal Organ Transplant Pure Fabrication,” Hong Kong China News Dispatch, March 19, 1998.

hospital's organ transplant department in the 1990s. Under his leadership, the hospital operated the first liver-kidney transplant in Asia and the first infant heart surgery in China. In 1992, the hospital opened a private medical center, which provides a streamlined service system of examination, treatment, pharmacy and cashier. The center offers high quality and efficient medical services to patients from foreign countries, Hong Kong, Macao, and Taiwan, as well as to local citizens. Doctors at the facility said that the hospital has access to organs harvested from the bodies of executed prisoners through a "well established network." On its official website, it says, "By November 2010, the department has operated 1,300 liver transplants and 3,300 kidney transplants. The number of liver transplants operated annually is between 120 and 180. The number of kidney transplants operated annually is 230."^{IV}

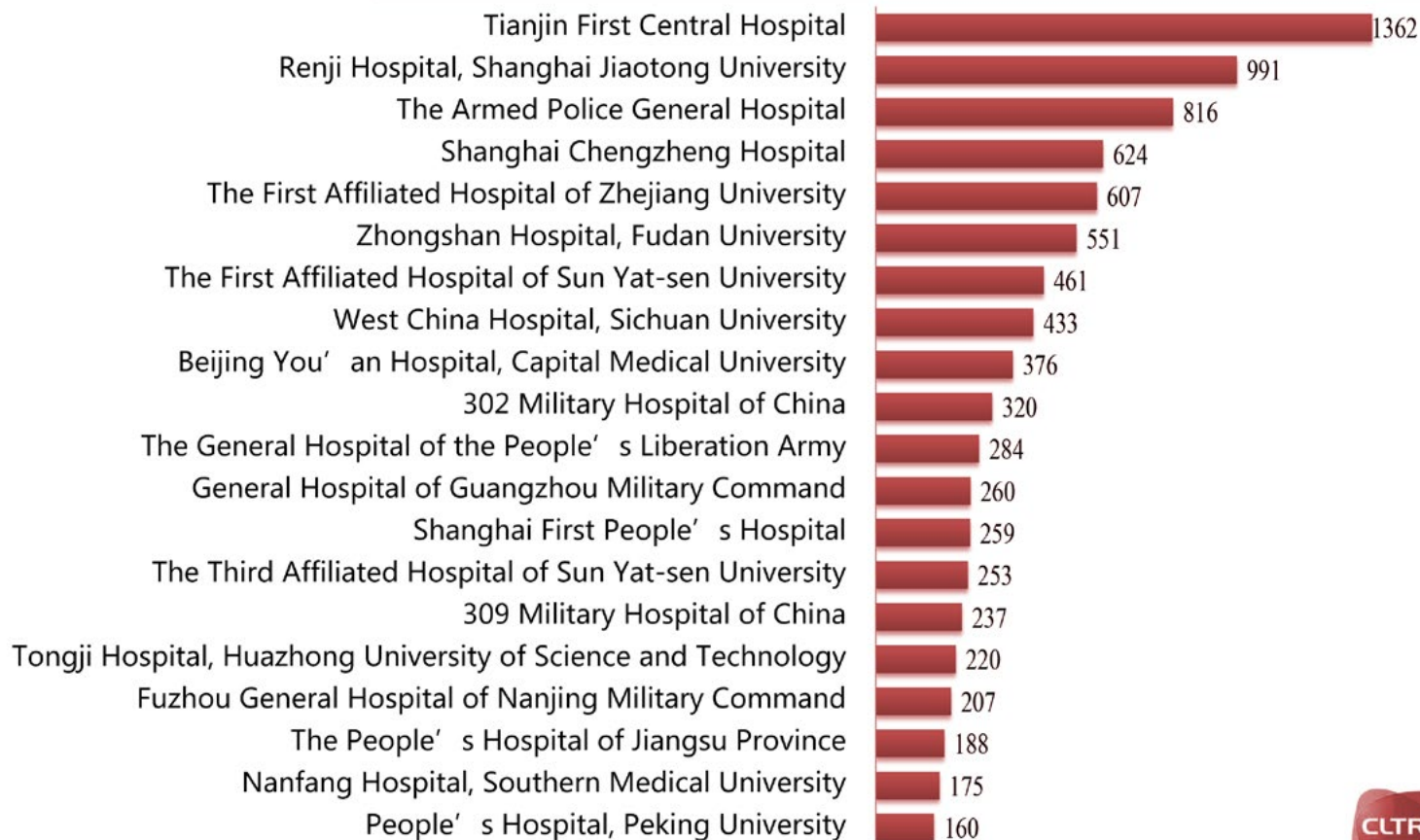
The Beijing Friendship Hospital is one of the oldest and most reputable hospitals in northern China. As mentioned earlier, Wu Jieping performed China's first kidney transplant at this hospital. According to reports from Human Rights Watch, in early 1990, a leading surgeon at the hospital informed a former judge that all the kidneys used by the hospital for transplant came from executed prisoners. In March 2000, an independent investigator who had conducted research involving organ harvesting in China testified that organs from executed prisoners was the sole source for organ transplants conducted at Beijing Friendship.^V

Tongji Hospital in Wuhan, Hubei province is one of the major transplant hospitals

IV "Introduction of the Organ Transplant Center of the First Affiliated Hospital of Sun Yat-sen University," accessed January 17, 2014, <http://www.transplant-china.com/about/&i=3&comContentId=3.html>.

V Human Rights Watch Asia, *Organ Procurement and Judicial Execution in China*, August 1994, accessed January 20, 2014, http://www.hrw.org/reports/1994/china1/china_948.htm.

**Top 20 Hospitals with the Highest Number of Liver Transplants
between May 1, 2007 and December 12, 2012^I**



^I China Liver Transplant Registry 中国肝移植注册, accessed February 4, 2014, <http://www.cltr.org/usp/dolInnerAction?Action=doDownloadMediaByInfoType&infoType=50>.



Organ Transplantation Institute at Tongji Hospital

in inner China. The Tongji Organ Transplant Research Institute is renowned for its experimental and clinical research, and is one of the oldest of its kind in the country. In April of 1994, LRF Director Harry Wu visited the hospital posing as a US businessman seeking a kidney transplant for an ailing relative in America. Several doctors sat down with Wu and spoke with him at length regarding the state-of-the-art facilities available at the hospital and the ease to which they could procure an organ for the right price. Wu asked Dr. Xia Shuisheng, one of

China's most renowned researchers on organ transplantation, about the sources of organs. Xia replied that such information must remain confidential.

While at the hospital, Wu was also able to speak with patients who had recently received similar operations. One man by the name of Li told Wu, "Five of us had our kidney transplants done on the same day. There were six kidneys available that day. One was sent to another hospital...All were from young prisoners, all under twenty-five and very healthy...They were executed at Dongxihu District, less than an hour from the hospital...They were executed at eleven in the morning and we had our operations at two in the afternoon." Doctors also informed Wu that a wealthy Thai businessman had



A patient at Tongji Hospital in Wuhan tells Harry Wu that his kidney was from an executed prisoners

received a transplant operation at the hospital two months earlier. A BBC documentary on Wu's visit to Tongji attracted much international media on the subject, which temporarily strained Chinese-British relations.

Profiting from the grisly trade of organs harvested from executed prisoners has tarnished these hospitals' honorable track record of saving lives through

organ transplantation. It has linked China's most renowned hospitals to some of the country's most egregious human rights abuses. Not only are these facilities renowned for accommodating foreigners and providing quality care, they are also known for their ability to command high fees for procuring organs extracted from prisoners on death row.

Admission & Regulation

“The Majority of the organ donors in China at this stage are still executed prisoners.”^I

-Huang Jiefu, at a WHO meeting on transplantation in Manila in November 2005



Huang Jiefu

At a WHO conference in Manila, the Philippines held in November 2005, Huang Jiefu admitted that most of the cadaveric organs for transplants were derived from executed prisoners. This was the first time that a Chinese government official publicly acknowledged this open secret. Huang, however, insisted that “use of any organ from a prisoner only occurs after full consent from the prisoner, including families where appropriate, and the organ is obtained without coercion and within current legal requirements; no surgeon involved in the transplant is involved with the

I Robert Lawrence Kuhn, *How China's Leaders Think: The Inside Story of China's Past, Current and Future Leaders* (New York: Wiley, 2011).

execution itself.”^I

According to an article published in Caijing Magazine later that month, 95 percent of donated organs were cadaveric donations, meaning they were derived from deceased donors. Nearly all of these organs were extracted from executed prisoners.^{II} The China Liver Transplant Handbook, published in 2007, provided the same statistics, claiming 95 percent of livers for transplant were from executed prisoners.^{III}

Even with this admission from the vice minister, various media and medical reports, the Ministry of Foreign Affairs and Ministry of Health continued to deny the systemic practice, saying it was “deliberately fabricated to fool the public” and “a libel against the Chinese justice system.”^{IV}

I “Consultation Meeting on Transplantation with National Health Authorities in the West Pacific Region,” World Health Organization, November 7-9, 2005, accessed January 17, 2014, <http://www.moh.gov.my/images/gallery/orga/Consultation-Meeting.pdf>.

II “Organ Transplantation: A Zone that Calls for Regulations and Rules” 器官移植：加快规制的地带, Caijing Magazine no.24 (2005), <http://magazine.caijing.com.cn/2005-11-28/110062607.html>.

III “A Trip of a Healthy Liver,” 一只健康肝的旅行, accessed January 17, 2014, <http://jksb2000.i.sohu.com/blog/view/166220715.htm>.

“Organ Draught,” Global Times (China), February 17, 2011, accessed January 17, 2014, http://www.globaltimes.cn/special/2011-02/623855_4.html.

“The First Issue of China Liver Transplantation Handbook,” 《中国肝脏移植手册》首发, August 21, 2007, accessed January 17, 2014, <http://health.people.com.cn/GB/14740/22121/6142223.html>.

IV “The Ministry of Health Denounces Remarks Regarding Using Organs from Executed Prisoners for Transplant” 卫生部驳斥中国随意取死刑器官进行移植的言论, People’s Daily, April 10, 2006, accessed January 21, 2014, <http://politics.people.com.cn/GB/1027/4285542.html>.

“China Denies Using Death Row Prisoners’ Organs” 中国否认从死刑犯身上摘取器官, Radio Free Asia, March 29, 2006, accessed January 17, 2014, http://www.rfa.org/mandarin/yataibaodao/organ_harvest-20060329.html.

In March 2006, the Ministry of Health issued “Interim Provisions on Clinical Application and Management of Human Organ Transplantation.”¹ The Provisions stipulate that medical institutions must ensure the legitimacy of organ sources and obtain written affidavits of consent from donors. The Provisions also require medical institutions to establish the “committee of clinical application and ethics of human organ transplantation.” All cases of transplantation have to be “sufficiently discussed” by the committee and the legitimacy of organ sources has to be explained. Only with the approval of the committee could transplant operations proceed.

Later that year, in November, the National Summit on the Clinical Application and Management of Human Organ Transplantation was held in Guangzhou. During the summit, Huang restated the regulations set forth in the Provisions and outlined methods of ensuring compliance. In light of the ongoing criticism from the international community, Huang emphasized the need to ban hospital advertisements promoting any kind of transplant tourism. He also stressed that review and approval from the Ministry of Health are required before hospitals may accept any foreign patients. The summit statement also emphasized that organ transplants in China should prioritize the needs of its citizens, including people from Hong Kong, Macau and Taiwan.

The “Regulation on Human Organ Transplantation” (RHOT) the first national law on organ transplantation, was passed by the State Council in March 2007 and came into force on May 1st that year. In addition to the regulations outlined in the 2006 Provisions, under the new law, doctors who conduct organ harvesting without the pre-approval by the ethics committee and who fail to handle post-procurement

1 “Interim Provisions on Clinical Application and Management of Human Organ Transplantation” 人体器官移植技术临床应用管理暂行规定, accessed January 21, 2014, <http://www.sysucc.org.cn/cn/departement/yzk/Rule/translation.htm>.

corpses in accordance with ethical principles will have their licenses suspended or revoked. The document, however, does not articulate the nature or scope of these “ethical principles.” The regulation again stresses that organ transplants should abide the principle of “voluntary and free” donation:

“The organ donor must have full capacity for civil conduct. Such a citizen shall document his/her willingness for donation in written form and shall have the right to revoke his will to donate his/her body parts.

“For a citizen who does not agree to donate his/her body organ while alive, no institution or person shall donate or harvest his/her body organs. For a citizen who does not indicate his/her disagreement to donate his/her body organs while alive, his/her spouse, adult children and parents may jointly express in writing their agreement to donate his/her body organs.”

The Red Cross Society of China is designated to promote organ donation together with the Ministry of Health. Regarding the source of organs, the regulation only stipulates that public health entities should “take the situation of the organ source...into consideration.”^I According to Wang Haibo, the director of the China Organ Transplant Response System Research Center, a research body within the Ministry of Health, the World Health Organization (WHO) supported the draft of the law, making it consistent with international norms.^{II}

I “Regulation on Human Organ Transplantation” 人体器官移植条例, No. 491 Order of the State Council of the People’s Republic of China 中华人民共和国国务院令491号, passed on March 21, 2007, effective on May 1, 2007, accessed January 17, 2014, http://www.gov.cn/jzwgk/2007-04/06/content_574120.htm.

II “New Era for Organ Donation and Transplant in China,” Bulletin of the World Health Organization, 2012, Vol. 90, accessed January 17, 2014 <http://www.who.int/bulletin/volumes/90/11/12-031112/en/index.html>.



The text of the Regulation on Human Organ Transplantation on the official website

On July 2, 2007, only two months after the new law took effect, the Ministry of Health issued a directive that again required hospitals to report to their provincial health departments and the Ministry of Health any transplant applications from foreign citizens.¹ The Ministry probably issued the directive because RHOT was not effectively enforced, just like many other laws in China.

¹ "Health Agencies is Not Allowed to Operate Authorized Transplant Surgeries on Foreign Patients" 我医疗机构不得擅自为外国人实施人体器官移植, Xinhua News Online, July 4, 2007, accessed January 17, 2014, http://news.xinhuanet.com/health/2007-07/04/content_6325551.htm.

Organ Donation System

The Establishment of a Nationwide Organ Donation System

During the National Human Organ Donation Work Conference in August 2009, two years after the promulgation of RHOT, which set the framework for organ donation, the Ministry of Health and the Red Cross announced the launch of the pilot organ donation program. Ten provinces and cities, mostly areas on the east coast, were designated as pilot regions to carry out programs to promote organ donation and manage the distribution of donated organs.^{II} Reporting on the event, the state-run English newspaper China Daily stated that more than 65 percent of organ donations come from death row prisoners.^{III}

Starting from March 2010, the 10 designated regions, one after another, began to implement the pilot organ donation program. In each region, approximately a dozen leading transplant hospitals were approved to participate in the program. Pilot regions were later extended to 19 provinces and cities after gradually adding provinces in the heartland.^{IV}

In March 2012, an article co-authored by Huang that was published in The Lancet

II “The Red Cross of China and the Ministry of Health Announce the Launch of the Organ Donation System in Shanghai” 中国红十字会、卫生部在上海宣布启动建立人体器官捐献体系, Xinhua News Agency, August 25, 2009, accessed January 17, 2014, http://www.gov.cn/jrzq/2009-08/25/content_1401158.htm.

III Barbara Demick, “China to launch nationwide organ donation system,” Los Angeles Times, August 27, 2009, accessed January 17, 2014, <http://articles.latimes.com/2009/aug/27/world/fg-china-organs27>.

“China admits death row organ use,” BBC News Online, updated August 26, 2009, accessed January 17, 2014, <http://news.bbc.co.uk/2/hi/8222732.stm>.

IV “Organ Donation Pilot Cities are Increased to 16 Provinces, Completing 207 Transplant Surgeries” 全国人体器官捐献试点扩大至16省份·完成207例, March 22, 2012, accessed January 17, 2014, <http://health.people.com.cn/h/2012/0322/c226951-3150074718.html>.

stated, “65 percent of transplantation operations done in China use organs from deceased donors, over 90 percent of whom were executed prisoners.”^I Later that month, Huang said during the National Human Organ Donation Pilot Work Summit that the Chinese government promises to “fundamentally change the morally dubious practice of relying on executed prisoners for organ transplants in three to five years,” and that the promise demonstrates “the government’s determination.”^{II}

On Feb 25, 2013, during the National Human Organ Donation Work Videoconference, the Red Cross and the Ministry of Health announced the termination of the pilot program and the subsequent implementation of a formal organ donation system.^{III} Huang stated, “If things go smoothly, it is projected that China’s organ transplants system will no longer rely on executed prisoners after two years.”^{IV} Huang has since stepped down as vice minister, but continues to head the transplant office within the Ministry.

According to the Ministry of Health and the Chinese Red Cross, between the launching of the pilot program in March 2010 and its termination in February 2013, only 659 people donated 1804 major organs in the 164 participating transplant

I Jiefu Huang et al., “A Pilot Programme of Organ Donation After Cardiac Death in China,” *The Lancet* 379 (2012): 862, accessed January 21, 2014, doi:10.1016.

II “The National Organ Donation Pilot Program is More Than Two-Year-Old, the Disparity between Demand and Supply is Still Very Wide” 全国器官捐献试点已过两年·供求数量悬殊仍难破, *Beijing News 新京报*, March 26, 2012, accessed January 17, 2014, <http://health.sohu.com/20120326/n338863505.shtml>.

III “Organ Donation will be Implemented throughout the Country” 人体器官捐献·年内全国展开, *Beijing News 新京报*, February 26, 2013, accessed January 21, 2014, <http://www.bjnews.com.cn/news/2013/02/26/249898.html>.

IV “Huang Jiefu: China will No Longer Reply On Executed Prisoners for Organ Supply in Two Years” 黄洁夫：两年后器官移植不再依赖死刑犯, *Xinhua News*, March 5, 2013, accessed January 20, 2014, http://news.xinhuanet.com/yzyd/local/20130305/c_114886171.htm.

hospitals.^I

According to Huang, by the end of 2012, about 64 percent of transplanted organs came from executed prisoners.^{II} According to statistics from the National Health and Family Planning Commission (NHFPC), this number dipped to under 54 percent by August 2013.^{III} At the same time, cadaver organ donations from the general population rose to 23 percent.^{IV} Huang also said that the Ministry would begin implementing the voluntary donation system in November. As part of this, all the 165 hospitals with a license to perform transplants were required to pledge to stop using organs harvested from death row inmates.^V

On September 1, 2013, the “Interim Provision on Human Organ Procurement and Allocation” came into effect.^{VI} Under the new law, every donated organ must be entered into the China Organ Transplant Response System database, or COTRS. Hospitals that fail to do so will have their transplant licenses revoked. COTRS,

I “China will Officially Launch Organ Transplant and Sharing System, Basing on Three Principles” 我国将正式启动器官移植器官分配将遵从3大原则, Beijing Evening Newspaper北京晚报, February 26, 2013, accessed January 20, 2014, http://news.xinhuanet.com/politics/2013-02/26/c_114810548.htm.

II Li Hui and Ben Blanchard, “China to phase out use of prisoners’ organs for transplants,” Reuters, August 15, 2012, accessed January 20, 2014, <http://www.reuters.com/article/2013/08/15/us-china-organs-idUSBRE97E09920130815>.

III The former Ministry of Health and former Office of Family Commission merged to form the National Health and Family Planning Commission after the National People’s Congress in March, 2013.

IV “Twenty Percent of Donated Organs are From Deceased Donors” 我国逝者捐献器官占所有移植器官的比例两成, Jinghua Times京华时报, August 22, 2013, accessed January 20, 2014, <http://health.sohu.com/20130822/n384780563.shtml>.

V “China will Officially Launch Organ Transplant and Sharing System, Basing on Three Principles” 我国将正式启动器官移植器官分配将遵从3大原则, Beijing Evening Newspaper北京晚报, February 26, 2013, accessed January 20, 2014, http://news.xinhuanet.com/politics/2013-02/26/c_114810548.htm.

VI “Explaining Interim Provision on Human Organ Procurement and Allocation” 人体捐献器官获取与分配管理规定（试行）的解读, the National Health and Family Planning Commission中华人民共和国国家卫生和计划生育委员会, August 21, 2013, accessed January 20, 2014, <http://www.moh.gov.cn/zhuzhan/zcjd/201308/c18f349814984f44a71361426f3eec0d.shtml>.

modeled after the transplant system used in the United States, is a computer system that allocates organs based on medical urgency and time spent on the waiting list. Theoretically speaking, doctors and hospitals will no longer have influence over who receives a specific donated organ. According to Huang, the system is designed to allocate organs “equitably and transparently.”^I Meanwhile, the Chinese Red Cross and organ procurement organizations in each of the 165 accredited transplant hospitals have been charged with promoting organ donation, finding potential donors and coordinating the donation process when actual donors become available.

Huang claimed that the unique design of the system “provides confidence” that the donation program will be “widely implemented and accepted by Chinese society.”^{II} While only one-third of donated organs are allocated through the system at present, Huang believed the system will be fully implemented by early 2014.

In November 2013, the China Organ Transplant Conference was held in Hangzhou, Zhejiang province. The Hangzhou Resolution was announced during the conference. The resolution compels all medical personnel to abide by RHOT. Moreover, it requires that all organs for transplantation come from legitimate sources, which entails mandating that only donors who express informed consent may make cadaveric donations. Starting in 2014, the government will inspect all 169 transplant hospitals. Facilities that do not pass inspection will have their licenses revoked.^{III} Chinese authorities projected that by mid-2014, China will completely end

I “Organ Distribution System is Implemented, Gap Between Supply and Demand Still Hard to Solve” 人体器官分配系统上线, 力求公平分配难改供求失衡, Xinhua News, September 5, 2013, accessed January 20, 2014, http://news.xinhuanet.com/mrdx/2013-09/05/c_132693651.htm.

II Huang J et al., “The national program for deceased organ donation in China,” July 5, 2013, accessed January 20, 2014, <https://www.ncbi.nlm.nih.gov/m/pubmed/23743728/?i=4&from=/1621733/related>.

III “China Proposes Hangzhou Resolution, Pushing for Organ Transplant System Reform” 中国提出“杭州决议”推动器官移植体系改革, Xinhua Net新华网, November 11, 2013, accessed January 20, 2014, http://news.xinhuanet.com/2013-11/02/c_117979498.htm.

its practice of using prisoners' organs for transplants. After the conference, Huang told foreign reporters that courts have been told they are no longer allowed to offer organs to hospitals. He further asserted, "China has meted out fewer and fewer death sentences, so reliance on death-row inmates' donations will become a dead end. So we must rely on voluntary donations."^I

Scandals and Deficiencies of the COTRS

Even though the national organ donation system has only been operational for less than a year, several scandals have hampered progress.

In July, local branches of the Chinese Red Cross demanded that hospitals in Jiangsu and Guangdong provinces pay 100,000 RMB (\$16,300) for each successful organ donation they organize. An Organ Procurement Organizations (OPO) worker at a transplant hospital said that the Red Cross Shenzhen branch asked for a specific price each time they provided with information about a potential donor, but it is unknown how much money the hospital was forced to pay.^{II}

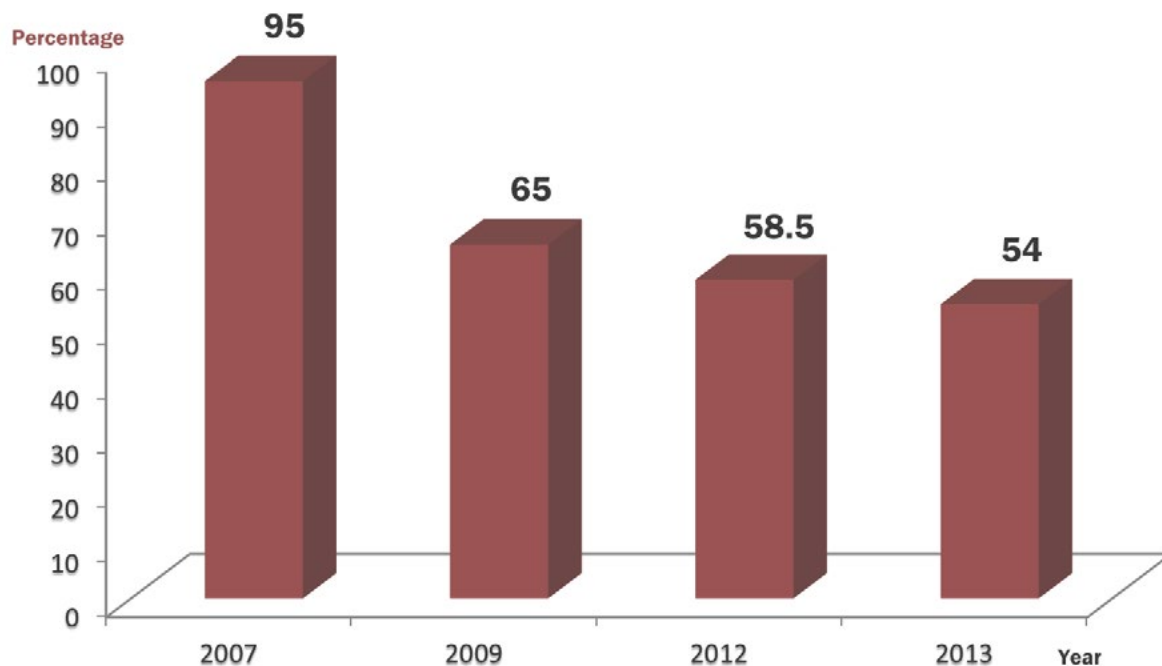
In August 2013, the People's Daily reported that an organ donation coordinator for the Shannxi branch of the Red Cross threatened to take away a critically injured patient's breathing machine if the family refused to donate his organs in the event of a cardiac death. The coordinator, Liu Linjuan, said to the family of Zhang Xinxing that if they were willing to donate, "we can give you 100,000 RMB (\$16,300). No more

I Li Hui and Ben Blanchard, "China to end use of prisoners' organs for transplants in mid-2014," Reuters, November 2, 2013, accessed January 20, 2014, <http://www.reuters.com/article/2013/11/02/us-china-organs-idUSBRE9A011N20131102>.

II "Many Branches of the Red Cross is Accused of Pressuring Hospitals to Donate in Exchange for Organs for Transplantation" 多地红会被指逼医院捐款换取器官捐献资源, Beijing News 新京报, July 8, 2013, accessed January 20, 2014, <http://news.sina.com.cn/c/2013-07-08/023927603188.shtml>.

than that.”¹ Zhang’s family said that they initially felt grateful that the Red Cross lent them the breathing machine to use, but later felt that they were blackmailed.

Percentage of Transplanted Kidneys from Executed Prisoners Official Statistics from the Chinese Government



Low confidence in the transparency and fairness of the organ donation system has discouraged people from donating organs, which further hinders development of a legitimate organ transplant system. As one young person told the Beijing News,

¹ “Revealed: Red Cross Pressuring Families of Seriously Injured Patient to Donate His Organs in the Event of Death” 曝红会要求重伤男子捐器官 以停呼吸机要挟家属, August 3, 2013, accessed January 20, 2014, http://news.163.com/13/0803/16/95C8M4UP00011229_all.html.

“I am not sure whether these organs will be used on the people who need them.”^I

The current lack of transparency of COTRS is a root cause of this mistrust. Unlike in the United States, where anyone can log onto the Organ Procurement and Transplantation Network’s website to look for or request information regarding every organ donation and transplant event in the United States, COTRS is not open to the public. Details regarding matching methodology are not released and information about donors and recipients are unknown to the public. An op-ed in the *Guangming Daily* asks, “With everything being done behind closed doors, how can the public trust that humans would not tamper with the computer system?”^{II} Moreover, as Luo Gangqiang, director of the Organ Donation Center at the Wuhan branch of the Red Cross, points out, with the lack of supervision from a third party, how can patients trust that their information is correctly entered into the system and updated promptly?^{III}

Both the WHO and the Transplant Society applaud the Chinese government’s effort in developing the organ donation system. Successful implementation, however, depends on the extent to which new procedures will fairly allocate organs and the degree to which the public will trust the system, which in turn depends on enhancing

I “Who Should Have the Donated Organ?” 捐献器官该分配给谁 *Beijing News 新京报* · February 6, 2012, accessed http://news.xinhuanet.com/politics/2012-02/06/c_111489610.htm.

II “Organ Donation should not Overtly Reply on the Computer System” 捐献器官不能过分依赖计算机分配, *Guangming Daily 光明网*, August 23, 2013, accessed January 20, 2014, http://guancha.gmw.cn/2013-08/23/content_8688349.htm.

III “Is a Truly Transplant and Justice System Possible? – a Discussion on the Organ Distribution System” 能否真正透明公正?——人体器官分配系统探秘, *Xinhua Net 新华网*, September 4, 2013, accessed January 20, 2014, http://www.hb.xinhuanet.com/2013-09/04/c_117231421.htm.

Yaqiu Wang, “Will China’s Organ-Transplant Reforms Really Work?” September 11, 2013, *The Atlantic*, accessed January 20, 2014, <http://www.theatlantic.com/china/archive/2013/09/will-chinas-organ-transplant-reforms-really-work/279567/>.

transparency and avoiding further scandals.¹

I Haibo Wang, “New era for organ donation and transplant in China,” Bulletin of the World Health Organization, November 2012, Vol. 20, <http://www.who.int/bulletin/volumes/90/11/12-031112/en/>.

Delmonico, Francis L., “A Welcomed New National Policy in China,” Transplantation, 1(2013):3-4, Vol.96, accessed January 20, 2014, http://journals.lww.com/transplantjournal/Citation/2013/07150/A_Welcomed_New_National_Policy_in_China.3.aspx.

Major Events in the Development of China's Organ Transplant System

- ▶ **1960:** First organ (kidney) transplantation surgery was performed;
- ▶ **1984:** Promulgated the “Provisional Regulations on the Use of the Corpses or Organs of Condemned Criminals,” the legal basis for harvesting organs from executed prisoners for use in transplantation;
- ▶ **1996:** Issued the “Circular on Questions Related to Further Strengthening the Management of Human Blood,” prohibiting organ trade domestically and internationally;
- ▶ **2004:** Kidney transplants peaked at about 10,000 annually;
- ▶ **2005:** The government first admitted that most of organs for transplants are derived from executed prisoners. Liver transplants peaked at about 3,000 annually;
- ▶ **2006:** Issued “Interim Provisions on Clinical Application and Management of Human Organ Transplantation,” requiring medical institutions to ensure the legitimacy of organ source and obtain written consent from donors;
- ▶ **2007:** The first national law on organ transplantation “the Regulation on Human Organ Transplantation” came into force;
- ▶ **2009:** Launched the pilot organ donation program to promote organ donation in the general population;
- ▶ **2010:** Leading transplant hospitals in 19 provinces and cities were approved to participate in the pilot donation program;
- ▶ **2013:** The organ donation system was implemented throughout the country. “The provision on Human Organ Procurement and Allocation (interim)” came into effect, requiring that donated organs be entered into the China Organ Transplant Response System;
- ▶ **2014:** By mid-2014, all hospitals licensed for organ transplants will be required to stop using organs from executed prisoners.

The Chinese System of Execution and Organ Harvesting



Public group execution during a strike hard campaign

Over the years, the Chinese government has offered several excuses to dismiss or downplay its involvement in organ harvesting. One of these claims is that organ harvesting only occurs in isolated instances, placing blame on a few highly corrupt officials. This simply cannot be true.

The Provisional Regulations on the Use of Dead Bodies

or Organs from Condemned Criminals clearly outlines directives for how various departments in the medical and judicial system are to coordinate executions and organ procurement procedures. Examination of the scope and scale of this practice reveals a highly developed and detailed system that could not function through the efforts of only a few corrupt officials. This chapter explains how the system of harvesting organs from executed prisoners undeniably requires the compliance and cooperation of all levels of the Chinese government, highlighting the fact that officials commit egregious human rights abuses at every step of this process.

Execution as a Tool for Political Power

State-led systematic organ harvesting is only possible when a large number of executions are carried out each year. China executes more prisoners than the



Pan Yanlong, middle of three people in the bottom right, has a sign around his neck as guards escort him to the side of a footpath between two fields. His death sentence was carried out soon afterward.

rest of the world combined, a fact that has drawn widespread international condemnation. Although the number of annual executions is considered a state secret and estimates provided by international organizations vary widely, the general consensus is that China executes thousands of people per year. International observers and foreign governments have also criticized the number of crimes for which one could be executed. Currently, 55 crimes are punishable by death, many of which are nonviolent or economic offenses.

Moreover, many legal experts argue

that China's criminal justice system fails to provide basic due process protections to criminal defendants, including those charged with capital offenses. Among other appalling shortcomings, Chinese courts effectively permit the introduction of confessions obtained through police torture.

Executions carried out during strike hard (or yanda) campaigns are particularly problematic. Strike hard campaigns, periodic crackdowns against crime associated with growing societal unrest, entail the use of stiff penalties, public show trials, and mass executions to fight crime and quell dissent. Such campaigns enable authorities to efficiently execute a large number of alleged criminals without the burden of providing even a semblance of due process protections, thus substantially increasing the supply of organs for use in transplant surgeries.

The 1983 “Decision of the National People’s Congress Standing Committee regarding the Procedure for Rapid Adjudication of Cases Involving Criminal Elements Who Seriously Endanger Public Security” first outlined procedures for carrying out large-scale strike hard campaigns. The Decision empowered courts to waive the requirement in the 1979 Criminal Procedure Law of informing a defendant of criminal charges no less than seven days before commencement of trial. It also nullified the right of defendants to obtain legal counsel. Moreover, the Decision shortened virtually every step of the trial process, including reducing the period within which an appeal may be brought from 10 days to a mere three days. And those accused of a crime were considered guilty before trial. Furthermore, local cadres have been forced to meet imprisonment quotas during strike hard campaigns. Such demands have undoubtedly pressured officials to obtain confessions through illegal and improper means. At the same time, officials are acutely aware of the profit potential in harvesting organs from executed prisoners, adding an additional motive to press for the death penalty. Basically, strike hard campaigns promote brutal efficiency and expediency at the expense of justice. In light of this reality, untold masses of innocents have likely been executed during strike hard campaigns.

The Communist Party has launched four nation-wide strike hard campaigns. These crackdowns occurred in 1983, 1996, 2001 and 2010. During the 1983 campaign, which started in late July 1983 and lasted until around early 1987, about 24,000 people were sentenced to death. About 74 percent of them were eventually executed. In some courts, this rate was as high as 85 percent.¹ Those executed included defendants convicted of minor sexual offenses under the crime of “hooliganism.” A young man from Sichuan was executed for kissing a stranger

¹ Beijing Xingshan Research Institute, “China Death Penalty Report,” accessed January 20, 2014, <http://www.gzwqlawyer.com/gzwqlawyer/20120801/209.html>.

without her permission on the street. A woman named Wang was executed for having sexual relations with more than 10 men.

The second national strike-hard campaign was launched in April 1996. According to statistics compiled by Amnesty International, in 1995, Chinese courts handed down 3,110 death sentences and conducted 2,190 executions before the strike hard Campaign commenced. In 1996, the number of death sentences nearly doubled to 6,100, with 4,367 put to death. Since these numbers are derived from open-source reporting, actual figures are certainly much higher.^I During the 2001 strike hard campaign, from April to June 2001, at least 2,960 was sentenced to death and 1,781 executed in the three-month period. Amnesty International described the campaign as “nothing short of execution frenzy” and commented, “More people were executed in China in the last three months than in the rest of the world for the last three years.”^{II}

The strike hard campaigns have especially targeted the hundreds of millions of migrants who came to big cities every year in search of work and income. Although peasants are permitted to leave the countryside, it remains highly difficult for them to acquire urban household registration.^{III} Without the protection offered by official papers, these members of the so-called “floating population” become easy targets for the authorities.^{IV}

I Amnesty International, *People's Republic of China: Breaking Records, Breaking Rules* (London: Amnesty International, 1997).

II “China’s draconian Strike Hard anti-crime campaign,” July 2001, accessed January 20, 2014, <http://rockbites.org/newsByMonth/2001July/2001July6-3.html>.

III The household registration – or hukou – system, requires migrant workers to be registered in their rural town of origin, not the city to which they live,

IV Amnesty International, *No One is Safe: Political Repression and Abuse of Power in the 1990s* (New York: Amnesty International, 1996): 91.

Since its inception, the CCP has used public sentencing rallies and public executions to instill fear in the hearts of all its citizens.^I One unique aspect of this rule-by-fear policy involves an increased number of executions in the days surrounding national holidays. The government showcases its tremendous power as people come together from all regions of the country to celebrate. This incites nationalist sentiments and reminds people of the Communist Party's willingness to use violent force against its citizens. Chinese authorities label this tactic "killing the chicken to scare the monkey."

Reports on Hong Kong patients who received liver transplants in China have included quotes from doctors testifying to the plentiful supply of organs closer to the time of national holidays. One doctor explained, "Our experience tells us that there are many organs before the Lunar New Year and other big holidays. I cannot make it too clear." He added, "If you miss this chance, you may have to wait until Labor Day."^{II} A former prosecutor of Hainan province, Wang Chengyong, also confirmed this practice in asserting: "Executions would always be before the holidays...Spring Festival, May Day and National Day..." While talking to Harry Wu in 1998, Wang quickly estimated that there would be at least 200 executions in Hainan province every year and that he personally could gain access to at least 50 of these 200. During a visit to the Tianjin First Central Hospital in 2006, a secretly recorded video shows the hospital staff telling a BBC reporter that a matching liver could be available in three weeks. The hospital staff member attributed this short wait period

I The Supreme People's Court issued a notice in 1986 banning public executions. Public executions thus began to fade away in the 1990s, mostly in big cities. They, however, are still carried out in many other parts of China today.

II Ella Lee, "Bumper organ supply before lunar festival," South China Morning Post, January 9, 2000, accessed January 20, 2014, <http://www.scmp.com/article/305047/bumper-organ-supply-lunar-festival>.

to an organ surplus resulting from an increase in executions ahead of the National Day on October 1.¹

¹ "Organ Sales 'thriving' in China," BBC News Online, September 27, 2006, accessed January 20, 2014, <http://news.bbc.co.uk/2/hi/5386720.stm>.

From Prison Cell to Operating Room: The Procedures of Organ Harvesting Revealed

In the process of harvesting organs from executed prisoners, a government prescribed method directs judicial and health officials to maximize efficiency and secrecy. From the time it is determined that a prisoner may be a possible match for transplantation to the moment he is shot at the execution grounds, the prisoner serves as nothing more than a walking incubator maintaining the functionality of his organs.

A Case Study in the Chinese System of Organ Harvesting



Zhao Wei

In May of 1999, four men convicted of murder were executed in Xinyang city, Henan province. The sequence of events surrounding this case led the families of three of these men to believe that their sons had become victims of China's system of organ harvesting.

Early on the morning of May 31, Rao Enhuai prepared her grandson to go visit his father in prison. Rao's son, Zhao Wei, was a death row inmate who had been sentenced to death for the murder of his estranged wife. Rao did not know that her son was already on his way to be executed. It was

about seven in the morning when Rao received a phone call from her son's friend, who told her that while on his way to work, he saw her son and the other criminals involved in his case on board a public security bureau vehicle on their way to their public sentencing rally and execution. Knowing that she had not received notification of any upcoming execution, Rao immediately headed to the location that her son's friend had mentioned. By the time she arrived, the public sentencing rally was over. A guard confirmed that her son had just been executed and directed her to the local crematorium where she could wait for the arrival of the body.



Chen Weimin points at the items that were disposed onto the road.

At the crematorium, Rao waited for over an hour wondering why her son's body had not yet been delivered and why she had not received notification of his execution. She also saw the family of another man who had been executed with her son that morning. They had received notification and their son's body had already arrived. Finally, after over an hour's wait, Rao returned home, distraught that she was unable to perform the final rites for her son. She contacted Liang Zhizhen, the mother of another prisoner involved in the case, only to hear that her family also had not been notified

and had not been able to properly cremate their son's body. It was this sequence of events that led the women to believe that their sons' organs had been harvested, which prompted them to hire a private investigator.



The blood transfusions bags that were found on the road

The meticulous research of the investigator, Cheng Weimin, revealed the details exposing the inner workings of this case and the process of organ harvesting. Interviews with a witness revealed that after the four men were executed, one body was placed on an open-bed truck and sent directly to the crematorium. The other three bodies were loaded into white vehicles with tinted windows and covered license plates. These vehicles took an indirect route through the town, driving slowly and stopping at several points. The witness, Lu Dean, a friend of the executed men, followed the trucks at a distance on his motorcycle. He noticed that at one point

certain articles were thrown out of the back of the vehicles. Lu testified that as the vans reached the crematorium, a surgeon emerged from the ambulance: “We saw a surgeon in the ambulance. Stripped bare to the waist, his face perspiring profusely, he was taking off surgical gloves. Another man handed him a towel to wipe his face. I closely watched what the surgeon was doing. Then, the people in the car threw out a bunch of things, which fell on the east side of the highway.” Lu collected these items and was shocked to discover that they included surgical gloves, gauze, blood transfusion bags (often used to aid in maintenance of heart function during surgery), and bags of saline solution (often used to preserve harvested kidneys).

The investigator also conducted interviews with the doctors who had surgically

placed the kidneys into recipient patients. He also spoke with the patients themselves. Everyone was aware and admitted on audio recordings that the organs had come from executed prisoners. He also discovered the existence of doctors who had worked on the cases prior to the execution. These doctors had taken blood samples from the three men to test their compatibility with prospective transplant recipients.

河南省信阳市文化局服务公司

申诉书

申诉人：徐恩环，女，70岁，身份证号：411001194001010101，住址：信阳市平桥区平桥街道平桥社区。

一、九九年十月一日，八时许，徐恩环因患心脏病突发，被送往平桥区平桥街道平桥社区医院抢救。因医院抢救无效，于当日中午十二时左右死亡。医院出具了死亡证明，并通知家属认领遗体。家属在接到通知后，因医院未出具死亡证明，且医院未通知家属认领遗体，故未前往认领。家属在接到通知后，因医院未出具死亡证明，且医院未通知家属认领遗体，故未前往认领。家属在接到通知后，因医院未出具死亡证明，且医院未通知家属认领遗体，故未前往认领。

河南省信阳市文化局服务公司

申诉书

申诉人：徐恩环，女，70岁，身份证号：411001194001010101，住址：信阳市平桥区平桥街道平桥社区。

一、九九年十月一日，八时许，徐恩环因患心脏病突发，被送往平桥区平桥街道平桥社区医院抢救。因医院抢救无效，于当日中午十二时左右死亡。医院出具了死亡证明，并通知家属认领遗体。家属在接到通知后，因医院未出具死亡证明，且医院未通知家属认领遗体，故未前往认领。家属在接到通知后，因医院未出具死亡证明，且医院未通知家属认领遗体，故未前往认领。家属在接到通知后，因医院未出具死亡证明，且医院未通知家属认领遗体，故未前往认领。

河南省信阳市文化局服务公司

申诉书

申诉人：徐恩环，女，70岁，身份证号：411001194001010101，住址：信阳市平桥区平桥街道平桥社区。

一、九九年十月一日，八时许，徐恩环因患心脏病突发，被送往平桥区平桥街道平桥社区医院抢救。因医院抢救无效，于当日中午十二时左右死亡。医院出具了死亡证明，并通知家属认领遗体。家属在接到通知后，因医院未出具死亡证明，且医院未通知家属认领遗体，故未前往认领。家属在接到通知后，因医院未出具死亡证明，且医院未通知家属认领遗体，故未前往认领。家属在接到通知后，因医院未出具死亡证明，且医院未通知家属认领遗体，故未前往认领。

河南省信阳市文化局服务公司

申诉书

申诉人：徐恩环，女，70岁，身份证号：411001194001010101，住址：信阳市平桥区平桥街道平桥社区。

一、九九年十月一日，八时许，徐恩环因患心脏病突发，被送往平桥区平桥街道平桥社区医院抢救。因医院抢救无效，于当日中午十二时左右死亡。医院出具了死亡证明，并通知家属认领遗体。家属在接到通知后，因医院未出具死亡证明，且医院未通知家属认领遗体，故未前往认领。家属在接到通知后，因医院未出具死亡证明，且医院未通知家属认领遗体，故未前往认领。家属在接到通知后，因医院未出具死亡证明，且医院未通知家属认领遗体，故未前往认领。

河南省信阳市文化局服务公司

申诉书

申诉人：徐恩环，女，70岁，身份证号：411001194001010101，住址：信阳市平桥区平桥街道平桥社区。

一、九九年十月一日，八时许，徐恩环因患心脏病突发，被送往平桥区平桥街道平桥社区医院抢救。因医院抢救无效，于当日中午十二时左右死亡。医院出具了死亡证明，并通知家属认领遗体。家属在接到通知后，因医院未出具死亡证明，且医院未通知家属认领遗体，故未前往认领。家属在接到通知后，因医院未出具死亡证明，且医院未通知家属认领遗体，故未前往认领。家属在接到通知后，因医院未出具死亡证明，且医院未通知家属认领遗体，故未前往认领。

The appeal letter written by Zhao Wei's mother

They had also given them anti-coagulant injections directly before the shooting to ease the process of organ removal.

The men were then taken to the execution sight, shot in the head and rushed into the waiting ambulance. Inside the ambulance, on the way to the crematorium, the doctors harvested six kidneys and placed them into saline solution so they could be preserved while en route to two different nearby state-run hospitals. The prison had informed the hospitals ahead of time, which allowed the doctors to prepare the six patients. The patients and their families had already made arrangements with the hospitals and the public security bureau concerning the costs of the procedure.

It seems that officials at the prison had intentionally failed to notify the families of the condemned criminals. It was only by chance that the witness managed to follow the vehicles from the execution site and then inform the families of what had happened to their sons. When the families brought their case to the authorities, they were only provided a backdated execution notice and a container of ashes from a crematorium in another county.

State Mandated Secrecy in Organ Retrieval

In order to avoid inciting public outrage over a practice that offends both traditional beliefs and contemporary ethical standards, the 1984 “Provisional Regulations on the Use of Dead Bodies or Organs from Condemned Criminals” lays out the official guidelines for concealing the practice of harvesting of organs from executed prisoners. It states that vehicles on execution grounds are not permitted to bear health department insignia and doctors are not allowed to wear white medical uniforms. It further restricts access to execution grounds until the exaction operation is completed.^I

The case of Zhao Wei exemplifies this deceitful practice. In order to facilitate the secret harvesting of organs from these individuals, prison officials made sure their families were not notified of the execution date so that no one would be available on the scene to claim the body or to reject the harvesting of the organs. It is also likely that the families were misdirected to the wrong crematorium. Misinforming family members in this way ensured that the bodies were already cremated before anyone discovered anything unusual. Furthermore, Cheng, the investigator, provided more evidence of official attempts to conceal this gruesome practice, claiming, “Two of the corpses were loaded onto a white car and one onto an ambulance... The white car and the ambulance’s license plates were covered, the windows tinted and the doors sealed.”^{II}

I “关于利用死刑罪犯尸体或尸体器官的暂行规定” Provisional Regulations on the Use of Dead Bodies or Organs from the Corpses from Condemned Criminals, 最高人民法院, 最高人民检察院 · 公安部 · 司法部 · 卫生部 · 民政部The Supreme People’s Court, the Supreme People’s Procuratorate, the Ministry of Public Security, the Ministry of Justice, the Ministry of Health and the Ministry of Civil Affairs, October 9, 1984.

II Weimin Cheng. Investigation on the Case of Wan Qichao, Zhao Wei, and Zhang Jianyong.

Describing the process of transporting organs, former prosecutor Wang Chengyong asserted,

“Regarding the coordination by the hospital ...we must tell them about the situation ahead of time. When the time comes, the hospital’s vehicle will follow the execution vehicle from behind. The hospital vehicle, however, can’t enter within the warning security line, and can only park outside the line. But once the gunshot is heard... the medical vehicle will come in, arriving on the site. And if there’s anything that can be done on the scene, do that or just bring it back to the hospital.”^I

As part of his sentence, Pan Shan, a prisoner convicted of committing political crimes, was tasked with monitoring death row prisoners. He was assigned this duty because he was not a violent criminal. Pan also described the lengths to which the authorities went to conceal and facilitate organ transplant procedures. He asserted,

“They [death row prisoners] were denied the privilege to write letters, and could not hire an appeals lawyer until stringent investigations were completed. Under no circumstances could they see their family, and given the fact that many prisoners were incarcerated far from their home villages, family members would not know of the sentence unless the prisoner managed to hire an appeals lawyer.”^{II}

I Transcripts, The United States of America vs. Cheng Yong Wang.

II Personal interviews, Laogai Research Foundation archives, June 9, 1998.



A woman shows a photo of her executed son, during a visit to Xi'an, in China's Shaanxi province on Jan. 31, 2007. She believes her son's body was stripped of its organs for use in transplants, after he was executed in 2005 for killing a man in knife fight. She has been searching for answers ever since—her persistence shedding light on one of China's darkest practices—the taking of organs taken from executed prisoners for transplant surgery. (AP photo)

In January 2005, Wu Zhenjiang was convicted for killing a man in a brawl. His mother, Meng Zhaoping, said the judge asked for a bribe of 80,000 RMB (\$13,000) to spare him from the death penalty. When she returned less than two weeks after initially managing to raise 60,000 RMB (\$10,000), she found that her son had already been sentenced and shot. Meng had never got the chance to see her son's body, which was quickly cremated after the execution. The workers at the crematoriums told Meng that a van had transported Wu's body from Xi'an Jiaotong University's School of Medicine. His body was tagged No. 207. Meng was certain that her son's body was stripped of its organs. She later

despaired, "I realize why they did not accept my 60,000 Yuan. It was because organs sell for much more than that."¹

¹ Jonathan Watts, "China introduces new rules to deter human organ trade," *The Lancet* 9577 (2007):1917-1918, Vol.369, accessed January 20, 2014,

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(07\)60897-6/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(07)60897-6/fulltext).

Audra Ang, "Chinese seek answers in organ scandal," *USA Today*, April 21, 2007, accessed January 20, 2014, http://usatoday30.usatoday.com/news/world/2007-04-21-china-organs_N.htm.

After years of denials, in 2005 the Chinese government finally admitted that they harvested organs from executed prisoners. Academics, however, had condemned the practice long before this official revelation. In his article entitled “Organ Transplants must be Open, Voluntary, and Transparent,” Zhang Zanning of the Jiangxi Academy of Social Sciences offers a direct and poignant critique of Chinese laws that allow for secrecy in organ procurement. Zhang states that such provisions are inappropriate for the following reasons:

- ▶ The 1984 law already specifies that written consent from criminals or written agreement from their families must be gained prior to their execution, which directly contradicts laws encouraging secrecy;
- ▶ Organ donation is a respectable practice, so it is unnecessary to mandate secrecy;
- ▶ Regulations promoting secrecy only serve as convenient protection for officials who skirt consent requirements for fear that families would object to organ extraction;
- ▶ Medical science proves that organs are best extracted as early as possible. As such, if procedures are not transparent, officials might extract organs from live patients in order to ensure organ quality. Regulations promoting secrecy thus potentially encourage extreme cruelty.^I

These remarks clearly point out the problems that arise when any procedure as sensitive as organ procurement is permitted to occur in secret. Not only does it increase the potential for abuse, but those who commit these abuses are also

I Zhang Zanning, “Organ Transplants Must be Open, Voluntary and Transparent,” *Journal of Medicine and Philosophy* (Yixue yu zhixue), 17:3, 1996.

protected from public scrutiny and lawful punishment. Laws promoting secrecy in the transplant process represent one of many fundamental flaws in the Chinese system of organ procurement. As Zhang states, “Without provisions for oversight and enforcement of consent requirements, it is inevitable that officials will extract organs without obtaining proper consent.” As long as organ harvesting in China continues on such a secretive basis, large-scale abuses will continue to occur.

Issue of Consent

Cultural Impediments

From the perspective of Chinese culture, donor consent in organ procurement involves several unique considerations that may be unfamiliar to a Western audience. In China, cadaveric donation is hindered by the belief in the necessity of preserving the wholeness of the body. According to ancestral traditions, a body must be returned to the ancestors in the same state in which it was received. Such teachings come from the writings of China’s most revered philosophers, including Confucius and Zeng Zi. According to the Scripture on Filial Piety, we receive our bodies, bones, skin and hair from our parents. As such, we must not dare to injure or wound them in any way. This is the root of filial piety.¹ Viewed in the context of such remarks, organ donation remains a taboo subject, especially among elderly Chinese and people who espouse more traditional views.

Voluntary donation of kidneys is also inhibited through beliefs regarding the functional significance of the kidney. Traditional Chinese medicine regards kidneys as the storage location for the genuine yin and yang, or vital essence and vital function. In addition, many Chinese believe that the soul does not leave the body at

¹ Zeng Zi. The Classic of Filial Piety, accessed January 22, 2014, www.chinapage.com/confucius/xiaojing-be.html.

the immediate point of death, but instead hovers close to the body for days or even months. Because of this, many believe that if the body is disturbed during this time, the soul or the ghost will become angry and will take out its revenge on living family members.^I

Furthermore, because filial piety is considered a key virtue in Chinese society, the family's concern can often trump those of the individual. Even if the potential donor expresses a desire to donate, a family member can still block the donation. Huang Jiefu lamented that it would be very difficult to remove the donation criterion that requires family members to also give consent before organs are donated.^{II}

Records of organ transplant in other Confucian-based societies reaffirm the influence of such beliefs and traditions. In Singapore, where the majority of the



Promoting Organ Donation by the National Kidney Foundation of Singapore

I Charlotte Ikels, "Kidney Failure and Transplantation in China," 1997.

II Christopher Bodeen, "Cultural attitudes impede organ donations in China," May 17, 2013, accessed January 20, 2014, <http://news.yahoo.com/cultural-attitudes-impede-organ-donations-china-130028322.html>.

population is ethnically Han Chinese, despite mobilized campaigns of the National Kidney Foundation of Singapore, in the 14-year span from 1973 to 1987, only 25,000 people donated their kidneys under their opt-in scheme. This represents less than one percent of the population. Because of the low rate, in 1987, the Singapore legislature implemented an opt-out system called the Human Organ Transplant Act.^I

In Japan, where Confucianism has historically also been highly influential, taboos remained so strong that until recently, cadaveric donation was illegal. In 1997, the Japanese Parliament signed the Organ Transplant Law, providing a legal definition of brain death and establishing a national program for organ donation. Today, Japan is the developed nation with the lowest rates of organ donation in the world. In 2012, only 110 cadaver donations were made. The highest yearly number so far occurred in 2010 when 113 people made cadaveric donations.^{II}

These are statistics from nations that have established nationwide systems for organ donation. The governments in these nations have combined their forces with numerous nonprofit organizations to boost awareness and ease taboos surrounding the idea of organ donation. Still, the results are not encouraging. It is difficult for anyone to believe that in China, a country that lacks such established programs, these taboos would be adequately addressed producing an environment conducive to donor consent, especially among the population of death row inmates.

Manipulated Consent

I "About Kidney Transplant," National Kidney Foundation, accessed January 22, 2014, http://www.nkfs.org/kd_kidney-transplant.html.

II "Numbers of Organ Transplantation (2012)," Japan Organ Transplant Network, accessed January 20, 2014, <http://www.jotnw.or.jp/datafile/offer/2012.html>.

The 1984 Regulation stipulates that only uncollected corpses, corpses of executed prisoners who have given consent, or organs from prisoners whose families have given consent can be used in organ transplantation. In reality, however, governmental officials at all levels have concocted numerous methods to manipulate and circumvent these three conditions. Japanese sociologist Dr. Tsuyoshi Awaya divides the methods into four types:

- ▶ No procedure to get prisoners' or their families' consent takes place.
- ▶ The procedure is gone through perfunctorily and their refusal is ignored.
- ▶ The procedure is gone through, and if they refuse to donate their organs, compensation is paid to the family in order to change their mind.
- ▶ The procedure is gone through and if the prisoners refuse to donate their organs, money for prisoners' expenses (food, lodging, etc.) is demanded in order to make them change their mind.^I

In July 2006, Yu Jianfang was executed for robbery and theft. After the execution, reporters from BBC went to Yu's village in northern China to interview his father. When asked whether his son ever talked to him about donating his organs after his death, Yu's father said, "I didn't ever get to see my son. After he was arrested I wasn't allowed to see him once. The day he was shot they called me and said I could come and pick up his ashes."^{II} When interviewed by the Japanese TV All-Nippon News Network in 1993, the father of another executed prisoner gave a similar answer: "It

I "Statement of Dr. Tsuyoshi Awaya," US House of Representatives, International Relations Committee and the Committee on Government Reform and Oversight, June 16, 1998.

II "China Trades Prisoners' organs," BBC News, September 27, 2006, accessed January 22, 2014, http://news.bbc.co.uk/player/nol/newsid_5380000/newsid_5386200/5386214.stm?bw=nb&mp=rm&news=1&bbcws=1

was all ashes when the body returned to us...we can't do anything. If the government wants to use his organs, I have no choice.”^I The Associated Press reported on a case where the prisoner's liver and kidneys were all taken. Ri Chunfen and Ma Yujun, residents of a village outside the city of Qinhuangdao in Hebei province, told reporters of the horror of seeing their executed son's mutilated corpse. They told reporters, “His right eye was gone and there was a 0.8-inch cut in the eye socket. They say it was a gunshot...We also found a long cut on his stomach that was sewn up.” The court official later admitted to the parents that his liver and two kidneys had been extracted.^{II}

On the morning of July 12, 2013, Zeng Chengjie, a businessman and real estate developer from China's Hunan province, was executed by firing squad. Mr. Zeng, 55, was convicted of illegal fundraising involving 3.4 billion RMB (\$550 million). His daughter, Zeng Shan, later protested on Weibo, a twitter-like social networking site, that the court had not notified the family before her father's execution. It was a full two days after his death that the Zeng family finally received the execution notice by mail. Postmarked “July 13,” the notice was allegedly issued on July 12, the day of Zeng's execution.^{III} The government cremated Zeng and did not disclose the record of events surrounding his execution. Many people on Weibo voiced their anger of the government's practice and questioned whether Zeng's organs were used in transplant surgeries. Although there is no way to know what happened to Zeng's body, this kind of practice is typical. Families are not allowed to visit while the death

I Laogai Research Foundation archives.

II Audra Ang, “Chinese Seek Answers in Organ Scandal,” The Associated Press, April 21, 2007, accessed January 20, 2014, http://www.washingtonpost.com/wp-dyn/content/article/2007/04/21/AR2007042100524_pf.html.

III Zeng Chengjie's daughter's weibo page, accessed January 20, 2014, http://www.weibo.com/2815443080/profile?from=profile&wvr=5&loc=tabprofile#_rnd1373645879204.
<http://weibo.com/2387045881/zFHqxnlmk>.

row inmate is in prison. After execution, bodies are quickly cremated, destroying all evidence of organ removal.

Former prosecutor Wang Chengyong mentioned a class of prisoners that he refers to as “wandering criminals.” These are members of China’s floating population of migrants. This class is comprised of those who manage to find jobs performing work in

extremely arduous conditions and those who are unable to find work. Those in the latter group remain stranded in cities. As a result of the household registration system, migrants are prohibited from accessing public services in the city where they live. The frustrations and pressures of living under such a system compels some to turn to a life of crime. Given the number of crimes that warrant the death penalty, many of these migrants



Zeng Chengjie's son walks out of the hall after receiving his father's cremation urns at the Yangmingshan funeral parlor in Changsha, Hunan province

(Chinanews.com Photo)

end up on death row. Wang estimated that in Hainan province, approximately 25 percent of death row prisoners are “wandering criminals.” Since these people have migrated from many other places, they generally have no family in Hainan province. It is possible that their family will receive notification after the execution, but it is highly unlikely that they will be able to send someone to claim the body. In such event, the prisoner will automatically fall into the category of unclaimed cadavers and become subject to organ donation despite whatever objections he/her or his/her absent family might have. According to Wang, officials generally seek consent from the families who live in the city. In such cases, part of the money received

from patients seeking transplants goes to bribing families to provide consent. The amount required for this bribe may rise or fall depending on the strength of family objections to organ donation.

In other situations, authorities will simply overrule families that refuse to provide consent. One such case occurred in the previously cited 1999 case involving three murderers in Henan province. In the weeks before the unannounced execution, the mother of one of the prisoners refused to provide consent for the use of her son's organs. Despite the wishes of the mother, Chinese authorities still harvested the organs, denying the family the right to maintain their traditional beliefs, to say nothing of their rights according to Chinese law.

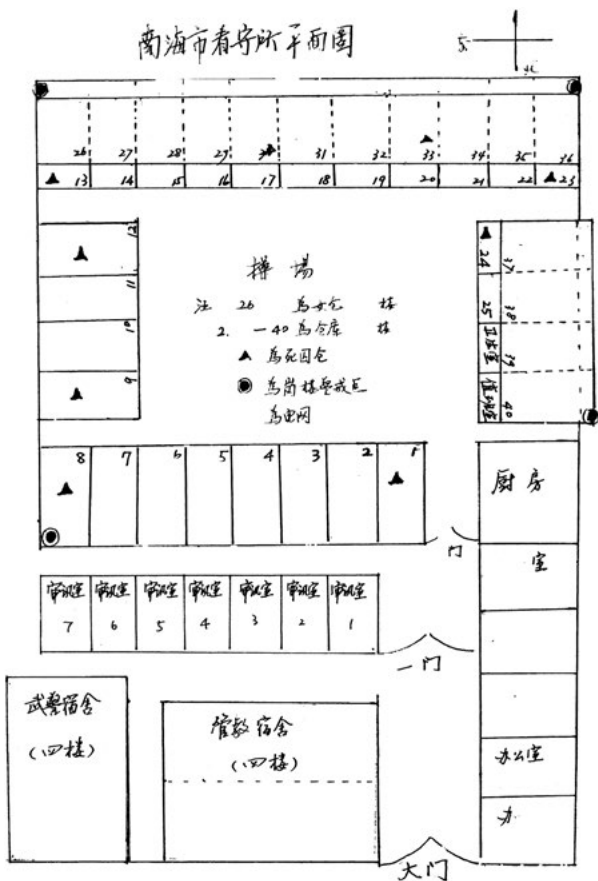
Former prisoner Pan Shan also attested to the invalid nature of prisoners' consent:

“The Chinese communist authorities state that death-sentence prisoners voluntarily donate their organs. But in my experience, this is an outrageous lie. First of all, none of them wanted to die. Of the thirty-seven executions that I witnessed, every one of them appealed for a new hearing of their initial sentencing. Since they did not want to die, how could they voluntarily donate their organs? Secondly, none of the condemned prisoners knew when they were to be executed, and it was only hours after the final official ruling had been pronounced that execution took place. Being tied up and given tranquilizing shots, how could they have the time and courage to make their will known to donate organs? So this is indeed a downright lie.

According to government regulation, families must claim the bodies of executed prisoners in four hours after execution, otherwise, the bodies would be cremated

by the judicial department...In the three years I was detained, 260 people were incarnated or executed in the Nanhai detention center. Most of the prisoners are from other areas like Hunan, Sichuan, Guizhou or Northeast China. When their family learned of the execution, it was already 10 days or half a month past the execution day. How could they could claim the corpses after so much time? The time interval gives officials a lot of conveniences. Right after execution, after the judge and prosecutor sign the proof of death document, the corpses are transported for harvested. As to handling of the

corpses, there is no way that families of the executed would know of any irregularities. If they chose to claim the remains, they would be handed cremated ashes, making it impossible to know how the prisoners had been treated.”



A map of Nanhai Prison, drawn by Pan Shan

Coercion is another method of manipulating the consent requirement. Yang Jun, a former doctor at Mudanjiang Cardiovascular Center in Heilongjiang Province, presented the case of a prisoner, deemed a potential “donor,” who was provided with better food for his last week on death row in exchange for his consent:



Nanhai Prison

“In early December 1993, followed by other medical professionals, I went to the death row facility in Hailin Prison and conducted preliminary physical tests on the prisoner. We saw him lying naked on the cement floor of a solitary confinement cell with his face up, his limbs stretched out and his wrists, ankles, and neck locked by iron rings fixed on the floor...Prisoners appointed by the prison police fed him one meal a day. The preliminary sample test matched. Guarded by two dozen bailiffs, he was secretly escorted to our hospital for secondary physical tests. Again, the sample match passed...Nourishment was improved to enhance his

physical condition and to ensure top performance of his organs...After the prisoner told the administration that he was willing to donate his organs and signed his consent, the 'ground shackle' was unlocked, and he gained relative freedom, restricted by only handcuffs and leg irons."

All kinds of human rights abuses are rampant in Chinese prisons. Besides the usual hitting and kicking, prison officials use sleep deprivation, cigarette burns, electroshock, and forceful physical contortions to extract confessions.^I There are many well-known cases of prisoners who were tortured into confessing crimes they did not commit, including capital crimes.^{II} One can only imagine the validity of a Chinese death row inmate's consent for organ donation.

Pre-Execution Check-Up

The first step in the organ retrieval process is the pre-execution examination that occurs inside the prison. These examinations involve taking blood and cell samples from prisoners to determine a proper match. As doctors come into death row facilities to carry out such examinations, this step of the process requires coordination between doctors, prison officials and their supervisors at the public security bureaus.

I "Systematic Torture in the People's Republic of China," International Society on Human Rights (ISHR), accessed January 20, 2014, <http://www.ishr.org/Systematic-Torture-in-the-People-s-Republic-of-China.1268.0.html>.

II Zhou Zunyou, "China must stop extracting confessions through use of torture," South China Morning Post, May 6, 2013, accessed January 20, 2014, <http://www.scmp.com/comment/insight-opinion/article/1230704/china-must-stop-extracting-confessions-through-use-torture>.

Former prisoner Pan Shan's testimony offers insights into these examinations of death row prisoners. According to Pan, prisoners are escorted out of their cells to receive examinations about one week after the court sentences them to death. The practice is called "checking up on one's physical condition," but all the death row inmates in his Nanhai Prison knew that these "checkups" marked the beginning of execution procedures. Pan emphasized that only the young and strong death row prisoners were subject to such tests. Knowing of the cruel and undignified death that awaited them, some of these "death candidates" became highly distraught after these examinations, and often requiring closer monitoring.¹

Dr. Yang Jun of Mudanjiang Hospital's own experience with pre-execution checkups:

"I took part in a series of tests on death row prisoners. The transplants we did gained support from city and provincial government, even the central government too. This brought us much convenience... First in July of 1992 and again from April to September, 1993, a dozen times, after the court notified our hospital, I went to the court for the prisoners' basic data including sex, age, general physical condition, blood type and records of diseases. Our hospital director and relevant specialists reviewed the materials together...After preliminary screening we singled out a twenty year old male prisoner, a rural migrant who had no relatives in

¹ "Harry Wu, Executive Director of Laogai Research Foundation, and Pan Shan, former prisoner," personal interviews, Laogai Research Foundation archives (San Francisco, 1998).

the city...”^I

Dr. Qian Xiaojiang confirmed the pre-execution check-ups when he testified before the United States House of Representatives Subcommittee on International Operations and Human Rights in June 1996. In 1984, testified about his experience as a resident surgeon at the Anhui Provincial Hospital in Hefei, Anhui province when he traveled to Huainan city to perform blood tests on a death-row prisoner:

“We were to take blood samples in a small prison office. It was the first time I ever saw a death row prisoner in handcuffs and leg-irons. He was about 19 years old, with a lean face... The [prison] cadre said something to him, then pointed to us and said we were sent by the provincial security bureau to check his health.”^{II}

The specifics of these pre-execution arrangements certainly differ from region to region and from hospital to hospital. Nevertheless, in virtually all cases, court officials voluntarily provide prisoners’ information to hospitals, prison officials arrange for doctors to come inside the chambers of death row prisoners, and all parties abide by additional procedures to ensure secrecy. This uniform process involving close cooperation between medical, judicial and government officials points to a coordinated system sanctioned by all levels of the Chinese government.

I “Harry Wu, Executive Director of Laogai Research Foundation, and Dr. Yang Jun,” personal interviews, Laogai Research Foundation archives (San Francisco, 1998).

II “China MFN: Human Rights Consequences, Testimony of Dr. Qian Xiaojiang,” US House of Representatives, Subcommittee on International Operations and Human Rights of the Committee on International Relations (US GPO: June 18, 1996).

Manner of Death

After the medical examination, if a prisoner is deemed fit for “donation,” the hospital will inform the court and the prison. When the court determines the execution date, the hospital will be notified to prepare for the harvesting and transplant surgeries, usually in accordance with government instructions. The next step would be to determine the prisoner’s manner of death; in other words, the best way to kill the prisoner so that his/her organs can be best preserved.

Firing Squad

The first Chinese Criminal Law, which was adopted in 1979, stipulated that executions should be carried out by firing squad.^{III} Shooting the prisoner in the back of the head causes brain death while preserving organs such as the liver, heart, pancreas, and lungs. Another method of execution that facilitates organ harvesting is a gun shot at close range to the heart. A bullet through the heart allows for the corneas and teeth to remain intact. Corneas, like kidneys, are also in high demand. Teeth are used not only for the medical needs of certain patients but also for the training of dental students.^{IV}

Pan Shan testified that the execution process began as early as six in the morning. Death row prisoners were bound and loaded onto trucks, driven to a public sentencing rally where they were individually denounced, injected with a tranquilizer and then driven to a public execution site. Pan said that after the execution was carried out, he witnessed the barely dead prisoners being loaded onto vans to be transported to

III “Execution by Firing Squad” 死刑用枪决的方式执行, Article 45 of Criminal Procedure Law (1979) · 刑法第45条(1979).

IV Harry Wu and Yang Jun, 1998



Execution by firing squad

hospitals where their organs would be removed.¹

In earlier times, “donors” were killed even before they made it to the execution ground. Wei Jingsheng, a human rights activist who was jailed for his advocacy for democracy in the late 1970s, provided testimony at a hearing at the House of

Representatives recounting what he witnessed. He said that while detained in 1978, he often heard rumors about condemned prisoners’ organs being removed for “use in medical research and in test organs.” A prison guard who escorted men about to be executed confirmed the rumors. The guard told Wei that on the day a death row inmate was scheduled for execution, the inmate would be given anesthesia in the prison where his/her organs would be harvested before being taken to the execution ground. The guard told him, “We use cloth to wrap them up and bring them to the execution ground. No one cares if they are alive or dead.” Later, Wei befriended 20-year-old prisoner named Zhang who was about to be executed. Wei and Zhang agreed that if they saw any people dressed in white clothes carrying medical bags at the execution grounds, they would shout, “I’m not sick. I don’t need a doctor.” If he did not see such people in white clothes with medical equipment, he would cry out as a normal prisoner. On the day Zhang was executed, when he was brought out, Wei heard Zhang’s voice coming from the end of the corridor, shouting, “I’m not sick. I

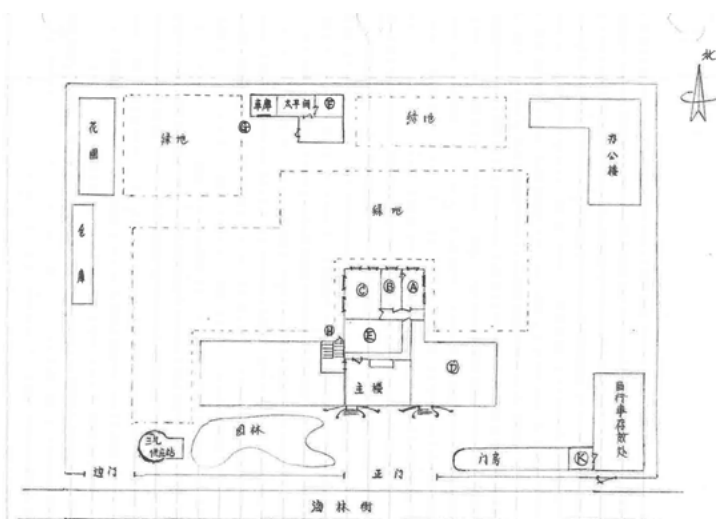
¹ Harry Wu and Pan Shan, June 1998.

don't need a doctor!"^I

In some cases, prisoners were killed in hospitals in order to save the time of transporting the organs. Yang Jun from Mudanjiang Cardiovascular Center testified that he witnessed prisoners being led to the hospital morgue for execution.^{II} On June 5 and June 11, 1992, Yang assisted two heart transplant surgeries. The hearts were extracted from two men who were convicted of robbery and murder and subsequently sentenced to death. Both transplants occurred in a similar manner.

According to Yang, on June 5, an entourage of court personnel from Mudanjiang City Intermediate People's Court and Mudanjiang City People's Procuratorate escorted a prisoner bound with handcuffs and leg irons to the hospital. The judicial personnel were served tea while the hospital prepared two teams—one to ready

the patient for surgery and the other to extract the heart from the condemned criminal. First, surgeons removed the heart from the waiting recipient and established external circulation through a bypass machine. Next, the execution process began. The prisoner, who had been injected with tranquilizers and was thus unable to walk, was dragged to the hospital morgue. Officials read his sentence and forced him to lay face down on the morgue floor. An executioner then shot him point blank



Mudanjiang Cardiovascular Center
map drawn by Dr. Yang Jun

I Testimony, US House of Representatives, Committee on International Relations, Committee on Government Reform and Oversight, June 4, 1998.

II Harry Wu and Yang Jun, 1998.

in the back of the head. The dying prisoner received injections of medications that temporarily restored heart function and respiration. The hospital director removed the prisoner's heart and then changed into scrub in preparation for the transplant surgery, which was to take place in the next room. Court judges and prosecutors enjoyed dinner while watching the transplant operation on closed circuit television.

Having successfully completed two heart transplants, doctors and staff at the Mudanjiang Cardiovascular Hospital prepared to perform two identical combined heart-lung transplant surgeries. Yang assisted with the screening process for these surgeries. Due to the complexity of the procedure, the screening process was much more extensive than it had been for the previous heart transplants. Finding donor organs, however, was not a problem due to the ample supply of young death-row inmates in suitable physical condition.

The hospital attempted the two surgeries: one in September 1993 and the other in December of the same year. Similar to the previously mentioned heart transplants, the prisoner was brought to the hospital for execution. For the first operation, the condemned prisoner, about twenty years of age, had been convicted of robbery and murder. Apparently, the prisoner was unaware that the guards had brought him to the hospital to be put to death. Upon realizing this, he became very distraught and requested to see his sister, his only living relative, for one last time. The vice president of the executive court mocked him, saying, "Why do you want to see your relatives? I am your relative, and the Communist party is your relative." The prisoner was then summarily executed. When doctors opened his chest, however, it was revealed that he suffered from tuberculosis pleurisy, making the entire procedure highly difficult. The transplant was not a success.

While the corpse was being prepared for post-mortem photographs, an official

noticed that the executioner had fired too high. The bailiff then gratuitously fired another shot at the correct positions on the prisoner's head. The body was subsequently sent to a crematorium.

A 28-year-old prisoner was selected for the second heart-lung transplant attempt. On December 25, 1993, the prisoner was brought to the hospital for his execution. As he had been extraordinarily cooperative, officials allowed him to join judicial authorities in a feast prior to his execution. The same people with whom he feasted took his life thirty minutes later. Both the organ removal process and subsequent transplant procedure went smoothly, resulting in China's first successful combined heart-lung transplant surgery. Only 72 hours later, however, the recipient died from sudden rejection of the donor organ.

Lethal Injection

China's Criminal Procedure Law was amended in 1996. The amended version provided, "A death sentence shall be executed by such means as shooting, injection, etc."^I China's first execution using lethal injection took place on March 28, 1997 in Kunming in the southwestern province of Yunnan.^{II} According to former President of the Yunnan Provincial High People's Court Zhao Shijie, adopting lethal injection as a means of execution symbolized the "civilized and humane development" of

I "Execution by Firing Squad, Lethal Injection and Other Means" 死刑采用枪决或者注射等方法执行, Criminal Procedure Law (1996) 中华人民共和国刑事诉讼法 (96修正), National People's Congress, March 17, 1996, accessed January 22, 2014,

<http://www.chinaacc.com/new/63/73/132/2006/5/yi991844903560022912-0.htm>.

II "China: PRC Formulating Rules on Execution by Lethal Injection," Beijing New China News Agency, February 26, 1998.



A mobile execution van owned by the Zunyi government in Yunnan province

China's death penalty system.^I Besides the humanitarian aspect, according to an article on the official Xinhua website, using lethal injection also "saves manpower and cost" and does not "pollute the environment and disturb residents."^{II} Such progress, however, is not without caveats.

According to a debate on the use of lethal injection in Thailand reported, appeals court judge Charan Pakdithanakul expressed concern that corrupt officials could manipulate the procedure. He stressed that if lethal injection were allowed in Thailand as a method of execution, there would have to be very strict procedures and checks to ensure that prisoners were not abused. Pakdithanakul worried that instead of receiving a dosage adequate to induce immediate death, a prisoner could instead be injected with a potent tranquilizer. The prisoner, seemingly dead, might then have his/her organs harvested prior to the actual execution.^{III}

Mobile execution vans, vehicles in which prisoners are administered lethal injections, are used in executions in China. In March 2003, the Yunnan provincial government allocated 18 vans to 18 intermediate courts. Mobile execution vans later became widely adopted across the country. According to the then president of Zunyi Intermediate Court in Yunnan Province Li Zuliang, who participated in designing the first large execution van, the use of execution vans is more cost-effective because

I "Yunan Promotes Lethal Injection as the Means for Execution" 云南全面推广注射死刑法 执行制度向文明化发展, Xinhua News Net, accessed January 22, 2014, http://news.xinhuanet.com/newscenter/2003-03/01/content_752274.htm.

II *ibid.*

III "Lethal Injection - Procedures Essential to Avert Abuse," Bangkok Post, January 30, 2000.

it reduces costs associated with transporting prisoners to the place of execution. It can also enhance the deterrence rationale for the death penalty by transporting prisoners to the place where they committed their crime. However, as Sharon Hom, executive director of Human Rights in China, pointed out, the use of mobile execution vans “facilitate the back-market trade in organ sales particularly because there is no access for independent monitors, such as the Red Cross.”¹ Given China’s record on organ harvesting, the scenario Thai judge Pakidthanakul raised could certainly happen in those secretive mobile death chambers. It is perhaps worth noting that harvesting fresh organs from live donors would advance a primary rationale for using these vans: to reduce the time between organ extraction and the transplant operation.

The Brain Death Issue

After performing the execution, officials are theoretically charged with determining whether the prisoner actually died. Various ethical and religious considerations have led to competing definition of death. Brain death, a commonly used legal standard for determining death, occurs following the irreversible cessation of brain activity. Under this definition, respiration and heart function may continue after death through the use of life-support technology. This is vital because organs used in transplant surgeries must be removed before blood stops flowing or within minutes after the heart stops. The exact methods of monitoring brain function and precise standards for the pronouncing death vary by jurisdiction, but these standards are all regarded as crucial elements of organ donation programs. The Declaration on Human Organ Transplantation states:

¹ Antoaneta Bezlova, “China’s mobile death fleet,” Asia Times Online, July 21, 2006, accessed January 22, 2014, <http://www.atimes.com/atimes/China/HG21Ad01.html>.

When an organ is to be transplanted from a donor after the donor's death, the death of the donor shall have been determined independently by two or more physicians who are not involved in the transplantation procedure... In making this determination, each physician will use currently accepted scientific tests, and criteria that are consistent with the ethical requirements and professional standards established by the National Medical Association and other appropriate medical organizations in the community.

China currently has no legal standards for determining brain death. Many medical professionals, however, have advocated the creation of such standards. In 2003, the Ministry of Health published technical diagnostic criteria and operational specification for brain death. Although only drafts of proposed laws, subsequent public disapproval of such measures discouraged the government from adopting formal standards.^I In the absence of a national policy, provinces and even hospitals have devised their own standards.

In reality, court officers or prison guards rarely carefully examine prisoners to determine death prior to extracting their organs. Former prosecutor Wang Chengyong claimed that a warden would often pronounce death after merely observing that a prisoner's pupils were dilated.^{II} Often times, organs are removed at the sight of

I Jiefu Huang et al., "A Pilot Programme of Organ Donation After Cardiac Death in China," *The Lancet* 379 (2012): 862, accessed January 21, 2014, doi:10.1016.

II Transcripts, *The United States of America vs. Cheng Yong Wang*.

execution immediately after the shot is fired, leaving no time to determine brain death by any definition. Without such standards, as Zhang Zanmin pointed out, extraction of organs can become tantamount to murder since there has been no confirmation of the death of the “donor.”

Even if the central government formulated a definition of brain death, it is not clear that the Chinese medical community and prison authorities would abide by a uniform standard. As testimonies show, organ procurement doctors often fail to meet current cardiac arrest standards for determining death, removing organs while a prisoner’s heart still beats. In one such account, Dr. Shao Ming of Guangming Hospital described that he could feel “trembling and pulses in the limbs” of the prisoner from whom he extracted organs. Dr. Qian Xiaojiao claimed a fellow doctor told him that this situation is not uncommon. If the prisoner still has a pulse, he would be shot again after organ extraction.¹ It is unlikely that a uniform standard for brain death would improve practices. Pressures to produce fresh organs would likely continue to outweigh humanitarian concerns.

Intentionally Botched Executions

The lack of uniform standards for determining death is not the only impediment to ensuring that inmates are deceased during the organ extraction process. In at least four documented cases, executioners intentionally botched executions in order to ensure that organs are harvested prior to the cessation of heart function. Such inhumane practices provide higher quality organs at the expense of the condemned.

Execution Soldier’s Testimony

¹ Testimony, House of Representatives Subcommittee on International Operations and Human Rights, June 18, 1996.

Zhong Haiyuan was a young elementary school teacher in Ganzhou, Jiangxi province. She was detained in 1975 for her unwavering support for Li Jiulian, a political activist who denounced the Party leadership and was later executed. In 1978, Zhong was executed and her kidneys were harvested in the most brutal way. Ten years later, one of the executioners, Xiong, gave his account to the public in

order to assuage his guilty conscience.¹



Zhong Haiyuan

On April 29, 1978, Xiong was asked to meet with Deputy Battalion Commander Huang and another person named You. Deputy Commander Huang told You and Xiong:

There is a pilot hospitalized in our Hospital 94. His father is the deputy commander of the Nanjing Military Region. The man has renal failure. His current situation is very dangerous. One of his kidneys has completely lost functions. The other one is deteriorating. Hospital 94 did a lot of

research and decided to conduct a kidney transplant. The surgery is very difficult. In foreign countries, it would be called “successful” if a patient lived more than three months after the surgery. In China, the most

¹ The story was obtained by historian Zhu Yi who has spoken directly with the soldier. In the email correspondence with LRF, Zhu Yi requested not to reveal the soldier's real name.

successful outcome was 20 days. The hospital has the confidence it can break the record, and the parents of the pilot have signed the papers. The kidney source, you should know without asking, is a death row inmate. According to medical studies, females' kidneys are better than males', especially young females. In order to ensure the success of the surgery, we need to find a young female death row prisoner. The hospital has been looking for potential donors everywhere. See, your detention unit has one. But things are not that easy. There is one problem. After the execution, the court has to confirm the death and take photos. They need to make sure the prisoner is dead. The hospital, however, needs a live person's kidney. Kidney harvesting has to be done before death. To pay attention to both sides is complicated. The hospital contacted our leadership after learning that we will be the unit carrying out the execution. Our leaders ordered us to do our best to assist the hospital to accomplish this harvesting mission. Only the three of us know this right now. Tomorrow we will be carrying out the execution. As to who will do the shooting, we will decide tomorrow. Anyway, it is one of us three. But, no matter who will give the gunshot, it absolutely cannot be on the left side of the chest. The heart is at the left side. If we shoot that place, the person dies. You absolutely must remember that!

The next day, Zhong Haiyuan was first taken to the prison's ballroom for an open

trial where her “crimes” were denounced and she was publicly humiliated. Outside of the ballroom, Chen saw a van on prison grounds in which a doctor wearing a white gown and a mask was sitting with military personnel. The doctor introduced himself:

I am here to give injections to the prisoner. This injection is imported. It was transported by air from Shanghai last night. It is for maintaining the quality of the kidney. We need to give three shots before the execution. The shots will be very painful, so you need to be extra careful. You cannot allow her to scream or struggle.

Zhong was brought into the van after her public humiliation. The van then headed to the execution ground in Xinjian county. A jeep in which court personnel were sitting led the way. A military truck loaded with soldiers responsible for guarding the execution scene followed the van. While on the way to the execution ground, the military doctor gave Zhong three shots, two on each side of her waist and one in her hip. He did not even bother to take off or lift her clothes. The thick and long needles went into Zhong’s body through her clothes. “I clearly felt her body trembling because of the excruciating pain,” Xiong recounted.

Upon arriving at the execution ground, Chen and You dragged Zhong out of the van. Deputy Commander Huang jumped in and shot her at point-blank range on the right side of her back. Three or four doctors in white coats immediately rushed over and carried Zhong to a military van. The curtains on the van were open. Xiong saw an operating table, a light and several nurses and doctors. Blood dripped off from the operating table down to the floor. The chief surgeon murmured behind his surgical mask, “Hurry up! Hurry up! She’s dead!” One of the doctors began mopping, perhaps because the blood made the floor slippery. He dipped the mop in the bucket

and wrung it out for several times. Xiong saw the bucket was half full of blood.

After the operation, Zhong was dressed and thrown off the truck. Afterwards, personnel from the public security bureau and the court came to take photos.

Dr. Chen Miao's Testimony



Dr. Chen Miao

Dr. Chen Miao, formerly a surgeon at the West China Medical University in Chengdu, Sichuan province, told Harry Wu of an instance in March 1986 when he and two other surgeons were driven to a prison in Sichuan's Xindu county on orders from the university Party branch. At the prison, they surgically extracted both kidneys from a living anesthetized prisoner. "On our way back to the hospital after the procurement, we asked how this guy was going to live if he had no kidneys. We were told that he was going to be executed the next day," Dr. Chen said. Immediately after the surgery, a helicopter transported the kidneys to a local hospital for transplantation into the body of a high-ranking military official.¹

Dr. Wang Guoqi's Testimony

Wang Guoqi was a doctor and burn specialist at the Tianjin Armed Police General Brigade Hospital in Tianjin. From 1988 to 2000, he participated in several kidney

¹ Recorded conversation, Laogai Research Foundation archives.

harvesting activities and performed over a hundred skin removal procedures on executed prisoners. On June 27, 2001, he gave a testimony before the US House of Representative detailing his experiences. The following are excerpts from his

testimony:



Dr. Wang Guoqi

My involvement in harvesting the skin from prisoners began while performing research on cadavers at the Beijing People's Liberation Army Surgeons Advanced Studies School, in Beijing's 304th Hospital. This hospital is directly subordinate to the PLA, and so relations between

doctors and officers were very close. In order to secure a corpse from the execution grounds, security officers and court units were given "red envelopes" with cash amounting to anywhere between 200-500 Yuan (35 to 50 dollars) per corpse. Then, after execution, the body would be rushed to the autopsy room rather than the crematorium, and we would extract skin, kidneys, livers, bones, and corneas for research and experimental purposes. I learned the process of preserving human skin and tissue for burn victims, and skin was subsequently sold to needy burn victims for 10 Yuan (2 dollars) per square centimeter (0.16 square inch).

After completing my studies in Beijing and returning to Tianjin's Paramilitary Police General Brigade Hospital,

I assisted hospital directors Liu Lingfeng and Song Heping in acquiring the necessary equipment to build China's first skin and tissue storehouse. Soon afterward, I established close ties with Section Chief Xing, a criminal investigator of the Tianjin Higher People's Court.



Tianjin Armed Police General Brigade
Hospital

Acquiring skin from executed prisoners usually took place around major holidays or during the government's strike hard campaigns, when prisoners would be executed in groups. Section Chief Xing would notify us of upcoming executions. We would put an order in for the number of corpses we'd like to dissect, and I would give him 300 RMB (50 dollars) per cadaver. The money exchange took place at the Higher People's Court, and no receipts or evidence of the transaction would be exchanged.

Once notified of an execution, our section would prepare all necessary equipment and arrive at the Beicang Crematorium in plain clothes with all official license plates on our vehicles replaced with civilian ones. This was done on orders of the criminal investigation section. Before removing the skin, we would cut off the ropes that bound the criminals' hands and remove their clothing. Each criminal had identification papers in his

or her pocket that detailed the prisoner's name, age, profession, work unit, address, and crime. Nowhere on these papers was there any mention of voluntary organ donation, and clearly the prisoners did not know how their bodies would be used after death.

We had to work quickly in the crematorium, and 10-20 minutes were generally enough to remove all skin from a corpse. Whatever remained was passed over to the crematorium workers. Between 1998 and 2000, about five to eight times a year, the hospital would send a number of teams to execution sites to harvest skin. Each team could process up to four corpses, and they would take as much as was demanded by both their hospital and fraternal hospitals. Because this system allowed us to treat so many burn victims, our department became the most reputable and profitable department in Tianjin. Huge profits prompted our hospital to urge other departments to design similar programs. The urology department thus began its program of kidney transplant surgeries. The complexity of the surgery called for a price of 120 to 150 thousand RMB per kidney.

With such high prices, primarily wealthy or high-ranking people were the primary patients for kidney transplants. If they had the money, the first step would be to find a donor-recipient match. In the first case of kidney transplantation in August 1990, I accompanied

the urology surgeon to the higher court and prison to collect blood samples from four death-row prisoners. The policeman escorting us told the prisoners that we were there to check their health; therefore, the prisoners did not know the purpose for their blood samples or that their organs might be up for sale. Out of the four samplings, one basic and sub-group blood match was found for the recipient, and the prisoner's kidneys were deemed fit for transplantation.

Once a donor was confirmed, our hospital held a joint meeting with the urology department, burn surgery department, and operating room personnel. We scheduled tentative plans to prepare the recipient for the coming kidney and discussed concrete issues of transportation and personnel. Two days before execution, we received final confirmation from the higher court, and on the day of the execution, we arrived at the execution site in plain clothes. In the morning, the donating prisoner had received a heparin shot to prevent blood clotting and ease the organ extraction process. When all military personnel and condemned prisoners would arrive at the site, the organ-donating prisoner was brought forth for the first execution.

At the execution site, a colleague, Xing Tongyi, and I were responsible for carrying the stretcher. Once the handcuffed and leg-ironed prisoner had been shot, a bailiff removed the leg irons. Xing Tongyi and I had 15 seconds to bring the prisoner to the waiting

ambulance. Inside the ambulance, the best urologist surgeons removed both kidneys, and rushed back to the waiting patient-recipient at the hospital. Meanwhile, our burn surgery department waited for the execution of the three prisoners, and followed their corpses to the crematorium where we removed skin in a small room next to the furnaces. Since our director had business ties with the Tianjin Ophthalmologic Hospital and Beijing's 304th Hospital, he instructed us to extract the prisoners' corneas as well.

Although I performed this procedure nearly a hundred times in the following years, it was an incident in October 1995 that has tortured my conscience to no end. We were sent to Hebei Province to extract kidneys and skin. We arrived one day before the execution of a man sentenced to death for robbery and murder of a would-be witness. Before execution, I administered a shot of heparin to prevent blood clotting to the prisoner. A nearby policeman told him it was a tranquilizer to prevent unnecessary suffering during the execution. The criminal responded by giving thanks to the government.

At the site, the execution commander gave the order, "Go!," and the prisoner was shot to the ground. Either because the executioner was nervous, aimed poorly, or intentionally misfired to keep the organs intact, the prisoner had not yet died, but instead lay convulsing on the ground. We were ordered to take him to the

ambulance anyway where urologists Wang Zhifu, Zhao Qingling and Liu Qiyu extracted his kidneys quickly and precisely. When they finished, the prisoner was still breathing and his heart continued to beat. The execution commander asked if they might fire a second shot to finish him off, to which the county court staff replied, “Save that shot. With both kidneys out, there is no way he can survive.” The urologists rushed back to the hospital with the kidneys, the county staff and executioner left the scene, and eventually the paramilitary policemen disappeared as well. We burn surgeons remained inside the ambulance to harvest the skin. We could hear people outside the ambulance, and fearing it was the victim’s family who might force their way inside, we left our job half-done, and the half-dead corpse was thrown in a plastic bag onto the flatbed of the crematorium truck. As we left in the ambulance, stones pelted us from behind.

Dr. Enver Tohti’s Testimony

Enver Tohti grew up in Urumchi. He graduated from Shihezi Medical School in 1985 and later was assigned to be a surgeon at Urumchi Railway Central Hospital, now the Fifth Affiliated Hospital of the Xinjiang Medical University. In April 2013, Tohti gave LRF his account of a kidney harvesting activity in which he participated:

In the summer of 1995, either in July or August, on a Tuesday, Mr. Wang , the head of our department, asked me whether I wanted to go out with him to “see the world” and whether I had surgery scheduled for

tomorrow. I said I did not and would like to go. I later figured out that I was picked was because I was the only one who was not scheduled to perform surgery the next day. Wang asked me to find Mr. Zhang, the ambulance driver at our hospital and to bring my two assistants, Mr. Shao and Mr. Guo, with me the next day. He also asked me to bring the “special surgical instrument set,” the highest-grade set used for the most complicated surgeries. Wang also said that he already informed the two anesthetists who would be with us tomorrow. Wang told me to be ready and wait for him at 9:30 in the morning at the gate of the hospital. I followed all his orders.

The next day, I waited at the gate with my surgical set, two assistants, and nurse Ms. Fan. Going to the field with all our surgical tools excited us. While waiting, the two anesthetists came.

We hopped onto the ambulance. It was just a regular van with a siren and a bed in it, nothing else. Wang with our division head whose last name was also Wang, were in another car and asked us to follow them. From the direction the vehicles were heading to, I figured out that we were going towards the Western Mountain, thus I thought we were heading to the Western Mountain Hospital. About 40 minutes to an hour later, we arrived at a place that I had never visited. Zhang, the driver,

then said, “This seems to be the Western Mountain Execution Ground.”

I asked, “What are we doing here on the execution ground?” But I dared not to say more. Then the Wangs came and ordered us to wait here.

The nurse asked me repeatedly, “Why are we here?” “What are we going to do?” I didn’t know the answers either.



Dr. Enver Tohti gives an interview at LRF

There was a hill in front of us. The execution ground was on the other side of the hill, so we couldn’t see it. Wang told us that after hearing the gunshot, we should immediately go to the other side of the hill. I don’t

know how long we waited, maybe 15 minutes, maybe an hour. We first heard vehicles moving and someone blew whistles and shouted, “Come to attention! Gather Together!” Soon after, we heard about seven or eight gunshots.

We jumped into the van and were soon on the other side of the hill. We saw many soldiers of the Armed Police, maybe several dozens, maybe about a hundred.¹ There was a row of Armed Police trucks parked far away.

There was an executed prisoner every four to five meters. You could see them clearly. They were shot from behind. Their hands were tied behind their back. Their faces pushed into the ground and their rears pointed towards the sky. Some were leaning on their side, including the man on whom we later operated. The soldiers pointed at a man at the very end of the row and said to me, “This one!”

Both Wangs then came and told me, “Dr. An, it now all depends on your skills. Take out the liver and both kidneys!” Two soldiers and my two assistances put the man on to the stretcher and carried the stretcher into the van. I wanted to tie the man’s limbs down. Then one person said, “No need to do that. He’s already dead.” Another person said, “No, he’s not dead yet.” I can’t recall who said those words. Nurse Fan laid the surgical

¹ The People’s Armed Police is a paramilitary force in China primarily responsible for civilian policing.

tools open. Then the two Wangs came into the van and ordered me to open the chest from the center and cut through to the navel. I was next told to cut the sides open from the navel. This was to create the broadest view. It was very clear that the man was not dead during the surgery. As a surgeon, I know that when you open the abdomen, the thing that you want to see the most is patient bleeding, because bleeding means the person is alive. If there is no bleeding, it means the heart has stopped beating and the blood is no longer running through the veins.

While cutting the chest, I used gauze to stop bleeding. Wang said, "No need to do that. Be quick. Be quick. Don't mind so much. Time is limited. Get in there immediately. " So we opened the chest as quickly as possible. There wasn't so much bleeding, but you could still see the bleeding. It means that the blood was still running. I could see the gunshot on the right side of the chest, not on the left side, not on the heart. Another distinction was that the heads of all the other executed prisoners were shaved. His was not. He still had hair. The Wangs emphasized that as long as I could guarantee the liver and the kidneys were not damaged, I didn't have to worry about other organs. My assistants and I used forceps to clip the surroundings, and I used scissors to quickly cut out the organs. I did it very fast because I wasn't worried about damaging

the surrounding organs. After cutting out the organs, Wang put them in two containers and ordered us to suture the wounds. My two assistants did that. The two anesthetists sat next to the driver. They didn't do anything the whole time we were there. I later thought that if the prisoner was strong, he might struggle after the gunshot. Then the anesthetists could be useful. They could give him a shot so the man could lie there quietly. As the prisoner didn't move, the anesthetists were useless.

The two soldiers came over after the procedure was completed., They opened the door and took the man out of the van. I couldn't tell whether the man was still alive then. Wang told me, "Ok, now you take your people back to the hospital. Treat this incident as it never happened!"

We all said, "OK," and then headed back to the hospital. The two Wangs went into another car and left too. I had no idea where they were going. They didn't go back to the hospital that day.

The transplant operation was not carried out in our hospital, and I had no idea why we were asked to harvest the organs at that time. Later I thought that maybe because railway court sentenced the prisoners to death and the railway police carried out

the executions.^I Maybe that was why our hospital was called to harvest the organs. After this incident, the Wangs never mentioned it ever again. Among the six of us, we had never discussed it either. It was taboo.

Evidence from Other Sources

Verified reports of such gruesome practices are few and far between. Due to the secrecy surrounding the entire process, it is impossible to estimate the frequency at which organ removal prior to donor death occurs. However, search results on Baidu, a popular Chinese search engine, for the terms “death,” “prisoners,” “execution” and “organ harvesting” turn up hundreds of anecdotes describing such practices. For example, one person said that his friend, a doctor, confided to him that he regretted participating in organ harvesting procedures. Another person said his/her friend, also a doctor, did not want to harvest organs from executed prisoners but was forced to do so by his/her boss.^{II}

In April 2013, during a casual chat with patients in the waiting area of Tongji Hospital in Hubei province, one female patient who had a kidney transplant eight years ago described to LRF staff what she considered common knowledge within the transplant community in China: “[Prisoners] had blood drawn and tested when in the prison, and once executed, [their organs] were immediately taken...”^{III} She added,

I The Chinese railway previously had its own police force and court system.

II “The Secretive Organ Trafficking Deal Revealed by the Death of Yao Jiaxin” 药家鑫之死牵扯出死囚尸体器官交易内幕, Tianya 天涯社区, June 10, 2010, accessed January 22, 2014, <http://bbs.tianya.cn/post-free-2185501-1.shtml>.

III Recorded conversation, Laogai Research Foundation archives.

“The executed prisoners in the past...had their organs taken before execution.” Although it would be difficult to verify these accounts, the sheer number of similar stories online shows that organ harvesting from executed prisoners is so prevalent that it is common knowledge among Chinese citizens.

The Money Trail

Patients who receive organs harvested from executed prisoners must pay large sums of money for the procedure. From the very outset of the organ retrieval process, one can trace the money trail that flows from the patient to various officials in the prison system, the courts and the hospitals. Court officials are first paid for providing information on specific death row inmates. Prison officials are also paid to permit



A foreign patient and his companion sit in the waiting area of the organ transplant department of Tianjin First Central Hospital, April 2013.

doctors to test prisoners for patient suitability. If a prisoner is selected as an ideal candidate for organ removal, personnel from the procuratorate, the court, the public security bureau and the people’s armed police unit are informed and accordingly bribed. Needless to say, doctors receive payment for services they offer, including organ extraction and transplantation. Brokers, especially those who arrange transplants for foreigners, also charge large fees for their services.

Simon Leong, a Malaysian patient who underwent a kidney transplant in the Third Military Medical University Third Affiliated Hospital in Chongqing in 1998, told the New York Times that money was paramount for the surgeons. Besides paying the operation fee \$10,000, a discounted price they worked out with a broker, Mr. Leong and his wife, Karen Soh, also bought expensive wine, cigarettes and other gifts for the surgeons. They also distributed “red envelope” filled with cash to doctors and assistants.^I Karen Soh stressed the priority that is placed upon earning profit from transplant procedures. Soh told reporters that one Malaysian woman who ran out of cash was taken off cyclosporine and other necessary immunosuppressant for a day and later died from infection. In addition to the standard operation fees, all patients must give “gifts” to doctors and officials involved in the procedure.^{II}

In April 2013, when visiting the Tianjin First Central Hospital, a woman whose husband had a kidney transplant 11 months earlier told a LRF staff member that she and her husband used personal connections to shorten the waiting process. When asked whether doctors took money. The women replied, “Of course! They all take money. No one would reject.” She also confirmed that the more money the doctor received, the quicker a patient could receive an organ for transplant. Dr. Chen Gang of Tongji Hospital also advised the LRF staff member that a person could obtain an organ transplant sooner if she, “befriended the person in charge of matching organ transplants” because she “would have more chances” of finding a match quickly. He also admitted that obtaining an organ is “not only about waiting in the line” because “this or that leader/superior would give (extra) instructions,” indicating that personal

I Thomas Fuller, “China Supplies Convicts’ Organs to Malaysians : An Execution for a Kidney ,” New York Times, June 15, 2000, accessed January 22, 2014, <http://www.nytimes.com/2000/06/15/news/15iht-organ.2.t.html?pagewanted=all>.

II Ibid.

relations and corruption is involved in the organ distribution process.¹

Online postings and advertisements support the veracity of these admissions. Internet anonymity, however, encourages even more candidness. In December 2009, a patient asked on Baidu Zhidao, Baidu's community driven question-answer forum,

“How much does it cost to have a kidney transplant in Xi'an? I have registered for a transplant in Xi'an for a year from now. Can I register in different areas and different hospitals?” A person answered, “40,000 to 50,000 RMB (\$6,700 to \$8,300) is the low end. Sixty thousands to 70,000 (\$10,000 to \$12,000) is the high end, but this price is contingent upon the procedure going smoothly. The price of the kidney is about 50,000 to 60,000 RMB (\$8,300 - \$10,000). In places where there is a tight supply, the price would be higher. If you don't explore other avenues, you often have to wait for one or two years. You can of course register at other hospitals, but the likelihood of succeeding is

时不时收到这样的信，在此郑重声明：器官不能买卖；活体肝移植仅限于有血缘关系的亲属间捐献，是爱的传递，与金钱无关；我们做肝移植有严格的伦理审批手续，非常遵纪守法。以后这种信就不要写给我了。@医生护士那点事 @医院那点事



1月25日 22:35 来自iPhone客户端

👍 | 转发(9) | 收藏 | 评论(29)

新浪微博社区管理中心举报处理大厅，欢迎查阅！

☐ 同时转发到我的微博

评论

全部 | 共同评论 | 认证用户 | 关注的人

共29条



Dr_黄磊 🏆👑: 回复 @guo0379: 一两个月 (2月28日 18:06)

查看对话 | 回复



guo0379: 回复 @Dr_黄磊: A或者B型 我现在也不确定 黄医生 这个要等多久 (2月28日 17:31)

查看对话 | 回复



Dr_黄磊 🏆👑: 回复 @guo0379: 什么血型，要60万 (2月27日 10:24)

查看对话 | 回复



guo0379: 回复 @Dr_黄磊: 谢谢您的回复 但是出现腹水不就是失代偿吗 家父近60了 非常需要您的帮助 我们是不是需要准备肝移植了？很想知道要准备多少钱 要排队多久非常感谢 (2月27日 09:59)

People's Hospital of Peking University transplant doctor Huang Lei answers patients' questions on social media forum Weibo regarding the price of liver in his hospital and the waiting time. Dr. Huang said a hospital-provided liver is about 600,000 RMB (\$100,000) and the waiting period is one to two months.

¹ Recorded conversations, Laogai Research Foundation archives.

low. Waiting for an organ is really only about gaining access to the doctors. It is only about one word: money.”

The kidney price mentioned here is the price by going through the “legal” channel, meaning getting it from executed prisoners, rather than from living donors on the black market. In 2009, on another similar forum called SOSO, a person who had a kidney transplant at the General Hospital of Nanjing Military Command said, “If the kidney is from a family member, the cost of operation is more than 50,000 RMB (\$8,300). And a kidney from postmortem donation costs an extra 40,000 RMB (\$6,700).”^I In 2011, the cost of a kidney seems to rise to 80,000 RMB (\$13,300) at the same hospital.^{II} Another person from Xuzhou in Jiangsu province posted a question in January 2012 asking about the cost of kidney transplant in his area. A person responded, “ A hospital provided kidney is about 60,000 RMB (\$10,000), but it is very difficult to get it, unless you have your people in the hospital. Besides the kidney cost, the operation itself is about 150,000 RMB (\$25,000).”^{III}

On China’s largest medical website, Hao Daifu (Good Doctor), reputable doctors from large hospitals are invited to answer questions posted by patients and their families. In March 2011, Dr. Li Chao of the 309th Hospital of the Chinese People’s Liberation Army wrote that the cost of a kidney in their hospital is about 100,000

I “How Much a Kidney Transplant Cost?” 肾移植要花多少钱？, accessed January 24, 2014 <http://wenwen.soso.com/z/q140793075.htm>.

II “How Much does it Cost to Have a Kidney Transplant in Nanjing Military Command Hospital, How Much Can Anhui Insurance Reimburse Me?” 肾移植包括肾源在南京肾总一共要多少钱·安徽新农合能报多少?, August 7, 2010, accessed January 22, 2014, <http://zhidao.baidu.com/question/172796946.html>.

III “How Much does a Kidney Transplant Cost?” 肾移植要多少钱, January 29, 2012, accessed January 22, 2014, <http://wenwen.soso.com/z/q350938868.htm?sp=1001&pos=0&ch=2013ww.tw.xgzs>.

RMB (\$16,700) and the total cost of operation is about 200,000 RMB (\$33,300).^I Dr. Ming Changsheng of Tongji Hospital in June 2013 answered a question posted by a patient. He said that the operation cost for a family-donated kidney transplant was about 120,000 to 150,000 RMB (\$20,000 to \$25,000).^{II} Three months earlier, he told another patient seeking a postmortem donation that the operation cost was more than 300,000 RMB (\$50,000).^{III} The price difference tells that the kidney is “worth” about 150,000 RMB (\$25,000) in Dr. Ming’s hospital.

From various online sources, one can see that an executed prisoner’s kidney is worth ranging from 40,000 to 150,000 RMB (\$6,700 to \$25,000). Because the supply is growing increasingly scarce, the price of a kidney has been going up. Considering that a prisoner’s other organs are likely equally utilized, the profits made from one executed prisoner are enormous. Furthermore, the charges mentioned above certainly do not include the extra bribes paid by patients to doctors and nurses while hospitalized.

I “How Much does a Kidney Transplant Cost? What is the Rate of Success?” 可以肾移植吗？费用？成功多少？, March 3, 2011, accessed January 22, 2014, http://www.haodf.com/wenda/superli_g_650815708.htm.

II “Fees of Transplantation Consultation” 亲属肾移植术钱咨询, June 11, 2013, accessed January 22, 2014, http://www.haodf.com/wenda/chshming_g_1015361792.htm.

III “How Much does a Kidney Transplant Cost?” 尿毒症目前 换肾费用多少？, March 10, 2013, accessed January 22, 2014, http://www.haodf.com/wenda/chshming_g_929590815.htm.

The Cost of a Kidney Transplant

	Kidney from a Family Member	Kidney From a Executed Prisoner	Kidney From the Black Market
Operation Cost	50,000 -150,000RMB(\$8,300-25,000)		
Kidney Cost	0	40,000 - 150,000RMB (\$6,600-25,000)	200,000+RMB (\$33,000+)
Bribes	Varies		

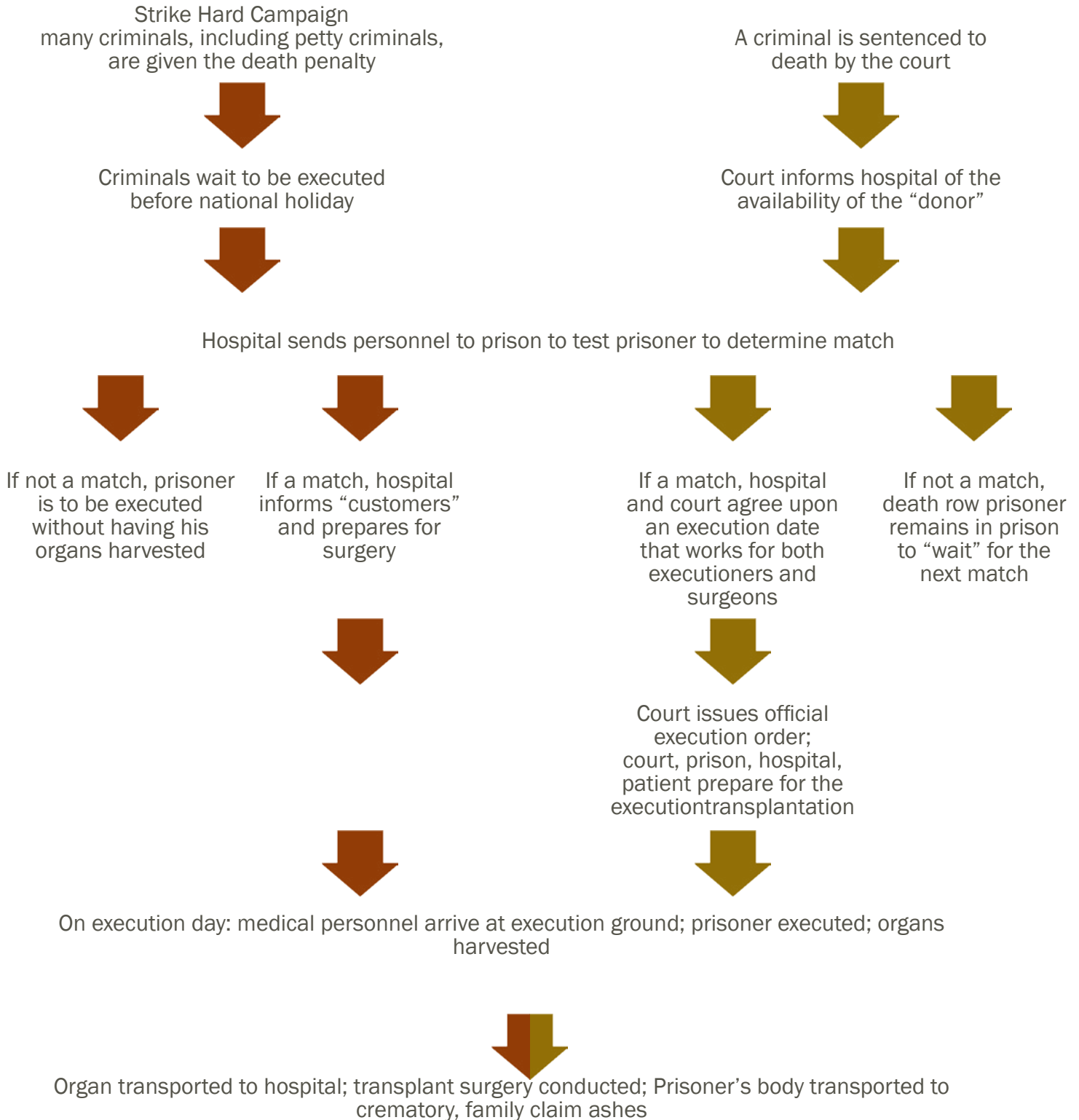
Besides those willing to pay high sums of money, there are two other groups of people who are able to gain access to the organs of executed prisoners. The first group is comprised of well-connected officials and their families, who can exploit political resources to obtain an organ. Such people often receive preferential treatment on account of their political connections. Gaining easy access to organs is no exception.

There are also reports of peasants and other disadvantaged members of society receiving transplant operations through participating in experimental studies. Doctors often target peasants when certain methods or procedures are still in the experimental stages, when survival rates are significantly lower. These peasants know they have no means of paying for a transplant through the conventional channel. Participating in trial surgery is their only hope. Dr. Yang Jun confirmed that all transplant recipients involved in the operations he witnessed at Mudanjiang Hospital were poor peasants. The two patients who received the first experimental heart-lung transplants both died within 72 hours after their operations.

Even in cases of experimental surgery where poor peasants receive transplants, money is still a driving force. In these cases, hospitals often use their own funds in order to attract media coverage of their accomplishments in groundbreaking procedures. According to Dr. Yang Jun, during the time surrounding the heart and heart-lung transplants, the hospital kept in close contact with the judicial personnel, lavishing them with expensive banquets before and after the operations. During one such dinner following the first heart transplant surgery in July 1991, hospital staff distributed sealed envelopes containing 300 to 1,000 RMB (\$50 to \$167). The hospital also compensated the courts for costs associated with conducting the executions. Dr. Yang testified that one day he unknowingly drove a coworker to the courts so that she could make a 30,000 RMB (\$5,000) payment to compensate for a heart-lung transplant.

Such instances only add to the list of victims sacrificed in the unrelenting drive to advance and modernize the corrupt organ transplantation system. They also demonstrate the Communist Party's eagerness to earn profits from abusing peasants, whom they profess to protect from exploitation.

The Complete Organ Harvesting Process



Epilogue

Many recent developments have been a welcome change: The numbers of annual executions has reportedly decreased. Authorities have more consistently enforced consent requirements for the use of organs from executed prisoners. The introduction of an organ donation program has decreased reliance on organs harvested from executed prisoners. The Chinese government has even vowed to entirely phase out the practice of harvesting organs from prisoners by 2014, though many question the feasibility of meeting this goal.

It is necessary, however, to recognize the full scope of suffering caused by China's organ transplant industry. Human rights violations are not only perpetrated against prisoners whose organs are involuntarily harvested. Among other horrific abuses, families are not notified about the time and date of the execution of their relatives, denying them the opportunity to provide for last rites. Also, the premium placed on profit and political connections in arranging transplant procedures puts the interests of the rich and powerful ahead of the medical needs of ordinary citizens, which has caused the deaths of an unknown number of patients awaiting transplantation surgery. Furthermore, the diminished supply of organs through the prison system has increased their monetary value, which has encouraged human traffickers to harvest organs from vulnerable victims for profit on the burgeoning black market.

As the harvesting of organs from prisoners requires judicial cooperation, meaningful efforts aimed at ending this practice must involve substantial judicial reform. Significantly reducing or even eliminating the issuance of death sentences would have the most direct impact on stopping the trade of organs harvested from death row prisoners. Although China has scaled back the issuance of death

sentences in recent years, it remains the world's chief executioner. As such, the international community should continue pressuring the Chinese government to implement further death penalty reform. Short of further reducing the number of criminals executed, the government should at least enhance due process protections to better ensure that innocent people are not convicted of capital crimes. These reforms should also entail permanently ending intermittent "strike hard campaigns," during which already woefully inadequate due process protections are temporarily suspended in order to arrest and subsequently execute suspected criminals en masse. Additionally, although those who have suffered could never be made whole, the government should establish viable legal remedies individuals could pursue to gain compensation for past abuse. In addition to providing redress, the prospect of civil and criminal punishment might help deter future wrongdoing.

The goal of this report is to inform the international community about China's inhumane organ transplant system. We hope the evidence compiled in this report is useful to governments, human rights organizations, medical ethicists, and multilateral organizations in their efforts to curb human rights abuses that occur in China's prison system.

Attachments

Appendix:

1984 Provisional Regulations on the Use of the Dead Bodies or Organs of Condemned Criminals

I. Those criminals who are sentenced to death and executed immediately must “be executed by means of shooting in light of the relevant provision in the Criminal Law. When the execution is over, the dead bodies could be otherwise dealt with only after death is confirmed by the supervising procurator on the spot.

II. The dead bodies or organs from condemned criminals after execution or the remains can be collected by their family members.

III. The dead bodies or organs of the following categories of the condemned criminals can be made use of:

1. The uncollected dead bodies or the ones that the family members refuse to collect;

2. Those condemned criminals who volunteer to give their dead bodies or organs to the medical institutions;

3. Upon the approval of the family members.

IV. The following provisions must be observed regarding the use of dead bodies or organs from condemned criminals:

1. The units making use of the dead bodies or organs must maintain the technical level of and be provided with equipment necessary for the medical scientific research or transplantation, they must be examined, approved and granted “special permits” by the Department (Bureau) of Public Health of the provinces or autonomous regions within whose jurisdiction these units are located, and they must go to Bureau of Public Health of the Municipality or District for record.

2. The use of dead bodies shall be arranged in an unified way by the Bureau of Public Health of the Municipality or Prefecture, which shall contact the People's Court and the units using the dead bodies respectively in accordance with the order of importance and urgency and the principle of comprehensive use.

3. After the execution order of death penalty is issued, and there are dead bodies that can be directly used, the People's Court should inform in advance the Bureau of Public Health of the Municipality or Prefecture, which shall pass on the information to the units using the dead bodies and grant them permits to use the dead bodies; copies should be sent to the People's Court responsible for the execution of death penalty and the People's Procuratorate in charge of the on-the-spot supervision. The units using the dead bodies should contact the People's Court on their own initiative, within the prescribed time limits of the execution of death penalty by the People's Court. As to the dead bodies that could be used only upon the approval of the family members, the People's Court is to inform the department in charge of public health, which will consult the family members, and consequently reach written agreement in relation to the scope of use, disposal after use, disposal expenses and economic compensation and etc. The Bureau of Public Health of the Municipality or Prefecture shall, according to the agreement, grant the units the certificates to use the dead bodies; copies should be sent to the units concerned. When the condemned criminals volunteer to give their dead bodies to the medical institutions, there should be formal written certificates or records duly signed by the same, which should be kept in the People's Court for future reference.



**This report is sponsored by the Taiwan Foundation for
Democracy. We hereby express our sincere gratitude.**

Laogai Research Foundation

TEL: 202 408 8300

FAX: 202 408 8302

WEBSITE: laogai.org

EMAIL: laogai@laogai.org

ADDRESS: 1734 20th St NW Washington, DC 20009



9 7 8 - 1 - 9 3 1 5 5 0 - 0 0 - 0